

**NORTH
YORK
GENERAL**

*Making a World
of Difference*

A New Investment Model for Capital: A Canadian Perspective

European Healthcare Design Conference

June 28th, 2016

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Planning in an Age of Capital Restraint

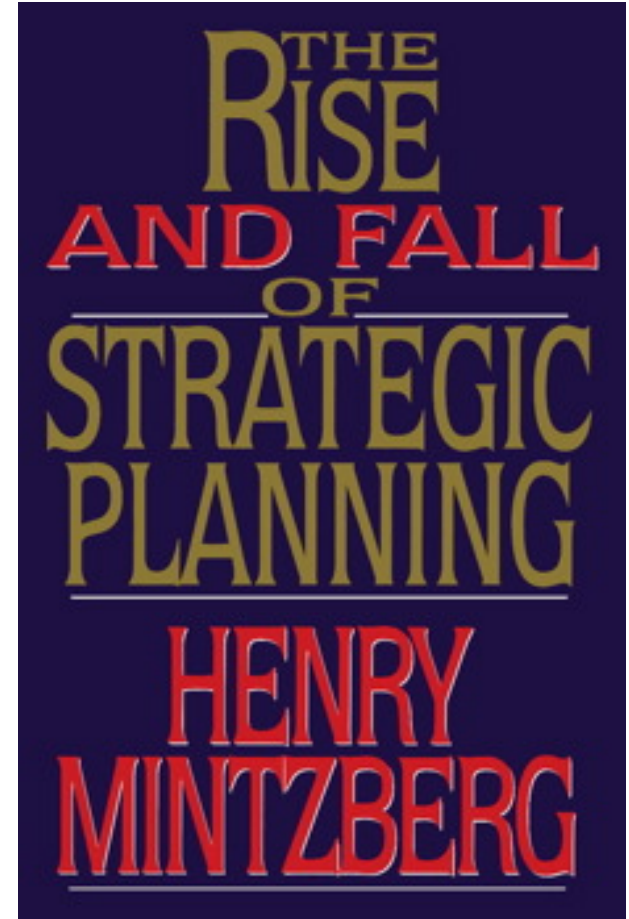


 **+ Finch Street Site (Leased)**

Bridging the Gap between Strategy and Tactics or Spending Time in the Valley

- Strategic Planning Top-Down
- Capital Planning Bottom Up

Henry Mintzberg, Canada



Source: Henry Mintzberg

The Architectural Review

TODAY BUILDINGS ▾ NOTOPIA ARCHIVE ▾ FILM ▾ PODCASTS COMPETITIONS AWARDS ▾ MAGAZINE **SUBSCRIBE**

< | VIEWPOINTS

‘Architecture is now a tool of capital, complicit in a purpose antithetical to its social mission’

24 APRIL, 2015 • BY REINIER DE GRAAF



COMMENT



MOST POPULAR

Source: The Architectural Review



Making a World of Difference

The Strategic Capital Investment & Development Plan

Beyond Traditional Capital Planning

A Compelling Story for NYGH

1. Prologue: The Collaborative Design Process
2. Chapter 1: A Shared Vision
3. Chapter 2: A Strategic Facilities Plan
4. Chapter 3: A Schematic Master Program
5. Chapter 4: A Schematic Master Plan
6. Epilogue: Projects

