MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages

Toolkit

November 9, 2010

Ontario

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Local Health Integration Network
Réseau local d'intégration des services de santé

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Capital Planning Toolkit

i. Toolkit Overview and Purpose

The purpose of this Toolkit is to provide all stakeholders with a comprehensive, single source of information on the MOHLTC-LHIN Joint Review Framework for early capital planning stages. The MOHLTC-LHIN Joint Review Framework (the "Framework") is consistent with the capital planning process described by the Ministry of Health & Long-Term Care's Capital Planning Manual (1996). While existing processes, policies and procedures for capital projects remain in effect, the Framework describes a new process for the submission and review of Pre-Capital, Stage 1 and Stage 2 submissions that supports the new MOHLTC-LHIN partnership described by the MLAA. In short, while the content of capital planning submissions in the early planning stages will remain the same, the process by which those submissions will be submitted and reviewed has changed.

This Toolkit includes the following components:

Component 1: Process Guide – *summarizes the Joint Review Framework process for submission and review of Pre-Capital, Stage 1 Proposal and Stage 2 Functional Program submissions.*

Component 2: Guidelines for Capital Projects – *provides updated Guidelines and submission requirements for Pre-Capital, Stage 1 Proposal and Stage 2 Functional Program submissions.*

Component 3: Capital Project Checklists – *provides updated Pre-Capital, Stage 1 and Stage 2 Capital Project Checklists that correspond to the Joint Review Framework.*

Component 4: LHIN Review Guide – *provides guidelines for LHIN review and advice of capital planning submissions submitted by HSPs under the Joint Review Framework.*

Each of these components may be read either on its own, or in the context of the other Toolkit components.

The toolkit is assembled and page numbered using a 3-digit numbering system as follows:

First Digit: *Component* – *refers to one of the four Toolkit components listed above.*

Second Digit: *Chapter* – *refers to the chapter within a given component.*

Third Digit: *Page* – *refers to the page number within a given chapter.*

For example, page **2.2.1** refers to component 2, chapter 2, page 1.

Component 1 – Joint Review Framework Process Guide

Chapter 1

Purpose of the Process Guide

The purpose of the Process Guide is to provide stakeholders with a detailed understanding of the MOHLTC-LHIN Joint Review Framework for early capital planning stages. The Process Guide provides a comprehensive description of the submission and review process to be followed for the Pre-Capital, Stage 1 and Stage 2 submissions.

In addition to describing the Joint Review Framework, the Process Guide provides insight into the rationale for LHIN involvement in the early capital planning stages and describes the respective roles of the ministry and LHINs under the Framework. It also lays out the principles on which the Framework is based.

All stakeholders, including the ministry, LHINs, Health Service Providers (HSPs) and consultants will benefit from both the context as well as the detailed description of the Joint Review Framework contained in this Process Guide.

Chapter 2

MOHLTC-LHIN Capital Working Group Discussion Paper – Overview

The Capital Planning Process

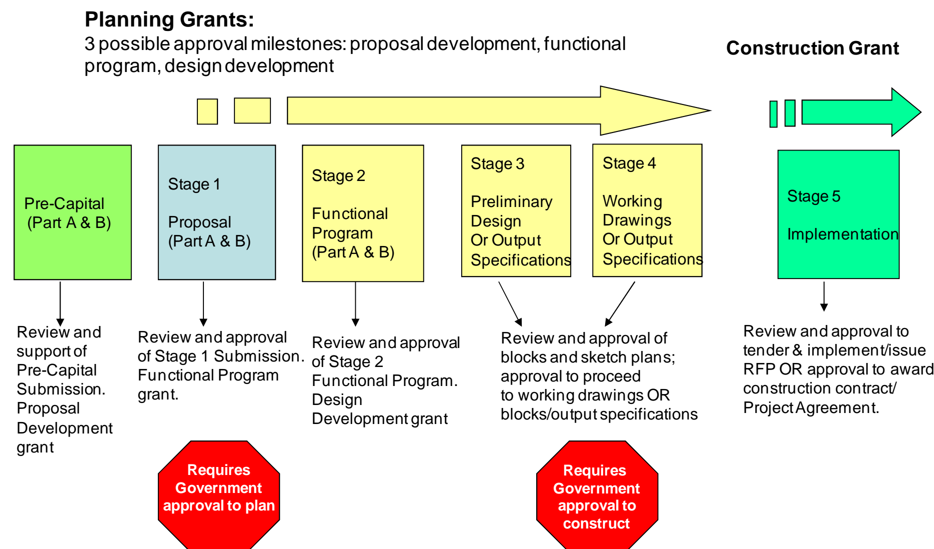
The Ontario Ministry of Health & Long-Term Care's Capital Planning Manual (the "Manual") has been in place since 1996 and continues today to define the processes, policies and procedures for capital projects. It outlines the ministry's requirements for approval and development of an eligible healthcare facility capital project and provides an overview of the capital planning process, the stages of planning, and associated appendices and glossary. Health Service Providers eligible under the Ministry of Health & Long-Term Care's health capital program include:

- Public hospitals (including own funds projects as per legislation)
- Community Health Centres
- Community-Based Mental Health Programs
- Community-Based Substance Abuse (Addiction) Programs
- Long-term Care Supportive Housing Providers (typically supporting programs for the frail elderly, acquired brain injury, physically disabled and HIV/AIDS)

Note: The Long-Term Care Home Renewal Strategy is undertaken through a Call for Applications and involves LHIN review and recommendations regarding applications.

Since its original introduction in 1996, the Manual has been supported by the development of guidelines, checklists and multiple capital planning bulletins that provide additional description and context. Appendix A lists approved ministry capital planning documents relevant to the early planning stages.

As described by the Manual, the capital planning process is marked by five (5) discrete stages. Each stage builds on information developed in the one before and moves from planning through design and implementation.



A key feature of the process described in the Manual is the development and submission of a Capital Project Request Form. To date, this form has been required for all capital projects, regardless of the funding source. In recent years, a Pre-Proposal submission was also required for major requests. Today, the requirements for submission of this form have evolved into the Pre-Capital submission. Ministry approval of the Pre-Capital submission is the entry point into the capital planning process. It should be noted that the underlying capital planning process has not changed, but the early planning stages have been adapted to incorporate LHIN advice. The addition of LHIN advice will add significant value to the process by more effectively aligning early-stage capital planning initiatives with local health system needs and priorities. The following table illustrates the capital planning process as described by the Manual as compared to the current process.

Submission	Name (1996 Capital Planning Manual)	Name (Current)
Capital Project Request	Capital Project Request Form	Pre-Capital Submission Form
Stage 1	Proposal/Business Case	Proposal
Stage 2	Functional Program	Functional Program
Stage 3	Preliminary Design Development	Preliminary Design Development or Output Specifications*
Stage 4	Contract Document Development	Working Drawings or Output Specifications*
Stage 5	Implementation	Implementation

**Allows for AFP procurement requirements*

Local Health Integration Networks (LHINs)

Further to the Local Health System Integration Act (LHSIA), 2006, an accountability agreement has been negotiated between the MOHLTC and LHINs. The first Ministry-LHIN Accountability Agreement (MLAA) was negotiated in 2007 and lays out the obligations and responsibilities of both the ministry and the LHINs for the three-year period of 2007-2010. Schedule 5 of the MLAA addresses the relationship between the LHINs and the ministry with respect to capital planning and includes the following provisions:

> *"The ministry will consider the recommendations of the LHIN about the capital needs of the local health care system."*
>
> *"The LHIN will make recommendations to the MOHLTC about the capital needs of the local health care system."*
>
> *"Both parties will work together to enable the LHIN to provide advice about the consistency of a health service provider's Capital Initiative with local health system needs during Capital Initiative review and approval processes, including pre-proposal, business case or Functional Program stages."*

In response to Schedule 5 of the MLAA, the MOHLTC-LHIN Capital Working Group (CWG) was established to develop the processes, protocols and tools required to support an effective partnership between the ministry and the LHINs in the development, approval and implementation of capital projects in the health field. The CWG produced its first Draft Discussion Paper in October 2009, which described a Joint Review Framework for the early capital planning stages (Pre-Capital, Stage 1 and Stage 2). On December 1st, 2009 the Joint Review Framework was endorsed by the Ministry Management Committee (MMC)/LHIN CEOs group.

At the time of developing the Joint Review Framework for the Early Capital Planning Stages, a new accountability/performance agreement between the ministry and the LHINs was being finalized. It is anticipated that the new "Ministry-LHIN Performance Agreement (MLPA)" will come into effect in 2010.

The MLAA also contains performance standards, targets and measures as well as requirements for the reporting of LHIN and local health system performance. Funding details and spending requirements are agreed upon within the MLAA, in addition to a progressive performance management process for each LHIN.

With regard to capital, the MLAA requires that LHINs make recommendations to the ministry about the capital needs of the local health system. Approvals for service reconfigurations or expansions by HSPs that require capital projects will be coordinated by the cooperative work of the LHIN and the ministry. During the Capital Initiative review and approval process, the LHIN will provide advice to the ministry about the consistency of an HSP's Capital Initiative with local health system needs. Capital Initiatives refer to initiatives of the HSP in relation to the construction, renewal or renovation of a facility or site.
The approval process and eligibility criteria for "Own Funds" Capital Projects (those projects that require no capital funding from the Government of Ontario (LHIN and MOHLTC)) are currently determined by the ministry. As per the MLAA, responsibility for approval of Own Funds Capital Projects is to be transitioned to LHINs in future planning activities.

THE RESPECTIVE ROLES OF THE MINISTRY AND LHINs

In Ontario's health system, the main functions of LHINs are planning, funding, and integrating their local health system. The LHINs are required to develop an Integrated Health Service Plan (IHSP) that is consistent with provincial strategic directions. The comprehensive detail of each LHIN's IHSP will lend itself to the development of respective clinical services planning initiatives, which will outline the planning of each local health system. LHINs will play a significant role to ensure the local health needs are understood and met before there is commitment from the ministry to move forward with a new capital project.

The role of the LHINs under the Joint Review Framework will focus on ensuring that the programs and services outlined in the proposed project meet the needs of the local health system. The ministry will maintain responsibility for the review and approval of projects, including review of all physical and cost elements as well as program and service elements from a provincial perspective. There is an expectation that HSPs will develop their plans in the context of LHIN local system plans and local planning priorities.

The processes, standards and guidelines presented in the LHIN Review Guide, which is contained in this toolkit, are designed to assist the LHINs in responding to these provisions and support a new focus on system-level planning for capital projects.

In developing the Joint Review Framework, the CWG has assumed the following:

- The content and general requirements of the existing capital planning process will be maintained.
- Products produced by the CWG are not intended to replace the existing Capital Planning Manual. Instead, the Joint Review Framework will reorganize the existing capital project review process to meet the requirements of the MLAA.

Joint Review Framework

The MOHLTC-LHIN Joint Review Framework (the "Framework") is consistent with the capital planning process described by the ministry's Capital Planning Manual (1996). While existing processes, policies and procedures for capital projects remain in effect, the Framework describes a new process for the submission and review of Pre-Capital, Stage 1 and Stage 2 submissions that supports the new MOHLTC-LHIN partnership described by the MLAA. In short, while the content of capital planning submissions in the early planning stages will remain the same, the process by which those submissions will be submitted and reviewed has changed.

The key feature of the Framework is the separation of existing submission components into two parts. **Part A** components include all program and service elements while **Part B** components include all physical and cost elements. Existing requirements for all three early capital planning submissions (Pre-Capital, Stage 1 and Stage 2) are now organized according to Part A (program and service elements) or Part B (physical and cost elements). This organization supports implementation of MLAA provisions by grouping submission requirements that relate specifically to LHIN roles and responsibilities into Part A. LHINs now review all Part A submissions in the context of local health system planning priorities and develop recommendations and advice for consideration by the ministry. This role is consistent with the move toward a process that is system-driven from one that is driven by individual HSPs.

To support the development of submissions that align with the Framework, existing technical submission guidelines and checklists have been reorganized to simplify utilization by all stakeholders. Process flow diagrams that describe application of the Framework have also been developed. All of these resources can be found in this Toolkit.

While LHIN review and advice is not a feature of later capital planning and design stages, any material change to the Part A program and service elements during the design and implementation stages of capital planning will lead to a ministry request for LHIN review and endorsement of the change. Material change refers to one with direct operating or program and service implications.

Chapter 3

Pre-Capital Submission

Process Overview

The first step in the development of a capital initiative will be the identification of a program/service need that requires the support of new or renovated capital infrastructure. The identification and description of this need will most often come from a Health Service Provider (HSP), but may also come from a LHIN, or from both a HSP and a LHIN through joint planning efforts.

Upon identification of an initiative requiring the support of any capital infrastructure, HSPs should undertake planning to enable completion of the Pre-Capital Submission Form. Upon completion of Part A, the HSP will submit the form to its LHIN for review. Upon receiving written support from the LHIN, the HSP will complete Part B and submit both parts to the ministry. The ministry and the LHIN will then liaise to determine whether the HSP will be given approval to proceed to Stage 1.

Part A of the Pre-Capital Submission Form (PCSF) includes a high level description of the role of the HSP in the local health system and describes the initiative being proposed including program rationale and evidence of alignment with local health system priorities. Part B includes the development concept.

Reference Documents

1. Pre-Capital Submission Form (PCSF)
2. Pre-Capital Guidelines
3. LHIN Review Guide – Pre-Capital Submission

Threshold for LHIN Support: Basic

HSP demonstrates basic consistency between proposed services and local health system priorities. Further discussion may be required during Stage 1A in order to achieve closer agreement.

Detailed Steps

1. The HSP completes Part A (Program and Service Elements) of the PCSF for capital initiatives and submits the form to their LHIN for review. This form clearly describes the program/service need driving the initiative, alignment with local health system priorities, projected future demand for the program/service, and alternative solutions considered to address the program/service need.

2. The LHIN will acknowledge receipt of the submission in writing to the HSP within 15 working days. With consideration to the complexity of the submission and other factors, the correspondence will provide a general estimate of expected review turnaround time and will be copied to the appropriate Manager, MOHLTC Health Capital Investment Branch.

3. The LHIN reviews the submission, referring to the LHIN Review Guide for direction with regard to evaluation and assessment criteria.

4. The LHIN will respond to the HSP once review of the submission has been completed. The response will seek additional information or clarification as required to enable the LHIN to develop program and service advice and a recommendation for its Board of Directors.

5. The LHIN will develop a recommendation for its Board of Directors with regard to its position on the PCSF Part A submission.

    a. **Endorsement** represents LHIN support for the program and service elements of the initiative and allows the HSP to proceed with completion of Part B (Physical and Cost Elements) for submission to the ministry

    b. **Conditional Endorsement** means that the LHIN requires additional planning to be undertaken by the HSP to address specific program and service issues identified by the LHIN. Upon conditional endorsement the LHIN will advise the HSP as to next steps, including whether the proposal will need to return to the LHIN for further review.

    c. **Rejection** means that the LHIN does not support the program and service elements of the initiative. If the HSP wishes to proceed with a different proposal, a new PCSF Part A submission may be considered.

6. If the LHIN Board endorses the Part A program and service elements, the LHIN will provide written rationale and advice to the ministry and request HSP completion and submission of the full PCSF – Part A AND Part B – to the ministry. The LHIN will determine the appropriate communication with the HSP regarding its rationale and advice to the ministry on the Part A program and service elements.

    a. The LHIN will prepare a summary of its review and rationale for endorsement of the programs and services and provide this to the ministry in its formal advice. The LHIN's rationale will be based on evaluation and assessment criteria found in the LHIN Review Guide.

7. If the LHIN Board rejects Part A, the LHIN will provide written feedback to the HSP that clearly describes why the initiative was not endorsed. The feedback may invite the HSP to develop a revised Part A submission that will satisfy LHIN criteria. This correspondence will be copied to the appropriate Manager, MOHLTC Health Capital Investment Branch and indicate that a Part B submission will NOT be submitted.

Only Proposals with LHIN Board Endorsement (or Conditional Endorsement if directed by the LHIN) Will Continue to Step 8

8. The HSP completes Part B of the PCSF. Part B of the form will provide a general description of the Physical and Cost elements of the proposed initiative.

9. The HSP attaches Part A and Part B and forwards the entire PCSF to the ministry. The ministry will acknowledge receipt of the submission in writing to the HSP within 15 working days.

10. The ministry reviews Part B and the formal advice received from the LHIN regarding Part A (see 6 above). The ministry will seek additional information or clarification from the HSP as required.

11. The ministry will initiate a meeting with the LHIN to review the submission.

    a. If the ministry supports Part B and the advice received from the LHIN regarding Part A, formal ministry support for the Pre-Capital submission and approval to proceed to Stage 1 may be provided to the HSP. This correspondence will advise the HSP as to lead consultant roles for Stage 1 and request a formal meeting between the ministry, LHIN and HSP. A planning grant may be approved for development of a Stage 1 Proposal submission.

