Central East LHIN

Hospital Clinical Services Plan
'One Acute Care Network'

Summary of Community Engagement and Feedback on the CSP Steering Committee Report to the CE LHIN Board

May 19, 2009

Engaged Communities.
Healthy Communities.

Ontario
Local Health Integration Network

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Central East Local Health Integrated Network
Hospital Clinical Services Plan
Summary of Community Engagement and Feedback

Introduction:

One Acute Care Network: The Process

On February 17, 2009 Dr. George Buldo, Chair of the Hospital Clinical Services Plan (CSP) Steering Committee, presented recommendations arising from the CSP planning process to the CE LHIN Board.

The planning process involved over 150 stakeholders from nine hospital corporations and included Physician Leaders (Clinical and Administrative), Nursing Executives and Hospital Administrative leaders (CEO's, VP's, Program Leaders), Central East LHIN staff and the CSP Project Manager.

Rather than a "top-down" approach to health systems planning, the CE LHIN chose to involve hospital stakeholders in a collaborative, consensus-based process aimed at achieving the vision of "One Acute Care Network." Participants formulated their recommendations by means of thorough debate backed by data and best practice information.

By drawing on the collective strength and leadership of the participants, the CSP is a product of shared vision, shared planning and shared success between the CE LHIN and its hospital partners.

Community Engagement

Following the public release of the CSP, a 60 day consultation period was held and a comprehensive Community Engagement process was initiated. Notably consultation was not passive but an active solicitation of feedback, prompted by presentations, meetings and discussion in an effort to be as inclusive as possible.

To that end, feedback was actively solicited via:

- Scheduled meetings with Hospital Boards to present the CSP and answer questions
- Email Bulletins (Eblasts) and news releases sent out regularly from the CE LHIN website, inviting feedback on the CSP
- Speakers Bureau engagements to present the CSP and assist with questions
- Meetings with Planning Partners such as Collaboratives, Task Groups and Networks
- Meetings with Municipal and Regional governments to present the CSP
- Email
- On-line survey (Appendix B)

Quantitative Summary

The following table reflects the source and quantity of feedback* received during the consultation period:

Correspondence/ Records from Meetings/Discussions:	Quantity
Boards, Hospital Administration, Foundations, Community Agencies	15
Letters and emails from Community Stakeholders (Ajax, Haliburton, Minden)	79 (many with multiple signatures)
Physicians	21
Allied Health Care Providers	2
Emergency Services	1
Planning Partners: FLS Collaborative, Primary Care Working Group (Rural and Urban), Stakeholder Engagement Event, Labour (2 events)	6
Government Meetings, Letters (Federal, Municipal, Regional)	13
On-line survey **	14
Industry (OPG)	1

* The detailed list of respondents is included in Appendix A.

** A copy of the on-line survey is included in Appendix B.

Legend

Short forms and acronyms have been used throughout this summary. The following table provides the legend for their use.

Short form or acronym	Description
Ajax Friends	Friends of the Ajax/Pickering Hospital
B2B	Board to Board
Blank space in tables	Indicates no feedback received in that category
CE CCAC	Central East Community Care Access Centre
CE LHIN	Central East Local Health Integration Network
CSP	Clinical Services Plan
CMH	Campbellford Memorial Hospital
EMS	Emergency Medical Services
FLS Collaborative	French Language Speaking Collaborative (of the CE LHIN planning partner groups)
HHHS	Haliburton Highlands Health Services
LHC, LHO, LHB	Lakeridge Health Corporation; Lakeridge Health Oshawa; Lakeridge Health Bowmanville
NHH	Northumberland Hills Hospital
OMA	Ontario Medical Association
PP Fdn	Lakeridge Health Port Perry Foundation
PRHC	Peterborough Regional Health Centre
PCWG (R) and PCWG (U)	Primary Care Working Group (Rural) and (Urban)
RMH	Ross Memorial Hospital
RVHS; RVHS Ajax & Pickering; RVHS Centenary	Rouge Valley Health System; Rouge Valley Health System Ajax Pickering; Rouge Valley Centenary
TSH	The Scarborough Hospital
Unions: CUPE; ONA;OPSEU; SEIU	Canadian Union of Public Employees; Ontario Nurses Association; Ontario Public Service Employees Union; Service Employees International Union
WMHC	Whitby Mental Health Centre

Vision

Group (Total rec'd)	Generally Supportive	Mixed or Neutral	Generally Opposed	Need More Information	Other
Boards, Hospitals (10)	• CE CCAC • CMH • HHHS • PRHC • RMH • RVHS • TSH • WMHC • LHC • B2B (North East)			• NHH	• CE CCAC • RVHS • TSH
Community (2)			Ajax Friends		Haliburton
Physicians (1)		OMA			
Planning Partners (2)	FLS Collaborative	March 9 Stakeholders			
Government (1)					Uxbridge
On-line Survey (14)	12		2		

Board, Hospitals

Generally Supportive

There was very positive support from the hospital corporations for the vision of "One Acute Care Network." Board motions endorsed "an integrated hospital system that provides the highest quality care" across the CE LHIN as well as the principles inherent to the vision.

Other

While supportive of initiatives that move more services closer to home and local communities, the CE CCAC pointed out that funding for same must be considered during planning.

RVHS supported the vision with the proviso that appropriate capital and operating dollars accompany any reallocation of services between providers.

