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Report of
THE SCARBOROUGH/
WEST DURHAM PANEL

Report Submitted:
November 2nd, 2015
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ACKNOWLEDGEMENTS

The Panel would like to acknowledge and thank the many residents of Scarborough and Durham who took the time to share their thoughts with us. The passion you feel about your health and the health of your families, friends, future generations and communities was clearly evident. Your active participation in our process was essential for us to better understand and appreciate the issues, and to recommend a path forward.

The Panel would like to thank the many organizations and individuals (Appendix E) who made themselves available for consultations and who submitted documents for our review and consideration.

The Panel would like to thank the leadership and staff of the Central East LHIN and the Ministry of Health and Long-Term Care for their administrative support.

The Panel would like to thank Ms. Laura Viola for skillfully serving as the Project Manager including planning and coordinating Panel consultations, providing analytic support and assisting with the preparation of the final report.
NOVEMBER 2, 2015

The Honourable Dr. Eric Hoskins  
Minister of Health and Long-Term Care  
Government of Ontario  
Toronto, Ontario

Dear Minister Hoskins,

We are pleased to submit this report on how hospitals in the Scarborough/Durham region can work together to deliver acute health care programs and services in a way that meets the needs of local residents. The report makes a series of recommendations in the areas of governance and structure, integrated service delivery and capital investment for the benefit of the patients in the Scarborough and Durham regions, and proposes an implementation plan and next steps.

Thank you for the opportunity to work on this important initiative. We look forward to your response to our recommendations.

Yours truly,

______________________________  
Dr. Barry McLellan, Panel Chair  
President and Chief Executive Officer, Sunnybrook Health Sciences Centre

Jan Campbell  
Chief Executive Officer, StrategiSense Inc.

Ian Clarke, Community Representative - Durham  
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1. EXECUTIVE SUMMARY

In March 2014, a merger between The Scarborough Hospital (TSH) and Rouge Valley Health System (RVHS) did not proceed as had been originally planned. In early April 2015, Dr. Eric Hoskins, Minister of Health and Long-Term Care, created the Scarborough/West Durham Panel to develop a plan for how acute healthcare programs and services should be configured to better meet the needs of residents in Scarborough and West Durham.

Over a six month period, the eight member Panel, composed of senior healthcare leaders and two community representatives, conducted extensive stakeholder engagement including more than 40 consultations, nine focus groups, surveys, two town hall meetings and six site visits, and reviewed capacity plan information, as a basis for developing a recommended path forward.

Early discussions with the Boards and management of TSH and RVHS and community stakeholders highlighted the need for the Panel to consider the broader context of health service delivery across the care continuum, in Scarborough and Durham, to ensure that recommendations developed for the acute sector would advance a system of care for local residents. This expanded scope was supported by the Ministry of Health and Long Term Care (MOH&LTC) and Central East Local Integrated Health Network (Central East LHIN).

Many organizations and individuals made themselves available for consultations and submitted documents for Panel review and consideration. Several key messages were heard consistently from stakeholders consulted, including but not limited to:

- Scarborough and Durham are in many ways different communities. Each has its own vulnerable populations, patient flows, growth patterns and care delivery pressures;
- A clear strategic direction is required for acute program and service delivery across both regions and it must be acted upon soon to achieve the service integration necessary for excellent and equitable care;
- Existing governance and management structures do not optimally or comprehensively support integrated service planning and delivery; and,
- Capital investment in these regions is needed to provide equitable access to care for the residents of Scarborough and Durham.

This report outlines key findings from the Panel’s consultation process, and includes 12 recommendations in the following areas: governance and structure; enhanced integrated care delivery; capital investment; LHIN boundaries and relationships; and, implementation plan.

Governance and Structure

It is recommended that:

The Ministry consider a reconfiguration of 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).

Enhanced Integrated Care Delivery

It is recommended that:

Recognizing the value of existing regional programs of excellence that successfully integrate service across the continuum of hospital and community care in both Scarborough and Durham (e.g., the cardiac program), the leaders should expand the scope and scale of these initiatives to achieve comprehensive, equitable delivery both within, and where appropriate crossing between, Scarborough and Durham. 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.

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

It is recommended that:

Given the overall state of existing hospital infrastructure and projected population growth and needs in the Scarborough region, 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.

It is recommended that:

Given the overall state of existing hospital infrastructure and projected population growth and needs in the Durham Region, 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.

Interim Capital Investment

It is recommended that, pending consideration/creation of a new Scarborough Health Corporation:

• TSH prepare and submit plans for an expanded emergency department at the Birchmount Site taking into consideration the anticipated needs for patient care for the next 15 years.
• The Ministry work in consultation with TSH to undertake an early works capital project in the surgical suites at the General Site subject to a final functional plan being approved.
• The Ministry work in consultation with the RVHS to undertake an early works capital project in the emergency department at the Centenary Site subject to a final functional plan being approved.
• The Ministry work in consultation with TSH to undertake an early works capital project in the diagnostic imaging suite at the General Site subject to a final functional plan being approved.
• The Ministry work in partnership with the Ontario Renal Network (ORN) and in consultation with TSH, 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, subject to a final functional plan being approved.

Master Plan Development

It is recommended that:

• 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.

LHIN Boundaries and Relationships

It is recommended that:

The Ministry consider whether the existing LHIN boundary between Toronto Central LHIN and Central East LHIN is in the best interests of future health care delivery for the residents of Scarborough and Durham, including the opportunity to create two regional care systems as outlined above. In reviewing the existing boundary, the Ministry may wish to consider whether future integrated and comprehensive patient care, including primary and community-based care and the movement of patients among health care organizations for the provision of more complex (tertiary and quaternary) care, would be enhanced by including a new Scarborough Health Corporation in an expanded Toronto Central LHIN.

Implementation Plan

It is recommended that:

The 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.
2. INTRODUCTION

2.1. BACKGROUND LEADING UP TO PANEL APPOINTMENT

In March 2013, the Central East LHIN initiated a facilitated integration process between TSH and the RVHS in support of improved integration, quality and accessibility of health services across the region. TSH and RVHS provide care at four sites; RV Centenary Site, RV Ajax/Pickering Site, TSH Birchmount Site and TSH General Site. As illustrated in Appendix A, Lakeridge Health Corporation and Markham Stouffville Hospital also provide acute care services in Durham and Scarborough.

In November 2013, TSH and RVHS presented a “Preferred Integration Plan – Final Report” to the Central East LHIN, approved in principle by the hospital Boards, that reflected an intent to move to a single corporate governance structure to enable a shared vision of integrated service delivery across the region, under the tagline “Leading for Patients”.

By March 15, 2014, it was evident that requisite support of the two hospital Boards to proceed with an amalgamation of TSH and RVHS into a single corporate entity did not exist.

In April 2015, Dr. Eric Hoskins, Minister of Health and Long-Term Care, created the Scarborough/West Durham Panel to build on the Minister’s Patients First Action Plan for Health Care and extensive community consultation done through the RVHS and TSH “Leading for Patients” initiative. The purpose was to develop a plan to address how hospitals in the Scarborough/West Durham region could work together to deliver acute health care programs and services in a way that meets the needs of local residents.

Minister Hoskins appointed eight members to the Panel with a range of experience and expertise in health strategy, health policy and evaluation, hospital management and governance, care delivery model best practices and health equity. Community representatives were also appointed to the Panel from both Scarborough and Durham. Panel member’s biographies are provided in Appendix B.

2.2. PANEL TERMS OF REFERENCE

The Panel was asked to:

- Through an equity framework, work with stakeholders, including TSH, RVHS and Lakeridge Health (LH) as well as impacted LHINs to develop a short-medium (six months - five years) and long-term (five - ten years) plan for the provision of acute services in the Scarborough/West Durham region;

- Articulate the vision for the hospitals’ strategic operations, programs/services and operational models, and capital infrastructure under an integrated system; and,

- Build on existing documents including the Preferred Integration Plan Final Report (November 2013), TSH-RVHS Integration Initiative Final Report – Motion 1b Collaborative (January 27, 2015) and Hospital Clinical Services Plan (February 2009) and also consider the Minister’s Patients First Action Plan for Health Care (February 2015) and Bringing Care Home (March 2015).
Early discussions with the Boards and management of TSH and RVHS and community stakeholders highlighted the need for the Panel to consider the broader context of health service delivery across the care continuum in Scarborough and West Durham to ensure that recommendations developed for the acute sector will advance a system of care for local residents. This expanded scope was supported by the Ministry and Central East LHIN. Appendix C outlines the complete Terms of Reference of the Panel.

2.3. PANEL REVIEW PROCESS

The Panel’s work was grounded in an evidence-based approach that built upon two widely accepted best practice frameworks; the Institute for Healthcare Improvement’s (IHI) Triple Aim Framework\(^1\) and the Health Equity Impact Assessment (HEIA) Framework\(^2\). These frameworks were used to guide the development of recommendations and to ensure that they would contribute to a sustainable, accessible and high quality system of care for the residents of Scarborough and Durham (see Figure 1.0).

Figure 1.0: Panel Review Process

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\(^1\) The Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance.

\(^2\) The Ministry of Health and Long-Term Care of Ontario developed the HEIA tool to support improved health equity and reduce avoidable health disparities between population groups.
2.3.1. EVIDENCE BASE - CAPACITY PLAN
At the request of the Panel, the MOH&LTC, Health Analytics Branch, provided capacity plan information for the Scarborough and West Durham regions. This information was used extensively by the Panel in developing recommendations regarding future service requirements and infrastructure investments. Capital plan information provided by the MOH&LTC included comprehensive analysis of patient flow patterns and future projections for service demand in the region. Relevant capacity plan information is highlighted throughout this report and is included in Appendix D.

2.3.2. TRIPLE AIM FRAMEWORK
The Institute for Healthcare Improvement’s Triple Aim Framework\(^3\) describes an approach to optimizing health system performance through designs that simultaneously pursue three dimensions, including:

- Improving the patient experience of care;
- Improving the health of populations; and,
- Reducing the per capita cost of health care.

The Triple Aim Framework advocates for a health systems perspective, achieved through cross-sectorial collaboration between health care organizations, public health departments and social service entities and a broad role for primary care and community-based services.

2.3.3. HEALTH EQUITY FRAMEWORK
The Canadian Institute for Advanced Research identified healthcare as one of four key determinants of health impacting health outcomes (see Figure 2.0\(^4\)). Given the importance of healthcare systems on health outcomes, principles of the HEIA framework were used to guide Panel deliberations from a health equity perspective to assure recommendations took into consideration the importance of creating conditions for consistent and transparent health equity across the region, including but not limited to:

- Approaches to ensure health equity is built into health system planning; and
- Targeted investment to address disadvantaged populations or key access barriers.

The Panel was guided by principles embodied in the Triple Aim and HEIA frameworks to ensure that fairness, transparency and consistency were reflected in the recommendations put forward.

