

The Corporation of the Town of Ajax
COUNCIL



Monday April 18, 2016 at 7:00 p.m.
Council Chambers, Town Hall
65 Harwood Avenue South

PRESENTATIONS

*Alternative formats available upon request by contacting:
accessibility@ajax.ca or 905-619-2529 ext. 3347*

Anything in **blue** denotes an attachment/link. By clicking the links on the agenda page, you can jump directly to that section of the agenda. To manoeuvre back to the agenda page use the **Ctrl + Home** keys simultaneously.

1. Delegation and Presentations / Public Hearings

4.1 Youth Week 2016

- ~ Ashley Galea, Recreation Coordinator – Youth Development
- ~ Michael Campbell, Youth Ambassador

4.5 Rouge Valley Health System – Expert Panel Update

- ~ Fred Clifford, Chair of the RVHS Board of Directors
- ~ Andrée Robichaud, CEO, RVHS

4.6 Save Our Hospital Community Action Group – Expert Panel Update

- ~ Dr. Joseph Ricci, Medical Director, CELHIN Regional Cardiac Care Program
- ~ Jim VanDusen, Ajax Resident

MAY 1 TO 7

youth WEEK

2016

WIN
PRIZES!

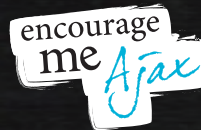


Check it out! FREE activities for youth!
See reverse for locations, ages & dates.

- Encourage Me Ajax Youth Symposium
- Drop-In Sports
- Comic Book Day
- Cooking Workshop
- Youth Room Events
- Zumba®



@youthofAJAX



ajaxyouth.ca/encouragemejax
[#youthweekcanada](https://twitter.com/youthofAJAX)

Sun. May 1 - Drop-In Basketball

4 to 6 p.m. (ages 14 to 18)

Audley Recreation Centre - Gym

Mon. May 2 - Drop-In Sports

4 to 6 p.m. (ages 12 to 18)

McLean Community Centre - Gym

Drop-In Basketball

6:15 to 8:15 p.m. (ages 10 to 13)

Audley Recreation Centre - Gym

Tues. May 3 - Drop-In Multi-Sport

3:45 to 5:45 p.m. (ages 10 to 13)

Audley Recreation Centre - Gym

Drop-In Basketball

3:30 to 5:30 p.m. (ages 10 to 13)

5:30 to 7:30 p.m. (ages 14 to 18)

McLean Community Centre - Gym

Wed. May 4 - Cooking Workshop

4 to 6 p.m. (ages 11 to 18)

Audley Recreation Centre - Community Room

Thurs. May 5 - Encourage Me Ajax Youth Symposium

5 to 7 p.m. (all ages)

Ajax Community Centre - HMS Room

Drop-In Basketball

3:30 to 5:30 p.m. (ages 10 to 13)

5:30 to 7:30 p.m. (ages 14 to 18)

McLean Community Centre - Gym

Fri. May 6 - Pool & Ping Pong Tournament

6 to 9 p.m. (ages 11 to 18)

Ajax Community Centre - The Zone Youth Space

Hoop Shoot Tournament

4 to 8 p.m. (ages 11 to 18)

Audley Recreation Centre - The Space Youth Space

Sat. May 7 - Zumba®

12 to 1 p.m. (ages 11 to 18)

Audley Recreation Centre - Studio

Comic Book Day

11:30 a.m. to 1:30 p.m. (all ages)

Ajax Public Library - Main Branch

* Please Note: Space is limited.

Program availability operates on a first come basis.

Youth Week, a chance for youth to come together and get involved with other young people in Ajax.

It's about having fun!

Tweet about the week! When tweeting about an activity or event you are attending, tag @youthofAJAX and add the hashtag #youthweekcanada for your chance to win prizes!

Ajax Community Centre (ACC) - 75 Centennial Rd.

Ajax Public Library - 55 Harwood Ave. S.

Audley Recreation Centre (ARC) - 1955 Audley Rd. N.

McLean Community Centre (MCC) - 95 Magill Dr.

Rouge Valley Health System Response to Expert Panel's Report

April 18, 2016
Presentation to Ajax Council

Overview

- This presentation discusses the Rouge Valley Health System's (RVHS) assessment of the Scarborough/West Durham Panel's report released by the Ministry on Dec. 18, 2015.
- The Panel was set up by the Ministry when a planned merger between RVHS and The Scarborough Hospital (TSH) did not proceed because it lacked a capital investment commitment.
- The Panel's mandate was to develop a plan for how acute healthcare programs and services should be configured to better meet the needs of the residents in Scarborough and West Durham.

