



Rouge Valley
HEALTH SYSTEM

Leading for Patients **Proposed Merger**

A Facilitated Integration Process by the
Central East Local Health Integration Network

Agenda

- The four hospital campuses
 - Issues
 - The integration process
 - Analysis / Stakeholder engagement
 - Imperatives
 - Benefits of a merger to our communities
 - Next steps / Timeline
 - Profile of a merged RVHS-TSH
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The four hospital campuses

Rouge Valley Health System (RVHS)

- Rouge Valley Centenary,
2867 Ellesmere Rd., Scarborough
- Rouge Valley Ajax and Pickering,
580 Harwood Ave., Ajax



The Scarborough Hospital (TSH)

- TSH General,
3050 Lawrence Ave. E., Scarborough
- TSH Birchmount,
3030 Birchmount Rd., Scarborough

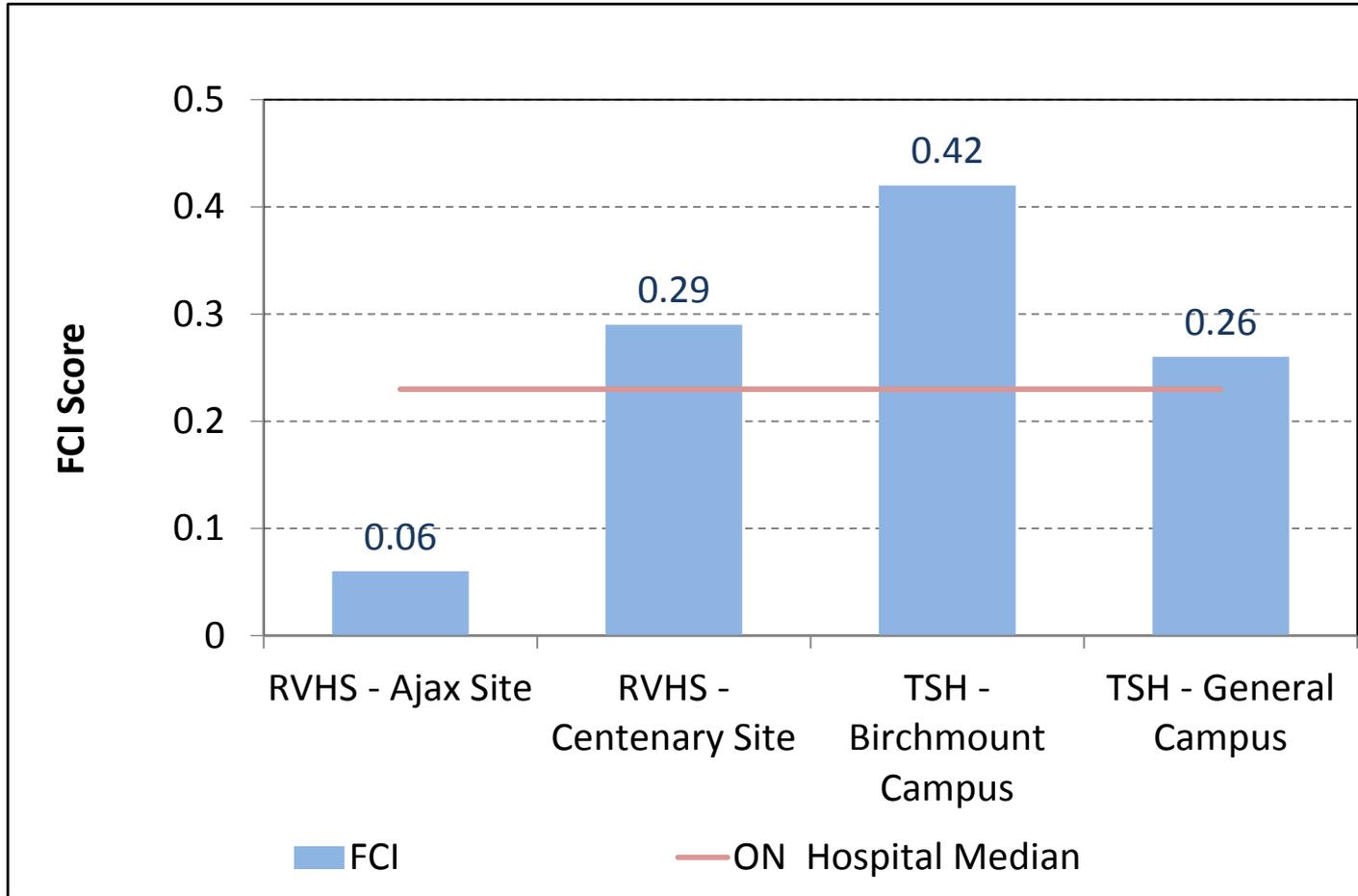


Issues

- Inconsistent access to care, currently, to services and specialties in Scarborough and west Durham
- The status quo is not an option given the need for fundamental restructuring of the health care system to address the increasing patient demands and aging population and reduced availability of hospital funding
- Hospitals have three to five per cent annual inflation cost pressures, not covered by flat-lined provincial funding
- Maintenance of aging hospital facilities in the Scarborough cluster, and insufficient capacity of facilities in west Durham

Issues – inadequate facilities

(The higher the number, the worse the condition)



The integration process

Central East LHIN motion - March 27, 2013

