City of Vaughan
The City Above Toronto

The City of Vaughan
2141 Major Mackenzie Drive
Vaughan, Ontario
Canada L6A 1T1
Tel (905) 832-2281

March 4, 2005

BY FAX AND MAIL

Mr.Denis Kelly, Regional Clerk
Corporate Services Department
York Region Administration Building
17250 Yonge Street, 4th Floor
Newmarket, ON L3Y 6Z1

Dear Mr. Kelly

Re: City of Vaughan - Request for Deputation
Presentation to Regional Council – March 31, 2005
"The Vaughan Health-Care Facility Planning and Implementation Study"

On February 28, 2005 Vaughan Council approved the "Vaughan Health-Care Facility Planning and Implementation Study". The purpose of this study is to support Vaughan's request to the Ministry of Health and Long Term Care for authorization to proceed with the planning and development processes for a health-care facility in the City of Vaughan. Council also directed that the study be forwarded to the Region of York, with the request for its support in principle for the actions recommended in the resolution. The City Clerk has forwarded the report and minutes to you under separate cover.

The City has targeted mid-April to send the study and accompanying request to the Province. Under normal circumstances this matter would have been referred to the Regional Health & EMS Committee. Unfortunately, the committee meeting for the month of March was cancelled. Timing of the submission to the Province was predicated on Regional Council considering this matter on March 31, 2005. Because of the cancellation, we are requesting that this matter proceed directly to Regional Council on March 31.

Therefore, the City is seeking deputation status at the Regional Council Meeting of March 31, 2005. The deputation will be in the form of a presentation by the lead consultant, Mr. Neil Stuart of IBM Business Consulting Services. Mr. Stuart will provide the Regional Councillors with an overview of the study to assist in their subsequent deliberations.

It is requested that you confirm the date of the deputation with Roy McQuillin of my office. He may be reached at (905) 832-8585, ext. 8211 or at Roy.McQuillin@vaughan.ca . On confirmation, we will be pleased to work with you to finalize any necessary details concerning the reproduction of printed materials, the presentation format and technical support.

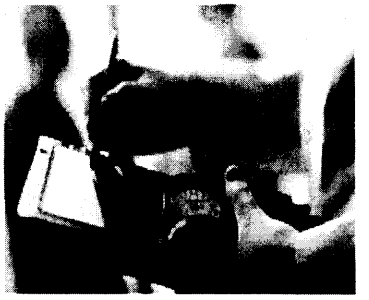
Thank you for your assistance.

Sincerely,

Michael DeAngelis
City Manager

C: Regional Chair Bill Fisch
Mayor Michael Di Biase
Regional Councillor Mario Ferri
Regional Councillor Linda Jackson
Regional Councillor Joyce Frustagliio
Mr. Neil Stuart, IBM Business Consulting Services

Vaughan Health
Campus of Care



Needs Assessment and Vision for the Future

Phase 1
Health Care Facility Planning Report
March 4, 2005

City of Vaughan
The City Above Toronto

IBM

GPC International
Public Affairs & Communications

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Executive Summary

For the past two decades, the City of Vaughan has been one of the fastest growing municipalities in Canada. The city is unique in that it is the only municipality of its size and growth potential that does not have a major health care facility within its boundaries. All of the health care facilities currently serving Vaughan residents will be facing the challenge of meeting the needs of residents of their host municipalities. This raises the prospect of diminished levels of service for Vaughan residents in the future. The lack of a local health care facility has, over the years, developed into an important community concern.

On January 27, 2003 Vaughan City Council took the first step toward establishing a health care facility in the city by creating the Health Care Facility Study Task Force to oversee the development of a Needs Assessment, Vision and Implementation Plan for a new facility. The study is intended to form the basis for a request to the Ministry of Health and Long Term Care to support a new health care facility for Vaughan – the **Vaughan Health Campus of Care.**

This document represents a first step in developing and designing a future health care facility for Vaughan. Elaboration of the vision will be informed by the next phase of planning.

The compelling results of the needs assessment and an appreciation of the near-term and long-term consequences of not establishing a health care facility led to the recommendation for the development of a community hospital and a parallel community services network in Vaughan, integrated on one Campus of Care. The case for support for the **Vaughan Health Campus of Care** Vision is based on the following considerations:

1. **A Compelling Need:** The need for a new health care facility is based on demographics and current gaps in service access:
    - Vaughan has, and will continue to experience one of the fastest growth rates in Ontario. York Region is predicted to grow faster than any other region in Canada.
    - Vaughan is currently the only region within the top 10 most populous census sub-divisions without a local acute care hospital or ambulatory care centre.
    - Vaughan will experience growth in the over age 70 population group resulting in increased demand for local services for the aging population.
    - Current utilization indicates that there are delays in accessing services for Vaughan residents which may result in greater impairments and decrements in functional ability.
    - Significant service gaps exist in Vaughan encompassing virtually all health sectors including mental health, geriatrics, general and specialized rehabilitation, chronic disease management, health promotion and prevention and ER and acute care.

2. **A Willing Partner:** Vaughan Health will forge partnerships both within and beyond the Campus of Care to ensure excellence in service delivery and the creation of a seamless continuum of care. Vaughan Health will partner with the province, the Local Health Integration Network, other local and regional providers including community clinics and the Universities to create a model of integrated, innovative and client centered health care that will be a model for all of Ontario.

3. **A Committed Community:** Political and citizen commitment in Vaughan has been crystallized through the establishment of the Study Task Force and the formation of a Health Care Foundation for the new facility. Vaughan community leaders represented within these groups have steered the development of Vaughan Health's Vision to ensure that it meets Vaughan's current and future needs. Continued public input into the evolving Vision will be a cornerstone of the process going forward. Community enthusiasm is also reflected in the willingness of the public to support fundraising events held on behalf of the health care facility and the Foundation. In addition, a number of community groups have on their own initiative undertaken fundraising activities in order to support the new facility. This high level of support will continue to increase as the prospects for a health care facility become more tangible and the Foundation continues its work.

4. **An Aspiration to be the Catalyst for Transformation:** Vaughan Health will provide a process for implementing Ontario's Health Care Transformation agenda:

Transformation Priorities	How Vaughan Heath will Meet the Priority
Local Health Integration Network (LHIN)s	• Introduction of new health care delivery models designed to facilitate integration of services and meet the health care needs of the population • Campus of Care model will provide a broad range of service options for the population
Family Health Teams (FHT)	• FHTs can be linked to the community using the Campus of Care as the host organization • Services delivery models and technology will link the FHTs to other providers within and beyond the Campus of Care
Reducing Wait Times	• Programs and services offered on the Campus of Care reflect priority needs and gaps in services thus facilitating a reduction in wait times

5. **A Clear Vision:** The vision for Vaughan Health Campus of Care builds on the province's objective of renewing the health care delivery system at the local level. Integration, partnership and innovation are the cornerstones of this vision.

6 **An Agenda for Action:** The Study Task Force and Foundation are ready to move to site acquisition and are anxious to begin work on the second phase of planning for the development of Vaughan Health. Considerable planning has already occurred to identify and preserve a location for the new health campus.

There is very strong and committed community support for the envisioned **Vaughan Health Campus of Care.** Vaughan Health aspires to be the integrated model of health care for all of Ontario. Innovative service design, technologies and partnerships will be leveraged to realize this vision which is summarized below.

Our vision for health care in Vaughan, for the decades to come, is centered on being the integrated model of care for all of Ontario – the VAUGHAN HEALTH CAMPUS OF CARE.

Our vision for Vaughan Health includes a CAMPUS OF CARE comprised of a COMMUNITY HOSPITAL fully integrated with a PARALLEL COMMUNITY SERVICES NETWORK which includes a wellness centre, family health team and long term care services as well as other providers.

INNOVATION will be an important planning principle during the development phase. The Vaughan Health Campus of Care will operate on the leading edge of innovation that is:

- **INTEGRATED with services and facilities both within and beyond Vaughan Health through new service delivery models, partnerships and supportive technologies to ensure seamless service delivery and service excellence,**
- **E-ENABLED through new and emerging information and clinical technologies to facilitate provider collaboration, client engagement and service efficiency and effectiveness,**
- **Focused on WELLNESS, PREVENTION and HEALTH PROMOTION to keep individuals as healthy as possible and,**
- **Supportive of Ontario's TRANSFORMATION agenda to ensure timely access to integrated and client-centered health services.**

PARTNERSHIPS will be forged between Vaughan Health, the community it serves and other providers and stakeholders. Vaughan Health will be the first health care facility to be designed and developed in partnership with the Local Health Integration Network. The new health care facility will support collaboration between providers within and beyond Vaughan Health. Other key stakeholders will also be invited to shape Vaughan Health - the University of Toronto given its leadership in health care related research and education and York University given its growing health sciences program, a program that emphasizes promoting wellness, not just treating illness.

The following illustration elaborates on the vision for the Vaughan Health Campus of Care:

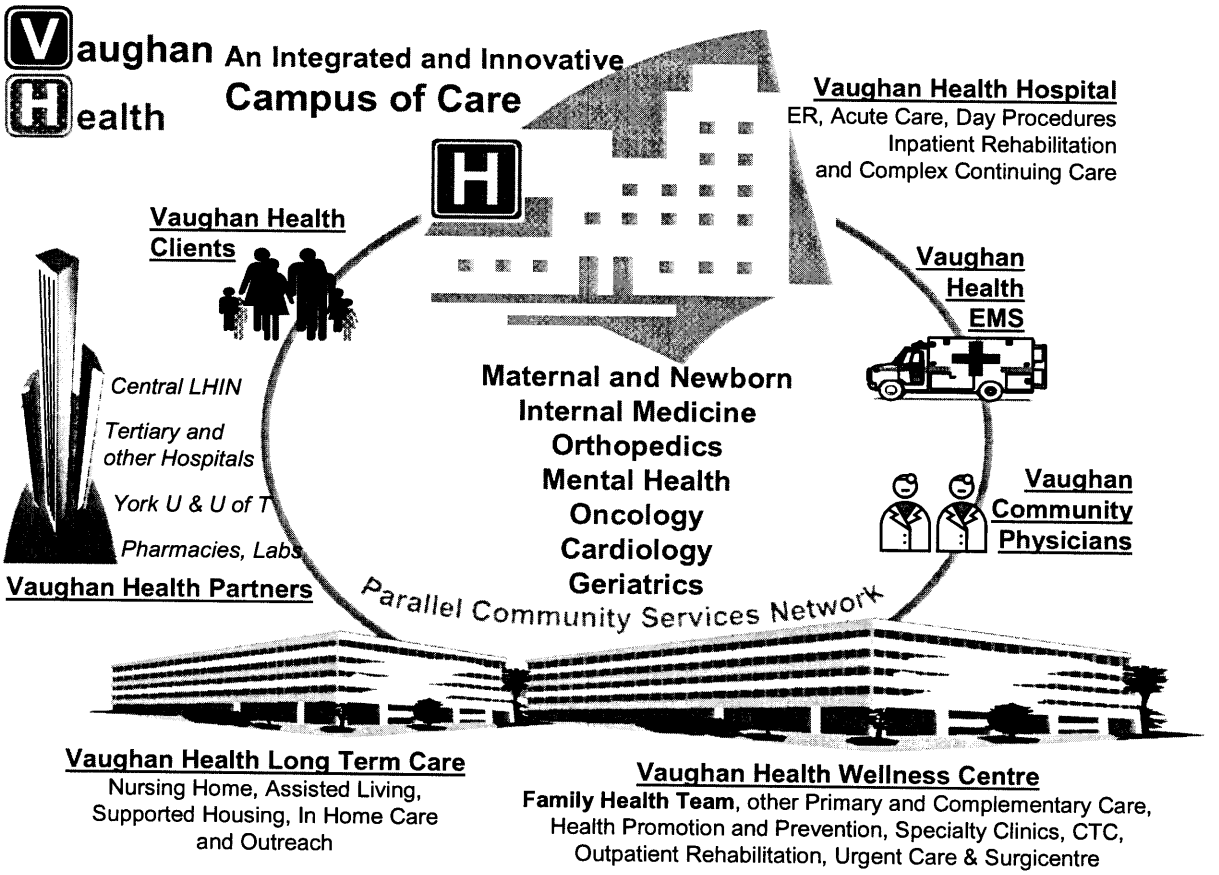


Exhibit 1: Proposed vision for the core elements of the Vaughan Health Campus of Care.

The **Vaughan Health Campus of Care** will include:

- **A Community Hospital** – a full service 325-375 bed hospital with an ER, Inpatient Acute Care, Day Procedures, Inpatient Rehabilitation and Complex Continuing Care
- **A Parallel Community Services Network** – including:
  - **A Wellness Centre** – Family Health Team with Chronic Disease Management Programs, Outpatient Rehabilitation Services, Complementary Services, Surgicentre, Urgent Care Centre and a Centre for Excellence for Wellness,
  - **Emergency Medical Services** – Ambulance Station and Helipad,
  - **Long Term Care and Supportive Services** – Assisted Living, Nursing Home, Supportive Housing Outreach, In-home Support Services, and,
  - **Other Service Providers that could also be co-located with the Vaughan Health Wellness Centre or Vaughan Health Long Term Care -** Public Health Offices, Physician Specialty Clinics, Children's Treatment Centre (resource centre hub), Mental Health Services, CCAC etc.

The Vaughan vision includes a perspective on innovation that includes:

- Integrated delivery of care with exemplary linkages to primary care providers, community health clinics and physicians, long-term care, community services and public health,
- Commitment to working with partners within and beyond Vaughan Health Campus of Care on a peer basis to ensure a full continuum of integrated services for the residents of Vaughan,
- Supporting the development of common IT infrastructure that will assist in the delivery of seamless care to Vaughan residents,
- Ensuring that the new facility is accessible as a resource to support the care offered by other providers, for example through access to diagnostic imaging services at the health care facility, and
- Contributing to health promotion initiatives in the community, including those offered through the school system.

Innovation and Integration will be facilitated by developing **Integrated Service Lines** that cross the health care continuum within Vaughan Health and beyond.

Services lines are sets of services aimed at meeting specific client needs or achieving particular objectives. Service lines can be organized:

- by population groups (i.e., gender, age), or,
- by disease or health problems (i.e., cancer, orthopedics, AIDs), or,
- by medical specialty (i.e., medicine, surgery).

Integrated service lines have recently emerged in the US among large health system providers. Service lines are no longer limited to one facility but, are now spanning multiple organizations and practice settings in order to enhance care coordination, accountability and manage costs.

Key concepts inherent in an integrated service line consist of the following:

- Focuses service delivery around clients' needs rather than providers' needs by reorganizing work units around client care functions via interdisciplinary care teams,
- Integrates clinical and management decision-making and accountability for all functional services provided to client groupings,
- Decentralizes decision-making to point of service, and
- Permits more explicit commitment to service populations – with service lines derived and defined directly from organization's mission.

Integrated service lines will cross the health care continuum and will include multiple providers within and beyond the Vaughan Health Campus of Care. Service lines will be overseen by service line managers who will be responsible for developing **seamless linkages between providers** to **ensure client flow** and **timely access** to **best practice care and services**.

Based on initial needs assessment data and findings, we would propose to include the following Integrated Service Lines at Vaughan Health:

- Women's and Children's Health,
- Internal Medicine,
- Orthopedics,
- Mental Health,
- Oncology,
- Cardiology, and
- Geriatrics.

Key advantages of integrated service lines include:

- Enhanced continuity of care with an increased focus/emphasis on community based care and prevention and a concomitant decrease in inpatient length of stay,
- Increased efficiency with decreased staffing that translates to an increase in time spent on patient focused activity by clinical staff, and
- Growth in academic programs.

The following schematic is a preliminary vision of program components that could be included in Vaughan Health's Cardiology Service Line:

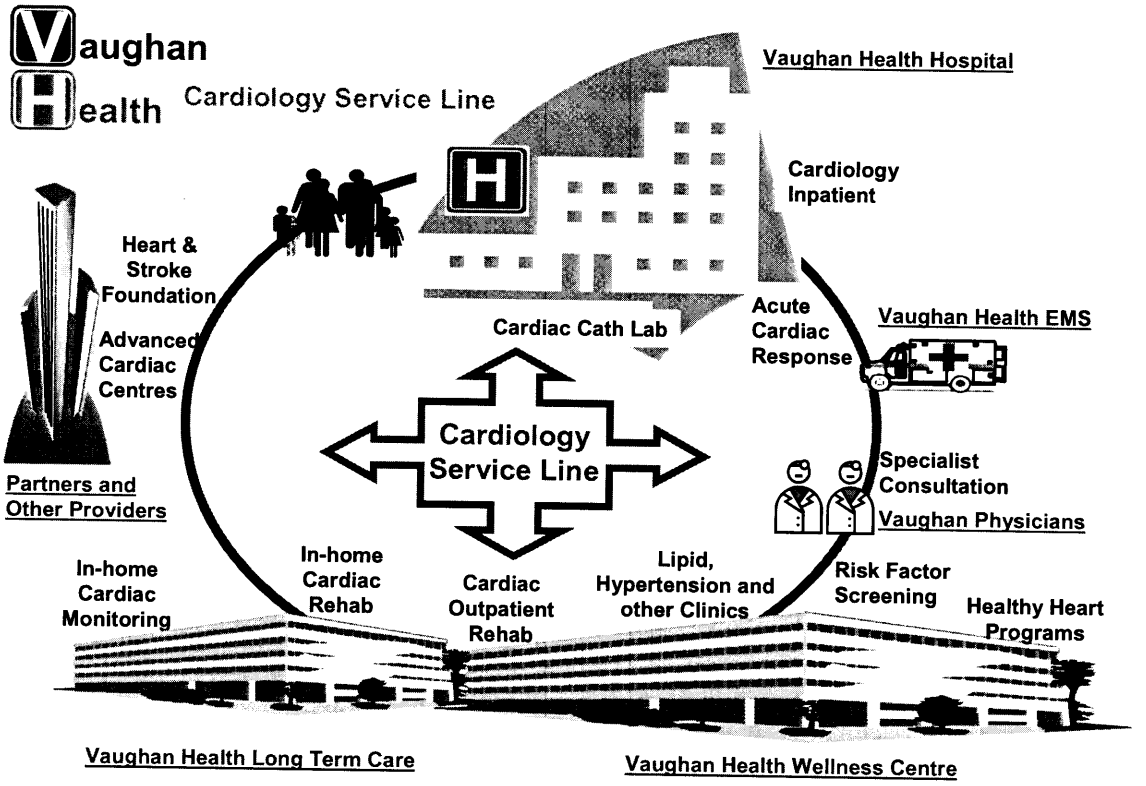


Exhibit 2: Proposed preliminary vision for the Vaughan Health Cardiology Service Line.

Vaughan Health will develop its service lines and program offerings to align with established and newly emerging chronic disease prevention and management initiatives in Ontario:

Provincial Initiatives		Examples of Local Initiatives
Major Strategies	**Programs**	
• AIDs • Alzheimer • Asthma • Cancer • Diabetes • Mental Health • Stroke • Tobacco	• Mandatory Health Programs and Service Guidelines • Health Promotion Resource System • Arthritis • Breast Cancer Screening • Colorectal Screening Pilots • Heart Health Program • Cardiac	• Arthritis programs • Asthma programs • Congestive Heart Failure programs • COPD programs • Diabetes programs • Osteoporosis programs • Falls prevention programs

Innovation and Integration will be supported by a **Focus on Wellness, Prevention and Chronic Disease Management.**

The focus of prevention is shifting to the new leading causes of mortality and morbidity – lifestyle-related diseases – with an emphasis on screening for early detection (e.g., cancer screening) and for risk factors like high blood pressure. The newest focus is on preventing or managing chronic diseases through helping people make lifestyle and behavioral changes i.e. health promotion.

Vaughan Health will design the future Campus of Care in keeping with the Ontario Ministry of Health and Long Term Care (MOHLTC) preliminary vision for a **Chronic Disease Prevention and Management Model:**

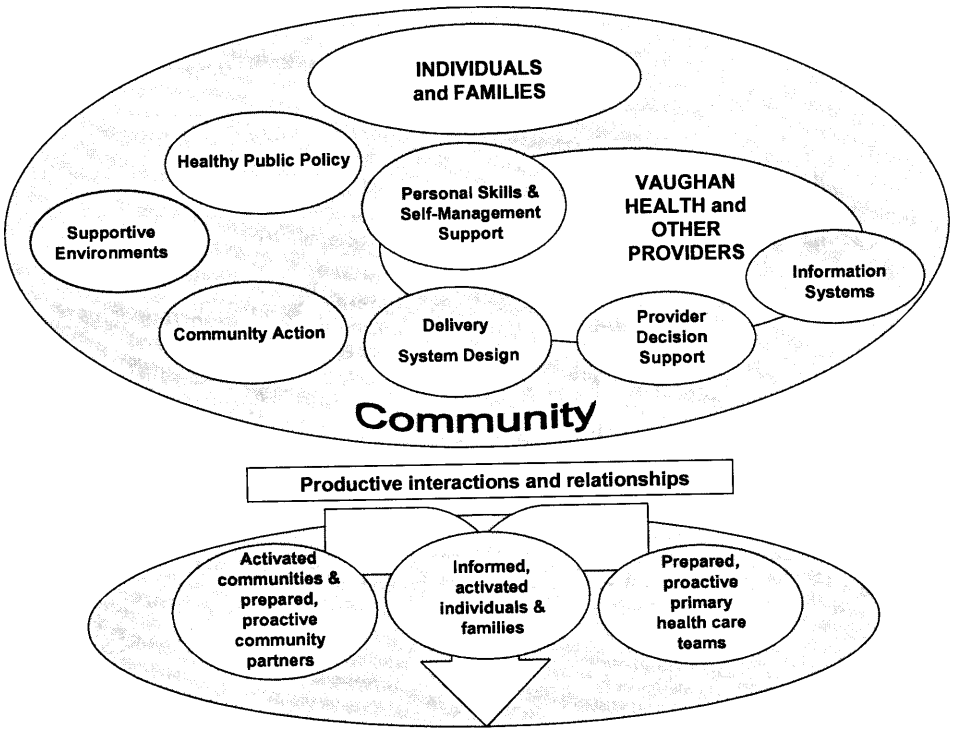


Exhibit 3: Vaughan Health and the MOHLTC's preliminary Chronic Disease Prevention and Management Model.

Vaughan Health will embed the following core components of the chronic disease prevention and management model in its organization, structure and design:

- Incorporate systematic approaches to improve management of chronic disease and support health promotion and primary prevention by **re-orienting health services,**
- Support interdisciplinary teams and other features in **delivery system design** (models) to improve access to care, continuity of care and client flow through the system across settings and over time,
- Develop **self-management and personal skills** supports to help clients build skills for health living and coping with disease,
- Provide **decision support** tools to providers to ensure quality of care, integrating evidence based tools into daily practice, and
- Design **information systems** that support service integration and provide unfettered and timely access to clinical information for clients and providers.