12. If the ministry does not support Part B, the LHIN and the HSP will be advised and the HSP will be requested to revise and re-submit its PCSF as necessary.

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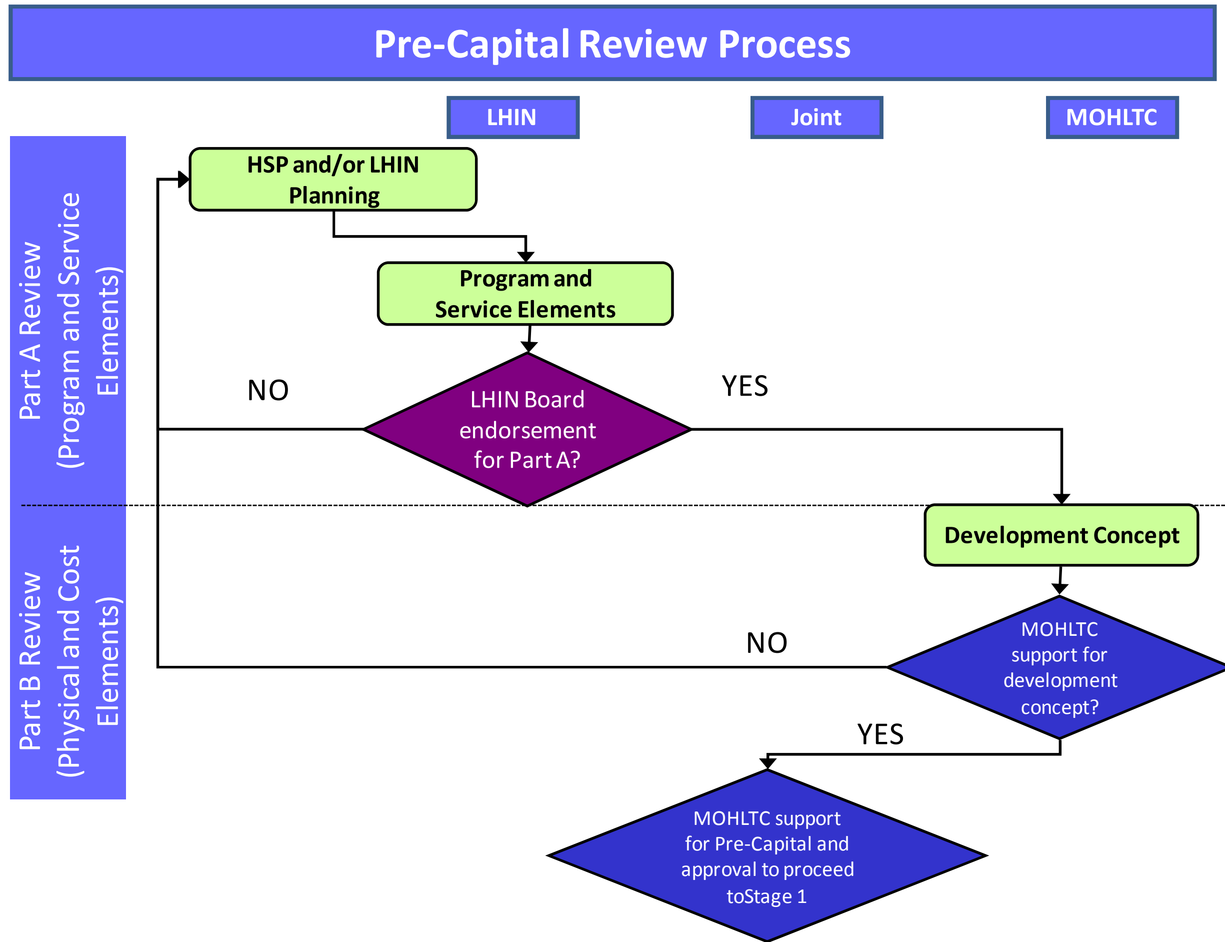
Pre- Capital Process Diagram



Chapter 4
Stage 1 Proposal Submission

Process Overview

The second step in the development of a capital initiative will be the further articulation of both program/service planning and physical infrastructure planning. Stage 1 Proposal is the first stage in the capital planning process and will explore both aspects in greater detail. Comprehensive documentation will be developed to support the proposal for new or renovated capital infrastructure.

Following successful review of a Pre-Capital submission, the ministry may provide formal support and approval to proceed to Stage 1. This is the only means by which a HSP may enter the capital planning process and undertake Stage 1 planning activities.

The development of a Stage 1 submission requires extensive planning expertise and the contributions of both internal and external HSP stakeholders. It considers the interplay between program/service elements and physical/cost elements, conducts analyses of multiple development options and identifies a preferred physical solution in a Facility Development Plan. The Facility Development Plan identifies the HSP's priorities for its proposed capital redevelopment project. Though the submission itself will be organized according to the Joint Review Framework (Part A and Part B elements), the organization of the planning activities undertaken to develop it will be determined by the HSP.

All components of a full Stage 1 Proposal submission may not be required for small hospital, community agency project proposals, or some infrastructure proposals (e.g., no Master Plan for a leasehold improvement). The HSP should confirm the guidelines for a Stage 1 submission for its small proposal with the ministry. A small proposal is defined as one that is valued at less than $10 million. The HSP is encouraged to confirm Stage 1 guidelines with the ministry for any proposal.

Part A of the Stage 1 Proposal submission includes the Master Program, preliminary operating cost estimate, service delivery options analysis and human resources plan. Part B includes the business case/options analysis, facility development plan and Master Plan.

Upon completion of the complete submission (both Part A and Part B), the HSP will submit documentation as follows:

- LHIN: Executive Summary and Part A
- Ministry: Complete Submission (Executive Summary, Part A and Part B)

Reference Documents

1. Capital Planning Manual (1996)
2. Stage 1 Checklist
3. Stage 1 Guidelines
4. OASIS: MOHLTC Planning and Design Objectives
5. Master Plan Bulletin

Threshold for LHIN Support: Medium

HSP demonstrates close consistency between proposed services and local health system priorities. Further discussion will be required during Stage 2 Functional Program to achieve complete agreement between mix of services to be provided or service level projections.

Detailed Steps

1. Following ministry approval to proceed to Stage 1, the HSP and its integrated consultant team will engage in planning to complete all Stage 1 submission requirements (Part A and Part B).

2. Upon completion of all Stage 1 requirements, the HSP will submit the following components

    a. LHIN: Executive Summary, Part A
    b. Ministry: Complete submission (Executive Summary, Part A and Part B)

3. Upon receipt of the submission, the ministry lead consultant will liaise with the LHIN to:

    a. Confirm that all submission requirements were received as per the Stage 1 submission checklist
    b. Develop a general timeline for review of the submission. This timeline will ensure that LHIN and ministry review of the Part A submission is complete to inform discussion at the first alignment point and ministry review of Part B.

4. The ministry lead consultant, on behalf of the ministry and the LHIN, will then prepare correspondence to the HSP that will include:

    a. Confirmation of receipt of all submission components within 15 working days.
    b. Expectation regarding general review turnaround time.
    c. Confirmation of a ministry lead contact for overall management of the review (ministry lead), as well a LHIN lead contact for management of the Part A review (LHIN lead).

5. The LHIN will review Part A based on the LHIN Review Guide criteria, including consulting with provincial agencies such as Cancer Care Ontario and the Ontario Renal Network where relevant, and seek additional clarification directly from the HSP as required.

    a. All formal correspondence will be copied to the ministry lead.
    b. The ministry lead will be invited to any meetings that may occur between the HSP and the LHIN with regard to Part A.

6. The ministry will conduct a concurrent review of Part A elements from the provincial perspective and provide comments to the LHIN. The ministry's review will include consideration of:

    a. Overall system capacity (bed and service volume projections)
    b. Future system need
    c. Provincial programs (e.g. Cardiac Care, Transplantation)

7. **Alignment Point 1 (LHIN Lead):** The LHIN will take a lead role in initiating discussions with the ministry regarding results of their respective reviews of Part A elements. Due to important interdependencies between various program and service elements, the ministry and the LHIN will ensure alignment with regard to their respective reviews and any revisions or further planning that may be requested of the HSP.

8. Following ministry/LHIN alignment on the Part A program and service elements, the LHIN will develop a recommendation for its Board of Directors with regard to its position on the Stage 1 Part A submission.

    a. **Endorsement** represents LHIN support for the program and service elements of an initiative and allows the ministry to finalize its review of Part B (Physical and Cost Elements).

    b. **Endorsement with conditions** means that the LHIN requires additional planning to be undertaken by the HSP to address specific program and service issues identified by the LHIN. Upon endorsement with conditions, the LHIN will advise the HSP as to next steps, including whether the proposal will need to return to the LHIN for further review.

    c. **Rejection** means that the LHIN does not support the program and service elements of an initiative. If the HSP wishes to proceed with a different proposal, a new Part A submission may be considered.

9. If the LHIN Board endorses the Part A program and service elements, the LHIN will provide written rationale and advice to the ministry. The LHIN will determine the appropriate communication with the HSP regarding its rationale and advice to the ministry on the Part A program and service elements.

    a. The LHIN will prepare a summary of its review and rationale for endorsement of the programs and services and provide this to the ministry in its formal advice. The LHIN's rationale will be based on evaluation and assessment criteria found in the LHIN Review Guide.

10. If the LHIN Board rejects Part A, the LHIN will provide written feedback to the HSP that clearly describes why the initiative was not endorsed. The feedback may invite the HSP to develop a revised Part A submission that will satisfy LHIN criteria. This correspondence will be copied to the appropriate Manager, MOHLTC Health Capital Investment Branch.

11. Concurrent with LHIN and ministry review of Part A the ministry will conduct a preliminary review of Part B, physical and cost elements, and seek clarification from the HSP where required.

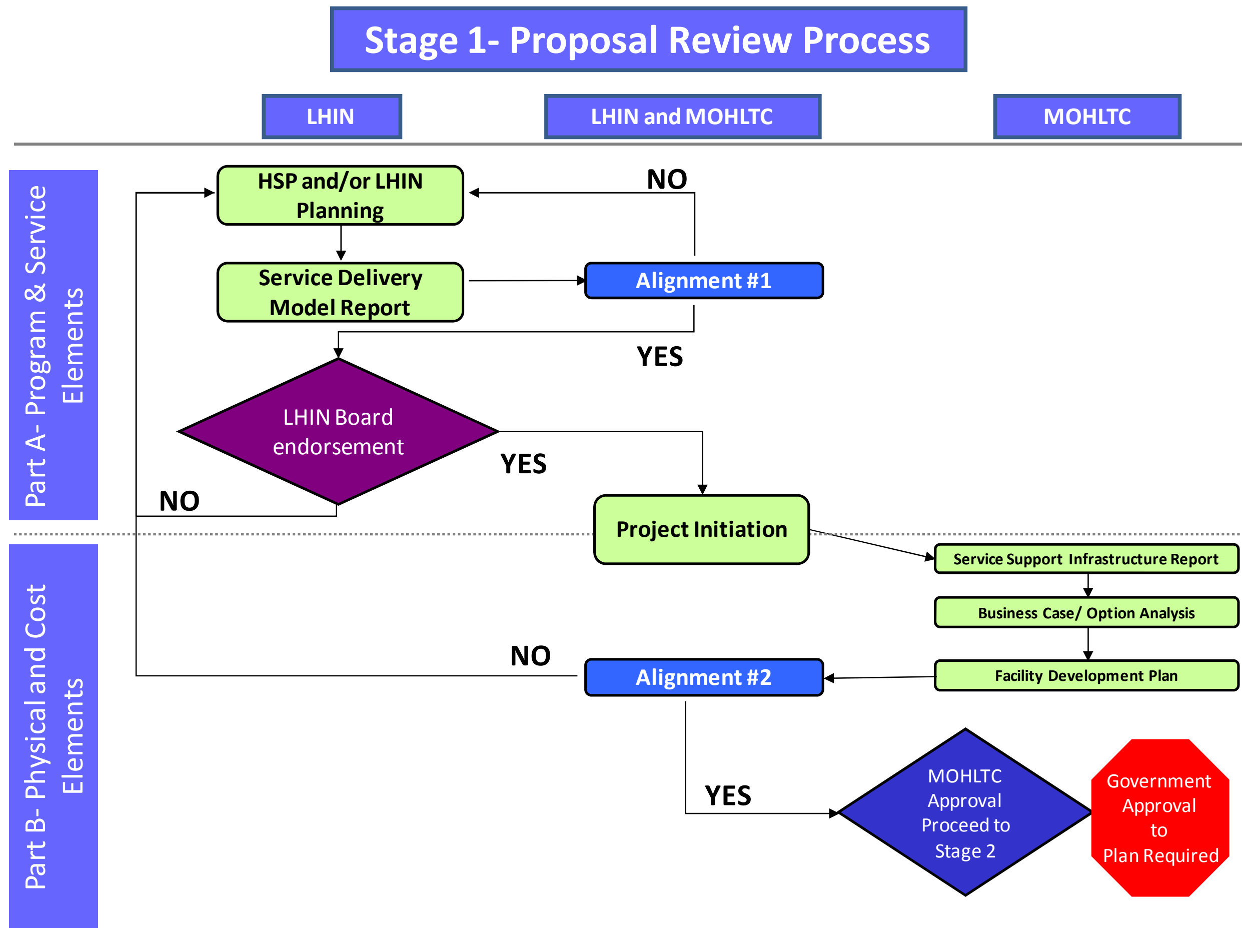
    a. As part of its review the ministry will consider advice received from the LHIN with respect to Part A elements.

12. **Alignment Point 2 (Ministry Lead):** Following ministry review of the Part B elements, the ministry will take a lead role and collaborate with the LHIN to ensure alignment between the Part A and Part B elements of the Stage 1 submission. This process will provide opportunity to consider the

relationship between the program and service elements and the physical and cost elements, ensuring appropriate agreement. If necessary the HSP will be asked to clarify and/or revise submission requirements. (NOTE: if the alignment process results in material change to Part A, the LHIN may require Board endorsement of the change. Material change refers to one with direct operating or program and service implications.)

13. Upon completion of its review of Part B and LHIN advice regarding Part A, the ministry will finalize its review and advise the LHIN of its findings and expected next steps regarding the Stage 1 submission. The ministry may seek government approval to plan for the proposal and if authorized, provide approval to proceed to Stage 2 Functional Program. A planning grant may be approved for Stage 2 Functional Program development.

Stage 1 Process Diagram



Chapter 5

Stage 2 Functional Program Submission

Process Overview

The third step in the development of a capital initiative will be the detailed articulation of the relationship between program planning and facility planning. This link will be clearly described by the Functional Program (FP), which defines and justifies the scope of the project in terms of the programs and services being proposed. The FP also describes associated workload, staffing, major equipment and space requirements, as well as required departmental adjacencies and relationships.

Following successful review of a Stage 1 submission, the ministry may provide formal support and approval to proceed to Stage 2. This is the only means by which a HSP may advance through the capital planning process and undertake Stage 2 planning activities.

The development of a Stage 2 submission requires extensive planning expertise and the contributions of both internal and external HSP stakeholders. It builds on planning from Stage 1 to describe in detail the linkage between program/service elements and physical/cost elements. The Joint Review Framework continues to apply at Stage 2 with the LHINs having lead review responsibility for Part A (program and service) elements and the ministry for Part B (physical and cost) elements. Due to the importance of Stage 2 in defining the scope of programs and services to be provided, the ministry will also conduct its own review of Part A elements from a provincial perspective. The ministry has a particular interest in the contribution of Part A elements to:

- Overall system capacity (beds and service volume projections)
- Future system need
- Provincial Programs (e.g. Cardiac Care, Transplantation)

In order to ensure a consistent and comprehensive response to Part A elements, the LHIN and the ministry will come together in a special *alignment* step. This step will consider the respective reviews of Part A elements to ensure that any questions or comments to be directed to the HSP are consistent. The alignment step will also ensure that final LHIN review of Part A elements has been informed by the ministry's provincial perspective and views on overall system capacity.

The Stage 2 Functional Program submission has many components, one of which is the Functional Program (FP) document itself. Other components include block diagrams, local share plan, budget, schedule etc.

The ministry and the LHIN will each receive a complete copy of the Stage 2 Functional Program submission as per the process described below. The Joint Review Framework will continue to apply, with the LHIN having lead review responsibility for Part A elements and the ministry having lead review responsibility for Part B elements.

Part A of Stage 2 Functional Program includes the program parameter report (if required) and Functional Program summary and program requirements. Part B includes the design and spatial requirements, phasing plan, project budget and schedule and local share plan.

