

**Ministry of Health**

**Assistant Deputy Minister**  
Hospitals and Capital Division

1075 Bay Street, 11th Floor  
Toronto ON M5S 2B1  
Telephone: 416 327-8533

**Ministère de la Santé**

**Sous-ministre adjointe**  
Division des hôpitaux et des immobilisations

1075, rue Bay, 11<sup>e</sup> étage  
Toronto ON M5S 2B1  
Téléphone: 416 327-8533



eApprovals#174-2019-53

December 19th, 2019

Mr. Rob Maclsaac  
President and Chief Executive Officer  
Hamilton Health Sciences  
1200 Main Street West  
Hamilton ON L8N 3Z5

Dear Mr. Maclsaac:

Further to the recent letter from the Honourable Christine Elliott, Deputy Premier and Minister of Health, confirming the inclusion of the West Lincoln Memorial Hospital Redevelopment Project (the Project) within the government's multi-year infrastructure investment plan and approving a capital planning grant for the development of a Stage 2 Functional Program, I am writing to set out the terms and conditions governing the Ministry of Health (the ministry) funding and various administrative details.

Hamilton Health Sciences is now approved to proceed to Stage 2 Functional Program for the project. As part of this approval, Hamilton Health Sciences is required to conform to Functional Program Requirements provided in the attached appendix, including several mandatory clauses that must be included in the hospitals contract with its Functional Program consultants.

The ministry's approval is based in part on the March 7, 2018 endorsement by the Hamilton Niagara Haldimand Brant LHIN of Part A of the Stage 1 Proposal Submission. The ministry will require the Hamilton Niagara Haldimand Brant LHIN Board endorsement of the program and service elements of the Stage 2 Functional Program submission.

The ministry will provide a capital planning grant of up to \$1,765,300 in one-time funding for the development of a Stage 2 Functional Program.

Approval of this additional capital planning grant does not imply approval to proceed with design or implementation of a capital project, now or in the future. Further approvals will be required prior to moving forward with any capital planning beyond the Stage 2 Functional Program.

As a condition of the capital planning grant approval, the ministry requires that your organization agree to the ministry's terms and conditions of funding for the planning of the project as set out in the enclosed Funding Agreement.

Mr. Rob Maclsaac

Please sign and return two (2) copies of the Agreement within 15 business days of receipt to Kevin Grossi, Ministry of Health, 1075 Bay Street, 2nd Floor, Toronto ON M5S 2B1.

In accordance with the ministry's Master Numbering System, the project number is 203041 and this number should appear on all correspondence to the ministry regarding this project.

The guidelines for the Stage 2 Functional Program Submission are contained in the MOH-LHIN Joint Review Framework for Early Capital Planning Stages Toolkit (November 2010) which is posted on all LHIN websites.

Please send two hard copies and one USB of the Stage 2 Functional Program Submission to Kevin Grossi, Senior Consultant, Ministry of Health, Health Capital Investment Branch, 1075 Bay Street, 2nd Floor, Toronto ON M5S 2B1. Also, please send the Stage 2 Functional Program Submission to your LHIN.

It is also essential that you manage costs within your approved budget.

If you have any questions please contact Kevin Grossi, who can be reached at (416) 326-7105 and kevin.grossi@ontario.ca.

Sincerely,



Mike Heenan  
Assistant Deputy Minister  
Hospitals and Capital Division

Enclosure

- c: Susan Fitzpatrick, Interim Chief Executive Officer, Ontario Health  
Bruce Lauckner, Chief Executive Officer, Hamilton Niagara Haldimand Brant  
Local Health Integration Network  
Mike Nader, Chief Transformation Officer, Ontario Health  
Elham Roushani, Interim Finance Lead, Ontario Health  
Jim Yuill, Director, Financial Management Branch, MOH  
Teresa Buchanan, Director, Fiscal Oversight and Performance Branch, MOH

**Appendix 1:  
Hospital Redevelopment  
Stage 2: Functional Program Requirements  
West Lincoln Memorial Hospital**

**Summary**

Redevelopment of the West Lincoln Memorial Hospital will be proceeding through a public-private partnerships (P3) delivery model. The Functional Program is a key product used by the planning, design and compliance (PDC) team to develop the Project Specific Output Specifications (PSOS).

The following are **mandatory** ministry requirements for inclusion in contracts between a hospital and its consultant(s) for the development of Functional Programs. Failure to include these mandatory requirements may result in a reduction of some or all of the planning funds approved for the project.

