

**Report to the Board of Directors**  
Huron Perth Residential Hospice Proposal

**Meeting Date:** February 21, 2017

**Submitted By:** Kelly Gillis, Senior Director, System Design & Integration  
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**Submitted To:**  Board of Directors  Board Committee

**Purpose:**  Information Only  Decision

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**Suggested Motion**

*THAT the South West Local Health Integration Network (LHIN) Board of Directors approves, in principle, the establishment of a two-site Residential Hospice for the Huron Perth sub-region with 6 beds in Stratford and 4 beds in Central Huron; and*

*THAT pending the allocation of funding from the Ministry of Health and Long-Term Care, operational funding will be provided for the nursing, personal support and other patient related costs in accordance with the provincial Residential Hospice funding policy once the 10 beds are operational, anticipated to be prior to March 31, 2018; and*

*THAT leadership from the South West LHIN continue to engage Huron County partners to seek alignment to the unified solution and the establishment of a single Residential Hospice satellite site in Huron County.*

**Purpose**

The purpose of this briefing is to provide information to the South West LHIN Board of Directors to enable the Board to determine whether or not it wishes to approve, in principle, the establishment of a two-site Residential Hospice (RH) for the Huron Perth area with 6 beds in Stratford and 4 beds in Central Huron, understanding that the recommendation ensures optimal access for all residents in Huron Perth and will position the communities to provide a high quality, sustainable RH service.

## Brief Background & Project Description

### Background

In June 2016, the Province of Ontario announced the addition of 200 new RH beds by the end of 2018/19. RH is recognized as an important element in the continuum of care and a key enabler to achieving an overall reduction in the percentage of deaths that occur in hospital. In order to maximize their utility, RH beds are being planned by the South West LHIN to be a part of an integrated system of care that includes a continuum of services to support individuals and families throughout their palliative journey, regardless of place of death. As a specialized service, RH care is a multi-community service and locations will serve a broad catchment area aligned with the LHIN sub-regions. To ensure these services are offered in the most optimal way, the role and level of LHIN involvement in RH planning has increased significantly over the last two and a half years. A background on RH planning in the South West LHIN is available [here](#).

### South West LHIN RH Capacity Planning

RH planning within the South West LHIN has been informed by the results of a regional capacity plan completed by the LHIN in partnership with the South West Hospice Palliative Care (HPC) Network in July 2015 and refreshed in November 2016. The report reflects a population-based approach to planning and is aligned with the provincial approach to capacity planning utilized by the Ontario Palliative Care Network (OPCN). The aim was to understand the current state resources and to determine the need for additional HPC resources (bedded and community) in a variety of care settings.

The approach to the development of capacity planning recommendations being leveraged for this work clearly outlines the roles of all groups involved in the process including LHIN staff, the HPC Leadership Committee and the local HPC Collaboratives. The primary roles for these groups are as follows:

- LHIN staff – lead and inform the capacity planning process
- South West LHIN HPC Leadership Committee – develop recommendations - members are appointed by the LHIN. Members include Executive Leads from Collaboratives, regional program representation and key sector representation.
- Local HPC Collaborative for each LHIN Sub-region – move recommendations to action – the executive lead is appointed by the LHIN. Members are selected locally, approved regionally and include a mix of health services providers, patient/family and community.

The results of the South West LHIN regional capacity plan identified Huron Perth, Grey Bruce, and Elgin as priority geographies for the establishment of RH capacity. Based on the recommendations put forward by the HPC Leadership Committee and accepted by the LHIN Board in December 2015, the local Huron Perth HPC Collaborative began to explore how best to operationalize 10 beds for the Huron Perth sub-region.

There are currently no RH beds in Huron Perth. The projected number of deaths for the sub-region indicates a slightly higher level of need in Perth compared to the projections for Huron. In Perth, the need is more localized to Stratford, whereas the need in Huron is more dispersed. One of the key decision making criteria for the LHIN will be the extent to which the

recommended bed location(s) optimize access to RH services within the sub-region while maintaining high quality, high value care.

### Current Status of RH Funding in the South West LHIN

In August 2016, the South West LHIN received additional annualized base funding for 2016/17 to support the expansion of RH services offered by the Residential Hospice of Grey Bruce by increasing the number of funded beds from six to eight.

The LHIN has also received confirmation from the Ministry of Health and Long-Term Care (the Ministry) indicating support for the establishment of 14 additional new hospice beds by 2018/19, to meet the LHIN's recommended bed allocation for the Grey Bruce and Huron Perth sub-regions. The Ministry is committed to providing funding for the new beds as they become operational.

### Key Guiding, Planning and Development Principles to Support RH Planning

To ensure the successful implementation of new RH capacity in the South West LHIN aligned with the LHIN's vision for integrated HPC and a continued commitment to quality improvement, the South West HPC Leadership Committee developed guiding principles as well as more detailed planning and development principles. These principles were endorsed by the South West HPC Leadership Committee on December 6, 2016.

The Guiding Principles outlined below were then subsequently approved by the South West LHIN Board of Directors at its meeting on January 17, 2017.

Planning for the development and implementation of new RH beds in the South West LHIN will:

- Ensure every person, no matter who they are, where they live or how much they make, has **equitable** access to residential hospice
- **Engage** patients, families, and communities in a meaningful way in both planning and ongoing operations
- Be based on **best available data, evidence and best practices** to support a culture of **quality** that is relentless in its pursuit of improving experience of care at end of life.
- Be aligned with our commitment to **transparency**
- Be a part of a fully **integrated** system where individuals and organizations intentionally work together to better organize and connect services to meet needs.
- Make best use of resources to ensure **sustainability** and **feasibility**

The detailed Planning and Development Principles are included in Appendix A.