Reference Documents

1. Capital Planning Manual (1996)
2. Stage 2 Checklist
3. Stage 2 Guidelines
4. OASIS: MOHLTC Planning and Design Objectives

Threshold for LHIN Support: High

HSP demonstrates precise consistency (strategic fit) between proposed services and local health system priorities. After ministry approval of parameters, this Stage cannot be changed and will directly influence the infrastructure solution.

Detailed Steps

1. Following ministry approval to proceed to Stage 2, the HSP and its integrated consultant team will engage in planning to complete all Stage 2 submission requirements - Part A and Part B.

    a. The submission should be assembled and numbered as per the Stage 2 submission checklist to facilitate review under the Joint Review Framework. HSPs should consult with their ministry lead consultant to determine whether procurement method (e.g. alternative financing procurement) contains any special requirements for submission format.

2. Upon completion of all Stage 2 requirements, the HSP will submit the complete Stage 2 FP Submission (Part A and Part B) to both the ministry and the LHIN.

3. Upon receipt of the submission, the ministry lead will liaise with the LHIN lead to:

    a. Confirm that all submission requirements were received as per the Stage 2 submission checklist.
    b. Develop a general timeline for review of the submission. This timeline will include the two alignment points and will ensure that LHIN review of the Part A elements is complete in order to inform final ministry review of Part B elements.

4. The ministry lead, on behalf of the ministry and the LHIN, will then prepare correspondence to the HSP that will include:

    a. Confirmation of receipt of the submission within 15 working days.
    b. Expectation regarding general review turnaround time.

5. The LHIN will review Part A based on the LHIN Review Guide criteria, including consulting with provincial agencies such as Cancer Care Ontario and the Ontario Renal Network where relevant, and seek additional clarification directly from the HSP as required.

    a. All formal correspondence will be copied to the ministry lead.

   b. The ministry lead will be invited to any meetings that may occur between the HSP and the LHIN with regard to Part A.

6. The ministry will conduct a concurrent review of Part A elements from the provincial perspective and provide comments to the LHIN. The ministry's review will include consideration of:

   a. Overall system capacity (bed and service volume projections)
   b. Future system need
   c. Provincial programs (e.g. Cardiac Care, Transplantation)

7. **Alignment Point 1 (LHIN Lead):** The LHIN will take a lead role in initiating discussions with the ministry regarding results of their respective reviews of Part A elements. Due to important interdependencies between various program and service elements, the ministry and the LHIN will ensure alignment with regard to their respective reviews and any revisions or further planning that may be requested of the HSP.

8. Following ministry/LHIN alignment on the Part A program and service elements, the LHIN will develop a recommendation for its Board of Directors with regard to its position on the Stage 2 Part A submission.

   a. **Endorsement** represents LHIN support for the program and service elements of an initiative and allows the ministry to finalize its review of Part B (Physical and Cost Elements).

   b. **Endorsement with conditions** means that the LHIN requires additional planning to be undertaken by the HSP to address specific program and service issues identified by the LHIN. Upon endorsement with conditions, the LHIN will advise the HSP as to next steps, including whether the proposal will need to return to the LHIN for further review.

   c. **Rejection** means that the LHIN does not support the program and service elements of an initiative. If the HSP wishes to proceed with a different proposal, a new Part A submission may be considered.

9. If the LHIN Board endorses the Part A program and service elements, the LHIN will provide written rationale and advice to the ministry. The LHIN will determine the appropriate communication with the HSP regarding its rationale and advice to the ministry on the Part A program and service elements.

   a. The LHIN will prepare a summary of its review and rationale for endorsement of the programs and services and provide this to the ministry in its formal advice. The LHIN's rationale will be based on evaluation and assessment criteria found in the LHIN Review Guide.

10. If the LHIN Board rejects Part A, the LHIN will provide written feedback to the HSP that clearly describes why the initiative was not endorsed. The feedback may invite the HSP to develop a revised Part A submission that will satisfy LHIN criteria. This correspondence will be copied to the appropriate Manager, MOHLTC Health Capital Investment Branch.

11. Concurrent with LHIN and ministry review of Part A the ministry will conduct a preliminary review of Part B, physical and cost elements, and seek clarification from the HSP where required.

    a. As part of its review the ministry will consider advice received from the LHIN with respect to Part A elements.

12. **Alignment Point 2 (Ministry Lead):** Following ministry review of the Part B elements, the ministry will take a lead role and collaborate with the LHIN to ensure alignment between Stage 2 elements, Part A and Part B. This process will provide opportunity to consider the relationship between the program and service elements and the physical and cost elements, ensuring appropriate agreement. If necessary the HSP will be asked to clarify and/or revise submission requirements. (NOTE: if the alignment process results in material change to the program and service elements outlined in Part A, the LHIN may require Board endorsement of the change. Material change refers to one with direct operating or program and service implications.)

13. Upon completion of its review of Part B elements and LHIN advice regarding Part A, the ministry will advise the LHIN of its findings and expected next steps regarding the Stage 2 submission.

14. The ministry lead, on behalf of the ministry and the LHIN, will then prepare correspondence to the HSP that will include details of the status of the Stage 2 submission:

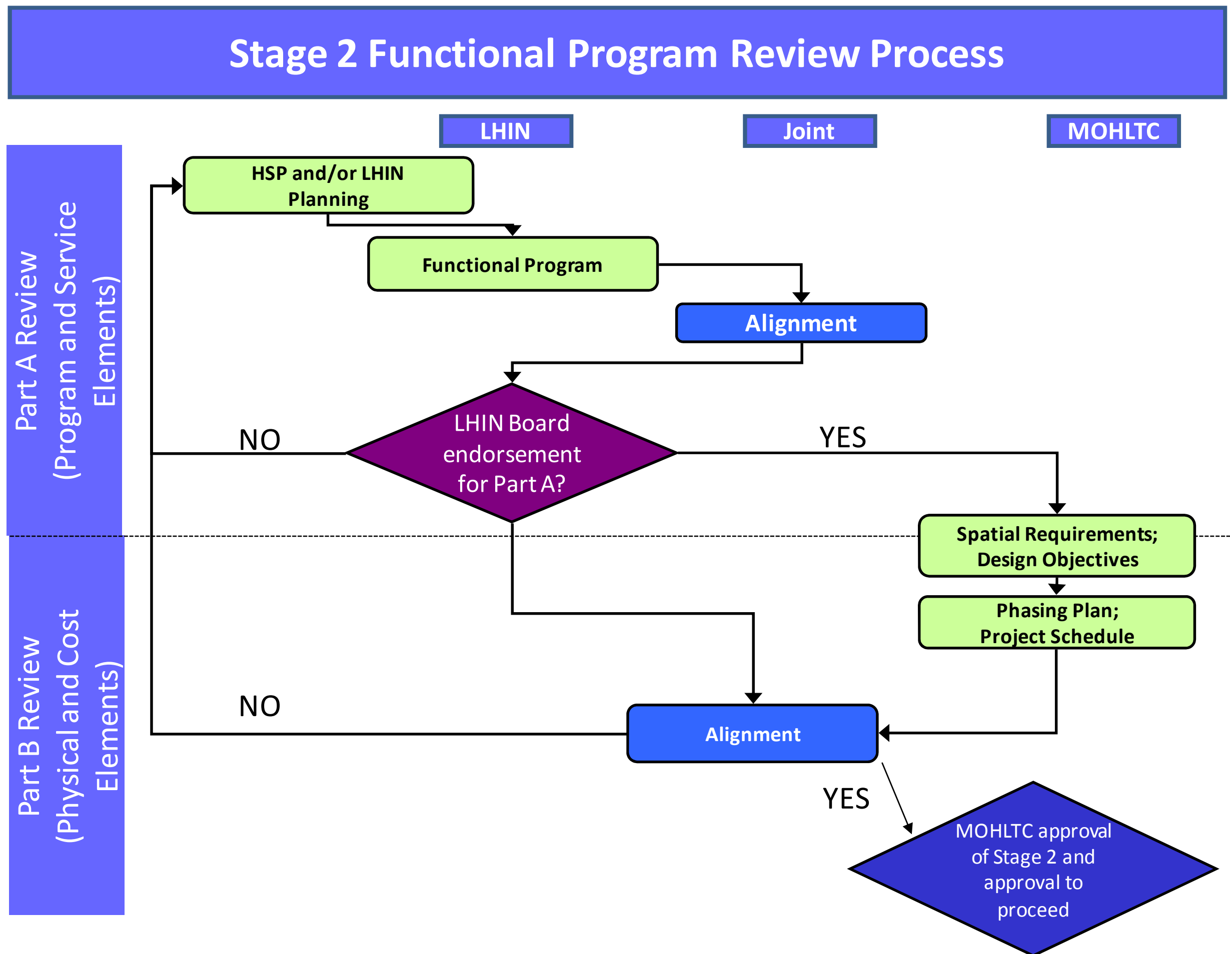
    a. Status of LHIN review.
    b. Status of ministry review.
    c. Expected next steps.

15. At this time the ministry may provide approval to proceed to Stage 3 Preliminary Design Development. A planning grant may be approved for Stages 3 and 4 design development.

Ontario

Ontario Local Health Integration Network / Réseau local d'intégration des services de santé

Stage 2 Process Diagram



MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages

Guidelines

November 9, 2010

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Component 2 – Guidelines for Capital Projects

Chapter 1

Pre-Capital Guidelines

Objective

The objective of the Pre-Capital submission is to provide a LHIN and the Ministry of Health and Long-Term Care (the 'ministry') the opportunity to review and provide an initial response to a Health Service Provider's (HSP) intent regarding planning for a capital project. Upon successful assessment of the submission under the MOHLTC-LHIN Joint Review Framework, the HSP may receive formal ministry support to enter the capital planning process and proceed with development of a Stage 1 submission. The HSP may receive a Proposal Development Grant to support Stage 1 planning activities.

The Pre-Capital submission enables the HSP to present its program/service rationale for the proposed capital initiative and seek LHIN endorsement for the Part A submission (Program and Service Elements). The ministry will review Part B (Development Concept) and consider LHIN advice regarding Part A within the context of the Joint Review Framework. The ministry will make the final determination with regard to support to proceed to Stage 1.

The LHIN will consider endorsing a submission that clearly describes and identifies:

- The program/service need to be supported by the capital initiative;
- Alignment of identified program/service need with local and provincial health system priorities, as determined by:
    - MOHLTC – Provincial programs (e.g. Cardiac Care and Transplantation) and provincial system capacity
    - LHIN – Integrated Health Services Plan, Clinical Services Plan and agreement with Provincial Agencies such as Cancer Care Ontario and Ontario Renal Network, as required.
    - HSP – Strategic Plan, Organizational Goals.
- Options for program/service delivery, including integration opportunities, collaboration and alternate service delivery models; and
- The demographic profile and projected utilization profile over a 20 year period.

The Ministry will consider approval of a submission that:

- Clearly describes the physical infrastructure deficiency related to the program/service need identified in Part A of the submission;
- Helps implement the government's and ministry's policy and program directions;
- Is consistent with the government's priorities, resource availability and relative ranking of the project need;
- Describes and identifies alternative infrastructure solutions;
- Acknowledges site planning or other development challenges; and
- Promotes local affordability of health services.

HSPs require written approval of their Pre Capital Submission from the ministry before proceeding to Stage 1: Proposal of the capital planning and approval process.

Submission Requirements

It is important that HSPs ensure their submissions closely follow the format outlined in the guidelines and checklists for each stage, to ensure LHIN and ministry review and to facilitate endorsement /approval.

Any HSP interested in expressing its intent to plan for a capital project is requested to submit to the LHIN a fully completed Part A (Program and Service Proposal) of the Pre-Capital Submission Form. The HSPs will need to provide responses to the following:

1. Provide a narrative description of the program/service need to be addressed by this initiative. Examples include, but are not limited to:
    a. Need for new program(s)/service(s).
    b. Need for expanded program(s)/service(s).
    c. Need for program redesign or integration.

2. Provide a statistical description of the program/service need to be addressed by this initiative: This should include:
    a. Demographic profile (current and projected population for 5, 10 and 20 years).
    b. Utilization profile (current and projected demand for 5, 10 and 20 years).

3. Describe how this program(s)/service(s) need supports local health system integration and a unified system of care. Consider priorities of each of the following:
    a. MOHLTC – Provincial programs (e.g. Cardiac Care and Transplantation)
    b. LHIN – Integrated Health Services Plan, Clinical Services Plan, and agreement with Provincial Agencies such as Cancer Care Ontario and Ontario Renal Network, as required.
    c. HSP – Strategic Plan, Organizational Goals, Hospital Service Accountability Agreement

4. What discussions have occurred and please describe what level of support has been received from other stakeholders with regard to this initiative? Other stakeholders may include:
    a. Internal staff, physicians and/or Board members
    b. Other HSPs
    c. Neighbouring LHINs
    d. Provincial agencies (e.g. Cancer Care Ontario)
    e. Service partners
    f. Community stakeholders [Local Health System Integration Act, Section 16 (6) Each health service provider shall engage the community of diverse persons and entities in the area where it provides health services when developing plans and setting priorities for the delivery of health services. 2006. c. 4, s. 16 (6)]

5. Describe any significant operational implications in terms of:
    a. Operating cost
    b. Staffing

6. Describe any alternative program/service solutions considered to address the need identified in Question 1 and 2 above. Examples may include:
    a. Integration opportunities.
    b. Program /service redesign opportunities.
    c. Alternative service delivery models.

If the LHIN Board endorses Part A, the LHIN will provide written feedback to the HSP and request that the HSP complete and submit the full Pre Capital Submission form – Part A and Part B – to the ministry.

As part of the preparation of Part B (Development Concept) of the Pre Capital Submission form, HSPs will need to provide responses to the following:

7. What amount of space, based on space benchmarks, is required to meet the program need identified in Part A?

8. Does the HSP have this space available now?

9. Is it practical to renovate the existing space to meet the program need identified in Part A?

10. Does the HSP have the physical support and operational support available to serve the existing space, (e.g. pharmacy, food services)?

11. Describe the proposed physical infrastructure changes required to support the program/service need identified in Part A. This may include:
    a. Renovation to existing infrastructure.
    b. Development of new infrastructure.

12. Describe the physical infrastructure deficiency(ies) related to the program(s)/service(s) need identified in Part A. This may include:
    a. General condition.
    b. Capacity to continue supporting program(s)/service(s) delivery.

13. Describe alternative infrastructure solutions considered.

14. Describe any development challenges expected, including:
    a. Site planning
    b. Phasing/decanting

15. If physical infrastructure will be vacated, what is the intended use of the vacated space?

16. Provide preliminary capital cost estimate (in current year dollars) noting any assumptions in projecting costs.

17. Is this project proposed to be:
    a. Ministry cost-shared
    b. Own funds

18. Explain how your HSP plans to provide for its share of the capital costs by identifying all proposed sources and amounts of funding, including any funding partners.

Some key questions the HSP should consider when submitting the Pre-Capital Submission form:

1. PART A

- Has a formal needs assessment process (e.g. clinical services planning, stakeholder engagement, etc) been conducted?
- Is the program/service need related to a specific expansion or realignment?
- Is the proposal consistent with utilization targets established in the facility's Hospital-Service Accountability Agreement (HSAA)?
- How does the proposal contribute to an integrated local health system and/or unified system of care?
  - What is the proximity of this program/service to the nearest similar program/service?
  - Has potential duplication been assessed?
  - Have integration opportunities been explored?

- Have alternative service delivery models been explored (i.e., service consolidation, shift in care from inpatient to outpatient, program transfer)?
- Is the proposal consistent with a network plan for service delivery?
- What specific local or regional priority does this proposal relate to, if any?
- Have relevant internal or external stakeholders contributed to the development of this proposal?

2. PART B

- For the pre-capital submission, HSP's should use current space benchmarks to develop a preliminary space requirement. Benchmarks are available for hospital patient bedrooms, hospital ambulatory visits, offices, exam and counseling rooms, group rooms, meeting rooms, Community Health Centres, etc.

If the HSP has supporting documentation that explains its development concept, it should be submitted with Part B of the PCSF.

Procedural Steps

Please refer to the Process Guide for detailed procedural steps.

Chapter 2

Stage 1: Proposal Guidelines

Objective

The objective of Stage 1: Proposal is to initiate the creation of a more detailed portrait of the proposed capital initiative. Descriptions and analyses of both program and service elements (Part A) as well as physical and cost elements (Part B) are developed to guide the Health Service Provider (HSP), LHIN and the Ministry of Health and Long-Term Care (the 'ministry') in decision making.

The Proposal stage will help the HSP understand issues such as:

- Future demand for services, including options for service delivery;
- High-level space requirements for proposed service delivery model;
- Condition of existing facilities;
- Options for development; and
- Costs and benefits of pursuing different options.

