WELCOME!

Community Information Sessions

August 28-31, September 1, 2017

Muskoka Algonquin Healthcare

Opening Remarks

"We are committed to:

- a win for our patients
- a win for our communities
- a win for our hospital and care providers"

Cameron Renwick, Chair of the Capital Plan Development Task Force
MAHC Board Director

Agenda

- What is MAHST and how it fits with MAHC
- MAHC's future planning journey to date
- What is different this time
- Potential models for the future
- Criteria to evaluate those models
- Questions of clarification
- Have your say through feedback survey


MAHST
Muskoka & Area Health System Transformation
Charting the course... Integrating health care

What is MAHST?

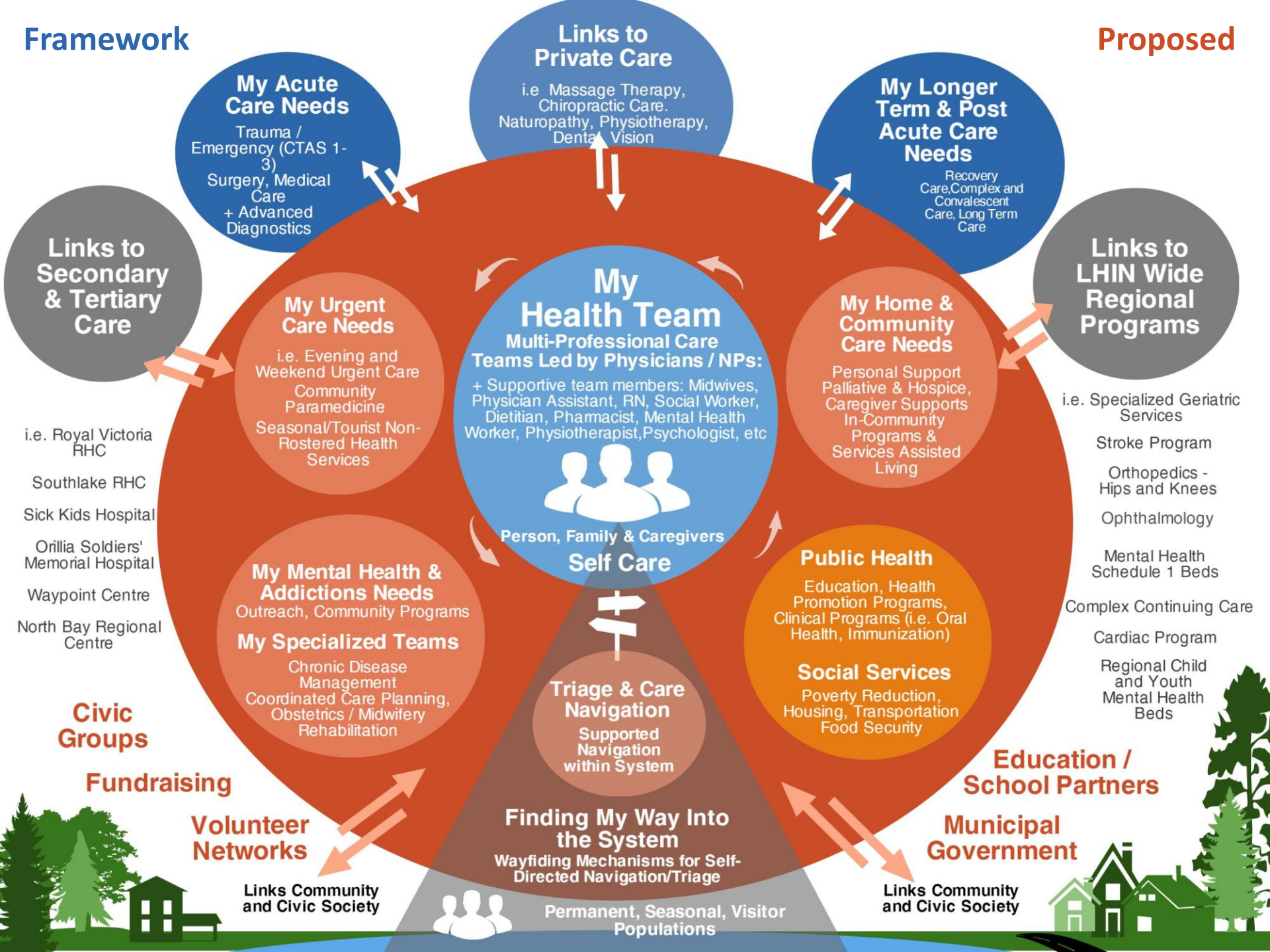
MAHST
Muskoka & Area Health System Transformation
Charting the course... Integrating health care