### Decision Making Process for RH

The South West HPC Network is responsible for providing leadership to the development and implementation of integrated HPC in the South West including providing advice to the LHIN on how best to achieve identified goals. The South West LHIN is relying on advice from the South West HPC Leadership Committee and local HPC Collaboratives to inform the planning and development of RH capacity as part of an integrated system of hospice palliative care in the

LHIN. The responsibility for final decisions related to the siting of hospice palliative care beds and the associated funding rests with the South West LHIN Board of Directors.

The key steps of the decision making process for RH and the role of each group involved are as follows:

1. The HPC Leadership Committee reviews the local plan for alignment to vision and principles leveraging the RH Plan Review Support Tool which identifies elements of strength and components that require additional development. The Leadership Committee **endorses** the plan when they believe the plan is ready for LHIN staff to review and develop a recommendation to the LHIN Board.
2. LHIN staff conduct due diligence and provide assurance to the Board that the process has been followed and that the plan aligns to the vision and principles. LHIN staff **recommend** the proposed model and siting of services to the LHIN Board for consideration.
3. LHIN Board receives advice and recommendation of LHIN staff and are responsible for decision making that will advance the vision for integrated HPC in a sustainable manner. Pending consideration, the LHIN Board **approves** the recommendation and supports movement to the implementation phase subject to confirmation of funding from the Ministry.

A summary of the decision making process for RH and how the principles will be applied throughout is included in Appendix B.

To further support the LHIN Board's decision making process related to the development of RH in Huron Perth, meetings were held with two groups of representatives from the Huron County area on Friday, January 13, 2017 to receive an overview on planning activities completed to date related to the establishment of RH capacity in both the Central Huron area and in Exeter. A follow-up meeting with all representatives to discuss collaboration opportunities was hosted by LHIN Board representatives on Tuesday, February 7, 2017.

### Summary of Huron Perth RH Business Plan Proposal

In fall 2016, the Lough Barnes Consulting Firm was commissioned to conduct a study to better understand the current and future needs in Huron and Perth Counties and to produce a report identifying a model for RH capacity in Huron Perth that:

- recommends geographic locations for RH beds to best meet the needs of the sub-region and ensure a sustainable, operating model that can meet provincial and LHIN requirements;
- is based on best practice;
- leverages willing partners and communities; and
- aligns with local capacity for capital and annual fundraising to ensure the operational sustainability of the model.

This study represented a major step towards enhancing HPC in the region and moving towards a unified model for Huron Perth. The study was funded by the City of Stratford, Huron County, and a private donor and was supported by significant community and key stakeholder engagement.

The model presented in the report outlines the establishment of a RH model that incorporates a “centre of excellence” concept for HPC for Huron Perth. It also includes information on capital and operational financial viability and sustainability including fundraising capacity for the proposed model as well as a governance and administrative model required to run the proposed solution. The report offers a proposal for RH Huron Perth that is unified and designed to maximize access in a sustainable way without compromising quality. The proposed solution will meet the needs of residents and families in Huron Perth.

The HP business plan proposal was endorsed by the Huron Perth HPC Collaborative on November 23, 2016. After reviewing the proposal, the HPC Leadership Committee accepted the proposal at their December 15, 2016 meeting and recommended that the LHIN support the establishment of a two-site RH for the Huron Perth area with 6 beds in Stratford and 4 beds in the Clinton area.

### General Recommendation

The report recommends a two-site RH model for Huron Perth that includes a centralized location in Perth County with one satellite in Huron County. The rationale for selecting this option is to maximize accessibility and reduce travel time for all residents in Huron Perth; minimize operating costs; increase quality of care; allow for better management oversight; and increase caregiver expertise through concentration of care. This recommended model ensures optimal access for all residents in Huron Perth and will position the communities to provide a high quality, sustainable service. The elements of this proposal align with the key guiding principles approved by the Board on January 17, 2016.

### Options Analysis

Two potential models for the distribution of the 10 beds to be sited in the Huron Perth sub-region were considered in detail: a two-site model, and a three-site model. Both options were presented to the RH Sub-Committee and the two-site option was unanimously agreed upon as the model to move forward. This model aligns more closely with the key guiding principles and optimizes quality, value and access to RH services.

Three potential locations for the two sites within the selected model were considered; Stratford, Exeter and Clinton area. A thorough analysis of the potential combinations of these locations with respect to multiple factors including their ability to serve the entire population in Huron Perth was conducted. The combination of sites which offers optimal accessibility of services to the entire Huron Perth geography includes beds located in Stratford and Central Huron. With beds located in these two areas, all residents of Huron Perth would have access to RH services within a 1-hour travel time consistent with the accessible implementation principle. Locating beds in Stratford and Exeter results in a gap in access to RH services north and northeast of Goderich. Maps showing these two scenarios including the locations of the 3 current RHs and a potential site in the Walkerton/Hanover/Brockton area with 1-hour travel radius are shown in Appendix C.

In addition to the site recommendations, the commissioned report also includes an analysis of the capital and operating financial viability and sustainability including fundraising capacity for the proposed model and a governance and administrative model required to run the proposed Huron Perth RH solution. The full proposal is available [here](#) for optional reading.

### Details of the Recommendation

Based on the analysis of the options for the proposed model in relation to the key guiding, and planning and development principles, a centralized model with two sites; one located in Central Huron, and the other in the City of Stratford is being proposed. The operational capacity for the sites to meet the current demand is proposed to be 4 beds in Central Huron, 6 in Stratford, with the potential in the future to increase the beds to 6 and 9, respectively, to accommodate the projected increase in number of deaths.

