



MOHLTC/LHIN CAPITAL WORKING GROUP BULLETIN

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Paving a New Path for Planning Health Services and Capital Linkages

Several issues have been identified in the current planning environment that make it difficult to shift the focus of health service planning from the individual Health Service Provider (HSP) level to a multi-provider focus, some of which are as follows:

- There is currently a poor linkage between an HSP's strategic plan and LHIN-based plans. Programs, support services and staffing models are being planned without LHIN involvement and review
- HSPs currently use the capital planning process to operationalize strategic plans, and this sets the course for programs and services expansion, in the absence of cross-sector planning
- Process redesign or reengineering is not done prior to defining a capital project. A project then gets defined without the assessment of alternatives and may perpetuate the status quo
- Capital plans are often in excess of need and affordability
- Capital planning is being done in isolation of Health Human Resources capacity planning

To simplify and separate planning for programs/services from facility planning, the MOHLTC and LHINs need to redefine the early planning process. Future capital requests need to clearly represent the outcome of system plans, solid business cases and LHIN priorities for investment.

System planning and service priority setting must take place between LHINs and HSPs prior to a potential program and service plan being translated into a potential capital project.

MOHLTC and LHINs Working Together

The first MOHLTC/LHIN Capital Working Group Bulletin was issued in February 2008. Since that time, the working group has made to continue to operationalize Section 5 of the MOHLTC/LHIN Accountability Agreement (MLAA).

The working group has established a foundation for working together at the early planning stages. Key messages that have been established and communicated to Health Services Providers (HSPs) are as follows:

- The LHIN's involvement in the early stages of planning is critical in:
 - developing program and service projections with a system context;
 - Providing direction for program and service integration, collaboration, and alternate service delivery models including key support functions;
 - Setting short-term program and service priorities for implementation.

The MOHLTC/LHIN Capital Working Group is currently developing the requirements and process for better aligning the LHIN planning and prioritization at the early stages of the planning process which include

the Pre-Proposal, Proposal/Business Case and the Functional Program stages. LHINs will be engaged in reviewing the new model for planning. This will involve a revision of the early capital planning stages. The working group is exploring a formalized process for LHIN involvement and endorsement of strategy, programs, services and a clear separation from facility planning. The ministry would only advance capital plans that have LHIN agreement.

The next step in this process is to develop draft tools and policies that would articulate the process to be undertaken for LHINs to assume their role with Health Service Providers in the early capital planning stages. The working group is recommending that an external consultant be brought on board to expedite this process.

The New Health Capital Investment Branch

The ministry has now completed its work in transition planning for the new Health Capital Investment Branch, and the new structure is in place effective October 6, 2008. Please see the September 25, 2008 issue of *NEW Directions* published by the Ministry of Health and Long-Term Care.

A revised listing of key MOHLTC staff responsible for health capital is attached to this bulletin.

CKD LHIN Knowledge Transfer Day

The Capital Working Group developed some key messages regarding the early stages of the planning process as part of the Chronic Kidney Disease (CKD) LHIN Knowledge Transfer Day held in Toronto on June 23, 2008. Some key messages pertaining to planning this important provincial program are as follows:

- The Regional Centre will work with its LHIN in the development of a program plan for CKD services. This involves a needs assessment, determining programs, location, service models, target service volumes, and preferred timing for implementation
- The LHINs review and prioritize expanded program and services and submits its plan to the Provincial Programs: Acute Services and Chronic Disease area of the ministry. Provincial Programs establishes multi-year operating funding targets as part of the Results-Based Planning process.

- If it has been established that a capital project is required to implement the expanded programs and services volumes, the HSP would submit a request to the Health Capital Investment Branch (HCI) and HCI would interface with Provincial Programs, linking the operating requirements with capital requirements. Once the project receives Minister's approval, HCI then works with the HSP to translate the program planning into a capital project, and through the stages of the capital planning and approvals process until project completion. LHINs would become re-engaged if the program plan changes during the capital planning process.

Own Funds Capital Projects

Own funds capital projects are those projects funded by a public hospital without capital funding from the government and the LHIN.

Building on the MRI/CT Protocol that has been developed with the MOHLTC and LHINs, the Capital Working Group is currently developing mechanisms to devolve the review and approval of hospital own funds projects to LHINs including the development of comparable Own Funds Protocol and guidelines that will simplify the review and approvals process. LHINs will be engaged in the review of the Own Funds Protocol document once completed.

Post Construction Operating Plans

At a recent MMC-LHIN CEO's meeting, Bill MacLeod of the Mississauga Halton LHIN and John McKinley, ADM, HSI, co-presented the current PCOP environment and identified some overlaps in the funding roles and coordination of operating funding in other areas, such as Provincial Programs, growth funding, wait times, etc. To this end, a joint MOHLTC/LHIN PCOP Review Group has been established to review existing funding methodologies and make recommendations to better coordinate funding allocations (membership includes Bill MacLeod, John McKinley, Mimi Lowi-Young, Cristina Perez, Barb Gull, Jean Trimnell, Sandra Hamner, David Stolte, Scott Potts, Murray Glendinning, and Eric Hanna).