Source: NYGH

Epilogue: The Collaborative Design Process

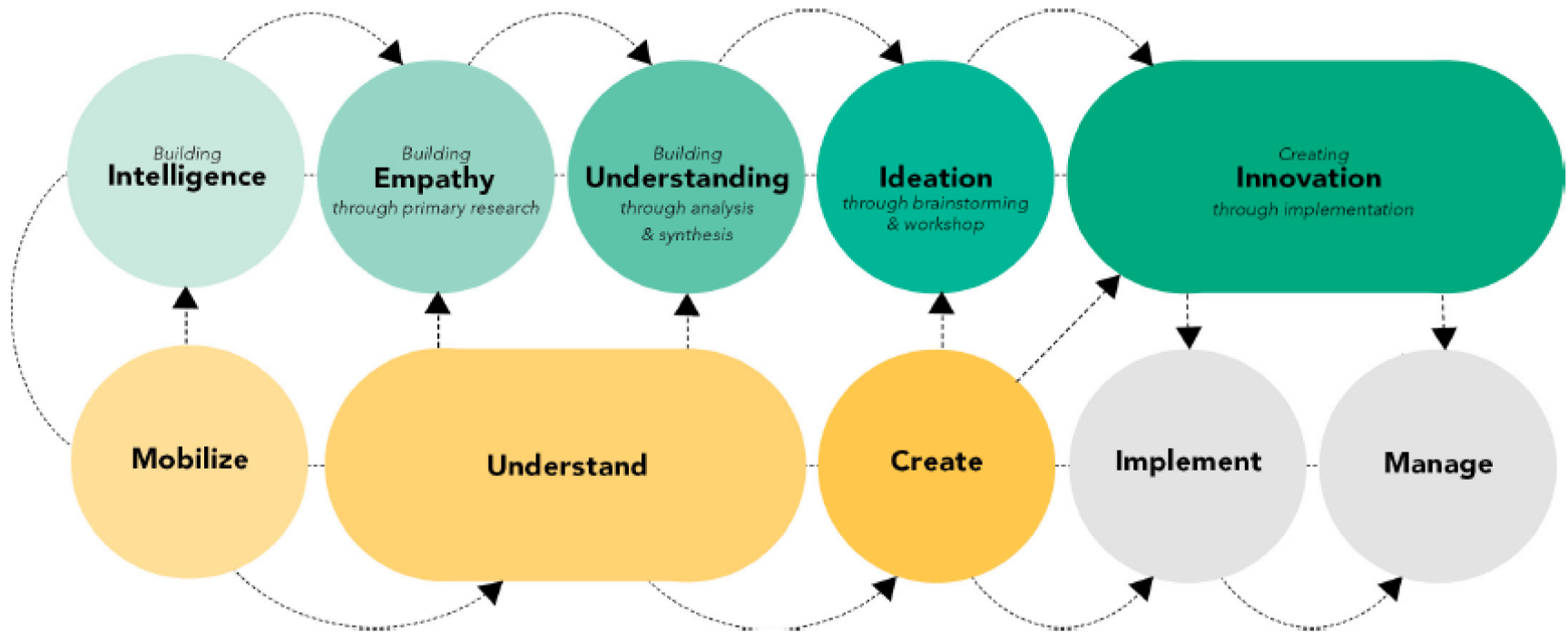
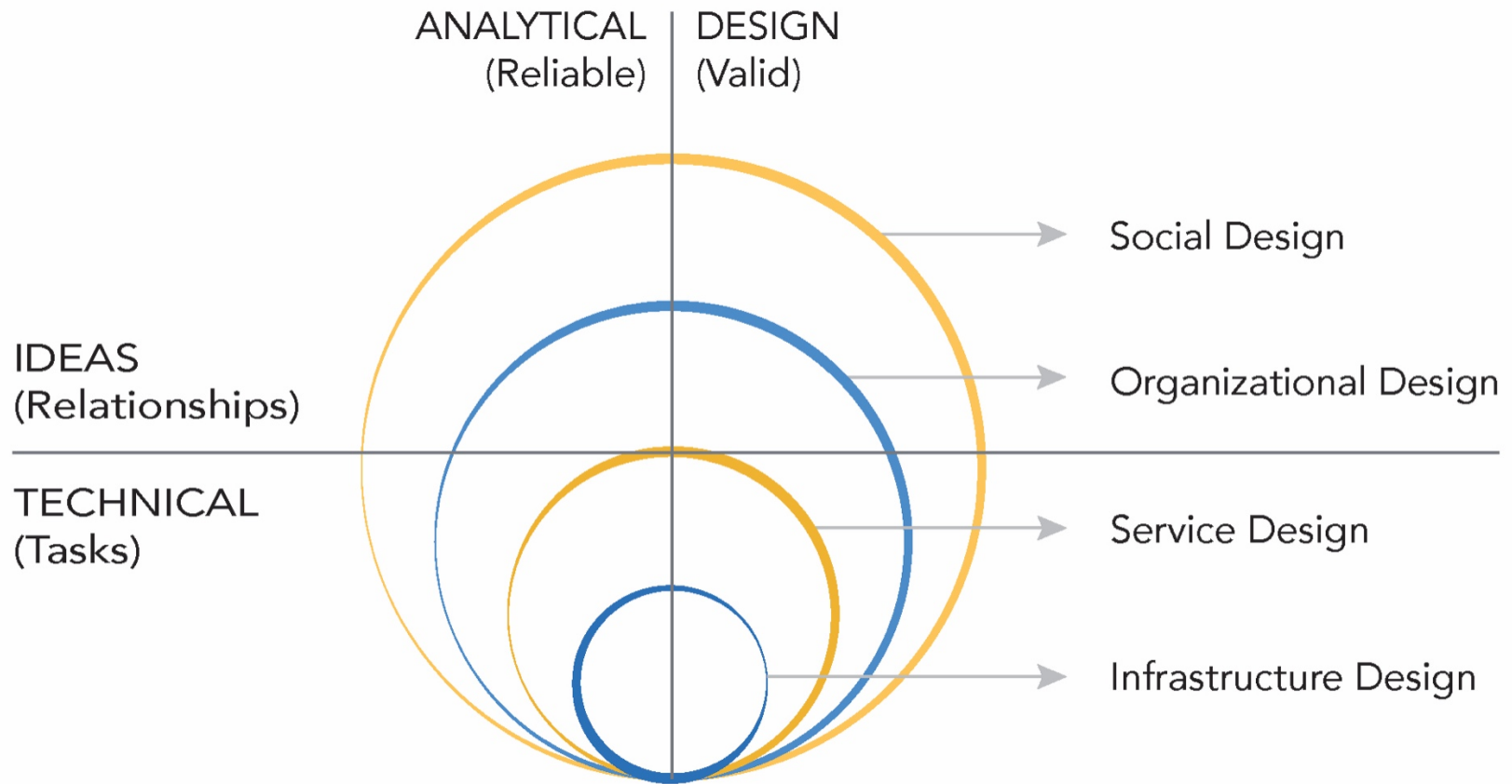