Effective immediately, The Scarborough Hospital will partner with Rouge Valley Health System in a **facilitated integration** planning process to design and implement a Scarborough Cluster hospital services delivery model through:

- **Integration of front-line services;**
- **Back office functions; and**
- **Leadership and/or governance,**

in order to improve client access to high quality services, create a readiness for future health system transformation and make the best use of the public's investment.

The integration process – Board decisions

June 19, 2013 – Both Boards of RVHS and of TSH passed motions to proceed with stakeholder engagement and due diligence in order to determine what benefits a merger will provide.

Nov. 12, 2013 – Merger approved in principle by the RVHS and TSH Boards of Directors

Nov. 27, 2013 - The Central East LHIN Board of Directors approved \$1.3 million to reimburse the hospitals for their initial integration planning costs, and up to \$2.5 million to fund the costs for the next phase, which includes due diligence, integration planning activities and stakeholder engagement.

Analysis and Stakeholder Engagement

Analysis

- Leading for Patients
Integration Report:
 - It detailed the benefits and risks of a possible merger based findings from 15 working groups of clinical, administrative and medical staff of TSH and RVHS, and from extensive stakeholder engagement

Stakeholder engagement

20,000+ residents involved

- 20 Community Roundtables (focus-group-like meetings) - 150 people
- 2 Telephone Town Halls (September and October) - 15,000+ people
- Online surveys
- Website updates
- Community presentations
- Internal communications
- News media