TSH also provided specific implementation recommendations that they deemed essential to the next stage of planning. Some of those recommendations included the involvement of major stakeholders, future selection process for leaders, decisions backed by data, and early and frequent stakeholder communications.

Community Stakeholders

Generally Opposed

Ajax Friends expressed strong opinions regarding the need to bolster services in Durham Region hospitals rather than in hospitals located in the Scarborough cluster. There was not buy-in for the concept of an acute network for the entire CE LHIN.

Other

The Haliburton community was supportive of the vision, particularly of the principle relating to services "as close to home as possible." The recommendation to close obstetrical services in Haliburton was seen as contradictory to the principle.

Physicians

Mixed, Neutral

The OMA stated its "willingness and need to work with LHIN/Hospital Planners/Administrators in the development of any clinical services changes." In the same correspondence, the OMA also expressed growing concern that changes to "health service delivery could occur without proper consultation and advice from the physicians responsible for providing the services."

Planning Partners

Generally Supportive

The FLS Collaborative generally agreed with the vision, particularly as it related to the optimization of specialist resources. However it noted concerns over issues such as language, culture, use and increased emphasis of interdisciplinary teams, pre and post-op services, and the need to offer services in the French language.

Mixed, Neutral

Participants at the March 9, 2009 CSP Stakeholder Engagement Event had mixed comments regarding the vision, depending on the composition of people at the tables. Some tables expressed enthusiasm and excitement (Mental Health table) while others appeared somewhat skeptical (Community Table) or even concerned (Labour).

Government

The Township of Uxbridge copied the CE LHIN on a letter sent to the Honourable David Caplan, requesting that Uxbridge Cottage Hospital (a site of Markham Stouffville Hospital) be included in the Central LHIN rather than the CE LHIN. This request was not based on the Clinical Services Plan but rather longer standing issues related to hospital governance and the Emergency Department of the Uxbridge Cottage Hospital.

On-Line Survey

No comments accompanied the ratings.

Cardiac Services

Group (Total rec'd)	Generally Supportive	Mixed or Neutral	Generally Opposed	Need More Information	Other
Boards, Hospitals (3)	• HHHS • RVHS • TSH				
Physicians (1)					Peterborough
Planning Partners (3)	PCWG (R) PCWG (U)	March 9 Stakeholders		March 9 Stakeholders	
On-line Survey (12)	7	5			

Board, Hospitals

Generally Supportive

HHHS was pleased that guaranteed response times for cardiac emergencies and availability of PCI in Peterborough would be outcomes of the CSP.

RVHS was supportive of the recommendations. They pointed out that CT funding is required for both sites and encouraged the development of cardiac rehab clusters.

TSH was also supportive with additional comments regarding non-invasive diagnostic testing, and concerns over cost implications both for infrastructure and operations.

Physicians

Other

One physician in Peterborough noted that patients should go directly to cardiology rather than the ER when being transferred for PCI from a local facility to the regional centre.

Planning Partners

Generally Supportive

Both PCWG leads were supportive of the recommendations, stating that they would be either a "significant improvement to access" (Rural) or "essentially no changes…that would impact on existing referral practices and primary healthcare" (Urban).

Mixed, Neutral

Participants at the Stakeholder Engagement Event generally felt that the recommendations were positive provided that a "no refusal" network is established and a centralized referral pool and protocol is developed.

However, they also felt that the details of the implementation plan and an impact analysis at an organizational and program level are needed before a real appreciation of the recommendations can be developed. It was also felt that changes need to be appropriately resourced and that sustainability requires medical and administrative leadership to overcome setbacks.

Need More Information

One participant wondered if the recommendations would achieve the 90 minute target set for PCI.

On-Line Survey

Generally Supportive

No comments were received.

Mixed, Neutral

Comments included:

- Suggestion to broaden the scope of catheter lab procedures at PRHC
- Questions on streamlining inter-hospital transfers for cardiac emergencies as well as standardizing hospital practice and policy across all sites
- Concerns regarding a lack of focus on the whole patient, as opposed to a systems-based approach (eg. gastrointestinal condition presenting as a cardiac problem may not be readily diagnosed in this model)
- Doubt about the 90 minute target being achieved

Maternal Child Youth (MCY) Services

Group (Total rec'd)	Generally Supportive	Mixed or Neutral	Strongly Opposed	Need More Information	Other
Boards, Hospitals, Foundation (4)	• PP Fdn • RVHS • TSH	HHHS summary of stakeholder input	HHHS		
Community (79)	Minden (1)		Haliburton (77)	Ajax Friends	
Physicians (8)	Scarborough		• Haliburton • Oshawa • District 11 OMA	• Bowmanville • Oshawa	•Ajax •Centenary Medical Society
Nursing, EMS (3)	Nursing staff HHHS		• Midwifery Program, McMaster		EMS
Planning Partners (3)	• PCWG (R) • PCWG (U)	March 9 Stakeholders			
Government (5)		Ajax Council	• Dysart Council • Dysart Councillor • Green Party candidate Haliburton	Haliburton County	
On-line Survey (12)	6	3	3		

Boards, Hospital Administration, Foundations

Generally Positive

The Foundation in Port Perry was pleased that the MCY recommendations supported the obstetrics department in the hospital and welcomed regular reviews of the service. The Scarborough Hospital expressed eagerness to commence discussions regarding the development of a comprehensive program for Scarborough and the LHIN and to assume a leadership role for same. RVHS supported the concept of a Scarborough cluster Advanced Level 2 in-patient Neonatal care centre and indicated that RVHS has the expertise in place, with future enhancements required for physician resources.