- An opportunity to reorganize our local health care system and develop a plan to implement those changes.
- To oversee a grassroots process to engage health, social services and community stakeholders to develop recommendations.
- To ensure the region's health care system is designed to meet the needs of the people who live in Muskoka and area, and who best understand local needs.

What we have heard from our community?

- **Coordination** of care
- **Capacity** to deliver care
- **Information Management and Technology** for better communication
- **Education** of patients, caregivers and providers
- **Consistency** of services and care
- **Sustainability** for the future
- **Governance** model to support

Key Priorities…Biggest Gaps or Opportunities to make a difference


Framework
Proposed
Links to Private Care
i.e Massage Therapy, Chiropractic Care. Naturopathy, Physiotherapy, Dental, Vision
My Acute Care Needs
Trauma / Emergency (CTAS 1-3)
Surgery, Medical Care
+ Advanced Diagnostics
My Longer Term & Post Acute Care Needs
Recovery Care,Complex and Convalescent Care, Long Term Care
Links to Secondary & Tertiary Care
Links to LHIN Wide Regional Programs
My Urgent Care Needs
i.e. Evening and Weekend Urgent Care
Community Paramedicine
Seasonal/Tourist Non-Rostered Health Services
My Health Team
Multi-Professional Care Teams Led by Physicians / NPs:
+ Supportive team members: Midwives, Physician Assistant, RN, Social Worker, Dietitian, Pharmacist, Mental Health Worker, Physiotherapist,Psychologist, etc
Person, Family & Caregivers
Self Care
My Home & Community Care Needs
Personal Support
Palliative & Hospice, Caregiver Supports
In-Community Programs & Services Assisted Living
i.e. Royal Victoria RHC
Southlake RHC
Sick Kids Hospital
Orillia Soldiers' Memorial Hospital
Waypoint Centre
North Bay Regional Centre
i.e. Specialized Geriatric Services
Stroke Program
Orthopedics - Hips and Knees
Ophthalmology
Mental Health Schedule 1 Beds
Complex Continuing Care
Cardiac Program
Regional Child and Youth Mental Health Beds
My Mental Health & Addictions Needs
Outreach, Community Programs
My Specialized Teams
Chronic Disease Management
Coordinated Care Planning, Obstetrics / Midwifery
Rehabilitation
Public Health
Education, Health Promotion Programs, Clinical Programs (i.e. Oral Health, Immunization)
Social Services
Poverty Reduction, Housing, Transportation
Food Security
Triage & Care Navigation
Supported Navigation within System
Finding My Way Into the System
Wayfiding Mechanisms for Self-Directed Navigation/Triage
Permanent, Seasonal, Visitor Populations
Civic Groups
Fundraising
Volunteer Networks
Links Community and Civic Society
Education / School Partners
Municipal Government
Links Community and Civic Society

NEXT STEPS MAHST Year 1 Deliverables 2017-18

STRATEGIC ELEMENT 1: ***LEADERSHIP AND SYSTEM ARCHITECTURE FOR TOMORROW***

1.1 Improve service management by establishing a new corporation – Muskoka and Area Health (MAH) with a single integrated governance model