Panel Recommendations

The Panel made recommendations in the following areas:

1. Governance and Structure
 2. Enhanced Integrated Care Delivery
 3. Long-term Capital Investment (15+ Year Time Frame)
 4. Interim Capital Investments
 5. Master Plan Development
 6. LHIN Boundaries and Relationships
 7. Implementation Plan
- **RVHS reviewed the recommendations and is supportive of the report with the exception of recommendation #1.**

Panel Recommendations

Governance and Structure:

- Reconfigure the sites of the existing hospital corporations of Scarborough and Durham in support of two regional health care systems;
 - A Scarborough Health Corporation (new corporation that would include TSH Birchmount, TSH General and RVHS Centenary Sites) and
 - A new Durham Health Corporation (new corporation that would include the current Ajax Pickering Site of the RVHS and the existing sites of Lakeridge Health).

Report indicates:

“If the Panel’s recommendation regarding the creation of two new health corporations in Scarborough and Durham is not advanced, subsequent recommendations and areas highlighted as requiring attention should be considered in context of the existing corporations.”

Panel Recommendations

Enhanced Integrated Care Delivery

- The establishment and growth of similar equitable and comprehensive programs for regionalized care with collaborative medical leadership in mental health and addictions, obstetrics and neonatal care, chronic kidney disease and dialysis, stroke, palliative care and other specialized services, should be prioritized.

Panel Recommendations

Long-term Capital Investment (15+ Year Time Frame)

- A new Scarborough Health Corporation, with the support of the Ministry and the LHIN, begin planning for the siting and construction of a new comprehensive acute care hospital, taking into account the full spectrum of health care required to meet the needs of residents in the region well into the future.
- A new Durham Health Corporation, with the support of the Ministry and the LHIN, begin planning for the siting and construction of a new comprehensive acute care hospital, taking into account the full spectrum of health care required to meet the needs of residents in the region well into the future.

Panel Recommendations

Interim Capital Investment

- An expanded emergency department at the Birchmount Site taking into consideration the anticipated needs for patient care for the next 15 years.
- Undertake an early works capital project in the surgical suites at the General Site.
- Undertake an early works capital project in the emergency department at the Centenary Site.
- Undertake an early works capital project in the diagnostic imaging suite at the General Site subject to a final functional plan being approved.
- Undertake an early works capital project for a satellite Chronic Kidney Disease and Dialysis Centre as part of plans for a new Bridletowne Community Centre in Scarborough.

Panel Recommendations

Master Plan Development

- Within the next 12 months a Master Plan for each of the Scarborough and Durham regions, that integrates the capital recommendations from this Panel, as well as capital projects in various stages of planning at the Lakeridge Health Corporation, be submitted for priority review.

Panel Recommendations

LHIN Boundaries and Relationships

- The Ministry consider including a new Scarborough Health Corporation in an expanded Toronto Central LHIN.

Implementation Plan

- The Ministry of Health and Long-Term Care (MOH<C) consider appointing a facilitator, and/or a small implementation team, to advance and monitor the implementation of the recommendations of the Report of the Scarborough/West Durham Panel.

Recommendation to Split RVHS

- **RVHS reviewed the recommendations and is supportive of the report with the exception of the recommendation to split RVHS.**
- The conclusions drawn from the data relied on to recommend the split of RVHS were flawed.
- The Panel relied on an analysis of hospital capacity planning and market share information that concludes:
 - *“many residents in West Durham access acute hospital services through a system of services that points east towards Oshawa”.*
- Independent party reviewed the data and came to a very different conclusion.

Evidence – Inpatient Data

Inpatient data

Where residents of **Pickering** receive acute care:

- The majority receive care at the RVHS's Ajax site (36%) and Centenary site (19%);
- They also travel to acute community hospitals in to the west including Markham Stouffville (7.9%), TSH (4.7%) and other hospitals in Toronto.
- ***Only 3.4% at Lakeridge Oshawa***

Evidence – Inpatient Data

Where residents of **Ajax** receive acute care:

- The majority – 46.6% - at the Ajax Pickering site;
- They also travel west to RVHS's Centenary site (11.9%); Markham Stouffville (5.7%), TSH – General site (3.6%) and other hospitals in Toronto.
- ***Only 5.4% at Lakeridge Oshawa.***

Evidence – Inpatient Data

Where residents of **Whitby** receive acute care:

- They are about equally likely to go east to Oshawa and west towards Toronto:
 - 44.2% to Lakeridge Oshawa;
 - 34% to hospitals to the west – RVHS: Ajax Pickering and Centenary sites, Markham Stouffville; 14.5% to tertiary hospitals in Toronto.