Facility Condition Assessment Program

The Facility Condition Assessment Program (FCAP) will provide timely, accurate information about the stock and physical condition of Ontario's public hospitals. The main elements of FCAP include:

- Condition assessments of hospital facilities by qualified engineers and architects;
- Building inventory data about each hospital;
- Software that houses this information; and
- Tools for reporting, analytical work, and planning.

VFA Canada Corporation was awarded the contract and has begun work on three demonstration projects at The Hospital for Sick Children, York Central Hospital, and the Milton District Hospital site of Halton Healthcare Services. VFA will soon start collecting tombstone data from all hospitals and by the end of the year they will begin assessments of all of the province's hospitals which will be completed over the next four years.

The ministry is working with LHINs and the OHA to establish an advisory group to provide advice to the Ministry regarding the roll-out of the program as well as how best to use the data once collected. Membership will be communicated once finalized.

How are LHINs Moving Toward this New Model of Planning?

The following examples from three LHINs that describe how they have begun to engage hospital providers in the early planning stages to identify priority services and how services will be configured.

The Hamilton Niagara Haldimand Brant LHIN

In June 2008, the Hamilton Niagara Hamilton Brant LHIN Board invited its hospitals to present and discuss current and future capital plans. Over two days of meetings, there was an improved awareness among the hospitals of the importance of the LHIN role in connecting the health care priorities of the community with operational and capital planning. It was evident that hospitals often progress to building solutions in isolation of consultation with their peers and consideration of their role within a LHIN-wide health care continuum, and examination of process re-engineering initiatives which would help to ensure exploration of a range of alternate service delivery models and methods prior to a

full review of physical plant solutions. Although responsibility for capital approvals and funding are retained with the MOHLTC, it is critical that planning related to a hospital's role, priorities, programs, and services is resolved within a LHIN context. The MOHLTC and the HNH B LHIN recently informed several hospitals to re-assess and revise current plans to align with the LHIN-wide planning. A clinical services review will be initiated shortly to develop a LHIN-wide plan for hospital services.

The South East LHIN

The South East LHIN has begun its Regional Capacity Assessment and Projection (ReCAP) for 2008. ReCAP will be an ongoing iterative rolling projection of expected health system utilization by disease type mapped against current/planned HSP capacity. Once fully established (December 2008), ReCAP will be the yardstick by which local planning decisions will be made, and will be a primary tool in the development of the 2009/10 (and subsequent) Integrated Health Services Plans, and inform discussions on HSP roles as well as support LHIN advice to the MOHLTC regarding capital requirements. ReCAP is intended to be updated annually to adjust projections and map future health system requirements. The planning is in two phases.

Phase I uses a population-based methodology to determine the prevalence and incidence of disease by age/sex groups to estimate the impact on utilization on the local health system, and health service providers based on best clinical practice. During Phase II, a survey of all HSPs will be conducted to determine current services provided, human resources and physical capacity to improve access to services and/or redevelopment that may be required to improve service delivery. A database/repository will be developed for HSPs. A "capacity map" will be generated for current and future requirements (2009-2012) based on burden of illness and gaps in capacity.

The Central West LHIN

In July 2007, the Minister of Health and Long-Term Care provided a capital grant to assist William Osler Health Centre in redeveloping the vacated Peel Memorial Hospital (PMH) site. The Central West LHIN was asked to lead the development of the plan and launched the Health Systems Planning Project, which

provided an opportunity to ensure that planning for the PMH site was not done in isolation of planning for an integrated, comprehensive system of health services in the LHIN. The Health System Plan would set the path for health care in the LHIN over the next 10-15 years (to 2019).

A series of community engagement sessions were held throughout the LHIN to inform the development of the Health System Plan - 5 public events and 2 sessions with Health Service Providers.

The Central West LHIN also assembled the “Peel Memorial Task Force” to advise the LHIN on the future of the PMH site. Two public events, 1 session with the South Asian community, 1 session with labour, and 2 sessions with physicians, were held specifically on the future of the PMH site. The LHIN also received 5 delegations. Once the Health System Plan was drafted, 3 more public sessions and 1 session with Health Service Providers were conducted to validate findings and recommendations.

The Final Report of the Health System Plan, including the recommendation of the “Peel Memorial Task Force”, was formally approved by the Central West LHIN Board of Directors at their meeting of June 25, 2008. Details on the Health System Plan can be found on the Central West LHIN’s website www.centralwestlhin.on.ca.

Working Group Membership

Name	Title	Organization
Michael Barrett	CEO (Acting)	South West LHIN
Meryl Hodnett	Manager, Capital Projects, GTA (Co-Chair)	MOHLTC, Health Capital Investment Branch
Pat Stoddart	Senior Director, Performance, Contract & Allocation	Central West LHIN
Kyle Johansen	Health System Transformation Specialist	South East LHIN
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David W.W. Clarke	Director	MOHLTC, Health Capital Investment Branch
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Barb Gull	Manager, Capital Financial Services	MOHLTC, Health Capital Investment Branch
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**Note: Anne Barszczewski is Manager, Capital Project Management Office