BRIEFING *Note*

Meeting Date: May 29, 2014

Action: Decision

Topic Item 13.0 - Groves Integrated Health Facility

Purpose:

To provide the Waterloo Wellington LHIN Board of Directors with a recommendation from review of the pre-Capital submission for the Groves Integrated Health Facility.

Recommendations:

THAT the WWLHIN Board of Directors endorse the Pre-Capital submission for the Groves Integrated Health Facility with the expectation the GMCH continues to align all services with future IHSPs and LHIN-supported rural care delivery models.

Background Information:

In December 2009, the Waterloo Wellington Local Health Integration Network endorsed Groves Memorial Community Hospital's capital request for the development of a new greenfield site "acute care facility of the future."

In endorsing the business plan, the Waterloo Wellington LHIN and Ministry of Health and Long-Term Care advised GMCH of the need to align its plans with the Waterloo Wellington LHIN Integrated Health Service Plan and the Waterloo Wellington Rural Health Strategy.

All three parties agreed to the importance of developing plans for a future health facility based on appropriate delivery models of the future rather than simply current state. The hospital and a number of community partners indicated that a proposed campus model would facilitate the implementation of the rural health strategy with many other health and community partners locating on the same campus.

The pursuit of innovative models of care specifically designed for rural residents is rooted in a longer-term project supported by the WWLHIN Board. In 2010, the Waterloo Wellington LHIN commissioned a Rural Health Review Report. The Report, and subsequent implementation

work had input from over 5,000 rural residents as well as numerous physicians and other health and social service professionals.

The review found evidence of rural-urban differentials in population health status and access to health services; consistent with the *inverse care law* which is well-documented in rural health care literature. The *inverse care* law is defined as individuals with greater health care needs having less access to care. It has been a long standing challenge in both regional and provincial health systems because:

(1) More dispersed rural populations with greater driving distances mean fewer economies of scale in terms of delivering services; and

(2) Lower services volumes and less critical mass can create challenges in terms of providing high quality services. As a result, health systems development has historically focused on centralization and regionalization of services, often leading to reduced access for rural residents.

While some focus has been on improving access to care, the following summarizes the potentially larger challenge of the health status of rural residents:

> *"Although many innovative ideas have been put forward and many approaches have been tried…studies have pointed out that rural health problems are often the result of more deep-rooted factors…referred to as the determinants of health: the social, cultural, behavioural, economic and environmental factors that shape the health of a population. The argument is that unless these fundamental conditions are modified, merely adding more practitioners or services may not substantially improve the health status of the rural population" (Health Transition Fund, 2002)*.

Since the initial project was approved, the health system has continued to transform. In rural Wellington, Groves has been part of the creation of more integrated models of care that are being facilitated by a number of transformational changes including the recently approved Health Link. With more and more providers who used to work as separate entities now coming together to provide better integrated care for residents, a real opportunity exists to leverage this new capital project to facilitate that better care.

Successfully addressing the *inverse care law* means tackling both access and the determinants of health through integrated models. The capital project at Groves provides an excellent opportunity to facilitate more integrated care and the Ministry, LHIN and health service providers continue to work closely to finalize the integrated design components of the new facility.

Unfortunately, the existing capital processes did not permit the creation of a single integrated building. As a result, the hospital portion proceeded and Stage 2 of that was endorsed at the March 2014 WWLHIN Board meeting.

This new proposal addresses the identified need to provide suitable space for the hospital's other service provider partners in as close proximity to the hospital as possible. Space will be available to support the deployment of programs associated with Health Link initiatives, including wrap-around patient-centred plans delivered through co-located providers.

The Integrated Health Facility is proposed to be constructed in two phases. The first 40,000 s.f. phase will be extended with a second 20,000 s.f. future phase which is intended to connect to the new hospital building. The hospital has indicated this will ensure the facility is patient-centred, supports the navigation through the system with integrated way finding and co-located registration and is flexible and adaptable enough to support future service delivery models.

Next Steps

1. Pending Board approval, WWLHIN staff will communicate the decision to the hospital and the Ministry Health Capital Investment Branch.
2. Staff will continue to encourage the Ministry to accelerate both projects with the desire to see both projects completed as soon as possible.

Appendix A: Capital Planning Process

The objective of Stage 2 is to define and justify the scope of the capital project with regards to programs and services being proposed. This is often viewed as the link between program planning and facility planning. Part A (LHIN/Ministry Review) includes a summary narrative of the programs and services affected by the project and the programming section that provides more technical information at the individual program or service level.

Depending on the outcome of the review, the LHIN Board has three options at the Pre-Capital, Stage 1 and Stage 2 steps in the capital planning process:

a) **Endorsement** – represents the LHIN support for the program and service elements of an initiative and allows the Ministry to finalize its review of Part B (Physical and Cost elements);
b) **Endorsement with Conditions** – means that the LHIN requires additional planning to be undertaken by the HSP to address specific program and service issues identified by the LHIN;
c) **Rejection** – means that the LHIN does not support the program and service elements of a capital initiative