Mixed or Neutral

HHHS conducted staff and community meetings in order to obtain feedback on the MCY recommendation.

Vigorous negative community feedback was experienced over the recommendation to close the obstetrical bed. Reasons included concerns over:

- Patient and family access; reduction of patient choice
- Poor socioeconomic status in the area makes travel and hotel arrangements for families difficult if not impossible
- Travel challenges due to distance and inclement weather

- Patient safety
- Increase in inductions to enable “scheduling” of births at other hospitals
- Exodus of physician and midwife from community
- Reduced competency of ER staff to handle emergency deliveries
- Past community fundraising for the OBS bed and equipment

Generally Opposed

On balance, HHHS requested that the CE LHIN allow the corporation to explore and propose an alternate service delivery model for OBS services in Haliburton, based on a midwife/MD integrated team.

Community Stakeholders

Generally Positive

One community respondent in Minden supported the closure of the obstetrical bed in HHHS, stating that better allocation of resources could be made to services such as physiotherapy, cardiac rehab, etc in lieu of funding that supported a maximum of 10 deliveries per year.

Need More Information

Ajax Friends posed a number of questions regarding the MCY recommendations, questioning issues such as the location of a Level 2 NICU in Scarborough rather than Durham Region; Level 1 funding and status of the Maternal/Newborn unit in Ajax Pickering since it is functioning as a Level 2; and patient access/convenience to obstetrical services throughout the CE LHIN. It is apparent that the Ajax Friends have questions related to previously made decisions, (not necessarily those of the CE LHIN), which they perceive as unanswered or unacceptable.

Generally Opposed

The community of Haliburton rallied strongly in response to the closure of the obstetrical bed in HHHS. To that end, 65 form letters with over 130 signatures and 12 individual letters responded negatively to the recommendation, citing reasons as stated above.

Physicians

Generally Supportive

One physician from TSH-General Division supported the placement of the advanced level LHIN-wide centre for MCY services within TSH because of current volumes, patient transportation issues and experience in dealing with cultural challenges related to immigrant populations.

Generally Opposed

A Family Physician in HHHS has requested reconsideration of the obstetrical bed closure and provided the following to substantiate it:

- Documentation from the Society of Obstetrics and Gynecologists endorsing the provision of obstetrical services in rural communities with no surgical backup for low risk pregnancies
- Documentation from the Society of Rural Physicians supporting rural provision of obstetrical services
- Documentation from the College of Family Physicians of Canada for same
- Addition of a Midwife in Haliburton, to provide an integrated delivery team
- His support for the MCY recommendation for visiting specialists, enhanced telemedicine services and ongoing education for nursing staff

The physician suggested that Haliburton could be used as a pilot project in the CE LHIN to enhance quality of services to low risk obstetrical patients in rural areas.

Another physician expressed opposition to any downgrading of the Level 2 paediatric and neonatal services in Oshawa fearing a rash of resignations from hospital-affiliated pediatricians. He felt that this in turn could have negative repercussions on the obstetrical program, the community at large and the expansion of the Queen's Family Medicine Residency program at Lakeridge Health.

District 11 of the OMA expressed great concern regarding the consolidation of services in Scarborough in order to establish any Advanced Level II capability. They felt that building of existing services is a preferred approach. In addition, they also stated that any Level III service would be inappropriate given the service obtained from Sunnybrook and Mt. Sinai. There was also concern that other services within a hospital that "lost" service would be negatively affected. The correspondence had recommendations for alternative approaches.

Need More Information

An LHB physician requested information regarding the future for obstetrics and paediatrics in Bowmanville for short stay and inpatient admissions.

A physician in Oshawa inquired if the placement of the Level 2 NICU would affect the care of unwell obstetrical patients. His assumption was that an unwell baby would be transferred but an unwell mother would remain under the care of her obstetrician.

Other

An anesthetist at RVHS Ajax & Pickering expressed support for the MCY recommendations with the proviso that issues of medical manpower, allied health resources, anesthesia coverage and guaranteed daily remuneration be addressed. He put forward a number of recommendations to ensure adequate obstetrical on-call coverage.

Feedback was also received from the Centenary Medical Society. The respondent expressed concern that the CSP did not address women's post-reproductive healthcare issues and these should be included in a community-based care model.

Nursing, EMS, Midwifery

Generally Supportive

Notably, clinical front-line staff at HHHS was very much in favour of the CSP recommendation to close the elective obstetrical service in HHHS due to concerns over:

- Quality
- Patient safety
- Lack of regular refresher training

Generally Opposed

A letter was received from the McMaster Midwifery Education Program, requesting reconsideration of the obstetrics bed closure at HHHS.

Other

EMS in Haliburton expressed concerns over patient transport, transfer destination patterns, inter-facility transportation time and increases in numbers of transfers if the obstetrics bed is closed in Haliburton. Of great concern was the lack of involvement of EMS service providers in the development of the CPS and he urged that this issue be addressed.

Planning Partners

Generally Supportive

The PCWG was supportive, both noting the possibility that the Scarborough Level II in-patient neo-natal care and paediatric units may be bypassed by some physicians in favour of Sick Children's unless a good marketing program is implemented.

Mixed, Neutral

Participants at the Stakeholder Engagement Event had mixed opinions regarding paediatric services, the co-location of paediatrics and neonatal Level 2 units, linkages to tertiary services outside of the CE LHIN, and cluster definitions. They consequently held varied opinions on the future success of the model.