### **Potential Risks**

| Potential Risk   | Description   |
|--|---|
| Impact of decision to site beds in Central Huron   | There has been strong support from individuals and community groups for the LHIN to support the siting of RH beds in Exeter rather than Central Huron and more recently to split the funded beds between the two communities. Choosing to support the siting of the beds in Central Huron is most likely to result in a negative community response.  |
| Financial impact of a community proceeding to implement without LHIN support   | Should more than one site in Huron County proceed to implementation, there is a risk to long-term sustainability and to negatively impact other important community services that rely on fundraised dollars. There is a finite amount of dollars available to be fundraised in Huron County to support the capital and operational expenses associated with a RH. By undertaking 2 separate projects the dollars required would be doubled, but the available dollars would need to be dispersed between two projects. It is likely that in this scenario, both RH would be unable to be successful. |
| Negative impact of more than one community in Huron County proceeding to implement a RH which results in insufficient financial, human, information, physician and community resources to sustain the operation of the organizations | As part of the <i>Efficient/Sustainable</i> planning and development principles, a unified solution is being planned for each sub-region where a single corporate entity, governed by a single board, operated by a single management structure will provide services in more than one location where needed. This enables the leveraging of knowledge and strengths of providers to achieve compressed implementation timeframes, creates opportunities to improve client experience, increase effectiveness and efficiency of both governance and management models.                                |

| Potential Risk  | Description  |
|---|--|
| Delaying the timing of decision   | In order for beds to be operational by 2018, sites need to be identified and moved to the next key stages of planning for implementation including announcing site selections, architectural drawings and raising additional capital funds.  |
| Impact on accessibility to services if beds are not sited in the Central Huron  | If the proposal to site beds in Central Huron is not supported and the decision is made to site beds in Exeter instead, a gap in accessibility in Huron Perth will be created in the north west part of the sub-region. This will result in inequitable access to these specialized services.  |
| Lack of understanding that RH beds are considered a multi-community specialized resource resulting in communities competing for resources | There is a need to clearly reinforce in public messaging that RH is a multi-community service and as such will not be located in every community throughout the sub-region. As an element of the <i>equitable</i> planning and development principle, and consistent with the definition of multi-community services as outlined in the South West LHIN Health System Blueprint – Vision 2022, some travel to access RH services will be required but these services will still be accessible within the multi-community area. |

## South West LHIN Conclusions and Recommendations

LHIN staff have been closely involved with this work and support the proposal and recommendation from the South West HPC Leadership Committee. Therefore, South West LHIN staff recommend that the South West LHIN Board approve the establishment of a two-site Residential Hospice for the Huron Perth sub-region with 6 beds in Stratford and 4 beds in Central Huron and that pending the allocation of funding from the Ministry of Health and Long-Term Care, operational funding will be provided for the nursing, personal support and other patient related costs in accordance with the Residential Hospice funding policy once the 10 beds are operational, anticipated to be prior to March 31, 2018.

LHIN staff further recommend that leadership from the South West LHIN continue to engage Huron County partners to seek alignment to the unified solution and the establishment of a single Residential Hospice satellite site in Huron County.

## Next Steps

Pending the South West LHIN Board of Directors decision:

- impacted communities will be contacted;
- LHIN staff will communicate the decision to key stakeholder groups including the public, elected officials, the Ministry, and Hospice Palliative Care Ontario;
- an advisory/leadership team and working groups will be established; and
- further effort will be made to align RH development activities in the Huron County area to ensure the success of the unified solution for Huron Perth.

Further details on the next steps and major milestones for implementation along with a detailed communication plan and conservative project timeline are included in the business plan. The total projected timeline for the implementation of the proposal is 2 years with a targeted opening of the RH beds in March 2018.

**Encl. – Optional Reading: Business Plan for a Unified Huron Perth Residential Hospice by Lough Barnes Consulting Group**

Appendix A: Residential Hospice Planning and Development Principles

Appendix B: Decision Making Process for Residential Hospice

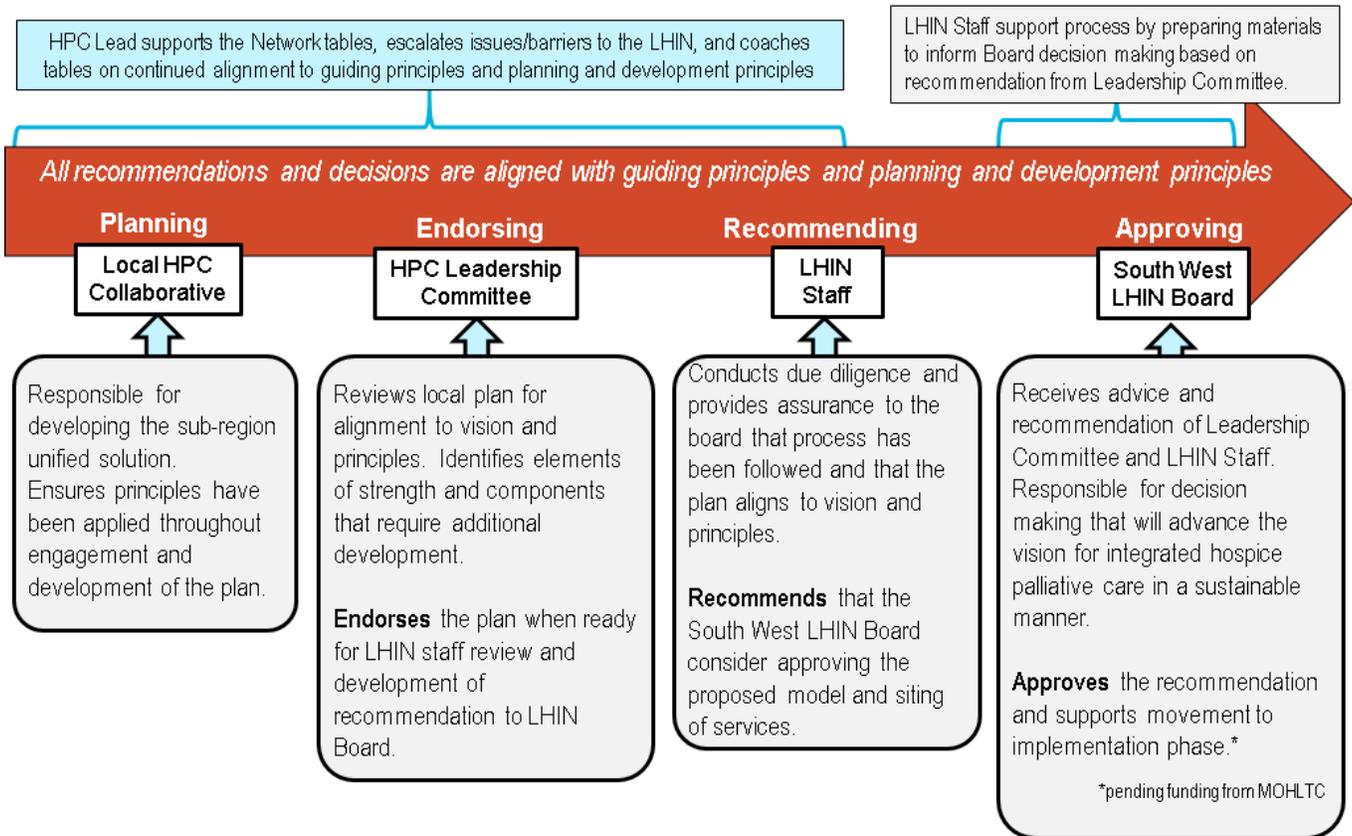
Appendix C: Residential Hospice Site Maps

