

**Protocol for Assigning Hospitals to Groups  
under**

***The Public Hospitals Act***

***Stakeholders' Copy***

**LHIN Liaison Branch  
Relations and Coordination Branch  
Ministry of Health and Long-Term Care**

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# 1. Purpose of the Protocol

This protocol sets out the process that the Ministry of Health and Long-Term Care (“Ministry”) will follow when considering a request to assign a hospital site to a group under subsection 32.1(1) of the *Public Hospitals Act* R.S.O. 1990 (the “Act”), and Regulation 964 made under the Act (Case A). It also outlines the process for removing a hospital site from a group (Case B).

The protocol should be used in conjunction with applicable legislative requirements under the Act and other relevant policies. For example, the protocol on CT scanners is relevant to assigning a hospital site to Group M. Similarly, Groups A, D, H and L relate to teaching hospitals, so Physician Planning Unit of Health Human Resources Division should be consulted.

## 2. Definitions

Under section 1 of the Act, “hospital” means “any institution, building or other premises or place that is established for the purposes of the treatment of patients and that is approved under this Act as a public hospital”.

## 3. Application and Scope

This protocol applies to the Ministry of Health and Long-Term Care, Local Health Integration Networks (LHINs) and to public hospitals.

## 4. Applicable Legislation

Under clause 32(1)(b) of the Act, subject to the approval of the Lieutenant Governor in Council, the Minister of Health and Long-Term Care (“the Minister”) may make such regulations with respect to hospitals as are considered necessary for their classifications, grades and standards.

Under subsection 32.1(1) of the Act, the Minister may assign hospitals to the different hospital classifications and hospital grades established by regulation under clause 32(1)(b) of the Act.

The Minister has delegated this power of assignment to the Director, LHIN Liaison Branch, Health System Accountability and Performance.

Regulation 964 sets out the classification and grading of hospitals under the Act. Under subsection 1(1) of the Regulation, public hospitals are classified as general hospitals, convalescent hospitals, hospitals for chronic patients, active treatment teaching psychiatric hospitals, active treatment hospitals for alcoholism and drug addiction, and

regional rehabilitation hospitals. Subsection 1(1) goes on to set out the grades of hospitals, which are referred to as "groups". See appendix A.

Under subsection 1(2) of the Regulation, hospitals, their classifications and grades are set out in the list maintained by the Minister under subsection 32.1(2) of the Act and will be available on the Internet, through the website of the Ministry of Health and Long-Term Care at [www.gov.on.ca/health](http://www.gov.on.ca/health).

## 5. Process – Roles and Responsibilities

### **Case A: Assignment of site to Group under the Public Hospitals Act**

The section pertains to requests for new assignment to group for hospital site(s) and/or request to add additional assignments to groups for hospital sites with existing assignments. Note that all assignments are site-specific.

The request for additional assignment will follow the same process as request for new assignment.

#### **Step 1 – Hospital prepares a Business Case**

A hospital requesting that a site be assigned to a group under the Act must prepare and submit a business case to their LHIN Chief Executive Officer (CEO). The request should be made at **least 60 days** before a decision is required to allow time for LHIN and Ministry review.

The business case must address the following:

- Rationale for requesting the assignment. Clearly indicate why the assignment is being requested at this time.
- The type of assignment sought, and the site of the hospital for which it is sought.
- The method by which the hospital intends to address the service outlined in that Group in Regulation 964.
- Any risks associated with not proceeding with the requested assignment.
- Any community engagement that was conducted for this purpose.
- Any implications that may result from the assignment, including financial, service and health human resources implications.

- Discussion of whether the assignment is consistent with the hospital's strategic plan, Health Service Accountability Agreement (HSAA), Hospital Annual Planning Submission (HAPS) and the LHIN's Integrated Health Service Plan.
- A precise statement of how the hospital wants the site name to appear in the assignment that will appear on the Ministry's website.
- Any other matter the LHIN considers important and advises the hospital.
- Any other matter the hospital considers important.