Figure 1.20 — Design Thinking Diagram

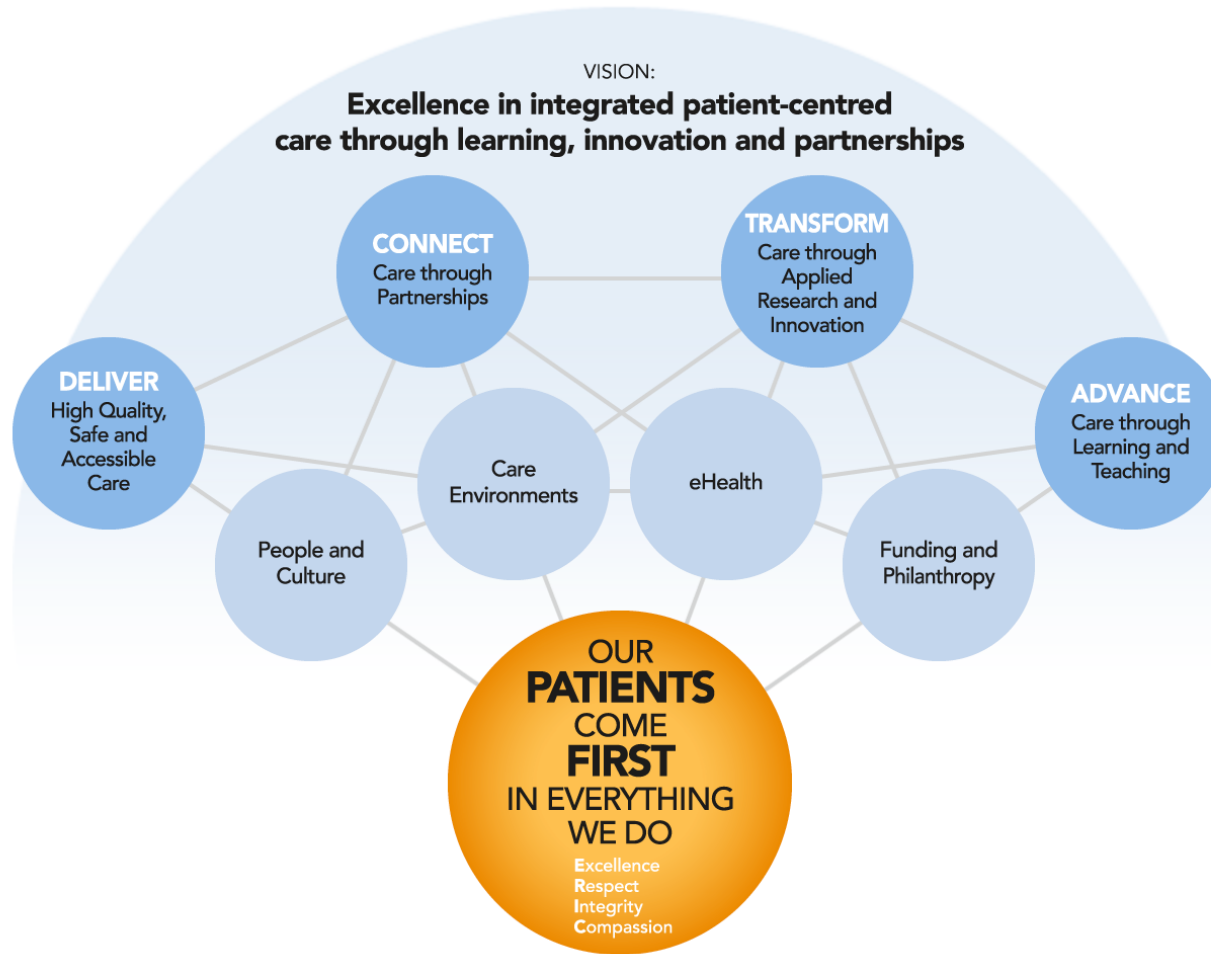
Source: NYGH and CannonDesign

Epilogue: The Collaborative Team



Source: Clifford Harvey

Chapter 1: A Story of a Shared Vision



MISSION: Providing exceptional health care to our diverse communities

Source: NYGH

Chapter 2: Strategic Facilities Plan

BUILDING	VFA			CannonDesign*	
	2012 FCI	2012 \$	2015 \$**	2015 FCI	2015 \$
GENERAL SITE 4000 Leslie Street Building	0.24	\$1.0 M	\$1.2 M	0.18 POOR	\$1.2 M
BRANSON SITE 555 Finch Avenue West	0.48	\$46.9 M	\$53.8 M	0.40 CRITICAL	\$65.4 M
GENERAL SITE 4001 Leslie Street	0.16	\$35.3 M	\$40.5 M	0.08 FAIR	\$33.7 M
PARKING GARAGE 4001 Leslie Street	N/A	N/A	N/A	0.08 FAIR	\$3.4 M
PHILLIPS HOUSE 10 Buchan Court	0.22	\$685 K	\$786 K	0.19 POOR	\$1.2 M
SENIORS' HEALTH CENTRE 2 Buchan Court	N/A	N/A	N/A	0.12 POOR	\$6.1 M

**4.7% A.P.R. Applied for C.O.L

*CD FCI is not developed by full renewal at end of life cycle; FCIs are developed using assessed remaining life of each system/component.



Source: NYGH and CannonDesign

Chapter 3: Schematic Master Program

- Clinical Service Plan
- Capacity Planning
- Population Health

- Big Data in Planning Healthcare Services and Systems

North York Central Health Link is a partnership across many sectors

- Organizations and care providers have come together to improve care to individuals with complex care needs living in our community
- Partners include NYGH, North York Family Health Team, Central CCAC, Toronto EMS, Community Support, and Mental Health and Addiction agencies



North York
Family Health Team



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Central
CCAC CASC
Community
Care Access
Centre
Centre d'accès
aux soins
communautaires
du Centre

Source: North York Central Health Link



Capital Spending in Healthcare: a Missed Opportunity for Improvement?

June 2013

David J. Klein
Department of Medicine,
University of Toronto; Keenan Research Centre
in the Li Ka Shing Knowledge Institute,
St. Michael's Hospital, Toronto;
Institute of Health Policy,
Management and Evaluation

Adelsteinn D. Brown
Institute of Health Policy,
Management and Evaluation
University of Toronto, [Dalla Lane School of
Public Health](#)

Tai M. Huynh
Centre for Complex Interventions in Care,
University Health Network, Toronto

Gwyn Bevan
London School of Economics

Frank Merkel

Steven D. Ottaway
GMP Capital

George Pink
University of North Carolina, Chapel Hill

Myles Zyblock
Chief Investment Strategist, Dynamic Funds

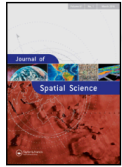
Canadian Foundation for Healthcare Improvement

cfhi-fcass.ca

In order to create a stronger platform for using capital investment to improve health system performance, policy-makers and researchers will need to create new resources to support capital investment. A critical element of this platform is resources to analyze the need for capital, how it may be deployed to increase health system performance, impacts on operating costs of capital investments, equity, and return on investment. More specifically, we suggest that governments and health system providers work together to:

- a. *Build a capacity planning model for the Canadian healthcare system.* This model should recognize demographic shifts, trade-offs between different sectors (e.g. long-term care and home care), the effect of capital and capacity increases on health system efficiency and performance, and calculate the total capital requirements across our healthcare system.

Source: Canadian Foundation for Healthcare Improvement



Research Papers

Tagging Banksy: using geographic profiling to investigate a modern art mystery

DOI: 10.1080/14498596.2016.1138246

Michelle V. Hauge^a, Mark D. Stevenson^a, D. Kim Rossmo^b & Steven C. Le Comber^{a*}
pages 185-190

[Publishing models and article dates explained](#)

Published online: 03 Mar 2016

Preview

Full text HTML

PDF

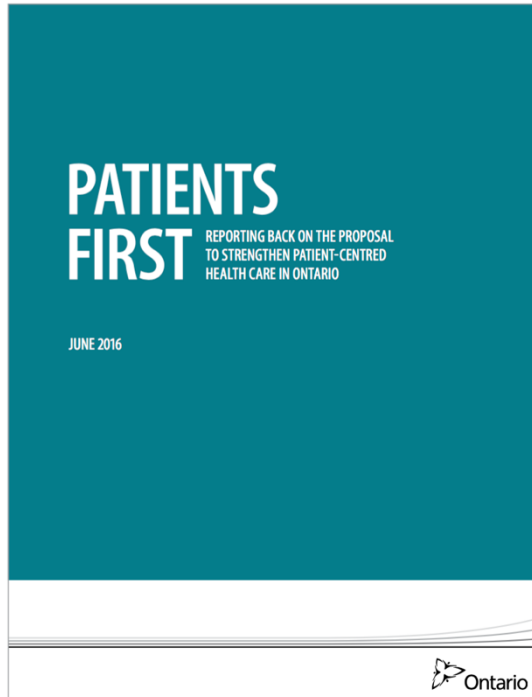
Access options

[Alert me](#)

Abstract

The pseudonymous artist Banksy is one of the UK's most successful contemporary artists, but his identity remains a mystery. Here, we use a Dirichlet process mixture (DPM) model of geographic profiling, a mathematical technique developed in criminology and finding increasing application within ecology and epidemiology, to analyse the spatial patterns of Banksy artworks in Bristol and London. The model takes as input the locations of these artworks, and calculates the probability of 'offender' residence across the study area. Our analysis highlights areas associated with one prominent candidate (e.g., his home), supporting his identification as Banksy. More broadly, these results support previous suggestions that analysis of minor terrorism-related acts (e.g., graffiti) could be used to help locate terrorist bases before more serious incidents occur, and provides a fascinating example of the application of the model to a complex, real-world problem.