Innovation and Integration will be enabled by adopting **New and Emerging Technologies.**

New and emerging technologies will **enable innovation** within Vaughan Health by:

- Facilitating best practice to ensure quality patient care and outcomes through an electronic health record with electronically embedded evidence based clinical guidelines and other clinical systems,
- Providing real time, quality information to support effective decision-making,
- Enabling effective collaboration by electronically linking all providers within Vaughan Health Campus of Care and beyond, including Vaughan community based primary care physicians,
- Fostering a data-driven, decision culture through enhanced benchmarking and quality improvement supports, and
- Enhancing the ability to create, organize, share and use knowledge.

New and emerging technologies will **support integration** within and beyond Vaughan Health by:

- Allowing clinical information to be shared across the care continuum to facilitate seamless service delivery, and
- Ensuring effective communication and collaboration between providers through sophisticated tools such as single sign-on systems, standardized electronic documentation and wireless devices.

The Vaughan Health Campus of Care will be e-enabled with leading edge information and clinical technologies. These new technologies could include some of the following:

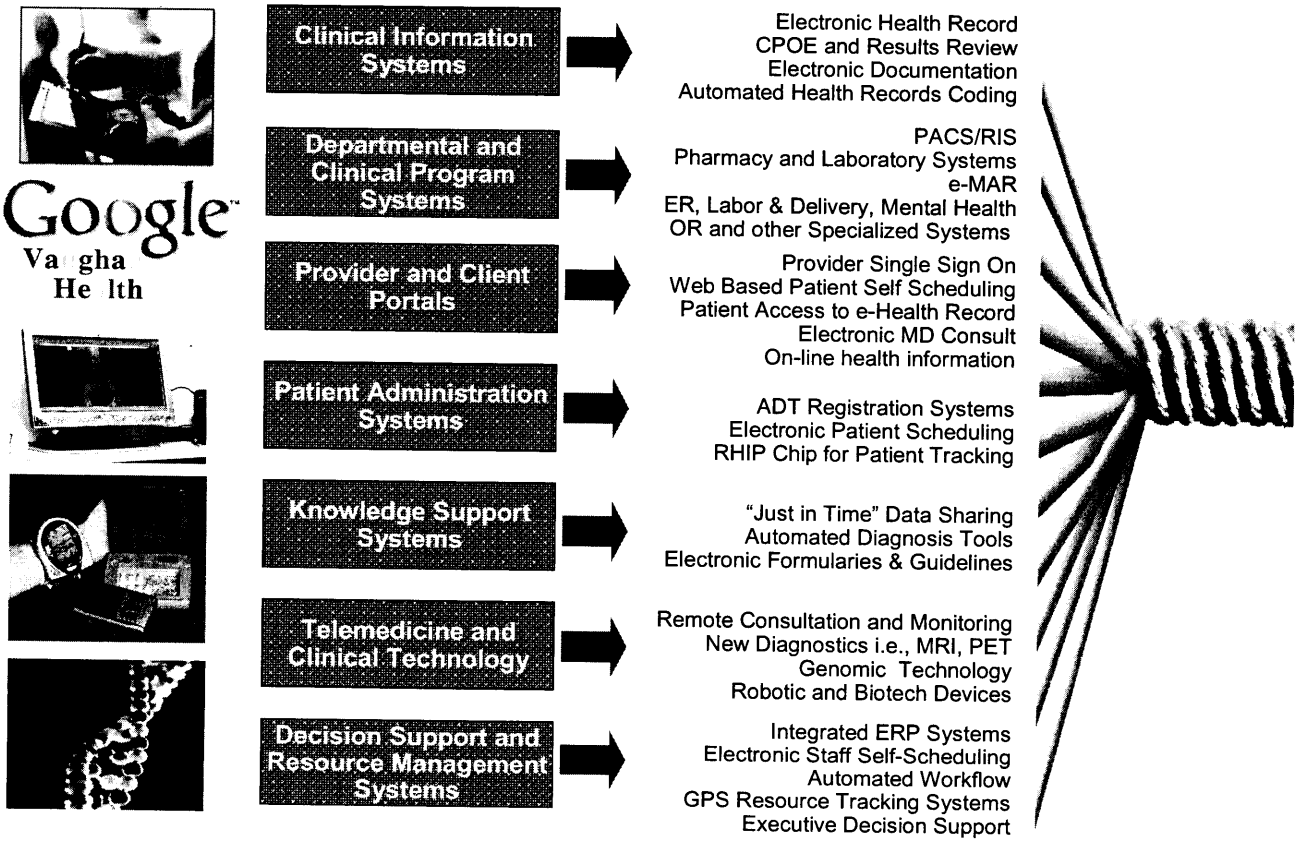


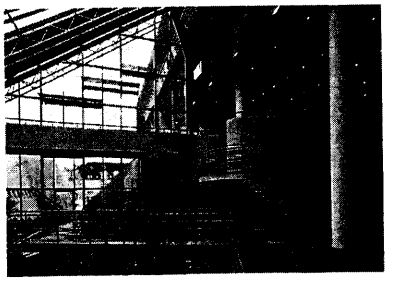
Exhibit 4: New and emerging technologies that will e-enable Vaughan Health.

Innovation will be incorporated in the **Facility Design** of the Vaughan Health Campus of Care.

Vaughan Health's facility design will incorporate innovative trends in health care architecture:

Urban Integration
- Easy to find and readily accessible
- Welcoming
- Extension of the city through interior streets & public spaces
- Adapted to its urban context
- Gardens and other amenities for the city

Access and Circulation
- Ease of orientation
- Clear circulation patterns
- Segregation of flows
- Major spine, atrium and gardens
- Outside views and landmarks to facilitate orientation



Structure and Form
- Unbundling of the buildings into separate components
- Horizontality instead of verticality
- Open-ended concept for easier expansion
- Grouping of programs according to service lines

Environmentally Friendly
- Natural light and natural ventilation
- Passive solar systems
- Recyclable materials
- Controllable environment
- Hypoallergenic finishes

Healing Environment
- Human scale low-rise building
- Soft environment through colours, textures, materials, natural light
- Public spaces and therapeutic gardens
- Art work

Flexibility and Adaptability
- Open-ended concept for easy expansion
- Ample site for expansion and other uses
- Long-span structural grid
- Modular and accessible mechanical and electrical systems
- Generic rooms

Working Environment
- Efficient and comfortable environment for staff with natural light
- Controllable environment
- Optimal functional relationships between components
- Segregation of flows
- Easy patient supervision

Exhibit 5: Innovative health care architecture features for Vaughan Health.

It will be critical to identify and preserve the site for the proposed health care facility as soon as possible. This report identifies the need for a site with a minimum area of 30 to 35 acres, although to reach its full potential a larger site would be optimal. Given Vaughan's rapid growth, well-located sites of a size sufficient to accommodate the proposed facility will become increasingly difficulty to obtain. Therefore, immediate action is necessary.

The Task Force and the Vaughan Health Care Foundation are committed to the objective of obtaining a site in a timely manner. A preliminary site search process is now underway. The primary search area is illustrated in Exhibit 6 on the following page. This area has a number of attributes. It is in an area where future growth is already planned and where the necessary services will be available; there are blocks of land of sufficient size, which can accommodate the facility; it is currently accessible to Highway No. 400; and it is also in proximity to the proposed extension of Highway No. 427 and is bounded on the north by the Province's proposed "Economic Corridor", which may include an east-west 400-series highway (Places to Grow: Better Choices, Brighter Future, Draft Growth Plan, 2004, Map 6). In addition, the area has sufficient spatial separation from other health care facilities to define a distinct service area, while remaining sufficiently close to other facilities to share programs and services.

The site evaluation process is well underway. Proceeding with this process is a reflection of the need for immediate action and the community's depth of support for this facility. As such, an expeditious review and approval by the Ministry of Health and Long Term Care to proceed with the next phase of planning and design for the facility would provide further support and impetus for the land acquisition process.

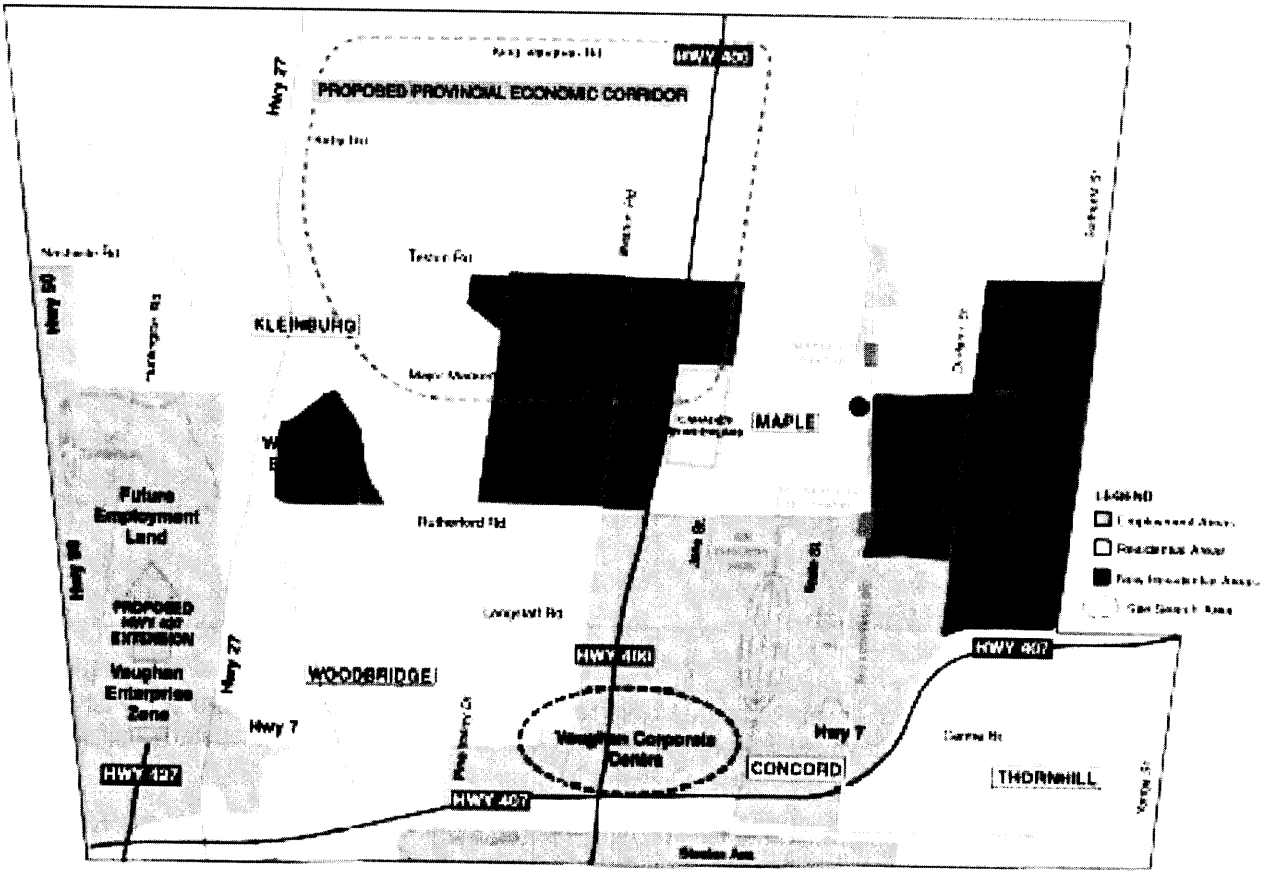


Exhibit 6: Proposed primary search area for the Vaughan Health site.

Conclusion

Population growth and access to services are key drivers influencing the need for a health care facility located in Vaughan. The vision for Vaughan Health presented here addresses this issue in a very practical and innovative way by including the establishment in the short-to-medium term of a parallel community services network that will develop and orchestrate the delivery of some critical primary care and in-home services. It will capitalize on government directions and provide an important resource to a vibrant city.

1.0 Introduction and Background

1.1 Introduction

This report sets out the case for the development of a new health care facility in the city of Vaughan and the rationale for this direction. The report presents a needs assessment, articulates a vision for a new health care facility and sets out a course of action for securing commitment for the health care facility and proceeding with the planning for the facility.

The needs assessment reviewed the population projections for the City of Vaughan and the surrounding municipalities, patterns of health service use, information on current health care needs, government health policy directions and emerging trends in health service delivery. Key stakeholder partners were identified and consulted and a public meeting was also conducted to obtain input and advice from Vaughan residents. Based on these findings the vision for a new Vaughan Health Campus of Care was created, with an implementation strategy and plan.

The report presents:

- Background Information about the Study,
- Findings from the Needs Assessment and Stakeholder Consultation,
- A Vision for the Future,
- Implementation Steps, and
- Conclusion.

1.2 About the City of Vaughan

The City of Vaughan is located in the heart of the Greater Toronto Area and is one of the nine local municipalities that form the upper tier Regional Municipality of York. Vaughan is situated at the southwest corner of York Region, immediately to the north of the City of Toronto, adjoining the westerly half of Toronto's northern boundary at Steeles Avenue. See Exhibit 7.

The city is home to the residential communities of Woodbridge, Kleinburg, Maple, Concord, Thornhill-Vaughan and the emerging communities of Carrville and Vellore. In addition, the city hosts a vibrant and rapidly expanding industrial and commercial sector. See Exhibit 8.

For the past two decades, the City of Vaughan has consistently been one of the fastest growing municipalities in Canada. The city's population has grown from 29,600 in 1981 to an estimated 230,000 in 2004. All indications point to a continuation of this rapid rate of development. Planned growth will take the population to approximately 330,000 by 2021. As of 2001 102,000 people were employed by business and industry in the city. Current projections indicate that this number will increase to 202,000 by 2021.

1.3 Origin of the Vaughan Health Care Facility Planning and Implementation Study

Despite its size and growth potential, the City of Vaughan is unique in that it does not have a major health care facility located within its boundaries. Vaughan's residential and employee populations rely on health care facilities located in adjacent municipalities, primarily: York Central Hospital (Richmond Hill); the William Osler Health Centre (Brampton, Toronto), the Humber River Regional Hospital (Toronto) and North York General (Toronto).

With the City's rapid growth, it will be important to ensure that Vaughan's residential and employment populations will continue to have convenient access to the medical facilities necessary to sustain a healthy, competitive and vibrant community. Relying in the long term on the external facilities noted above presents a number of risks.

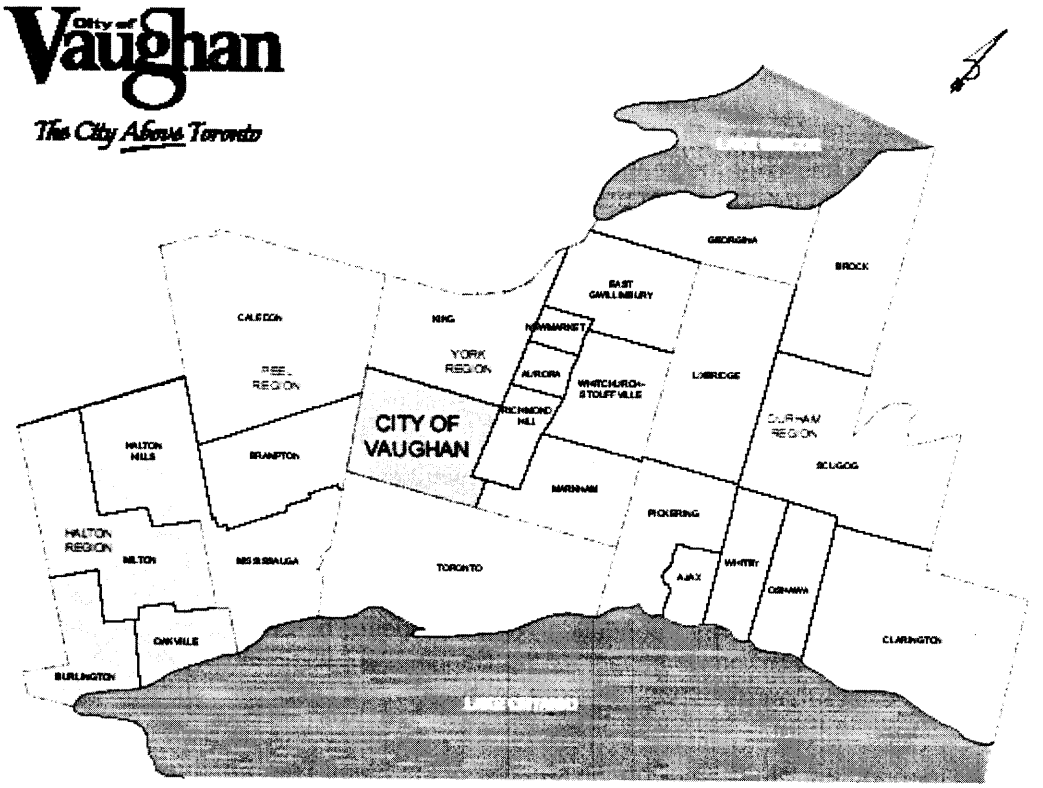


Exhibit 7: Map of the City of Vaughan and the Greater Toronto Area.

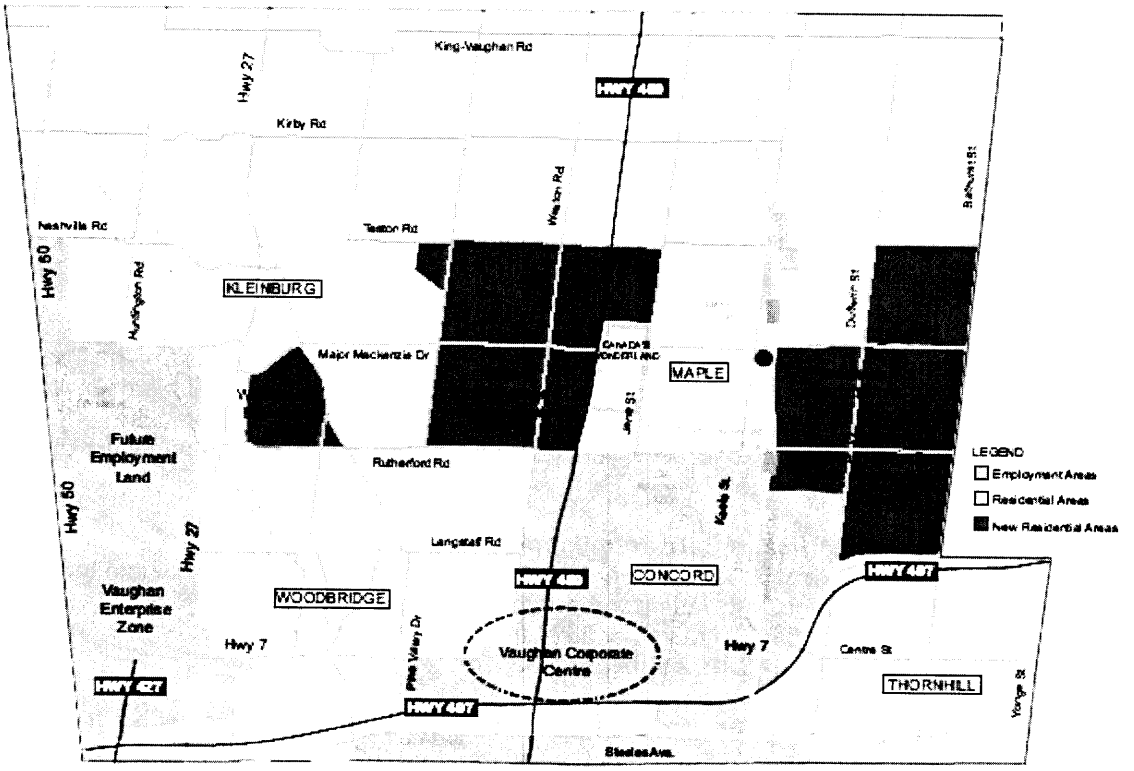


Exhibit 8: City of Vaughan structural plan.

Growth in the Greater Toronto Area is not unique to the City of Vaughan. The healthcare facilities currently serving Vaughan residents will all be facing the challenge of meeting the needs of the residents of their host municipalities. This raises the prospective of diminished levels of service for Vaughan residents at facilities that are increasingly difficult to reach, due to rising travel times, resulting from an ever more congested road network.

The lack of a health care facility has, over the years, developed into an important community concern. Several factors pointed to the need for immediate action. The first was the length of the planning, approval and construction process required for a major health care facility. The second consideration was the need to preserve a well-located site of an appropriate size for a future health care facility. With Vaughan's rapid development location options have been diminishing at a rapid rate.

Immediate action was considered essential to ensure that a health care facility could be delivered in a timely fashion and in a location that is convenient to its users.

1.3.1 Vaughan Council Initiates Action

On January 27, 2003 Vaughan City Council took the first step toward establishing a health- care facility in the city. On recommendation of Mayor Michael Di Biase, Council adopted the following resolution:

> **THAT** Council hereby endorses the creation of the "Vaughan Health Care Facility Study Task Force" for the purpose of examining the need for a health care facility in the City of Vaughan; and the creation of the Vaughan Health Care Foundation" for the purposes of undertaking community oriented fund raising and advocacy activities in support of the planning, approval and construction of a health care facility to serve the City of Vaughan.

City staff was directed to report back to Council on the creation of the Study Task Force and the Foundation.

1.3.2 The Vaughan Health care Facility Study Task Force

On March 17, 2003 Council approved terms of reference for the Task Force and adopted a membership plan. The purpose of the Task Force was to lead and coordinate the preparation of a planning study to demonstrate the level of need for a health care facility in the City of Vaughan.

The objective of the Task Force was to obtain the approval of the Ministry of Health and Long Term Care for a health care facility to serve the residents of Vaughan and adjacent municipalities. Provincial approval in the short term will allow for more detailed studies, ultimately leading to the acquisition of land, the development of a functional program, the design and financing of the project and final approval from the Province to proceed to construction. This will follow the planning process outlined by the MOHLTC in the recently updated Capital Planning Manual.

In order to reflect the breadth of interest in establishing a health care facility, the members of the Task Force were drawn from a number of segments of the community. This included the Mayor and Members of Council; a citizen representative from each of the City's five wards; members of the medical community; representatives from the charitable/non-profit sector and the business community. The members of the Task Force are listed in Appendix 1.

1.3.3 Creation of the Vaughan Health Care Foundation

As a result of Vaughan Council's direction of January 27, 2003 the necessary steps were taken to establish the Vaughan Health Care Foundation. It was incorporated under the *Ontario Corporations Act* as a non-profit corporation on January 16, 2004. On March 5, 2004 the Foundation received status as a registered charity under the federal *Income Tax Act,* as a public foundation.