The LHIN will use information contained in Part A of the Stage 1: Proposal submission to better evaluate the alignment between local health system planning priorities and the program/service initiative being proposed by the HSP. Multi-year service-level projections and program/service descriptions will be provided so that the LHIN may evaluate issues such as:

- Type or model of service being proposed;
- Assessment of possible non-infrastructure solutions to the identified operational problems, such as alternative service delivery options;
- Quantity or level of service being proposed;
- Agreement with Provincial Agencies such as Cancer Care Ontario and Ontario Renal Network, as required;
- Geographic location of service being proposed;
- Contribution to local health system integration and a unified system of care; and
- Implications for future operating cost.

The ministry will closely examine information contained in Parts A and B of the Stage 1: Proposal submission to consider:

- Alignment with overall government vision;
- Alignment with overall provincial system capacity and program requirements;
- Consistency with the government's priorities, resource availability and relative ranking of the project need;
- Appropriateness of proposed capital infrastructure solution; and
- Local affordability.

While the above is not an exhaustive summary of the issues that will be examined by the LHIN and ministry during the review of Part A and Part B of the Stage 1: Proposal submission, it does provide an overall view of the content.

Health Service Providers require written approval of the Stage 1: Proposal submission from the Ministry of Health and Long-Term Care before proceeding to Stage 2: Functional Program of the capital planning process.

Note: The provider will need to retain the services of external consultants to produce a Proposal submission. For the criteria to use in selecting a Functional Programmer and Prime Consultant, refer to the ministry's "Project Management Framework," bulletin.

Guidelines

Submission Requirements

It is important that HSPs ensure their submissions closely follow the format outlined in the guidelines and checklists for each stage, to ensure LHIN and ministry review and to facilitate endorsement /approval.

Following ministry approval to proceed to Stage 1, the HSP and its consultant team will engage in planning work to complete all Stage 1 submission requirements (refer to attached Stage 1 Submission Requirements Checklist). All components of a full Stage 1 Proposal submission may not be required for hospital small projects or community agency projects (e.g., a Master Plan is not required for a leasehold improvement). The HSP should confirm the requirements of the Stage 1 submission for its small project proposal with the ministry prior to initiating planning. Upon completion of all Stage 1 submission requirements (Part A and Part B), the HSP will submit the following components:

- LHIN: The Stage 1 Proposal Executive Summary and Part A of the Stage 1: Proposal must be submitted to the LHIN under the signature of the Board Chair and the Chief Executive Officer/Executive Director. All required components must be included, or a rationale provided for why specific components are not included:

- MoHLTC: The entire Stage 1: Proposal Executive Summary and Parts A and B, will be submitted to the ministry under the signature of the Chief Executive Officer/Executive Director. All components outlined below must be included, or a rationale provided for why specific components are not included

The Stage 1 submission consists of the following requirements:

Executive Summary
PART A
1. Service Delivery Model Report
    - Master Program (except spatial requirements)
    - Options for Delivering the Changes in Service Delivery
    - Human Resources Plan for 5-year time frame

- Preliminary Operating Cost Estimate

PART B

2. Service Support Infrastructure Report
    - Spatial Requirements (previously within the Master Program)
    - Multi-Year Infrastructure Plan
    - Technical Building Assessment
    - Master Site Plan
    - Master Building Plan
    - Options for Master Plan
3. Business Case/Options Analysis
4. Facility Development Plan
    - Proposed Floor Plans
    - Proposed Space Summary
    - Implementation/Phasing Plan
    - Schedule
    - Other Operational Issues
    - Funding/Financing Plan
    - Project Estimate

Submission Components

Service Context

A depiction of the service context consists of a clear and concise description of the HSP's current and proposed future role in its community and LHIN. It is important to demonstrate the relationship between the service plan for the organization and that of surrounding communities.

The service context includes a description of:

- Health programs currently delivered by the organization - indicating why and how these programs need to be modified;
- Any new programs that need to be introduced - indicating the specific improvements expected upon completion of the project; and
- Service relationships or dependencies between the facility and other sites should be described to convey the local and provincial health system context.

Planning Principles

- Planning must occur within the fiscal framework and priorities established by government;
- Population-based planning will have a focus on improved health outcomes and health status for the community;
- Health services must be effective, sustainable and responsive to community needs. This requires working collaboratively across disciplines and sectors to meet defined needs;
- Foster the development of flexible and innovative approaches to service delivery. Current methods of practice and service delivery across programs and disciplines must be challenged.

This will require exploration of alternatives including the sharing of medical/professional staff, technology, administrative, and other services within the LHIN to sustain viable programs and services;
- Recruitment and retention of health human resources should be considered for enhancements or expansion of service delivery to ensure sustainability;
- Critical mass is necessary to support and sustain the provision of safe, effective and high quality health services; and
- Enhance community-based primary care delivery by shifting appropriate resources from the hospitals to the community sector, where applicable.

Planning Indicators and Targets

Planning for health systems requires the consideration of key population health indicators. These will include, but are not limited to:

- Population growth;
- Socio-economic indicators of health status, such as, levels of education, average household income, seniors 75+ living alone, and morbidity/mortality data;
- Interrelationships between hospital and community-based care (i.e. homecare, LTC) and tracking hospital utilization by levels of care; and
- Planning targets would include an analysis of the following:
  - Length of stay (strategies to improve ALOS, ALC, etc.);
  - Assessment of ER Visits;
  - Admission rates and days consumed;
  - Utilization rates/population;
  - Day surgery rates; and
  - Occupancy levels.
- Data analysis should consider recognized sources such as the Ontario Ministry of Finance and the Health Based Allocation Model (HBAM).

Please refer to the attached Stage 1 Submission Requirements Checklist for a comprehensive list of all Stage 1 requirements.

Component Guidelines

Executive Summary

The Executive Summary will provide a concise synopsis of the proposal, including both Part A and Part B elements. The synopsis will summarize key facts and anticipated outcomes of the initiative and will provide the reader with a high-level understanding of the proposal. At minimum, a synopsis of the following components should be considered in the Executive Summary:

- Service context, including HSPs current and future role in the local health system
- Alignment with provincial, local and HSP planning priorities and frameworks
- Current and projected workload
- Brief description of the recommended Facility Development plan, including major site features, issues, opportunities or challenges
- Cost and grant estimate

Part A

Detailed below is a description of the components for Part A of the Stage 1 Proposal Submission.

Service Delivery Model Report (1.0)

The Service Delivery Model Report consists mainly of a Master Program, which is a comprehensive document outlining current and projected services, volumes, operating principles and component space requirements. These services could be new, changes to existing services, or a change in the model of care. For a proposed capital project that has a direct impact on current and future services, the impacted services should be planned over a projected 20-year period.

The Master Program presents the provider's present and future service delivery model and is used to determine both the long-term requirements for a HSP's physical space and site, as well as requirements for Functional Programming that will be completed as Part of Stage 2. It should be noted that a Master Program describes all of the programs and services provided by the HSP, not only those involved in the specific improvement initiative. This allows all stakeholders to consider the full context of service and infrastructure planning requirements. Upon ministry support to proceed to Stage 2, planning will begin to focus only on those services impacted by the proposed capital initiative.

In addition to the Master Program component, the Service Delivery Model Report will also include the following:

- Human Resources Plan; and
- Preliminary Operating Cost Estimate.

Master Program (1.1)

The Master Program presents the HSPs present and future service delivery model. It outlines current and projected services and associated volumes, operating principles, major elements of the service,

and component space requirements. It is used to determine both the long-term planning of a physical site, as well as assist in determining the requirement of the next stage for planning capital projects, Functional Programming. It must include a section for each program/service associated with the healthcare facility.

The Master Program must include the following information:

Present Service Delivery

- Program parameters: model of care, organizational structure, hours of operation (if exceptional) Partnerships with community-based healthcare providers;
- Scope and extent of services provided;
- Historical workload by program/service for the past three years;
- Historical service volumes by program/service for the past three years;
- Historical attendances by program/service for the past three years; and
- Historical beds by program/service for the past three years.

Future Service Delivery

Note:

(i) Timing, projections should be provided for the year of the proposal, 5, 10 years out and 20 years out

(ii) The population and demographic information should be based on Ontario Ministry of Finance data.

- Program parameters affecting space: model of care, organizational structure;
- Partnerships with community-based healthcare providers;
- Scope and extent of services provided;
- Projected workload by program/service, providing methodology and supporting rationale;
- Projected service volumes by program/service providing methodology and supporting rationale;
- Projected attendances by program/service;
- Projected beds by program/service providing methodology and supporting rationale; and
- Other factors affecting space (e.g. staff numbers in non-clinical areas).

For new and substantial increases in programs, the HSP is required to demonstrate the options available for service delivery of the program(s). For example, there may be two or more options for delivering a program that may have capital and operating cost implications associated with the delivery models. The LHIN will require an analysis of the options to determine value for money on the chosen service delivery model.

The Master Program is a key document for the development of the Service Support Infrastructure Model Report to be prepared in Part B of the Stage 1: Proposal Submission as outlined below.

Human Resources Plan (1.2)

For new and substantial increases in programs, the Health Service Provider is required to submit a staffing plan, and how this plan will impact the capital project.

Preliminary Operating Cost Estimate (1.3)

For new and substantial increases in programs, the Health Service Provider may be required to demonstrate what the preliminary operating cost estimate is based on, and any significant changes in the model of care and the services the provider has projected to deliver.

Part B

Detailed below is a description of the components for Part B:

- Service Support Infrastructure Report;
- Business Case/Options Analysis; and
- Facility Development Plan.

Detailed below is a description of the components for Part B of the Stage 1 Proposal Submission.

Service Support Infrastructure Report (2.0)

The Service Support Infrastructure Report evaluates the condition and potential use of existing buildings and systems, and defines the long-term development strategies for specific sites, campuses or communities. This component of the proposal should be updated to reflect changing circumstances, and always represent the current status at the time of the proposal. The outcomes will provide a context for the facility infrastructure renewal plan, which will address required capital upgrades required because of the condition of the buildings or systems.

A priority of the ministry is to provide health services in an efficient, accessible and safe manner, respecting the staff and user's privacy and dignity in the delivery of those services.

Efficiency can be measured in workflow and travel diagrams.
For example, staff can better serve users by spending less time and energy retrieving supplies if resources are located near to where they are being used.

Accessibility can be measured by identifying barriers and removing barriers to those that require service (refer to Ontarians with Disabilities Act, 2001).

Safety and Security is measured by sight lines, visual supervision and observation of a program. Safety also includes the understanding and implementation of Infection Control guidelines for both staff and users (refer to "Reference Document: Patient Care Space Classification and Associated Requirements" and Health Canada's "Routine Precautions for Preventing the Transmission of Infection in Health Care").

The Service Support Infrastructure Report is composed of 7 elements:

- executive summary
- spatial requirements;
- multi-year Infrastructure plan;
- technical building assessment;
- master site plan;
- master building plan; and
- options for Master Plan.

Each of these elements are described below

Executive Summary (2.1)

Spatial Requirements (2.2) (previously within the Master Program)

- List of major elements that affect space;
- Space drivers – clinical, non-clinical and other;
- Number of beds/operating rooms/specialized room/patient areas;
- Number of offices/workstations (for administrative areas);
- Existing Component Gross Square Foot (CGSF); and
- Projected Component Gross Square Foot (CGSF) requirements.

Multi-Year Infrastructure Plan (2.3)

- Current year project plan; and
- Next fiscal year plan.

Refer to Health Infrastructure Renewal Fund (HIRF) Guidelines for more details

Technical Building Assessment (2.4)

- Description of all major buildings and systems (age, general condition, etc.);
- Elementary assessment of building systems (refer to the CSA Standard document PLUS 317, Guidelines for Elementary Assessment of Building Systems in Health Care Projects Checklist);
- Recommendations for capital investment in existing facility; and
- Implications for deferring capital investment.

Master Site Plan (2.5)

The Master Site Plan must include the following information.

Site Evaluation Report

(refer to Canadian Handbook of Practice for Architects [CHOP], Chapter 32, "Site Evaluation Checklist")

- Physical factors;
- Cultural factors;
- Regulatory factors;
- Recommendations (to be considered in Master Planning); and
- Summary.

Site Plan

- Survey (refer to CHOP, Chapter 42, "Information Required on Land Surveys Checklist")
- Contours not more than 1.5 m (5 ft)

Site Utilization

- Vehicular traffic flow and parking;
- Pedestrian traffic flow;
- Entrances and exits to and from building(s);
- Entrances and exits from site; and
- Soil investigation.

Building Plan(s)

All floor plans at a scale no less than 1:400 (1/32"=1'-0")

- Location, boundaries and name of all component space;
- Primary vertical and horizontal circulation space; and
- Entrances and exits from components and building.

Planning and Building Approvals

The Master Site Plan must also consider the obstacles to its implementation. A review of the potential approvals must be undertaken and a summary of the plan's conformance should be included. Realistic strategies and schedules for how the Health Service Provider intends to overcome non-conforming issues must be included. Required approvals will vary by facility and may include the following:

- Zoning;
- Conservation authority;
- Historic board; and
- Aviation authorities.

Master Building Plan (2.6)

An analysis of viable options with advantages and disadvantages for development must be undertaken. The resultant documentation must include:

- Site plan showing options for redevelopment (projections consistent with Master
- Program timeframes – outlined in section 2.2 above) plus available land for redevelopment up to the point the land is fully utilized based on municipal requirement at time of preparing the Master Building Plan;
- Building plans showing component(s), circulation and entrances (1/32”=1’-0”); and
- Preferred option within the context of the master site plan.

Options for Master Plan (2.7)

The Health Service Provider should consider various Master Plan options, which take into consideration the service delivery model and the Service Support Infrastructure Model.

Business Case/Options Analysis (3.0)

The Health Service Provider must submit a business case that considers various development plan options for the organization’s proposed service delivery model and Master Plan. The submission should demonstrate that the Health Service Provider has reviewed all viable options and is proposing the most cost-effective physical solution. A sound basis for making key strategic decisions to meet service objectives, providing value for money, and protecting the public interest must be clearly stated. This can be done by, for example, by developing a “priority matrix” that illustrates a cost/benefit analysis.

The Health Service Provider should include the following:

- Models for delivering services;
- Partnerships with community-based health care providers;
- Operating costs;
- Operating costs associated with health care professionals;
- Human Resources (HR) plan;
- Summary of facility development plan options/models for supporting infrastructure;
- Factors (advantages/disadvantages from perspective of capital cost, overall schedule, phasing, renovation, new construction, etc.);
- Operating costs associated with the facility (i.e., heating/cooling, cleaning, laundry, food services, etc.) including maintenance costs associated with building systems.
- Prioritization of options;
- Preferred facility development plan option; and
- Local affordability.

Facility Development Plan (4.0)

The facility development plan identifies the priority programs that have been identified for immediate implementation. The facility development plan should demonstrate the areas of the master building plan that need to be addressed in the capital project. The development of these programs and their associated costs form the basis of the provider's request for capital funding. The facility development plan will include the following information.

Proposed Floor Plans (4.1)

- All floor plans (no less than 1:200 or 1/16" = 1'-0");
- Proposed location, boundaries of all programs;
- Major blocks/zones and intra-component corridors within the components;
- Entrances and exits from the component and building; and
- Major building circulation (vertical/horizontal).

Proposed Space Summary (4.2)

- Total building square footage – building gross square feet (BGSF);
- All components/programs areas listed individually – component gross square fee
- (CGSF); and
- Summary by component/program (CGSF).

Note: For the purposes of this document, net square foot (NSF) = net component is the measured interior surface of all walls, Partitions and mechanical enclosure. It should be exclusive of any major or minor furniture and equipment, fixed or loose, which may be included or planned for this space. NSF does not include component circulation unless otherwise clearly stated.

Implementation/Phasing Plan (4.3)

Schedule (4.4)

Other Operational Issues (4.5)

- Meeting the requirements of the *Planning and Design Guidelines for Ontario Providers*, including the planning and design objectives such as sustainability and efficiency in operations;
- Integration of service providers, such as third Parties involved in planning;
- Information technology;
- Staffing and recruitment; and
- Furniture and equipment.

Funding/Financing Plan (4.6)

The Health Service Provider must identify how the capital project will be funded. If the Health Service Provider is required to share in the capital project costs, evidence of financial viability is required. A plan for the local share will be required which clearly identifies the cost of financing and the sources of payment for such costs.

Project Estimate (4.7)

- Hard Costs (order of magnitude cost estimates):
  - Breakdown by component (CGSF);

- Breakdown by building gross factor (BGSF);
- Site costs (as determined by site analysis/Master Plan);
- Associated costs (as determined by physical feasibility study);
- Budgeted furniture and equipment costs; and
- Phasing and logistics.

- Soft Costs (ancillary costs):

  - Professional fees;
  - Permit Fees; and
  - Other consultants, for example:
    - Project management;
    - Programmer;
    - Furniture & Equipment Planning; and
    - Building/Operational Commissioning.
- Non-recoverable HST;
- Financing Costs; and
- Total proposed cost estimate of the Facility Development Plan.