Evidence

- Emergency and Ambulatory data patterns are similar to inpatient data.

Conclusion

- Patient flows actually point towards Rouge Valley, not “east towards Oshawa” as the Panel Report suggests.
- The Panel recommendation does not align with the way patients access care.
- The data confirms a community of Rouge.
- In light of the evidence, it is difficult to imagine the *rationale* for de-amalgamating the Ajax Pickering site from the RVHS and integrating it with Lakeridge Health.

RVHS is a Unified Hospital

- An integrated organization that functions as a single entity at all levels: clinical, services, management and governance.
- Integrated patient focused quality programs and common organizational culture across the organization.
- Strong financial position and ability to recruit and retain medical and other clinical staff and leadership.
- A single foundation for RVHS.

Consequences of Recommendation

- Disruptive to patient flow.
- Counter to patient-centered care.
- Divisive for community.
- Undermines efforts to address care needs related to high population growth.
- Cost of dismantling one organization into two other organizations.

Key Messages

- Integrated care has been successful- further clinical integration offers even better patient-care opportunities.
- De-amalgamation puts highly successful regional programs at risk.
- Time and money spent dismantling RVHS is time and money not spent on patient care.
- Further investments in infrastructure still needed.

Recommendations

- Rouge Valley needs to remain whole to best serve East Scarborough and West Durham community. We are the glue between both areas.



Questions?

Report of the Scarborough/West Durham Panel

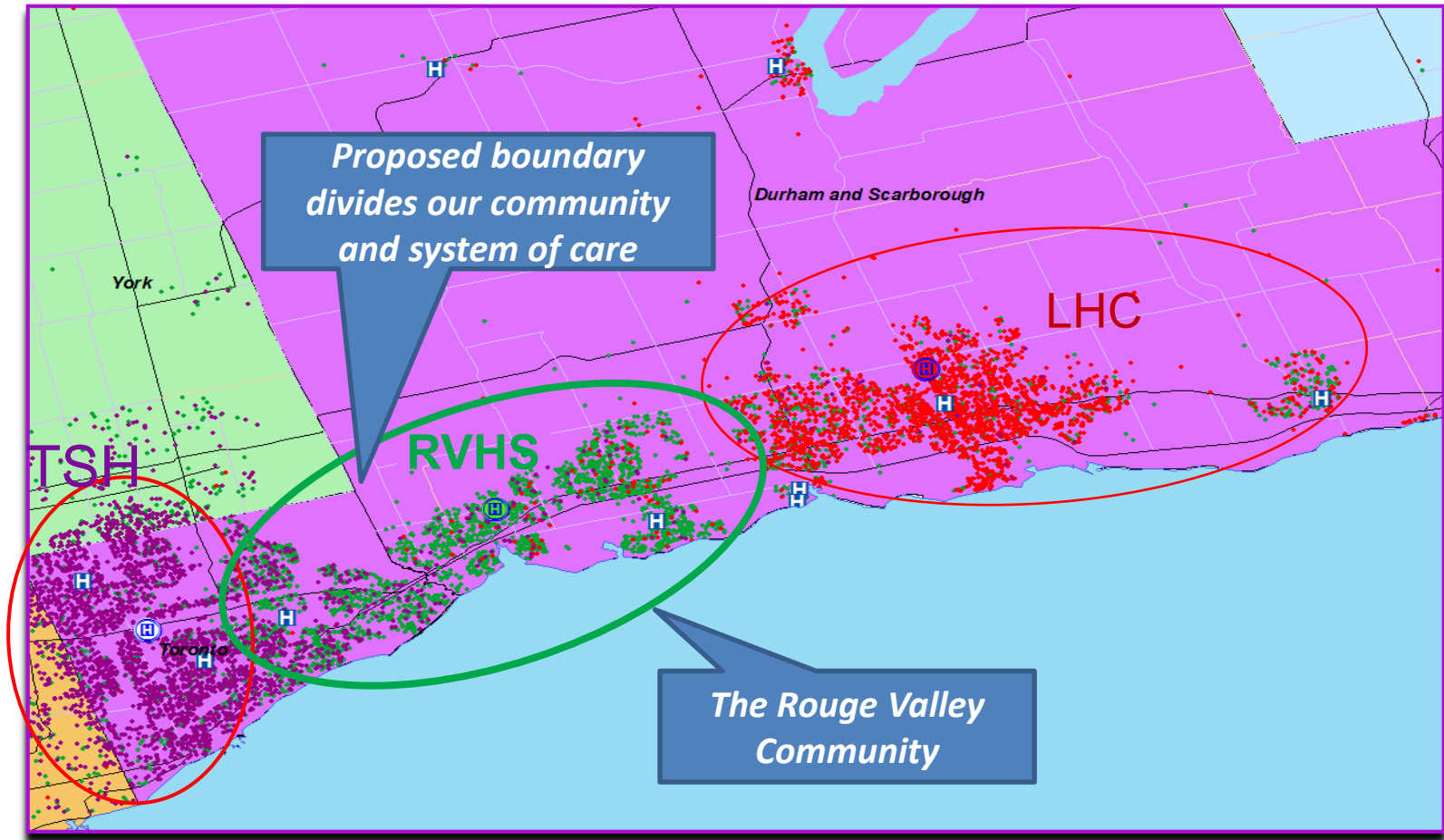
Presentation to
Ajax Council
April 18th 2016

