



# 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
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## **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 <u>www.leadingforpatients.ca</u>
- 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

**Improving** Sharing Clinical Access to Expertise Care **Quality Care** for Patients **Improving Enhancing** Coordination the Patient & Transitions Experience of Care

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

Broader Centres of Excellence & health Moving from a Local access to "patchwork of Regional system advanced and providers" to a integration **Programs** specialized care system **Quality Care** for Patients With facilities The right care in renewal, One Master **Ambulatory** the right place operating savings Plan for increase to \$41M Centres / **Facilities** Clinics Renewal

## **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 1<sup>st</sup> in day surgical cases: 75,000
- Rank 2<sup>nd</sup> in emergency visits: 235,000
- Rank 2<sup>nd</sup> 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)

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**

#### January

- Joint Transition Committee established
- Key deliverables:
  (1) financial and legal due diligence
  (2) governance design for merged hospital, and
  (3) community engagement
- Pre-Capital
   Submissions for
   Scarborough and
   west Durham: goal
   to secure provincial
   grants for planning,
   design and feasibility
   for facilities
   modernization

#### February

- Community engagement
- Design an effective Community Advisory Committee
- Develop a Community Engagement Framework
- Keeping the stakeholders informed: telephone town halls; community roundtables; public website Leading for Patients

#### March

- Early March:
   Hospital Board meetings to make final decision
- Mid-March Members' meeting for decision
- March 26, 2014:
   Central East LHIN
   Board for decision

#### April

- Minister of Health and Long-Term Care for decision
- Merger could take place in late spring or early summer