Government

Mixed or Neutral

A presentation to Ajax Council at the end of March met with varied response to the MCY recommendations and a question regarding the possibility of establishing a second Level 2 NICU in Durham Region rather than in Scarborough.

Generally opposed

Letters were received from Dysart Municipal Council, a Dysart Councilor and the Green Party Candidate for Haliburton. All expressed support for the retention of obstetrical services at HHHS.

Need More Information

The County of Haliburton forwarded a letter to the CE LHIN, expressing concern over the lack of public input and consultation into the CSP. They requested that representatives from the CE LHIN attend a council meeting to address areas of concern such as implementation timelines, the need for a lay version of the CSP, health service re-configuration and impacts, and clarification of the meaning of "clusters". In addition, they sought assurances that in future, the County will have input into health services planning for their area.

On-Line Survey

Generally Supportive

Of the six respondents replying that the MCY recommendations met all the criteria, none of them provided any comments.

Mixed

Three respondents felt that the MCY recommendations met some of the criteria and expressed:

- Concern over access for families in remote communities
- Concern over the implementation time frame for children's mental health and addictions services

Generally Opposed

Two respondents commented that:

- The Haliburton obstetrics bed closure would mean decreased access to service for women in this community as well as the potential loss of a physician and midwife
- Scarborough would be overserviced and Durham Region would be underserviced with the placement of the Level 2 NICU in Scarborough

Mental Health and Addictions (MHA) Services

Group (Total rec'd)	Generally Supportive	Mixed or Neutral	Generally Opposed	Need More Information	Other
Boards, Hospitals (4)	• HHHS • RVHS • WMHC	TSH			
Community (1)				Ajax Friends	
Physicians (3)	• Lindsay • Grandview	District 11 OMA			
Planning Partners (2)	PCWG (R)	PCWG (U)			
On-line Survey (10)	4	2	3	1	

Board, Hospitals, Foundation

Generally Supportive

HHHS was positive regarding a systematic approach to identifying and accessing mental health beds across their region.

RVHS was also supportive of the recommendations as well as the level of support provided by WMHC. In addition they supported the central bed registry but expressed concerns regarding patient transportation (eg. patients may become agitated and aggressive during transport).

WMHC was supportive of the recommendations of the MHA Group and expressed enthusiasm for sharing their expertise as well as taking a leadership role in the delivery of services across the CE LHIN. They recognized the urgency of addressing paediatric and adolescent mental health and addiction services. They also noted that:

- Cluster synergy must be implemented to avoid isolation
- A clear definition of primary, secondary and tertiary service be established, based on complexity and expertise, not location or service delivery
- Transportation is a significant issue for the mental health population
- Clear delineation of services provided locally, at a district hospital, and at a regional hospital
- Wait times for specialized services must be monitored with consistent standards for triage referral, access, assessment and discharge tools
- The integrated electronic health record will be a great asset
- Aging population will increase need for geriatric psychiatry

Mixed, Neutral

TSH was supportive of the three cluster model for MHA services however they expressed reservations regarding a governance model that placed WMHC as the lead. They suggested that a Mental Health Steering Committee with representatives appointed by the CE LHIN be established instead.

They also felt that a feasibility assessment was needed to re-assess the cost implications and redistribution of dollars required to implement the recommendations.

Community

Need More Information

Ajax Friends questioned:

- The patient/consumer focus of the model
- Accountability and oversight, now and in the future
- Contingency plans for unforeseen events
- Leadership accountability and monitoring
- Population growth in Scarborough versus Durham and the need for services in Durham

Physicians

Generally Supportive

A Family Practice physician in Lindsay supported the recommendations, particularly the components relating to centralization and hoped that this would improve youth inpatient services. She wondered about timelines for implementation and evaluation plans.

A physician at Grandview Children's Centre in Oshawa also supported the recommendations and added that the inclusion of developmental services with those of child and youth mental health would be worthwhile. They offered to participate in any future planning needed for this area.

Mixed, Neutral

District 11 of the OMA was generally supportive of the recommendations with the exception that WMHC take the lead for Mental Health services in the LHIN. They felt that the Mental Health Steering Committee would be an acceptable alternative.

Planning Partners

Generally Supportive

The PCWG (R) was strongly supportive of the MHA recommendations in all aspects.

Mixed, Neutral

The PCWG (U) felt there was no immediate impact to existing referral practices however there was uncertainty expressed over the long-term impact on primary healthcare community services and program availability.

On-Line Survey

Generally Supportive

Respondents did not include any comments to support their ranking.

Mixed, Neutral

Respondents commented**:**

- PRHC requires more space for its outpatient clinics
- Timeline and plans for children/youth are urgently needed to provide services that are person-centred, equitable, effective and safe
- That the Schedule 1 beds might not be fully implemented
- On the need for community-based services to facilitate integration back into the community

Generally Opposed

Respondents commented:

- Mental health services to date have been ineffective due to underservicing and underfunding. An approach with treatment outside hospitals is required.