Among the objectives of the Foundation are: to undertake research for the benefit of the public to determine how best to meet the health care needs of the residents of the City of Vaughan; and to receive and maintain a

fund or funds and to apply all or a part of the principal and income therefrom, from time to time, for, or in respect of, establishing and/or supporting, health care facilities and services in the City of Vaughan.

1.3.4 Direction to Proceed with the Vaughan Health care Facility Planning and Implementation Study and the Retention of Consulting Services

On June 10, 2003 the Task Force directed that terms of reference be prepared for a consulting study that would form the basis of the request to the Ministry of Health and Long Term Care for its support. On September 22, 2003 Council authorized the Task Force to proceed with the consultant procurement process for "The Vaughan Health care Facility Planning and Implementation Study" and to report back to Council to obtain ratification of its recommended selection.

The Request for Proposals was issued on November 27, 2003, with the closing date for submissions set for January 15, 2004. A total of six proposals were received. The Task Force's "Consultant Search Sub-Committee" evaluated the submissions. The Sub-Committee recommended that the consulting team composed of **IBM Business Consulting Services** and **GPC International** be retained to undertake the Vaughan Health care Facility Planning and Implementation Study.

On February 19, 2004 the Task Force approved the recommendation of the Consultant Search Sub-Committee. On February 23, 2004 Vaughan Council ratified the Task Force's approval of the recommended consulting team.

2.0 Purpose, Goals and Objectives of the Study

2.1 Purpose

The purpose of the Vaughan Health care Facility Planning and Implementation Study is to identify the need, establish the opportunity, infrastructure and vision for a health care facility to serve the City of Vaughan and western York Region and to develop a number of implementation strategies. The study is intended to form the basis for a request to the Ministry of Health and Long Term Care for its support for the recommended facility.

2.2 Goals and Objectives

The preparation of this study has been guided by the following goals and objectives. It is intended:

1. To provide an understanding of the health care, demographic, institutional and public policy influences that will shape the type of health care facility that will be required to serve the residential and employment sectors of the City of Vaughan and western York Region in the first decades of the Twenty-First Century;
2. To provide a rigorous and technically supportable needs assessment, which will be used to justify the required health care facility;
3. To develop a vision for a health care facility that will make possible the delivery of the optimal level of services to the residential and employment sectors of the City of Vaughan and western York Region;
4. To take into account the needs of other interested parties, including but not limited to, the Province of Ontario, the affected District Health Councils and service providers, in formulating the vision;
5. To produce a study document setting out the vision and supporting documentation in a format that can be used as the basis for a request to the Ministry of Health and Long Term Care for its support for the recommended facility.

3.0 Study Methodology and Project Activities

3.1 Background

Project oversight for the study was assigned to the Vaughan Health Care Facility Task Force, as selected by Vaughan City Council. Administrative leadership and support for the project was provided by Vaughan's Manager of Corporate Policy and the Planning Office, the City Manager's Office with assistance of the Clerk's Department Secretariat and the resources of the City's Senior Management Team.

Task force meetings were convened to receive and review results of the needs assessment and to participate in options development and visioning for the future health care facility for Vaughan. All decisions of the Task Force were subject to ratification by Vaughan City Council.

Consultation with affected stakeholders was a priority in the conduct of the study. A "Partners Working Group" was established which was composed primarily of area health care providers. The Partners Working Group attended a Task Force meeting to be updated on the study's status and to provide their comments and input. In addition, individual meetings with the partners and other stakeholders were held to gain more detailed insights from the interested parties.

The following diagram provides an overview of the study's approach and key activities. The project entailed three phases.

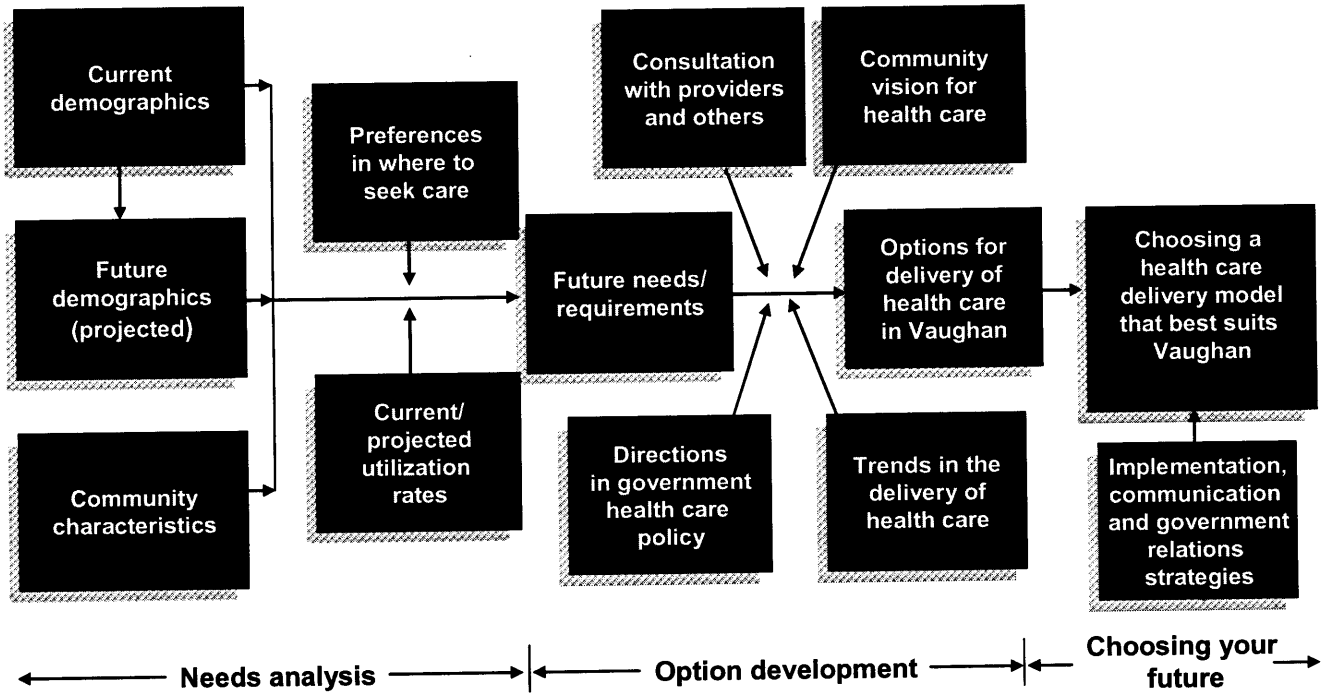


Exhibit 9: Overview of Study Approach and Activities

The **needs analysis phase** included a detailed review of Vaughan and York Region's

- Demographic indicator data and information, and
- Health care utilization and health needs data and information

to understand where Vaughan residents currently go to obtain health services and what their primary health needs are. Vaughan's and York Region's population growth and other expected future demographic changes were also explored in this phase. Initial findings from the needs analysis were presented at a joint meeting of the Partners Working Group with the Vaughan Health Care Facility Study Task Force and key stakeholders.

The **options development phase** was informed by a review of information from stakeholder consultations, an analysis of emerging health trends and an assessment of current government health care policy directions. In this context, data from the needs analysis was used to project Vaughan's future health service needs. A visioning session was conducted with the Task Force to review potential options for the future and draft a preliminary vision for a Vaughan health care facility.

In the **final phase**, the draft vision was presented to the Vaughan Health Care Facility Study Task Force for further review and comment. Based on this feedback - the vision was further refined and clarified with expectations regarding implementation and next steps. A public information meeting was held to obtain resident input on the future vision during this phase.

Key interim deliverables for the project included the following:

- Needs Assessment,
- A Vision for the Health Care Facility,
- Implementation Schedule, and
- Government Outreach Plan.

At the conclusion of the study, the final report was prepared summarizing the key findings from the needs assessment, a future vision and implementation strategy to support the development of a new health care facility in Vaughan.

3.2 Data Analysis and Sources

The needs assessment included descriptive analyses of datasets from a variety of sources and thematic analyses of information obtained through consultation and report review activities. The data sources are described below.

Demographic information and population projections were obtained from the York Region Planning Department and Ontario Ministry of Finance (MOF) based on Statistics Canada Census data, including:

- Demographic information on the Vaughan & York Region population from York Region Planning Department, based on the 1996 Census from Statistics Canada,
- Current population and projections for York Region from MOF (based on most recent amendments to 1996 Census projections from Statistics Canada),
- Current and future population estimates for each municipality in York Region from York Region Planning Department including:
    - Population by age group from the most recent amendments to the 1996 Census projections from Statistics Canada/MOF), and
    - Population by municipality from the 2001 Census estimates.

Population data used to project future health care needs and service utilization for the Vaughan study utilized a blended approach that included:

- Ministry of Finance data for total York Region population from the 1996 Census and projections (adjusted in 1999),
- York Region data for each municipality's population by age category from the 1996 Census and projections (adjusted in 1999), and
- York Region data for each municipality's relative proportion of total York Region population from 2001 Census estimates.

The population estimates may underestimate Vaughan and York Region's growth, as they are based in part on the 1996 Census

Health care utilization data was obtained from the Simcoe-York District Health Council or directly from the Canadian Institute for Health Information (CIHI) including:

- Health service data on Hospital Day Procedures and Inpatient Acute Care Separations/Discharges for Vaughan and York Region from CIHI's Discharge Abstract Database (DAD), 2002/03 data,
- Health service data on Emergency Room visits from CIHI's National Ambulatory Care Reporting System (NACRS) for Vaughan and York Region, 2002/03 data,
- Health service data on Inpatient Rehabilitation from CIHI's National Rehabilitation Reporting System (NRS), for Vaughan and York Region quarter 3 and quarter 4 from the 2002/03 dataset (NRS became mandatory in Ontario Oct 1, 2002), and
- Health service data on Inpatient Complex Continuing Care from CIHI's Continuing Care Reporting System (CCRS), for Vaughan and York Region, 2002/03.

Health needs information was derived from health planning reports prepared by the Simcoe-York District Health Council and York Region's Health Services Department. York Region's Health Services Department also provided data on risk indicators (from Statistics Canada Canadian Community Health Survey, 2000/2001), primary care physician volumes, emergency medical services utilization and long term care bed allocation.

Information on **emerging trends in health service delivery** was obtained from IBM health care reports and peer reviewed literature.

3.3 Key Consultation Activities

Stakeholder and public consultation activities yielded important information on current health service needs and gaps. Future health service needs were also discussed with key stakeholders. These inputs were used to inform the needs assessment and the future vision.

3.3.1 Stakeholder Consultation

Consultation activities undertaken for this study included interviews with key stakeholders, focus groups and invitations to stakeholders to participate in Study Task Force meetings.

Senior Managers (CEO or designate) from all the following hospitals were interviewed to obtain their input and advice on the need for a new health care facility in York Region:

- Markham Stouffville Hospital,
- Southlake Regional Health Centre,
- York Central Hospital,
- William Osler Health Center,
- Mount Sinai Hospital,
- Humber River Regional Hospital, and
- North York General Hospital.

Meetings were held with the following stakeholder groups to obtain information on current health care needs, service gaps and future projections related to demographic changes and emerging needs:

- Simcoe-York DHC:
  - Executive Director
  - Director of Special Projects/Health Planner
  - Epidemiologist
  - Health Planners (2)

- York Region Public Health Department:
  - Commissioner of Corporate Services & Medical Officer of Health
  - Director, Health, Information and Planning - Epidemiology
  - Director, Community Development
  - Director, Business Services
  - General Manager EMS
  - Administrator and Director
  - Health Strategy Specialist

- York Region and City of Vaughan Planning Departments:
  - Planning and Development Services – Planners in Vaughan & York Region
  - Transportation Planning – Manager in York Region

- York University:
  - President

Ontario Ministry of Health and Long Term Care (MOHLTC) staff and other provincial officials were consulted to obtain information on government policy and directions related to new health care facility development and health service delivery. This included individuals from the following offices and MOHLTC departments:

- Office of the Minister of Health and Long Term Care,
- Office of the Minister of Finance,
- Office of the Minister of Public Infrastructure Renewal,
- Local Members of Provincial Parliament,
- Acute Services Division, MOHLTC,
- Hospitals Branch, MOHLTC,
- Capital Planning and Strategies Branch, MOHLTC,
- York Region MOHLTC Regional Office,
- Infrastructure Strategies Branch, Health Infrastructure Economics, MPIR, and
- Ontario Strategic Infrastructure Financing Authority (OSIFA).

In addition, key stakeholder partners from York Region and area hospitals, Simcoe York-DHC, Community Care Access Centre of York Region and York Region MOHLTC Regional Office were also invited to participate in a Partners' Working Group with the Vaughan Health care facility Task Force in order to review preliminary findings from the needs analysis and provide their input and comments on implications of these results.

3.3.2 Public Consultation

A public meeting was organized by the City of Vaughan, on behalf of the Task Force, to provide the residents of Vaughan with the opportunity to review the draft vision for a health care facility, provide input regarding the vision and to comment on current health service gaps, current health needs and expectations regarding health care services for the future. This information was used to further elaborate and inform the vision for a new health care facility Vaughan.

4.0 Assessing the Need for a Health Care Facility in the City of Vaughan

This section will include an overview of the Needs Assessment Findings.

4.1 Demographic Indicators

Population growth both recent and projected supports the need for a new health care facility in Vaughan.

Vaughan has experienced more recent population growth than any other census sub-division in Ontario (over 60% between 1996 and 2003). See Exhibit 10. The chart below also shows that 6 of the 10 fastest growing census-subdivisions are located in York Region, demonstrating that York Region and Vaughan have experienced the fastest rate of recent population growth in all of Ontario.

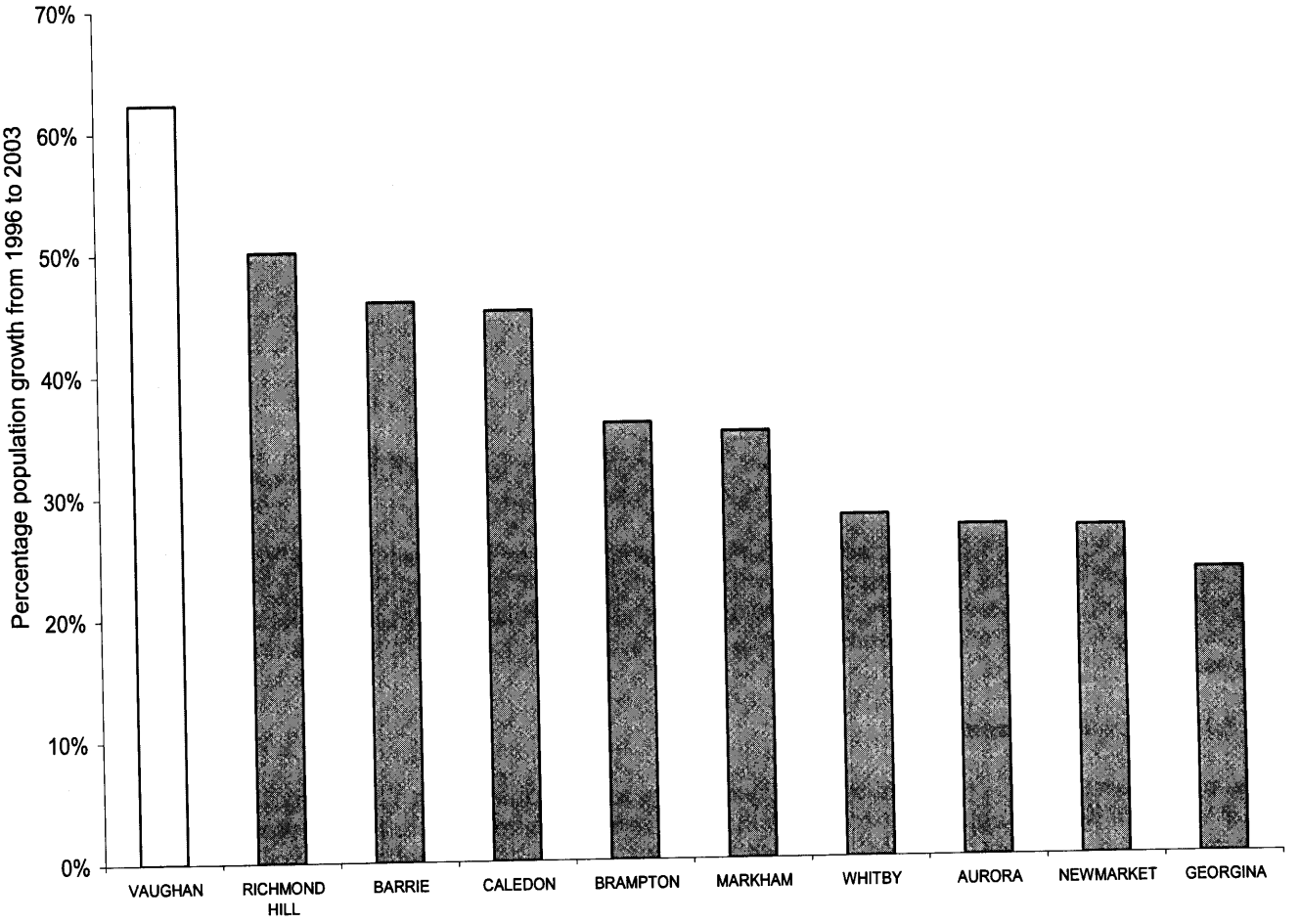


Exhibit 10: Percentage of population growth from 1996 to 2003 for Ontario census sub-divisions. Ministry of Finance, Ontario Demographic Quarterly, June 23, 2004.

Exhibit 11 shows the dramatic population growth that York Region will experience, resulting in 60% population growth between 2001 and 2021.

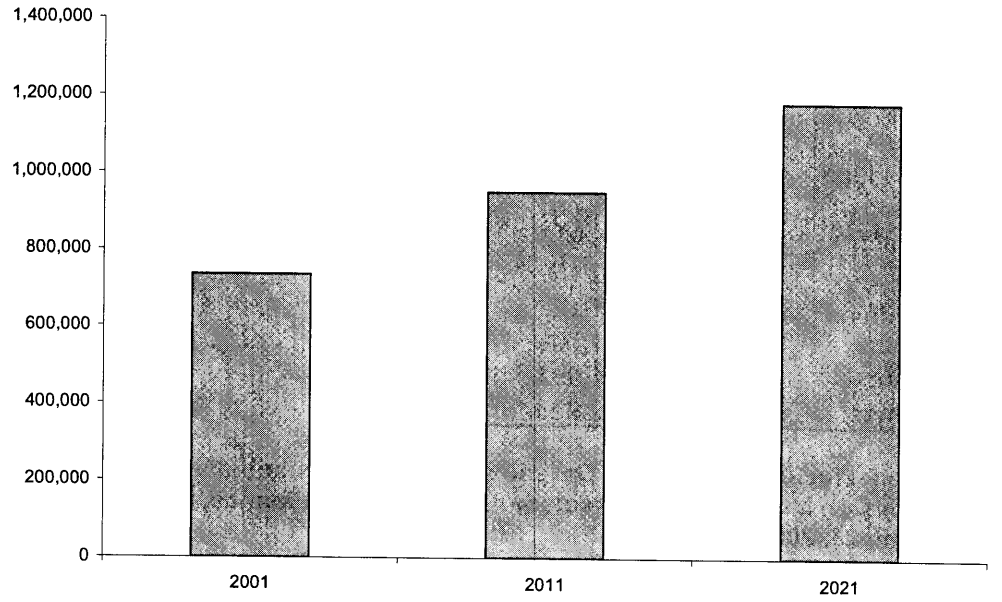
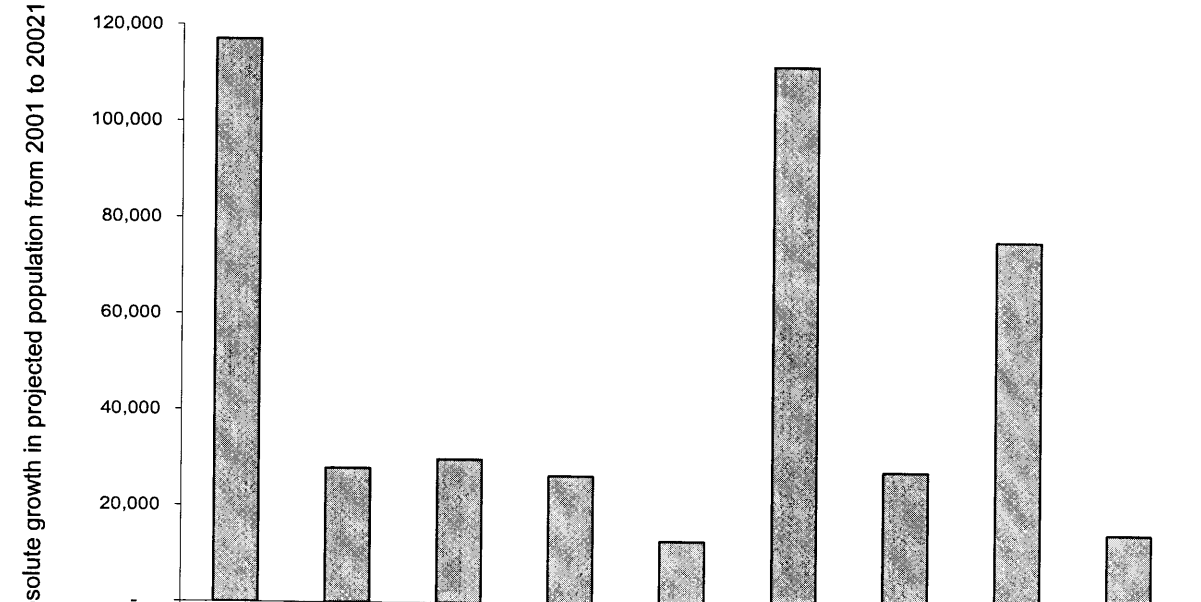


Exhibit 11: Projected total population for York Region, York Region 2001 Census estimate.

Vaughan's projected absolute growth between 2001 and 2021 will exceed all other municipalities in York Region and, will reach more than 65%. See Exhibit 12.



	Vaughan	Aurora	East Gwillimbury	Georgina	King	Markham	Newmarket	Richmond Hill	Whitchurch-Stouffville
Absolute Growth 2001 to 2021	117,079	27,958	29,921	26,600	13,238	112,062	27,988	76,145	15,442

Exhibit 12: Projected absolute population growth for York Region municipalities 2001 to 2021, York Region 2001 Census estimate and Ministry of Finance 1996 Census projections.

Vaughan is currently the **only** region within the top 10 most populous census sub-divisions (CSD) without a local acute care hospital. See Exhibit 13. Exhibit 5 shows that even those CSDs with smaller populations have at least one hospital.