Procedural Steps

Please refer to the Process Guide for detailed procedural steps.

Upon ministry approval of the Stage 1 Proposal, the provider will be required to submit a signed Project Charter to the ministry within 30 calendar days. The Project Charter serves as an accountability tool and confirms the project objective, scope, deliverables, administrative parameters, and commitments to which the provider has agreed.

Chapter 3

Stage 2: Functional Program Guidelines

Objective

The objective of the Stage 2: Functional Program (FP) is to define and justify the scope of the capital project with regards to programs and services being proposed, associated workloads, staffing, equipment and space requirements including architectural and environmental. Development of a Functional Program is normally required if a capital project affects program or service delivery. Viewed as a link between program planning and facility planning, the FP will allow the Heath Service Provider (HSP) to provide specific justification for the introduction of new or expanded services or programs and any proposed infrastructure investment required to support the program needs. In specific the FP will:

- Define the providers operational program requirements;
- Determine interdepartmental relationships and space requirements of the project;
- Provide the necessary data required for architectural and engineering design for the project;
- Prepare block diagrams to demonstrate that the FP can be accommodated in the proposed space;
- Form the basis for determining project-related furniture and equipment needs;
- Form the basis for developing a more detailed capital cost estimate and local share plan; and
- Form the basis for a more detailed Post Construction Operating Plan.

The Stage 2 Functional Program submission will help the HSP define the program parameters of the programs and services affected by the capital project, including:

- Future demand for services and its relationship to the other services and programs offered by the HSP;
- HSP's new vision with the proposed programs and services and its relationship to the LHIN and
- government priorities;
- Anticipated linkages with stakeholders within a defined service/catchment area; and
- Detailed space requirements to accommodate the programs and services proposed.

The LHIN will use the program and service information provided in the FP to evaluate the alignment between local health system planning priorities and the programs or services being proposed by the HSP. At the outset, the LHIN will assess the HSP's Functional Program to justify program needs, particularly those services impacted by the proposed initiative, and will call upon the ministry to provide an analysis of the physical solutions proposed.

The ministry will closely examine information contained in the FP to consider:

- Spatial requirements;
- Planning and design objectives for the physical solutions proposed Phasing plan and project schedule;
- Project estimate and Capital Variance Template; and
- Local Share Plan.

A joint analysis of the FP is intended to facilitate the development of LHIN recommendations about the capital needs of the local health system for ministry consideration prior to the support of a major capital project.

While the above is not an exhaustive summary of the issues that will be examined by the LHIN and ministry during the review of Part A and Part B Functional Program elements, it does provide an overall view of the content.

HSPs require written approval of the Stage 2: Functional Program Submission from the Ministry of Health and Long Term Care before proceeding to Stage III: Preliminary Design Development.

Note: The provider will need to retain the services of an external consultant to produce a Functional Program. For the criteria to use in selecting a Functional Programmer, refer to the ministry's "Project Management Framework," bulletin.

Guidelines

Submission Requirements

It is important that HSPs ensure their submissions closely follow the format outlined in the guidelines and checklists for each stage, to ensure LHIN and ministry review and to facilitate endorsement /approval.

Following ministry approval to proceed to Stage 2, the HSP and its consultant team will engage in planning work to complete all Stage 2 submission requirements (refer to attached Stage 2 Submission Requirements Checklist). All components of a full Stage 2 Functional Program submission may not be required for all hospital or community agency projects (e.g., a Functional Program may not be required for infrastructure work). The HSP should confirm the requirements of the Stage 2 submission for its proposal with the ministry prior to initiating planning. Upon completion of all Stage 2 submission requirements (Part A and Part B), the HSP will submit the entire Stage 2 to each of the ministry and the LHIN under the signature of the Chief Executive Officer/Executive Director.

The Stage 2 submission consists of the following requirements:

- Part A: Program and Service Elements
  - Program Parameters Document (if required)
  - Functional Program (Program components in two main sections: Summary and Program)
- Part B: Physical and Cost Elements
  - Functional Program (Design and spatial components)
  - Phasing Plan
  - Project Budget
  - Project Schedule
  - Block Diagrams
  - Local Share Plan

Submission Components

The Stage 2 Functional Program submission is prepared to inform the functional requirements of the space to satisfy the program needs and the physical surroundings needed to support them.

As has been demonstrated by the Pre-Capital and Stage I Proposal, the requirements of the existing capital planning process generally align themselves with the new roles being assumed by the ministry and the LHINs. The separation between the program planning and infrastructure planning allows for discrete reviews to be completed by each party. Stage 2 Part A elements focus on the program and service elements, while Stage 2 Part B will focus on the specific spatial requirements and other physical and cost elements

Due to the detailed interdependencies between its various elements, the FP will always need to be a single, comprehensive submission that is developed and submitted as a single document. The ministry and the LHIN will therefore each receive a complete copy of the Stage 2 submission as per the process described below. The Joint Review Framework will continue to apply, with the LHIN having lead review responsibility for Part A elements and the ministry having lead review responsibility for Part B elements.

Please refer to the attached Stage 2 Submission Requirements Checklist for a comprehensive list of all Stage 2 requirements.

Component Guidelines

The following component guidelines refer to major sections of the Stage 2 submission. Please refer to the Stage 2 submission requirements checklist for a comprehensive listing of all requirements.

Program Parameters Report (1.0)

In exceptional cases, the HSP may be required to submit a program parameters document for agreement prior to developing its Stage 2 submission. The requirement to submit a program parameters document will be determined at the time of approval to proceed with the development of the Stage 2 Functional Program submission.

The Program Parameters Report is a preliminary overview of a provider's program and services prior to the development of a detailed Functional Program. The program parameters document will facilitate the approval of the FP by achieving agreement at an early stage on the general content and direction of the detailed Functional Program.

The Program Parameters Report is useful for complex projects that propose a significant change in the role and function of a facility. The Report should contain descriptions of:

- The service or catchment area (based on the Stage I Proposal submission);
- The consultation process used in determining scope of programs and services, including internal and external stakeholders;
- The programs already offered by the facility (based on the Stage I Proposal submission);
- The provider's new vision (based on the Stage I Proposal submission);

- The anticipated linkages with stakeholders (based on the Stage I Proposal submission); and
- The provider's philosophy of linkages with community health services (based on the Stage I Proposal submission).

PART A
Summary (2.1)

The summary should:

- Briefly describe the programs and services affected by the capital project;
- Include simple diagrams that show the facility site orientation and the portion affected by the proposed changes, including departmental relationships;
- Define any special terminology used in the Functional Program;
- Demonstrate staff involvement and the consultation process;
- Describe the methods used to define the project workload; and
- Include working definitions and mathematical relationships.

Program (2.2)

The program section of the Functional Program should identify the departments and services affected by the project.

This section should include the following subsections:

- Assumptions.
- Functions.
- Procedures.
- Projected workload.
- Projected staffing.

Assumptions

All assumptions forming the basis of the Functional Program should be clearly outlined. These include:

- Community services links, collaborations and partnerships;
- The effect on existing services and how it avoids duplication of other ministry-funded services;
- The impact on and relationship to other ministry-funded programs;
- Physician and staff payments, including clinical placement funding, alternative payment plans and fee-for-service funding; and
- Any considerations the facility has for shared or purchased service arrangements, shared space or joint programs.

Functions

Depending on the program, the service or departmental functions may include:

- Description of the clients and activities;
- The demonstrated need based on population or utilization studies;
- Explicit internal and external links to other programs;
- Public and patient education (which may include teaching and research components).

Procedures

Depending on the program, the procedures should describe:

- Patient flow, with a description of required staffing and a management chart;
- Support services; and
- Hours of operation.

Projected Workload

Projected workload should be provided for the previous two to three-year period and for next three to five-years, based on population needs or population and utilization studies. All assumptions, working definitions, mathematical relationships and sources of data should be stated.

For each program, this subsection should include:

- Number and distribution of beds by service;
- Number of projected separations or discharges;
- Number of patient days or resident days;
- Percentage of occupancy;
- Units of service (e.g., kilograms of laundry, patient meal days); and
- Existing workloads indicating the variance from the projected workloads.

For each program, the projected workload for ambulatory and non-residential programs should include:

- Number of visits or service events;
- Number of cases or client visits; and
- Number of group meetings.

Any changes in technology, procedures or clinical practice that affect the workload should be stated.

Projected Staffing

Where applicable, the current and projected staffing must be shown for each program, including the previous two to three year period and over the next three to five-year period. Staffing details should include the number of full-time equivalents (FTEs) by position. Staffing productivity standards or benchmarks used in the projecting staffing must be stated.

If a temporary increase in staffing is required to phase in a new program while maintaining an existing one, the temporary increase should be identified. Phasing in of new programs should also be identified and supported by the estimated operating budget.

PART B
Design and Spatial Requirements (2.3)

Projected Space Requirements

Projected space requirements should include calculations of space requirements of the program (in square feet), based on the scope of services, the workload and staffing projections. Space is calculated on a program or departmental basis and includes a room-by-room breakdown. The preferred functional relationships should be described:

- Within and between program areas;
- For special architectural needs for equipment or technology; and
- For ancillary spaces such as waiting areas and conference rooms.

Note: For renovation projects, a comparison must be provided of the existing space available and the room configuration, with the projected requirement. For programs that are staying in their current locations, an assessment of traffic patterns and access should be provided of the space in relation to the new or renovated areas.

Equipment Requirements

Depending on the program, estimated costs should be provided for:

- Required new furniture and equipment; and
- Special installation needs.

It should also be noted whether the furniture and equipment will be new, re-used from an existing inventory, or replaced. A summary table should be provided, grouping common furniture and equipment categories with associated subtotals.

The Stage 2 Functional Program Part B submission also includes:

- Phasing Plan
- Project Budget
- Project Schedule
- Block Diagrams

- Local Share Plan

Procedural Steps

Please see Process Guide for detailed Procedural Steps.

MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages

Checklists

November 9, 2010

Capital Planning Toolkit	*Chapter*	*Page*
Component 3 – Checklists		
1. Pre-Capital Submission Form	1	3.1.3
2. Stage 1 Proposal	2	3.2.1
3. Stage 2 Functional Program	3	3.3.1

Component 3 – Checklists

BEGIN ON THE NEXT PAGE

Pre-Capital Submission Form (PCSF)

Proposing Health Service Provider (HSP) Information

Proposed Project Name:		For LHIN Use Proposal #:	
HSP Name (Legal):		For MOHLTC Use HCIS#:	
Site Name, Address and Postal Code:		LHIN:	
Submission Date:			

Facility Type– Please Select	
Public Hospitals (including own funds projects as per legislation)	☐
Community Health Centres	☐
Community-Based Mental Health Programs	☐
Community-Based Substance Abuse (Addiction) Programs	☐
Long-term Care Supportive Housing Providers (typically supporting programs for the frail elderly, acquired brain injury, physically disabled and HIV/AIDS)	☐

	HSP Primary Contact	HSP Secondary Contact
Name:		
Email:		
Tel:		
HSP Approval:		
CEO/ED Name:		
CEO/ED Signature:		

Section 2 – Proposal Overview

Build Type Descriptions

Addition	☐	Green field	☐	Infrastructure	☐
Renovation	☐	Remediation	☐	Leasehold Improvement	☐
Brown field	☐	Decommissioning	☐	Property acquisition	☐
				Other	

Service Type Descriptions

Is this a proposal for a single or multi-service project?

Acute	☐	ELDCAP	☐	Mental Health – Longer Term	☐
Ambulatory	☐	Emerg	☐	Rehab	☐
CCC	☐	Neonatal ICU	☐	Infrastructure	☐
Adult Critical Care/ICU	☐	Provincial Program	☐	Mental Health – Acute	☐
Other Service Type	☐				
Support Service – Please Select					
Laboratory	☐	CT	☐	Food Services	☐
Pharmacy	☐	Allied Disciplines	☐	Housekeeping	☐
General DI	☐	Counselling	☐	Maintenance	☐
MRI	☐	Staff Facilities	☐	Other	☐

Completion Guideline: *It is expected that the response to Section 3 (Part A and Part B) will be completed in 15 regularly spaced pages.*

It is important that HSPs ensure their submissions closely follow the format outlined in the guidelines and checklists for each stage, to ensure LHIN and ministry review and to facilitate endorsement /approval.

Section 3 - Proposal

PART A

Program/Service Proposal – LHIN Review

1. Provide a narrative description of the program/service need to be addressed by this initiative. Examples include, but are not limited to:

   a. Need for new program(s)/service(s).
   b. Need for expanded program(s)/service(s).
   c. Need for program redesign or integration.

2. Provide a statistical description of the program/service need to be addressed by this initiative: This should include:

   a. Demographic profile (current and projected population for 5, 10 and 20 years).
   b. Utilization profile (current and projected demand for 5, 10 and 20 years).

3. Describe how this program(s)/service(s) need supports local health system integration and a unified system of care.

   a. MOHLTC – Provincial programs (e.g. Cardiac Care and Transplantation)
   b. LHIN – Integrated Health Services Plan, Clinical Services Plan, agreement with Provincial Agencies such as Cancer Care Ontario and Ontario Renal Network, as required
   c. HSP – Strategic Plan, Organizational Goals, Accountability Agreements

4. What discussions have occurred and please describe what level of support has been received from other stakeholders with regard to this initiative? Other stakeholders may include:

    d. Internal staff, physicians and/or Board members
    e. Other HSPs
    f. Neighbouring LHINs
    g. Provincial agencies (e.g. Cancer Care Ontario)
    h. Service partners
    i. Community stakeholders [Local Health System Integration Act, Section 16 (6) Each health service provider shall engage the community of diverse persons and entities in the area where it provides health services when developing plans and setting priorities for the delivery of health services. 2006. c. 4, s. 16 (6)]

5. Describe any significant operational implications in terms of:

    a. Operating cost
    b. Staffing

6. Describe any alternative program/service solutions considered to address the need identified in Question 1 and 2 above. Examples may include:

    a. Integration opportunities.
    b. Program /service redesign opportunities.
    c. Alternative service delivery models.

PART B

Development Concept – MOHLTC Review

7. What amount of space, based on space benchmarks, is required to meet the program need identified in Part A?

8. Does the HSP have this space available to it now?

9. Is it practical to renovate the existing space to meet the program need identified in Part A?

10. Does the HSP have physical support and operational support available to serve the existing space, (e.g. pharmacy, food services)?

11. Describe the proposed physical infrastructure changes required to support the program/service need identified in Part A. This may include:

    a. Renovation to existing infrastructure.
    b. Development of new infrastructure.
    c. Relationship to any other capital projects (approved or proposed).

12. Describe the physical infrastructure deficiency related to the program(s)/service(s) need identified in Part A. This may include:

    a. General condition.
    b. Capacity to continue supporting program(s)/service(s) delivery.

13. Describe alternative infrastructure solutions considered.

14. Describe any development challenges expected, including:

    a. Site planning
    b. Phasing/decanting

15. If physical infrastructure will be vacated, what is the intended use of the vacated space?

16. Provide preliminary capital cost estimate (in current year dollars) noting any assumptions in projecting costs:

Item	Cost	Assumptions (e.g., cost per sq. foot of renovation)
Construction Costs for space required for delivery of services (new construction or renovations)		
Any premium for renovations to existing conditions		
Any premium for phasing and decanting		
Any premium for land and/or building acquisition (for community-based agencies)		
Ancillary Costs		
Furniture and Equipment (including minor equipment)		
Post Contract Contingency Allowance		
Estimated Total Cost		

17. Is this project proposed to be:

Ministry cost shared	☐
Own Funds	☐

18. Explain how your HSP plans to provide for its share of the capital costs by identifying all proposed sources and amounts of funding, including any funding partners.

If the HSP has supporting documentation that explains its development concept, please submit this with Part B of the Pre-Capital Submission Form.

MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages
Stage I: Proposal Submission Requirements Checklist

Health Services Provider Name:	
Site:	
Proposed Project Name:	
Proposed Project Ministry Number:	
Contact:	

Stage 1: Proposal
- 1.0 Service Delivery Model Report
- 2.0 Service Support infrastructure Report
- 3.0 Business Case / Options Analysis
- 4.0 Facility Development Plan

Stage 2: Functional Program
- 1.0 Program Parameters (Optional)
- 2.0 Functional Program
- 3.0 Block Diagrams
- 4.0 Phasing Plan
- 5.0 Project Budget
- 6.0 Project Schedule

Stage 3: Preliminary Design Development
- 3.1 Block Schematic Report
- 3.2 Sketch Plan Report

Stage 4: Contract Document Development
- 4.1 Working Drawings and Specifications
- 4.2 Final Estimate of Cost

Stage 5: Implementation

*** References**
- Canadian Standard Form of Contract for Architectural Services, Document 6, 2002
- Canadian Handbook of Practice for Architects (CHOP)

The Health Care Facility has ensured that:
1. *This submission meets the policies and procedures identified in the Capital Planning Manual*
2. *This submission is complete, with explanation when requirements have not been met*
3. *It will comply with all regulations under applicable legislation relating to this health care facility*

Board Chair Name:	
Board Chair Signature:	
CEO Name:	
CEO Signature:	

It is important that HSPs ensure their submissions closely follow the format outlined in the guidelines and checklists for each stage, to ensure LHIN and ministry review and to facilitate endorsement /approval.