\(^3\)http://www.ihi.org/engage/initiatives/TripleAim/Pages/default.aspx
2.4. STRUCTURE
The Panel used the following structure to conduct its work:

- The Panel relied on the consistent cooperation of stakeholder administrative and clinical leadership to provide access to information and meet with Panel members as required.
- A Project Manager supported the planning and coordination of Panel consultations and provided analytic support to the Panel as required.
- The Central East Local Health Integration Network assisted with the communication strategy for the review and provided support throughout the process.

2.5. METHODS
The Panel considered previous health services reports pertaining to the Scarborough/Durham region and the significant community engagement work completed by TSH and RVHS through the earlier facilitated integration process.

The following three key methods were used to complete the review and inform the Panel’s development of recommendations for the Scarborough/Durham regions.

2.5.1. CAPACITY PLAN ANALYSIS
Capacity plan information provided by the MOH&LTC outlined forecasted volumes of hospital services for acute, mental health, emergency department, complex care and rehabilitation services over a 10 and 15 year timeframe. Information was provided at the health service provider (HSP) level, and comparator information was provided for both the Central East LHIN and Ontario. The MOH&LTC also provided information about where residents of Scarborough and West Durham receive care at the HSP level.

Capacity plan data regarding service demand and visit volumes includes a 20% adjustment to reflect future anticipated efficiencies in service delivery.

For the purpose of compiling capacity plan information, the West Durham region was defined as Pickering, Ajax, Whitby, Oshawa and Uxbridge. Capacity plan information for all of Durham was not compiled for the purposes of the review. Future health care program and service planning efforts should build upon the Panel’s work and extend it to include all of Durham.

2.5.2. COMMUNITY ENGAGEMENT
The Panel engaged communities across Scarborough and Durham through a series of nine focus groups, in-hospital surveys at each of the four sites of TSH and RVHS, and two town hall meetings (one in Scarborough, one in Durham). These activities engaged a broad range of community stakeholders including patients and family members, acute, post-acute and community-based care providers, municipal program providers and patient advocacy groups. Stakeholders engaged during the Panel’s review are summarized in Appendix E. An overview of the community engagement process is provided in Appendix F.
2.5.3. STAKEHOLDER CONSULTATION

Members of the Panel met with a broad range of stakeholders and stakeholder groups. In addition to community engagement activities, more than 40 consultations were completed, including:

- Boards, Management, Medical Staff Leaders and Foundations of TSH and RVHS;
- Boards, Management and Medical Staff Leaders at LH;
- Regional health service provider partners from non-acute care based segments of the care continuum, including emergency services, primary care, community care and long-term/rehabilitation service providers;
- Leadership of Central East and Toronto Central Community Care Access Centres;
- Leadership of Central East, Toronto Central and Central LHINs;
- The Central East LHIN Board;
- Members of Provincial Parliament from across Scarborough and Durham; and
- Scarborough and Durham municipal government leadership.

The Panel also completed site tours (many led by hospital administrative and clinical leadership) at:

- All four sites of TSH and RVHS (TSH Birchmount, TSH General, RVHS Centenary, RVHS Ajax/Pickering);
- The site of RVHS’s proposed Seaton Ambulatory Care Centre; and
- The site of TSH’s proposed satellite chronic kidney care and dialysis clinic, Bridletowne Community Centre.

2.6. OVERVIEW OF THE REPORT

The remaining sections of the report summarize the Panel’s findings related to governance and structure, enhanced integrated service delivery and capital investment, related recommendations and proposed plans for implementation.
3. REVIEW FINDINGS

3.1. HEALTH SYSTEMS PERSPECTIVE

Each part of the health continuum plays an important role in supporting patients. This is especially true for vulnerable populations, including those who live with the burden of chronic illness and require a network of integrated services to help them achieve their best possible health outcomes. Vulnerable populations vary from community to community, and can include seniors, recent immigrants, the homeless or residents with a low socioeconomic status. To be effective, health systems must be developed inclusive of the vulnerable populations they serve, with connections between each step of the patient’s journey so they don’t get lost in the system. When effective integration is accomplished, vulnerable communities receive high quality and equitable care. Integrated primary care provider and community-based services are foundational to an effective health system.

A health system perspective will be critically important as leaders envision the future of the Scarborough and Durham regions. Leaders of the future must look beyond capital planning for a region and carefully contemplate the unique needs of their communities from a health systems perspective. Innovative models of care must enable convergence of capacity across the continuum of care to deliver an integrated network of services that matter most to patients and their caregivers.

Broad based concern was expressed by residents, representatives of provincial and municipal governments, primary care and community care providers in Scarborough and Durham about insufficient and fragmented access to community-based services and the need for much better integration among primary, community and hospital-based care. Uniformly all stakeholders expressed the urgent need for a “call to action” to address these concerns. As reflected in the Bringing Care Home: Report of the Expert Group on Home and Community Care\(^5\) and Unleashing Innovation: Excellent Healthcare for Canada\(^6\) reports, these concerns are not unique to the Scarborough and Durham regions. However, adequate community capacity integrated across pre-hospital and post-hospital settings is a requisite building block for excellent and equitable health service delivery while managing per capita costs. Appropriate investment in community-based services will ensure that patients can access these services closer to home.

3.2. GOVERNANCE & STRUCTURE

The Panel considered a number of models for governance and management structures in Scarborough and Durham, and reviewed feedback from a broad range of stakeholders across the region, including; residents and their families, care providers from across the continuum of care, leadership of hospital corporations, LHIN leadership and municipal and regional governments. Capacity plan and patient flow information was also reviewed.

Strong and consistent concern was expressed by government officials, leadership, providers and local residents that existing management and governance structures across TSH and RVHS limit

effective health service planning and integration across the region. Planning related to development of an integrated and regional maternal and newborn centre of excellence in the Central East LHIN as one example of the challenging dynamics that exist in the region. In addition, limited progress made to date with respect to developing integrated programs for stroke and orthopedics were also cited as examples.

3.2.1. CLUSTERS AND AMALGAMATIONS

The Panel observed that outside of highly specialized tertiary and quaternary care, many residents of Scarborough access acute hospital services through a system that points west towards Toronto, while many residents in Durham access acute hospital services through a system of services that points east towards Oshawa. These access patterns were validated through capacity plan analysis and community stakeholder engagement in Scarborough and Durham.

For Scarborough residents, capacity plan information indicates that:

- 64% of acute inpatient visits by Scarborough residents were to one of the three hospitals in that region (43% to the two Scarborough Hospital Sites; 21% to RVHS Centenary);
- Only 1% of acute inpatient visits by Scarborough residents were to RVHS Ajax Site;
- 73% of unscheduled ED visits were in one of the three hospitals in that region (45% to the two Scarborough Hospital Sites; 28% to RVHS Centenary); and,
- Less than 0.5% of patient visits were to Lakeridge Health.

For residents of West Durham, capacity plan information indicates that:

- 59% of acute inpatient visits by West Durham residents were to hospitals in West Durham (39% to Lakeridge Oshawa; 20% to RVHS Ajax; 1% to Markham-Stouffville Uxbridge);
- 8% of acute inpatient visits by West Durham residents were to RVHS Centenary Site; 3% of visits were to the two Scarborough Hospital sites; and
- 77% of unscheduled ED visits were to one of the three hospitals in the West Durham region (31% to RVHS Ajax; 42% to Lakeridge Health Oshawa; and 4% to Markham Stouffville - Uxbridge).

The Panel heard that the Rouge Valley is often seen as a functional divide between Scarborough and Durham, and this notion was reinforced by: the Central East LHIN; TSH management, medical leadership and Board; Lakeridge Health management; emergency services; Durham primary providers; and, regional government officials.

Residents of Scarborough and Durham often cited access to public transportation or highway barriers to transit (e.g. crossing the 401) as a key factor in determining what hospital site they use. Residents of Durham are more likely than Scarborough residents to travel using personal vehicles creating less reliance on public transit and supporting the eastward flow of patients towards Oshawa. In contrast, residents of Scarborough rely heavily on public transit, supporting a westward flow of patients along established routes of public transit extending into Toronto. Future plans for major transit routes in Scarborough are likely to further enhance this westward flow (see Figure 3.0).
From a population perspective, the Panel also considered the critical mass required to support a base of local hospital services and reasonable cross-system access to specialty services. Growth in Durham is projected at 48% over the period of 2013 to 2041, resulting in a population of 1 million by 2041. Scarborough’s population is projected to reach three-quarters of a million by 2041 (see Figure 4.0 below). Based on current to shorter-term population projections, in the opinion of the Panel, both Scarborough and Durham have more than requisite populations to each support an integrated regional health system.

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Figure 4.0: Capacity Plan Projected Growth in Scarborough and West Durham

<table>
<thead>
<tr>
<th>Population</th>
<th>2014</th>
<th>2023</th>
<th>2028</th>
<th>Population Increase</th>
<th>Percent increase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Next</td>
<td>Next</td>
<td></td>
<td>Next</td>
<td>Next</td>
</tr>
<tr>
<td></td>
<td>10 years</td>
<td>15 years</td>
<td></td>
<td>10 years</td>
<td>15 years</td>
</tr>
<tr>
<td>Scarborough</td>
<td>628,506</td>
<td>668,664</td>
<td>691,154</td>
<td>40,158</td>
<td>6%</td>
</tr>
<tr>
<td>West Durham</td>
<td>527,058</td>
<td>599,451</td>
<td>647,907</td>
<td>72,393</td>
<td>14%</td>
</tr>
<tr>
<td>Rest of Central East</td>
<td>433,730</td>
<td>459,388</td>
<td>475,307</td>
<td>25,658</td>
<td>6%</td>
</tr>
<tr>
<td>Central East LHIN</td>
<td>1,589,294</td>
<td>1,727,503</td>
<td>1,814,367</td>
<td>138,209</td>
<td>9%</td>
</tr>
</tbody>
</table>

Currently, the Scarborough and Durham regions are served by four acute care hospital corporations and eight acute care hospital sites (including the Uxbridge Cottage Site of Markham Stouffville Hospital). Strong agreement exists among virtually everyone the Panel consulted that the status quo is not acceptable. A proposal that three existing hospital corporations (TSH, RVHS and LH) be merged into a single corporation to serve both Scarborough and Durham (excluding the Uxbridge Cottage Site) was suggested during consultation; however, the Panel is of the opinion that merging eight existing sites to form a single corporation at this time would create issues related to management effectiveness in an organization of such a large size and scope, especially in the context of growth expected in the Durham Region. Most of those consulted supported the creation of two new health care corporations, one to serve the majority of Durham (excluding Uxbridge) and one to serve Scarborough. Establishing two new corporations:

- Enables planning of integrated systems of care both within and between regional care systems that reflect the characteristics and requirements of the different communities they service;
- Streamlines capital planning processes and makes more effective use of capital investments;
- Enables funding to follow the patient and future bundled payment initiatives;
- Enables regional health service planning and rationalization in the context of a critical mass of patients required to adequately support a system of shared health services; and,
- Aligns corporate boundaries with geographic, transit and road system boundaries to facilitate comprehensive patient care, including flow.