**In addition to the business case, the hospital must provide a resolution from its Board of Directors supporting the assignment.**

**In addition, for Group A grading hospitals must also include any legal agreement that would support the request (e.g. written affiliation agreement with a university).**

The assignment of a hospital to another Group may impact on the Hospital Service Accountability Agreement with their LHIN. The hospital and the LHIN should address this issue prior to the submission of the business case to the Ministry.

## **Step 2 – LHIN Review**

The CEO or designate receives the proposal and coordinates the review of the application against the requirements set out in step 1 above.

In reviewing the application package, the LHIN should consider the following among other things:

- whether the assignment is consistent with the strategic objectives of the LHIN and the local health system;
- whether the assignment will have any impact on local programs or services being provided in other hospitals (e.g. , duplication of services); and
- whether the assignment will result in financial implications for the hospital and LHIN

Once the review has been conducted, the CEO or designate should prepare a written letter of recommendation to the Director, LHIN Liaison Branch. The LHIN should provide a clear rationale to explain its reasoning if its recommendation is contrary to the

hospital's request. The LHIN's recommendation will form an important part of the Minister's or his delegate's decision.

If the LHIN supports the request, the application package and the LHIN's recommendation letter should be sent to the Director, LHIN Liaison Branch.

If the LHIN does not support the request, a letter should be sent to the Director, LHIN Liaison Branch outlining the reasons for the LHIN's decision prior to notifying the hospital of its decision. In this case, the LHIN does not need to send the application package to the Ministry.

**The LHIN should endeavour to review the application package and provide its recommendation to the Ministry in 30 business days.**

Business cases that have not been reviewed and approved by the LHIN should not be sent to the Ministry.

### **Step 3 – Ministry's Review**

The LHIN Liaison Branch, Health System Accountability and Performance Division, Ministry of Health and Long-Term Care will coordinate the Ministry's review of the business case and oversee the preparation of any necessary documents for approval consideration.

As part of the review process, it may be appropriate for the Ministry to contact the LHIN and/or the hospital to obtain additional information. The Ministry may contact hospitals directly to address questions/concerns that are technical in nature or for minor clarification issues, with a copy to the LHIN.

**The Ministry will endeavour to review and provide a written response in 30 business days.**

## **Case B: Removal of hospital site from Group**

### **Step 1 – Hospital Submits Business Case**

A hospital wishing to remove a site from a group under the Act must prepare and submit a business case to their LHIN Chief Executive Officer (CEO). The request must be made at **least 60 days** before a decision is required to allow time for LHIN and Ministry review.

The business case must address the following:

- Rationale for requesting the removal. Clearly indicate why the removal is being requested at this time, and which hospital site or sites would be affected.
- Any risks associated with not proceeding with the requested removal.
- Any community engagement that was undertaken.
- Discussion of whether the removal is consistent with the hospital's strategic plan, HSAA, HAPS and the LHIN's Integrated Health Service Plan.
- Any other matter the LHIN considers important and advises the hospital.
- Any other matter the hospital considers important.

**In addition to the business case, the hospital must provide a resolution from its Board of Directors supporting the removal.**

## **Step 2 – LHIN Review**

The CEO or designate receives the proposal and coordinates the review of the application against the requirements set out in step 1 above.

In reviewing the application package, the LHIN should consider the following among other things:

- whether the removal is consistent with the strategic objectives of the LHIN and the local health system; and
- what impact the removal will have on local programs or services being provided by the hospital.

Once the review has been conducted, the CEO or designate should prepare a written letter of recommendation to the Director, LHIN Liaison Branch. The LHIN should provide a clear rationale to explain its reasoning if its recommendation is contrary to the hospital's request. The LHIN's recommendation will form an important part of the Minister's or his delegate's decision.

If the LHIN supports the request, the application package and the LHIN's recommendation letter should be sent to the Director, LHIN Liaison Branch.

If the LHIN does not support the request, a letter should be sent to the Director, LHIN Liaison Branch outlining the reasons for the LHIN's decision prior to notifying the hospital of its decision. In this case, the LHIN does not need to send the application package to the Ministry.

**The LHIN should endeavour to review the application package and provide its recommendation to the Ministry in 30 business days.**

### **Step 3 – Ministry’s Review**

The LHIN Liaison Branch, Health System Accountability and Performance Division, Ministry of Health and Long-Term Care will coordinate the Ministry’s review of the business case and oversee the preparation of any necessary documents for approval consideration.