4 STRONGER LINKS TO POPULATION & PUBLIC HEALTH

WHAT WE HEARD

Support for:

- Including a needs-based approach to health service planning and care delivery that would be better informed by public health expertise
- Streamlining health services

Opportunities:

- Increase focus on population health and health equity
- Address the differences in governance, geographic boundaries and funding structures between public health and the LHINs
- Ensure dedicated funding for the delivery of public health services, based on renewed Ontario Public Health Standards

WHAT WE PROPOSE TO DO

If the bill is passed by the Ontario Legislature, the ministry would:

- Establish formal linkages between Boards of Health and LHINs
- Ensure that public health expertise better informs health system planning and decision making.

WHAT WE WILL DO

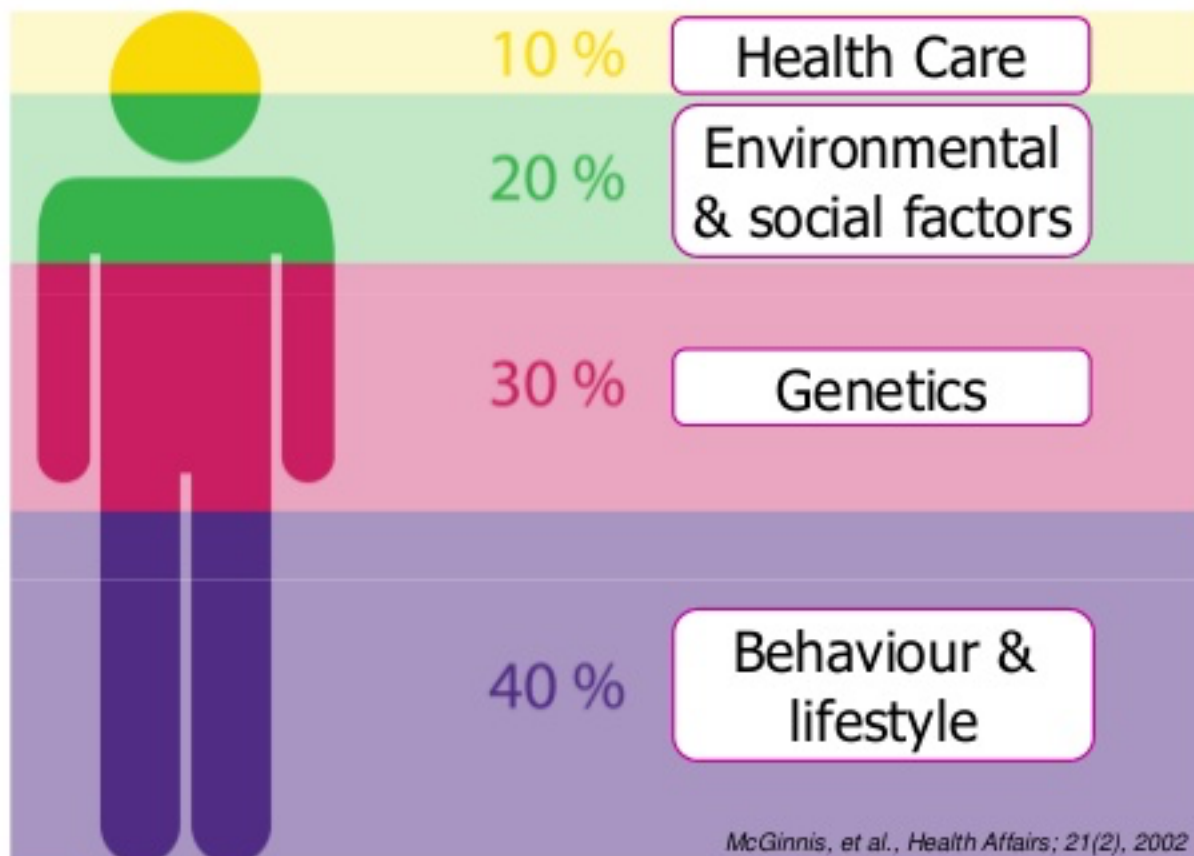
The ministry would:

- Maintain the current mechanisms and processes for funding public health, and for negotiating accountability agreements with Boards of Health
- Establish an expert panel on public health and integration to advise on:
 - Integrating population and public health into the health system
 - Deepening the partnerships between LHINs and local Boards of Health
 - Improving public health capacity and delivery.

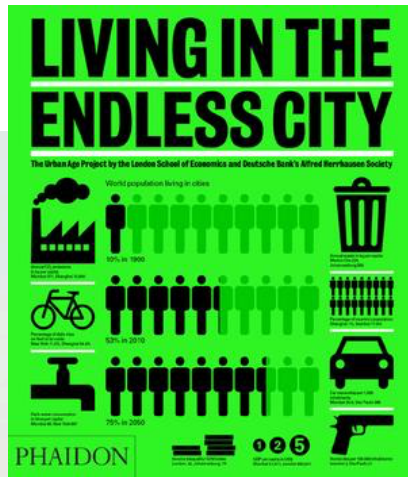
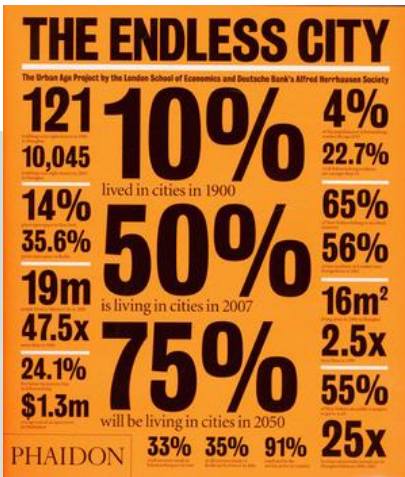
HOW THIS WOULD HELP PATIENTS