From a service planning perspective, creation of separate regional health care systems for Scarborough and Durham would enable the new corporations to build on existing areas of clinical program excellence and look to successful models of care across Ontario and elsewhere that address the needs of specific and local vulnerable communities. Planning from a regional perspective would support better coordination of primary and community care and enable funding to follow the patient.

From a capital planning perspective, investments in health infrastructure need to be considered in the context of an integrated system of care and reflect regional priorities for care delivery, taking into consideration both projected changes to population size and structure and fundraising capacity.

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8 Ministry of Health and Long Term Care - Capacity Plan Information (See Appendix D)
From an academic perspective, a Durham health system could help strengthen and build upon current relationships with the health sciences programs at both Queen’s University and the University of Toronto. TSH and RVHS are already affiliated with the University of Toronto and opportunities exist to build on these relationships both in primary and specialty care.

Creation of two new corporations also provides an opportunity to revisit and where appropriate build upon Board, clinical and administrative leadership strengths, drawing on the best from the three existing organizations, as well as attracting new talent where appropriate, given the exciting opportunities presented in both Scarborough and Durham. We expect that this reconfiguration would be carried out in consultation with the existing organizations and with the guidance of the external resource appointed to oversee implementation (see recommendation on page 29).

It is recommended that:

The Ministry consider a reconfiguration of 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).

Note: 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.

3.3. ENHANCED INTEGRATED CARE DELIVERY

Based on successful national and international models, the critical elements of a highly integrated system can be defined as follows: interprofessional teams of providers collaborate to “provide a coordinated continuum of services” to individual patients, supported by information technologies that link providers and settings.9

Creating integrated systems of care that support a seamless care experience for patients is a key objective of the Minister’s Action Plan for Health Care. Several integrated service delivery models have been successfully implemented or are in planning stages in the Scarborough and Durham regions, including:

- **RVHS’s Regional Cardiac Program**: Designated a regional program in 2009, RVHS’s regional cardiac program offers centralized access to percutaneous coronary intervention (PCI) services at the Centenary Site, an integrated approach for cardiac rehabilitation services and a highly effective regional STEMI program across the Scarborough and Durham regions;

- **TSH’s Community Partnership for Chronic Kidney Disease (CKD)**: TSH’s proposed siting of CKD and dialysis services at the future Bridletowne Community Centre in partnership with the YMCA is an example of an innovative care delivery model that embodies Triple Aim principles of cross-sectorial collaboration and a broadened role for community-based services; and,

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• **RVHS-Durham Mental Health Services (DMHS) Integration Initiative:** This initiative placed a full-time nursing position at DMHS as a point of integration with Rouge Valley’s Assertive Community Treatment Team (ACTT) to support mental health patients living in the community while receiving acute treatment. The joint RVHS-DMHS integration initiative was placed on the Minister’s Medal Honour Roll in 2014.

3.3.1. **CARDIOLOGY**

RVHS’s regional cardiac program is an established and highly successful integrated model of care that delivers significant benefit to patients in Scarborough and Durham. The Panel strongly encourages leadership of health corporations in Scarborough and Durham to work collaboratively to ensure that this and other integrated care delivery models already established or in development are not disrupted, but rather enhanced, through future regional planning activities.

3.3.2. **CHRONIC KIDNEY DISEASE AND DIALYSIS**

Regional chronic kidney disease management and dialysis programs centered at TSH and Lakeridge Health serve the Scarborough and Durham Regions, respectively, among 26 such regional programs in Ontario. The Ontario Renal Network\(^{10}\), established in 2009, leads the strategic coordination among these services under Cancer Care Ontario. In Scarborough, TSH serves the catchment area of RVHS for both acute and chronic dialysis services. The TSH program includes a number of off-site community- and long-term care facility-based dialysis units. The aging population and those with diabetes are at greatest risk for developing chronic kidney disease that requires dialysis treatment. The plan for a new off-site community-based hemodialysis unit and Chronic Kidney Disease Management Clinic, in collaboration with the YMCA at the Bridletowne Site is strongly supported by stakeholders and, if approved, would provide improved access and increased capacity to serve the community of Scarborough, particularly those living above highway 401.

The current and future challenges focus on ensuring equitable and timely access to services. These include availability of sufficient acute dialysis services (e.g., for ICU patients) and entry into chronic kidney disease management and dialysis programs that are cost-effective and geographically accessible. The Panel learned that Durham Region may require more effective coordination between the TSH and Lakeridge programs and resources to address these challenges. These issues are not unique to Scarborough and Durham and both regional programs are engaged in implementing the Ontario Renal Plan II\(^{11}\). Among many important goals, this plan states that to improve patients’ access to kidney care by 2019, a community-first approach will be adopted in Ontario and models of care for the delivery of safe, high quality, timely and accessible kidney care will be implemented, monitored and evaluated.

To achieve the goals outlined in the Ontario Renal Plan II, the strategic directions include (among others): identifying barriers to accessing kidney care, developing person-centered solutions, and ensuring infrastructure and services are in place to enable home dialysis. The Panel recommends that master planning for integrated services be undertaken by health corporations in Scarborough and Durham include the Chronic Kidney Disease and Dialysis requirements for all parts of Scarborough and Durham guided by the Ontario Renal Plan II. In particular, evidence-based analysis of infrastructure and service needs, both immediate and longer term, should be articulated and the integration of current and future needs for Durham specifically addressed.

\(^{10}\) http://www.renalnetwork.on.ca/#&panel1-1

\(^{11}\) http://www.renalnetwork.on.ca/common/pages/UserFile.aspx?fileId=333923
3.3.3. MENTAL HEALTH AND ADDICTIONS

Capacity plan information confirms growing demand for mental health services with above-average case growth in both Scarborough and West Durham over the next 15 years. In Scarborough, average growth of 8% is expected in mental health cases (a rate higher than the average Central East LHIN growth), resulting in an additional 2,500 cases. In West Durham, an above Central East LHIN and Ontario average growth of 17% is expected, resulting in an additional 2,300 cases.

The Panel heard consistent and strong concern from residents and hospital and community service providers that mental health and addictions service capacity does not adequately meet the needs of local residents, and that existing services are fragmented. Specific concern was expressed about poor access to crisis services contributed to in part by rigid service parameters around geography and youth versus adult programming.

Opportunity exists to enhance Ontario Shores’ regional leadership role in mental health. The Panel heard about successful models implemented in communities such as Campbelford and Pickering that expand outpatient mental health capacity. Other best practice models, such as the TC LHIN’s South Toronto Health Link initiative and the Centre for Addiction and Mental Health’s (CAMH) “Service Collaborative Implementation Frameworks” should also be considered.

In Scarborough, culture and language were identified as barriers to accessing health services by new immigrant populations. In addition, the Panel heard that stigma associated with mental health and addictions disorders is a significant deterrent to accessing services for new immigrant populations who have not benefitted from exposure to health promotion and awareness campaigns. Opportunity exists to further integrate pathways along the continuum of care and to engage Community Health Centres (CHC) and public health in planning and delivering a continuum of mental health and addictions services that meet these specific needs.

Durham residents and service providers expressed concern about growing challenges with addictions and homelessness impacted by declining socioeconomic conditions in the region and indicated that an integrated response across sectors (e.g. Health, Emergency Services, Housing and Correctional Services) is required to improve transitions in this area.

Regional planning for the needs of patients suffering from mental health and addiction disorders, including specific needs of new immigrants, should be considered through a lens of health equity. A health equity framework such as HEIA or the “Cultural Competency assessment Tool for Clinical Guideline Development” developed by the Nova Scotia Department of Health could be considered.

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12 The TC LHIN’s South Toronto Health Link has an initiative underway to increase access to integrated team-based community mental health and addictions services. Led by St. Joseph’s Hospital, the Health Link initiative is expected to leverage existing Assertive Community Treatment Teams (ACTT), intensive case management and related resources to create a continuum of community services that will support mental health and addictions clients, with a focus on those who are highly complex.

13 http://servicecollaboratives.ca/about-sisc/, http://eenet.ca/

3.3.4. ONCOLOGY

Cancer Care Ontario (CCO) works with its regional partners to create, sustain and deliver coordinated services, leveraging provincial, regional and community partnerships to ensure a system of care. As well, Regional Cancer Centres provide regional quality and safety oversight in addition to overall planning for future needs.

Scarborough and Durham are part of the Central East LHIN and Lakeridge Hospital serves as the Regional Cancer Administration Centre for CCO. The region has a highly integrated and successful set of regional and hospital-based programs that are consistently top performers.

Moving forward, Scarborough and Durham will both be required to build upon existing CCO structures and models whereby the Regional Cancer Centre of Lakeridge, the Odette Cancer Centre at Sunnybrook, and Princess Margaret Cancer Centre at University Health Network serve as the nuclei for the systems.

The Panel encourages CCO to work with the two regions to effectively update the informatics associated with resource distribution between the Toronto Central and Central East LHINs.

Future system planning and master planning will be aided by a continued focus on radiation services, complex cancer surgeries (such as thoracic, hepato-pancreatic biliary (HPB) and gynecological surgery) being done at the Regional Centres and general oncology services and systemic therapeutics being decentralized to local health providers. Patients receiving combined modalities treatment are best served in one centre where appropriate.

The Central East Regional Cancer Program, hosted at the Lakeridge Cancer Centre, has a strong history of integration and collaboration in support of patient needs and this serves as a model moving forward for Durham.

The Toronto Central Regional Cancer Programs hosted at the Odette and Princess Margaret Cancer Centres can provide ongoing leadership for the further development of comprehensive and integrated cancer services for the residents of Scarborough.

3.3.5. MATERNAL AND NEWBORN

Maternal, child and youth services (MCY) have been a source of controversy and conflict for many years in Scarborough. Initially, conflict revolved around the proposed relocation of services between the Birchmount (formerly Grace) and the General Sites of TSH. Public and provider opposition led to the appointment of an Expert Panel that held hearings and ultimately rejected the service moves proposed by TSH and left the status quo in place, with maternity services offered at both sites. The Central East LHIN also intervened as a sequel to its 2009 Clinical Services Plan. It sought a facilitated consensus between TSH and RVHS to create Advanced MCY Services. No consensus emerged on a preferred option. In this Panel’s view, the ongoing dispute over MCY services needs to be resolved as a matter of priority by the LHIN and the future health corporation(s).

Depending on plans for future LHIN boundaries and relationships, Scarborough may become more closely aligned with services in the Toronto Central LHIN. This would allow Scarborough to both create internal Centres of Excellence among its sites, and better align its resources with other organizations in the Toronto Central LHIN.

3.3.6. POST-ACUTE CARE

In West Durham, capacity plan information projects higher than Central East LHIN and Ontario average growth in complex continuing care (CCC) and rehabilitation services over the next 15 years. Projections include a 74% growth in Complex Continuing Care cases (1,900 active cases) and a 64% growth in Rehabilitation discharges driven by population growth and aging (2,200 discharges).

