Our Healthy Future

Special GIC Meeting, City of Hamilton May 24, 2016





Agenda

Four sections with Q&A after each:

- 1. The capital planning process
- 2. Vision: Patients as partners & a population health approach
- 3. Vision: Dual service role & research, innovation & learning
- 4. Vision: Rebuilding HHS





Our Healthy Future

Stakeholder Engagement

























Community Health Centre





Waterloo Wellington LHIN









Ministry of Health capital planning process

Stage 1A

- Look ahead 5, 10 and 20 years at the volume & nature of care needed and the facilities required to deliver it
- Create a vision for our clinical services and capital planning (Master Program)
- Take an enterprise approach to serving our community





Ministry of Health capital planning process

Stage 1B:

- How our programs and services work together
- The role of our facilities today & tomorrow
- Long-term options for siting
- Developing new models of care (e.g. community hubs)



HHS' last capital plan completed in 1989

- Juravinski Hospital and Cancer Centre Redevelopment
- West End Urgent Care
- Regional Rehabilitation Centre
- David Braley Cardiac Vascular & Stroke Research Institute
- Ron Joyce Children's Health Centre



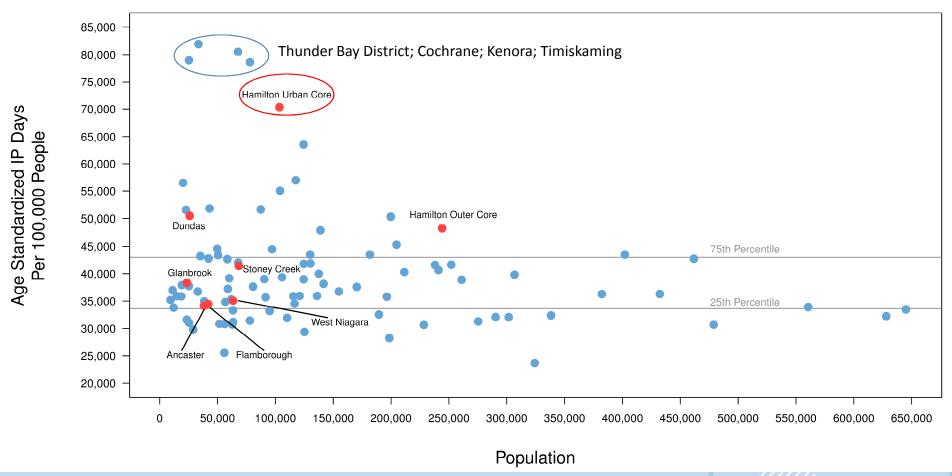


Challenges & opportunities

- Highest urban hospital use in Ontario
- Aging infrastructure
- Population aged 80+ will double in 25 years
- Rise of chronic disease (COPD, CHF)



A tale of two cities







Challenges & opportunities

- The rising cost of technology
- Changing patient & community expectations
- Leveraging our status as leading teaching
 & research hospital
- Expected 20% growth moderation



Planning timeline – next steps

- June 2016 HHS Board approval sought
- September 2016 HNHB LHIN Board approval sought
- Fall 2016 submission to Ministry of Health & Long Term Care
- 2017 2018 HHS completes Stage 1B planning (approximately one year)
- 2018 2020 detailed functional planning





QUESTIONS?





Our vision: Patients as partners

- High quality care+
- Reflect what people value most:
 - Excellent experience
 - Involvement of family & caregivers
 - Having an advocate
 - Assistance with navigation
 - Feeling respected





Our vision: Patients as partners

Enduring – Our relationship with our patients should not be episodic or transactional

Collaborative – Our patients should be engaged and activated in determining the whole of their healthcare journey and in managing their own health





Our vision: A population health approach

High Risk Patients 5% of patients; usually with complex disease(s) and comorbidities- manage aggressively

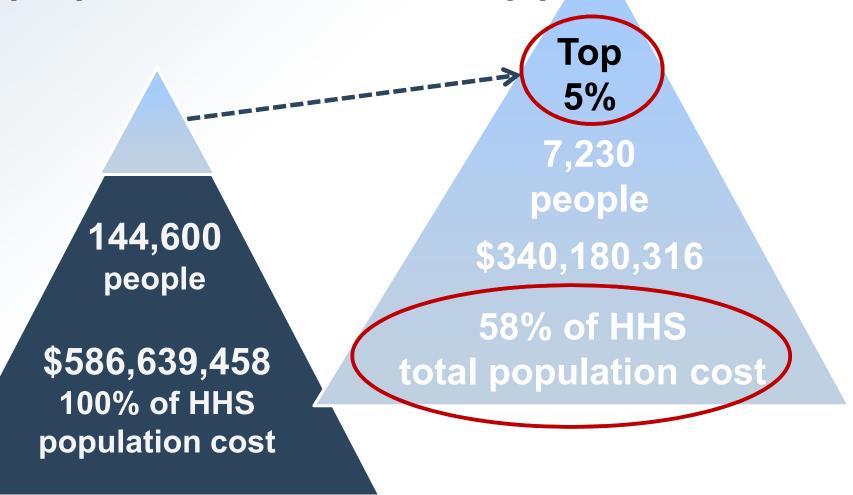
Rising Risk Patients

15-35% of patientsintervene proactively

Low Risk Patients

60-80% of patients; low risk, predictable – serve efficiently

A population health approach







The impact of high utilization

1% of our patients
1,000 people
\$76-million annually







QUESTIONS?





Our vision: Research, innovation & learning

- Top 2 research hospital in Canada:
 - \$212 million: 60% private sector-funded
 - Clinical trials: 1500 sites in 86 countries
- 450 researchers critically important to centre of excellence role
- 2200+ student placements annually



Our vision: Research, innovation & learning

- HHS health informatics (Clinical Connect) used in 30% of Ontario hospitals
- HHS provides Integrated Decision Support for 6 LHINs
 - Over 50% of Ontario health data capture is warehoused by HHS
- Operator of CritiCall for all of Ontario





Our vision: Research, innovation & learning

- Apply global research locally, quickly & effectively
- A national leader in the application of evidence-based medicine
- Be a magnet organization for healthcare's best & brightest
- Strategic innovation alliances with industry





QUESTIONS?





Our vision: Rebuilding HHS

We are here for both regional & community care

- Responsible for 2.3 million+ people
- Community hospital for Hamilton and West Niagara residents
- Regional programs are centres of excellence in Ontario (stroke, cardiac & vascular, trauma, neuro, burn, cancer, pediatrics)





Our vision: Rebuilding HHS

- More HHS access points in our community:
 - urgent and ambulatory clinics
 - community care delivered in partnership
 - virtual access points
- If a service doesn't have to be in hospital, it won't be





Our vision: Rebuilding HHS

- 50%+ space required over 20 years for:
 - Population growth
 - Modern infection control standards
 - Min. 80% private rooms
 - Accessibility standards
- Several ageing buildings that are not wellsuited to growth or redevelopment



Our vision for 2036

- Focus acute care growth & redevelopment on 2 campuses
- More community access points (urgent & ambulatory care clinics)
- New Children's & Women's Hospital
- Rebuilt & integrated programs for seniors
- Updated General & Juravinski (redevelop old wings to modern standards)
- Redevelop West Lincoln Memorial Hospital





In summary

- Patients as partners
- Population health
- National leadership in research & learning
- New innovation partnerships
- A rebuilt HHS



What's next

- Much more work to be done
- If the draft vision is accepted, we will begin the next stage of planning process
- Internal/external engagement continues
- Continued investment in our current infrastructure



QUESTIONS?