- Better reflection of population needs in health service planning and delivery
- Health planning and service delivery to be better informed by public health expertise
- Stronger linkages between disease prevention, health promotion and care

Several factors combine together to affect our health



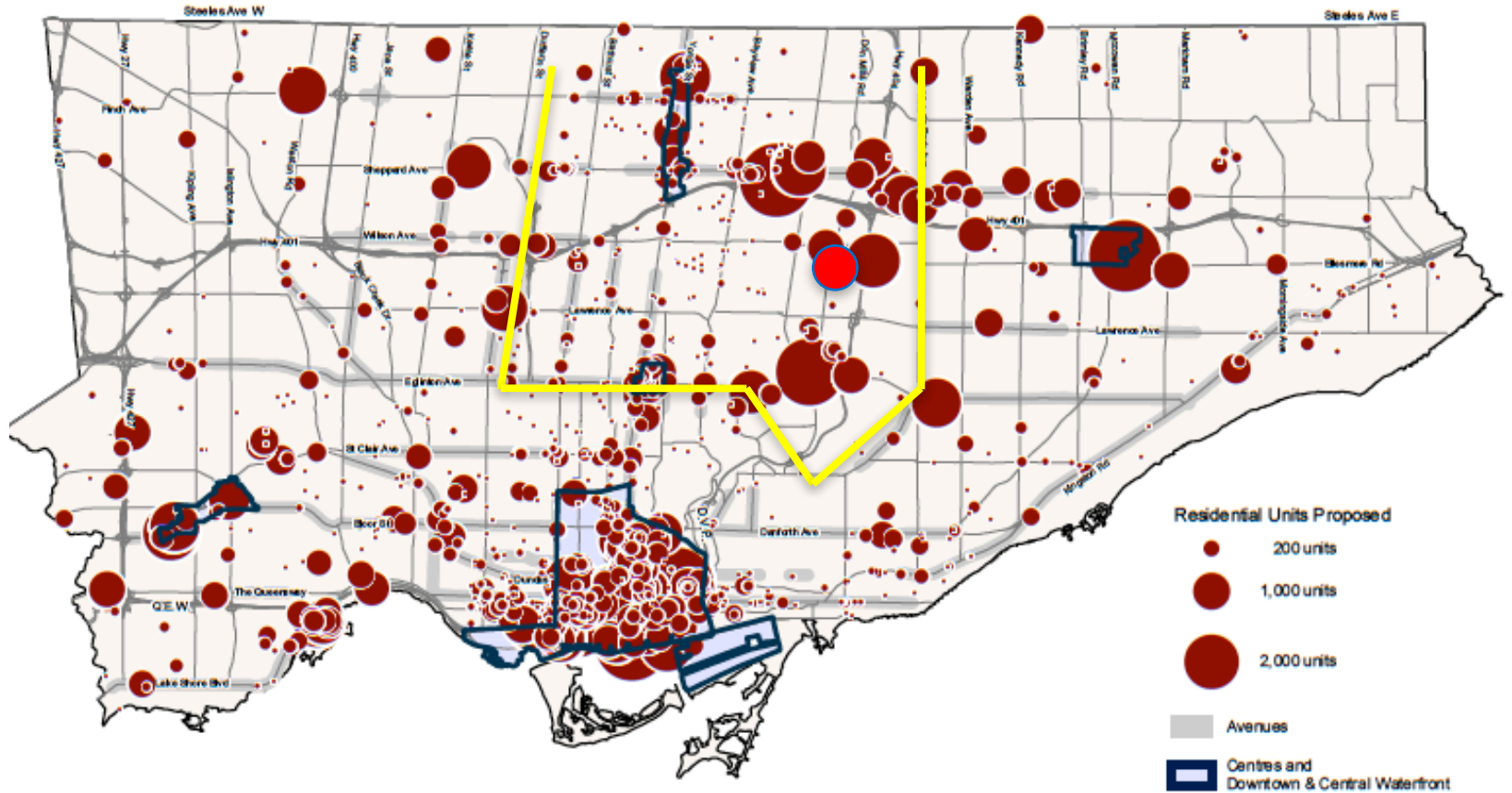
Source: SITRA and McGinnis, et al. Health Affairs; 21(1), 2002



From Sub-Urban to Urban



Source: LSA Cities



Source: Land Use Information System II
 Development projects received between January 1, 2010 to December 31, 2014, and active projects received prior to 2010 with 2013-14 approval or construction activity and not yet built.

Toronto City Planning Division, Research & Information - May 2015



Source: Toronto City Planning Division



Making a World of Difference



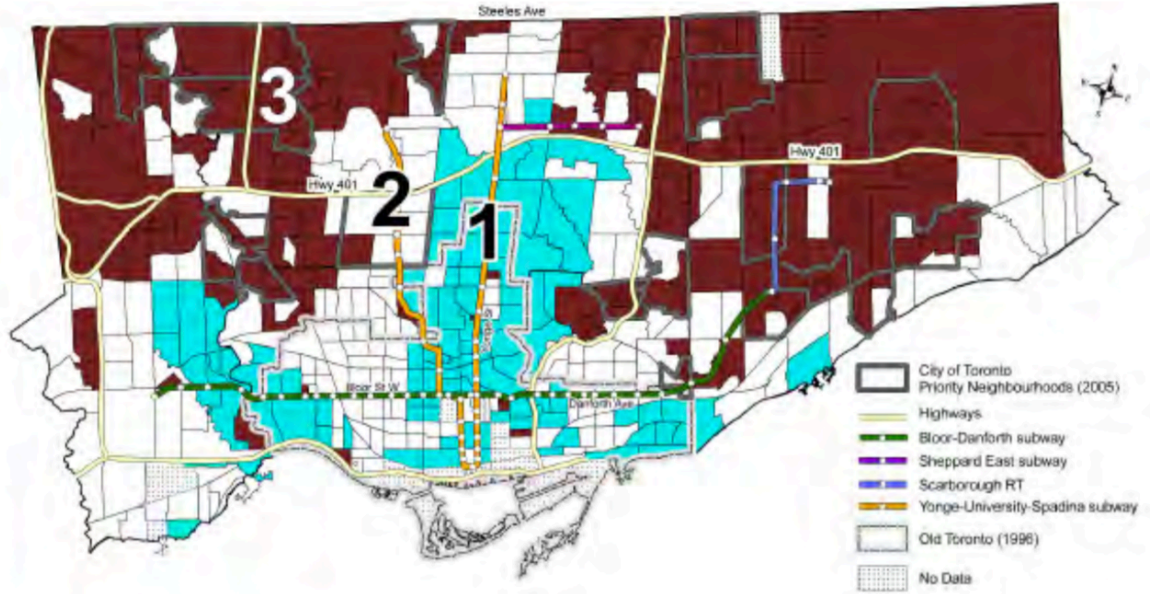
THE THREE CITIES WITHIN TORONTO

Income Polarization Among Toronto's Neighbourhoods, 1970-2005
 BY J. DAVID HULCHANSKI, UNIVERSITY OF TORONTO