The Panel heard about bed utilization pressures and challenges with blocked beds, most notably at the RVHS Ajax/Pickering Site. However, the challenges described are not unlike those faced by many other hospitals in Ontario, and the Panel encourages leadership of hospital corporations to work with its system partners and identify innovative approaches that leverage capacity from across the system to address patient flow challenges.

The Rehabilitative Care Alliance (RCA) is a collaborative funded by the 14 LHINs to effect positive changes in rehabilitative care. RCA has created common definitions for use in the community, long-term care and hospitals. The new nomenclature replaces both the prior complex continuing (CCC) and rehabilitation (Rehab) definitions.

The Panel encourages:

- The early adoption of RCA’s definitions to support the streamlining of rehabilitative services across the system and the enhancement of communication amongst care providers for these services;
- The MOH&LTC to align funding and expected outcomes against the new rehabilitative definitions and pathways;
- The LHINs to establish a formal mechanism by which to plan and optimize rehabilitative funding amongst institutions, particularly those servicing multiple LHINS; and,
- The continued review of rehabilitative pathways to move more services to an outpatient model.

3.3.7. PALLIATIVE CARE

Residents and care providers in Scarborough and Durham expressed concern about limited palliative and respite capacity and silos of care that do not effectively coordinate to provide seamless care for patients at end of life. Community care providers noted that in some cases, care models do not transition across LHIN boundaries, which prevents flow of service to patients. Primary care providers described challenges in obtaining referrals to palliative care services because current priority is given to referrals aligned with acute specialty care programs such as cancer.

Leaders of the health corporations in Scarborough and Durham are encouraged to work with health system partners to develop care delivery models that create capacity as close to home as possible. Community service providers pointed to Lakeridge Health’s palliative care program as an excellent model of care that integrates acute and home care through an interdisciplinary team that makes home visits. In addition, the partnership between Providence and TSH that places a patient navigator at TSH after hours to facilitate referrals to Providence is an example of a best practice that should be expanded. The partnership between Toronto Emergency Medical System (EMS) and Providence that enables palliative patients to be transported directly to Providence for short stay support is also seen as a best practice.

Clearly, a palliative program planning exercise will need to be carried out in both Scarborough and Durham, and a comprehensive review of all palliative care service capacity needs to be a central focus of
that planning, including a view to existing services in other adjacent regions that may be resources to Scarborough or Durham residents.

### 3.3.8. OTHER CLINICAL PROGRAM INTEGRATION PLANNING

Leaders of the health corporations in Scarborough and Durham are encouraged to turn their minds to clinical program planning as outlined above and in other clinical areas where service integration is in early stages such as stroke, orthopedics, lab and diagnostic services and pediatric care. Attention is required to ensure that established integrated care models are preserved and extended wherever possible within and between Scarborough and Durham regions.

**It is recommended that:**

Recognizing the value of existing regional programs of excellence that successfully integrate service across the continuum of hospital and community care in both Scarborough and Durham (e.g., the cardiac program), the leaders should expand the scope and scale of these initiatives to achieve comprehensive, equitable delivery both within, and where appropriate crossing between, Scarborough and Durham. 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.

### 3.4. CAPITAL INVESTMENT

Broad-based concern was expressed by residents, hospital and community stakeholders and government officials about inequitable capital investment and deteriorating hospital infrastructure, particularly in Scarborough. Population growth and aging was identified as an increasing source of pressure on acute health services, particularly in Durham.

Since 2003, capital investments made in TSH have totaled $91.9M, including major investments in Emergency and Critical Care at the General Site ($55M) and Health Infrastructure Renewal Fund (HIRF) investments of $16.9M. RVHS received $102.7M over the same period, including funds for Ajax/Pickering Site redevelopment ($78M) and building a family birthing centre at the Centenary Site ($14.8M). HIRF investments of $8.4M have been made in RVHS since 2004. Lakeridge Health received $323.5M since 2003, including $290M for restructuring of the Oshawa Site and $15M in HIRF investment. Capital planning and projects approved by the Ministry since 2003 are summarized in Appendix G.

The following two sections of the report outline (i) recommended long-term capital investments that the Panel feels should be considered in a 15 year plus time frame; and (ii) immediate to short-term capital investments that the Panel recommends moving forward in a one to five year time frame.
### 3.4.1. LONG-TERM INVESTMENT

**Scarborough Region**

Capacity plan information projects a 24% increase in total acute inpatient days over the next 15 years requiring investment in 232 additional inpatient beds in the Scarborough region. Growth projections are in line with Central East LHIN and Ontario averages. From an ambulatory perspective, growth in ambulatory visits is projected at 23% (also in line with Central East LHIN and Ontario growth projections), an increase of 36,200 ambulatory visits over the next 15 years. The deteriorating state of hospital facilities in Scarborough is evidenced by TSH’s 2015 facility condition assessment (FCA) that placed the Birchmount Site in the bottom 10th percentile in the province. In the opinion of the Panel, long-term capital investment is required in Scarborough to address facility conditions and capacity plan bed requirements.

**It is recommended that:**

Given the overall state of existing hospital infrastructure and projected population growth and needs in the Scarborough region, 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.

**Durham Region**

From a Durham perspective, residents, hospital and community stakeholders and municipal government highlighted concern about the impact of growth on sustainability of health services in the region. Growth in Durham is projected at 48% over the period from 2013 to 2041, resulting in a population of one million by 2041\(^1\).

Capacity plan projections for service demand as a result of population growth and aging in West Durham are significantly greater than Central East LHIN and Ontario averages. A 51% increase in total acute inpatient days over next 15 years is projected, requiring more than 400 additional inpatient beds. Emergency department (ED) visits are projected to increase by 24% over the next 15 years, an increase of 45,500 ED visits. Ambulatory visits are projected to increase 46% over the same period creating an additional 57,200 ambulatory visits.

**It is recommended that:**

Given the overall state of existing hospital infrastructure and projected population growth and needs in the Durham Region, 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.

3.4.2. INTERIM INVESTMENTS

The Panel is of the opinion that interim investment is required in the immediate to short-term to ensure that existing facilities continue to support acceptable standards of care until new hospital capacity is built in the system. In the section below, the Panel recommends five specific capital projects that should be planned and implemented within a one to five year time frame. The Panel encourages the new Scarborough Corporation to begin planning for these capital projects immediately in the context of a renewed Scarborough health system master plan. Estimated costs for the interim projects listed below are summarized in Appendix H.

Emergency Department, TSH Birchmount Site

TSH Birchmount’s emergency department was designed for 20,000 patient visits per year, and in 2014/15 received approximately 50,000 patient visits. Interim investment is required to address capacity issues and meet current standards of care (including infection control policies). Even modest projected growth in ED visits of 12% over the next 15 years will put additional pressure on already strained ED resources in Scarborough.

Surgical Suites – General Site

The operating rooms at TSH General Site are among the oldest in Ontario. Interim investment is required to update circa 1957 operating rooms at TSH’s General Site and address issues including airflow, space requirements for medical technologies, access to medical gases and infection control standards. The investment will support a projected 16% growth in inpatient surgical days (11,645 additional days) and above Central East LHIN and Ontario average projected growth of 13% in day surgery visits (5,800 additional visits) over the next 10 years.

Emergency Department – RVHS Centenary Site

The RVHS Centenary emergency department was designed to support 25,000 visits annually and in 2014/15 supported 65,000 visits. Interim investment is required to address capacity issues and meet current standards of care (including infection control policies).

Diagnostic Imaging – TSH General Site

Currently, diagnostic services at TSH General Site are spread across five different locations throughout the hospital, negatively impacting department efficiency, productivity and patient flow. An integrated vascular suite will ensure TSH can deliver on its regional role for vascular surgery and the Central East LHIN can achieve its Integrated Health Service Plan (IHSP) strategic aims for vascular care.

Satellite CKD/Dialysis Site – Bridletowne Community Centre

TSH is a designated regional provider of nephrology services in the Central East LHIN. Investment is required to replace renal dialysis facilities that are outdated and to address projected growth in demand for service. Capacity plan information projects that population growth and aging will drive a 55% growth
in demand for dialysis services in West Durham over the next 15 years, significantly exceeding Central East LHIN and Ontario average growth. In Scarborough, growth of 24% is projected over the same period.

Current Ontario Renal Network projections indicate that an additional 26 in-facility hemodialysis operating stations and three in-home hemodialysis stations are required at TSH over the next 10 years.

The proposed Bridletowne Community Centre project developed in partnership with the YMCA and City of Toronto encompasses a range of community health and wellness services, including a TSH outpatient dialysis unit and Chronic Disease Management Centre. The project is an innovative and integrative community project that would enhance capacity and access to care.

It is recommended that, pending consideration/creation of a new Scarborough Health Corporation:

• TSH prepare and submit plans for an expanded emergency department at the Birchmount Site taking into consideration the anticipated needs for patient care for the next 15 years.

• The Ministry work in consultation with TSH to undertake an early works capital project in the surgical suites at the General Site subject to a final functional plan being approved.

• The Ministry work in consultation with the RVHS to undertake an early works capital project in the emergency department at the Centenary Site subject to a final functional plan being approved.

• The Ministry work in consultation with TSH to undertake an early works capital project in the diagnostic imaging suite at the General Site subject to a final functional plan being approved.

• The Ministry work in partnership with the Ontario Renal Network and in consultation with TSH, 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, subject to a final functional plan being approved.

It is the Panel’s opinion that these interim investments are required to sustain safe, accessible and equitable health services in the short-term while additional capacity created by the recommended new comprehensive acute care hospitals is brought on line over a 15+ year period. However, interim capital recommendations put forward are intended to deliver both short- and long-term utility in the context of renewed master service plans for Durham and Scarborough. As an example, short-term investment in operating rooms can transition into ambulatory surgicentre capacity in the longer term to support best practice ambulatory surgical pathways. Further, short-term investment in emergency department capacity can transition to support urgent ambulatory care in the longer term, increasing capacity outside of acute centres for non-life threatening illness.

The Panel acknowledges concerns expressed by hospital and community stakeholders regarding patient flow at the RVHS Ajax/Pickering Site. The 2010 redevelopment of the RVHS Ajax/Pickering Site included emergency room expansion, which provides adequate emergency capacity for the hospital. However, similar to many other hospitals in Ontario, the emergency department experiences back-up as a result of impaired patient flow into and through inpatient beds. The Panel encourages leadership of the new
Durham Corporation to work with system partners as a matter of priority and identify innovative approaches that leverage capacity from across the system to address these patient flow challenges.

The Panel acknowledges that Lakeridge Health has a number of projects planned and in various stages of Ministry review, for example the replacement of the Whitby site, and planned expansion at the Bowmanville Site, some of which are ‘own funds’ projects. The Panel encourages the new Durham Corporation to undertake Master Plan development (in the context of the Panel’s recommendation for a new comprehensive acute care hospital in Durham) as an immediate next step to ensure that capital planning underway aligns with the Panel’s overall capital recommendations and thereby avoid any unnecessary delays.