2016

Save Our Hospital
Community action group

Rouge Valley Health System

There is a Rouge Valley Community Served by the Rouge Valley Health System



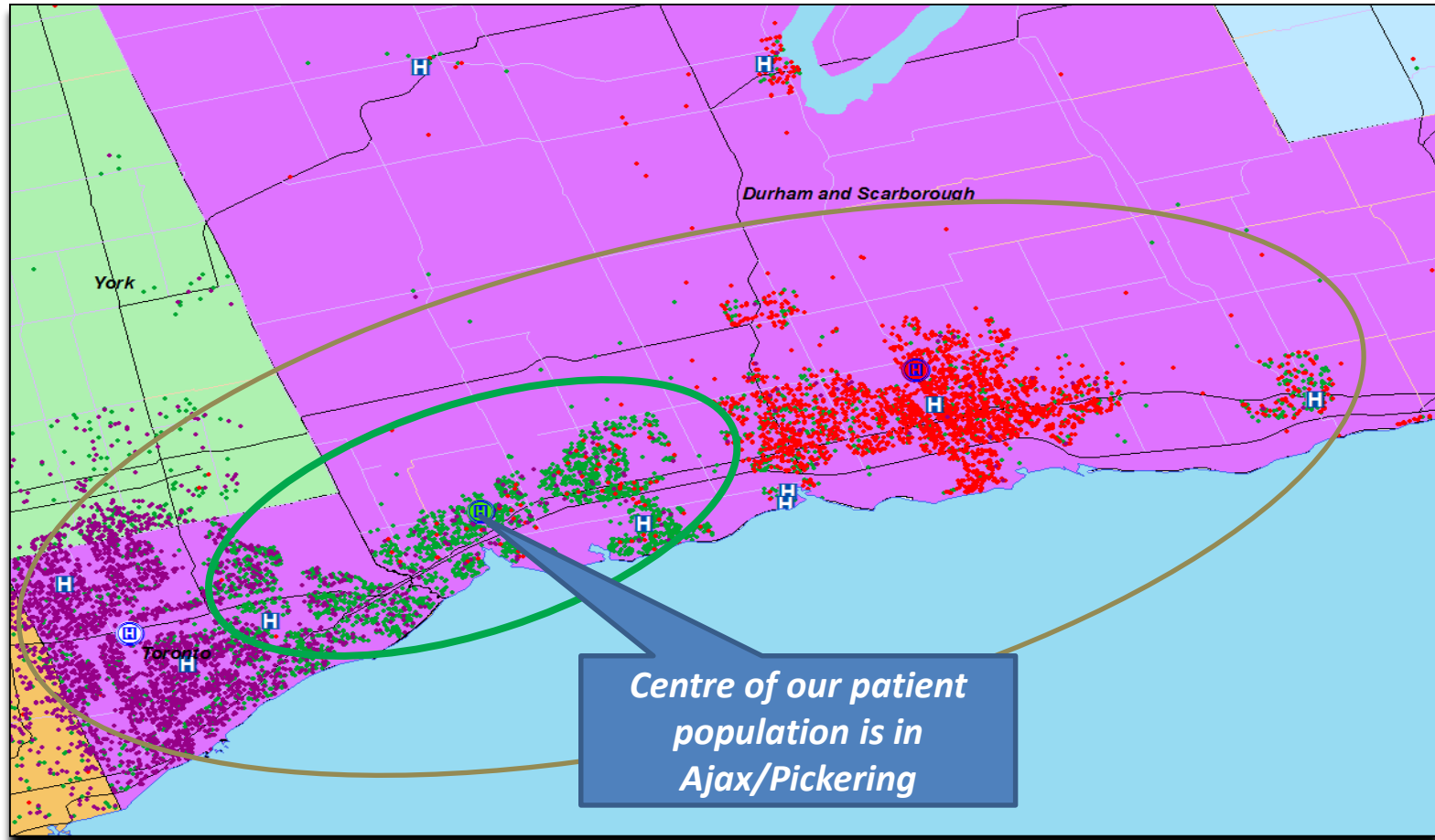
**Save Our
Hospital**

PUT PATIENTS FIRST!
Don't Dissolve
Rouge Valley Health System

Community
FIRST
Help Central East LHIN
residents spend more time in their
homes and their communities.

 **central east regional
cardiac care program**
DURHAM - SCARBOROUGH

*The Regional Cardiac Care Program
is Located at the Functional Center of
BOTH the Rouge Valley Community and the Central East LHIN*



**Save Our
Hospital** PUT PATIENTS FIRST!
Don't Dissolve
Rouge Valley Health System

