

**North Simcoe Muskoka Local Health Integration Network
Decision issued pursuant to s.25(2)(a) of the
Local Health Systems Integration Act, 2006**

Integration: Regional Complex Continuing Care Service

Date: Wednesday, March 19, 2008

Parties to Decision

The following health service provider organizations are in agreement with the decision:

- Muskoka Algonquin Healthcare (MAHC)
- Collingwood General and Marine Hospital (CGMH)
- North Simcoe Hospital Alliance (Huron District Hospital [HDH] and Penetanguishene General Hospital [PGH])
- Royal Victoria Hospital (RVH)
- Orillia Soldiers' Memorial Hospital (OSMH)
- North Simcoe Muskoka Community Care Access Centre (NSM CCAC)

Facts

1. Five of the above organizations are acute care hospitals with a need to access complex continuing care (CCC) services for eligible patients who no longer require acute care services. The Penetanguishene General Hospital provides complex continuing care and rehabilitation services. The NSM CCAC provide a single point of access, for eligible residents, to community services and long-term care home programs including convalescent care, short stay respite and long stay placement for eligible residents of North Simcoe Muskoka. All of these organizations are located in the North Simcoe Muskoka LHIN and all are in agreement with the decision.
2. The purpose of the proposed integration is to implement centralized access to regional CCC beds. Centralized access will be coordinated through the North Simcoe Muskoka Community Care Access Centre (NSM CCAC) and includes: standardized eligibility criteria and assessment tools; central management of the waiting list(s); and standardized discharge criteria.
3. One hundred and eighteen (118) CCC beds will be sited at NSHA-PGH site (36), MAHC (34) and at OSMH (48)
4. Royal Victoria Hospital will transition out of the delivery of complex continuing care.
5. The NSM LHIN will no longer fund RVH for 35 CCC beds but will fund them for a yet to be determined number of acute care beds.

Process

In the spring of 2007, at the request of the Ministry of Health and Long-Term Care (MOHLTC) and Royal Victoria Hospital, the NSM LHIN established a group to explore current utilization of complex continuing care services, to project future need and to make recommendations regarding the most appropriate utilization, configuration and distribution of CCC resources within the LHIN.

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At each step in the planning process, key recommendations were supported by the Simcoe Muskoka Health Network ¹ and ongoing updates have been provided to them.

Specifically, on June 15, 2007, Network 1 endorsed in principle resizing of CCC and the implementation of centralized access and wait list management for CCC beds.

On July 13, 2007, they endorsed the siting of CCC at three corporations and exploration of the NSM CCAC as the provider of centralized access and wait list management.

Broader communication of, and consultation on, the proposed changes began the week of October 15th, 2007.

Human resources implications of the recommendations have been analyzed and no job loss is expected.

The parties have agreed to:

- Implement centralized access, coordinated through the NSM CCAC, to regional complex continuing care beds including:
 - Standardized eligibility determination (eligibility criteria and assessment tools)
 - Central management of the waiting list(s)
 - Standardized discharge criteria
 - Standardized policies for the operation of centralized access

Analysis of Intended Integration

Analysis of the current state of CCC services within the LHIN supports that there is significant variability in the utilization of CCC resources and in access to and outcomes for CCC patients in North Simcoe Muskoka.

Expected benefits of this integration include:

- improved equity of access to CCC for all residents of North Simcoe Muskoka (NSM);
- more streamlined access to a range of restorative and supportive care options;
- more appropriate and effective utilization of CCC resources;
- improved quality of care and, subsequently improved patient outcomes;
- increased acute care capacity at Royal Victoria Hospital (RVH) to meet both local and regional needs; and
- the creation of a rich data source, enhancing our understanding of need within NSM and supporting future planning.

Decision

Pursuant to subsection 25(2)(a) of the Local Health System Integration Act, 2006 (LHSIA), the NSM CCAC, RVH, CGMH, MAHC-SMMH site, MAHC-HDMH site, NSHA-PGH, NSHA-HDH and OSMH are hereby required to implement centralized access to CCC beds, coordinated through the NSM CCAC, and including

- Standardized eligibility determination (eligibility criteria and assessment tools)
- Central management of the waiting list(s)
- Standardized discharge criteria

by the end of May, 2008.

¹ Simcoe Muskoka Health Network 1 is comprised of all hospital Chief Executive Officers and the CCAC Executive Director within the NSM LHIN's geographic area.

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By the end of March, 2008 all parties to the decision will have completed and signed off on all related policies and procedures to begin implementation.

Authorized Signature

As authorized by the Board of Directors at the March 19, 2008 Board of Directors' meeting, this decision is signed by the Board Chair on behalf of the:

North Simcoe Muskoka Local Health Integration Network

Signature: RS Rosen

Date: MAR 27 2008

Name: Ruben Rosen

Title: Board Chair