**It is recommended that:**

- 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.

### 3.5. LHIN BOUNDARIES AND RELATIONSHIPS

Configuration of Central East LHIN boundaries and their potential influence on the experience of care for residents of Scarborough and Durham, presently and in future, was a topic raised by many stakeholders interviewed by the Panel. Broad support was expressed for re-examining the west boundary of the Central East LHIN.

Reasons put forward to re-examine the existing boundary included but were not limited to:

- Enhanced service planning in the context of a smaller Central East LHIN with reduced variability between urban and rural communities;
- Improved efficiency and effectiveness of care transitions for patients from Scarborough who frequently travel west to access acute tertiary/quaternary services in the Toronto Central LHIN, and require cross-LHIN transition of services (e.g. CCAC) when repatriated to their home hospital;
- Facilitating work underway between TSH and complex continuing, rehabilitation and palliative care service providers in the TC LHIN to develop models of care that better integrate services for patients;
- Smoothing CCAC funding for community-based services between the CE and TC LHINs; and
- Aligning LHIN boundaries to better serve cross-Ministry planning (e.g. health and transit).

Capacity plan information provides evidence of Scarborough residents’ reliance on Toronto Central LHIN hospital services, in that 25% of acute inpatient visits by Scarborough residents were to Toronto Central LHIN hospitals, and that 15% of unscheduled ED visits by Scarborough residents were to Toronto Central LHIN hospitals.

Focus group and town hall participants in both Scarborough and Durham expressed concern about the Central East LHIN boundary, suggesting that current boundaries do not make sense from a patient flow perspective, and that Scarborough would be better aligned with Toronto.
Changing the west boundary of the Central East LHIN could also be considered an enabler to master planning in the recommended Scarborough and Durham regional health systems, should this recommendation of the Panel be advanced.

It is recommended that:

The Ministry consider whether the existing LHIN boundary between Toronto Central LHIN and Central East LHIN is in the best interests of future health care delivery for the residents of Scarborough and Durham, including the opportunity to create two regional care systems as outlined above. In reviewing the existing boundary, the Ministry may wish to consider whether future integrated and comprehensive patient care, including primary and community-based care and the movement of patients among health care organizations for the provision of more complex (tertiary and quaternary) care, would be enhanced by including a new Scarborough Health Corporation in an expanded Toronto Central LHIN.
4. IMPLEMENTATION PLAN

The Panel has made recommendations that include merging three hospital corporations into two, master planning in support of integrated service delivery within and between two new regional health systems in Scarborough and Durham, and a potential change to LHIN boundaries. In the view of the Panel, if these recommendations are to be advanced, a significant amount of time, effort and oversight will be required, all of which go beyond what may reasonably be expected of current hospital, medical and LHIN leadership. For this reason, and in support of early effective, action, the Panel believes that the MOH&LTC should consider appointing a facilitator, and/or a small team, to lead the implementation of the recommendations.

A facilitator, and/or small implementation team, if appointed, could:

- Assist in developing an implementation plan for the recommendations that is grounded in health equity principles and meaningful engagement of stakeholders;
- Strengthen organizational and individual capacity by working with the senior management and Boards at the hospitals and LHIN, and care providers, to ensure a mutual understanding of their leadership roles and responsibilities;
- Act on specific recommendations of the report, as appropriate;
- Be available, upon request, to provide advice and counsel related specifically to implementation of the recommendations and participate in any system, hospital or LHIN committees that have been established for this purpose;
- Re-interview Board, Management and Medical Leadership six months following this report to monitor progress and make further recommendations, as appropriate, for any additional measures deemed necessary to enhance quality of care; and,
- Report back to the communities within 12 months post-appointment with regard to progress made and next steps.

It is recommended that:

The 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.
5. CONSOLIDATED RECOMMENDATIONS

5.1. GOVERNANCE AND STRUCTURE

Clusters/Amalgamations

It is recommended that:

The Ministry consider a reconfiguration of 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).

5.2. ENHANCED INTEGRATED CARE DELIVERY

It is recommended that:

Recognizing the value of existing regional programs of excellence that successfully integrate service across the continuum of hospital and community care in both Scarborough and Durham (e.g., the cardiac program), the leaders should expand the scope and scale of these initiatives to achieve comprehensive, equitable delivery both within, and where appropriate crossing between, Scarborough and Durham. 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.

5.3. CAPITAL INVESTMENT

Long Term: 15+ Years

It is recommended that:

- Given the overall state of existing hospital infrastructure and projected population growth and needs in the Scarborough region, 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.
- Given the overall state of existing hospital infrastructure and projected population growth and needs in the Durham Region, 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.
Immediate/ Short-Term Capital Investment

It is recommended that, pending consideration/creation of a new Scarborough Health Corporation:

- TSH prepare and submit plans for an expanded emergency department at the Birchmount Site taking into consideration the anticipated needs for patient care for the next 15 years.
- The Ministry work in consultation with TSH to undertake an early works capital project in the surgical suites at the General Site subject to a final functional plan being approved.
- The Ministry work in consultation with the RVHS to undertake an early works capital project in the emergency department at the Centenary Site subject to a final functional plan being approved.
- The Ministry work in consultation with TSH to undertake an early works capital project in the diagnostic imaging suite at the General Site subject to a final functional plan being approved.
- The Ministry work in partnership with the Ontario Renal Network and in consultation with TSH, 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, subject to a final functional plan being approved.

Capital Plan Development

It is recommended that:

- 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.

5.4. LHIN BOUNDARIES/RELATIONSHIPS

It is recommended that:

The Ministry consider whether the existing LHIN boundary between Toronto Central LHIN and Central East LHIN is in the best interests of future health care delivery for the residents of Scarborough and Durham, including the opportunity to create two regional care systems as outlined above. In reviewing the existing boundary, the Ministry may wish to consider whether future integrated and comprehensive patient care, including primary and community-based care and the movement of patients among health care organizations for the provision of more complex (tertiary and quaternary) care, would be enhanced by including a new Scarborough Health Corporation in an expanded Toronto Central LHIN.

5.5. IMPLEMENTATION PLAN

It is recommended that:

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.
APPENDIX A: HOSPITALS IN THE SCARBOROUGH AND DURHAM REGIONS

[Map of hospitals in the Scarborough and Durham regions]
APPENDIX B: PANEL MEMBER BIOGRAPHIES

Dr. Barry McLellan is the President and Chief Executive Officer of Sunnybrook Health Sciences Centre. He previously served as the Chief Coroner for Ontario, and as Director of the Trauma Program and Vice President of Specialty Services at Sunnybrook. He was also the Director of the hospital's Emergency Department, Base Hospital Program (paramedic program) and Trauma Research. He has served as the Chair of the Council of Academic Hospitals of Ontario (CAHO), the non-profit association of Ontario's 25 academic hospitals and their research institutes. Dr. McLellan is also Vice Chair of the Ontario Hospital Association Board and a Professor in the Department of Surgery at the University of Toronto. Dr. McLellan served as the Panel Chair.

Trish Barbato is Senior Vice President, Innovation & Strategic Partnerships for Revera Inc. She was previously Senior Vice President, Home Health and Business Development. Prior to Revera, she served as President and Chief Executive Officer of COTA Health. Ms. Barbato has held various senior management positions, including Vice President, Corporate Services and Chief Financial Officer for Providence Healthcare, a 671-bed hospital and long-term care facility, Managing Director at Bayshore Healthcare and Senior Manager at PricewaterhouseCoopers. She is a Chartered Professional Accountant Fellow and recipient of the Queen's Diamond Jubilee Award.

Jan Campbell is the Chief Executive Officer of StrategiSense Inc. Ms. Campbell has over 20 years of experience in the public and private sectors including roles within Sunnybrook Health Sciences Centre and Ernst and Young, and was the Executive Director of the Home Care Evaluation and Research Centre at the University of Toronto. Ms. Campbell has served on numerous local, municipal and provincial committees and Boards concerned with health and social services and is currently a member of the Boards of the University Health Network and Centennial College. She has a Bachelor of Science and a Masters of Business Administration with a specialization in Health Services Management from McMaster University.

Raymond Ching Yuen Chung holds a Master’s Degree in Social Work and is a retired professional social worker and health administrator with fifty years of experience working in Hong Kong and Toronto. Raymond has been a resident of Scarborough since 1976, and has a special interest in Child Welfare, Children’s Mental Health, Adult Mental Health, Immigrant Health, Community Development, Health Equity and Diversity. Raymond served as the Scarborough Community representative on the Panel.

Ian Clarke is a Chartered Accountant Fellow and the Chief Financial Officer for Maple Leaf Sports & Entertainment Ltd. A board member of Greater Toronto Airports Authority and the Toronto Community Foundation, Ian served for nine years on the Board of St. Michael’s Hospital and was Treasurer and Vice President on the Board of the Second Mile Club of Toronto. His volunteer work spans borders and includes organizing five trips to New Orleans to build Habitat for Humanity Homes for victims of Hurricane Katrina as well as organizing a relief plane filled with donated clothing and supplies for medical camps in Haiti following the devastating earthquake. His volunteer work is highly recognized and includes a recent declaration of April 23rd as Ian Clarke Day by New Orleans Mayor, Ray Nagin. Ian served as the Durham Community representative on the Panel.
Michelle E. DiEmanuele is President and CEO of Trillium Health Partners. She has served as the Associate Secretary of Cabinet and Deputy Minister in the Ontario Government, as well as Interim CEO at the Ontario Lottery and Gaming Corporation; Assistant Deputy Minister of Health; Vice President (Branch and Small Business Banking, Retail Markets/Human Resources), CIBC; and Vice President (Human Resources and Organizational Development), Brookfield Properties Ltd. Ms. DiEmanuele is in the Hall of Fame of Canada's Top 100 most Powerful Women and was recognized as a Top 40 under 40. She serves on numerous boards, including the Conference Board of Canada. She is a past member of the Board of the Ontario Hospital Association.

John Ronson leads the health strategy, policy and evaluation practice for TELUS Health. A former partner with Blake, Cassels and Graydon, he has led numerous engagements including the development of the Regional Cancer Program model for Cancer Care Ontario and the Chronic Disease Prevention and Management Strategic Plan for Ontario’s Ministry of Health and Long-Term Care. He is a former Chief of Staff to the Minister of Health for the Province of Ontario, and has served as a Director of Teranet, Waterfront Toronto, the Canadian Cancer Society and a number of other organizations.

Dr. Catharine Whiteside is the immediate former Dean of Medicine and Vice Provost Relations with Health Care Institutions, and is currently a professor in the Faculty of Medicine at the University of Toronto. She is a member of the Canadian Academy of Health Sciences and holds an honorary staff nephrologist position at the University Health Network. At present she is a Director on the Boards of Baycrest and Women's College Hospital.
APPENDIX C: SCARBOROUGH/WEST DURHAM PANEL TERMS OF REFERENCE, MARCH 2015

Background

Central East LHIN acute care programs and services in the Scarborough and West Durham region are delivered through a number of Health Service Providers including the RVHS, TSH and Lakeridge Health.