Top 10 Ontario CSDs	2003 Population	Number of hospitals
Toronto	2,611,661	23
Ottawa	823,608	9
Mississauga	687,437	2
Hamilton	516,776	3
Brampton	375,956	1
London	355,169	2
Markham	241,127	1
Vaughan	221,709	0
Windsor	221,091	2
Kitchener	202,923	2

Exhibit 13: Number of hospital facilities in each of Ontario's top 10 census sub-divisions (CSD), Joint Policy and Planning Commission Municipalities Directory and Ministry of Finance, Ontario Demographic Quarterly, June 23, 2004.

Population aging and growth in Vaughan's elder population also underlines the need for local health care resources. Those over 70 typically require a disproportionate amount of hospital days, for example in York Region, almost 40% of all acute inpatient hospital days are used by those over 70 years of age.

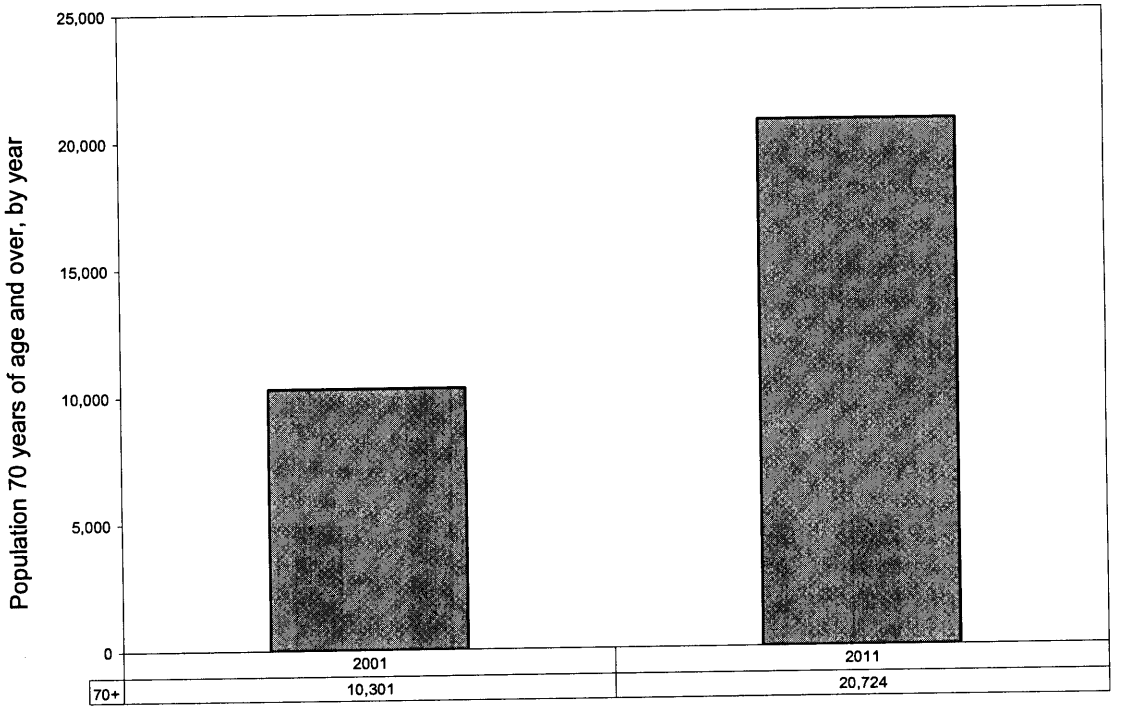


Exhibit 14: Projected population over 70 years of age in Vaughan by the year 2011, York Region 1996 Census projections.

Vaughan's projected population growth (of more than 100,000 to the year 2021), alone could support a 100 bed community hospital (at a minimum) based on the current average acute care bed utilization rate of York Region residents.

4.2 Where Vaughan Residents Go for Treatment

Vaughan residents primarily obtain Acute Inpatient, Day Procedure (day surgery) and Emergency Room services from four hospitals – York Central Hospital, Humber River Regional Hospital, North York General Hospital and William Osler Health Centre. Only one of these facilities is located in York Region.

	% of all Cases		
Hospital	**Inpatient Acute Care**	**Day Procedure**	**ER**
York Central	34	19	39
Humber River	15	27	14
North York	11	13	14
William Osler	11	13	14
Subtotal	**71**	**72**	**81**
Other	29	28	19

Exhibit 15: Percentage of Vaughan acute care cases by hospital delivering services, Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS) 2002/03.

The table below compares the proportion of Vaughan cases where services were obtained in Toronto or Peel as compared to the York Region average. Vaughan residents are more likely to travel outside of York Region to access acute care services either in Toronto or Peel.

Percentage Cases Obtaining Services in Toronto, Peel

	Vaughan	**York Region**
Inpatient Acute Care	56%	36%
Day Procedures	76%	40%
Emergency	54%	22%

Exhibit 16: Percentage of Vaughan and York Region acute care cases accessing services outside of York Region, DAD and NACRS, 2002/03.

Vaughan residents currently access inpatient acute care services and day procedure services from numerous hospitals. See Exhibits 17 and 18. This trend will continue if there is no hospital in Vaughan, stretching the resources of surrounding hospitals to properly service their own communities. The following two exhibits illustrate the striking difference between Vaughan and the other York Region municipalities. In municipalities where there is a local hospital, a majority of residents will access hospital services at one local hospital. Vaughan, one of the largest York Region municipalities does not have a hospital – as a result, Vaughan patient cases are distributed across multiple hospitals within and outside of York Region.

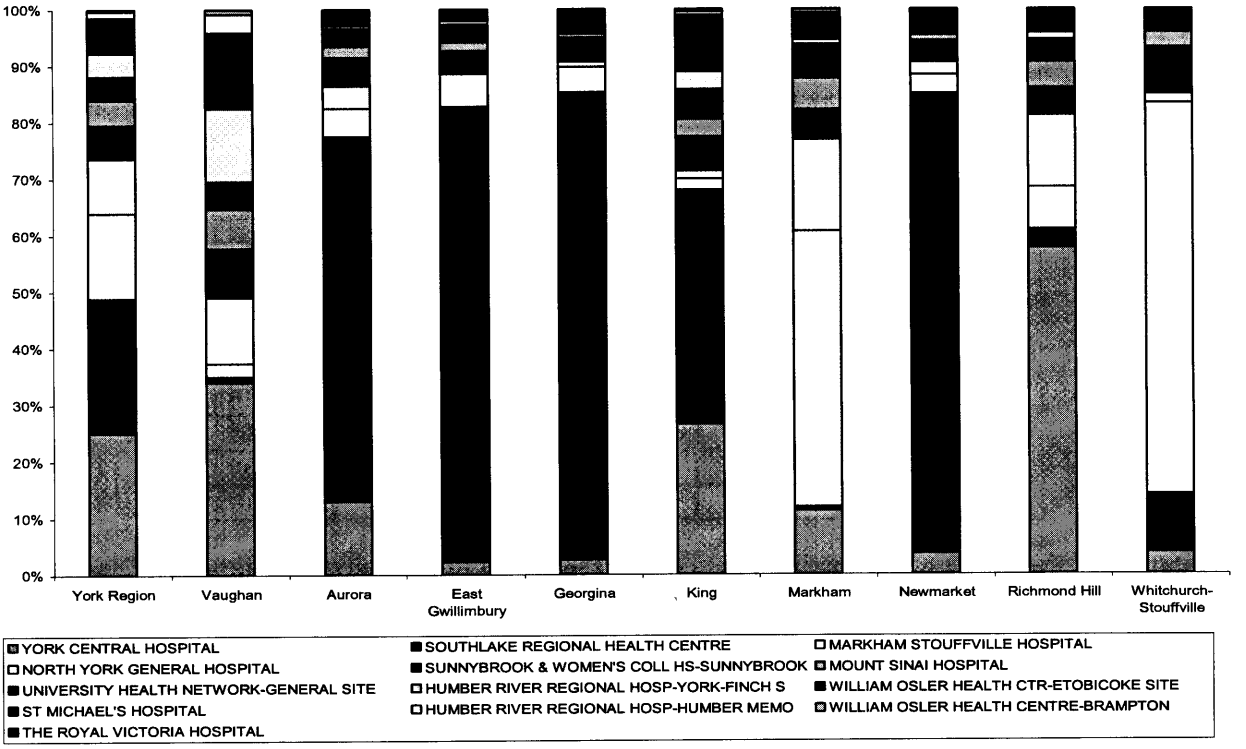


Exhibit 17: Proportion of inpatient separations/cases by hospital delivering services, for York Region, DAD, 2002/03.

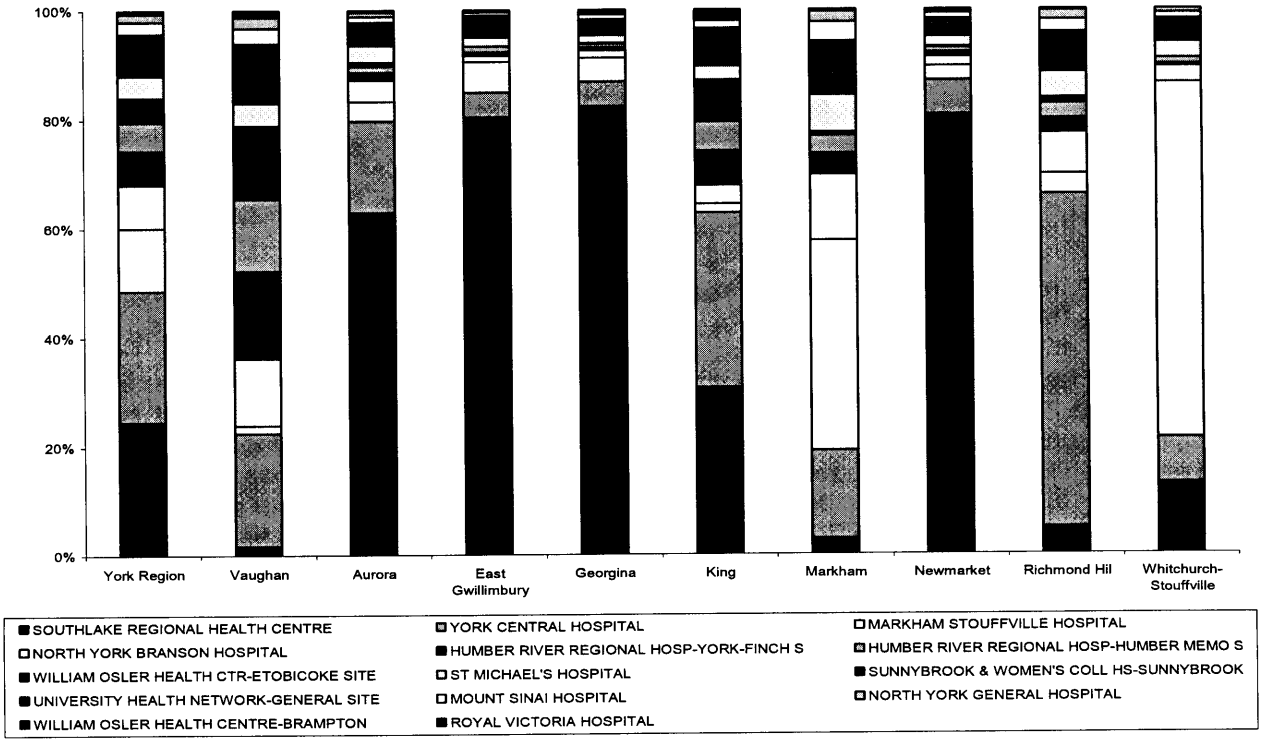


Exhibit 18: Proportion of day procedure cases by hospital delivering services, for York Region, DAD, 2002/03.

A similar pattern of utilization was observed for inpatient rehabilitation and complex continuing care services. See Exhibit 19. Vaughan residents are more likely to access services outside of York Region than York Region residents on average. This is especially true for complex continuing care, where there are long lengths of stay, thus requiring increased travel for families when visiting and providing support.

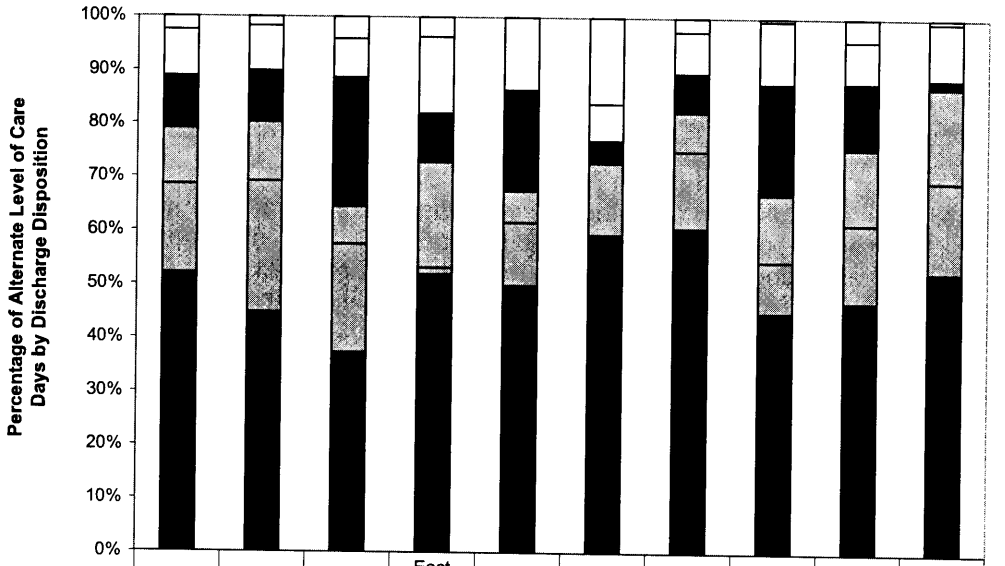
Percentage Cases Obtaining Services in Toronto, Peel

	Vaughan	York Region
Rehabiltiation	47%	41%
Complex Continuing Care	44%	24%

Exhibit 19: Percentage of Vaughan and York Region rehabilitation and complex continuing care cases obtaining services outside of York Region, Continuing Care Reporting System (CCRS), 2002/03 and National Rehabilitation Reporting System (NRS), quarter 1 (q1) and quarter 2 (q2) 2002/3.

The need to access hospital services further from home, may create increased difficulties for hospital providers in discharge planning for patients that are not from a hospital's local catchment area.

A greater proportion of patients in Vaughan die while they are waiting for long term care, home care services and other sub-acute services.



	York Region	Vaughan	Aurora	East Gwillim-bury	Georgina	King	Markham	New-market	Rich-mond Hill	Whit-church-Stouff-
☐ Transferred to Other Type of Facility	2.5%	1.7%	4.1%	3.6%	0.0%	16.1%	2.5%	0.6%	4.2%	0.7%
☐ Discharged Home	8.6%	8.3%	7.2%	14.3%	13.5%	6.9%	7.8%	11.7%	7.8%	10.6%
■ Transferred to Another Inpatient Facility	9.8%	9.6%	24.3%	9.2%	19.0%	4.2%	7.3%	20.8%	12.4%	1.5%
☐ Discharged Home	10.5%	11.2%	6.9%	19.7%	5.9%	0.0%	7.4%	12.5%	14.1%	17.7%
☐ Deceased	16.5%	24.3%	20.2%	1.2%	11.8%	13.4%	14.4%	9.5%	14.6%	17.0%
■ Transferred to Long Term Care	52.1%	44.8%	37.3%	51.9%	49.9%	59.4%	60.6%	44.9%	46.8%	52.5%

Exhibit 20: Percentage of Alternate Level of Care Days by Discharge Destination, DAD, 2002/03.

Vaughan rehabilitation patients have longer lengths of stay which may indicate barriers to accessing post rehabilitation service and challenges related to service integration. See Exhibit 21.

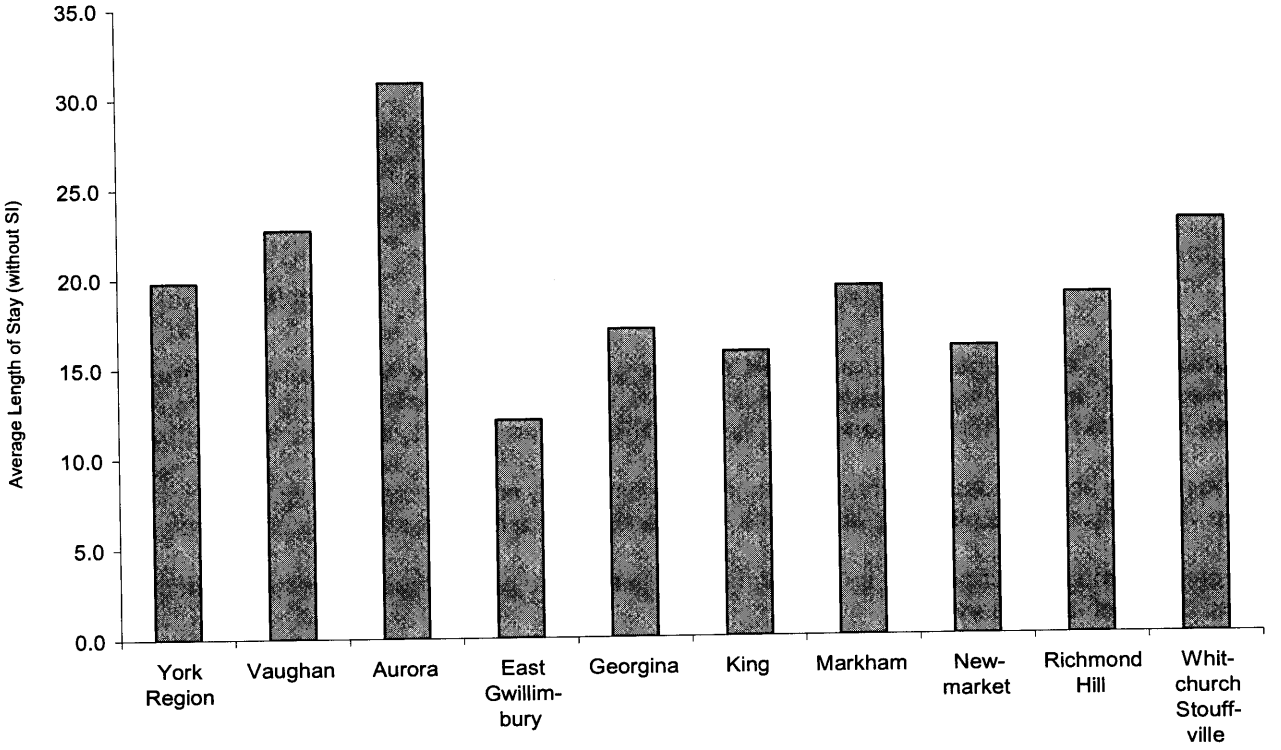


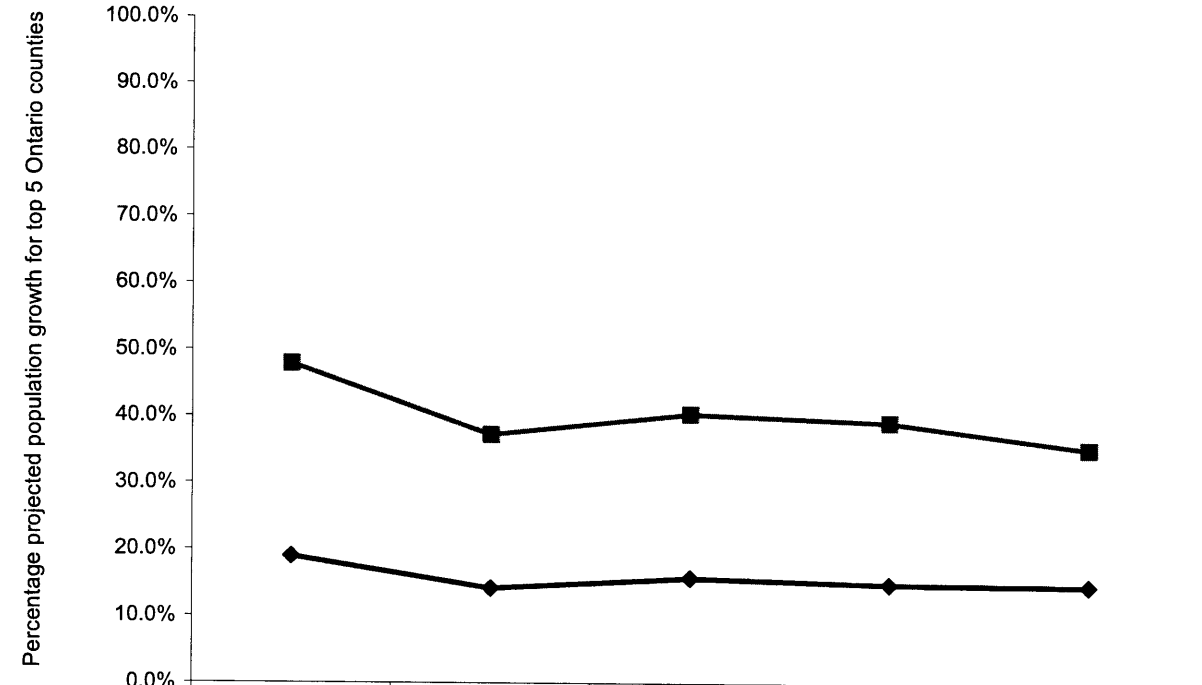
Exhibit 21: Average length of stay for inpatient rehabilitation client episodes, NRS, 2002/03, q1 and q2 (not adjusted for age or Admit Total Function Score FIM).

Rehabilitation patients from York Region have lower utilization rates for specialized rehabilitation and stroke rehabilitation which points to issues related to access. Only 8% of all inpatient rehabilitation episodes were for stroke rehabilitation and only 9% were for specialized rehabilitation. Canadian national trends indicate that the proportion of stroke rehabilitation cases was 20% whereas the proportion of specialized rehabilitation cases was 17% [1].

A greater proportion (more than 80%) of complex continuing care patients from Vaughan (as compared to the York Region average of less than 70%) require higher intensity complex continuing care services – once again suggesting that they may delays in accessing services which result in greater impairments and decrements in functional ability.

York Region and Peel municipality hospitals will be facing increased demand for service due to projected accelerated population growth - more than any other jurisdictions in Ontario. See Exhibit 22. Statistics Canada sources confirmed that these are the largest growing municipalities in Canada as well.

[1] Canadian Institute for Health Information. **Inpatient Rehabilitation in Canada, 2002-2003.** CIHI. Toronto, ON. 2004.



	York	Durham	Halton	Simcoe	Peel
2004 to 2011	19.0%	14.2%	15.7%	14.9%	14.8%
2004 to 2021	47.9%	37.2%	40.4%	39.2%	35.3%

Exhibit 22: Projected population growth for the fastest growing counties in Ontario - York, Durham, Halton, Simcoe and Peel, MOF, PDST, 1996 Census projections.

Each of the hospitals Vaughan residents access is experiencing capacity constraints that will impact the ability to meet growing demand for services from their own local residents and Vaughan residents.