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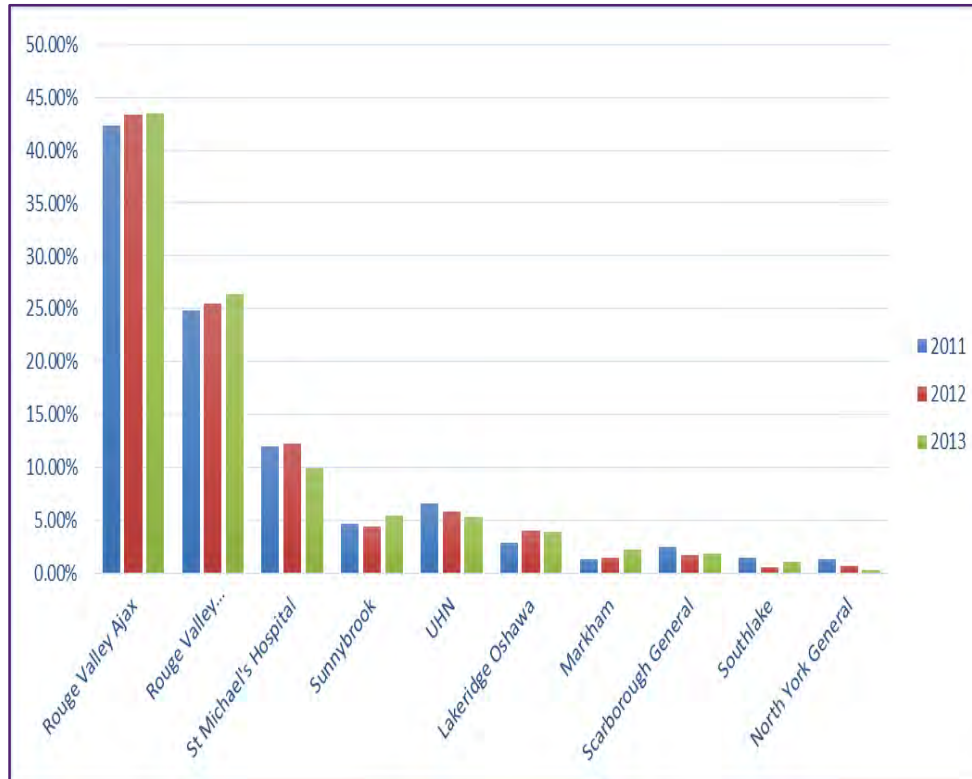
 **central east regional
cardiac care program**
DURHAM - SCARBOROUGH

Community Centered Regional Care Systems

The Best Choice for Our Patients

1. Patient focused
2. Access to services close to home
3. Comprehensive Care, the care they need
4. Managed Coordinated Care
5. Based on community needs

The RVHS Community Primarily Accesses RVHS



- RVHS patients **Do NOT Use** Lakeridge Health Systems to the east or Toronto systems to the west
- **70%** of patients discharged from the RVHS reside in the Ajax and Pickering area
- Lakeridge Health provided care to **less than 5%** of inpatient care for Ajax and Pickering Residents.