MAP 1: CHANGE IN AVERAGE INDIVIDUAL INCOME, CITY OF TORONTO, RELATIVE TO THE TORONTO CMA, 1970-2005

Average individual income from all sources, 15 years and over, census tracts



Change in the Census Tract Average Individual Income as a Percentage of the Toronto CMA Average, 1970-2005

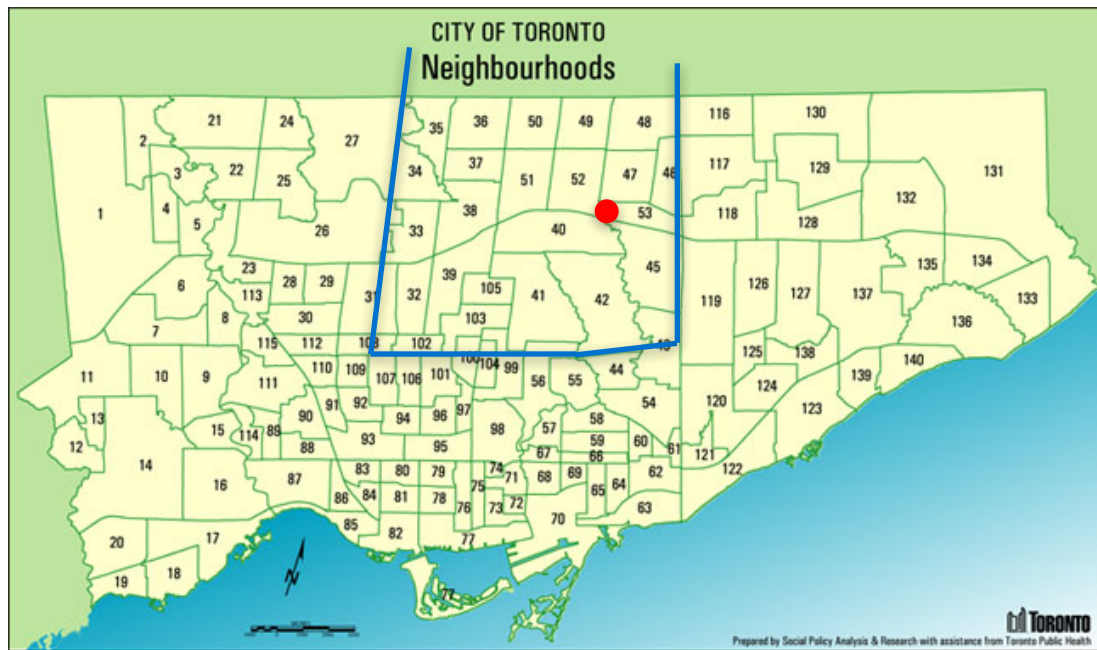
City #1
 Increase of 20% or More
 100 Census Tracts, 20% of City

City #2
 Increase or Decrease
 is Less than 20%
 208 Census Tracts, 40% of City

City #3
 Decrease of 20% or More
 206 Census Tracts, 40% of City

Note: Census Tract 2001 boundaries shown. Census Tracts with no income data for 1970 or 2005 are excluded from the analysis. There were 527 total census tracts in 2001

Source: The Three Cities Within Toronto



Toronto Community Health Profiles

A partnership designed to facilitate access to information for health planning with the overall goal of producing action to reduce health inequities.

Home About Us Data, Maps and Charts About the Data Resources Contact Us FAQs

About This Site

This website is sponsored by The Toronto Community Health Profiles Partnership to make detailed, area-level health data available to everyone. Our goal is to support action to reduce health inequities in Toronto. For more information see About Us.

What's New

- Webinar on updating Q1-March 2011
- Emergency Department Care visits 2013/14, Ontario Health Links data
- Mental Health Hospital Admissions 2012/14 data
- Ambulatory Care Sensitive Conditions 2012/14 Neighbourhoods (Hospital Admissions) data
- Hospital Admissions 2011-2012 maps
- Combine Toronto Neighbourhoods to generate data for Custom Geographies - Primary Care 2011/13
- Primary Care 2011/13, Neighbourhood data and maps
- Ontario Dissemination Areas (DA) Conversion File, 2011
- 2011 Census-based population denominators data
- See new LHN-level data and maps
- Adult Health and Disease 2012, data and maps
- Sexual Health 2012 data and maps
- Socio-demographic, Language (Census) 2011 data
- Link to Toronto Demographics 2011 and Seniors Strategy
- Diabetes Atlas for the Region of Peel, 2013
- Urban HEAT @ Toronto executive summary and data

What Information Can You Find Here?

Find health information about your community by clicking on the **Data, Maps and Charts** tab above OR search Health Profiles by topic and area using the **Search Data by Topic** tab.

We provide health and health-related indicators in three basic forms:

- Health Profiles**
- Health Data Maps**
- Equity Analyses**

Health Profiles: Community-level health indicators - the Health Profiles provide detailed statistics about people living in communities and how these communities compare with the City of Toronto overall. These data are available in table format.

Health Data Maps: Toronto or Ontario-wide health indicators - maps give an overview of how the health of different communities within Toronto or Ontario compare with each other.

Equity Analyses: Graphs are used to show how peoples' health may differ depending on their income or immigration status. These analyses focus on people living in communities and not the communities themselves.

Ontario Marginalization Index: The Ontario Marginalization Index (OMI) can be used to understand inequalities in health and other social problems related to health among either population groups or geographic areas.