**Appendix A: Residential Hospice Planning and Development Principles**

| Domain                   | Planning and Development Principles  |
|--------------------------|--|
| Accessible               | <ul style="list-style-type: none"> <li>• As a multi-community service, ensure the maximum number of people in the South West LHIN have access to Residential Hospice (RH) services within a reasonable travel distance from their home (50 km radius or approx. 1 hr.)</li> <li>• Leverage existing, established centralized access and waitlist mechanisms and processes to facilitate timely access and admission</li> </ul>   |
| Effective                | <ul style="list-style-type: none"> <li>• Complies with the provincial RH “Working Definition”</li> <li>• Is grounded in a Centre of Excellence Model</li> <li>• Complies with all Hospice Palliative Care Ontario (HPCO) Community RH Standards</li> <li>• Policies and procedures are evidence informed</li> <li>• Demonstrates effective governance and management to ensure organizations are successful, sustainable, and accountable.</li> </ul>  |
| Safe                     | <ul style="list-style-type: none"> <li>• All RH planning and operating activities are conducted in a manner that:               <ul style="list-style-type: none"> <li>• Ensures confidentiality and privacy of patients</li> <li>• Is without coercion, discrimination, harassment, or prejudice</li> <li>• Ensures safety and security for all participants</li> <li>• Identifies conflicts of interest</li> </ul> </li> <li>• Practice complies with provincial and national standards of care and norms of practice detailed by HPCO and the Canadian Hospice Palliative Care Association</li> <li>• Able to achieve elements of terms and conditions and/or obligations to receive funding</li> </ul> |
| Patient/ Family Centered | <ul style="list-style-type: none"> <li>• The public and communities are actively engaged and consulted by the local HPC Collaborative when developing plans for residential hospice.</li> <li>• Patient and family lived experience will inform all aspects of RH planning</li> <li>• Processes are open and transparent to the public.</li> <li>• A range of HPC resources and supports are provided to individuals and families at RH settings beyond end of life including bereavement.</li> </ul>  |
| Equitable                | <ul style="list-style-type: none"> <li>• A unified approach to care for each sub-region is designed to meet the needs of the population not an individual community.</li> <li>• All aspects of care are provided in a manner that is sensitive to the person and family’s personal, cultural, and religious or spiritual values, conditions, beliefs, and practices, to support them to deal with the dying process.</li> </ul>  |
| Efficient/ Sustainable   | <ul style="list-style-type: none"> <li>• Aligns with the regional capacity plan recommendations</li> <li>• Be sustainable and feasible</li> </ul>  |

|                         |  |
|-------------------------|--|
|                         | <ul style="list-style-type: none"> <li>• Consider a centralized model with/without satellite(s) to achieve equitable access to RH for all residents in a sub-region aligned with the reasonable travel principle.</li> <li>• Proximity of residential hospices in other sub-regions or LHINs are considered to optimize equitable access throughout the region.</li> <li>• Partnerships and technology are leveraged to extend the capacity of limited resources.</li> <li>• Assessment and admission processes are timely and effective so placement can be facilitated when individuals are ready</li> </ul>   |
| Appropriately Resourced | <ul style="list-style-type: none"> <li>• Models with satellite sites of no less than 4 beds, no more than 10 beds will be explored.</li> <li>• The financial, human, information, physical, and community resources are sufficient to sustain the organization’s activities, and it’s strategic and business plans.</li> <li>• Data collection/documentation guidelines are based on validated measurement tools in collaboration with the OPCN and HPCO.</li> <li>• Health human resource plan identifies adequate numbers of trained professionals and volunteers are available</li> <li>• Ensure the human resource plan includes medical leadership and a focus on growing the capacity of physician resources to support 24/7 palliative coverage.</li> </ul>   |
| Integrated              | <ul style="list-style-type: none"> <li>• Integrated strategies to strengthen the continuum that leverage formal integration and collaboration opportunities between the RH, other HPC services and other health sectors across sub-regions are preferred.</li> <li>• Achieve seamless transition points between services and supports in the last weeks and months of life.</li> <li>• Related sectors and services connected to RH are linked by common practice, processes, structures, and education.</li> <li>• Funding is distributed and directed in a way that supports an integrated continuum of care.</li> <li>• Decision making and development processes will be open and transparent.</li> <li>• Works closely with the HPC Network as a partner in the local Collaborative around planning and operations</li> </ul> |
| Communication           | <ul style="list-style-type: none"> <li>• Strive to consistently and continuously provide accurate information related to planning efforts and present a unified front when providing information to the public</li> <li>• Information about requirements, processes and decision making at the local and regional level will be transparently available</li> </ul>   |