4.3 Service Gaps

The following current service gaps identified in local District Health Council (DHC) and other planning reports would be addressed by a campus of care in Vaughan:

- Emergency Room Services
  - Absence of a hospital in Vaughan places a burden on Emergency Medical Services - . ambulances are required to travel long distances, often outside of York Region to transport Vaughan patients
  - Travel time and traffic gridlock are having an increasingly negative impact on EMS providers
  - Including a proposal for Emergency Room Services and a co-located EMS station in the new health care facility for Vaughan could address this service gap

- Primary and Secondary Acute Care Services with waitlists and long waiting times – Orthopaedics, Cancer Treatment, General Cardiac Services
  - MOHTLC reform priorities are currently focused on decreasing waiting lists for acute care procedures in Orthopaedics, Cardiac Care, Cancer and Specialized Diagnostics
  - Including a proposal to provide chronic disease management and wellness/health promotion services in the Wellness Centre, linked to expanded acute care hospital services, with a strong relationship to homecare and primary care providers could address this service gap

- Geriatric Acute Care Services including General and Specialized Rehabilitation as well as Complex Continuing Care (CCC) inpatient and ambulatory
    - A recent District Health Council (DHC) report has confirmed that there is an undersupply of general rehabilitation beds in York Region
    - Lack of specialized rehabilitation beds in York Region requires patients to travel to Toronto to obtain services
    - Less than half of HSRC directed complex continuing beds have been opened in York Region – this has resulted in gaps in services related to reactivation, long term palliative care and chronic ventilatory assistance care especially
    - A recent DHC proposal requested an increase in rehabilitation beds for York Region by 110 general and 39 specialized beds, before 2008, (with 67 general rehab beds allocated for York Southwest)
    - A recent DHC proposal requested an increase in complex continuing beds for York Region, by 2008 (with 94 CCC beds allocated to York Southwest)
    - Including a proposal for rehabilitation, complex continuing care and acute geriatric assessment services in the new health care facility for Vaughan could address this service gap

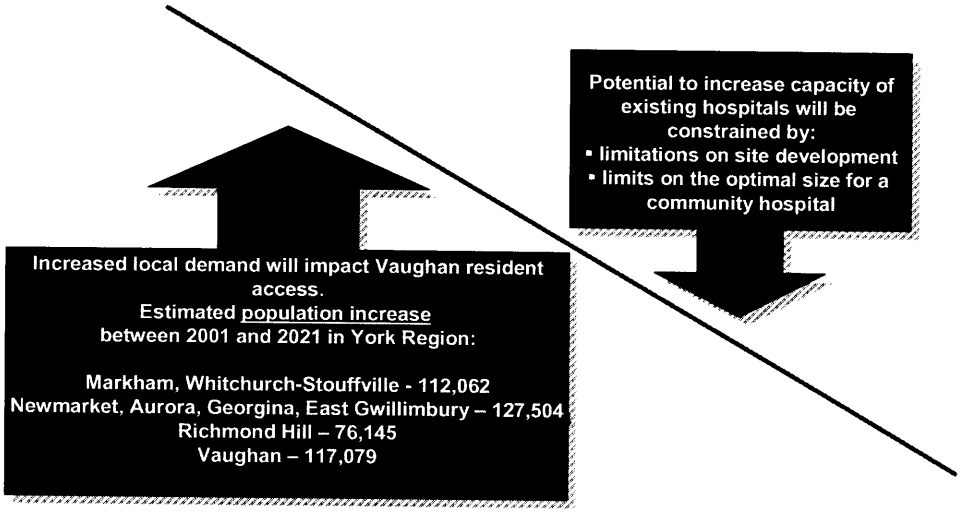
- Mental Health (MH) and Substance Abuse (SA) Inpatient and Community Supports
    - Recent DHC reports have confirmed the lack of significant community MH reform investment in the Central East region, with community Mental Health and Substance Abuse per capita-funding at half of the provincial average
    - Shortage of psychiatric beds and community options for treatment (intensive community treatment, housing and residential care treatment options)
    - Pending closures of institutions serving individuals with chronic mental illnesses and developmental disabilities may put further pressure on limited available services
    - Including a proposal for mental health services in the new health care facility for Vaughan could address this service gap

- Children's Mental Health Out-patient Services and co-location with Children's Treatment Centre (CTC) Resource Centre hub
    - Gaps have been identified in long term rehabilitation/habilitation services for school age children by DHC reports
    - There is no Children's Treatment Center in York Region – the last municipality in Ontario without such a center – therefore, there is no integrated system of service delivery for children 0-19 with complex needs as well as respite, behavior services and services for children with autism
    - Implementation plan for a "virtual" integrated system has been proposed to MOHLTC with a prime Resource Center in York Region (and a second hub in Simcoe County)
    - Co-locating children's treatment services and a CTC Resource Center in the Vaughan Campus of Care could address this service gap

4.4 The Warranted Health Care Facility

Each of the community hospitals Vaughan residents access is experiencing capacity constraints that will impact their ability to meet growing demand for services from their own local residents and Vaughan residents.

Current hospital providers outside Vaughan (in York Region and Peel) will be less available to Vaughan residents as they face their own local population growth and also face constraints in potential for expansion



Population growth and the capacity constraints of York and Peel Region hospitals will limit the ability to respond to future service requirements for Vaughan – **a local community hospital in Vaughan in needed to re-establish equilibrium.**

Service gaps identified in local DHC and other health planning reports could also be ameliorated and addressed by a local community hospital designed to address future needs

4.5 Consequences of Not Having a Health Care Facility - Today and in the Future

Consequences of not having a Vaughan health care facility **today,** and in the **future**, include the following:

- Vaughan residents have to travel further than other York Region residents to access acute care hospital services and other health services – this has a social cost as families are disrupted,
- A greater proportion of Vaughan inpatients will continue to wait in hospital to access long term care and other community based services,
- Growth in other hospital communities will limit access for Vaughan residents resulting in increased waiting time for services and compromised follow-up,
- Absence of hospital in Vaughan places a burden on Ambulance services e.g. ambulances are required to travel long distances, often outside of York to transport Vaughan patients,
- Gridlock and traffic resulting from growth and development will impact access and travel time to hospital for Vaughan residents, and
- Recruitment of new health care professionals may be impacted as these individuals choose to practice in a community with a hospital.

4.6 Related Benefits of a Health Care Facility to the Community

The related **benefits** of a new health care facility in Vaughan would include the following:

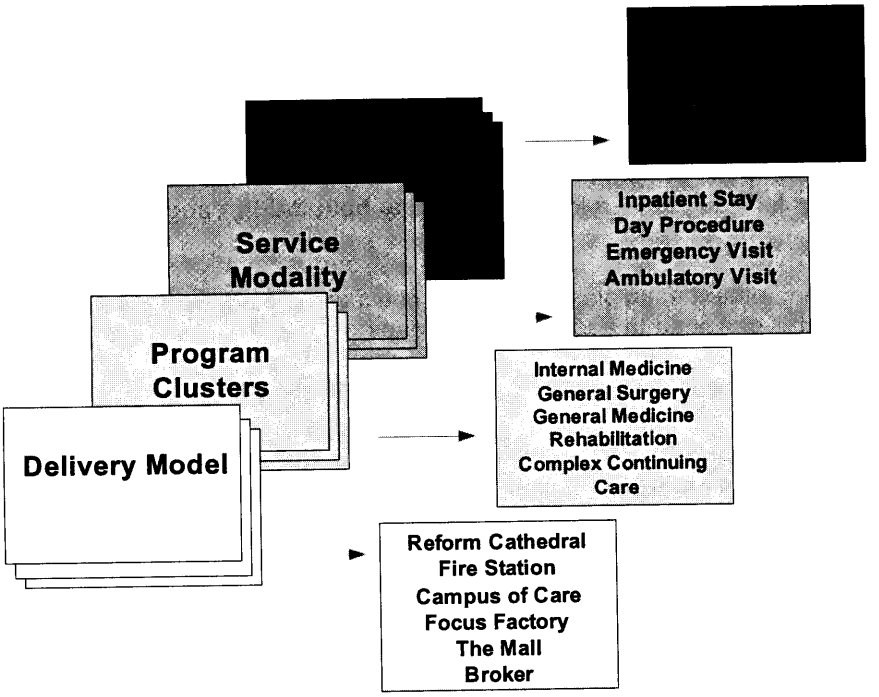
- Enable Vaughan to keep pace with growth and the expectations of the rapidly growing population,
- Provide health care closer to home,
- Build community identity,
- Focus for philanthropy in the community that is directed in a tangible and effective manner to produce results related to health outcomes,
- Provide employment and business opportunities,
- Attract new health care resources to community e.g. physicians, and
- Opportunity for residents to have a complete and desirable place to work and live.

5.0 Defining the Needed Services

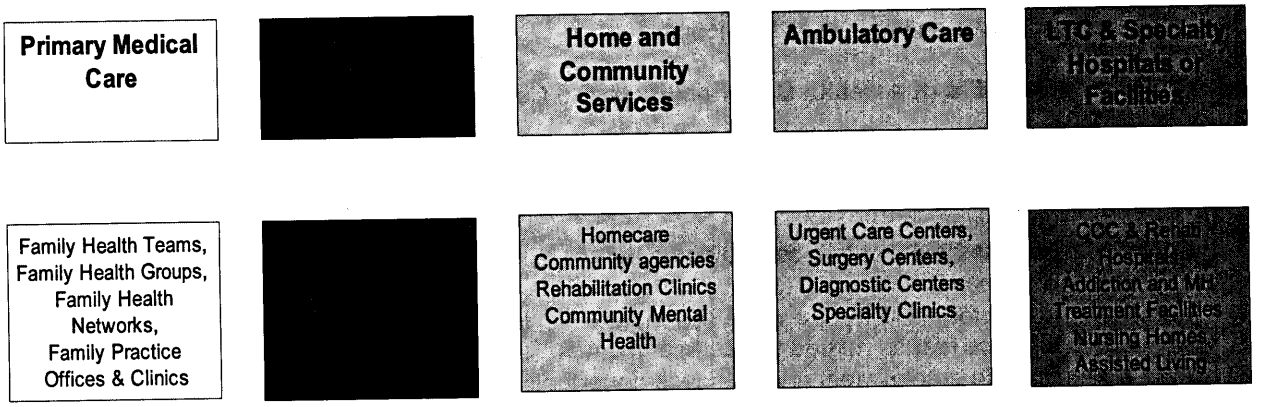
This section details the acute care and non-acute care health care services that the future Vaughan health care facility will include.

Acute care services are typically provided in a hospital setting. The scope of acute care can be understood by utilizing the dimensions illustrated below.

- level of care – complexity or cost of services provided (highest cost/complexity = quarternary)
- service modality - how services are provided
- program clusters - types of conditions or illnesses that are addressed
- delivery model - how hospital is organized/structured to deliver services



Non-acute care services can extend into the home and community service sectors, primary care, ambulatory care, LTC and other specialty hospitals and rehabilitation:



5.1 Acute Care Services

This section provides an overview of the acute care hospital services that should be included in the future Vaughan health care facility, based on an assessment of current service utilization and modeling to project future needs.

The types of acute care programs accessed by Vaughan and York Region residents are profiled below in Exhibits 23 and 24. 75% of all inpatient cases (separations) in York Region and Vaughan fall into 9 Program Areas and 75% of all day procedure cases in York Region and Vaughan fall into 7 Program Areas that overlap with the inpatient program clusters.

Program Cluster	York Region	Vaughan
OBSTETRICS	10,282	3,095
NEONATOLOGY	9,918	3,012
GENERAL SURGERY	4,907	1,238
CARDIOLOGY	4,497	1,216
GASTRO/HEPATOBILIARY	3,561	936
PULMONARY	2,906	677
ORTHOPAEDICS	2,690	605
PSYCHIATRY	2,370	538
CARDIO/ THORACIC	1,870	458
GENERAL MEDICINE	1,786	388
TOTAL	**57,972**	**15,408**

Exhibit 23: Number of acute care inpatient cases by Program Cluster for Vaughan and York Region, DAD, 2002/03.

Program Cluster	York Region	Vaughan
GASTRO/HEPATOBILIARY	11,266	3,444
GENERAL SURGERY	11,123	2,845
UROLOGY	9,965	2,600
OPHTHAMOLOGY	7,034	1,504
GYNAECOLOGY	5,178	1,436
OTOLARYNGOLOGY	4,416	1,286
ORTHOPAEDICS	4,365	1,080
Total	71,221	19,071

Exhibit 24: Number of acute care day procedure by Program Cluster for Vaughan and York Region, DAD, 2002/03.

Over 90% of Vaughan's inpatient acute cases are for primary and secondary services that are typically provided in a community hospital.

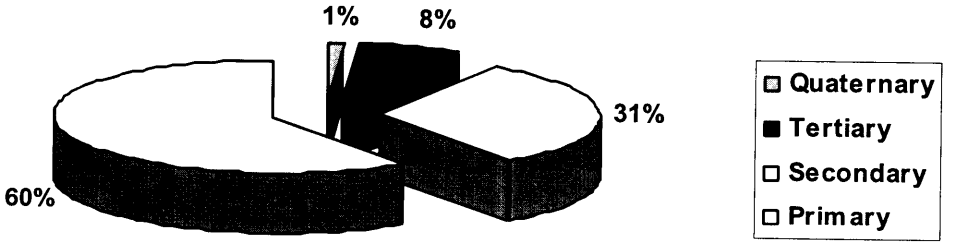


Exhibit 25: Percentage of Vaughan inpatient acute care cases by level of care, DAD 2002/03.

A modeling exercise was undertaken to assess if Vaughan's and King's future population growth could support a new hospital facility. The planning horizon assumed an implementation date of 2016 for the new hospital (scenarios were also derived for an implementation date of 2011 and 2021). Options were developed based on proportion of market share that the new facility would serve

- A minimum option was based on serving 75% of the future population growth,
- A medium option was based on serving 75% of the future population growth and 50% of current population, and
- A maximum option was based on serving 75% of the current and future population.

Population projections for Vaughan, King and York Region were derived utilizing a blended approach (using MOF projections for total York Region population; population total by age category and municipality were derived using York Region projections 1996 and 2001 estimates).

Health service utilization rates for York Region hospital inpatient, ER, and Day surgery were used due to concerns that Vaughan residents were over-utilizing health services.

These rates were applied to population projections and future inpatient bed requirements, day procedure and ER visit requirements were derived utilizing the following assumptions
Inpatient:

- Included 100% of primary and secondary cases
- Included 0-50% of tertiary and quaternary cases
- Excluded cases where hospitalization is not required
- Assumed a 95% inpatient occupancy rate for all but Psychiatry (85%)
- Assumed a 10% decrease in Average Length of Stay for all inpatient cases

Day Surgery: Included 100% of cases
Emergency Room:

- Included 75% of Resuscitation Emergency Room visits
- Included 50% of Non-urgent Emergency Room visits
- Included 100% of Emergent, Urgent and Less Urgent ER visits

2016 Acute Care Projections

	Local Market Share Growth 2004-2016	Local Market Share Current Population 2004	**Total Expected Acute Inpatient Bed Requirements**	**Total Expected Day Surgery Case Requirements**	**Total Expected Emergency Room Visit Requirements**
Minimum Option	75%		**99**	**6,950**	**16,529**
Medium Option	75%	50%	**216**	**17,510**	**45,260**
Maximum Option	75%	75%	**275**	**22,789**	**59,625**

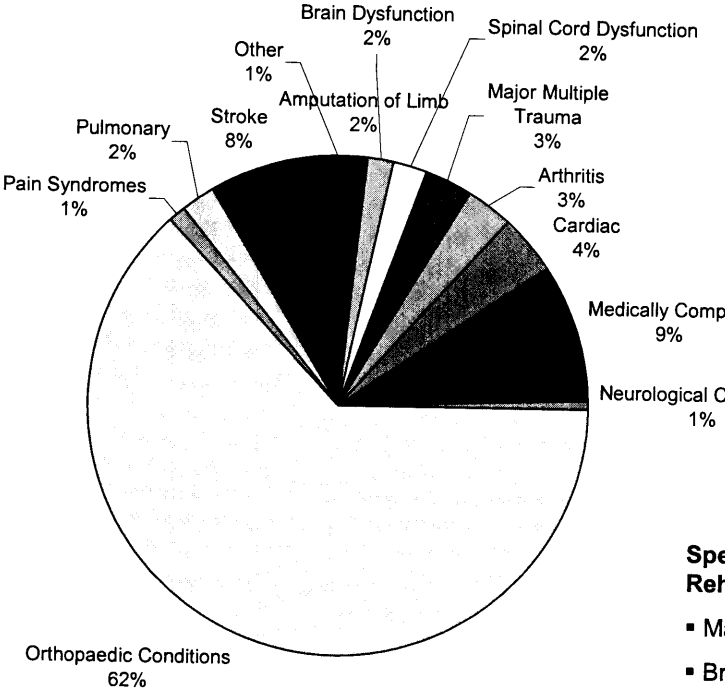
Using the medium option, over 215 acute care beds will be required by 2016. Approximately 17,000 day surgery visits are estimated by the year 2016 and between 45,000 and 50,000 Emergency Room visits would be needed.

This analysis shows that a community hospital is warranted in Vaughan and can be supported by projections in population growth. Accepted industry thresholds for achieving efficiencies and critical mass, such as at providing at least 50,000 Emergency Room visits per year and operating at least 200 beds could be achieved.

5.2 Non-Acute Care Services

This section provides an overview of the non-acute care hospital services that could be included in the future Vaughan community hospital, based on an assessment of current service utilization and modeling to project future needs.

The following pie chart provides an overview of the types of rehabilitation services accessed by York Region residents as defined by type of Rehabilitation Client Group that is assigned to each case. 9 % of cases are for specialized rehabilitation and 91% are for general rehabilitation services.



General Rehabilitation – 91%

- Orthopaedic
- Medically Complex
- Stroke
- Cardiac
- Pulmonary
- Pain
- Other Neurological
- Arthritis

Specialized Rehabilitation – 9%

- Major Multiple Trauma
- Brain Dysfunction
- Spinal Cord
- Amputation

Exhibit 26: Percent of rehabilitation client episodes by type of Rehabilitation Client Group (RCG), NRS, q1 and q2 2002/03.

The following table profiles the resource needs of Vaughan residents who require complex continuing care services. The most resource intense clients are assigned to the Special Rehabilitation Group. A larger proportion of Vaughan residents are classified into the top three resource intense categories as compared to other municipalities.

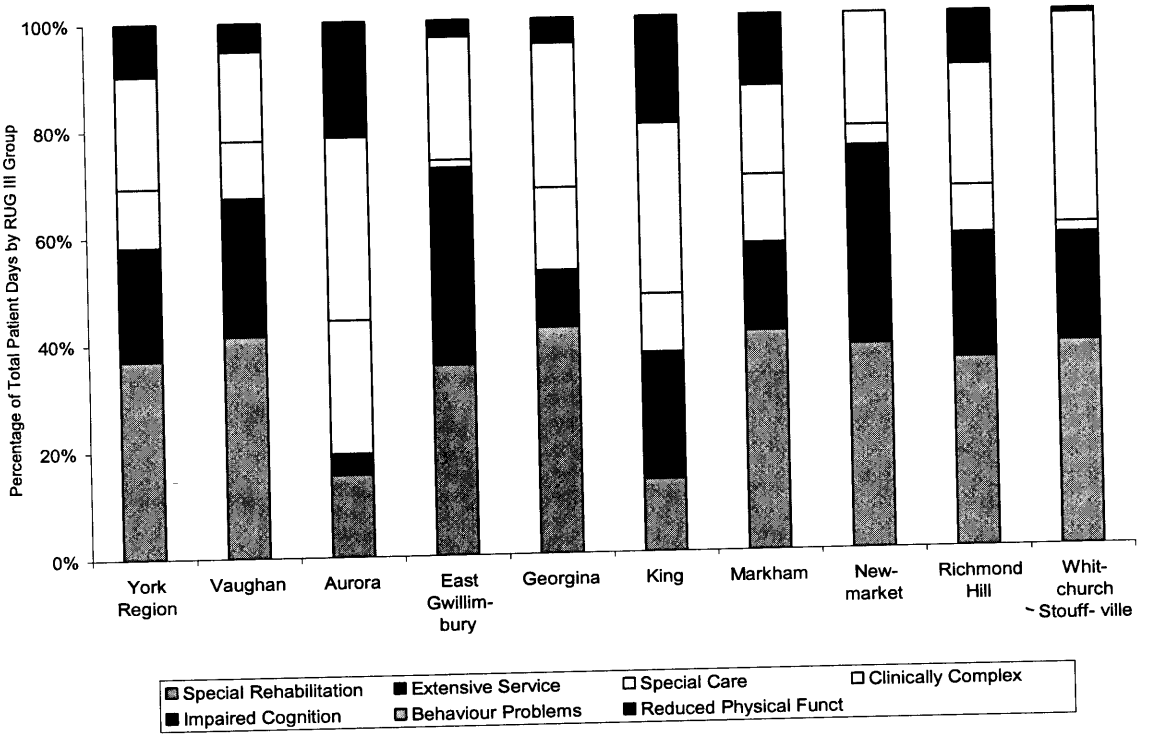


Exhibit 27: Percent of patient days by RUG III group, CCRS, 2002/03.

Information on service utilization in the other non-acute care sectors by York Region and Vaughan residents is not available in standardized health service databases and therefore, could not be further explored in this study. Modeling the future need for other types of non-acute care services could not be completed for this reason. It is important to note one exception - nursing home data was not accessed for this study, given York Region currently has an adequate allocation of nursing home beds).

An analysis was undertaken to estimate the projected future need in Vaughan, King City and York Region for rehabilitation and complex continuing care beds. A modeling exercise with two different approaches for bed sizing was used – based on 2002/03 service utilization in York region and based on HSRC guidelines.

Population projections for Vaughan, King and York Region were derived utilizing a blended approach (using MOF projections for total York Region population; population total by age category and municipality were derived using York Region projections 1996 and 2001 estimates).

Planning assumptions for these scenarios assumed the following:

- 100% of Vaughan and King population to be served for general rehabilitation & CCC
- 100% of York Region to be served for specialized rehabilitation
- HSRC guidelines for General Rehabilitation - 21 beds per 100,000 population
- HSRC guidelines for Specialized Rehabilitation - 4 beds per 100,000 population
- HSRC guidelines for Complex Continuing Care – 8.23 per 1,000 population over 75

Based on Service Utilization	Total Expected Rehab Inpatient Bed Requirements	Total Expected Chronic Care Inpatient Bed Requirements
2011	36	57
2016	40	71
2021	44	85

Based on HSRC Planning Guidelines	Total Expected Rehab Inpatient Bed Requirements	Total Expected Chronic Care Inpatient Bed Requirements
2011	99	126
2016	105	156
2021	117	202

The modeling exercise for complex continuing care and rehabilitation suggested that that an additional 40 to 100 beds would be needed for rehabilitation and 70 to 155 beds for complex continuing care by the year 2016. The projected sizing would allow for adequate critical mass to support delivery of specialized rehabilitation and complex continuing care programs.