1.5 Achieve savings to retain and re-deploy in the community and ensure funds follow the individual – crossing LHIN and agency service boundaries as necessary

STRATEGIC ELEMENT 2: ***PERSON-CENTRED CARE FOR BETTER HEALTH***

2.1 Design and organize the system around Primary Care with expanded services to establish My Health Team

2.2 Improve access to care. Primary Care appointments will be scheduled for the individual on the day of choosing and access to Urgent Care will be available

2.3 Improved Efficiency, Reduce Waste. There will be standardized navigation forms and systems in place. There will be less duplication and improved access to programs and services

2.4 Supports and processes in place to enable improved system navigation for individuals needing care

2.5 Ensure coordinated and better integrated Mental Health and Addiction Services in Muskoka for all ages, populations and required level of care

2.6 Future Acute Care redevelopment – Work with Muskoka Algonquin Healthcare to incorporate outcomes of new system design into future acute care re-development planning

STRATEGIC ELEMENT 3: ***INFORMATION MANAGEMENT AND TECHNOLOGY FOR A BETTER SYSTEM***

3.1 Establish an Information Management and Technology (IM&T) Strategy for MAH

STRATEGIC ELEMENT 4: ***COMMUNICATION AND ENGAGEMENT FOR COMMUNITY PARTNERSHIP***

4.1 Establish and execute a Communication and Engagement Strategy to support transitional implementation of transformation plan and ongoing system design and refinement

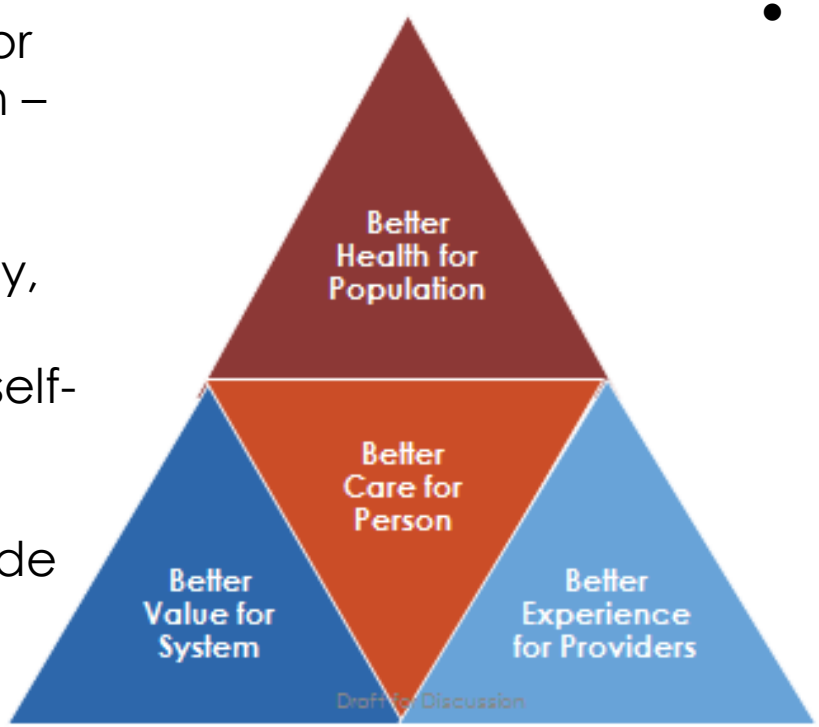
So why is primary care important?[1]

1. Primary care increases access to care for deprived populations
2. Primary care physicians do better than specialists when outcomes are generic
3. Primary care physicians are better at preventive care
4. Primary care improves early management of health problems
5. Primary care associated with more appropriate use of care (gatekeeper)
6. Primary care associated with reduction in unnecessary care

1. Starfield, Shi, Macinko Contribution of Primary Care to Health Systems and Health. Millbank Quarterly, 2005;83:457-502