Recently, TSH and the RVHS participated in a facilitated integration planning process, initiated by the Central East LHIN in March 2013.

In November 2013, the two hospitals presented a “Preferred Integration Plan – Final Report” approved in principle by their boards that included a shared value proposition highlighting that under one accountability structure hospitals would be better positioned to establish a long-term shared vision, maintain or improve access to services, maintain or improve quality, be more competitive, respond to financial challenges and ready hospitals for system integration and co-ordination of services.

While the hospitals have not moved on amalgamating their corporate governance, they are moving forward with a number of integrated planning opportunities for programs and services identified in their Plan.

Diversity of the population, service access patterns, aging infrastructure and health system funding reform are all factors impacting healthcare services in this region and necessitate a strategic plan to ensure the sustainability of services for residents of Scarborough/West Durham.

The Panel will consist of healthcare community leaders and residents and will make recommendations to the Minister of Health and Long-Term Care and the Central East LHIN on the future state of acute care services as well as healthcare capital investments, based on community needs.

Mandate

The mandate of the Panel is to:

Through an equity framework, work with stakeholders, including TSH, RVHS and Lakeridge Health as well as impacted LHINs to develop a short-medium (6 months – 5 years) and long-term (5 - 10 years) plan for the provision of acute services in the Scarborough/West Durham region.

The plan will articulate the vision for the hospitals’ strategic operations, programs/services and operational models, and capital infrastructure under an integrated system.

The plan would build on existing documents including the Preferred Integration Plan Final Report (November 2013), TSH-RVHS Integration Initiative Final Report – Motion 1b Collaborative (January 27, 2015) and Hospital Clinical Services Plan (February 2009) and also consider the Minister’s Patients First: Action Plan for Health Care (February 2015) and Bringing Care Home (March 2015).
**Goals**

Goals of the Panel include:

- Recommend a process for the development of a master plan for the Scarborough/West Durham region that includes the necessary capital investment required to provide integrated acute care services;
- Identify areas for clinical benefits to patients through harmonization, leadership, standardization, concentration of services and creation of specialized care centres;
- Recommend implementation plans using existing resources and infrastructure as well as opportunities for small capital investment to help realize the clinical benefits identified; and,
- Identify opportunities to maximize administrative and support services in ways that result in efficiencies and improve resource utilization.

**Accountability**

The Panel will offer its advice and recommendations via a report submitted to the Minister of Health and Long-Term Care and the Central East LHIN.

**Membership**

The Chair and panel members have been invited to participate by the Minister of Health and Long-Term Care.

Membership includes:

- Dr. Barry McLellan (Chair);
- Michelle DiEmanuele;
- Dr. Catharine Whiteside;
- Jan Campbell;
- John Ronson;
- Ian Clarke;
- Trish Barbato; and,
- Raymond Chung.

Services/support from non-panel members may be requested, at the discretion of the Chair.

**Term**

The Panel will commence spring of 2015 and exist for a six month period. At the end of six months, the Panel’s tenure will be reviewed.

**Secretariat**

Secretariat support for the Panel will be provided by the Health System Accountability and Performance Division, Ministry of Health and Long-Term Care.
Cost and Compensation of Members

Members will not be remunerated for their participation and any expenses incurred by members will be reimbursed by the Ministry of Health and Long-Term Care based on the Government of Ontario’s Travel, Meal and Hospitality Expenses Directive.

APPENDIX D: CAPACITY PLAN OVERVIEW – SCARBOROUGH AND WEST DURHAM REGIONS
### Capacity Plan Overview

#### Demographic Summary - Growth

<table>
<thead>
<tr>
<th>Population</th>
<th>2014</th>
<th>2023</th>
<th>2028</th>
<th>Population Increase</th>
<th>Percent increase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Next 10 years</td>
<td>Next 15 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10 years</td>
<td>15 years</td>
</tr>
<tr>
<td>Total Population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarborough</td>
<td>628,506</td>
<td>668,664</td>
<td>691,154</td>
<td>40,158</td>
<td>62,648</td>
</tr>
<tr>
<td>West Durham</td>
<td>527,058</td>
<td>599,451</td>
<td>647,907</td>
<td>72,393</td>
<td>120,849</td>
</tr>
<tr>
<td>Rest of Central East</td>
<td>433,730</td>
<td>459,388</td>
<td>475,307</td>
<td>25,658</td>
<td>41,576</td>
</tr>
<tr>
<td>Central East LHIN</td>
<td>1,589,294</td>
<td>1,727,503</td>
<td>1,814,367</td>
<td>138,209</td>
<td>225,073</td>
</tr>
</tbody>
</table>

- Growth in West Durham is driving growth in the CE LHIN
- By 2036, the population of West Durham is expected to exceed the population of Scarborough

### Capacity Plan Overview

#### Demographic Summary - Aging

<table>
<thead>
<tr>
<th>Population age 65+</th>
<th>2014</th>
<th>2023</th>
<th>2028</th>
<th>Population Increase</th>
<th>Percent increase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Next 10 years</td>
<td>Next 15 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10 years</td>
<td>15 years</td>
</tr>
<tr>
<td>Scarborough</td>
<td>92,848</td>
<td>118,216</td>
<td>136,002</td>
<td>25,369</td>
<td>43,154</td>
</tr>
<tr>
<td>West Durham</td>
<td>70,504</td>
<td>108,769</td>
<td>137,772</td>
<td>38,265</td>
<td>67,268</td>
</tr>
<tr>
<td>Rest of Central East</td>
<td>88,484</td>
<td>118,850</td>
<td>139,511</td>
<td>30,366</td>
<td>51,027</td>
</tr>
<tr>
<td>Central East LHIN</td>
<td>251,836</td>
<td>345,836</td>
<td>413,285</td>
<td>94,000</td>
<td>161,449</td>
</tr>
</tbody>
</table>

- In 2014, Scarborough and West Durham both had less than 15% of their population age 65 or older
- By 2023, the proportion of seniors will increase to approximately 18% in both Scarborough and West Durham
## Capacity Plan Overview

### Acute Inpatient Services – Scarborough

**Acute inpatient baseline (2013/14) and projected volumes**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Metric</th>
<th>Baseline (2013/14) VOLUMES</th>
<th>2023/24 + % Change from Baseline (with efficiency)</th>
<th>2028/29 + % Change from Baseline (with efficiency)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Scarborough</td>
<td>West Durham</td>
<td>Rest of Central East</td>
</tr>
<tr>
<td>Total by program</td>
<td>Total days</td>
<td>256,200</td>
<td>202,800</td>
<td>247,300</td>
</tr>
<tr>
<td>Medical</td>
<td>Total days</td>
<td>137,800</td>
<td>99,300</td>
<td>139,000</td>
</tr>
<tr>
<td>Surgical</td>
<td>Total days</td>
<td>73,800</td>
<td>61,500</td>
<td>67,700</td>
</tr>
<tr>
<td>Newborn / Neonate</td>
<td>Total days</td>
<td>21,500</td>
<td>16,000</td>
<td>12,200</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>Total days</td>
<td>15,100</td>
<td>12,200</td>
<td>8,600</td>
</tr>
<tr>
<td>Mental health</td>
<td>Total days</td>
<td>8,000</td>
<td>11,900</td>
<td>19,700</td>
</tr>
</tbody>
</table>

### Access Patterns:

- 64% of acute inpatient visits by Scarborough residents were to one of the three hospitals in that region (43% to the Scarborough hospitals; 21% to RVHS Centenary)
- 1% of acute inpatient visits by Scarborough residents were to RVHS-Ajax site
- 25% of acute inpatient visits by Scarborough residents were to Toronto Central LHIN hospitals. 10% of visits were to Central LHIN hospitals.

*Does not include 20% efficiency measure

## Capacity Plan Overview

### Acute Inpatient Services – West Durham

**Acute inpatient baseline (2013/14) and projected volumes**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Metric</th>
<th>Baseline (2013/14)</th>
<th>2023/24 + % Change from Baseline (with efficiency)</th>
<th>2028/29 + % Change from Baseline (with efficiency)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Scarborough</td>
<td>West Durham</td>
<td>Rest of Central East</td>
</tr>
<tr>
<td>Total by program</td>
<td>Total days</td>
<td>256,200</td>
<td>202,800</td>
<td>247,300</td>
</tr>
<tr>
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<td>Total days</td>
<td>137,800</td>
<td>99,300</td>
<td>139,000</td>
</tr>
<tr>
<td>Surgical</td>
<td>Total days</td>
<td>73,800</td>
<td>61,500</td>
<td>67,700</td>
</tr>
<tr>
<td>Newborn / Neonate</td>
<td>Total days</td>
<td>21,500</td>
<td>16,000</td>
<td>12,200</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>Total days</td>
<td>15,100</td>
<td>12,200</td>
<td>8,600</td>
</tr>
<tr>
<td>Mental health</td>
<td>Total days</td>
<td>8,000</td>
<td>11,900</td>
<td>19,700</td>
</tr>
</tbody>
</table>

### Access Patterns:

- 59% of acute inpatient visits by West Durham residents were to hospitals in West Durham (39% from Lakeridge-Oshawa; 20% from RVHS-Ajax; 1% from Markham-Stouffville Uxbridge).
- 8% of acute inpatient visits by West Durham residents were at RVHS Centenary site. 3% of visits were from the two Scarborough hospital sites.
- 15% of acute inpatient visits were at Toronto Central LHIN hospitals, and an additional 10% were at hospitals in Central LHIN.

*Does not include 20% efficiency measure
Capacity Plan Overview

Unscheduled ED Visits

Projected percentage change in unscheduled ED visits relative to 2013/14

(does not include efficiency measure)

Key Findings: (with efficiency)

Scarborough: Baseline = 190,000 visits
• By 2023, an increase of 14,600 ED visits (8% increase) is projected
• By 2028, an increase of 22,400 ED visits (12% increase) is projected.

West Durham:
• By 2023, an increase of 28,800 ED visits (15% increase) is projected
• By 2028, an increase of 45,500 ED visits (24% increase) is projected.

Access Patterns:

• Scarborough Residents: In 2013/14, 74% of unscheduled ED visits were in one of the three hospitals in that region (45% to the Scarborough hospitals; 28% to RVHS Centenary). 1% of unscheduled ED visits were to other hospitals in the CE LHIN. 15% of unscheduled ED visits were to Toronto Central hospitals.

• West Durham Residents: In 2013/14, 77% of unscheduled ED visits were to one of the three hospitals in the West Durham region (31% to RVHS-Ajax; 42% to Lakeridge HC - Oshawa; and 4% to Markham Stouffville - Uxbridge). 13% of unscheduled ED visits were to other CE LHIN hospitals. Unscheduled ED visits outside of the LHIN were primarily to Toronto Central (4% of all visits) and Central LHIN (4%), with the remaining 2% to hospitals in the rest of the province.

