



Lakeridge Health – Whitby Site Steering Committee

Options Study

Summary & Recommendations

Report to CE LHIN Board of Directors

June 6, 2008

Engaged Communities.
Healthy Communities.

Purpose

- Overview of Report
 - Background
 - Scope and Methodology
 - Key Issues
 - Options Considered
 - Assessment Criteria
 - Preferred Option(s)
 - Recommendations

Engaged Communities.
Healthy Communities.

Background

Whitby Fire (July 2, 2007)

Relocation/transfer of all patient services to alternative sites

Service	Pre-fire (Operating)	Post-fire (Operating)
Complex Continuing Care (CCC)	80 beds (71 patients)	66 beds - 20 CCC beds – RVHS Centenary - 10 beds – LH Oshawa - 26 beds – LH Bowmanville - 10 beds – LH Bowmanville
Dialysis / Nephrology	33 stations Kidney Care Clinic Home Hemodialysis	28 stations - LH Oshawa LH Oshawa LH Oshawa
Day Hospital	16 – 18 spaces	LH Oshawa

Engaged Communities.
Healthy Communities.

Background

- **Steering Committee**
 - CE LHIN Finance Committee - October 2007 – support for a LHIN led Steering Committee to review options
 - First meeting – February 5, 2008
 - Primary scope changed to focus on immediate “hot buttons” - physical environment/safety, staffing challenges for beds operated by LHC at RVHS Centenary site. (See Section 1.4 p8)
- **Life Safety Study**
 - Report received January 2008
 - Estimated \$2.5 M in renovation – 12 months to complete

Scope and Methodology

- **Original Proposed Scope** (Section 1.4)
- **Revised Scope – Review of Short Term Options to Improve Physical/Operating Environments**
 - Temporary Dialysis stations (21) – 6th Floor – LH Oshawa
 - 26 bed Geriatric Assessment and Rehabilitation Unit – LH Bowmanville
 - Staffing challenges – 20 bed complex continuing care unit – Rouge Valley Centenary Site
- **Methodology**
 - Key informant interviews, site visits, assessment of space, description and assessment of options
 - Order of magnitude costing
 - Steering Committee meetings to review and assess options
 - Preferred option(s) by the Committee

Key Issues

. Key Issues/Pressures (Section 3.0)

- Physical environment, risks
- Impact on care, staffing
- Development/redevelopment timing – Lakeridge (LH Oshawa and LH Bowmanville)
- Rouge Valley – Current reconfiguration of services
- LHC ongoing extra expenses due to relocation - approximately \$100K per month (+/- \$1.2 M per year)
- Short term availability of space within the system is limited
- Temporary situation/siting for all relocated services from the Whitby site cannot continue indefinitely
- The correct sizing and siting of services in the absence of a Clinical Services Plan at the CE LHIN level.

Options Considered

- **Dialysis (6 options)** – Section 4.2

Options relate to the 21 dialysis stations on the 6th Floor of the LH Oshawa site

- **Option A:** Maintain Dialysis on 6 A at the LH Oshawa site
- **Option B:** Relocate to RVHS Ajax or Other Locations Using Trailer(s)
- **Option C:** Relocate to RVHS Ajax – Ambulance Building and Bay
- **Option D:** RVHS Ajax - Occupy Portion of Existing Maternal Child Wing
- **Option E:** Whitby Mental Health I.T. space.
- **Option F:** Lease Space – Alternative Community Based Locations

Options Considered

- **Geriatric Assessment and Rehabilitation Unit (3 options)** – Section 4.3

Options relate to the 26 GARU beds operated at LH Bowmanville site

- **Option A:** Status Quo – LH Bowmanville site
- **Option B:** Relocate to RVHS Ajax – Current Mental Health Wing
- **Option C:** Switch/transfer units – GARU Unit operates at RVHS Centenary and increased to 28 beds (from 20), CCC Unit operates from LH Bowmanville
 - Combined option with the operation of the CCC beds at RVHS Centenary Site

Options Considered

- **Complex Continuing Care – RVHS Centenary Site (3 options)** – Section 4.4

Options relate to the 20 complex continuing care beds operated by LH at the Rouge Valley Health System Centenary site

- **Option A:** Status Quo – LH Continues to Operate
- **Option B:** LH Transfers to RVHS to Operate (Short Term)
- **Option C:** Switch/transfer units – GARU Unit operates at RVHS Centenary and increased to 28 beds (from 20), CCC Unit operates from LH Bowmanville
 - Combined option with the operation of the CCC beds at RVHS Centenary Site

Assessment Criteria

- **Assessment Criteria** (Section 4.5)
 - Physical Space/Environment
 - Timing
 - Costs
 - Service Implications
 - Implementation Considerations/Complexity
 - Impact – Long Term Planning
- **Assessment Summary** (Appendix B)
- **Description and Assessment of Options** (Appendix C)

Engaged Communities.
Healthy Communities.

Preferred Option(s)

- Majority of options were clearly not viable based on:
 - Extent of renovations required
 - Length of time and/or complexity for implementation
 - Costs – individually or collectively
 - Negative service implications/impact
 - Impact on long term planning
- Other major influencing factors in relation to the viability of options included:
 - The ability to bring capacity to pre-fire levels
 - Lack of CE LHIN space/system capacity
 - Necessity to relocate **all** temporary sited services at the LH Oshawa and LH Bowmanville sites due to redevelopment scenarios
 - Continued operational inefficiencies during temporary relocation

Recommendations (p 21)

Recommendations were supported by the majority of Committee Members

1. Pursue relocation of LH Day Hospital to Whitby Mental Health Centre to help resolve internal challenges related to the temporary operation of Nephrology services at the LH Oshawa site.
2. Lakeridge Health and Rouge Valley proceed with steps that involve the switch/transfer of the Geriatric Assessment & Rehabilitation Unit from LH Bowmanville to RVHS Centenary and the relocation of the CCC Unit from RVHS Centenary to LH Bowmanville.

(Note: This option brings 8 beds back into the LH system)

Recommendations (p 21)

3. To proceed with the capital re-investments and approvals necessary to re-open the Whitby site as soon as possible so that services displaced by the fire can be repatriated back to more favorable physical and operating environments. The process should be expedited with the Ministry of Health to ensure the scope of work is completed within the 12 month estimated timeline.