The Quadruple Aim: Our Long Term Goal

- ***Better health*** for our population – through advocacy for enabling policy, education of population in self-care, and coordinated community-wide action



- ***Better care*** for individuals – through wayfinding, system navigation, care coordination, and equitable access to multi-disciplinary primary care-led teams, including mental health, addiction, public health and social services; and access to acute care and other specialty services when needed

- ***Better value*** for the system - through less administration, less duplication and overlap, operating efficiencies and the right care in the right place at the right time

- ***Better experience*** for providers – through collaborative networks and peer support, IT solutions, aligned incentives, and a system that is easy to navigate

College of Family Practice of Canada Alignment with MAHST

Vision for Canada Family Practice –

The Patient's Medical Home

Objectives

1. Every person in Canada will have the opportunity to be part of a family practice that serves as a Patient's Medical Home for themselves and their families.
2. Patients' Medical Homes will produce the best possible health outcomes for the patients, the practice populations, and the communities they serve.
3. Patients' Medical Homes will reinforce the importance of the Four Principles of Family Medicine for both family physicians and their patients.†

Some current local primary care initiatives underway

- Cottage Country Family Health Team Walk-in Clinic in Gravenhurst during summer
- Algonquin Family Health Team pharmacy interface project
- Exploration of how to expand capacity so anyone wanting primary care gets a provider
- Health Hubs including outreach from District of Muskoka Case Managers to help clients manage social service needs

Health Care Jargon

Primary Care: medical care by a Doctor, or other health-care professional such as a Nurse Practitioner, who is the patient's first contact with the health-care system and who may recommend a specialist if necessary. Examples:

- Family Health Teams
- Health Hubs
- Nurse Practitioner-Led Clinics
- Independent Practitioners

Health Care Jargon cont'd

Acute Care: emergency services and general medical and surgical treatment for serious illnesses. Acute care is not: nursing homes (long-term care) or chronic care.

Ambulatory Care: care provided to an outpatient, either within or outside of a hospital. Generally does not require an overnight stay, such as: minor surgery, outpatient treatments such as Dialysis or Chemotherapy, Diagnostic testing (x-ray, heart test, breathing tests, lab work)

Who We Serve

- Six municipalities - Bracebridge, Gravenhurst, Huntsville, Georgian Bay, Lake of Bays and Muskoka Lakes.
- East Parry Sound catchment area
- Two First Nations communities: Wahta Mohawk Territory and Moose Deer Point
- Permanent residents of 60,599 with significant seasonal resident population (up to 84,460 more people).
- 76% of Muskoka residents are served by MAHC.
- While 24% of Muskoka residents receive care at:
  - Orillia Soldiers Memorial Hospital (10%),
  - West Parry Sound (5%),
  - Royal Victoria Hospital (2%)

What Happens at MAHC?

Bed Types:	Acute	Complex Continuing Care
South Muskoka Memorial Hospital	43	16
Huntsville District Memorial Hospital	37	0

Admitted Patients	4,891
Emergency Visits	44,236
Surgeries & Scopes	8,547
Births	282
Chemotherapy/Infusion Clinic Visits	3,009
Dialysis Treatments	3,183
Diabetes Visits	1,537
X-Rays	35,923
Mammography/Breast Screening Exams	5,941
CT Scans	10,486
Ultrasounds	16,707

Employees	625
Active Physicians	85
Volunteers	320
Total Operating Budget	$75 million
Total Capital Needs	$39 million
4 Bargaining Units	

South Muskoka Hospital Foundation

Huntsville Hospital Foundation

Note: the above activity data is 2016-2017 data for all MAHC sites

What Doesn't Happen at MAHC

- 34% of **Outpatient** surgery provided elsewhere
- 68% of **Inpatient** surgery provided elsewhere
  - eg: Broken Bone Surgery / Heart Surgery / Plastic Surgery
- Elective surgery on the weekends
- Weekend emergency surgery at both sites
- Many specialty tests – eg: MRI, Angiogram, Sleep Study
- High-risk obstetrical labour and delivery
- Specialty treatment – eg: Radiation, Paediatrics (children)

Why plan for the future?