- That the removal of services from the Ajax site ran counter to patient access, effectiveness and safety; also observed that Scarborough has “3 times as many mental health beds as Durham with less population and good transportation. Inter-hospital travel in Durham is limited”

Need More Information

One respondent stated that more information was required before answering whether or not criteria had been met

Thoracic Surgery

Group (Total rec'd)	Generally Supportive	Mixed or Neutral	Generally Opposed	Need More Information	Other
Hospitals (2)	RVHS		TSH		
Community (1)		Ajax Friends			
Physicians (6)			• TSH • Location not determined • District 11 of the OMA		• NHS • Bridgenorth • LHO
Allied Health (1)			Peterborough		
Planning Partners (3)	PCWG (R)	• March 9 Stakeholders • PCWG (U)			
On-line Survey (11)	6	2	3		

Hospitals

Generally Supportive

RVHS supported the recommendations regarding surgical thoracic oncology and the three cluster model for pre and post-operative care. Additional comments included enhancement of local pathology support, a query regarding the benefits of further consolidating benign and malignant thoracic surgery, the need for a "no refusal" policy at LHO and enhancement of ICU beds at LHO to accommodate the additional patient load.

Generally Opposed

TSH has positioned itself as "a major player in the provision of cancer services for Scarborough" for many years and has invested in infrastructure to support that. They expressed concerns that:

- Their community would perceive a transfer of any oncology surgery to be a "significant loss of service"
- Scarborough patients would likely travel to Toronto for surgery, rather than Oshawa due to transportation issues, or strictly as a matter of choice

Community

Mixed, Neutral

Ajax Friends did not oppose or support the recommendations, but did express concern over:

- Transportation problems for patients traveling to Oshawa
- If patients decided to travel to Toronto for surgery rather than Oshawa, oncological surgery volumes may fall below sustainable levels precipitating the need for all thoracic cancer surgeries to be performed in Toronto

Physicians

Generally Opposed

A physician from TSH expressed concerns about the potential loss of their thoracic surgeon and subsequent closure of their thoracic surgery programme if the recommendations are implemented. He also felt that lung resections should be available at any hospital with "decent anaesthesia and intensive care." TSH's recent investment in endobrachial ultrasound and a new ICU were offered as additional reasons to retain thoracic oncological surgery at TSH.

Another physician (no identified location or affiliation) felt that the consolidation of thoracic oncology cases to either Scarborough or Toronto would provide a better quality service because 6 or more surgeons would be available to perform the surgery. He noted that LHO des not have the required 3 thoracic surgeons needed to qualify as the designated Level 1 site.

District 11 of the OMA (Scarborough and Centenary Medical Societies) cited the consolidation of thoracic oncology surgery to LHO as detrimental to the residents of the Scarborough community for reasons of culture, lower economic status and increased difficulty in accessing health care due to travel. In another correspondence from District 11, great concern was expressed over issues of patient safety, increased fragmentation of care, difficulties with recruitment and retention of physicians and other staff, decreased critical skill levels of nurses and allied health and threats to other key services such as respirology, gastroenterology, ER, ICU, etc. Finally the document affirmed that Scarborough physicians would not refer patients to LHO but would refer them to Toronto for care.

Other

A radiologist at NHH observed that "central planning" influenced the decision of a thoracic surgeon to relocate out of the Peterborough area, resulting in loss of service for the northeast cluster.

This concern was echoed by a physician from Bridgenorth who pointed out that the loss of this surgeon also affected the general surgery on-call roster and diminished the overall depth of experience in the medical manpower pool. The "domino effect" that follows loss of medical manpower, its effects on other physicians and subsequent demise of service was noted.

An interventional radiologist at Oshawa expressed concerns over the need for increased funding to support the additional imaging requirements that will accompany more thoracic surgery. This would include needed funding for human resources, facilities and a second CT scanner.

Allied Health

Generally Opposed

One health care provider from Peterborough expressed strong opinions on the problems with: patient access to service; equity; resource allocation and efficiency; future population needs and referral patterns; and impact on the existing "centre of respiratory excellence" in Peterborough if the recommendations are implemented. This individual felt there should be 2 centres for thoracic cancer surgery, one of them being PRHC.

Planning Partners

Generally Supportive

The PCWG (R) was supportive of LHO being the designated Level 1 site for surgical thoracic oncology. This group also supported the need for satellite clinics in outlying hospitals for chemotherapy "closer to home".

Mixed, Neutral

Participants at the Stakeholder Engagement Event generally felt that the recommendations were positive provided a "no refusal" network is established and a centralized referral pool and protocol is developed.

However, they also felt that the details of the implementation plan and an impact analysis at an organizational and program level are needed before there can be a real appreciation for the recommendations. It was also felt that changes need to be appropriately resourced and that sustainability needs medical and administrative leadership to overcome setbacks.

The PCWG (U) did not support or oppose the recommendations but commented that it would be challenging for LHO to provide these services as “competitively” as those provided at other hospitals in Scarborough. The urban group noted the key success factors required to acquire the support of primary healthcare providers in referring their patients to LHO rather than within the Scarborough area.

On-Line Survey

Generally Supportive

No comments were made by the respondents who felt that the Thoracic Surgery recommendations met all the criteria for the clinical service delivery model.