Webinar on updating Q1-March 2011

Toronto Walkability Index: The final composite index composed of four variables: population density, residential dwelling density, availability of retail destinations, and street connectivity, within a 10 minute walk.

Ontario Health Profiles

A partnership designed to facilitate access to information for health planning with the overall goal of producing action to reduce health inequities.

Home About Us Data Tables and Maps About the Data Resources Contact Us FAQs

About Ontario Health Profiles Site

To read our **Press Release** about the new Ontario Community Health Profiles Partnership website please see **About Us**.

This website is sponsored by The Ontario Community Health Profiles Partnership (OCHPP) to make detailed, area-level health data available to everyone. Our goal is to support action to reduce health inequities in Ontario.

What's New

- Primary Care: Multipatients Physician Networks in Central LHN 2011/12 to 2012/13 maps
- Adult Health and Disease 2014/15 data
- Primary Care: Employment and Continuity of Care 2011/12 to 2012/13 data and maps
- Create Custom Geography for Neighbourhoods in LHN 8 Primary Care 2011/12 to 2012/13
- Webinar on updating Q1-March 2011
- Cancer prevention 2013/14 to 2014/15 data
- Emergency Department (ED) Care visits 2014/15 data and maps
- Mental Health Hospital Admissions 2012/14 data for Ontario LHNs and Health Links
- Ambulatory Care Sensitive Conditions 2012/14 data for Ontario LHNs (Hospital Admissions)
- 2011 Census-based population denominators data
- 2011 Socio-demographic data and maps
- Ontario Dissemination Areas (DA) Conversion File, 2011

Select your LHN to view Data Tables:

SELECT Your LHN: [Dropdown menu]

Select City of Toronto: [Dropdown menu]

Local Health Integration Networks in Ontario

- 1 Erie St. Clair
- 2 South West
- 3 Waterloo Wellington
- 4 Hamilton Niagara Haldimand Brant
- 5 Central West
- 6 West Niagara
- 7 Toronto Central
- 8 Central
- 9 Central East
- 10 South East
- 11 Chatham Kent
- 12 North Simcoe Muskoka
- 13 North West
- 14 North York

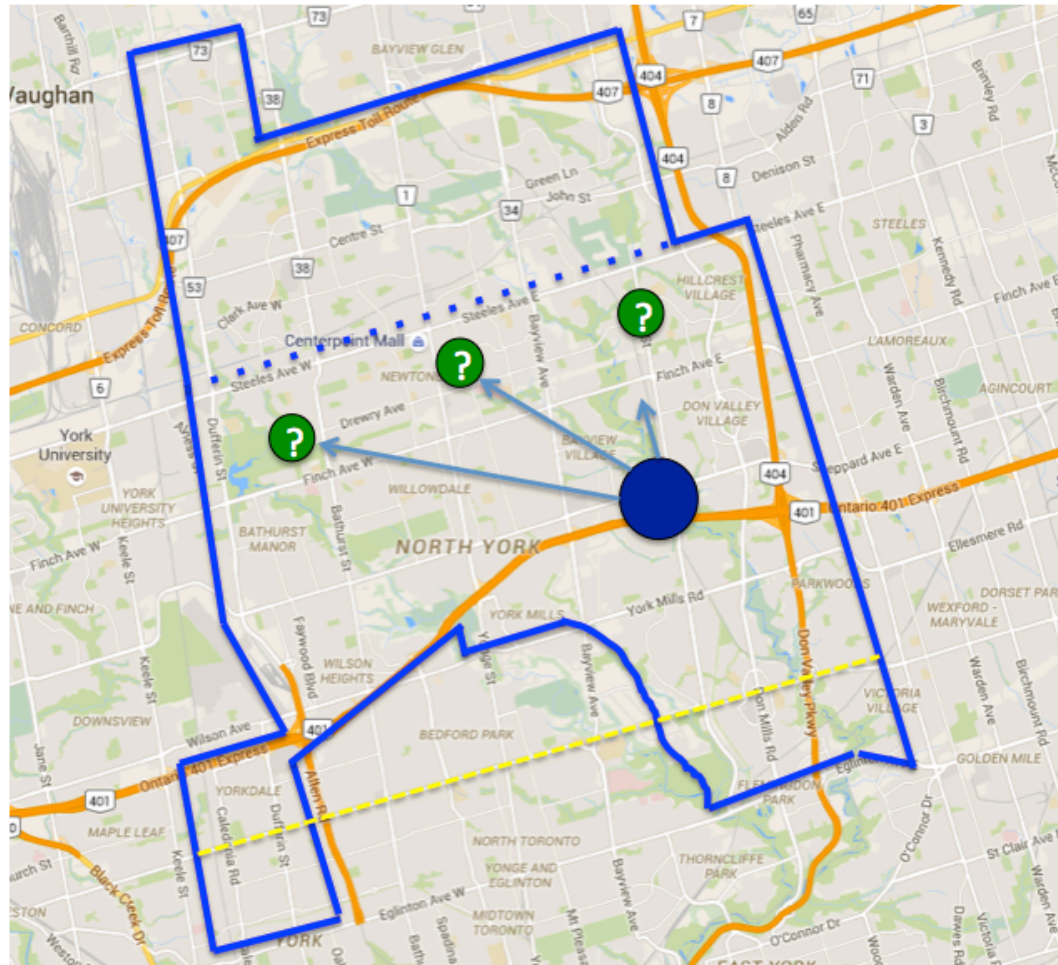
Toronto Avg. Health Indicator	13.3%	26.8%	7.7%	10.5%	8.5%	-
	Diabetes	Hyper_tension	Mental Health	Asthma	COPD	Pop./ Sq. Km
34	14.3%	29.6%	9.0%	11.6%	10.0%	12.5K
35	16.0%	30.7%	8.1%	10.6%	9.3%	20.2K
36	12.7%	25.4%	7.6%	8.8%	7.6%	18.2K
37	12.6%	26.7%	7.5%	9.6%	8.6%	12.8K
38	10.7%	24.2%	7.7%	11.9%	7.4%	9.0K
39	9.4%	23.3%	7.7%	12.2%	7.7%	17.8K
40	9.7%	22.8%	6.9%	10.5%	6.9%	15.8K
42	13.2%	31.2%	7.8%	11.6%	9.3%	19.6K
45	14.1%	28.4%	8.2%	12.6%	9.7%	24.9K
46	14.7%	27.9%	7.4%	10.0%	9.3%	14.0K
47	12.5%	24.4%	6.7%	9.0%	6.9%	22.3K
48	14.8%	29.9%	7.2%	9.2%	7.0%	15.8K
49	15.9%	32.0%	8.1%	10.0%	9.4%	12.3K
50	12.9%	25.0%	7.4%	8.1%	8.8%	12.2K
51	9.1%	19.0%	6.4%	7.1%	5.6%	22.0K
52	10.4%	24.2%	7.0%	9.8%	7.3%	11.1K
53	11.7%	19.7%	6.4%	8.0%	6.6%	8.2K
	Health Indicator Better Than Toronto Average.			Health Indicator Worse Than Toronto Average.		

