

# Rouge Valley Health System Response to Expert Panel's Report

April 5, 2016

Presentation to Scarborough Community Council

# Overview

- This presentation discusses the Rouge Valley Health System's (RVHS) assessment of the Scarborough/West Durham Panel's report released by the Ministry on Dec. 18, 2015.
- The Panel was set up by the Ministry when a planned merger between RVHS and The Scarborough Hospital (TSH) did not proceed because it lacked a capital investment commitment.
- The Panel's mandate was to develop a plan for how acute healthcare programs and services should be configured to better meet the needs of the residents in Scarborough and West Durham.

# Panel Recommendations

The Panel made recommendations in the following areas:

1. Governance and Structure
  2. Enhanced Integrated Care Delivery
  3. Long-term Capital Investment (15+ Year Time Frame)
  4. Interim Capital Investments
  5. Master Plan Development
  6. LHIN Boundaries and Relationships
  7. Implementation Plan
- **RVHS reviewed the recommendations and is supportive of the report with the exception of recommendation #1.**

# Panel Recommendations

## Governance and Structure:

- Reconfigure the sites of the existing hospital corporations of Scarborough and Durham in support of two regional health care systems;
  - A Scarborough Health Corporation (new corporation that would include TSH Birchmount, TSH General and RVHS Centenary Sites) and
  - A new Durham Health Corporation (new corporation that would include the current Ajax Pickering Site of the RVHS and the existing sites of Lakeridge Health).

Report indicates:

“If the Panel’s recommendation regarding the creation of two new health corporations in Scarborough and Durham is not advanced, subsequent recommendations and areas highlighted as requiring attention should be considered in context of the existing corporations.”

# Panel Recommendations

## Enhanced Integrated Care Delivery

- The establishment and growth of similar equitable and comprehensive programs for regionalized care with collaborative medical leadership in mental health and addictions, obstetrics and neonatal care, chronic kidney disease and dialysis, stroke, palliative care and other specialized services, should be prioritized.

# Panel Recommendations

## Long-term Capital Investment (15+ Year Time Frame)

- A new Scarborough Health Corporation, with the support of the Ministry and the LHIN, begin planning for the siting and construction of a new comprehensive acute care hospital, taking into account the full spectrum of health care required to meet the needs of residents in the region well into the future.
- A new Durham Health Corporation, with the support of the Ministry and the LHIN, begin planning for the siting and construction of a new comprehensive acute care hospital, taking into account the full spectrum of health care required to meet the needs of residents in the region well into the future.

# Panel Recommendations

## **Interim Capital Investment**

- An expanded emergency department at the Birchmount Site taking into consideration the anticipated needs for patient care for the next 15 years.
- Undertake an early works capital project in the surgical suites at the General Site.
- Undertake an early works capital project in the emergency department at the Centenary Site.
- Undertake an early works capital project in the diagnostic imaging suite at the General Site subject to a final functional plan being approved.
- Undertake an early works capital project for a satellite Chronic Kidney Disease and Dialysis Centre as part of plans for a new Bridletowne Community Centre in Scarborough.

# Panel Recommendations

## Master Plan Development

- Within the next 12 months a Master Plan for each of the Scarborough and Durham regions, that integrates the capital recommendations from this Panel, as well as capital projects in various stages of planning at the Lakeridge Health Corporation, be submitted for priority review.



# Panel Recommendations

## **LHIN Boundaries and Relationships**

- The Ministry consider including a new Scarborough Health Corporation in an expanded Toronto Central LHIN.

## **Implementation Plan**

- The Ministry of Health and Long-Term Care (MOH&LTC) consider appointing a facilitator, and/or a small implementation team, to advance and monitor the implementation of the recommendations of the Report of the Scarborough/West Durham Panel.

# Recommendation to Split RVHS

- **RVHS reviewed the recommendations and is supportive of the report with the exception of the recommendation to split RVHS.**
- The conclusions drawn from the data relied on to recommend the split of RVHS were flawed.
- The Panel relied on an analysis of hospital capacity planning and market share information that concludes:
  - *“many residents in West Durham access acute hospital services through a system of services that points east towards Oshawa”.*
- 3<sup>rd</sup> party reviewed the data and came to a very different conclusion.

# Evidence – Inpatient Data

## Inpatient data

Where residents of **Pickering** receive acute care:

- The majority receive care at the RVHS's Ajax site (36%) and Centenary site (19%);
- They also travel to acute community hospitals in to the west including Markham Stouffville (7.9%), TSH (4.7%) and other hospitals in Toronto.
- ***Only 3.4% at Lakeridge Oshawa***

# Evidence – Inpatient Data

Where residents of **Ajax** receive acute care:

- The majority – 46.6% - at the Ajax Pickering site;
- They also travel west to RVHS's Centenary site (11.9%); Markham Stouffville (5.7%), TSH – General site (3.6%) and other hospitals in Toronto.
- ***Only 5.4% at Lakeridge Oshawa.***

# Evidence – Inpatient Data

Where residents of **Whitby** receive acute care:

- They are about equally likely to go east to Oshawa and west towards Toronto:
  - 44.2% to Lakeridge Oshawa;
  - 34% to hospitals to the west – RVHS: Ajax Pickering and Centenary sites, Markham Stouffville; 14.5% to tertiary hospitals in Toronto.

# Evidence

- Emergency and Ambulatory data patterns are similar to inpatient data.

# Conclusion

- Patient flows actually point towards Rouge Valley, not “east towards Oshawa” as the Panel Report suggests.
- The Panel recommendation does not align with the way patients access care.
- The data confirms a community of Rouge.
- In light of the evidence, it is difficult to imagine the *rationale* for de-amalgamating the Ajax Pickering site from the RVHS and integrating it with Lakeridge Health.

# RVHS is a Unified Hospital

- An integrated organization that functions as a single entity at all levels: clinical, services, management and governance.
- Integrated patient focused quality programs and common organizational culture across the organization.
- Strong financial position and ability to recruit and retain medical and other clinical staff and leadership.
- A single foundation for RVHS.



# Consequences of Recommendation

- Disruptive to patient flow.
- Counter to patient-centered care.
- Divisive for community.
- Undermines efforts to address care needs related to high population growth.
- Cost of dismantling one organization into two other organizations.

# Key Messages

- Integrated care has been successful- further clinical integration offers even better patient-care opportunities.
- De-amalgamation puts highly successful regional programs at risk.
- Time and money spent dismantling RVHS is time and money not spent on patient care.
- Further investments in infrastructure still needed.

# Recommendations

- Rouge Valley needs to remain whole to best serve East Scarborough and West Durham community. We are the glue between both areas.



# Questions?