- To ensure safe, high-quality, sustainable health care for future generations 2030 and beyond
- Strategic Plan – Sustainable Future
- Ministry of Health requirement
- Our facilities don’t meet current standards
- Changing practices require new and different space
- Lengthy process with approvals required
- Alignment with evolving health care directions

Burning Platform

- Person-centered care, sustained quality
- Current infrastructure investment needs 10s of millions of dollars
- Recruitment issues due to uncertainty
- Current and future fundraising
- Making capital and infrastructure investments without long-term plan
- Plan needed – direction required – Ministry/ LHIN/community all waiting for us to create a future plan

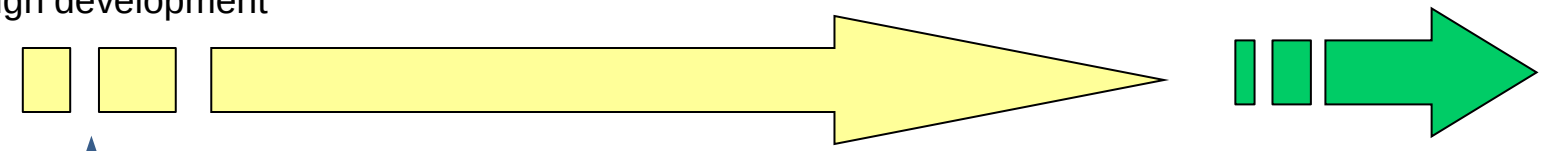
It’s not just about money

- Whichever model is selected must address all challenges, including funding:
  - Small volumes – competency / efficiency / funding formula
  - Duplication of capital – sacrifice opportunities for new/expanded services (MRI?)
  - Recruitment and retention of sub specialties ie: Doctors, Nursing, Allied Health (desire to work at full scope of practice)
  - Staffing challenges

Capital Planning Process

Planning Grants:
3 possible approval milestones: proposal development, functional program, design development