Source: City of Toronto & www.TorontoHealthProfiles.ca



Making a World of Difference

Chapter 4: Schematic Master Plan



Source: NYGH

Chapter 4: Schematic Master Plan

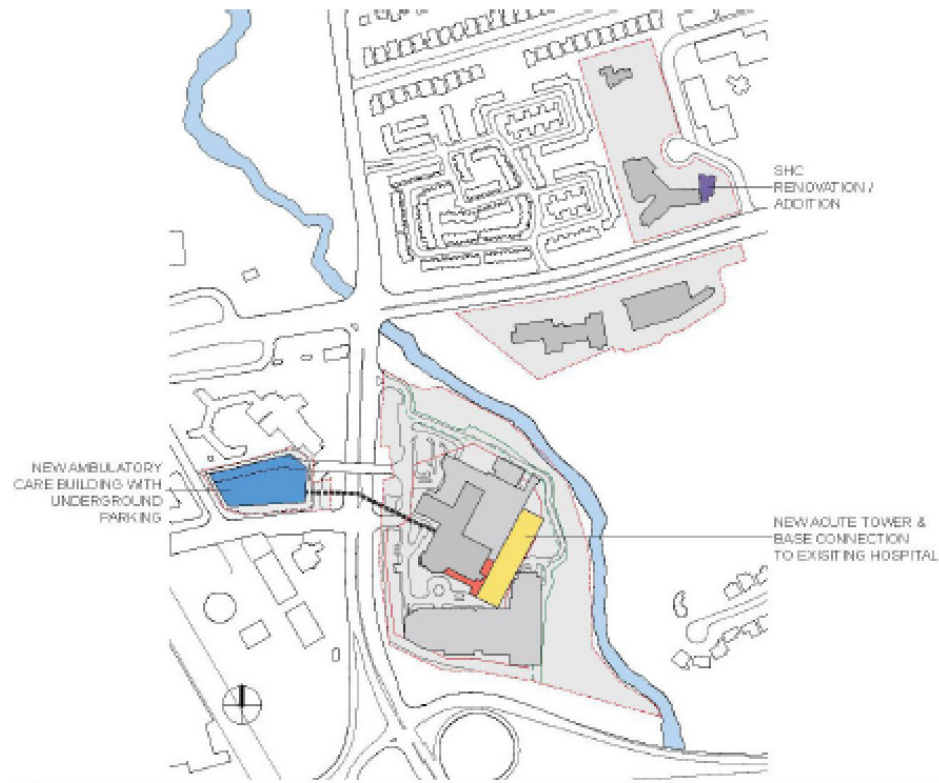


Figure 4.3.1 — Phase One

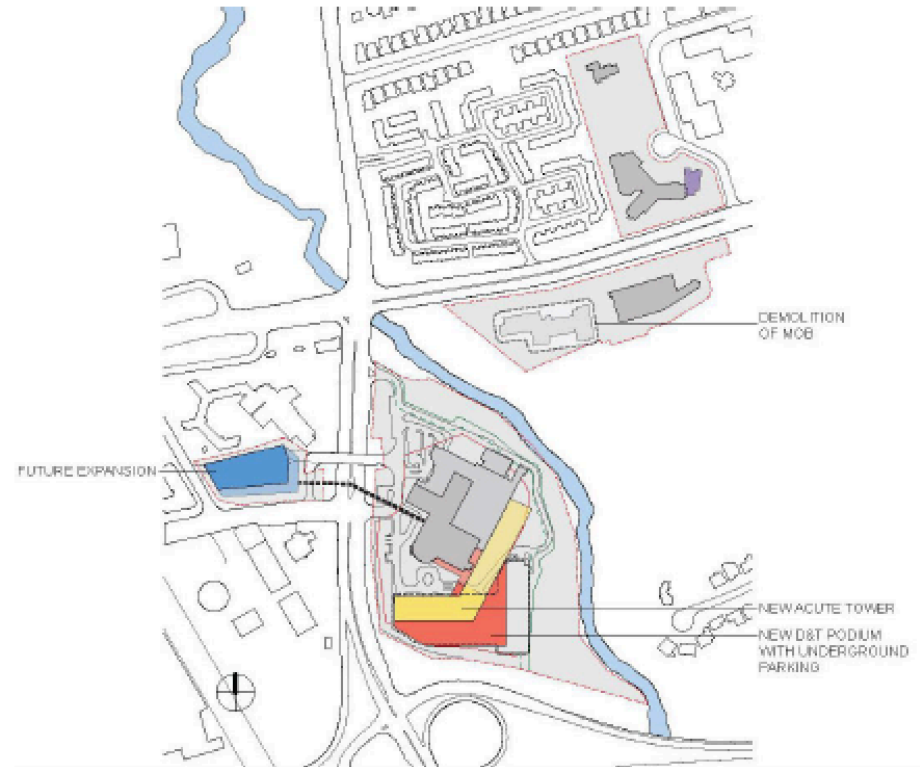


Figure 4.3.2 — Phase Two

Source: NYGH and CannonDesign

Lesson Learned from Pre-Design

- Collaboration is not easy!
- Everyone falls back on what they know when things get difficult or time gets tight!
- New design rules are not rules!
- Talk is not cheap!
- Population Health is a hospital's link to the community and capacity planning – but it is not well understood
- Complex system planning is the new norm
- In complex systems – patterns / behaviours don't exist they emerge
- Telling this story is not easy!

Epilogue

- Economic Theory and Capital Investment in Public Health
- Is it well understood or even studied?

A Way Backwards ... Traditional Growth Theory

Economic Factors of Productivity (Adam Smith)

People

Land

Capital

A Way Forward ... New Growth Theory

Economic Factors of Productivity (Paul Romer)

People
Things
Ideas

& Behaviour Economics