Next steps

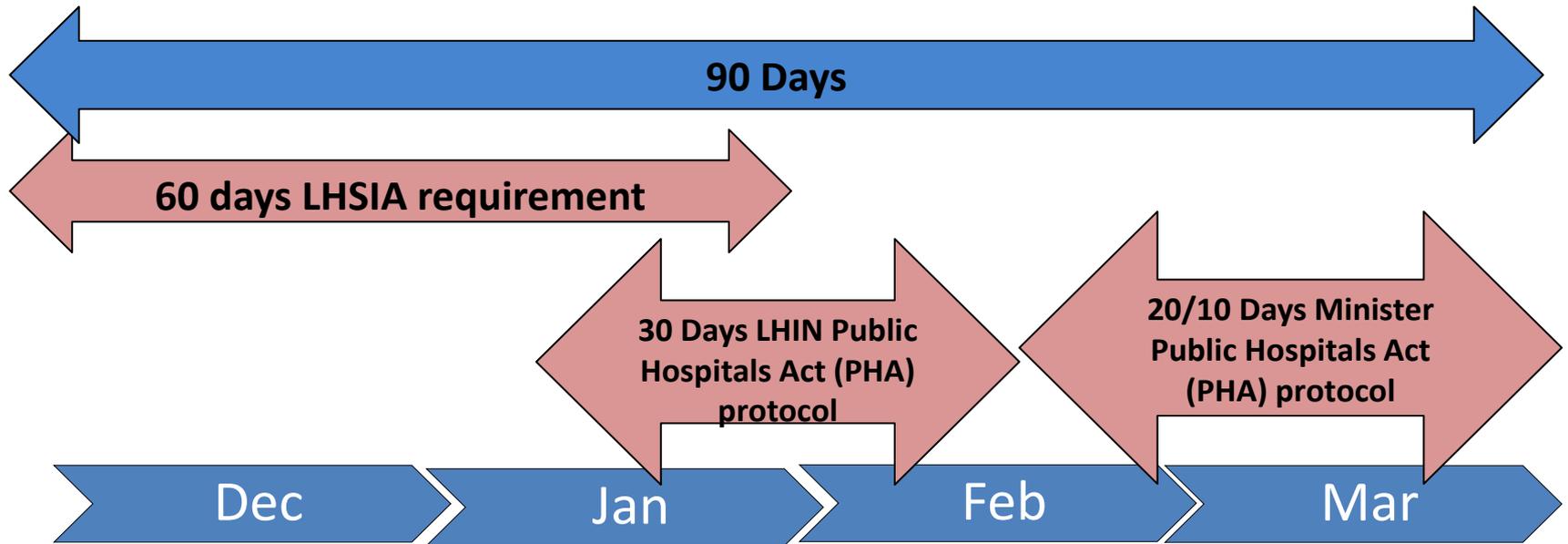
We are committed to continued stakeholder engagement

Next phase – expected to be complete by end of March 2014, at which time the two hospital Boards will reconvene to make a final decision as to whether or not to proceed with a merger.

At that time, the Boards will consider the outcome of the due diligence, stakeholder input, level of financial support secured, and the status of the capital planning grants.

Should the hospitals recommend proceeding with a merger at that time, then it would be considered by the Central East LHIN Board and the Minister of Health and Long-Term Care.

Transition Phase (Due Diligence) Timelines



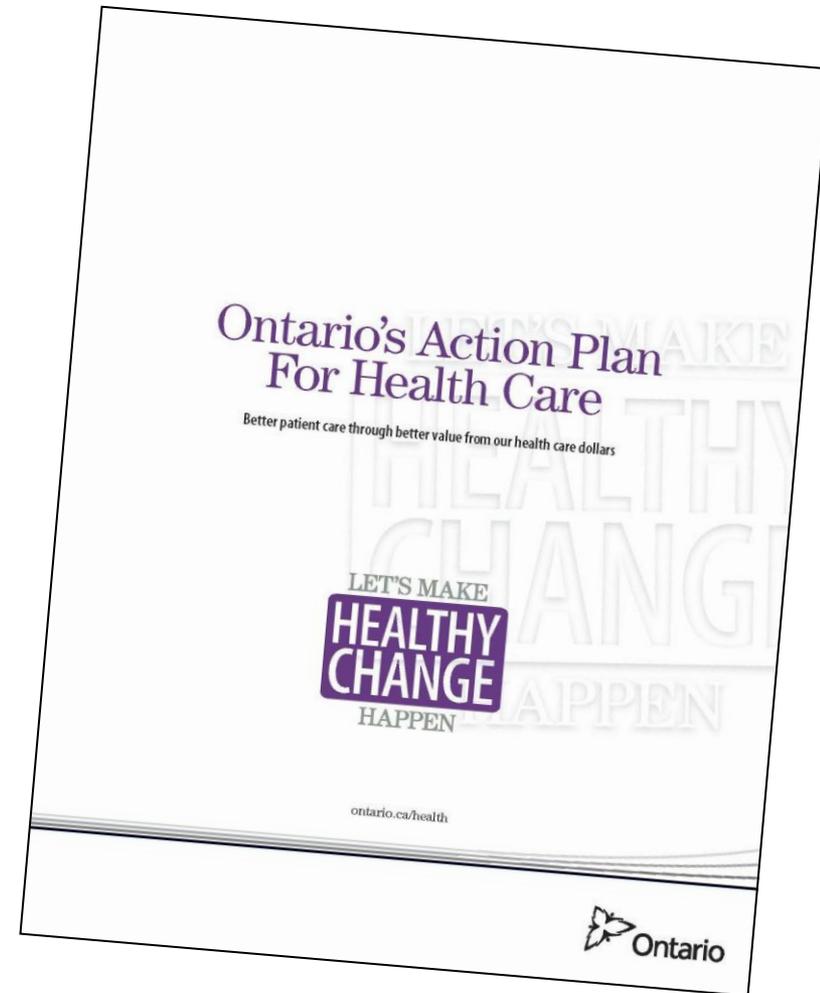
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| <ul style="list-style-type: none">•Submission to Central East LHIN by hospitals of Notice for Integration (Merger) | <ul style="list-style-type: none">•Hospitals complete Corporations Act and Public Hospitals Act (PHA) amalgamation requirements | <ul style="list-style-type: none">•Hospital Boards final approval giving consideration to: (1) due diligence, (2) outcomes of LHIN /MOHLTC financial support and facilities planning grants•CE LHIN Decision/No-Decision on Integration•Submission of CE LHIN position to the Ministry | <ul style="list-style-type: none">• Minister consideration and decision on amalgamation |
|--|---|--|---|