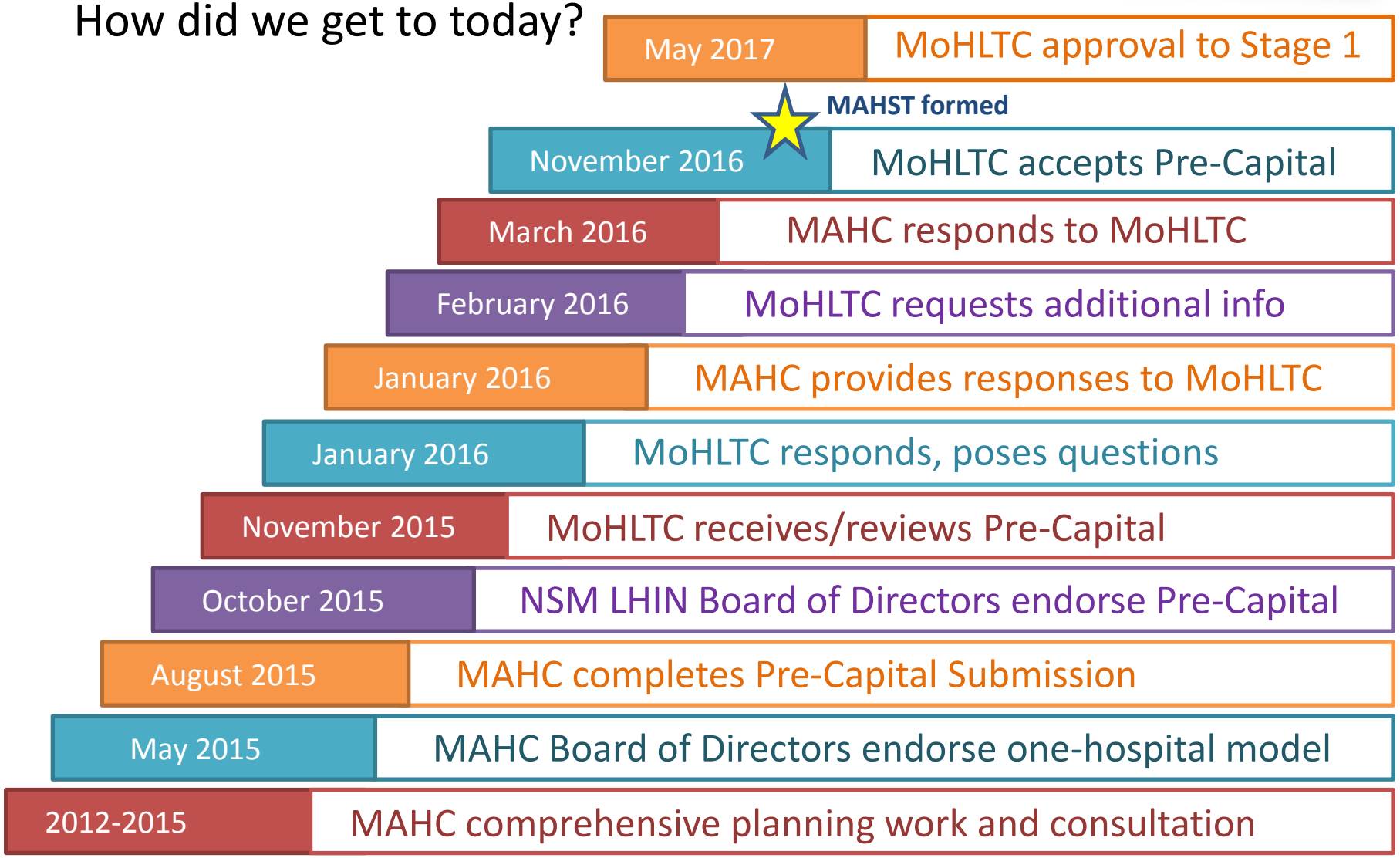
Construction Grant



Pre-Capital (Part A & B)	Stage 1 Proposal (Part A & B)	Stage 2 Functional Program (Part A & B)	Stage 3 Preliminary Design Or Output Specifications	Stage 4 Working Drawings Or Output Specifications	Stage 5 Implementation
Review and support of Pre-Capital Submission	Review and approval of Stage 1 Submission	Review and approval of Stage 2 Functional Program	Review and approval of blocks and sketch plans; approval to proceed to working drawings OR blocks/output specifications		Review and approval to tender & implement/ issue RFP OR approval to award construction contract/ Project Agreement
	Requires Government approval to plan	**Requires Government approval to plan**		**Requires Government approval to construct**	

Pre-Capital Submission

How did we get to today?



Stage 1

- Ministry approval to Stage 1, $1M grant for planning
- Refresh Master Program/Master Plan with current data and further explore development models
- Support of local communities required for greenfield (new site) options
- Detailed service delivery options analysis, an HR plan, and a local share plan
- Business case/options analysis, facility development plan
- Must align with regional/provincial directions
- Demonstrate service shift from hospital to community

A New Chapter

What has changed?

- Health Hubs introduced in Muskoka
- Patients First Act became law in 2016
- Towns' Campus of Care model proposed
- Primary care focus
- MAHST formed fall of 2016
- Projections – population, beds, services
- Innovation and technology
- New, additional transportation system
- New Capital Plan Development Task Force

What's Different This Time?