It is interesting to note that based on Vaughan's current service utilization alone, the expected number of rehabilitation and chronic care beds is lower than the number of beds estimated by the Health Services Restructuring Commission.

5.3 Opportunities for Tertiary Services

This section provides an overview of the tertiary services that could be included in the future Vaughan community hospital.

As previously mentioned, 90% of Vaughan's inpatient acute cases are for primary and secondary services that are typically provided in a community hospital. A broader, regional catchment area would be required to ensure a critical mass of cases to support a highly specialized acute care program.

Examples of region-wide tertiary care acute care programs that have already been developed in York Region hospitals include the following:

York Central Hospital:

- Aligning with North York General to develop a Regional Perinatal and Paediatric Partnership
- District Stroke Center
- Dialysis Program
- Behavior Management Services
- York Region Sexual Assault Care and Resource Centre
- York Region Mental Health Day Treatment Program
- Community Outreach and Acquired Brain Injury Services
- Autism Program for York Region
- Violence against Women Program

Southlake Regional Health Centre:

- Regional Paediatric and Perinatal Program
- Regional Child and Adolescent Mental Health Program
- Regional Arthritic Program
- Advanced Cardiac Program
- Regional Cancer Centre

Markham Stouffville Hospital:

- Potential to locate complex chronic care, specialized geriatrics, and general and special rehabilitation on site

Tertiary acute care programming for York Region is largely staked out. The remaining tertiary and specialty opportunities for a Vaughan health care facility (in addition to general acute care) include the following:

Geriatrics and Rehabilitation – inpatient general and specialized rehabilitation beds and associated ambulatory care, geriatric assessment and follow-up programs and chronic disease management programs; co-locate with a Children's Treatment Centre and private rehabilitation clinics

Long Term Care – specialized geriatric and psychogeriatric outreach services for clients in LTC and community, day hospital/day programs; co-locate with assisted living or LTC facility

Mental Health - including inpatient beds and integrated community supports for individuals and families concerned with psychiatric or substance abuse problems as well as concurrent or dual diagnoses

Complex Continuing Care – inpatient palliative service, slow stream rehabilitation programs, chronic dialysis and assisted ventilatory care

5.4 Opportunities for Partnerships with Other Health care Providers

Opportunities for partnership with other health care providers could be enabled through a Campus of Care design for the future health care facility, where other health services could be co-located on the same campus in order to facilitate service integration and provider collaboration: Services that could potentially be co-located on the campus include the following:

- Family Health Team
- Children's Treatment Center
- Community Mental Health Programs
- Public Health Offices
- EMS Station
- Long Term Care Facility
- Private Rehabilitation Clinics

Multiple partnerships with hospitals and other providers should be pursued to build programs and facilitate service integration and provider collaboration:

Joint Executive Committee

- To ensure inclusion in regional planning initiative for the hospitals in York Region

Southlake Regional Health Centre

- To facilitate development of local services for specialized regional programs - given Southlake's developing role as regional referral hospital for Advanced Cardiac Care and Cancer Care

Mt. Sinai Hospital and York University

- To develop teaching hospital links and explore potential opportunities to support York University's future vision for a medical school

York Central Hospital

- To collaborate on regional service development given York Central's close proximity and leadership in key program areas

Baycrest Centre for Geriatric Care

- To support development of geriatric, complex continuing care programs given Baycrest's leadership in geriatrics and their long term care development initiatives in York Region

Community Clinics and Physicians in Vaughan

5.5 Summary of Service Needs and Opportunities

This section includes a summary of services that could be provided in the future Vaughan health care facility and opportunities for differentiation and specialization, based on the needs assessment findings.

The needs assessment findings and consultation activities have provided overwhelming support for Vaughan to proceed with the development of a campus of care with a community hospital.

The future health care facility could provide both acute care and non-acute care services. The following table further elaborates the types of acute and non-acute care services that would be delivered by the new Vaughan health care facility and includes the rationale and support for inclusion of these programs in the facility.

Health Service Sector	Services/Programs	Rationale		
		Utilization Data	Community Needs Reports	Provincial & Federal Health Need Priorities
Acute Care	**Emergency Room**	X		X
	Primary and Secondary IP, DP			
	Obstetrics/Gynaecology/Neonatal	X		
	General Surgery	X		
	Cardiology	X		X
	GI/Hepatobiliary/Urology	X		
	Orthopaedics	X		X
	Psychiatry	X	X	
	General Medicine	X		
	Otolaryngology (ENT)	X		
	Oncology			X
Non-Acute Care	**General Rehabilitation**		X	
	Orthopaedics	X		
	Stroke	X		
	Geriatric Rehabilitation	X		
	Specialized Rehabilitation (regional)		X	
	Complex Continuing Care	X	X	

A specialized focus on Geriatrics and Chronic Disease Management would include the provision of rehabilitation, complex continuing care and LTC outreach programs, to respond to the needs of the growing elderly population. Development of primary and secondary acute care programs that include a high proportion of elderly clients (Orthopaedics; Cardiology; Oncology; General Medicine) would allow the new health care facility to address current waitlist concerns and to develop effective secondary prevention and wellness programs with other providers.

Mental health could another focus area, given the lack of programs in York Region for both adults and children.

Neonatal and Obstetrics programs could also be developed to address population projections and future health needs.

A campus of care model would allow the following to be collocated with the new community hospital to integrate service delivery and enhance continuity of care:

- Family Health Team
- Children's Treatment Center
- Community Mental Health Programs
- Public Health Offices
- EMS Station
- Long Term Care Facility
- Private Rehabilitation Clinics

Multiple partnerships with hospitals and other providers such as community clinics and health centres should be pursued to build programs and facilitate service integration and provider collaboration.

The modeling exercise demonstrated that a mid-sized community hospital is warranted for Vaughan and King City – with a total bed complement of between 325 and 375 beds, which includes:

- between 200 and 225 acute care beds
- between 50 and 65 rehabilitation care beds
- between 75 and 85 complex continuing care beds

and with the capacity to provide approximately 50,000 Emergency Room and 20,000 Day Procedure visits per year.

6.0 Health Care in the Twenty-First Century: Opportunities and Challenges

This section details the current context for planning a new health care facility in the twenty first century, given current provincial policies and emerging trends in service delivery.

6.1 Prerequisites for Success

This section outlines the key requirements for a successful new health care facility proposal for Vaughan.

Success of the new health care facility proposal for Vaughan will be ensured by:

- Creating a plan that is focused on future needs and the future of health care delivery,
- Building a clear and compelling case that is based on the community and patient care needs,
- Utilizing innovative trends and best practices for optimizing efficiency and effectiveness (such as institutional and healthcare provider collaboration),
- Highlighting how a Vaughan health care facility can effectively align with the emerging healthcare directions of the province,
- Leveraging support from local and regional governments, as well as from patient groups and the general public,
- Effectively addressing any competing propositions that might undermine support for a Vaughan health care facility, and
- Prioritizing the expedited development of a Vaughan health care facility to meet the growing needs of the community.

6.2 Emerging Provincial Policy and Implications

Emerging health policies are shaping current and future health service delivery in Ontario. This section outlines those key government policies and the implications for Vaughan.

Where government policy is going:

- MOHLTC has introduced new **regional structures** – resulting in a fundamental and system-wide change to the organization of healthcare and the delivery of health services (via "Local Health Integration Networks", or LHINs),
- Government is pursuing team based models for **primary care** – with 24 hour access to medical care and a greater emphasis on wellness and prevention of unnecessary hospital utilization,
- The current government has stated on numerous occasions that private ownership of hospitals will not be allowed (often considered to be more conventional "public-private partnership", or P3 model – but is still interested in leveraging private sector investment while maintaining public ownership,
- Proposals for new health care facility development will be have to be strong given the priority that this government is attaching to non-hospital services including primary care,
- The government has articulated a strong desire to better diffuse investments in the healthcare sector beyond hospitals and other bricks and mortar institutions, through the introduction of better patient-centred care, leveraging new technologies and information systems (such as electronic health records), and promoting health and wellness and preventative care, and
- Proposals also must illustrate a balance between **value for money** and **improved patient services** and tangible health outcomes (results-based planning).

The Implications for a new health care facility in Vaughan include:

- Surrounding health providers, both hospitals and other health practitioners in the same and surrounding LHINs, could become the new facility's key partners and support the development of a **truly integrated service delivery model** for Vaughan,
- A **wellness center and primary health team** could be co-located with the new community hospital linked to acute programs that support chronic disease management and health promotion ambulatory programs,
- Vaughan's ability to fundraise for the community's **capital contribution** for the new health care facility will advantage its proposal,
- The unprecedented population growth in Vaughan and the urgent need to invest in infrastructure to serve the needs of an aging community should prioritize the approvals process for a new Vaughan health care facility,
- A new Vaughan health care facility can employ the latest in e-health technologies and other community services to optimize value for money, improved patient services, and tangible health outcomes, and
- The "greenfield" nature of this development will allow for functional plan to reflect emerging trends and best practices, and will serve as a benchmark and "Centre of Excellence" for institutions throughout Ontario and across the country.

6.3 Future of Health Care Delivery and Implications

Emerging trends in health service delivery are also important to consider in planning for the future. Significant trends include:

- Providing Care in an E World - utilizing technologies such as telemedicine, remote surgery, etc.,
- Consumerism - better informed patients with higher expectations,
- New Medical Science and Therapies - introduction of new drugs, better care protocols,
- New Models of Service Delivery - such as telephone triage,
- Growing Importance of Private Spending on Health Care, and
- Increasing emphasis on wellness and health promotion.

Implications for a new health care facility in Vaughan:

- Potential for the new facility to have a greater reach for service providers,
- Greater consumer demand, expectation for more choice and personalized service must be considered in all aspects of planning for the new facility,
- Potential reduction in acute care hospital use, with people living longer with chronic conditions requires the new health care facility to develop programs that are focused on chronic disease management targeted at risk factors e.g. obesity, inactivity, smoking,
- The new health care facility will need to be responsive to new medical and information technology opportunities, and
- Opportunities to provide service within a private pay model could be incorporated in the new facility's organization framework.

6.4 Opportunities Available for a New Health Care Facility in Vaughan

The following potential options for a new health care facility were reviewed and discussed by the Task Force. Opportunities available for a new health care facility in Vaughan included the following:

- **General Hospital** with an acute care focus – without rehabilitation or complex continuing care, strongly linked to a regional referral center
- **Community Hospital** with acute care as well as rehabilitation and complex continuing care services
- **Rehabilitation and Complex Continuing Care Hospital** to serve Vaughan and all of York Region
- **Ambulatory Care Site** - associated with a regional hospital – with urgent care services, a surgicenter and a wellness center or family health team
- **Small Teaching Hospital** – with family medicine as a core teaching mandate – linked to York University's medical School
- **Campus of Care** – including a community hospital, Wellness Centre and other providers and services co-located on site (including other transfer payment agencies and private pay providers)

After reviewing the findings of the needs assessment, current trends in service delivery and the MOHTLC policy directions, the Task Force unanimously agreed that a **Campus of Care with a Community Hospital Wellness Centre and other co-located services** was the preferred model for a future health care facility in Vaughan. Key services to co-locate on the Campus of Care included a community hospital, a wellness center with family health team and other providers, EMS, rehabilitation and complex continuing care, long term care outreach and support services, public health offices and Children's Treatment Center. Partnerships with Tertiary providers in York Region will be fostered to ensure Vaughan and King residents can access specialized services locally.

7.0 Land Needs and Location

The Planning Task Force and Foundation are ready to move to site acquisition and anxious to begin work on the second phase of planning for the development of Vaughan Health. Considerable planning has already occurred to preserve a location for the new health campus.

7.1 Site Selection

Selecting a site for the future health care facility will be the first concrete step taken by City representatives to move the project forward. It will be a major commitment that will establish the general physical context within which health care services will be delivered to Vaughan's citizens and this decision will have repercussions for decades to come as its repercussions will certainly outlive any of the selection committee's members. Indeed, the general frame of mind that should preside over this process should be one of forward thinking with considerations for long-term implications rather than short-term advantages that anyone site may possess.
Potential sites should be first identified and all pertinent data for their thorough evaluation should be gathered. This evaluation can be greatly facilitated by using a predetermined set of standard criteria and assigning a certain weight to each one right at the outset.

7.2 Criteria

We are proposing such a set of standard comprehensive criteria, covering most in not all the requirements to which a site should respond to be suitable for a health care facility.

7.2.1 Size

The size of the future site is critical for many reasons. Not only does it have to be large enough to accommodate the proposed health care facility in whatever configuration deemed to be the most responsive to programmatic requirements, it has also to accommodate green spaces, parking and driveways leading to various entrances. Furthermore, the site has to provide for future expansion of the initial facility and for the construction of other buildings in a campus-like setting such as a medical office building and a wellness centre.

Based on the bed projections of 325 to 375 for the initial facility identified earlier, we can estimate that the building area should be somewhere between 500,000 to 600,000 sq. ft. This are would compare, for example, with the initial size of The Credit Valley Hospital. The new William Osler Health Centre, on the other hand, will house its 600 beds in 1,200,000 sq. ft. The Credit Valley Hospital, which is abut to double its size with the addition of a Regional Cancer Centre, a Regional Maternal and Child Care Centre and a new Inpatient Wing, sits on a 30-care site that will be practically filled once this ambitious project is completed. The Osler project will practically filled its 35-acre site right at the outset leaving scant room for expansion or new buildings.

Based on these examples, and there are numerous other examples we could quote, we would recommended that 30- to 35-acre site would be a minimum to accommodate the long-range needs of a new community hospital. From 60 to 100 acres would be needed to accommodate all components of the Vaughan Health Campus of Care.

Other factors besides the size of the facility will have an impact on the on the size of the site. One is shape: triangular shapes and elongated rectangles do not offer the same planning flexibility as more regular shapes. Topography is another one: site with steep slopes will probably need to be larger to negotiate the grade differences. Accessibility also may influence the size needed: if the site is accessible only along one of its boundaries, more space will be needed for driveways on the site itself to segregate traffic flows.

7.2.2 Accessibility

Accessibility should be looked at from two different angles: regional and local.

Regional accessibility to the site deals with the wide geographical area where patients and staff live and supplies and equipment will come from. It is ultimately assessed by its adjacency to highways and major thoroughfares serving the region. It should be kept in mind while evaluating accessibility that sites that are not readily accessible right now or that are away from populated areas should not be discarded off hand. In the future, new highways or extension of existing highways may greatly improve their accessibility. Population will also grow and new residential and commercial areas will be developed. For these reasons, accessibility should be considered in the long term and not evaluated exclusively from an existing context.

Local accessibility is related to access from surrounding roadways to the site itself. The ideal site would be one that could be accessed from two or three sides from major thoroughfares. These access points should be protected and away from major congested intersections. Vehicular traffic generated by visitors, ambulances, delivery vehicles and employees should be ideally speaking segregated before it enters the site. It would be possible, of course, to enter the site only at one point from which traffic would be segregated but that approach would have implications for the size of the site and for the cost of site improvements as a ring road would have to be provided.

Pedestrian access, access from bicycle paths and access from public transit are other factors that should be considered.

7.2.3 Restrictions

Under restrictions, sites are assessed for any constraints that may be imposed on their development by such factors as zoning bylaws, easements, right-of-ways, current or future uses in the neighbourhood, and the presence of buildings already on the site. Such legal encumbrances should be researched and documented and their impact on site development should be evaluated.

7.2.4 Geomorphology

Geomorphology deals with soil conditions and topography. The soil should be adequate for the anticipated structural loads, should not require expensive foundations and should not present any unusual subsurface conditions, such as high water table and contamination, which may be costly to deal with.

In regard to topography, the ideal site should be flat or nearly flat. Although for a health care facility, a slope of 15 feet to 20 feet across a large site may be an asset as it can provide for entrances at two levels such as a main entrance and a delivery entrance; a flat site will provide the flexibility required to develop a campus comprising various building configurations without constraints. A flat site will furthermore require less site work for roadways and parking lots than a steeply sloping site.

7.2.5 Hydrology

Hydrology deals with drainage and potential flood problems. An ideal site would have good natural drainage and not be subject to flooding.

7.2.6 Vegetation

Mature trees that can be preserved on a site are always an asset and can become an important feature of the site landscape design. An ideal site should also have some good quality top soil capable of sustaining plant material.

7.2.7 Climate

Sites within the same geographic area would have obviously the same overall climate. Some sites, however, may have a different micro-climate, it they are, for example, exposed to winds, or are in valley.

7.2.8 *Environmental Features*

A desirable site would, under this criterion, be one where the air is of good quality and not subject to air pollution or to undue noises. Interesting views from a site are also a desirable feature.

7.2.9 *Services and Utilities*

Services and utilities should be readily available to an ideal site. Such services and utilities include electricity, water, natural gas, sanitary and storm sewage, telephone and cable. If they are not currently available, the cost of bringing them eventually to the site should be taken into consideration.

7.2.10 *Cost*

There are two aspects to cost: cost of acquisition and cost of improvements.

To fully and objectively evaluate the sites under this criterion, a real estate value should be assigned to each site whether it is privately or publicly owned.

As for improvement, this factor considers the cost of roadways required to access the site, if they are to be included in the project cost, as well as the anticipated costs of improving the site itself. Site improvements may include raising the site above adjacent land to improve drainage, extensive grading to improve a sloping site, decontamination, bringing in services and utilities, etc.

7.2.11 *Availability*

The site should be available on a timely basis so that the planning and construction schedule is not disrupted. Availability will be affected by such factors as the process of acquisition, the construction of roads, it they are needed to access the site for construction, and the time taken by extensive size improvements required before the actual construction of the building can start.

7.3 Selection Process

7.3.1 *Weighting*

These eleven criteria do not have all the same importance: some obviously are more critical than others. Some criteria can be stated at the outset as conditions *sine qua non.* If a site, for example, is not large enough or quasi inaccessible and will not be in the future, it is not suitable for the new facility. Other criteria are of lesser importance as certain present deficiencies can be corrected. In order to reflect these disparities, weighting factors are applied to each criterion.

In general, essential requirements such as size, accessibility and availability have high weighting factors. Other criteria receive lower weights as a negative rating can be overcome or affect the building only minimally.

7.4 Selection Process

It will be critical to identify and preserve the site for the proposed health care facility as soon as possible. This report identifies the need for a site with a minimum area of 30 to 35 acres, although to reach its full potential a larger site would be optimal. Given Vaughan's rapid growth, well-located sites of a size sufficient to accommodate the proposed facility will become increasingly difficulty to obtain. Immediate action is necessary.

The Task Force and the Vaughan Health Care Foundation are committed to the objective of obtaining a site in a timely manner. A preliminary site search process is now underway. The primary search area is illustrated in exhibit 28 on the following page. This area has a number of attributes. It is in an area where future growth is already planned and where the necessary services will be available; there are blocks of land of sufficient size, which can accommodate the facility; it is currently accessible to Highway No. 400; and it is also in proximity to the proposed extension of Highway No. 427 and is bounded on the north by the Province's proposed "Economic Corridor", which may include an east-west 400-series highway (Places to Grow: Better

Choices, Brighter Future, Draft Growth Plan, 2004, Map 6). In addition, the area has sufficient spatial separation from other health care facilities to define a distinct service area, while remaining sufficiently close to other facilities to share programs and services.

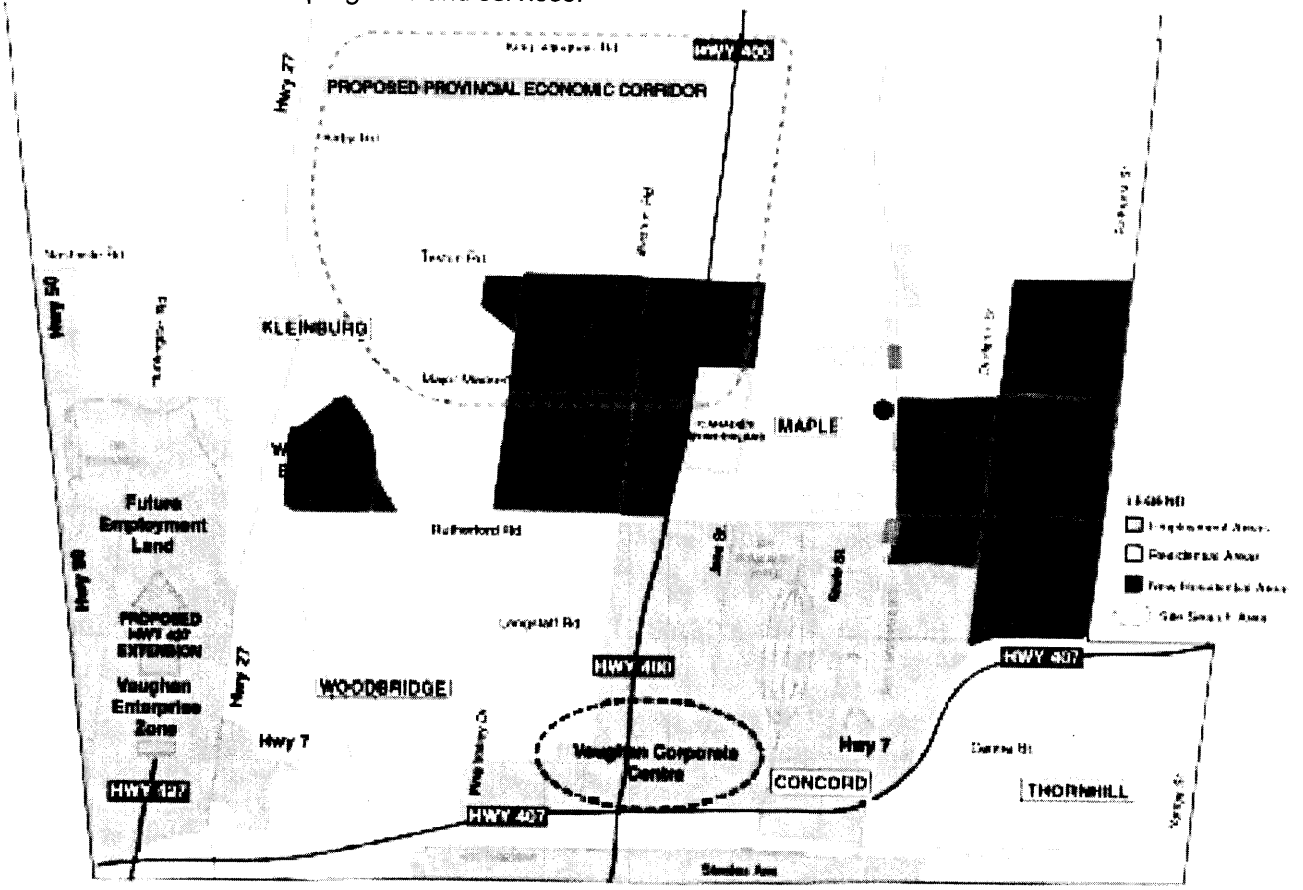


Exhibit 28: Proposed primary search area for the Vaughan Health site.

