



Rouge Valley
HEALTH SYSTEM

Leading for Patients Proposed Merger

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

Hong Fook Mental Health Association Board of Directors
March 4, 2014

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LEADING
FOR PATIENTS

Key Milestones Achieved To-Date

- **March 2013:** Central East LHIN Board directed TSH and RVHS to participate in a Facilitated Integration Process to identify integration opportunities for back office, patient services and leadership / governance
- **June 2013:** Planning Framework approved by TSH, RVHS and Central East LHIN
- **July – October 2013:** TSH and RVHS engaged stakeholders and assessed the benefits and risks associated with a potential merger
 - 20,000+ people engaged through:
 - Telephone town halls
 - Community Roundtables
 - Presentations to community organizations
 - Consultations with staff, physicians and volunteers
 - Public website – www.leadingforpatients.ca
- **November 2013:** Hospital boards approve a merger **in principle**, and the Central East LHIN announced support to proceed to next phase and provided \$3.8M in funding support

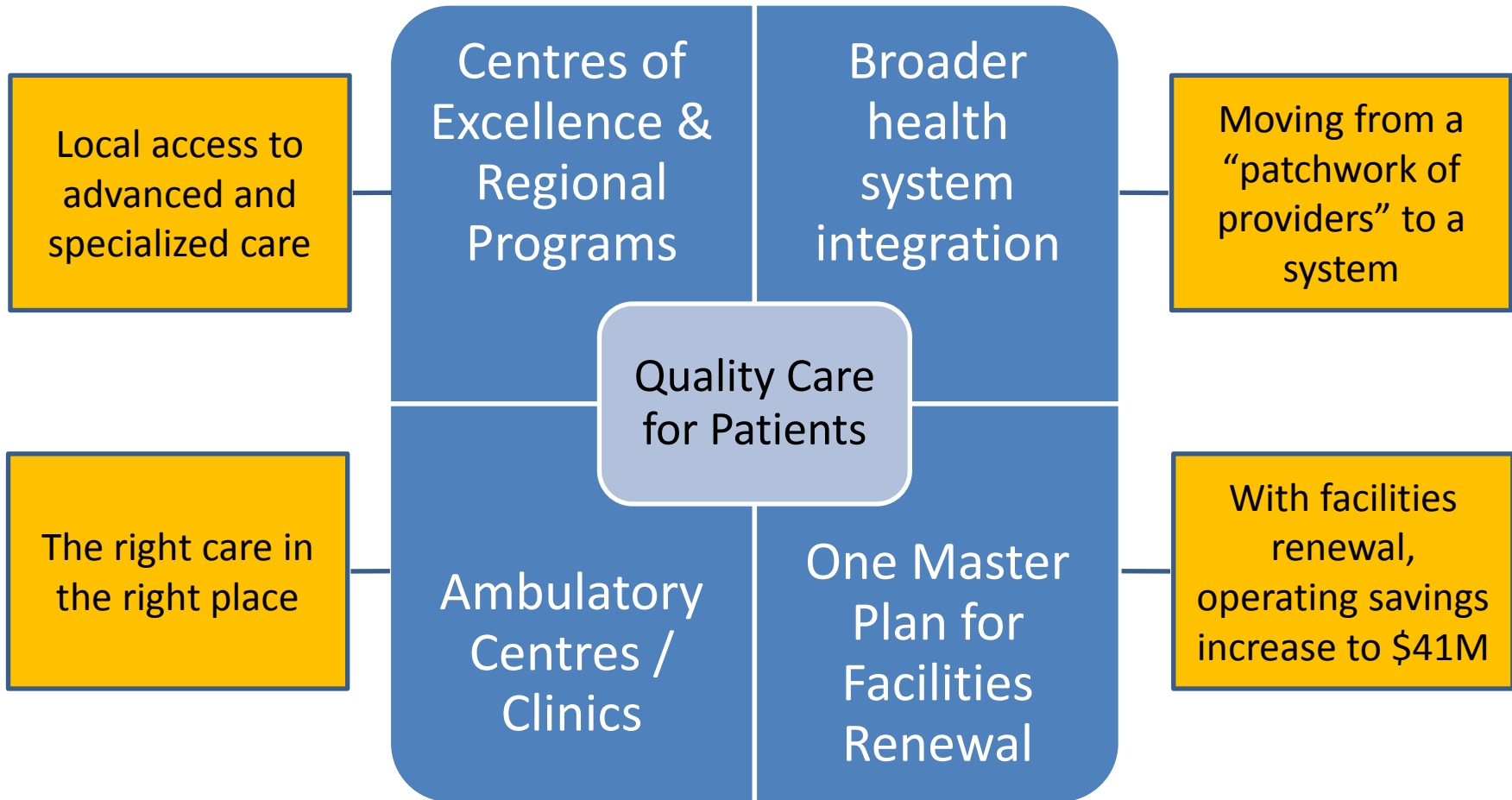
What You Told Us: Short-Term Benefits for Patients



It's all about patients and improving their experience.

One acute care hospital system serving Scarborough and west Durham – one accountability structure, one vision, one voice – rather than two silos.

What You Told Us: Long-Term Benefits for Patients



The Value Proposition

Our hospitals under one accountability structure (one Board and one CEO) would be better positioned to:

- Establish a **long-term shared vision** for hospital services
- Position us to be **more competitive** for both operating funding and capital grants for facility renewal
- Maintain or improve **access** to services at the local level and maintain or improve **quality** of patient care
- Respond more effectively to our **financial** challenges
- Ready our hospitals for system **integration and coordination** of services with our partners, like family doctors and community agencies.

Profile of a Merged Hospital

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

\$680M Budget

1,046 Beds

4,743 FTEs

Physicians: **1,159**

Transition Phase – Key Deliverables

- **Financial and legal due diligence**
 - Reviewing the financial and legal affairs of the two hospitals in order to ensure there are no impediments to proceeding with a merger and to ensure transparency of our respective operations
- **Establishing governance structures**
 - Consider options for the design for governance structure for the merged hospital
 - Drafting the By-Law (Administrative and Professional Staff By-Law)
 - Legal constituting documents (e.g., Amalgamation Agreement)
- **Continued stakeholder and community engagement**
 - On-going engagement activities to inform, receive feedback
 - Designing an effective Community Advisory Committee (CAC)
 - Developing a Community Engagement Framework for the merged hospital

Transition Phase – Timelines