- Task Force membership
- MAHST / primary care focus
- Broader criteria for evaluation
- Need to demonstrate shift from hospital to community
- If a new site is required, consider how to repurpose existing facilities

Capital Plan Development Task Force

- New task force will oversee Stage 1 work
- Broad membership = 25 people
- Meets twice monthly
- Report to Board of Directors
- Recommend preferred model to MAHC Board
- Communication plan

Task Force Membership

- Representation from:
  - MAHC Board, Administration and Medical Staff
  - Hospital Foundations and Auxiliaries
  - North Simcoe Muskoka LHIN
  - MAHST
  - Primary care
  - Municipal reps from District of Muskoka, North and South Muskoka and East Parry Sound
  - Community at large

Potential Models for Future

Two Sites
(not status quo)

One Site Outpatient / One Site Inpatient

One Site
(centrally located)

Two Sites (not status quo)

- Maintain two sites with Emergency Depts., recognizing the need to further consolidate programs and services across the two sites.
  - Recent examples of single sited services include Gynecological Surgery, Ophthalmology (cataract surgery), and Chemotherapy.
- Service siting would be based on clinical needs and service co-location requirements to create greater efficiencies, larger volumes and critical mass, and reducing duplication of staffing and equipment.

One Site Outpatient/One Site Inpatient

- Maintain two facilities with emergency care, one site having primarily outpatient focus (few or no beds) and the other site having primarily inpatient focus (majority of beds).
- Outpatient services could include some day surgery, specialty diagnostics (such as MRI), clinics (such as Dialysis), etc.
- Inpatient services could include medical/ surgical care, intensive care and obstetrics.

One Site (centrally located)

- Provide all programs and services on a single hospital site.
- Comprehensive work would be done to determine the role of potential vacated building(s) including the ability to support local urgent and primary care needs, community services, Health Hub development, or other alternative models.
- This exploration will include determining best ways to support access for urgent care needs.

Draft Evaluation Criteria

- Facilitates the safest, high-quality care
- Aligns with MAHST initiative redesign
- Recruit/retain staff, physicians, volunteers
- Expanded or specialized programs/services
- Access to care with reasonable travel times
- Accommodates future needs (growth/change)
- Cost to build
- Cost to operate

Draft Evaluation Criteria cont'd

- Takes advantage of available funding to run hospital
- Aligns with Ministry/LHIN directions
- Meets Municipal/District planning principles
- Maintains strong local economies
- Garners community support
- Generates local share of capital cost
- Garners support by local municipal governments

Survey Says!

Have your say through our feedback survey:
bit.ly/MAHCsurvey

We ask you about:

- Demographics
- Feedback on evaluation criteria
- Feedback on models
- Raising local community share

Stage 1 Milestones - DRAFT

Deliverable	Timeline
Review/refresh data	July – September
Determination of models for evaluation by Task Force	August 21
Interdisciplinary Workshop to validate data/identify new needs	September 7
Development of evaluation criteria for models	July – September
Community engagement on models and evaluation criteria	Aug 28 – Sept 1
Model evaluation and recommendation of preferred model	November 2017
MAHC Board decision on preferred model	December 2017
Determination of development options based on model	January 2018
Development of evaluation criteria for options	January-February 2018
Community engagement on options and evaluation criteria	January 2018
MAHC Board decision on facility infrastructure requirements	March 2018
Finalization of Part A & B submission	March – June 2018
Submission to North Simcoe Muskoka LHIN / MoHLTC	June 2018

Important Points to Consider

- Status quo is not an option – change is constant
- Advantages/disadvantages to renovation versus new build
- Not just about money
- This is about safe, high-quality, sustainable care
- Committed to working with community partners
- Compromise is necessary
- Need a plan we can all get behind

Call to Action!

- Think about the different models and what the future might look like in 2030 and beyond
- Ask questions and stay informed: www.mahc.ca/planning-for-the-future
- Provide us with your feedback
  - Survey link on MAHC website homepage
  - Or visit bit.ly/MAHCsurvey
- Contact us for hard copy surveys
- Join our social media network

Follow us @MAHChospitals