

# Haliburton Highlands Health Services Pre-Read Document Future of Care Forum #3: The Future of Acute Care



## Relevant Excerpts from Ontario' Hospital Capital Planning and Policy Manual

- **Approval Process:** Page 10
- **Roles and Responsibilities in Capital Planning:** Pages 11 and 12
- **Planning and Design Objectives:** Page 23

## Hospital Master Planning Approvals Process

A Major Hospital Capital Project **must receive government approval to plan** before any funding can be issued (e.g., a grant to start more fulsome planning). Unless expressly stated, "Approval to Plan" does not imply the government's support for implementation of the project. For a proposal to move beyond early capital planning, "Government Approval to Construct" is required.

We Are Here

### Stage 1.1: Pre-Capital Submission

As the first step in the Hospital Master Planning process, the Pre-Capital Submission outlines a high-level description of the hospital's program and service needs, as well as its rationale for capital investment from the Ontario Government.

### Stage 1.2: Proposal Development

Following the review of a Stage 1.1 Pre-Capital Submission, Ontario's Ministry of Health may provide formal support and approval for a hospital to proceed to **Stage 1.2 Proposal Development**, which is the second step in the capital planning process.

During this stage the hospital develops a detailed overview of the need and options for the proposed capital initiative, including descriptions and analyses of both program and service elements (Part A), as well as physical and cost elements (Part B).

The Proposal Development stage will help the hospital understand and articulate issues such as:

- Future demand for services, including options for service delivery;
- High-level space requirements for the proposed service delivery model;

- Condition of existing facilities;
- Options for development;
- Benefits and detriments of pursuing different options; and
- Project costs and implementation schedule.

## Local Share Plan

The Ontario Government funds 90% of hospital development costs. The community and hospital are required to fund the remaining 10% and the costs of all equipment – this is called **Local Share**, and it includes beds, diagnostic machines, medical equipment, wheelchairs, furniture, etc.

The **Local Share Plan** (LSP) is an important document that identifies the timing and sources of funds for the hospital's share of the Total Project Costs (TPC). It demonstrates to the Ministry of Health that the hospital has a sound financial plan to manage its local share obligations. The level of detail required in a LSP depends on the size and scope of the project.

Topics to be addressed in an LSP can include:

- Financial support available from the hospital or its foundation for the capital project;
- Fundraising campaign(s) planned by the foundation;
- Various revenue sources including parking and retail (e.g., food service vendors);
- Federal or municipal contributions;
- Hospital's capital budget; and
- Sources of bridge financing.

With respect to fundraising campaign(s), the Ministry may ask the hospital to demonstrate its ability to meet fundraising targets, including historical performance of other fundraising campaigns as well as the completion of a feasibility study. For bridge financing, the hospital may be required to disclose the terms and conditions of funding, as well as provide a viable financial plan to repay the obligations. For any uncertain funding sources such as fundraising or revenue forecasts, the hospital must provide a contingency plan as part of its LSP submission.