Capacity Plan Overview

CCC, Rehabilitation & Mental Health

Complex continuing care, inpatient rehabilitation and mental health actual (2013/14) and projected volumes

<table>
<thead>
<tr>
<th>Sector</th>
<th>Metric</th>
<th>Baseline (2013/14) VOLUMES</th>
<th>Projected Volume</th>
<th>Projected Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Scarborough</td>
<td>West Durham</td>
<td>2023/24</td>
<td>2028/29</td>
</tr>
<tr>
<td>Complex continuing care</td>
<td>Active Cases</td>
<td>1,402</td>
<td>1,700</td>
<td>1,600</td>
</tr>
<tr>
<td></td>
<td>Discharges</td>
<td>1,343</td>
<td>1,600</td>
<td>1,500</td>
</tr>
<tr>
<td>Inpatient rehabilitation</td>
<td>Active cases</td>
<td>2,317</td>
<td>2,400</td>
<td>2,500</td>
</tr>
<tr>
<td>Newborns</td>
<td></td>
<td></td>
<td>4%</td>
<td>8%</td>
</tr>
</tbody>
</table>

*Projected percentage change in Complex Continuing Care active cases relative to 2013/14

*Projected percentage change in inpatient rehabilitation discharges relative to 2013/14

*Projected percentage change in inpatient mental health active cases relative to 2013/14

CCC/Rehab/MH:

• Scarborough: growth in active cases is **at or below** average growth for CE LHIN and Ontario
• West Durham: Growth in active cases is **above** average growth for CE LHIN and Ontario

*Does not include 20% efficiency measure
### Capacity Plan Overview

**Day Surgery, Oncology, Dialysis**

Day surgery and Cardiac Catheterization; Ambulatory Oncology; and Renal Dialysis baseline (2013/14) and projected volumes

<table>
<thead>
<tr>
<th>Sector Metric</th>
<th>Baseline</th>
<th>2023/24 +</th>
<th>2028/29 +</th>
<th>Scarborough residents</th>
<th>West Durham residents</th>
<th>Scarborough efficiency measure</th>
<th>West Durham efficiency measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Surgery visits including cardiac catheterization</td>
<td>Visits</td>
<td>45,100</td>
<td>47,900</td>
<td>50,900</td>
<td>54,000</td>
<td>59,300</td>
<td>65,400</td>
</tr>
<tr>
<td></td>
<td>CACS weighted visits</td>
<td>8,100</td>
<td>9,300</td>
<td>9,100</td>
<td>9,600</td>
<td>11,400</td>
<td>12,500</td>
</tr>
<tr>
<td>Ambulatory oncology</td>
<td>Visits</td>
<td>43,600</td>
<td>36,200</td>
<td>50,100</td>
<td>53,500</td>
<td>47,800</td>
<td>53,400</td>
</tr>
<tr>
<td></td>
<td>CACS weighted visits</td>
<td>4,900</td>
<td>4,500</td>
<td>5,600</td>
<td>6,000</td>
<td>5,900</td>
<td>6,500</td>
</tr>
<tr>
<td>Renal dialysis</td>
<td>Visits</td>
<td>72,500</td>
<td>40,800</td>
<td>83,700</td>
<td>89,800</td>
<td>55,000</td>
<td>63,300</td>
</tr>
<tr>
<td></td>
<td>CACS weighted visits</td>
<td>4,600</td>
<td>2,700</td>
<td>5,300</td>
<td>5,700</td>
<td>3,600</td>
<td>4,100</td>
</tr>
</tbody>
</table>

---

### Ambulatory Visit Growth:  
(includes efficiency measure)

- **Scarborough:** increase of 23,600 ambulatory visits by 2023 (14%); increase of 36,200 ambulatory visits by 2028 (23%)  
- **West Durham:** increase of 37,200 ambulatory visits by 2023 (14%); increase of 57,200 ambulatory visits by 2028 (23%)

*Does not include 20% efficiency measure*
# APPENDIX E: PANEL CONSULTATIONS

<table>
<thead>
<tr>
<th>Panel Consultations</th>
<th>Durham Focus Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Scarborough Hospital (Board, Management, Medical Leadership)</td>
<td>John Howard Society</td>
</tr>
<tr>
<td>The Scarborough Hospital Foundation (Board, Management)</td>
<td>VON Hospice Services</td>
</tr>
<tr>
<td>Rouge Valley Health System (Board, Management, Medical Leadership)</td>
<td>Pinewood Centre for Addictions</td>
</tr>
<tr>
<td>Rouge Valley Foundation (Board, Management)</td>
<td>Durham Mental Health Services</td>
</tr>
<tr>
<td>Lakeridge Health (Board, Management, Medical Leadership)</td>
<td>Durham Regional Police Services, 19 Division</td>
</tr>
<tr>
<td>Ontario Shores</td>
<td>Lakeridge Health - NP Model of Care (Mental Health)</td>
</tr>
<tr>
<td>Providence Healthcare</td>
<td>Community Care Durham</td>
</tr>
<tr>
<td>Markham Stouffville Hospital</td>
<td>Ontario Health Coalition</td>
</tr>
<tr>
<td>Durham EHS Emergency Medical Services</td>
<td>CARP - Chapter 20 Ajax/Pickering</td>
</tr>
<tr>
<td>Toronto Paramedics Services</td>
<td>Region of Durham, Social Services</td>
</tr>
<tr>
<td>CE CCAC Executive</td>
<td>Kinark Child and Family Services</td>
</tr>
<tr>
<td>TC CCAC Executive</td>
<td>Kennedy House Youth Services</td>
</tr>
<tr>
<td>West Hill Community Services</td>
<td>Scarborough Town Hall</td>
</tr>
<tr>
<td>Scarborough Family Health Team</td>
<td>Scarborough Community Council</td>
</tr>
<tr>
<td>Durham West Family Health Team</td>
<td>Hong Fook Mental Health Association</td>
</tr>
<tr>
<td>Central East LHIN (Board, Management)</td>
<td>Heathwood Ratepayers Association</td>
</tr>
<tr>
<td>Central LHIN</td>
<td>Glen Andrews Community Association</td>
</tr>
<tr>
<td>Toronto Central LHIN</td>
<td>St Paul’s L’Amoreaux Centre</td>
</tr>
<tr>
<td>Members of Provincial Parliament (9)</td>
<td>TSH Community Patient Advisory Council</td>
</tr>
<tr>
<td>Mitzie Hunter</td>
<td>Friends of Scarborough Hospital</td>
</tr>
<tr>
<td>Bas Balkissoon</td>
<td>The Caring Alliance</td>
</tr>
<tr>
<td>Christine Elliott</td>
<td>Chinese Canadian Nurses Association</td>
</tr>
<tr>
<td>Tracy MacCharles</td>
<td>Rotary Clubs of Scarborough</td>
</tr>
<tr>
<td>Joe Dickson</td>
<td>Agincourt Community Services</td>
</tr>
<tr>
<td>Soo Wong</td>
<td>Ontario Health Coalition</td>
</tr>
<tr>
<td>Jennifer French</td>
<td>Scarborough Town Hall</td>
</tr>
<tr>
<td>Granville Anderson</td>
<td>Scarborough Community Council</td>
</tr>
<tr>
<td>Brad Duguid</td>
<td>Hong Fook Mental Health Association</td>
</tr>
<tr>
<td>Durham Regional Government (Regional Chairman, Senior Staff)</td>
<td>Heathwood Ratepayers Association</td>
</tr>
<tr>
<td>Durham Regional Council</td>
<td>Glen Andrews Community Association</td>
</tr>
<tr>
<td>Mayor David Ryan (Pickering)</td>
<td>St Paul’s L’Amoreaux Centre</td>
</tr>
<tr>
<td>Mayor Steve Parish (Ajax)</td>
<td>TSH Community Patient Advisory Council</td>
</tr>
<tr>
<td>Scarborough Community Council (Chair, Senior Staff)</td>
<td>Friends of Scarborough Hospital</td>
</tr>
<tr>
<td>Site Tours</td>
<td>The Caring Alliance</td>
</tr>
<tr>
<td>Site Tour - TSH Birchmount</td>
<td>Chinese Canadian Nurses Association</td>
</tr>
<tr>
<td>Site Tour - TSH General</td>
<td>Rotary Clubs of Scarborough</td>
</tr>
<tr>
<td>Site Tour - RVHS Centenary</td>
<td>Agincourt Community Services</td>
</tr>
<tr>
<td>Site Tour - RVHS Ajax</td>
<td>Ontario Health Coalition</td>
</tr>
<tr>
<td>Site Tour - Timothy Eaton Location</td>
<td>Scarborough Town Hall</td>
</tr>
<tr>
<td>Site Tour - Seaton Ambulatory Site</td>
<td>Scarborough Community Council</td>
</tr>
</tbody>
</table>

## Attendance:
- 35+
- 80+
### APPENDIX F: COMMUNITY ENGAGEMENT APPROACH

**Approach and Participation**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Context and Participants</th>
<th>Time Frame</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus Groups (9)</strong></td>
<td>• Context: Health System Perspective&lt;br&gt;• Participants: Service Providers, Advocacy Groups, Community Leaders</td>
<td>July 28 – August 11, 2015</td>
<td>Scarborough: 26&lt;br&gt;Durham: 16</td>
</tr>
<tr>
<td></td>
<td>Small-medium sized, homogeneous community groups segmented by geography, ethnicity, role</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Survey</strong></td>
<td>• Context: Acute Care Perspective&lt;br&gt;• Participants: Patient and Family Member</td>
<td>August 19, 20, 2015</td>
<td>Scarborough: 35&lt;br&gt;Durham: 17&lt;br&gt;Other: 10 (primarily Markham)</td>
</tr>
<tr>
<td></td>
<td>In-hospital survey of patients and/or family members. Completed in emergency department of all four hospital sites.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Town Hall Meetings (2)</strong></td>
<td>• Context: Health System Perspective&lt;br&gt;• Participants: Broad Engagement of service providers across the continuum of care, advocacy groups and residents/patients</td>
<td>August 25, 26, 2015</td>
<td>Scarborough: 80+&lt;br&gt;Durham: 35+</td>
</tr>
<tr>
<td></td>
<td>Town hall meetings with open invitation (Scarborough, Durham)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G: SUMMARY OF CAPITAL PLAN SUBMISSIONS

The Scarborough Hospital, Rouge Valley Health System and Lakeridge Health
Capital Summary - As at April 8, 2015

The Scarborough Hospital (TSH)

Capital Funding, Capital Planning and Projects Approved by the Ministry since 2003 TSH