## Appendix B: Decision Making Process for Residential Hospice



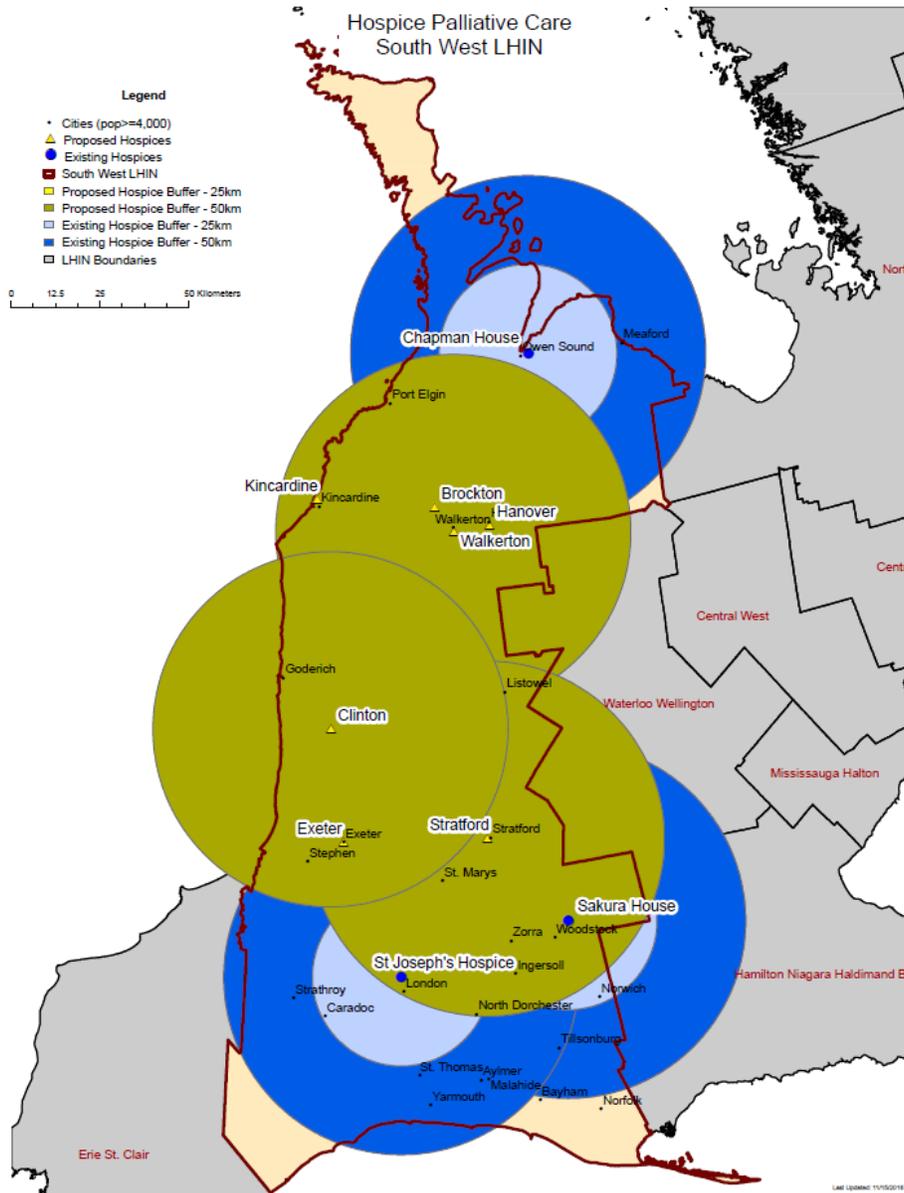
## Appendix C: Residential Hospice Scenario Site Maps