**All information marked as "Not Submitted" must be accompanied with a rationale explaining why the information is not required to be submitted.*

Item	Submitted	Not Submitted**
i. Executive Summary	☐	☐
Proposal Synopsis	☐	☐
Key Facts	☐	☐
Anticipated outcomes	☐	☐

PART A Elements

Item	Submitted	Not Submitted**
1.0 Service Delivery Model Report	☐	☐
1.1 Master Program	☐	☐

The master program is a document that reflects the health care facility's present and future service role within the community. It outlines current and projected program, staffing, and departmental space requirements based on the demographic data in the health care services plan.

Item	Submitted	Not Submitted**
1.1.1 Present service delivery	☐	☐
1.1.1.1 Program parameters	☐	☐
1.1.1.1.1 Model of care	☐	☐
1.1.1.1.2 Organizational Structure	☐	☐
1.1.1.1.3 Hours of operation	☐	☐
1.1.1.2 Scope of services provided	☐	☐
1.1.1.3 Historical workload for each service for the past 3 years	☐	☐
1.1.1.4 Historical service volumes for the past three years	☐	☐
1.1.1.5 Historical attendances for the past 3 years	☐	☐
1.1.1.6 Historical beds for the past 3 years	☐	☐
1.1.2 Future service delivery	☐	☐
1.1.2.1 Program parameters	☐	☐
1.1.2.1.1 Model of care	☐	☐
1.1.2.1.2 Organizational structure	☐	☐

1.1.2.1.3 Hours of operation	☐	☐
1.1.2.2 Scope of services provided	☐	☐
1.1.2.3 Projected workload	☐	☐
1.1.2.4 Projected service volumes	☐	☐
1.1.2.5 Projected attendances	☐	☐
1.1.2.6 Projected beds	☐	☐
1.1.2.7 Other factors affecting space (e.g. Non-clinical staff)	☐	☐
1.1.3 Options for Delivering Changes in Service Delivery	☐	☐
1.1.3.1 Model of care options	☐	☐
1.1.3.2 Operating implications	☐	☐
1.1.3.3 Capital implications	☐	☐
1.2 Human Resources Plan	☐	☐
1.2.1 Staffing plan	☐	☐
1.2.2 Project impact	☐	☐
1.3 Preliminary Operating Cost Estimate	☐	☐
1.3.1 Changes in model of care	☐	☐
1.3.2 Operating cost estimate	☐	☐

	Submitted	Not Submitted**
PART B		
2.0 Service Support Infrastructure Report	☐	☐

***All information marked as "Not Submitted" must be accompanied with a rationale explaining why the information is not required to be submitted.*

Site and space analysis are essential pre-design services. They include the Evaluation of an existing or potential site in relation to the building program, budget and construction schedule.

	Submitted	Not Submitted**
2.1 Executive Summary	☐	☐
2.1.1 Facility Development Plan summary	☐	☐
2.1.2 Grant request	☐	☐
2.2 Spatial requirements (previously within the Master Program)	☐	☐
2.2.1 Major elements that affect space	☐	☐
2.2.2 Clinical space drivers	☐	☐
2.2.2.1 Beds	☐	☐
2.2.2.2 Operating rooms	☐	☐
2.2.2.3 Specialized rooms	☐	☐
2.2.2.4 Patient areas	☐	☐
2.2.3 Administrative space drivers	☐	☐
2.2.3.1 Offices	☐	☐
2.2.3.2 Workstations	☐	☐
2.2.4 Other space drivers	☐	☐
2.2.5 Existing Component Gross Square Feet (CGSF)	☐	☐
2.2.6 Projected Component Gross Square Feet (CGSF)	☐	☐
2.3 Multi-Year Infrastructure Plan	☐	☐
2.3.1 Current year project plan	☐	☐
2.3.2 Next fiscal year project plan	☐	☐

2.4 Technical Building Assessment ☐ ☐

- 2.4.1 Description of major building systems ☐ ☐
- 2.4.2 Elementary assessment of building systems ☐ ☐
- 2.4.3 Recommendations for capital investment ☐ ☐
- 2.4.4 Implications for deferring capital investment ☐ ☐

2.5 Master Site Plan ☐ ☐

Depending on the scope and nature of the project, a physical feasibility study may be required for an existing facility. The physical feasibility study evaluates potential use of existing buildings that have a reasonable life expectancy. The facility should determine prior to master planning, if they need to undertake this type of study.

- 2.5.1 Site Evaluation Report ☐ ☐
  - 2.5.1.1 Physical factors ☐ ☐
  - 2.5.1.2 Cultural factors ☐ ☐
  - 2.5.1.3 Regulatory factors ☐ ☐
  - 2.5.1.4 Recommendations ☐ ☐
  - 2.5.1.5 Summary ☐ ☐
- 2.5.2 Site Plan ☐ ☐
  - 2.5.2.1 Survey ☐ ☐
  - 2.5.2.2 Site utilization ☐ ☐
- 2.5.3 Building Plan ☐ ☐
  - 2.5.3.1 Floor plans ☐ ☐
- 2.5.4 Planning and Building Approvals ☐ ☐
  - 2.5.4.1 Summary ☐ ☐
  - 2.5.4.2 Strategy ☐ ☐
  - 2.5.4.3 Schedules ☐ ☐

2.6 Master Building Plan ☐ ☐

The master plan defines long-term development strategies for specific sites, campuses or communities, including considerations related to current and future infrastructure, site development, site circulation and spatial relationships. A master plan, which is required following completion of a master program, establishes the process for the program's staged implementation over time.

		2.6.1 Options for Development	☐	☐
		2.6.1.1 Site plan options	☐	☐
		2.6.1.2 Building plans	☐	☐
		2.6.1.3 Preferred option	☐	☐
	2.7	**Options for Master Plan**	☐	☐
		2.7.1 Master Plan options	☐	☐
3.0	**Business Case/Options Analysis**		☐	☐
	3.1	**Summary of available Development Plan options**	☐	☐
	3.2	**Factors considered**	☐	☐
	3.3	**Prioritization**	☐	☐
	3.4	**Preferred Development Plan option**	☐	☐
4.0	**Facility Development Plan**		☐	☐
	4.1	**Proposed floor plans**	☐	☐
		4.1.1 Floor plans	☐	☐
		4.1.2 Program location and boundaries	☐	☐
		4.1.3 Major blocks and intra-component corridors	☐	☐
		4.1.4 Building and component entrances and exits	☐	☐
		4.1.5 Building circulation (vertical and horizontal)	☐	☐
	4.2	**Proposed space summary**	☐	☐
		4.2.1 Total Building Gross Square Feet (BGSF)	☐	☐
		4.2.2 Component Gross Square Feet (CGSF) by program	☐	☐
	4.3	**Implementation / Phasing Plan**	☐	☐
	4.4	**Schedule**	☐	☐
	4.5	**Other Operational Issues**	☐	☐
		4.5.1 Adherence to planning and design guidelines	☐	☐
		4.5.2 Information technology	☐	☐
		4.5.3 Furniture & Equipment	☐	☐
	4.6	**Funding / Financing Plan**	☐	☐
	4.7	**Project Estimate**	☐	☐

4.7.1	Hard costs	☐	☐
4.7.2	Soft costs	☐	☐
4.7.3	Financing costs	☐	☐
4.7.4	Total cost of Development Plan	☐	☐

MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages
Stage II Functional Program Submission Requirements Checklist

Health Services Provider Name:	
Site:	
Project Name:	
Project Ministry Number:	
Contact:	

Stage 1: Proposal
- 1.0 Service Delivery Model Report
- 2.0 Service Support infrastructure Report
- 3.0 Business Case/Options Analysis
- 4.0 Facility Development Plan

Stage 2: Functional Program
- 1.0 Program Parameters (Optional)
- 2.0 Functional Program
- 3.0 Block Diagrams
- 4.0 Phasing Plan
- 5.0 Project Budget
- 6.0 Project Schedule

Stage 3: Preliminary Design Development
- 3.1 Block Schematic Report
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Stage 4: Contract Document Development
- 4.1 Working Drawings and Specifications
- 4.2 Final Estimate of Cost

Stage 5: Implementation

*** References**
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2. *This submission is complete, with explanation when requirements have not been met*
3. *It will comply with all regulations under applicable legislation relating to this health care facility*

CEO Name:	
CEO Signature:	

It is important that HSPs ensure their submissions closely follow the format outlined in the guidelines and checklists for each stage, to ensure LHIN and ministry review and to facilitate endorsement /approval.

PART A Elements	Submitted	Not Submitted**
1.0 Program Parameters*	☐	☐
***All information marked as "Not Submitted" must be accompanied with a rationale explaining why the information is not required to be submitted.*		
1.1 Definition of service or catchment area	☐	☐
1.2 Description of programs	☐	☐
1.3 Description of facility's new vision	☐	☐
1.4 Outline of the anticipated linkages with stakeholders	☐	☐
1.5 Philosophy of linkages with community health services	☐	☐

Note: The Program Parameters document is only required in exceptional cases. Applicability will be determined at the time of approval to proceed with development of the Stage 2 Functional Program submission. .

	Submitted	Not Submitted**
2.0 Functional Program	☐	☐
The Functional Program is a document which outlines the functions, operations, staffing, major equipment, room and space requirements for each department or service in order to describe the components of a building. It provides details of the facility's operating and capital funding requirements necessary to carryout the project.		
2.1 Summary	☐	☐
2.1.1 Programs and services affected by capital project	☐	☐
2.1.2 Justification for new or expanded services or programs	☐	☐
2.1.3 How the project supports local health system priorities	☐	☐
2.1.4 Definition of special terms	☐	☐
2.1.5 Methods used to define the projected workload	☐	☐
2.2 Program	☐	☐
2.2.1 Assumptions	☐	☐
2.2.2 Functions	☐	☐

2.2.3 Procedures ☐ ☐
2.2.4 Projected workload ☐ ☐
2.2.5 Projected staffing ☐ ☐
2.2.6 Preliminary Post Construction Operating Plan ☐ ☐

PART B Elements

2.3 Design and Spatial Requirements ☐ ☐

2.3.1 Summary ☐ ☐
2.3.2 New physical plant requirements ☐ ☐
2.3.3 Design objectives ☐ ☐
2.3.4 Projected space requirements ☐ ☐
2.3.5 Equipment requirements ☐ ☐
2.3.6 Block diagrams

2.3.6.1 Floor plans (no less than 1:200 or 1/16" = 1'-0") ☐ ☐
2.3.6.2 Proposed location and boundaries of all programs ☐ ☐
2.3.6.3 Major blocks or zones and intra-component corridors ☐ ☐
2.3.6.4 Entrances and exits from the component and building ☐ ☐
2.3.6.5 Major building circulation (vertical/horizontal) ☐ ☐

3.0 Phasing Plan ☐ ☐

3.1 Summary ☐ ☐
3.2 Phasing Plan ☐ ☐

4.0 Project Budget ☐ ☐

4.1 Capital Variance Template ☐ ☐

4.1.1 Hard costs (estimated construction) ☐ ☐
4.1.2 Soft costs (all ancillary costs associated) ☐ ☐
4.1.3 Total Furniture and equipment costs (new only) ☐ ☐
4.1.4 Non-shareable costs ☐ ☐
4.1.5 Other costs associated with the project (decanting) ☐ ☐
4.1.6 Projected space requirements x $ per sf = project budget ☐ ☐

4.2 Preliminary major furniture and equipment list ☐ ☐
4.3 Local Share Plan ☐ ☐

5.0 Project Schedule ☐ ☐

5.1 Summary ☐ ☐
5.2 Updated Project Schedule ☐ ☐

MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages

LHIN Review Guide

November 9, 2010

Ontario

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

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Component 4 – LHIN Review Guide

Chapter 1
Introduction

The MOHLTC-LHIN Capital Working Group was established to develop the processes, protocols and tools required to support a partnership between the ministry and the LHINs around the development, approval and implementation of capital projects in the health field. Directed by Schedule 5 of the Ministry-LHIN Accountability Agreement, the Capital Working Group (CWG) has developed a Joint Review Framework for the early capital planning stages that is based on existing requirements of the capital planning process. The Joint Review Framework will enable LHINs to review and provide advice regarding the consistency of the program and service elements of a capital initiative with local health system needs. The new framework will also support an emphasis on local health system planning as the primary driver for capital initiatives.

The primary intent of the Joint Review Framework is to allow the ministry and the LHINs to fulfill their respective obligations under MOHLTC-LHIN Accountability Agreement (MLAA). The intent of this obligation focuses on the role of LHINs in local health system planning, and in the context of capital planning suggests that LHINs should play a key role in defining and supporting program and service parameters. Specifically, LHINs will assume a vital role in the review of the program and service elements on which a capital initiative is based. Overlaid on the existing Ontario capital planning process, the Joint Review Framework demonstrates a coordinated and shared approach to the review of capital planning submissions.

1.1. LHIN MANAGEMENT OF HSP CAPITAL SUBMISSIONS

LHINs will be required to manage the confidential and proprietary nature of early capital planning submissions from HSPs. All three submissions contain information regarding proposal cost estimates which must be kept confidential to ensure the public tendering process is not compromised. Other information in the submissions may also be considered commercially sensitive such as plans and designs. The submissions at Stage 1: Proposal and Stage 2: Functional Program may be considered proprietary by the consultants engaged to prepare the submission and require the consultants' agreement prior to any sharing of the submission. LHIN staff will need to exercise sound judgement with respect to sharing of HSP capital submission information with its Board, etc.

1.2 PURPOSE OF THE LHIN REVIEW GUIDE

The purpose of the LHIN Review Guide is to provide LHINs, Health Service Providers (HSPs) and consultants that may be assisting the HSPs, with a clear understanding of the process to be undertaken by LHINs to review and develop advice regarding a capital planning submission. This guide includes a description of the standards, guidelines or other resources on which LHINs will base their review.

1.2.1 Joint Review Framework Overview

The MOHLTC-LHIN Joint Review Framework for early capital planning stages is based the following:

- Technical requirements of the existing Ontario Ministry of Health and Long-Term Care's capital planning process
- Transparency
- Accountability
- Clear communication
- Partnership between the ministry and the LHINs within the process; and
- Industry standards and best practices.

The Joint Review Framework is fundamentally based on the assignment of all existing submission requirements into one of two categories: **Program & Service Elements** and **Physical & Cost Elements**. As a result, requirements of the Pre-Capital, Stage 1 and Stage 2 submissions have been organized into two parts.

- **Part A: Program and Service Elements** - includes requirements such as alignment with local health system priorities, programs and services outlined in the Master Program, program parameters, historical and projected workload, and projected staffing. The review of Part A elements will be led by the LHINs, though the ministry will review the implications for provincial programs and overall capacity planning.

- **Part B: Physical and Cost Elements** - includes requirements such as Master Plan, block diagrams, spatial requirements, project schedule, project budget, local share plan and project implementation/phasing plan. Review of Part B elements will remain under the purview of the ministry.

As per the MLAA, LHIN review of Part A will result in advice to the ministry and will not constitute project approval. At each stage, a LHIN's advice will be endorsed by its Board and will indicate either *Endorsement, Endorsement with Conditions,* or *Rejection*. (Please see the Process Guide for further description.) If the LHIN Board endorses the Part A program and service elements, the LHIN will provide written rationale and advice to the ministry. The LHIN will determine the appropriate communication with the HSP regarding its rationale and advice to the ministry on the Part A program and service elements.

The LHIN will prepare a summary of its review and rationale for endorsement of the programs and services and provide this to the ministry in its formal advice. The LHIN's rationale will be based on evaluation and assessment criteria found in this Guide. Refer the Process Guide for detailed steps related to advancing each submission. A template letter for LHINs to provide their formal Board endorsement and advice to the ministry is attached to the Toolkit as Appendix C. Existing ministry approval processes will continue to apply to all capital project submissions and ministry approval will be needed to proceed to the next stage of planning.

Although the focus of the review of Part A rests with the LHIN, the ministry will review Part A to ensure alignment with provincial planning and strategies (e.g. province-wide capacity planning). It is expected that implementation of the proposed process will be evolutionary and that at each stage the two parts

(A and B) will continually inform one another. Ongoing feedback on the Joint Review Framework and Review Guide will be welcomed and the review processes will be reconsidered as necessary to meet the needs of all stakeholders.