1. The Functional Program shall provide for development in which proposed beds for the West Lincoln Memorial Hospital site are as follows:
  - a. 56 Inpatient beds (Medical, Complex Continuing Care, Maternal Services)
  - b. 8 Nursery bassinets
  - c. 5 Labour birthing and recovery suites

Any planning that deviates from these totals requires Ministry approval prior to incurring cost of the planning work.

2. Capital development should be planned for a new facility with a maximum size of 119,705 Component Gross Square Feet.
3. Service volume projections for emergency and ambulatory services shall be based on data from the most recent complete fiscal year and an end state planning horizon of 2024-25.
4. Space requirements identified in planning shall adhere to all ministry space benchmarks, guidelines and Capital Planning Bulletins (either published or provided specifically for this project). These include:
  - a. Emergency Department Space Benchmarks;
  - b. Medical Surgical In-Patient Unit Space Benchmarks
  - c. Operating Room Space Benchmarks
  - d. Any others that may be developed in the course of planning for this project.
5. For program areas and room types where ministry benchmarks do not exist, the planning shall utilize best practices as outlined in CSA Z8000 Canadian health care facilities (latest edition)
6. The Functional Program will ensure that only one template layout per room type is developed such that all such rooms of the same service type are built with a single design and layout (mirroring is allowed).
  - a. Room templates for all clinical and support spaces will be developed in accordance with CSAZ8000 standards.
  - b. Examples from other planning systems such as Veterans Affairs Space Equipment Planning System (SEPS) room template designs may be employed insofar as they are in conformance with CSAZ8000 space standards.

**Other Planning Parameters:**

The Functional Program must align with these parameters.

<b>Project Element</b>	<b>Requirements</b>
<b>Service Volumes and Programming</b>	<ul style="list-style-type: none"> <li>• The services to be offered at the hospital are as follows:               <ul style="list-style-type: none"> <li>○ Acute Inpatient Services</li> <li>○ Complex Continuing Care</li> <li>○ Emergency Department</li> <li>○ Maternal and Newborn Services</li> <li>○ Day Surgical Services and Endoscopy</li> <li>○ Ambulatory Services</li> </ul> </li> <li>• Service volumes and associated growth must align with Ministry approved planning sources (HBAM, CCO, ORN, Cor Health, CCSO etc.).</li> <li>• For Outpatient and Day Services, no new services should be introduced beyond any identified at Stage 1. Final volumes will be determined as part of the Functional Program review process.</li> <li>• Prior to approving the Functional Program, the ministry will require confirmation that a commitment for operating funding related to new services is in place to cover all costs including staffing.</li> </ul>
<b>Integration with other Healthcare Delivery Channels</b>	<ul style="list-style-type: none"> <li>• The Functional Program should continue to focus on development of a patient-centric model of care which supports patients along a continuum of care.</li> <li>• Working collaboratively with community health service providers, primary care physicians and St. Joseph’s Health Care Hamilton and other hospital providers co-design a model (s) that:               <ul style="list-style-type: none"> <li>○ supports patients moving from hospital to community, and community to acute, as well as supporting patients in the community;</li> <li>○ provides access and realignment of programs and services in the community;</li> <li>○ supports a multidisciplinary and multispecialty approach to care;</li> <li>○ is based on best practice;</li> <li>○ provides culturally appropriate services,</li> <li>○ optimizes the use of technology to support patients in the community;</li> <li>○ addresses the future needs of the population, and;</li> <li>○ improves patient experience and outcomes.</li> </ul> </li> <li>• Space or support service space associated with moving any new community-based services (e.g. Family Physicians) into the hospital will not be funded by the ministry. It will be considered the hospital’s local share.</li> </ul>
<b>Project Built Form and Size</b>	<ul style="list-style-type: none"> <li>• Planning must align with the Master Plan preferred option identified in the Ministry supported Stage 1 submission.</li> <li>• Further development of this option must incorporate local site context and regulatory requirements.</li> <li>• Planning of adjacencies must conform with CSAZ8000 Adjacencies Table</li> </ul>
<b>Ambulatory Care</b>	<ul style="list-style-type: none"> <li>• The FP will be structured to maximize use of space i.e. space needs to be shared e.g. clinics space, waiting rooms and other support spaces will be shared between all programs and providers through the use of appropriate resource-effective scheduling. Must demonstrate 80% use during core hours.</li> </ul>