### Map 1:

3 current RH sites – Owen Sound, London and Woodstock

Potential future sites – Stratford, Clinton satellite, Walkerton satellite

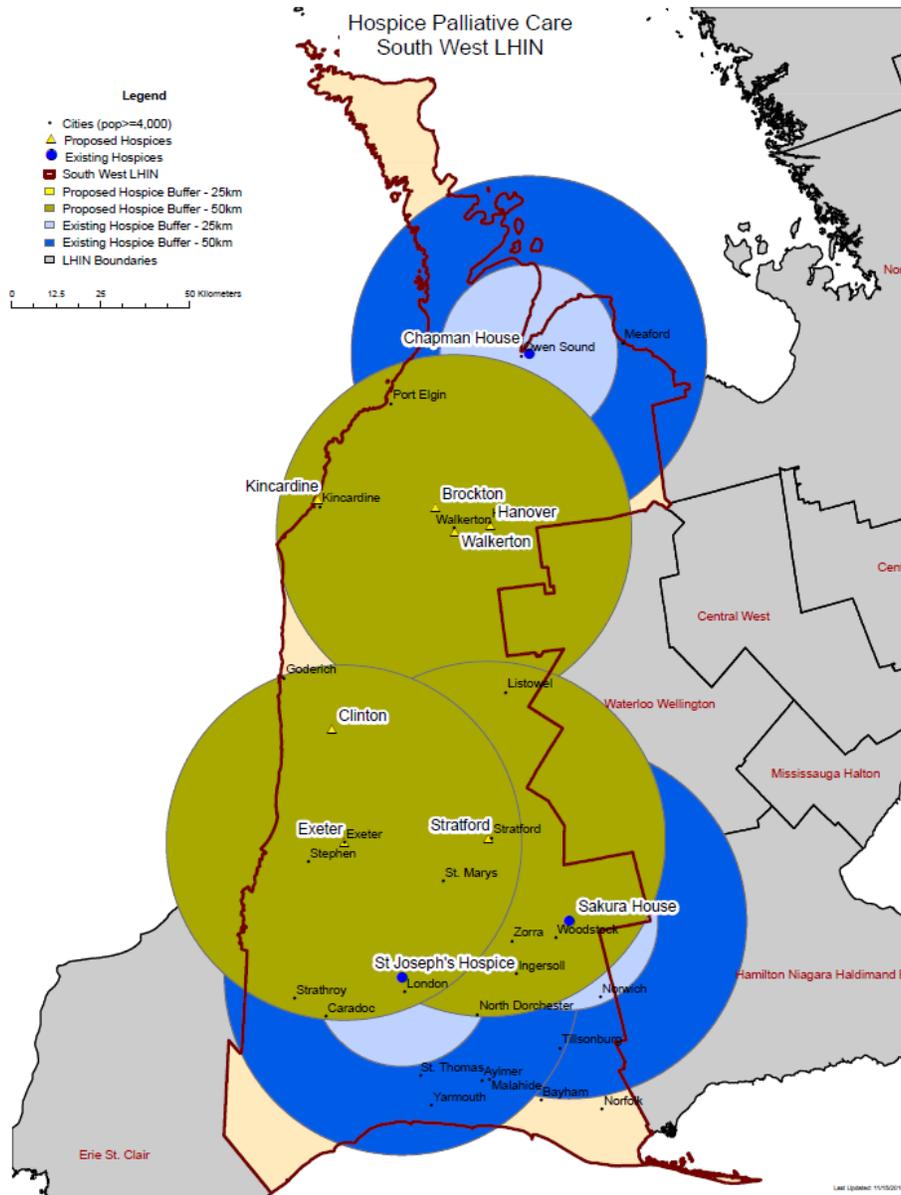
Geographic access gaps – Bruce Peninsula, SE portion of Grey, east and west Elgin



NOTE: This scenario gives the most optimal coverage for geographic access for Huron Perth based on a one hour travel proximity.

**Map 2:**

3 current RH sites – Owen Sound, London and Woodstock  
 Potential future sites – Stratford, Exeter satellite, Walkerton satellite  
 Geographic access gaps – Bruce Peninsula, SE portion of Grey, north of Goderich, east and west Elgin



# Hospice Palliative Care Planning in Huron Perth

South West LHIN Board of Directors  
February 21, 2017

## Purpose

To support the South West LHIN Board of Directors increased understanding of the rationale for the recommended motion:

- That the Board approves, in principle, the establishment of a two-site Residential Hospice for the Huron Perth sub-region with 6 beds in Stratford and 4 beds in Central Huron; and
- THAT pending the allocation of funding from the Ministry of Health and Long-Term Care, operational funding will be provided for the nursing, personal support and other patient related costs in accordance with the provincial Residential Hospice funding policy once the 10 beds are operational, anticipated to be prior to March 31, 2018; and
- THAT leadership from the South West LHIN continue to engage Huron County partners to seek alignment to the unified solution and the establishment of a single Residential Hospice satellite site in Huron County.

## South West LHIN Vision for Hospice Palliative Care

- From IHSP 2016 – 2019
  - Putting people with life-limiting illnesses and their families at the centre of hospice palliative care to optimize their quality of life by improving equitable access to coordinated, effective, efficient quality services and supports
  - How will we know we have been successful?
    - More people with palliative care needs being supported at home
- AIM statement from our South West LHIN HPC driver diagram
  - To develop an integrated hospice palliative care system that supports earlier identification of hospice palliative care (HPC) clients which would result in an improved client and caregiver experience and more effectively utilize resources.

## The Palliative Journey – Dave's Story

*"His needs were taken care of and I could be his wife again"*



*Dave and His Family*

*"It really was a gift for Dave and for all of us."*

*– Dave's wife, Lisa* <sub>4</sub>

Story from "A refuge for his final days: Dave Van Tright's Story" on the St. Joseph's Hospice webpage

## Residential Hospice as an Important Element of Hospice Palliative Care

- Has a model of care which is collaborative in nature and provides patient and family centred palliative care using a holistic approach through an inter-professional team that has expertise in palliative care.
- A non-profit healthcare facility that provides specialized HPC beds and services in a homelike setting for the residents it serves and their families
- RH provides care delivery from professional staff 24 hours a day, 7 days a week to meet the residents' needs in accordance with their plan of care/treatment plan.
- All staff and volunteers complete ongoing HPC training, demonstrating a commitment to life-long learning in order to maintain competency in practice.
- As a specialized service, RH is accessed by a multi-community catchment area

## Provincial Context

- In December 2011, as a result of a collaborative effort from more than 80 stakeholders from across Ontario, the Declaration of Partnership and Commitment to Action which presents a common consensus on a vision for palliative care in Ontario was published Together,
- In March 2016, the Ministry of Health and Long-Term Care (MOHLTC) launched the Ontario Palliative Care Network (OPCN) to develop a coordinated, standardized approach to the delivery of HPC in Ontario
- In June 2016, the Province of Ontario announced the addition of 200 new RH beds by the end of 2018/19
- Approval to implement RH beds is dependent on confirmed funding from the Ministry of Health Long-Term Care