Chapter 2

Review Process

2.1 PRE-CAPITAL SUBMISSION

2.1.1 Objective

The objective of the Pre-Capital submission is to provide a LHIN and the Ministry of Health and Long-Term Care (the 'ministry') the opportunity to review and provide an initial response to a Health Service Provider's (HSP) intent regarding planning for a capital project. Upon successful assessment of the submission under the MOHLTC-LHIN Joint Review Framework, the HSP may receive formal ministry support to enter the capital planning process and proceed with development of a Stage 1 submission. The HSP may receive a Proposal Development Grant to support Stage 1 planning activities.

2.1.2 Submission Contents

The Pre-Capital Submission Form (PCSF) is a narrative form consisting of 6 questions in Part A (Program and Service elements) and 12 questions in Part B (Physical and Cost elements). As per the Joint Review Framework, LHIN review and corresponding advice to the ministry will be based on the Part A questions. The PCSF has an overall limit of fifteen (15) written pages, though no specific limit exists for each question within the form.

The Pre-Capital submission enables the HSP to present its program/service rationale for the proposed capital initiative and seek LHIN endorsement for the Part A submission (Program and Service Proposal). The ministry will review Part B (Development Concept) and consider LHIN advice regarding Part A within the context of the Joint Review Framework. The ministry will make the final determination with regard to support to proceed to Stage 1.

2.1.3 LHIN Review Guidelines

<u>Overview</u>

HSPs contemplating an improvement that requires the support of capital infrastructure will initiate the Pre-Capital submission by completing Part A of the PCSF (refer to Checklists component page 3.1.1 of the Toolkit) and submitting it to their LHIN. This form describes the role of the HSP in the local health system, the program or service need driving the proposal, and the alignment between the proposal and local planning priorities. For a detailed description of the Pre-Capital review process, please see the Joint Review Framework – Process Guide.

The LHIN will consider endorsing a submission that clearly describes and identifies:

- The program/service need to be supported by the capital initiative;
- Alignment of identified program/service need with local and provincial health system priorities, as determined by:
    - MOHLTC – Provincial programs (e.g. Cardiac Care and Transplantation)

  - o LHIN – Integrated Health Services Plan, Clinical Services Plan, agreements with Provincial Agencies such as Cancer Care Ontario and the Ontario Renal Network, as required
  - o HSP – Strategic Plan, Organizational Goals
- Options for program/service delivery, including integration opportunities, collaboration and alternate service delivery models; and
- The demographic profile and projected utilization profile over a 20 year period.

Note: The threshold for LHIN Support - HSP demonstrates basic alignment between proposed services and local health system priorities.

LHIN Review Guidelines

REQUIREMENT	GUIDELINE
1. Provide a narrative description of the program/service need to be addressed by this initiative. Examples include, but are not limited to: ▪ Need for new program(s)/ service(s). ▪ Need for expanded program(s)/service(s) . ▪ Need for program redesign or integration.	▪ Does the proposal clearly describe the program/service need that will be addressed by the proposed initiative? All capital initiatives should have a program/service need as their primary rationale, regardless of whether the program/service is new or existing. All submissions should clearly link the proposed capital initiative to a program/service need. ▪ Submissions that propose to maintain existing programs/services with no changes must still demonstrate why the program/service is needed and justify its ongoing operation within the context of local health system planning.
2. Provide a statistical description of the program/service need to be addressed by this initiative: This should include: a) Demographic profile (current and projected population for 5, 10 and 20 years). b) Utilization profile (current and projected demand for 5, 10 and 20 years).	▪ Does the proposal provide current and projected population data for the proposed catchment area? o Are the population projections based on Ontario Ministry of Finance population data? ▪ Does the proposal provide current and projected utilization (demand) data that supports the need for the program/service for the next 20 years? o Are the utilization projections based on a recognized methodology such as HBAM? o Are the utilization projections aligned with provincial capacity planning projections and/or LHIN clinical service planning projections?

3. Describe how this program(s)/service(s) supports local health system integration and a unified system of care. Consider priorities of each of the following: a) MOHLTC – Provincial programs (e.g. Cardiac Care and Transplantation) b) LHIN – Integrated Health Services Plan, Clinical Services Plan, and agreements with Provincial Agencies such as Cancer Care Ontario and Ontario Renal Network, as required. c) HSP – Strategic Plan, Organizational Goals	▪ What are the direct linkages between the program/service and planning priorities described by the ministry, the LHIN and the HSP itself? Does the program/service address planning priorities described in the following: a) Provincial strategic plan/priorities for health b) LHIN IHSP, clinical services plan, or other planning initiatives c) HSP strategic plan or clinical services plan ▪ Is there a clear and concise description of the facility's current and proposed role in the local health system? Is the proposed program/service consistent with that role?
4. What discussions have occurred with other stakeholders with regard to this initiative? Other stakeholders may include: a) Other HSPs b) Neighbouring LHINs **c)** Provincial agencies (e.g. Cancer Care Ontario)?	▪ Has the submission been endorsed by local service providers and key stakeholders? ▪ Has evidence been provided of meetings with other service providers and key stakeholders? Have any issues been identified? And if so, what are the plans to address them? ▪ Have existing and potential clients and their families been engaged on the proposal?
5. Describe any significant operational implications in terms of: a) Operating cost b) Staffing	▪ Does the proposed program/service require new or increased operational funding to support it? o If increased funding is required, have alternatives or options been considered to minimize the amount of funding required? ▪ Does the proposed program/service require increased staffing levels? o If so, are there associated health human resource challenges associated with future staffing requirements? o If so, what contingencies or planning has taken

	place to ensure that staffing challenges can be addressed?
6. Describe any alternative program/service solutions considered to address the need identified in Question 1 and 2 above. Examples may include: a) Integration opportunities. b) Program /service redesign opportunities. c) Alternative service delivery models.	▪ Have alternatives to the proposed initiative been considered? For example, service consolidation/integration with another HSP, shift from inpatient to outpatient, program transfer, or shift to community care?

Next Steps

Please refer to the Process Guide for next steps.

2.2 STAGE I - PROPOSAL SUBMISSION

2.2.1 Objective

The objective of Stage 1: Proposal is to initiate the creation of a more detailed portrait of the proposed capital initiative. Descriptions and analyses of program and service elements (Part A) as well as physical and cost elements (Part B) are developed to guide the HSP, LHIN and the ministry in decision making.

The Proposal stage requires the HSP to identify in more detail:

- Future demand for services, including options for service delivery;
- High-level space requirements for proposed service delivery model;
- Condition of existing facilities;
- Options for development; and
- Costs and benefits of pursuing different options.

The LHIN will use information contained in Part A of the Stage 1: Proposal submission to better evaluate the alignment between local health system planning priorities and the program/service initiative being proposed by the HSP. Multi-year service-level projections and program/service descriptions will be provided so that the LHIN may evaluate issues such as:

- Type or model of service being proposed;
- Assessment of possible non-infrastructure solutions to the identified operational problems, such as alternative service delivery options;
- Quantity or level of service being proposed;
- Geographic location of service being proposed;
- Contribution to local health system integration and a unified system of care; and
- Implications for future operating cost.

The ministry will closely examine information contained in Parts A and B of the Stage 1: Proposal submission to consider:

- alignment with overall government vision;
- alignment with overall provincial system capacity requirements;
- consistency with the government's priorities, resource availability and relative ranking of the project need;
- appropriateness of proposed capital infrastructure solution; and
- local affordability.

While the above is not an exhaustive summary of the issues that will be examined by the LHIN and ministry during the review of Part A and Part B of the Stage 1: Proposal submission, it does provide an overall view of the content.

Health Service Providers require written approval of the Stage 1: Proposal submission from the Ministry of Health and Long Term Care before proceeding to Stage 2: Functional Program of the capital planning process.

2.2.2 Submission Contents

The Stage 1 submission comprises a significant body of planning documentation spanning the continuum from service delivery to capital infrastructure. The Joint Review Framework divides this documentation into two major components – Stage1 Part A and Stage 1 Part B. (refer to Exhibit 3 on the following page). The intent of Part A is to provide the LHIN an opportunity to review and provide support for the program and service elements of the proposed improvement prior to any additional planning taking place. The major components are as follows:

Executive Summary

The Executive Summary will provide a concise synopsis of the proposal, including both Part A and Part B elements. The synopsis will summarize key facts and anticipated outcomes of the initiative and will provide a high-level understanding of the proposal. At minimum, a synopsis of the following components should be considered in the Executive Summary:

- Service context, including HSP's current and future role in the local health system
- Alignment with provincial, local and HSP planning priorities and frameworks
- Current and projected workload
- Development plan, including major site features, issues, opportunities or challenges
- Capital and operating cost estimate

The Executive Summary should accompany the submission of any Stage 1 components (Part A, Part B or both) in order to ensure the reader has access to a comprehensive overview of the submission. Specifically, the Executive Summary will provide LHINs with a synopsis of the physical and cost elements associated with the proposal as they will not receive the Part B submission. While LHINs are not responsible for providing advice with regard to Part B elements, the synopsis provided in the Executive Summary may provide helpful context for LHIN review of Part A elements.

Part A – Program and Service Elements

Stage I, Part A consists of the Service Delivery Model Report

<u>Service Delivery Model Report</u>

The Service Delivery Model Report consists of the Master Program, Human Resources Plan, Preliminary Operating Cost Estimate and Service Delivery Options Analysis, which is a comprehensive document outlining current and projected services, volumes, operating principles and component space requirements. The Master Program is used to determine both the long-term requirements for a HSP's physical space and site, as well as requirements for Functional Programming that will be completed as part of Stage 2. It should be noted that a

Master Program describes all of the programs and services provided by the HSP (current and proposed), not only those involved in the specific improvement initiative. This allows all stakeholders to consider the full context of service and infrastructure planning requirements.

The Master Program will outline the provider's present and future service delivery model, along with current and projected services and associated volumes, operating principles, major elements for the services, and component space requirements. It is used to determine both the long-term planning (15 – 20 year planning horizon) of a physical site, as well as assisting in determining the requirement of the next stage for planning capital projects, Functional Programming. The ministry's Capital Planning Manual further elaborates on requirements of the Master Program.

During the preparation of the Master Program the HSP needs to examine process redesign (also referred to as "re-engineering" and business process improvement) to ensure exploration of a range of alternate service delivery models and methods.

Part B – Physical and Cost Elements (NOTE: For information only, not for LHIN review)

Stage I, Part B consists of 3 main components: Service Support Infrastructure Report, Business Case/Options Analysis and Facility Development Plan.

Service Support Infrastructure Report

The Service Support Infrastructure Report evaluates the condition and potential use of existing buildings and defines long-term development strategies for specific sites, campuses or communities. A key component of the Service Support Infrastructure Report is the Master Plan (Site and Building). The Master Plan explores and optimizes the potential for developing a specific site and must provide for optimum flexibility to adapt to changes in community needs as well as changes in health care delivery. The Master Plan must reflect and coordinate with the Master Program and should include multiple options for renovation or new construction and consider the future infrastructure requirements of the HSP.

Business Case/Options Analysis

Master Planning and Master Programming come together in the development of Business Case/Options Analysis. The business case describes the intended programs and service delivery and alternate delivery models, short term implementation priorities, service supports, such as back office and support service models; kitchens, IT support, finance, human resources, laboratory, diagnostic imaging, pharmacy. This provides opportunity to view the service requirements in the context of various options for physical infrastructure. Multiple options to address the service delivery challenge identified by the proposed improvement initiative should be developed, presented and analyzed. The options should include consideration of both service delivery solutions and physical infrastructure solutions. After thoroughly evaluating the strengths and weaknesses of the various options, the Business Case should recommend the solution that optimizes the balance between cost and service delivery effectiveness.

Facility Development Plan

The Facility Development Plan identifies the priority programs and services that have been identified for the proposed capital redevelopment project initiative. These programs and services need to be consistent with the LHIN priorities and objectives. The Facility Development Plan should demonstrate the areas of the Master Plan that need to be addressed in the capital project. The development of these programs and services, and their associated costs form the basis of the provider's request for capital funding

The Facility Development Plan describes the preferred physical solution identified by the Business Case. This will include high-level floor plans, space projections and building concepts that will provide a basis for more detailed planning. Based on the information described above, the *Stage I: Proposal* submission will also provide:

- Project implementation plan and schedule
- Project cost estimate and financing plan

2.2.3 LHIN Review Guidelines

Overview

The requirements of the existing capital planning process generally align themselves well with the new roles being assumed by the ministry and the LHINs. The separation between program planning and infrastructure planning allows for discrete reviews to be completed by each party (refer to Exhibit 3 on the following page).

The LHIN will receive the Stage 1 Executive Summary and Part A (Program and Service elements). LHIN review will focus on the Part A elements only. The ministry will receive the entire Stage 1 submission – Executive Summary, Part A and Part B – and its review will focus on Part B, with consideration to Part A elements where they have implications for provincial programs or system-wide capacity planning. For a detailed description of the Stage 1 review process, please see the Joint Review Framework – Process Guide.

The LHIN will consider endorsing a submission that clearly addresses the following Stage 1 planning principles:

- Planning must occur within the fiscal framework and priorities established by government;
- Population-based planning will have a focus on improved health outcomes and health status for the community;
- Health services must be effective, sustainable and responsive to community needs. This requires working collaboratively across disciplines and sectors to meet defined needs;
- Foster the development of flexible and innovative approaches to service delivery. Current methods of practice and service delivery across programs and disciplines must be challenged. This will require exploration of alternatives including the sharing of

medical/professional staff, technology, administrative, and other services within the LHIN to sustain viable programs and services;
- Recruitment and retention of health human resources should be considered for enhancements or expansion of service delivery to ensure sustainability;
- Critical mass is necessary to support and sustain the provision of safe, effective and high quality health services; and
- Enhance community-based primary care delivery by shifting appropriate resources from the hospitals to the community sector, where applicable.

Note: The threshold for LHIN Support - HSP demonstrates close consistency between proposed services and local health system priorities including confirmation of alignment from relevant provincial agencies (e.g., Cancer Care Ontario, Ontario Renal Network). It is understood that further discussion may be required during the preparation of the Stage 2 submission to achieve complete agreement on the mix of services to be provided and/or service level projects.

LHIN Review Guidelines

REQUIREMENT	GUIDELINE
Master Program – Service Delivery Model Report	
Present Service Delivery	A Master Program should include all current and future programs and services provided by a HSP, regardless of whether they are the focus of the specific improvement being contemplated. This information helps to inform the long-term requirements for physical space and site. • Does the proposal provide a comprehensive description of each program/service provided by the HSP? • Does the description of each program/service include major operating parameters such as model of care, organizational (reporting) structure and hours of operation? • Does the proposal provide historical utilization data for each program/service? This data may be in the form of workload, service volumes, attendances and/or beds. The data should be verifiable through the HSP's Trial Balance and/or HSAA submissions
Future Service Delivery	• Does the proposal provide a comprehensive description of each proposed future program/service to be provided by the HSP? o Does the description of each program/service include major operating parameters such as model of care, organizational (reporting) structure and hours of operation? o Does the description describe how the program/service aligns with the HSP's role in the

	local health system?
	    o Does the description describe how the program/service supports local health system and provincial priorities?
	• Does the proposal provide projected utilization (demand) data for each program/service over a period of 5, 10 and 20 years?
	    o Is the data based on a recognized planning methodology such as HBAM?
	    o Is the data based on Ontario Ministry of Finance population projections?
	    o Are the utilization projections aligned with provincial capacity planning projections and/or LHIN clinical service planning projections?
	    o Do any assumptions meet industry standard best-practices?
	    o Does the data demonstrate evidence of consultation with stakeholders to determine expected future changes to care delivery? For example, does program/service growth simply mirror population growth, or are particular programs/services expected to grow more rapidly than others? Is rationale or evidence provided to support any such assumptions?
	    o If program/service volumes are projected to remain level or decrease, has rationale been provided to link with expected demand?

Options for Delivering Changes in Service Delivery	• Does the proposal consider options for delivering proposed services in a different way? Consider:
	    o Integration opportunities with other similar HSPs
	    o Opportunities to meet the need in a different setting, for example moving inpatient activity to outpatient activity or moving institution-based care into the community?

Human Resources Plan	
Human Resources Plan	• Does the proposal include a human resources plan that meets the needs of the proposed programs/services? • Have alternative staffing models been considered, for example the use of advanced practice or extended class nurses? • Does the proposal consider how human resource plans will be met? For example, will the limited supply of specialized health human resources inhibit the provision of proposed programs/services? If so, how does the HSP propose to meet this challenge?

Preliminary Operating Costs	
Preliminary Operating Costs	• Have preliminary operating cost estimates been prepared to support any proposed services changes? • Is there evidence of attempt to minimize incremental operating costs while still meeting program/service requirements?