8.0 The Vision

This part of the report sets out a vision for a new health care facility in Vaughan. It builds on:

- The compelling results of the needs assessment,
- An appreciation of the near-term and long-term consequences of not establishing such a facility,
- The very strong and committed community support for the initiative, and
- Opportunities to leverage innovative service delivery practices and establish an integrated approach for Vaughan that will be a model for other communities.

8.1 The Vision for Vaughan Health

The compelling results of the needs assessment and an appreciation of the near-term and long-term consequences of not establishing a health care facility led the project to recommend the development of a community hospital and a parallel community services network in Vaughan integrated on one Campus of Care.

The following is the **Vision for Vaughan Health**:

Our vision for health care in Vaughan, for the decades to come, is centered on being the integrated model of care for all of Ontario – the VAUGHAN HEALTH CAMPUS OF CARE.

Our vision for Vaughan Health includes a CAMPUS OF CARE comprised of a COMMUNITY HOSPITAL fully integrated with a PARALLEL COMMUNITY SERVICES NETWORK which includes a wellness centre, family health team and long term care services as well as other providers.

INNOVATION will be an important planning principle during the development phase.
The Vaughan Health Campus of Care will operate on the leading edge of innovation that is:

- **INTEGRATED with services and facilities both within and beyond Vaughan Health through new service delivery models, partnerships and supportive technologies to ensure seamless service delivery and service excellence,**
- **E-ENABLED through new and emerging information and clinical technologies to facilitate provider collaboration, client engagement and service efficiency and effectiveness,**
- **Focused on WELLNESS, PREVENTION and HEALTH PROMOTION to keep individuals as healthy as possible and,**
- **Supportive of Ontario's TRANSFORMATION agenda to ensure timely access to integrated and client-centered health services.**

PARTNERSHIPS will be forged between Vaughan Health, the community it serves and other providers and stakeholders. Vaughan Health will be the first health care facility to be designed and developed in partnership with the Local Health Integration Network. The new health care facility will support collaboration between providers within and beyond Vaughan Health. Other key stakeholders will also be invited to shape Vaughan Health - the University of Toronto given its leadership in health care related research and education and York University given its growing health sciences program, a program that emphasizes promoting wellness, not just treating illness.

The case for support for the **Vaughan Health Campus of Care** Vision is based on the following considerations:

1. **A Compelling Need:** The need for a new health care facility is based on demographics and current gaps in service access:
    - Vaughan has, and will continue to experience one of the fastest growth rates in Ontario, and York Region is predicted to grow faster than any other region in Canada
    - Vaughan is currently the only region within the top 10 most populous census sub-divisions without a local acute care hospital or ambulatory care centre
    - Vaughan will experience growth in the over 70 population growth resulting in increased demand for local services for the aging population
    - Current utilization indicates that there are delays in accessing services for Vaughan residents which may result in greater impairments and decrements in functional ability
    - Significant service gaps exist in Vaughan encompassing virtually all health sectors including mental health, geriatrics, general and specialized rehabilitation, chronic disease management//health promotion and prevention and ER and acute care.

2. **A Willing Partner**: Vaughan Health will forge partnerships both within and beyond the Campus of Care to ensure excellence in service delivery and the creation of a seamless continuum of care. Vaughan Health will partner with the province, the Local Health Integration Network, other local and regional providers and the Universities to create a model of integrated, innovative and client centered health care for all of Ontario.

3. **A Committed Community:** Political and citizen commitment in Vaughan has been crystallized through the establishment of the Study Task Force and the formation of a Health Care Foundation for the new facility. Vaughan community leaders represented within these groups have steered the development of Vaughan Health's Vision to ensure that it meets Vaughan's current and future needs. Continued public input into the evolving Vision will be a cornerstone of the process going forward. Community enthusiasm is also reflected in the willingness of the public to support fundraising events held on behalf of the health care facility and the Foundation. In addition, a number of community groups have on their own initiative undertaken fundraising activities in order to support the new facility. This high level of support will continue to increase as the prospects for a health care facility become more tangible and the Foundation continues its work.

4. **An Aspiration to be the Catalyst for Transformation**: Vaughan Health will provide a process for implementing Ontario's Health Care Transformation agenda:

Transformation Priorities	How Vaughan Heath will Meet the Priority
Local Health Integration Networks (LHIN)	• Introduction of new health care delivery models designed to facilitate integration of services and meet the health care needs of the population • Campus of Care model will provide a broad range of service options for the population
Family Health Teams (FHT)	• FHTs can be linked to the community using the Campus of Care as the host organization • Services delivery models and technology will link the FHTs to other providers within and beyond the Campus of Care
Reducing Wait Times	• Programs and services offered on the Campus of Care reflect priority needs and gaps in services thus facilitating a reduction in wait times

5. **A Clear Vision:** The vision for Vaughan Health Campus of Care builds on the province's objective of renewing the health care delivery system at the local level. Integration, partnership and innovation are the cornerstones of this vision.

6. **An Agenda for Action:** The Study Task Force and Foundation are ready to move to site acquisition and anxious to begin work on the second phase of planning for the development of Vaughan Health. Considerable planning has already occurred to identify and preserve a location for the new health campus.

The following illustrates and elaborates the vision for the Vaughan Health Campus of Care:

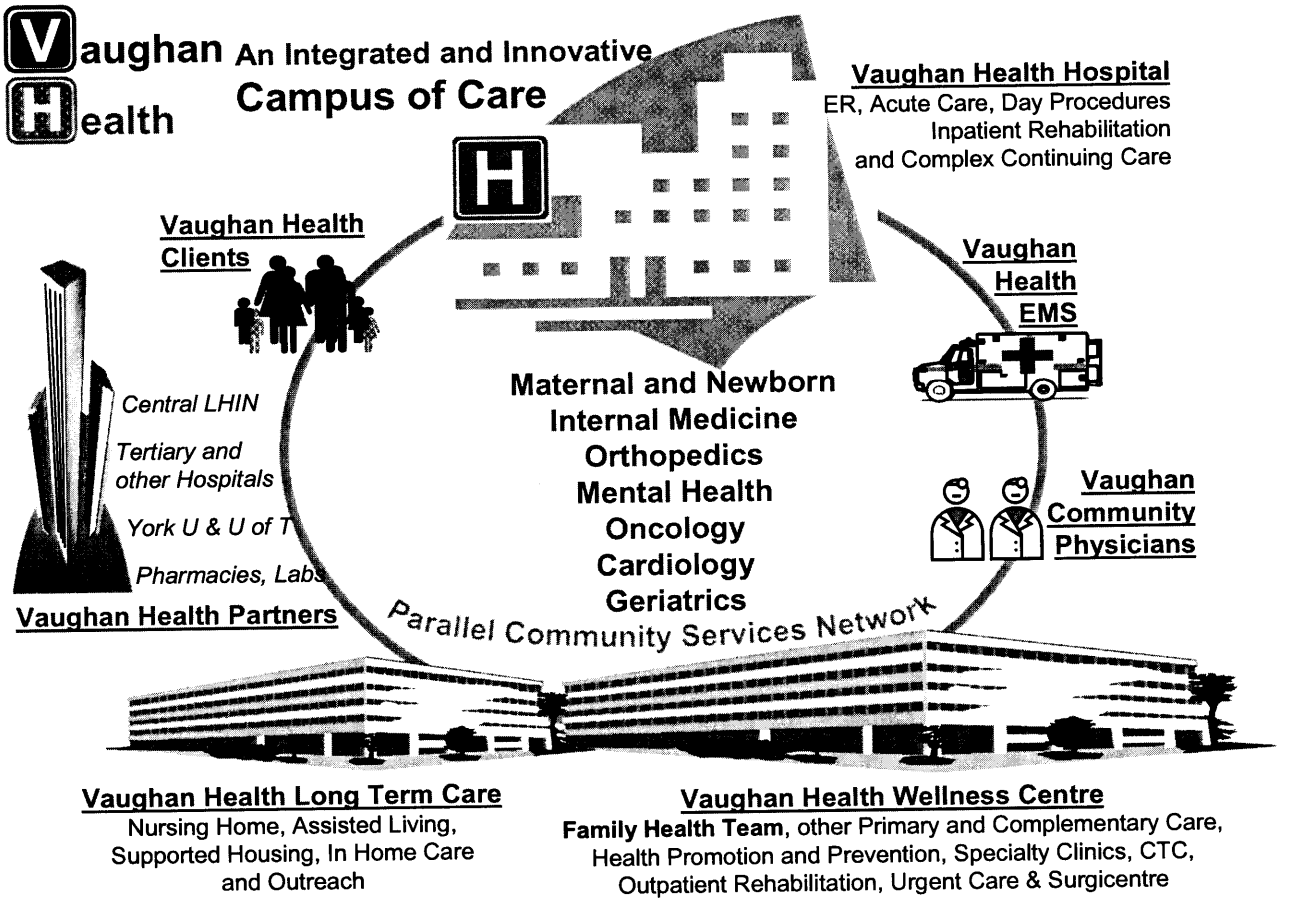


Exhibit 29: Proposed vision for the core elements of the Vaughan Health Campus of Care.

8.1.1 Vaughan Health Campus of Care

A campus of care model supports co-location of services that facilitate integration and access to care. In addition, the model can be flexible to accommodate organizations that have a different corporate governance structure. One example would be the Community Hospital and the Parallel Community Services Network (Vaughan Health Wellness Centre, EMS and Long Term Care) – each of which could operate as a separate corporation. These parallel organizations would not only support the Vaughan vision but would also be mutually reinforcing in terms of managing resources, referrals and co-location on a common site, for example.

The availability of services such as the Community Hospital, partners providing Prevention/Wellness programs, Primary Care and Specialty Care create consumer choice and offer models of care the reflect the diverse needs of the community. Multiple providers, reflecting different professionals and types of care on one campus can infuse an environment with creativity both from a leadership and care delivery perspective.

The Vaughan Health Campus of Care will include:

- **A Community Hospital** – a full service 325-375 bed hospital with an ER, Inpatient Acute Care, Day Procedures, Inpatient Rehabilitation and Complex Continuing Care
- **A Parallel Community Services Network**
  - **A Wellness Centre –** Family Health Team with Chronic Disease Management Programs, Outpatient Rehabilitation Services, Complementary Services, Surgicentre, Urgent Care Centre with a Centre for Excellence for Wellness
  - **Emergency Medical Services** – Ambulance Station and Helipad
  - **Long Term Care and Supportive Services** – Assisted Living, Nursing Home, Supportive Housing Outreach, In-home Support Services.
  - **Other Service Providers that could also be co-located with the Wellness Centre or Long Term Care hub include -** Public Health Offices, Physician Specialty Clinics, Children's Treatment Centre (resource center hub), Mental Health Services, CCAC etc.

Opportunities exist to leverage the newest advances in technology to link service providers electronically to enhance the continuity of care. In addition, new technologies such as the electronic health record, patients scheduling their own appointments via an internet site, access to remote diagnostics, point of care data entry, physician portals and home care and home support services provided through a virtual office will enhance the ability of providers and patients to improve care and health outcomes.

8.1.2 A Community Hospital

Utilization data, planning reports and population projections support the case for a 325 - 375 bed community hospital facility to be located within Vaughan Health that provides:

- between 200 and 225 acute care beds
- between 50 and 65 rehabilitation care beds
- between 75 and 85 complex continuing care beds

It is noted that the hospital bed size range reflects several well-considered assumptions related to the market share the new hospital will capture given on population growth and repatriation.

The rationale for the vision has been presented in the previous sections of this report. Highlights of the rationale include:

- Population growth will outstrip service availability, therefore new capacity needs to be built,
- Vaughan is the only community of its size without a hospital or ambulatory care centre
- Capacity at the other regional hospitals will become more limited over time to Vaughan residents, increasing wait times, compromising follow up and continuity of care,
- Some services have limited access for all York residents therefore some regional capacity needs to be developed, and
- A hospital will serve as a recruitment and retention magnet for new health care professionals.

In addition to the foundation services provided by a community hospital (such as an emergency department), the needs assessment clearly articulated the requirement for specialty programs and services that would meet new and emerging needs of Vaughan residents.

- Given the high volume and current utilization for both inpatient and day procedures and the long waiting time to access services, an **Orthopedics** will be an important service. General rehabilitation is also documented by various DHC reports and others as an area of need for York Region. Rehabilitation would complement the Orthopaedic service.
- **Cancer Care/Oncology** is an important consideration and could be achieved through a partnership with Southlake Hospital to establish secondary cancer services in Vaughan.
- There is a scarcity of **Mental Health and Substance Abuse** services in York Region. Emphasis should be placed on the development of outpatient services to complement general acute/crisis inpatient beds in a Vaughan facility.

Each of these programs (or Integrated Service Lines) could include a specialty focus on the elderly. This is a significant opportunity given the aging population in Vaughan and that no other York Region facility has identified this as a priority program.

8.1.3 Parallel Community Services Network

Achieving an effective integration of the full range of services from hospital care to primary care to in-home and community care is an overriding priority throughout Ontario. It has proved to be an elusive goal and has prompted some advocates to brand the current delineation of care into silos as 'precipice care'. Integration has become a central goal in the Ministry of Health's new Transformation Agenda.

The vision for Vaughan presented here addresses this issue in a very practical and innovative way by including the establishment in the short-to-medium term of a **parallel community services network** which will include providers that will develop and orchestrate the delivery of some critical primary care and in-home services.

The Parallel Community Services Network will capitalize on government support available for the establishment of Family Health Teams. It will also entail the delivery of in-home services in close coordination with the Family Health Teams. The Parallel Community Services Network will serve to enhance the services of the new Vaughan community hospital in several very important ways:

- it will ensure that the hospital is closely linked to health services beyond the hospital walls,
- it will allow specialized resources in the hospital to be more effectively deployed to support community service providers,
- in the development phase for the hospital, the leadership and front line staff in the community services network will provide very useful input to the hospital's planning and development, ensuring through the planning/start-up that the hospital is responsive to community needs/issues
- the hospital and the community services network will partner to offer a range of services/programming the promote wellness and prevent illness in the communities that they serve,
- the two organizations will also be uniquely positioned through their partnership to provide coordinated, integrated services for those with chronic conditions whose needs transcend any one provider of health services and whose needs continue long beyond any single episode of care, and
- a shared information technology and communications system, including a common electronic patient record, across the two organizations will be a fundamental enabler of their working together to provide a seamless range of services to patients. Electronic communications will also be the key to enabling in-home services delivered by health professionals who will have electronic access to resources that in the past have only been accessible on-site in health service organizations.

8.2 *Other Innovative Elements of the Vision*

The vision for Vaughan assumes innovation as a fundamental tenet for planning and implementation. Some of the key features of the innovation include:

- Integration supported by clinical service delivery models within a Campus of Care that embrace Centres of Excellence/Specialization and collaboration with other parts of the health care continuum especially primary care
- Development of partnership and governance models that incorporate creativity, sharing of resources and developing linkages to support program development.
- Inclusion of a wellness, prevention and health promotion focus
- Adoption of new and emerging state of the art technologies to enhance care deliver, collaboration and resource management
- Forward looking facility design.

The following discussion highlights the innovative features of the Vaughan Health vision.

8.2.1 *Integration*

A model for integrated service delivery recognizes policies, methods and organizational models that are designed to create connectivity, alignment and collaboration at the funding, administration and provider levels. Integration strategies can range from linkage to coordination to full integration. The benefits of an integrated model of care delivery for Vaughan residents and providers will enhance both the delivery of care and management of the system.

The Vaughan vision includes a perspective on integration that includes:

- Integrated delivery of care with exemplary linkages to primary care providers, long-term care, community services and public health,
- Commitment to working with partners on a peer basis to ensure a full continuum of integrated services for the residents of Vaughan,
- Supporting the development of common IT infrastructure that will assist in the delivery of seamless care to Vaughan residents,
- Ensuring that the new facility is accessible as a resource to support the care offered by other providers for example through access to diagnostic imaging services at the health care facility, and
- Contributing to health promotion initiatives in the community, including those offered through the school system.

Innovation related to integration will be facilitated by developing **Integrated Service Lines** that cross the health care continuum within Vaughan Health and beyond. Services lines are sets of services aimed at meeting specific client needs or achieving particular objectives. Service lines can be organized

- by population groups (i.e., gender, age), or,
- by disease or health problems (i.e., cancer, orthopedics, AIDs), or,
- by medical specialty (i.e., medicine, surgery)

Integrated service lines have recently emerged in the US among large health system providers. Service lines are no longer limited to one facility but, are now spanning multiple organizations and practice settings in order to enhance care coordination, accountability and manage costs.

Key advantages of integrated service lines include:

- Enhanced continuity of care with an increased focus/emphasis on community based care and prevention and a concomitant decrease in inpatient length of stay,
- Increased efficiency with decreased staffing and a concomitant increase in time spent on patient focused activity by clinical staff, and,

- Growth in academic programs.

Key concepts inherent in an integrated service line consist of the following:

- Focuses service delivery around clients' needs rather than providers' needs by reorganizing work units around client care functions via interdisciplinary care teams,
- Integrates clinical and management decision-making and accountability for all functional services provided to client groupings,
- Decentralizes decision-making to point of service, and
- Permits more explicit commitment to service populations – with service lines derived and defined directly from organization's mission.

Integrated service lines will cross the health care continuum and will include multiple providers within and beyond the Vaughan Health Campus of Care. Service lines will be overseen by service line managers who will be responsible for developing **seamless linkages between providers** to **ensure client flow** and **timely access** to **best practice care and services**.

Based on initial needs assessment data and findings, we would propose to include the following Integrated Service Lines at Vaughan Health:

- Women's and Children's Health,
- Internal Medicine,
- Orthopedics,
- Mental Health,
- Oncology,
- Cardiology, and
- Geriatrics.

The following is a preliminary vision of Vaughan Health's Cardiology Service Line:

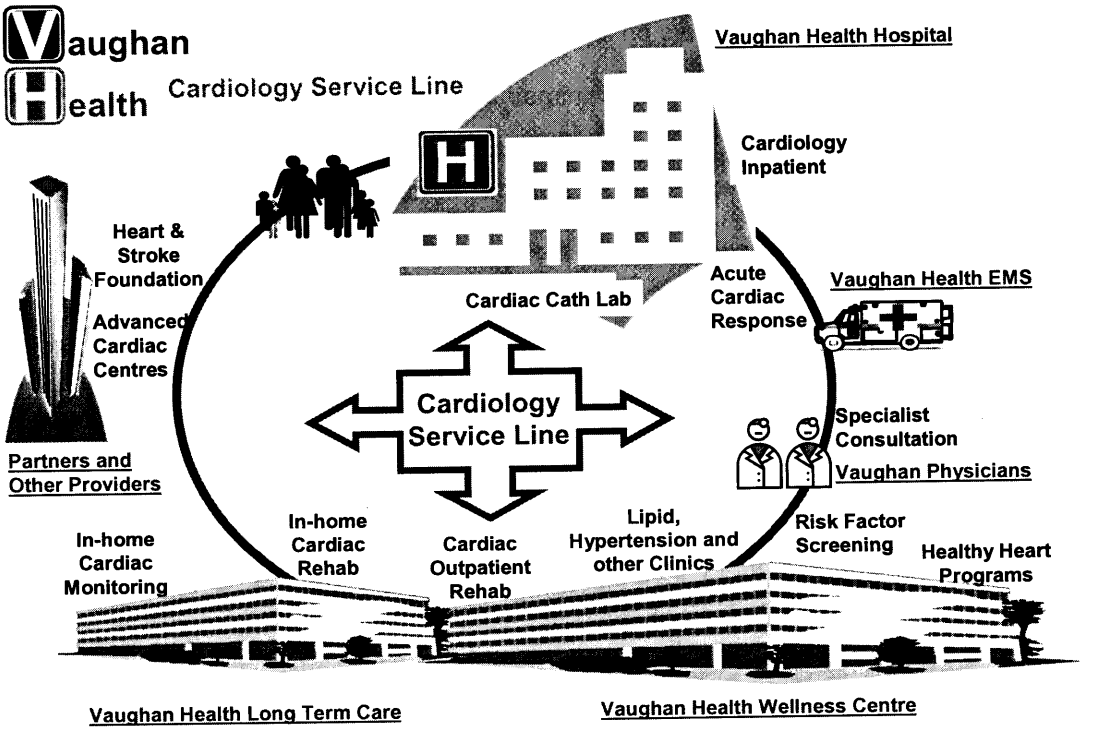


Exhibit 30: Proposed preliminary vision for the Vaughan Health Cardiology Service Line.

Vaughan Health will develop its service lines and program offerings to align with established and newly emerging chronic disease prevention and management initiatives in Ontario:

Provincial Initiatives		Examples of Local Initiatives
Major Strategies	**Programs**	
• AIDs • Alzheimer • Asthma • Cancer • Diabetes • Mental Health • Stroke • Tobacco	• Mandatory Health Programs & Service Guidelines • Health Promotion Resource System • Arthritis • Breast Cancer Screening • Colorectal Screening Pilots • Heart Health Program • Cardiac	• Arthritis programs • Asthma programs • Congestive Heart Failure programs • COPD programs • Diabetes programs • Osteoporosis programs • Falls prevention programs

8.2.2 Partnerships

Given the introduction of the LHINs and the Campus of Care model, partnerships with specific hospitals and key community partners who will assist in program development and facilitate integration of services. Key partners include:

- Joint Executive Committee (JEC) of the York Region hospitals,
- Southlake Regional Health Centre given their developing role as regional referral hospital. for advanced cardiac and cancer care ,
- Mt. Sinai Hospital to provide a link with teaching hospital programs,
- York Central Hospital given their close proximity and leadership in regional program development, and
- Baycrest Centre for Geriatric Care given their leadership in geriatrics and their long term care development initiatives in York Region.
- Vaughan primary care physicians and community clinics.

Vaughan Health will be the first health care facility to be designed and developed in partnership with the Local Health Integration Network. Vaughan Health aspires to be the catalyst for transformation and a model for integrated health care in Ontario.

8.2.3 "Wellness" Focus

The needs analysis highlights both the growth in the number of older Vaughan residents and the negative impact that limited access to chronic care and rehabilitation services has on residents. Vaughan residents are likely to access chronic care and rehabilitation services outside of Vaughan, have reduced access to these services and often stay longer in hospital due to lack of timely access to home care services.