## Timeline of South West LHIN Residential Hospice Planning Activities

- **July 2015** - Regional capacity plan complete
- **Dec. 2015** - Regional capacity recommendations finalized and recommendations approved by HPC Leadership Committee
- **Feb. 2016** - Capacity recommendations approved by LHIN Board
- **Jan. 2017** – RH Guiding Principles to support the development of new RH resources in the LHIN approved by LHIN Board



## Timeline of Huron Perth Residential Hospice Planning Activities

- **Jan. 2016** - Huron Perth sub-committee established
- **Summer 2016** - Funders secured for independent Huron Perth specific report
- **Aug. 2016** - Lough Barnes (LB) hired to complete report
- **Oct. 2016** - Options analysis conducted by sub-committee (supported by LB)
- **Nov. 2016** - HP sub-committee reviews LB report and HP HPC Collaborative confirms proposed model and plan
- **Dec. 2016** - HPC Leadership Committee endorses proposed model and recommended siting of services
- **Jan. 2017** – LHIN Board hosts meetings with representatives from the HP Sub Committee and South Huron to receive an overview on planning activities completed to date in Huron County and Exeter
- **Feb. 2017** – LHIN Board representatives host meeting with all representatives to discuss collaboration opportunities in Huron County
- **Feb. 2017** – LHIN Board decision

## Residential Hospice Capacity Requirements for Huron Perth

| County              | Current SW LHIN RH Beds | 2015 Pop. Estimates* | Current SW LHIN RH Beds/ 100,000 Residents | Population-Based Bed Ratios       |                                   |                             | 12% Benchmark for RH                 |                                      |                             |
|---------------------|-------------------------|----------------------|--|-----------------------------------|-----------------------------------|-----------------------------|--------------------------------------|--------------------------------------|-----------------------------|
|                     |                         |                      |  | RH Beds to Meet Min. Bed Capacity | RH Beds to Meet Max. Bed Capacity | Additional RH Beds Required | RH Beds Benchmark (Based on 3wk LoS) | RH Beds Benchmark (Based on 4wk LoS) | Additional RH Beds required |
| Huron               | 0                       | 57,822               | 0.0  | 3                                 | 4                                 | 3                           | 4                                    | 5                                    | 4                           |
| Perth               | 0                       | 78,191               | 0.0  | 4                                 | 5                                 | 4                           | 5                                    | 7                                    | 6                           |
| <b>Total for HP</b> | <b>0</b>                | <b>136,013</b>       | <b>0</b>                                   | <b>7</b>                          | <b>9</b>                          | <b>7</b>                    | <b>9</b>                             | <b>12</b>                            | <b>10</b>                   |

\*Data Source: Ontario Ministry of Finance Population Projections, Retrieved Through IntelliHealth, MOHLTC

- The projected number of deaths for the sub-region indicates a slightly higher level of need in Perth compared to the projections for Huron
- In Perth, the need is more localized to Stratford
- In Huron, the need is more dispersed

## Huron Perth Recommended Model

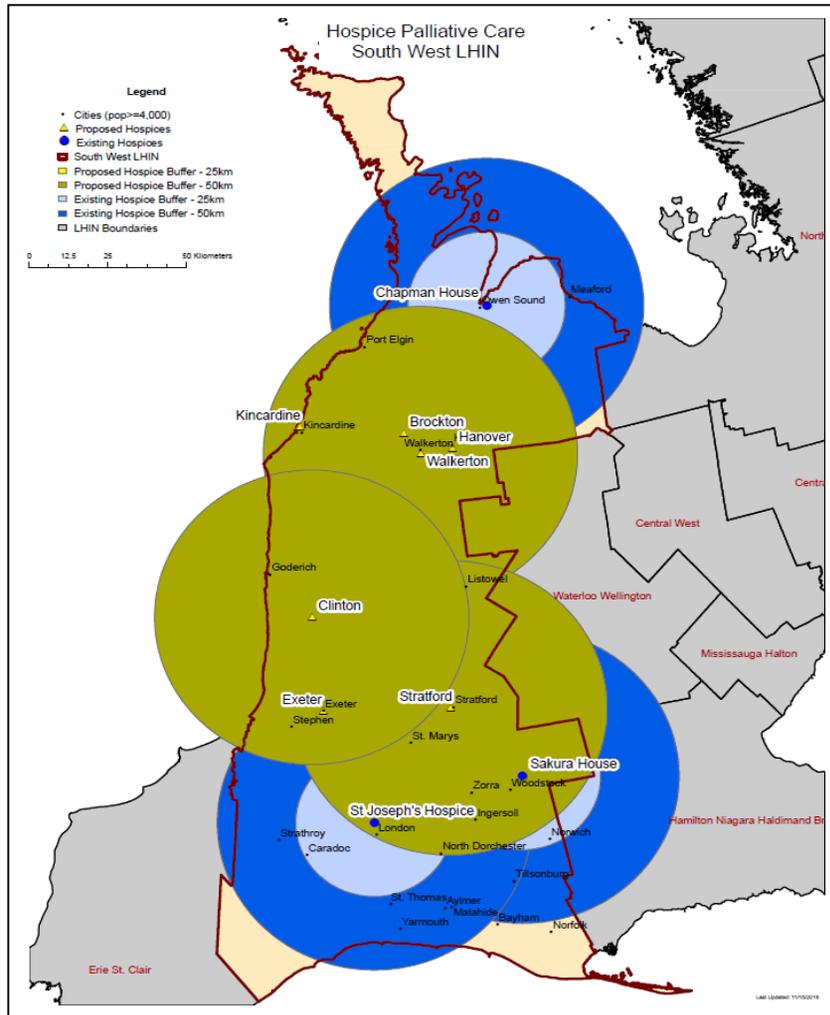
- Lough Barnes was commissioned to conduct a study to better understand the current and future needs in Huron and Perth Counties and to produce a report identifying a model for RH capacity in Huron Perth that:
  - recommends geographic locations for RH beds to best meet the needs of the sub-region and ensure a sustainable, operating model that can meet provincial and LHIN requirements;
  - is based on best practice;
  - leverages willing partners and communities; and
  - aligns with local capacity for capital and annual fundraising to ensure the operational sustainability of the model.
- The development of the report was supported by an in-depth needs assessment and extensive community/family/stakeholder engagement
- The report has informed the recommended model – a two-site Residential Hospice with 6 beds in Stratford and 4 beds in Central Huron