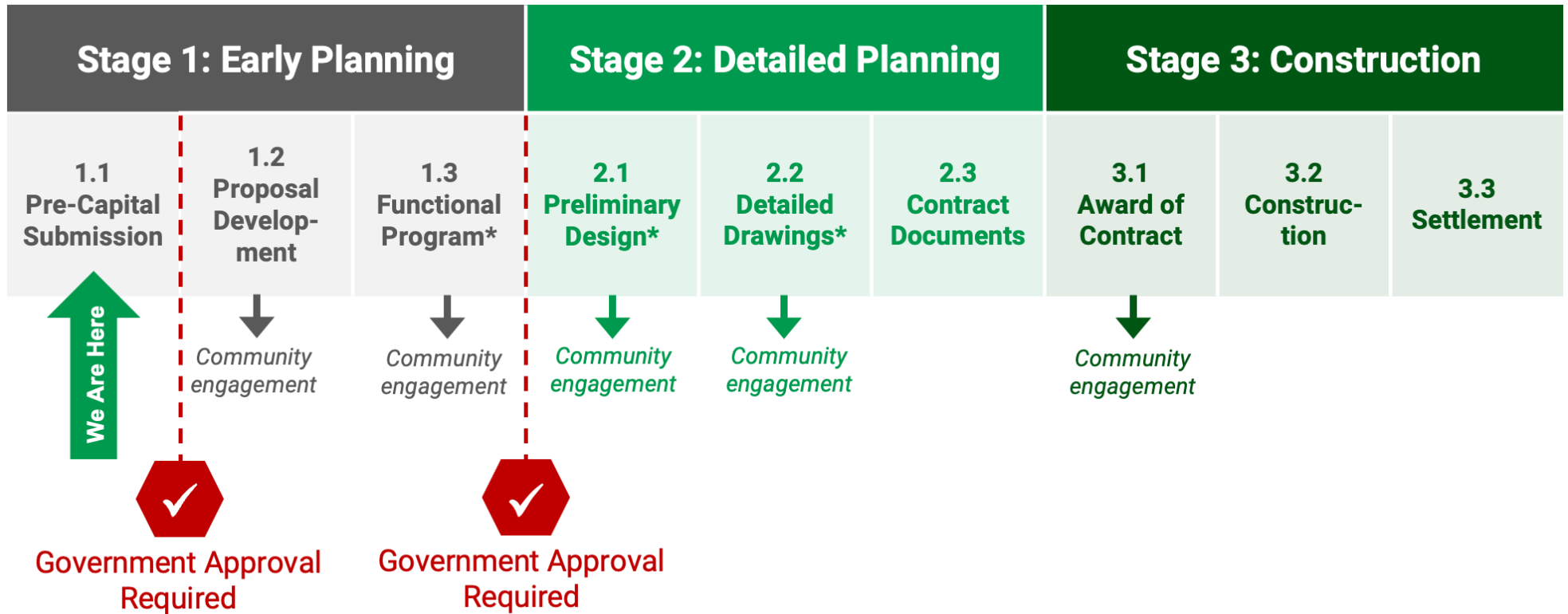
**Learn more about the Hospital Master Planning Process at  
Haliburton Highlands Health Services' Future of Care Forum**  
Wednesday, March 26, 2025, from 6:00 pm to 8:00 pm

**In-Person:** Minden Site Auditorium (6 McPherson Street, Minden)

**Virtual:** <https://us06web.zoom.us/meeting/register/9xanF3UbTR2ip3Jl7KVGTw#/registration>

# Hospital Master Planning: Three Stages

10+ year span



## 1.4 ROLES AND RESPONSIBILITIES IN CAPITAL PLANNING

### Ministry of Health

The mandate of the ministry is to establish the overarching policy framework and reporting requirements for all health capital expenditures in Ontario, and to provide evidence-based advice to the Minister of Health as well as Treasury Board/Management Board of Cabinet on health capital-related decisions.

HCIB, as the designated representative of the ministry, retains the legislative requirement to review hospital capital plans through the PHA. Specific responsibilities of HCIB include:

- Developing capital programs and policies, and comprehensive multi-year plans to provide leadership and capital funding allocations across multiple health sectors;
- Applying provincial planning and design goals and objectives to ensure a standard level of performance is achieved in the design of all the province's health care facilities;
- Working collaboratively with other areas of the ministry that hold operational oversight and/or program oversight for sectors that are eligible for capital funding;
- Engaging with hospitals to navigate through an industry standard multi-stage capital planning process and reviewing design and planning documentation to ensure alignment with ministry goals and objectives; and
- Providing capital funding (where applicable) to support construction and operating funding for hospitals following construction through the *Post Construction Operating Plan (PCOP)* program.

### Ontario Health

In Ontario's health system, Ontario Health is the single centralized agency created to oversee key areas of the health care system, improve clinical guidance and provide support for providers to ensure better quality care for patients. Ontario Health also plays a significant role in the early stages of capital planning (Stage 1.1-Pre-Capital; Stage 1.2-Proposal Development; Stage 1.3-Functional Program). Its focus is on ensuring that the programs and services outlined in a proposed capital project meet the needs of the local and provincial health system.

Ontario Health will consider endorsing early capital planning submissions where:

- Program and service needs are informed by demographic profile and service utilization;
- Program and service needs are aligned with local, regional and provincial health system priorities;
- Program and service needs are aligned to established clinical criteria, where applicable, to support safe high-quality care;
- Options for program/service delivery, including integration opportunities, collaboration and alternate service delivery models, human resources capacity and shared services have been considered;
- New and existing health services are effective, sustainable and responsive to community needs;
- Operational implications are clearly articulated; and
- Planning occurs within the fiscal framework and priorities established by government.

In addition to these functions, Ontario Health offers strategic advice to the ministry regarding the development of *planning parameters* which provide direction to hospitals as they engage in early

planning and design activities associated with a proposed capital solution. The ministry may engage Ontario Health to develop or inform prioritization of all or a sub-set of capital project proposals received from service providers. The ministry may also engage Ontario Health to develop or inform sequencing of all or a sub-set of capital project proposals received from service providers.