RVHS Patients **Do Not** Leave the Central East LHIN for Care

Use of Toronto Services is Small and Declining

LHIN	2010	2011	2012	2013	2014	2010%	2011%	2012%	2013%	2014%
Central East LHIN	7538	7648	8231	8614	8646	65.2%	66.9%	71.2%	73.9%	74.0%
Toronto Central LHIN	3135	2873	2524	2322	2245	27.1%	25.1%	21.8%	19.9%	19.2%
Central LHIN	493	562	474	424	536	4.3%	4.9%	4.1%	3.6%	4.6%
South East LHIN	213	167	150	101	74	1.8%	1.5%	1.3%	0.9%	0.6%
North Simcoe Muskoka LHIN	31	31	36	50	33	0.3%	0.3%	0.3%	0.4%	0.3%
Central West LHIN	8	11	16	7	8	0.1%	0.1%	0.1%	0.1%	0.1%
Champlain LHIN	22	14	8	8	11	0.2%	0.1%	0.1%	0.1%	0.1%
Mississauga Halton LHIN	0	0	27	26	9	0.0%	0.0%	0.2%	0.2%	0.1%
Other	113	122	95	109	123	1.0%	1.1%	0.8%	0.9%	1.1%
Total	11,553	11,428	11,561	11,661	11,685	100.0%	100.0%	100.0%	100.0%	100.0%

- ✓ The Majority of patients in Rouge Valley and CELHIN receive care within the CELHIN
- × Declining percentage of CELHIN patients use the Toronto LHIN for cardiac Care
- ✓ These trends are accelerating with increasing recognition of our regional care delivery

The Expert Panel Report Conclusions

Incorrect and Inconsistent with Data

1. “Scarborough and Durham are different communities. The Scarborough border is a functional divide between Durham and Scarborough”

FALSE: The Rouge Valley Community is a functional and integrated health care community that does NOT divide on municipal boundaries.

2. “A clear strategic direction is required for acute program and service delivery across both regions”

AGREED: The CELHIN has a clear strategic direction based on regional delivery of care. Several programs including Cardiac Care provide examples of this effective strategy for the efficient delivery of high quality care as a regional services across the Central East LHIN.

3. “Existing governances and management structures do not optimally or comprehensively support integrated service planning and delivery”

FALSE: The Central East LHIN has made very good progress in regionalization transformation with integration of multiple services including Cardiac Care, Thoracic Surgery, Vascular Surgery, Oncology, Nephrology and Diabetes.

“It is recommended that the CELHIN and ministry of Health further examine the opportunities to improve patient care by building on the experience of the Cardiac Care Program to transform delivery as a regional system”

Expert Panel Report

We Agree!

Regional Care is the Best Path Forward for the CELHIN

- ✓ benefits the whole population of the Central East LHIN
- ✓ provides equitable access to timely high quality care
- ✓ has capacity and scalability for the future needs of our community

***The CELHIN Regional Care Model
offers greater opportunity and a better path forward
Than the recommendations of the expert panel***

The Preferred Path Forward: Regional Integration

Why its Best for our Community and the MOHLTC

- **Provides needed infrastructure investments now**
- **Keeps community need at the center of all decision making**
 - ✓ Support the local community integration by TSH, LHC, RVHS
 - ✓ Supports regional programs across our LHIN
 - ✓ Fosters collaborative solutions
 - ✓ Puts the focus on patients and communities, not on municipal boundaries
 - ✓ Most responsive to future community demands and growth
- **Consistent with MOHLTC and CELHIN Regional Priorities**
 - ✓ Deliver Regional Model of care
 - ✓ Put the patient first! Transform service delivery to systems of care not institutional delivery models
- **Leverages the success of Regional Services Exemplars**

✓ Cardiovascular	✓ Thoracic
✓ Radiology	✓ Vascular
✓ Shoulder Service	✓ Renal *
✓ Urology	✓ Cancer

Focuses our health care resources on progressive community based health care and not on years of expensive reorganization

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