Mixed, Neutral

Responses included:

- Uncertainty over actual implementation and how this will affect access, as well as effective and equitable care for patients
- A suggestion that both benign and malignant thoracic cases be consolidated to one site to maximize volumes and therefore, expertise

Generally Opposed

Respondents commented that:

- Peterborough would lose timely access to surgery
- Early diagnosis is more important than surgery; a consolidated centre of excellence would slow down this process due to travel/transportation challenges to LHO
- Demographics of Peterborough project an aging population that (in her opinion) will necessitate eventual repatriation of thoracic oncology cases to PRHC

Vascular Services

Group (Total rec'd)	Generally Supportive	Mixed or Neutral	Generally Opposed	Need More Information	Other
Hospitals (2)	• RVHS • TSH				
Physicians (2)		PRHC			LHO
Planning Partners (3)	PCWG (U)	March 9th Stakeholders			PCWG (R)
On-line Survey (11)	7	4			

Hospitals

Generally Supportive

RVHS supported the vascular recommendations and noted that: there would be costs to the hospital if clinics were established; vascular radiology support is not defined; in-patient consultation process requires planning; and costing of outreach surgical services (IT, plastics, wound care, foot care) needs assessment. They also queried what the process would be if emergency surgery is required at a location which is not one of the surgical centres, and what would happen in the event of simultaneous demand for the on-call surgeon.

TSH was also supportive of the recommendations, pointing out that the infrastructure enablers (IT, human resources, equipment) need to be re-assessed for impact. They also advocated a governance model to ensure regional accountability and coordination of care between themselves and PRHC as the regional centres, as well as with the other hospitals in the CE LHIN.

Physicians

Mixed, Neutral

A physician from PRHC provided a synopsis of the history and current state of vascular services at that hospital, pointing out that PRHC already provides a single point of entry for 60% of the CE LHIN ER visits requiring vascular intervention. Therefore the concept of two site centres is, in his opinion, already established.

He objected however, to the transfer of LHC patients from PRHC to the Scarborough centre, stating that this could endanger the sustainability of the program.

Also to provide incentive to the vascular department at PRHC, he recommended a top-up of the HOCC (Hospital On Call Coverage) payment and a travel time allowance for surgeons.

He also stated that endovascular aneurysm repair (EVAR) should be a recommendation, rather than an "implementation consideration."

Other

An interventional radiologist at LHO commented on the need to retain vascular referrals in Oshawa even if surgery moves to PRHC and TSH to maintain case volumes and staff expertise. He also urged that regular, multi-disciplinary rounds take place amongst all sites in the LHIN between vascular surgery and interventional radiology to review best practice, specific patient cases and treatment options.

Planning Partners

Generally Supportive

The PCWG (U) noted that the recommendations would not result in any changes to existing referral patterns by primary care physicians.

Mixed, Neutral

Participants around the table at the Stakeholder Engagement Event generally felt that the recommendations were positive provided that a "no refusal" network is established and a centralized referral pool and protocol is developed.

However, they also felt that the details of the implementation plan and an impact analysis at an organizational and program level are needed before there can be a real appreciation of the recommendations. It was also felt that changes need to be resourced and sustainability would need medical and administrative leadership.

Other

The PCWG (R) noted that family physicians would continue to refer their patients to the closest site that provides the service.

On-Line Survey

Generally Supportive

All of the respondents but 1 had no comment on their rating of "Meets all of the Criteria".

One respondent did rank the vascular model as having met all the criteria, yet was skeptical of the possibility that an emergent aneurysm could be handled within 90 minutes.

Mixed, Neutral

Comments included:

- Too many uncertainties at this stage to be "pro" or "con" but wondered if the model will result in more accessible, effective and equitable care for patients
- Surgery is a short intervention for the patient; the plan only looks at that, when in fact the after-care, prosthetic fitting and training, and rehabilitation (post amputation) takes many months. This is a major gap in the plan
- Concern for surgeon burn-out if travel between sites is required
- Agrees that service should be at PRHC but not at the expense of another area

Additional Feedback

The following summaries reflect commentary that did not fit specifically into the Clinical Advisory Groups; however they should be noted as part of the consultation period.

1. Recurring Themes

There were three themes that recurred throughout the feedback process. They included:

a. Consultation Process
b. Patient Travel
c. EMS Transport

a) Consultation Process

Public

Concerns were raised over the perceived omission of adequate consultation with the public. This concern was brought forward by labour representatives, District 11 of the OMA, the Ajax Friends, Haliburton community and the Ajax Council. In addition, there were resolutions calling for public consultations *prior to adoption* of the CSP recommendations from the Galway-Cavendish & Harvey Council, Clarington Council, Uxbridge Council, Haliburton County and Scugog Council.

Physicians

Physicians also expressed concerns over the consultation process. The OMA specifically stated, “There is increasing concern, however, that the potential changes in health service delivery could occur without proper consultation and advice from the physicians responsible for providing the services.” While it does not appear that the OMA was actually commenting on the CE LHIN Clinical Services Planning process, the OMA did want to “red flag” the necessity for physicians to be involved in changes to health care delivery.

District 11 of the OMA did comment on the CSP and physician involvement. They stated that a “broad-based consultation with community-based physicians (family physicians and referring specialists), who have not had the opportunity to be engaged in the initial process is essential for quality patient medical care.” District 11 offered to assist with raising levels of awareness amongst their physicians and providing direct linkages to their stakeholders.

Local governments

Correspondence was received from the County of Haliburton requesting that any future planning affecting their citizens, county operations (such as EMS) or finances include representation from their council or their department heads. This was also recommended by the Region of Durham.

The Regional Municipality of Durham also recommended that a representative from Regional Council be permitted to sit on the governing bodies of the CE LHIN as well as on the Boards of hospitals “whose foundations are planning to/have requested Regional financial assistance.”