## Hospitals

Ontario's public hospitals are responsible for keeping their facilities in a state of good repair and supporting the evolving health care needs of their communities. As part of this responsibility, the hospital serves as the main project sponsor and lead planner when seeking approval from Ontario Health and the ministry to undertake a capital project. Primary hospital representatives typically include Board members, administrators, facility/redevelopment staff, clinical planners as well as infection prevention and control personnel. Secondary hospital representatives are comprised of Project Manager(s), Architects, Functional Programmers, Engineers, Planners, Cost Consultants and other Consultants hired to plan and deliver a capital project.

In capital project planning, hospitals carry out the following functions:

- Maintaining an up-to-date Master Program and Master (Site) Plan for the Hospital Corporation;
- Preparing proposals for capital projects for Ontario Health and ministry review; and
- Implementing approved capital projects through the procurement of Planning Consultants and Contractors; and ensuring adherence to applicable contractual, legislative and government policy requirements.

## Infrastructure Ontario

When directed to do so, in writing by the Minister of Infrastructure, *Infrastructure Ontario* (IO) is responsible for delivering larger Major Capital Projects such as *Public-Private Partnership* (P3) projects, together with sponsoring hospitals and the ministry. The specific services rendered by IO on a given capital project are agreed to with the ministry and sponsoring hospital during early capital planning and may include:

- Undertaking due diligence and developing a budget based on an independent 3<sup>rd</sup> party cost estimate;
- Leading the procurement process together with the sponsoring hospital;
- Managing the construction of the P3 projects in accordance with the contract documents;
- All other roles and responsibilities subject to Appendix xxii.

Please see Chapter 4 for more details.

The ministry's goal in the planning and design of capital projects is to foster an environment that enables health services to be delivered in the most effective, efficient, accessible, and safe manner while incorporating the needs of patients and staff. To achieve this goal, the ministry uses OASIS planning and design objectives in its review of stage submissions for all hospital capital projects, regardless of funding source. To this end, the following planning and design (OASIS) objectives will be applied by the ministry in its review:

**Table 2b: OASIS Principles**

Planning and Design Objectives	Definition
Operational Efficiency	The planning and design of hospital facilities should focus on creating an operating environment that is efficient and effective in the delivery of health care services. This includes developing physical solutions that promote/improve patient outcomes (e.g., lighting, noise control, nature views) while also creating an enabling work environment for staff and other health care providers. The ministry supports patient-centred care models.
Accessibility	Accessibility can be addressed by identifying barriers to access and removing these barriers. Barrier-free design provides a level of accessibility for people living with disabilities; whereas universal design strives to be a broad-spectrum solution that helps everyone and not just people with disabilities. The ministry supports the principles of barrier-free and universal design, as well as ergonomic design of the workplace.
Safety and Security	This objective is important to staff and users of any facility. Feeling and being safe in any environment increases patient and staff outcomes. Privacy and confidentiality are two important concepts to promote a safe and secure environment. For example, this objective can include clear sight lines between patient and staff and the ability for staff to have visual supervision and control of a program.
Infection Prevention and Control	Adherence to Infection Prevention and Control Guidelines includes the understanding and implementation of infection control guidelines for staff and patients. This is accomplished through a review of the proposed Processes and Project Design Features by a Certified in Infection Prevention and Control (CIC) Professional. The review must determine whether the proposed process(es) and architectural design features, and the recommended direction, are either acceptable, partially acceptable or not acceptable. If the proposal is partially acceptable or not acceptable, a list of recommended changes for the unsupported processes/design features must be developed. Additionally, the CIC Professional must be present throughout construction to monitor potential issues, in accordance with <i>CSA Z317.13-12 Infection Control</i> during construction, renovation and maintenance of health care facilities.
Sustainability	This objective can be measured through value analysis, energy conservation and planning for future flexibility to accommodate changes in the provision of care and/or program expansion. This objective is part of the larger goal to promote the sustainability of Ontario's health care system. Sustainability considers not only the direct capital projects in the built environment but also the ongoing services delivered in these buildings (i.e., total cost of operation).  Within the context of sustainability, flexible and efficient hospital design should also be considered. This may involve building flexible space (modules) that can be re-purposed based on current program and service delivery needs <sup>1</sup> .

See Appendix for full OASIS Capital Planning Bulletin.

<sup>1</sup> See Appendix for information on how a hospital's Energy Conservation and Demand Management plan developed under the Ministry of Energy's broader public sector energy reporting regulation can support sustainability by helping hospitals identify and implement energy conservation projects.