<table>
<thead>
<tr>
<th>The Scarborough Hospital Projects</th>
<th>Grant ($M)</th>
<th>Total Project Cost ($M)</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Site: Plumbing Infrastructure Project</td>
<td>4.5</td>
<td>TBD</td>
<td>Stage 4.1: Pre-Tender submission under development by TSH</td>
</tr>
<tr>
<td>General Site: Proposed Surgical Services Redevelopment</td>
<td>3.0</td>
<td>0</td>
<td>Oct/12 Stage 1: Proposal Addendum under ministry/LHIN review</td>
</tr>
<tr>
<td>General Site: Fit-up of Diagnostic Imaging (DI)</td>
<td>0.5</td>
<td>TBD</td>
<td>Dec/12 Stage 2: Functional Program under review. TSH requesting grant increase to support DI needs.</td>
</tr>
<tr>
<td>General Site: In Centre Dialysis Unit</td>
<td>3.6</td>
<td>4.3</td>
<td>Complete</td>
</tr>
<tr>
<td>Yee Hong Centre for Geriatric Care: Dialysis Satellite Expansion</td>
<td>1.2</td>
<td>2.7</td>
<td>Complete</td>
</tr>
<tr>
<td>General Site: Emergency and Critical Care Wing (ECCW) Project</td>
<td>55.0</td>
<td>70.2</td>
<td>Complete</td>
</tr>
<tr>
<td>General Site: Family Medicine Residency Project</td>
<td>0.2</td>
<td>0.2</td>
<td>Complete</td>
</tr>
<tr>
<td>General Site: Medical and Diagnostic Equipment Fund</td>
<td>0.9</td>
<td>0.9</td>
<td>Complete</td>
</tr>
<tr>
<td>Health Infrastructure Renewal Fund (HIRF) since 2004</td>
<td>18.9</td>
<td>18.9</td>
<td>Various Stages of development/completion</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$91.9</strong></td>
<td><strong>$95.2</strong></td>
<td></td>
</tr>
</tbody>
</table>

Current Capital Requests before the Ministry from TSH

i) Off Site: Dialysis and Chronic Kidney Disease Program
   - In August 2014, TSH provided a LHIN endorsed Pre-Capital submission for proposed consolidation of TSH’s Haemodialysis and Chronic Kidney Disease program from multiple sites to a new building to be constructed by the YMCA at the former Timothy Eaton School.
   - The ministry, LHIN, Ontario Renal Network (ORN), and TSH are continuing to meet to determine how the capital costs of the project would be addressed.

ii) General Site: HVAC Upgrades
   - In June 2012, TSH submitted a request for funding support for heating, ventilation and air conditioning (HVAC) upgrades. LHIN endorsement of the program and service elements was provided on August 23, 2012. Through funding from the ministry’s HIRF program, TSH has been addressing HVAC and other infrastructure issues as funds become available.
Rough Valley Health System (RVHS)

Capital Funding, Capital Planning and Projects Approved by the Ministry since 2003 - RVHS

<table>
<thead>
<tr>
<th>Rouge Valley Health System Projects</th>
<th>Grant (SM)</th>
<th>Total Project Cost (SM)</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ajax-Pickering Site: Proposed Redevelopment of Surgical Suite and Central Sterilization Room</td>
<td>1.5</td>
<td>0</td>
<td>Planning approval only. Currently in Stage 1: Proposal.</td>
</tr>
<tr>
<td>Centenary Site: Family Birthing Centre</td>
<td>14.8</td>
<td>19.1</td>
<td>Complete</td>
</tr>
<tr>
<td>Ajax-Pickering Site: Redevelopment</td>
<td>78.0</td>
<td>85.3</td>
<td>Complete</td>
</tr>
<tr>
<td>HIF since 2004</td>
<td>8.4</td>
<td>8.4</td>
<td>Various Stages of development/completion</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$102.7</strong></td>
<td><strong>$122.8</strong></td>
<td></td>
</tr>
</tbody>
</table>

Current Capital Requests before the Ministry from RVHS

In February 2015, RVHS provided LHIN endorsed Pre-Capital submissions for the following three proposed projects:

i) Centenary Site: Emergency Department (ED) Redevelopment
   - The proposed project scope involves redeveloping the Centenary ED to address increased volumes and best practices for infection, prevention and control, and creating separate assessment areas for paediatrics, mental health and ambulatory care patients to improve efficiency. The project would also create a helipad.

ii) Seaton Ambulatory Care Centre – proposed as own funds project
    - The proposed project scope involves construction of a new ambulatory care centre in Seaton (north of Pickering) to provide new outpatient services including surgical outpatient clinics, urgent care, family practice, counselling programs, outpatient disease site clinics, non-invasive diagnostic testing, community wellness, maternal and pediatric clinics, and chronic disease management services.

iii) Ajax-Pickering Site: Redevelopment/Expansion
    - The proposed project scope involves replacing aged hospital infrastructure to replace 132 beds, expand to add 134 new beds, and redeveloping/expanding the surgical suite and central processing department. The proposed project also suggests consideration of construction on a greenfield site pending viability for expansion at the Ajax-Pickering site.

Note - Joint TSH/RVHS Submissions (now null and void)

- On January 29, 2014, during facilitated integrated discussions between TSH and RVHS, the hospitals submitted two LHIN-endorsed joint Pre-Capital submissions to explore options to replace old/obsolescent hospital infrastructure and address capacity and growth through construction of a replacement hospital(s) and creation of one or more ambulatory/urgent care centres in Scarborough, and construction of a new hospital and/or redevelopment of the RVHS Ajax-Pickering Site and creation of an ambulatory/urgent care centre.
- In March 2014, it was determined that integration of the two hospitals (TSH and RVHS) would not proceed. As a result, the two joint Pre-Capital submissions are now null and void.
**Lakeridge Health (LH)**

Capital Funding, Capital Planning and Projects Approved by the Ministry since 2003 - LH

<table>
<thead>
<tr>
<th>Lakeridge Health Projects</th>
<th>Grant ($M)</th>
<th>Total Project Cost ($M)</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oshawa Site: Regional Pharmacy Redevelopment Project</td>
<td>7.7</td>
<td>TBD</td>
<td>Stage 2: Functional Program under review and Stage 3.2: Sketch Plan has been submitted.</td>
</tr>
<tr>
<td>Whitby Site: Infrastructure Upgrades, Fire Code Retrofit and Modular Trailer Structure Projects</td>
<td>7.4</td>
<td>8.1</td>
<td>Complete</td>
</tr>
<tr>
<td>Oshawa Site: Purchase, Installation and Fit-Up of the 4th Linear Accelerator at the Durham Regional Cancer Centre (DRCC)</td>
<td>3.1</td>
<td>3.1</td>
<td>Complete</td>
</tr>
<tr>
<td>Oshawa Site: Restructuring Project (includes TP4, R.S. McLaughlin DRCC, TP5A and TP5B)</td>
<td>290.2</td>
<td>411.8</td>
<td>Complete</td>
</tr>
<tr>
<td>HIRF since 2004</td>
<td>15.1</td>
<td>15.1</td>
<td>Various Stages of development/completion</td>
</tr>
</tbody>
</table>

**Total**                                                                                     | **$323.5**  | **$438.1**              |

Current Capital Requests before the Ministry from LH

I) Oshawa Site: Cancer Diagnostic Services Expansion

- In June 2014, LH submitted a Stage 2: Functional Program for this proposed project, which does not have ministry approval to proceed beyond Stage 1: Proposal.
- The scope of this proposed project involves expansion of the DI, biomedical engineering and laboratory programs required to support the increase of clinical service volumes of the DRCC and TP5 projects.

II) Bowmanville Site: ED and Related Clinical Programs Project

- In June 2014, LH submitted Stage 2: Functional Program for this proposed project, which does not have ministry approval to proceed beyond Stage 1: Proposal.
- The scope of this proposed project involves the addition of a new wing to accommodate a new ED, construction of additional floors to provide appropriate mechanical electrical space, an endoscopy service, an appropriately sized and serviced Intensive Care Unit (ICU), and space to accommodate the current occupants (an Eye Centre, Administrative and Support Services, and Mechanical Rooms) of Bowmanville’s North Wing, and could also include an expansion of the DI Department and upgrades to the Surgical Suite.

Various Sites: Own Funds Projects

- In October 2014, LH submitted Pre-Capital submissions for various own-funds projects at the Oshawa and Port Perry sites. The projects were grouped according to site and project timelines. These five own-funds projects are listed below:

1. Oshawa Site: C81 Lecture Room and A2 Office Space Projects
2. Port Perry Site: Medical/Surgical Inpatient Refresh and Electrical Upgrade Projects
3. Oshawa Site: ED Mental Health, C3 Adolescent MH and C4 Psychiatric ICU Projects
4. Oshawa Site: Fluoroscopy, Gastric Room and Interventional Radiology Upgrade Projects
5. Oshawa Site: DRCC Space Intensification
APPENDIX H: CAPITAL COST ESTIMATES FOR RECOMMENDED INTERIM INVESTMENT

Ministry of Health and Long-Term Care
Response to Capital Project and Capital Costing Questions
from the Scarborough West Durham Panel

Request:
The Scarborough West Durham Panel requested Ministry of Health and Long-Term Care (ministry) assistance with establishing capital project cost estimates for redevelopment of the following:
- TSH General Site Surgical Suite
- TSH General Site Fit-out for Diagnostic Imaging (DI)
- TSH Birchmount Site Emergency Department (ED)
- RVHS Centenary Site ED

Context:
- In the absence of additional documentation or broader scope information, the ministry is recommending that the Panel rely on information contained in submissions provided by the two respective hospitals where such submissions exist.
- In the case of the TSH Birchmount Site ED, no submission has been made by TSH to the ministry; therefore, proxy information will be used to establish a high-level project cost estimate based on a similar scope of work proposed at RVHS.

- The following broad caveats should be noted in applying the information contained below:
  - The estimated costs reflect a scope of need as defined by the hospital in various submissions.
  - The costs provided are high level order of magnitude estimates that need to be validated by an external cost consultant should capital planning proceed.
  - The estimates provided are as provided by the hospital at a point in time. Should approval to proceed with planning be provided, additional industry standard contingencies may need to be applied to account for design and pricing contingencies up to an estimated construction start timeline.
## Summary Responses to Panel Questions

<table>
<thead>
<tr>
<th>Proposal Name</th>
<th>Estimated Project Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TSH – Proposed Surgical Suite Redevelopment</td>
<td>Hospital Space = $216.9M&lt;br&gt;Parking Garage = $22.8M&lt;br&gt;$239.7M&lt;br&gt;- October 2012 estimate</td>
</tr>
<tr>
<td>2. TSH - General Site Fit-out for Diagnostic Imaging (DI)</td>
<td>$16.7M (approved at $8.1M in 2008)&lt;br&gt;- December 2012 estimate</td>
</tr>
<tr>
<td>3. TSH – Birchmount Site ED</td>
<td>$28M&lt;br&gt;- 2015 estimate replicated from RVHS cost assumptions</td>
</tr>
<tr>
<td>4. RVHS – Centenary Site ED</td>
<td>$34M&lt;br&gt;- January 2015 estimate</td>
</tr>
<tr>
<td>5. Timothy Eaton Chronic Kidney Disease Management Centre</td>
<td>$16.7M&lt;br&gt;- May 2014 estimate</td>
</tr>
</tbody>
</table>
Report of
The Scarborough/West
Durham Panel

Submitted:
November 2\textsuperscript{nd}, 2015