Finally the Region of Durham extended an invitation to the Chair of the CE LHIN and the Board Chairs (and/or CEO’s) of hospitals which have (or will have) foundations requesting financial assistance, to attend annually a meeting of the Health & Social Services committee and the Joint Finance & Administration committee.

b) Patient Travel

The challenges of patient travel to hospitals for specialty services, or for their families for visit and support, were raised a number of times. The public transportation system in Durham was not viewed as sufficient to enable easy access to hospitals if local access is changed. Scarborough expressed concerns about patients choosing to obtain care in Toronto if thoracic oncology surgery were placed at LHO, due to difficulties with public transportation in Durham Region.

In the northeast cluster, strong concerns were raised over the distances people would have to drive in order to access service as well as the hazards of winter travel.

c) EMS Transport

Increased support for both emergent and non-emergent patient transport was discussed in a number of responses. EMS Haliburton specifically raised concerns over potential changes to routing, logistical problems and cost impacts. The Region of Durham expressed similar concerns and recommended that any planning which will impact their EMS should include Regional participation at the table.

2. Labour

Labour did not provide a specific response to the Clinical Services Plan. However the unions were included in the invitations to the March 9, 2009 Stakeholder Engagement Event, as well as a meeting on January 29, 2009 with representatives from OPSEU, ONA, CUPE, and SEIU. In addition, the Ontario Health Coalition held a CE LHIN Restructuring Summit on April 20, 2009.

General themes from these sessions included concerns about:

- Lack of consultation with unions, public, patients
- Unclear definitions of clusters, local and district hospitals
- Travel between hospitals for patients and staff
- Assumptions that staff will relocate with services
- Staff retention as well as recruitment
- Hospital deficits and impact on CE planning
- Job elimination and service cuts
- Impact on rural hospitals and those “on the fringe”
- Service consolidation and removal of “local” access
- Parking costs
- Integrated IT system not sufficient to support service consolidations
- Patient complexity and workload has increased but staffing has decreased
- Whole spectrum of patient care needs to be addressed, not just the technical portions but the psychosocial needs as well
- Fear of the unknown

3. Other Governmental Responses

In addition, responses from three local governments and the Honourable Bev Oda, Minister of International Cooperation, bear inclusion in this summary. Even though they did not pertain specifically to the recommendations of the Clinical Services Plan, they are briefly included in this summary for reference.

The Honourable Bev Oda, Federal Minister of International Cooperation

Minister Oda corresponded with Ms. Hammons and Mr. Empey (CEO LHC), expressing her concerns over the "potential threats to the Emergency department at Lakeridge Health Bowmanville." She pointed out that the needs of the Clarington east community should be taken into account as the CSP is developed for the CE LHIN.

Region of Durham

The Region of Durham forwarded 12 additional comments with respect to the Clinical Services Plan, requesting information/clarification on such matters as:

- A lay summary of the CSP and the need for public consultation
- More clarity around cluster definitions
- More patient-centred focus for the recommendations
- Implementation timeframe
- Durham Region projected population growth
- Impacts on Durham Region EMS
- Explanation of the declines in the Average Length of Stay from 1995-96 to 2004-05
- Clarification of when and how consolidation of services can be used to leverage additional resources
- How CE LHIN will engage boards of health and EMS providers in jurisdictions that differ from those of the LHIN
- Assurance that cost savings/avoidance are not accomplished by offloading costs elsewhere

Scugog

The Township of Scugog forwarded a copy of their resolution, asking that the CE LHIN fund a strategic visioning exercise for Lakeridge Health Port Perry that would involve the community in the exercise of analyzing what services are needed locally.

They also asked that consideration be given to specific needs such as:

- Expansion of the New Life Centre to 10 birthing rooms
- Increase in Emergency capacity
- A CT Scanner on site
- A second Operating Room and infrastructure to support an obstetrician/gynecologist currently being recruited
- Expansion of the acute medical surgical beds
- A Step Down unit for seriously ill medical and post operative patients

Uxbridge

The Township of Uxbridge submitted a copy of its resolution to the Honourable David Caplan, requesting that the boundaries of the Central LHIN be amended to include Uxbridge Cottage Hospital since it is a site of the Markham Stouffville Hospital.

4. Additional Physician Feedback

A memo received from a physician at NHH offered suggestions outside of the scope of the current CSP. His ideas were targeted at "encouraging and supporting excellence in existing hospitals" rather than using a using a centralized planning approach. He recommended:

- Hospital funding on the basis of efficiency and patient satisfaction rather than wait times
- Publication of hospital services and wait times
- Electronic health records accessible across the LHIN
- Hiring of a pool of ER physicians to ensure coverage across the region
- Improved referral and transfer of patients

- Shared call for subspecialties (where desired)
- Provision of CME for LHIN physicians

5. Ontario Power Generation

Finally, OPG provided the CE LHIN with current (2300), temporary (3500) and future (1400) workforce projections, stating that "this may impact your recommendations within your acute care services project." No specific feedback regarding the CSP recommendations was made.