Next Steps

Please refer to Process Guide for next steps.

2.3 STAGE II – FUNCTIONAL PROGRAM SUBMISSION

2.3.1 Objective

The purpose of Stage II: Functional Program is to define and justify the scope of the capital project with regards to the programs and services being proposed, associated workload, staffing, equipment and space requirements, including architectural and environmental conditions.

Viewed as the link between program planning and facility planning, the Functional Program will allow the HSP to provide specific justification for the introduction of new or expanded services or programs and any proposed infrastructure investment required to support the program needs.

The Functional Program (FP) stage will help the HSP define the program parameters of the programs and services affected by the capital project, including:

- Future demand for services and its relationship to the other services and programs offered by the HSP
- HSP's new vision with the proposed programs and services and its relationship to the LHIN and government priorities
- Anticipated linkages with stakeholders within a defined service/catchment area
- Detailed space requirements to accommodate the programs and services proposed

The LHIN will use the information provided in the FP to evaluate the alignment between local health system planning priorities and the programs or services being proposed by the HSP. At the outset, the LHIN will assess the HSP's Functional Program to justify program needs; particularly those services impacted by the proposed initiative, and will call upon the ministry to provide an analysis of the physical solutions proposed.

The ministry will closely examine information contained in both Parts A and B of the FP submission to consider:

- Overall system capacity (e.g. Beds, service volumes)
- Future system need
- Provincial programs (e.g. cardiac care, transplantation)
- Spatial requirements
- Planning and design objectives for the physical solutions proposed
- Phasing plan and project schedule
- Project estimate and Capital Variance Template
- Local Share Plan

A joint analysis of the FP is intended to facilitate the development of LHIN advice on the programs and services for the local health system for ministry consideration prior to the support of a capital project

2.3.2 Submission Contents

The *Functional Program* submission is developed to inform the functional requirements of the space to satisfy the program needs and the physical surrounding needed to support them. Major components of the FP submission include:

- Program Parameters (exceptional cases only – should be discussed with the ministry before proceeding)
- Functional Program
  - Summary
  - Program
  - Design and Spatial Requirements
- Phasing Plan
- Project Budget
- Project Schedule
- Block Diagrams
- Local Share Plan

Part A – Program and Service Elements

The Functional Program contains both Part A and Part B elements. The Part A elements include the Summary and Program sections, while the Part B element is the Design and Spatial Requirements section. In exceptional circumstances, the HSP may be required to complete a Program Parameters document prior to undertaking the Functional Program. LHINs and HSPs should consult with the ministry before proceeding.

<u>Functional Program - Summary</u>

The Summary element of the Functional Program should provide a brief, narrative description of the programs and services affected by the capital project. This will include justification for new or expanded programs and services as well as a description of the supporting data analysis or methodology.

Also included in the Summary will be an overview of the process undertaken to develop the Functional Program, including staff engagement processes. Lastly, any special terms, descriptions, or other supporting information will be described to provide the reader with sufficient context to understand the document.

<u>Functional Program - Program</u>

The Program element of the Functional Program will provide a combination of narrative and technical information at the individual program or service level. This information will include a detailed narrative review of the assumptions, functions and procedures related to a particular program or service. In simple terms, this will describe the program or service and its major operational features.

Following this, each program or service will be described in terms of its projected staffing and workload. This technical portion will describe the projected future operating parameters and scope of the program or service.

Part B – Physical and Cost Elements (NOTE: For information only, not for LHIN review)

Stage 2, Part B consists of 4 main components: Functional Program – Design and Spatial Requirements, Block Diagrams, Phasing Plan, Project Budget, Project Schedule, Local Share Plan.

Functional Program – Design and Spatial Requirements

The Design and Spatial Requirements element will provide a comprehensive description of the physical space required to support the program or service. This will include an overall description of the design objective(s) for the space, required programmatic adjacencies, as well as room and space requirements that are related directly to the projected workload described in the previous section.

This section will also describe major equipment requirements and provide floorplans that demonstrate the location and relationship of major programs, major building circulation routes, as well as important building access points.

2.3.3 LHIN Review Guidelines

Overview

The requirements of the existing capital planning process generally align themselves well with the new roles being assumed by the ministry and the LHINs. The separation between program planning and infrastructure planning allows for discrete reviews to be completed by each party. The Stage 2 Functional Program submission does however include a single document (the Functional Program) that contains both Part A and Part B elements. That said, the elements remain separate within the document and still enable the Joint Review Framework to apply.

The LHIN and the ministry will both receive the entire Stage 2 Functional Program submission, including both Part A and Part B elements, though LHIN review will focus on the Part A elements only. The ministry's review will focus on Part B elements, with consideration to Part A elements where they have implications for provincial programs or system-wide capacity planning. For a detailed description of the Stage 2 review process, please see the Joint Review Framework – Process Guide.

The LHIN will consider endorsing a submission that clearly addresses the following Stage 2 planning:

- Planning must occur within the fiscal framework and priorities established by government;
- Population-based planning will have a focus on improved health outcomes and health status for the community;

- Health services must be effective, sustainable and responsive to community needs. This requires working collaboratively across disciplines and sectors to meet defined needs;
- Foster the development of flexible and innovative approaches to service delivery. Current methods of practice and service delivery across programs and disciplines must be challenged. This will require exploration of alternatives including the sharing of medical/professional staff, technology, administrative, and other services within the LHIN to sustain viable programs and services;
- Recruitment and retention of health human resources should be considered for enhancements or expansion of service delivery to ensure sustainability;
- Critical mass is necessary to support and sustain the provision of safe, effective and high quality health services; and
- Enhance community-based primary care delivery by shifting appropriate resources from the hospitals to the community sector, where applicable.

Note: The threshold for LHIN Support - HSP demonstrates precise consistency (strategic fit) between proposed services and local health system priorities including confirmation of alignment from relevant provincial agencies (e.g., Cancer Care Ontario, Ontario Renal Network). Parameters approved after ministry approval of this Stage cannot be changed and will directly influence the infrastructure solution.

LHIN Review Guidelines

REQUIREMENT	GUIDELINE
Functional Program – Summary Element	
Programs and services affected by capital project	• Does the submission provide a comprehensive description of each program/service affected by the project? A Functional Program should include only those programs/services whose space will impacted by the proposed project. o Does the description of each program/service include major operating parameters such as model of care, organizational (reporting) structure and hours of operation?

Justification for new or expanded programs	• Does the submission provide a full justification for all new or expanded programs/services? This may include:
	    o Projections showing increased future demand
	    o Alignment with provincial or local health system strategic priorities
	    o Alignment with HSP strategic priorities and role
	    o Program/service transfer or integration
	    o Community needs assessment
	    o Stakeholder feedback

How the project supports local health system priorities	• Does the submission describe how the programs/services align with local health system priorities?

	◦ Is clear alignment demonstrated between LHIN IHSP and/or CSP and the proposed programs/services • Does the submission support the HSPs role in the local health system? ◦ Are the programs/services proposed consistent with the HSPs role in the local health system?
Definition of special terms	• Does the submission provide a clear definition for any special or technical terminology that may be used?
Methods used to define the projected workload	• Does the submission describe the methodology used to develop the workload projections? ◦ Does the methodology use a recognized model such as HBAM? ◦ Does the methodology use Ministry of Finance population estimates?
Functional Program – Program Element	
Assumptions	• Does the submission clearly outline the assumptions on which it is based? These may include: ◦ Program/service linkages, collaborations and partnerships ◦ Considerations regarding shared or purchased service arrangements, shared space, or joint programs ◦ Impact on other programs/services not provided by the HSP (e.g. provided by other agencies in the local health system)
Functions	• Does the submission clearly describe the function(s) of each program/service? ◦ Description of the program/service scope and major area(s) of focus ◦ Description of clients served and activities performed? ◦ Summary of specific linkages with other programs/services, either internal or external to the HSP?
Procedures	• Does the submission provide a clear description of patient flow? This could be accomplished by way of a diagram that describes how patients typically move through the program/service. • Does the submission provide basic operational details such as hours of operations and key staffing requirements? • Does the submission describe key dependencies or internal relationships?

	◦ Allied health services ◦ Non-clinical services such as security, housekeeping, etc.
Projected workload	• Does the proposal provide projected utilization (demand) data for each program/service over a period of 5 years? ◦ Are the utilization projections aligned with provincial capacity planning projections and/or LHIN clinical service planning projections? ◦ Do any assumptions employed meet industry standard best-practices? ◦ Does the data demonstrate evidence of consultation with stakeholders to determine expected future changes to care delivery? For example, does program/service growth simply mirror population growth, or are particular programs/services expected to grow more rapidly than others? Is rationale or evidence provided to support any such assumptions? ◦ If program/service volumes are projected to remain level or decrease, has rationale been provided to link with expected demand?
Projected staffing	• Does the submission describe projected staffing requirements? Are these requirements aligned with projected workload? • Have alternative staffing models been considered/ • Have Health Human Resources challenges been considered (e.g. attracting and retaining appropriate numbers of qualified staff)?
Preliminary Post Construction Operating Plan (PCOP)	• Does the submission include a preliminary PCOP to describe the expected operational costs?

Next Steps

Please refer to the Process Guide for next steps.

Appendix A

Current Ministry of Health & Long-Term Care Capital Planning Documents

Document Name	Date or Version
Capital Planning Manual	November 1996
Pre-Proposal Guidelines	2005
Proposal Stage 1 Guidelines and Checklist	Version 2.1
Functional Program Stage 2 Guidelines and Checklist	2005/09/11
Process Redesign in Healthcare Facilities	2008/01/15
OASIS: MOHLTC Planning and Design Objectives	2010/09/15
Master Plan Bulletin	2007/06/09
Project Management Framework	2009/11/20
Infection Prevention and Control Guidance for Planning and Design in a Health Care Setting	2010/09/15
MOHLTC-LHIN CWG Discussion Paper	Dec 1, 2009
Preliminary Pre-Capital Health System Improvement Form (HSIP)	Dec 1, 2009

Appendix B

Health System Intelligence Project

A toolkit is produced by the Health System Intelligence Project (HSIP). HSIP consists of a team of health system experts retained by the Ministry of Health and Long-Term Care's (ministry) Health Results Team for Information Management (HRT-IM) to provide the Local Health Integration Networks (LHINs) with:

- Sophisticated data analysis;
- Interpretation of results;
- Orientation of new staff to health system data analysis issues; and
- Training on new techniques and technologies pertaining to health system analysis.

The HRT-IM created HSIP to complement and augment the existing analytical capacity within the ministry. The project team is working in concert with MOHLTC analysts to ensure that the LHINs are provided with the analytical supports they need for their local health system planning activities

The HSIP resources may be found at the following web address:

http://www.health.gov.on.ca/transformation/providers/information/im_resources.html

Appendix C

Template LHIN Program and Service Elements advice letter to the ministry

Please see the attached document.

APPENDIX C:
TEMPLATE LHIN BOARD ENDORSEMENT LETTER TO THE MINISTRY

Note: The LHIN determines the appropriate communication with the HSP regarding the LHIN rationale and advice to the ministry on the program and service elements (Part A) of early capital planning submissions.

Mr. David Clarke, Director
Health Capital Investment Branch
Ministry of Health and Long-Term Care
1075 Bay Street, 2nd Floor
Toronto ON M5S 2B1

Dear Mr. Clarke:

Pre-Capital Submission

- Written rationale and advice for Board endorsement or conditional endorsement of the program and service elements (Part A) of the Pre-Capital submission
- If conditional Board endorsement, identification of condition(s)
- Statement(s) summarizing rationale for LHIN advice
- A summary of LHIN review and rationale
- Indicate LHIN has/will request HSP to now submit the full Pre-Capital submission to the ministry (Part A and B) for review

Proposal Stage 1 Submission

- Written rationale and advice for Board endorsement or conditional endorsement of the program and service elements (Part A) of the Stage 1 Proposal submission
- If conditional Board endorsement, identification of condition(s)
- Statement(s) summarizing rationale for LHIN advice
- A summary of LHIN review and rationale
- Request that the ministry now finalize its review of the physical and cost elements (Part B) of the Proposal Stage 1 submission

Functional Program Stage 2 Submission

- Written rationale and advice for Board endorsement or conditional endorsement of the program and service elements (Part A) identifying key endorsed program or service volume(s) capacity of the proposed project
- If conditional Board endorsement, identification of condition(s)

- Confirmation that the LHIN has worked with (name of provincial agency e.g. Cancer Care Ontario, Ontario Renal Network) and the HSP and reached agreement on the service volumes for (name of provincial program).
- Identify that a table (see sample table in Appendix A) of all Functional Program program and service volumes endorsed by the LHIN is included/attached, noting they are acceptable for planning purposes
- Table of all endorsed Functional Program program and service volumes
- Statement(s) summarizing rationale for LHIN advice
- A summary of LHIN review and rationale
- Request that the ministry now finalize its review of the physical and cost elements (Part B) of the Stage 2 Functional Program submission

Sample Wording for Pre-capital and Stage 1 Proposal Submissions:

The (name) Local Health Integration Network has completed its review of the (name of submission: Pre-Capital or Stage 1 Proposal) from (name of HSP) for its (name of proposed project) and the Board of Directors of the (name) Local Health Integration Network has endorsed the program and service elements (Part A) of the (name) submission. Statement(s) summarizing the LHIN's rationale for its advice. A summary of the LHIN's review and rationale is attached. Please finalize your review of Part B, the physical and cost elements of the (name) submission.

OR

The (name) Local Health Integration Network has completed its review of the (name of submission: Pre-Capital or Stage 1 Proposal) from (name of HSP) for its (name of proposed project) and the Board of Directors of the (name) Local Health Integration Network has provided conditional endorsement of the program and service elements (Part A) of the (name) submission. The Board's endorsement is conditional upon the following: (identify condition(s)). Statement(s) summarizing the LHIN's rationale for its advice. A summary of the LHIN's review and rationale is attached. Please finalize your review of Part B, the physical and cost elements of the (name) submission.

Sample Wording for Stage 2 Functional Program Submissions

The (name) Local Health Integration Network has completed its review of the Stage 2 Functional Program submission from (name of HSP) for its (name of proposed project) and the Board of Directors of the (name) Local Health Integration Network has endorsed the program scope of the proposed project to provide a total capacity of up to (# beds, # visits or # of other key program element relevant to the proposed project). The LHIN has worked with (name or provincial agency e.g. CCO, ORN) and the (name of HSP) and reached agreement on the service volumes for the (name of provincial program). A table identifying the program and service volumes endorsed by the LHIN is included/attached. These service volumes are acceptable for planning purposes. Statement(s) summarizing the LHIN's rationale for its advice. A summary of the LHIN's review and rationale is also attached. Please finalize your review of Part B, the physical and cost elements of the (name of HSP's) Stage 2 Functional Program submission.

OR

The (name) Local Health Integration Network has completed its review of the Stage 2 Functional Program submission from (name of HSP) for its (name of proposed project) and the Board of Directors of the (name) Local Health Integration Network has provided conditional endorsement of the program scope of the proposed project to provide a total capacity of up to (# beds, # visits or # of other key program element relevant to the proposed project). The Board's endorsement is conditional upon the following: (identify condition(s)). The LHIN has worked with (name or provincial agency e.g. CCO, ORN) and the (name of HSP) and reached agreement on the service volumes for the (name of provincial program). A table identifying the program and service volumes endorsed by the LHIN is included/attached. These service volumes are acceptable for planning purposes. Statement(s) summarizing the LHIN's rationale for its advice. A summary of the LHIN's review and rationale is also attached. Please finalize your review of Part B, the physical and cost elements of the (name of HSP's) Stage 2 Functional Program submission.

Sincerely,

Name
Chief Executive Officer

Enclosure(s)

c. Name, Chair, Board of Directors, Name of LHIN
LHIN determines if HSP is copied or if HSP receives other LHIN correspondence/communication

<Sample>

Functional Program Components	Activity/Volume (2006/07)	Planned Activity/Volumes (2015/16)
Non-Acute Beds		**57**
Complex Continuing Care	17	28
Geriatric Assessment Treatment Unit (GATU)/ Psychogeriatric Assessment Treatment Unit (PGATU)	N/A	9
Inpatient Rehabilitation	16	20
Acute Beds		**234**
Maternal Newborn (LBRP and Ante/Postpartum)	28	40
Paediatrics	5	5
Medical		
– Palliative/Medical	7	16
– Progressive Care Unit	N/A	6
– General Medical	53	71
Surgical	46	58
Mental Health		
– General Mental Health	25	30
– PICU	Combined with MH	8
Intensive Care Unit Beds		**18**
– General ICU	8	12
– CCU	Combined with ICU	6
Total Beds		**309**
Emergency Services (Visits)	49,746	67,715
Ambulatory Care, Clinics Day/Night (Visits)	49,000-59,000a	101,000