

Rob MacIsaac

President and Chief Executive Officer Hamilton Health Sciences

September 28, 2016

Stephanie Paparella Legislative Coordinator Office of the City Clerk City of Hamilton 71 Main Street West, 1st Floor Hamilton, ON L8P 4Y5

Dear Ms. Paparella:

Re: Proposed Urgent Care Facility on the South Hamilton Mountain

Thank-you for your letter dated August 31, 2016, received in our offices on September 12, 2016, outlining Hamilton City Council's motion of July 8, 2016. The motion is in regards to the placement of an urgent care centre on Hamilton's south mountain. I am pleased to respond on behalf of Hamilton Health Sciences.

There are a number of factual matters that should be addressed in connection with the Motion passed by City Council.

Regarding part (a) of City Council's motion, Hamilton Health Sciences (HHS) is not aware of any previous commitment made to build an urgent care facility on the south Hamilton mountain.

Regarding Part (b) of the motion, Council should be aware that the property occupied by the former Chedoke Hospital is owned by the Bay Area Health Trust (BAHT), not HHS. BAHT is not controlled by HHS although HHS is a named beneficiary of that trust. Further, HHS is unaware of any legal constraints as to the use of any proceeds of the disposition of the Chedoke property.

McMaster University Medical Centre | 1200 Main Street West, Hamilton, Ontario L8S 4J9 **T:** 905.521.5080 | **F:** 905.521.5067 | **E-mail:** rob.macisaac@hhsc.ca | www.hamiltonhealthsciences.ca

Ms. Paparella – page 2 – September 28, 2016

As Council may be aware, the provincial government does not fund the purchase or maintenance of medical equipment used in hospitals. Significant local contributions are required for this and other capital expenses. As you might expect then, to the extent that HHS receives any of the proceeds of the sale of this property, it intends to use them as a contribution towards the immense capital needs of the hospital.

This includes investments in infrastructure maintenance and repairs deemed necessary and prudent from a health and safety perspective, and equipment replacement required for us to meet the standard of care expected of us by our patients and this community. Placing these funds into a "reserve" as requested would diminish our ability to properly serve and protect the needs of our patients and our staff.

HHS is not alone in its struggle to keep up with capital needs. In this regard, we note that many other cities across the province have come to the aid of their hospitals with grants to ensure that their facilities and equipment are being appropriately funded. HHS would be pleased to begin a discussion in this regard with the City of Hamilton.

Regarding part (c) of Council's motion, as the Mayor and Council are aware, HHS is currently engaged in planning for the redevelopment of all our facilities over the next 20 years. This planning initiative is called *Our Healthy Future*, and it includes a high degree of engagement with our staff and community.

Redevelopment planning for Ontario hospitals is a multi-year process requiring approvals from both the Local Health Integration Network (LHIN) and the Ministry of Health and Long-Term Care (MOHLTC). HHS recently submitted Stage 1-Part A of our planning proposal to the Hamilton Niagara Haldimand Brant LHIN for their approval. In this submission, we proposed the development of an innovative strategy for HHS' outpatient care.

HHS recently commenced work on Stage 1-Part B of the MOHLTC's capital planning process. During this next phase of planning, we will add more detail to our current proposal, including the outpatient strategy, to more fully describe how and where we see HHS services operating as a system to the benefit of the City of Hamilton and the entire region served by HHS.

Ms. Paparella – page 3 – September 28, 2016

We expect that, in some cases, these settings will involve co-locating with other essential social services in new or existing community hubs. Other services could involve using mobile clinics or web-based technology. Ultimately, however, every change we propose to HHS' physical service delivery model will be based on evidence of patient need and the best available science on effective health service delivery. Using this approach, we foresee many opportunities to enhance patient access to hospital services for all of Hamilton.

Sincerely,

Rob MacIsaac

President and CEO

cc. Michael Shea, Board Chair, HNHB LHIN
Donna Cripps, Chief Executive Officer, HNHB LHIN
Barry Brownlow, Board Chair, BAHT