Appendix A

List of Respondents

Boards, Hospitals, Foundation (Meetings, minutes, correspondence)

- Campbellford Memorial Hospital
- Central East Community Care Access Centre
- Board to Board Collaborative – Northeast Cluster meeting
- Haliburton Highlands Health Services Board
- Haliburton Highlands Health Services
- Lakeridge Health Corporation
- Northumberland Hills Hospital
- Peterborough Regional Health Centre Board
- Port Perry Hospital Foundation
- Ross Memorial Hospital Board
- Rouge Valley Health System Board
- Rouge Valley Health System
- The Scarborough Hospital Board
- The Scarborough Hospital "Prepping the Corporations" (meeting March 3, 2009)
- Whitby Mental Health Centre

Communities (Correspondence)

- Friends of the Ajax Pickering Hospital (1 letter)
- Haliburton Community (12 individual letters)
- The Concerned Citizens of Haliburton (65 form letters; total 130 signatures)
- Minden Community (1 letter)

Physicians (Correspondence) from the following communities and/or organizations

- Ajax
- Bowmanville
- Centenary Medical Society
- Haliburton
- Lindsay
- Northumberland
- OMA
- OMA (District 11)
- Oshawa
- Peterborough
- Scarborough

Allied Health, Nursing, EMS (Correspondence)

- Haliburton EMS
- McMaster Midwifery Education Program

Appendix B

Clinical Services Plan-Detailed Report Feedback

We would like to hear from you

In response to the recently released Clinical Services Plan-Detailed Report, we would like to hear and learn from you.

Please take the time to provide your feedback on the report. This feedback will be used and considered in moving forward with the recommendations contained in the report.

Confidentiality
Please be assured that the information provided will be protected by the Freedom of Information and Protection of Privacy Act, and will be used for internal purposes only and not shared with external agencies.

Personal Information
The information provided will be considered an official submission in the consultation process for the Clinical Services Plan-Detailed Report and will require your name and contact information for validation purposes. If you do not provide this information, your response will not be included.

NOTE: For more information on the Clinical Services Plan, please visit the Central East LHIN website at www.centraleastlhin.on.ca or call 1-866-804-5446.

Please return this survey by mailing it to:
314 Harwood Avenue S, Suite 204A
Ajax, Ontario L1S 2J1

Faxing it to: 905-427-9659

A web-enabled version of this survey is posted on the CE LHIN website.

Questions marked with an asterisk (*) are mandatory.

Contact Information:

Please provide your contact information below:

* Name:
*Address:

Your Feedback on the Report

The following questions will provide information to the Central East LHIN and the nine hospital corporations in the Central East LHIN regarding the Clinical Services Plan-Detailed Report.

(4) **Have you read the Clinical Services Plan-Detailed Report?** (please check off the appropriate answer)
Yes
No

To view the report, please visit the Central East LHIN website or contact the Central East LHIN office.

(5) The vision of the Clinical Services Planning Project is: **'One Acute Care Network'** **Improved** and **equitable** patient **access** to an **integrated hospital** system that provides the **highest quality** of care **across** the Central East LHIN' **Do you agree with this vision?** (please check off the appropriate answer)
Yes
No

(6) Clinical service delivery models were developed for five key areas. By checking off the appropriate answer below, **please rate how well each recommended clinical service delivery model meets the following criteria:**
Alignment and Accountability Accessible Effective Safe Person Centered Focus on Population Health Equitable Integrated Appropriately Resourced (Sustainability) (To view the definitions of these criteria, please refer to the report or click on the Resources Documents/Planning/Decision Making Framework page on the Central East LHIN website.)

Cardiac Model (please check off the appropriate answer)
1 - Meets none
2 - Meets some
3 - Meets all
If you have answered 1 (meets none) or 2 (meets some), please explain which criteria are not met in this recommended model and why.

Maternal-Child-Youth Model (please check off the appropriate answer)
1 - Meets none
2 - Meets some
3 - Meets all
If you have answered 1 (meets none) or 2 (meets some), please explain which criteria are not met in this recommended model and why.

Mental Health and Addiction Model (please check off the appropriate answer)
1 - Meets none
2 - Meets some
3 - Meets all
If you have answered 1 (meets none) or 2 (meets some), please explain which criteria are not met in this recommended model and why.

Thoraic Model (please check off the appropriate answer)
1 - Meets none
2 - Meets some
3 - Meets all
If you have answered 1 (meets none) or 2 (meets some), please explain which criteria are not met in this recommended model and why.

Vascular Model (please check off the appropriate answer)
1 - Meets none
2 - Meets some
3 - Meets all
If you have answered 1 (meets none) or 2 (meets some), please explain which criteria are not met in this recommended model and why.

(7) **Do you feel you have enough information to understand why these clinical service delivery models are being recommended?** (please check off the appropriate answer)
Yes
No

(8) If No to question 7, **what additional information would you like to see**?

(9) **Is the rationale for the recommended clinical service delivery models clear?** (please check off the appropriate answer)
Yes
No

(10) Please use this space for **additional comments** on your answer to question 9.

(11) **What are the biggest barriers to implementing the recommended clinical service delivery models?**

(12) **Do you feel the clinical service delivery models will improve care for CE LHIN residents?** (please check off the appropriate answer)
Yes
No

(13) Please use this space for **additional comments** on your answer to question 12.

(14) *Optional:* **If you are a health care provider** do you feel the clinical service models will improve care for your patients? (please check off the appropriate answer)
Yes
No

(15) Please use this space for **additional comments** on your answer to question 14.

(16) What **suggestions or other options** do you have for creating a **health care system** focused on **quality, sustainability and accessibility**?

(17) **Other comments:**

Receive updates from the Central East LHIN

If you would like to receive timely updates and information from the Central East LHIN about our local health care system, and have access to the Internet, please visit the Central East LHIN website and create a 'My Page" account to subscribe to the website. Information posted to the website is routinely downloaded by Central East LHIN health service providers and made available to their physicians, staff and volunteers. Ask your local health service provider about how you can learn more.