## Why Two Sites versus Three?

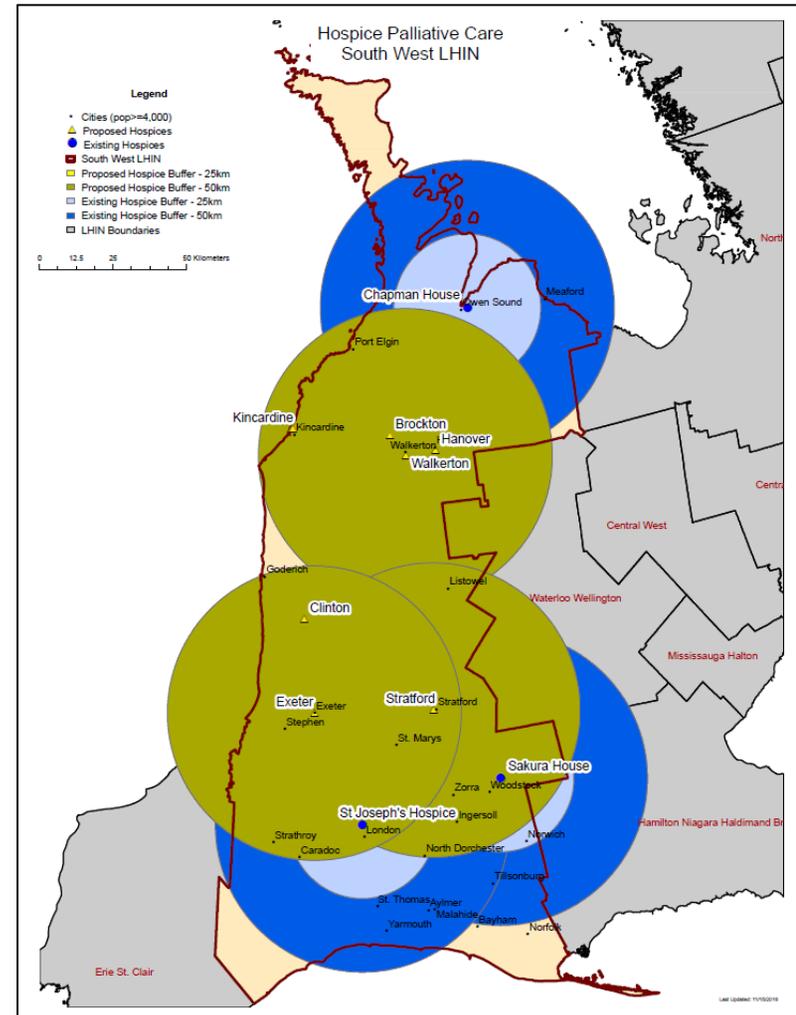
- Both options were presented to the RH Sub-Committee and considered in detail
- The two-site option was unanimously agreed upon as the model to move forward as it:
  - aligns more closely with the key guiding principles ultimately approved by the LHIN Board;
  - optimizes access to RH services for the entire Huron Perth sub-region as a key component of a continuum of hospice palliative care;
  - is best positioned to ensure practices comply with provincial and national clinical standards and norms of practice in a cost effective manner;
  - Provides an integrated, single corporate entity, governed by a single board, operated by a single management structure;
  - reduces duplication and overlap of limited resources;
  - reduces fundraising burden on Huron Perth sub-region;
  - is the most financially sustainable; and
  - optimizes quality, value and access to RH services

# Why Stratford and Central Huron?

Beds Located in Stratford with Central Huron Satellite\*



Beds Located Stratford with Exeter Satellite



\*The combination of sites which offers optimal accessibility of services to the entire Huron Perth sub-region includes beds in Stratford and Central Huron

## Alignment of Proposed Model and Siting of Services with Guiding Principles

- The proposed model:
  - optimizes the LHINs ability to achieve equitable access;
  - was developed with extensive patient/family/stakeholder engagement;
  - was based on population data, the capacity plan and known sustainable models;
  - Is framed as a center for excellence;
  - leveraged a process which has been clearly and openly communicated to internal and external stakeholders;
  - is best positioned to be part of a fully integrated system; and
  - makes the best use of limited resources to ensure sustainability and feasibility.

## Suggested Motion

- THAT the South West Local Health Integration Network (LHIN) Board of Directors approves, in principle, the establishment of a two-site Residential Hospice for the Huron Perth sub-region with 6 beds in Stratford and 4 beds in Central Huron; and
- THAT pending the allocation of funding from the Ministry of Health and Long-Term Care, operational funding will be provided for the nursing, personal support and other patient related costs in accordance with the provincial Residential Hospice funding policy once the 10 beds are operational, anticipated to be prior to March 31, 2018; and
- THAT leadership from the South West LHIN continue to engage Huron County partners to seek alignment to the unified solution and the establishment of a single Residential Hospice satellite site in Huron County.



**QUESTION &  
ANSWER**