Guiding Principles

- **Collaboration:** *We believe collaboration will lead us to better solutions.*
- **Accessibility:** *We believe in providing accessible patient care to our community.*
- **Sustainability:** *We believe we must find new solutions to sustain our health care system.*
- **Excellence:** *We believe we must never waver from our responsibilities to provide quality patient care, and to be transparent and accountable to our stakeholders.*

Imperatives

- “Ontario’s Action Plan for Health Care” (2012, 2013) guides **health care reform** in our province and community.
- The plan is patient focused, with emphasis on delivering:
 - ✓ Better access
 - ✓ Better quality
 - ✓ Better value
- ***“We’re going to have to make tough trade-offs and shift spending to where we get the best value for the dollar.”*** (p. 6)



Commitments

All of our hospital sites will continue to be **relevant, viable and essential parts** of our local health care system

- All four hospital sites will stay open
- The Emergency Departments will stay open at all hospital sites
- Patient care services currently delivered at the Rouge Valley Ajax and Pickering site will continue to be delivered at that site

Benefits for patients and communities

A merged hospital corporation will offer –

- Improved access to health care services and improved quality, which means:
 - More clinical expertise available to residents locally in Scarborough and west Durham;
 - Repatriation of patients, who currently receive care outside of our communities, to our local hospitals;
 - Ability to attract more specialist doctors for advanced care through the four hospital campuses;
 - Improved patient coordination and transitions of care among the hospitals, with community services and in home care;
 - More centres of excellence (specialized services) and regional programs in years to come; and
 - Development of ambulatory centres/clinics for same day care.

Benefits for patients and communities

Sustainability: Strategic benefits of a merged hospital to our communities

- Creates a single accountability structure (one hospital Board, one CEO, one team) with greater opportunity to realize the full potential of the merger
- Reduces the amount of duplication in back-office administrative functions and management, so more funding can be directed toward patient care
- Positions merged hospital to be more competitive for both operating funding and capital grants for facility renewal
 - The merged hospital will be able to create a master plan for renewal and modernization of aging hospital facilities
- Strengthens ability to respond more effectively to financial challenges by finding solutions and options that would not otherwise be available as separate institutions
- Prepares our hospitals for system integration and coordination of services with our partners, such as family doctors and community agencies

Profile of a merged hospital corporation

A merged RVHS-TSH would have more profile and impact in Ontario. It would rank –

- 1st in day surgical cases: 75,000
- 2nd in emergency visits: 235,000
- 2nd in acute separations (discharges): 57,000
- In the top 10 for intensive care days (25,000), ambulatory care visits (728,000) and average beds staffed and in operation (1,046)
- In the top 25 for inpatient days for Mental Health (32,000), Rehabilitation (18,000) and Complex Continuing Care (26,000)

Together...

\$680M Budget

1,046 Beds

4,743 FTEs

Physicians: **1,159**

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