In addition to the growth in the aging population, the trend is that people with chronic conditions are living longer. The outlook for this population group is very positive in that there are an increasing number of effective interventions for most of the major chronic conditions. However, as in the case of Vaughan residents, patients with chronic conditions are not receiving appropriate treatment. One of the reasons for this is that our health system is generally designed for acute, episodic care, which is not meeting the needs of people with chronic disease. There is a need for a shift to a system that is proactive, and provides comprehensive and coordinated care.

The Vaughan vision is well aligned with a wellness focus in that it:

- Supports family physicians with an inter-professional team of primary care providers on a campus of care,
- Integrates specialist expertise in the Community Hospital with primary care,
- Supports the use of e-enabling technologies that can provide an electronic chronic disease information management system for all team members and education for patients to support self-management, and
- Includes core components of the chronic disease prevention and management model in its organization, structure and design.

Innovation and Integration will be supported by a **Focus on Wellness, Prevention and Chronic Disease Management.** The focus of prevention is shifting to the new leading causes of mortality and morbidity – chronic lifestyle-related diseases – first through screening for early detection and risk factors like high blood pressure. The newest focus is on preventing or managing chronic diseases by helping people make lifestyle and behavioral changes–health promotion.

Vaughan Health will design the future Campus of Care aligned to the MOHLTC preliminary vision for Chronic Disease Prevention and Management:

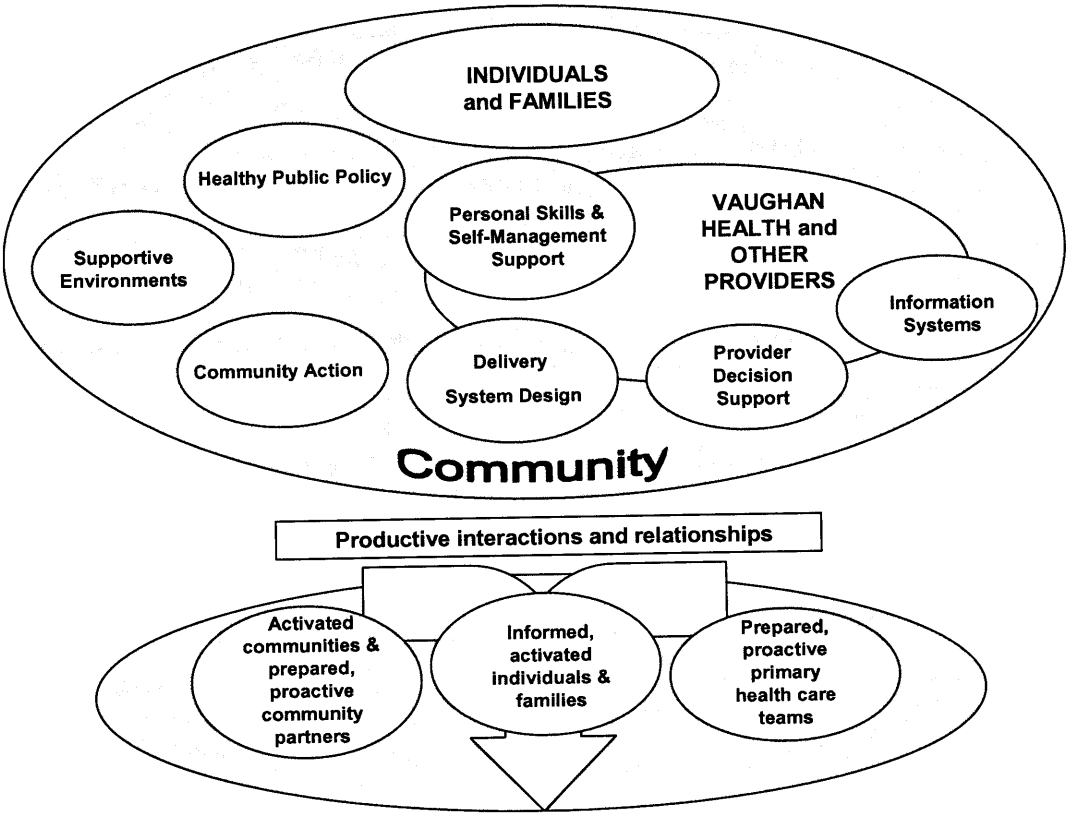


Exhibit 31: Vaughan Health and the MOHLTC's preliminary Chronic Disease Prevention and Management Model.[2]

[2] D. McCutcheon. 2004. **Responding to Chronic Conditions. What's Next?** Presentation by David McCutcheon, Assistant Deputy Minister of Health and Long Term Care, at the Second Annual Speaker's Series on Community Issues. Hamilton District Health Council. Retrieved from http://www.hdhc.ca on Feb 1, 2005.

Vaughan Health will embed the following core components of the chronic disease prevention and management model in its organization, structure and design;

- Incorporate systematic approaches to improve management of chronic disease and support health promotion and primary prevention by **re-orienting health services** - *strong leadership, incentives, monitoring of results, evidence and population health based planning, etc.,*

- Support interdisciplinary teams and other features in **delivery system design** (models) to improve access to care, continuity of care and client flow through the system across settings and over time – *active engagement of clients, client risk identification and stratification, culturally competent care, outreach/inreach, etc.,*

- Develop **self-management and personal skills** supports to help clients build skills for health living and coping with disease - *self monitoring, outreach reminders, client education etc.,*

- Provide **decision support** tools to providers to ensure quality of care integrating evidence based tools into daily practice – *provider alerts, clinical information systems, provider education tools, measurement/evaluation and routine reporting/feedback etc.,*

- Design **information systems** that support service integration and provide unfettered and timely access to clinical information for clients and providers – *case management software, client registries, client tracking systems with automated reminders, web-support, client access to health record.*

8.2.4 Technology

Innovation and Integration will be enabled by adopting **new and emerging technologies.**

New and emerging technologies will **enable innovation** within Vaughan Health by:

- Facilitating best practice to ensure quality patient care and outcomes through an electronic health record with electronically embedded evidence based clinical guidelines and other clinical systems,
- Providing real time, quality information to support effective decision-making,
- Enabling effective collaboration by electronically linking all providers within Vaughan Health Campus of Care and beyond, including community based primary care physicians in Vaughan,
- Fostering a data-driven, decision culture through enhanced benchmarking and quality improvement supports, and,
- Enhancing the ability to create, organize, share and use knowledge.

New and emerging technologies will **support integration** within and beyond Vaughan Health by:

- Allowing clinical information to be shared across the care continuum to facilitate seamless service delivery
- Ensuring effective communication and collaboration between providers through sophisticated tools such as single sign-on systems, standardized electronic documentation and wireless devices.

The Vaughan Health Campus of Care will be e-enabled with leading edge information and clinical technologies.

These new technologies could include some of the following:

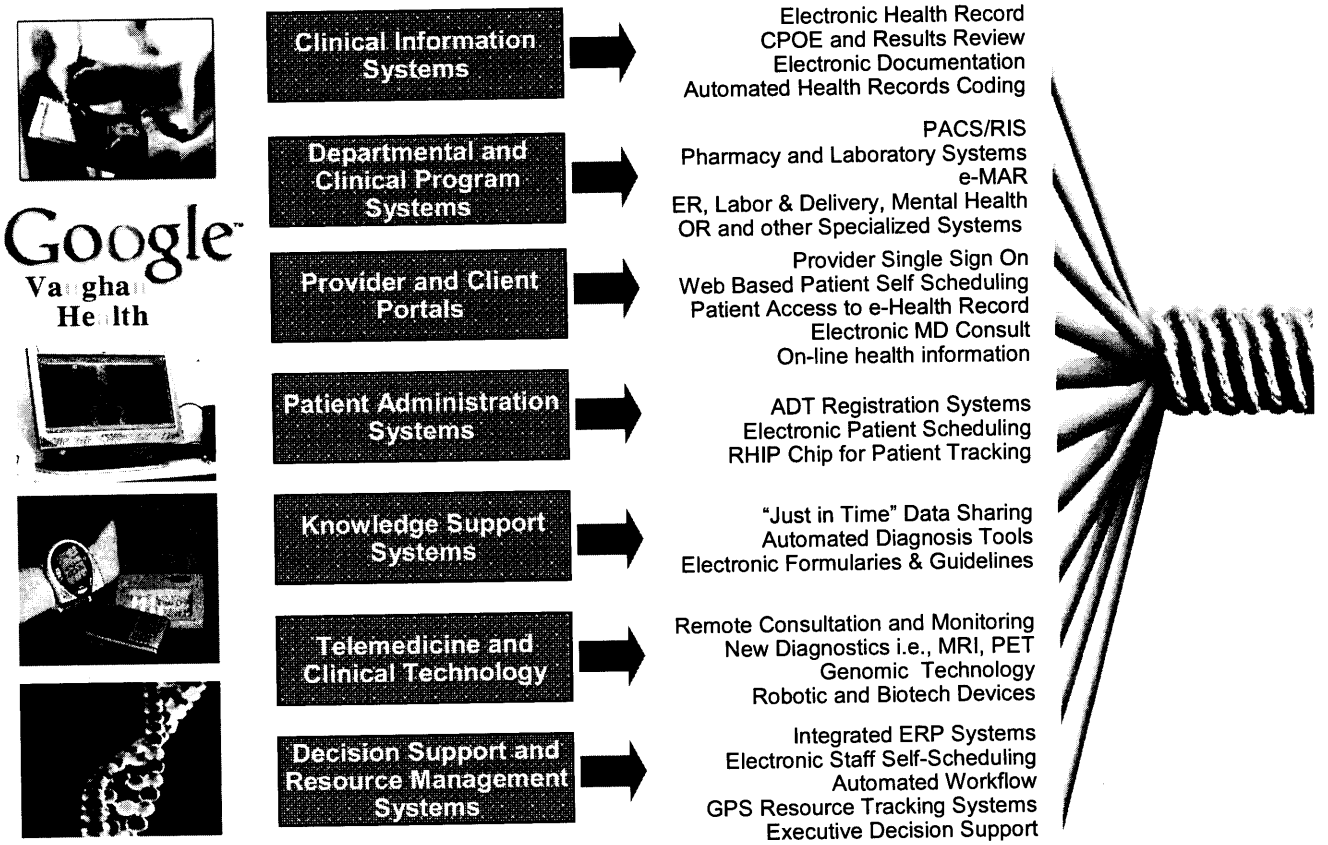


Exhibit 32: New and emerging technologies that will e-enable Vaughan Health.

8.2.5 *Facility Design*

Innovation will be incorporated in the facility design of the Vaughan Health Campus of Care.

Vaughan Health's facility design will incorporate innovative trends in health care architecture:

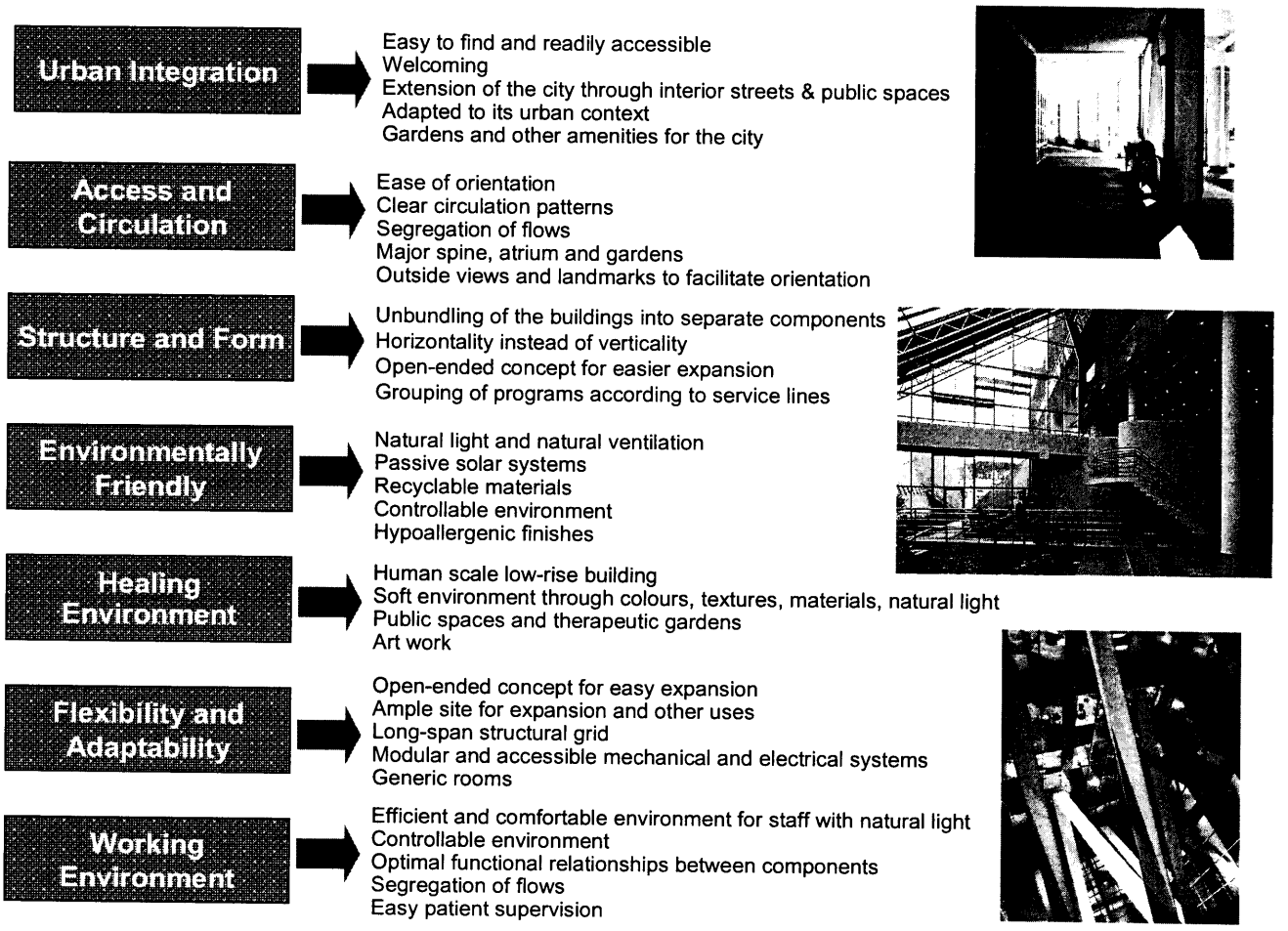


Exhibit 33: Innovative health care architecture features for Vaughan Health.

There is very strong and committed community support for the envisioned **Vaughan Health Campus of Care.** Vaughan Health aspires to be the integrated model of health care for all of Ontario. Innovative service design, technologies and partnerships will be leveraged to realize this vision.

9.0 Implementing the Vision

There are a number of steps that need to be undertaken to realize the vision for Vaughan Health Campus of Care. Some of these steps include:

1. Enlist key partners to support the future vision and implementation
2. Obtain approval from MOHLTC to move forward with planning and development
3. Proceed with the next phases of health care facility planning that include:
   - Acquisition of a parcel of land,
   - Strategy/plan for capital funding,
   - Complete the necessary preparations for the development of a proposal to the MOHLTC,
   - Depending on the facility delivery process selected, prepare necessary planning, design and tendering documents,
   - Confirm facility design and delivery features, and
   - Build Vaughan Health Campus of Care

It is estimated that this work could be completed within a 10 year time horizon.

9.1 Communications Strategy

The importance of the proposed health care facility to Vaughan is such that the municipal government believes it will need to maintain its tradition of open, up-to-date and on-going communication with its key publics.

A communications program to residents and thought leaders will encourage clear explanations of messages going to the Ministry of Health and Long Term Care regarding the need for a facility such as is proposed in this Phase I report.

Just as significantly, however, the communications will also report to residents the input and feedback from MOHLTC, always being sensitive to conveying only the information that can be made public (the City of Vaughan will not "negotiate in public").

In summary, the City of Vaughan strategy holds that the proposed health care facility is so important not only to its own residents but to many other people in York Region, that it has a responsibility to maintain direct, honest, two-way communications regarding the proposal.

9.2 Outreach Programs

In the spirit of open exchange of information and intelligence, the City of Vaughan is including the main components of its communications program around its request for a new health care facility. These program components follow a 10-point plan:

1. Key message development.

The City of Vaughan will establish messages that accurately reflect its main positions, which include the following:

- The health care facilities and hospitals that Vaughan residents now access are already at capacity and will be even less available as their own catchment area populations expand and the resulting requirement for region-wide capacity becomes greater.

- Vaughan is the only community of its size in Ontario without a hospital, yet at the same time its overall population, and the aged cohort within this, is growing more rapidly – along with one of the highest intakes of new Canadians – than anywhere else.

- A Campus of Care with a community hospital that has linkages to community-based services --is needed to ensure equitable access for health care services in York and Peel Regions

- A community hospital on the Vaughan Health Campus of Care will provide primary and secondary programs, an emergency department, rehabilitation services and complex continuing care, operating with its own board of directors but partnered with other health providers to deliver specialty and community based services.

- A community hospital with 200 - 225 acute care beds in Vaughan is justified today to provide the level of care enjoyed by people of other major centres in southern Ontario, and to accommodate expected population growth and demographic shifts that will result in compromised care unless the situation is address now.

- Important general and specialty services would be provided that meet current and emerging needs, especially for orthopedic, stroke and geriatric rehabilitation, cancer care, and mental health and substance abuse programs.

- Services that could be co-located at the new facility include: a family health team, wellness centre, EMS, children's treatment centre, mental health programs, public health offices, long term care facility, rehab clinics and long term care.

- To help integrate a new community hospital into existing tertiary services, for better patient care and cost effectiveness, the new facility can align with such providers as York Central Hospital, Southlake Regional Health Centre, Markham/Stouffville Hospital, Mt Sinai Hospital, and Baycrest Centre for Geriatric Care.

- A collaboration with York University will leverage its growing health sciences program to provide services that promote prevention and wellness, not just treatment.

- A parallel community services network will help deliver primary care, in-home and community services, and be a resource to other health care providers.

- Innovation will be a key driver, as the Campus of Care model being proposed is a new approach for Ontario.

- The new Vaughan Campus of Care would support the provincial government's objective of enabling greater integration of health services at a local level, with the new facility sharing expertise and community resources, appropriate back office functions, community education and other initiatives.

2. Public announcement of proposal to MOHLTC.

The City of Vaughan will announce to its residents via a news release that it has submitted a Planning and Needs Assessment, including a request for a facility as envisaged in this Report. Interested media will have access to authorized spokespersons and an information kit.

3. Briefings of local thought leaders.

City officials will conduct briefings of community leaders regarding the Planning and Needs Assessment conclusions and proposal to ensure that these local influentials thoroughly understand this report and the request. This will better enable them to accurately answer questions from their own stakeholders and to

better assess the subsequent information/messages that they will see from the City and MOHLTC as the process progresses.

4. Public speaking forums.

During the course of discharging their regular and required civic obligations, as well as in response to speaking requests, City of Vaughan officials will discuss the proposed health care facility wherever appropriate at podium platforms within York Region.

5. Website public information.

Residents of Vaughan will be kept up-to-date on developments regarding the proposed facility as discussions with MOHLTC move forward and as the health care facility board and fundraising activities evolve. Opportunities to receive public input and further facilitate stakeholder consultation will be incorporated in the website design.

6. Education materials.

Residents will be kept further informed through materials that will be available at public information locations, community centres and at City Hall, and in several languages to serve the diversity of people living in Vaughan.

7. Responsiveness to information requests.

City of Vaughan officials will respond quickly and fully to questions from residents and news media, as well as from health care agencies, institutions and other stakeholders regarding the proposed facility.

8. Supportiveness for the Ontario government.

Vaughan's public sector and community representatives are prepared to assist the MOHLTC in communicating and encouraging understanding of the process involved when a major request of this nature is reviewed, as the City believes it is in everyone's best interest to recognize and respect the decision-making mechanisms and analyses that must be undertaken.

9. Keep messages and methods aligned with discussions.

The City of Vaughan is committed to ensuring its communications – whenever it is appropriate to disseminate identified information – reflect the agreements achieved by MOHLTC and the City, and that messaging is in synergy with common understandings between MOHLTC and the City, in order to prevent or eliminate any confusion that might arise among residents and stakeholders.

10. Conduct and communicate major fundraising.

The Vaughan area is known for its community spirit and neighborly cooperation. Combining this supportive attitude with the potency of its business citizens and volunteer community – plus the widespread acknowledgement of the need for a health care facility – will deliver a large and successful fund development campaign. This effort will be motivated by the desire for residents to feel "ownership" in the new facility and for maximum monies to be raised from the community, which will mitigate the amount that may be budgeted by the provincial health ministry.

10.0 Conclusion

Population growth and access to services are key drivers influencing the need for a health care facility located in Vaughan. The vision for Vaughan Health presented here addresses this issue in a very practical and innovative way by including the establishment in the short-to-medium term of a parallel community services network that will develop and orchestrate the delivery of some critical primary care and in-home services. It will capitalize on government directions and provide an important resource to a vibrant city.

Appendix 1 Members of the Vaughan Health Care Facility Study Task Force

Vaughan Council

- Mayor Michael Di Biase, Chair
- Local and Regional Councillor Mario Ferri
- Local and Regional Councillor Linda Jackson
- Local and Regional Councillor Joyce Frustaglio
- Councillor (Ward 1) Peter Meffe
- Councillor (Ward 2) Tony Carella
- Councillor (Ward 3) Bernie Di Vona
- Councillor (Ward 4) Sandra Yeung Racco
- Councillor (Ward 5) Alan Shefman

Region of York

- Regional Chair Bill Fisch, York Region Representative

Citizen Representatives

- Mr. Naseer Ahmad, Citizen Representative, Ward 1
- Mr. Max Ciccolini, Citizen Representative, Ward 2
- Mr. Eugene Orlando, Citizen Representative, Ward 3
- Dr. Shahid Muhammed Aziz, Citizen Representative, Ward 4
- Mr. Joe Jonsson, Citizen Representative, Ward 5

The Medical Community

- Mr. Joseph Mapa, Medical Community Representative
- Dr. Michael Pizzuto, Medical Community Representative
- Dr. Vincent Maida, Medical Community Representative

Charitable/Non-Profit Sector

- Ms. Sandy Keshen, Charitable/Non-Profit Sector Representative

The Business Community

- Mr. Fred DeGasperis, Business Community Representative
- Mr. Angelo Baldassarra, Business Community Representative
- Mr. Peter Cipriano, Business Community Representative
- Mr. John Di Poce, Business Community Representative
- Mr. Louis Greenbaum, Business Community Representative
- Mr. Ken Burrell, Business Community Representative
- Mr. Quinto Annibale, Business Community Representative
- Mr. Michael DeGasperis, Business Community Representative
- Mr. Tapas Pain, Business Community Representative
- Mr. Eddy Battiston, Business Community Representative
- Mr. Steven Del Duca, Business Community Representative
- Mr. Suleiman Rashid, Business Community Representative.