As part of the review process, it may be appropriate for the Ministry to contact the LHIN and/or the hospital to obtain additional information. The Ministry may contact hospitals directly to address questions/concerns that are technical in nature or for minor clarification issues, with a copy to the LHIN.

**The Ministry will endeavour to review and provide a written response in 30 business days.**

Hospital classification can be found at  
[http://www.health.gov.on.ca/english/public/contact/hosp/hosp\\_mn.html](http://www.health.gov.on.ca/english/public/contact/hosp/hosp_mn.html)

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**Date approved:**

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**Approved by:** Leela Prasaud

## **Appendix A:**

### **Regulation 964: Classification of Hospitals**

1. (1) Hospitals are classified as general hospitals, convalescent hospitals, hospitals for chronic patients, active treatment teaching psychiatric hospitals, active treatment hospitals for alcoholism and drug addiction and regional rehabilitation hospitals, and are graded as,

- a) Group A hospitals – general hospitals providing facilities for giving instruction to medical students of any university, as evidenced by a written agreement between the hospital and the university with which it is affiliated, and hospitals approved in writing by the Royal College of Physicians and Surgeons for providing post-graduate education leading to certification or a fellowship in one or more of the specialties recognized by the Royal College of Physicians and Surgeons;
- b) Group B hospitals – general hospitals having not fewer than 100 beds;
- c) Group C hospitals – general hospitals having fewer than 100 beds;
- d) Group D hospitals – hospitals that treat patients suffering from cancer, that undertake research with respect to the causes and treatment of cancer and that provide facilities for the instruction of medical students;
- e) Group E hospitals – general rehabilitation hospitals;
- f) Group F hospitals – hospitals for chronic patients that also have fewer than 200 beds but not including group R hospitals;
- g) Group G hospitals – hospitals for chronic patients and having fewer than 200 beds but not including Group R hospitals;
- h) Group H hospitals – psychiatric hospitals providing facilities for giving instruction to medical students of any university;
- i) Group I hospitals – being hospitals for the treatment of patients suffering from alcoholism and drug addiction;
- j) Group J hospitals – designated by the Minister to provide special rehabilitation services for disabled persons in a region of Ontario specified by the Minister for each hospital;
- k) Group K hospitals – separate organized facilities approved as such by the Minister to provide local diagnostic and treatment services in a community or district to handicapped or disabled individuals requiring restorative and adjustive services in an integrated and coordinated program;
- l) Group L hospitals – hospitals for the treatment of patients suffering from alcoholism and drug addiction and providing facilities for giving instruction to

medical students of any university as evidenced by a written agreement between the hospital and the university with which it is affiliated;

- m) Group M hospitals – hospitals that may charge and accept payment from other hospitals for the performance of computerized axial tomography scans;
  - n) Group N hospitals – hospitals that may acquire and operate magnetic resonance imaging equipment and may charge and accept payment from other hospitals for the performance of magnetic resonance imaging;
  - o) Group O hospitals – hospitals used as transplantation centres;
  - p) Group P hospitals – hospitals that may acquire and operate extra corporeal shock wave lithotripsy equipment;
  - q) Group Q hospitals – hospitals that provide in vitro fertilization services;
  - r) Group R hospitals – for chronic patients that are called continuing care centres;
  - s) Group S hospitals – hospitals that provide biosynthetic human growth hormones;
  - t) Group T hospitals – hospitals that may act as distributing centres for drugs for cystic fibrosis treatment and that provide drug-related therapy for cystic fibrosis treatment;
  - u) Group U hospitals – hospitals that may act as distributing centres for drugs for thalassemia treatment and that provide drug-related therapy for thalassemia treatment; and
  - v) Group V hospitals - hospitals that operate ambulatory care centres.
- (2) The hospitals, their classifications and grades are set out in the list maintained by the Minister under subsection 32.1 (2) of the Act and available on the Internet, through the website of the Ministry of Health and Long-Term Care at [www.gov.on.ca/health](http://www.gov.on.ca/health)