

Rouge Valley Health System and The Scarborough Hospital Facilitated Integration Process

Surgical Program Integration Opportunities Session

Session Output Summary

Overview

This document provides the consolidated outputs from the September 16 Surgical Program Opportunities Identification Session held with surgical leadership from Rouge Valley Health System and The Scarborough Hospital.

The session objectives were to:

- Develop a common understanding of the current state of the Surgical Programs at the two hospital corporations
- Explore and develop a portfolio of potential integration opportunities for Surgical Programs.

Outputs have been organized into the following groups (in no particular order):

- General Surgery
- Urology/Gynecology
- Orthopaedics
- Endoscopy
- Plastics/ENT/Oral/Ophthalmology
- Anaesthesiology

Note: A glossary of acronyms has been provided at the end of the document.

Summary of Top Opportunities by Sub-Group

The following table summarizes the top opportunities identified by each surgical sub-group. Further detail is provided in the sections that follow.

Sub-Group	Opportunities
General Surgery	<ul style="list-style-type: none"> Centres of Excellence - Create joint centres of excellence to enhance the ability to provide excellent patient care and service and to recapture market share. Examples: Breast Centre of Excellence, Hernia Centre, etc.
Urology/Gynecology	<ul style="list-style-type: none"> Develop a regional urology oncology program Develop a regional gyne surgery program Develop a percutaneous center of excellence
Orthopaedics	<ul style="list-style-type: none"> Outpatient Surgical Center for Scarborough Cluster Hospitals (with major Orthopaedics program) Development/Expansion of Pediatric Orthopaedic Surgical Division
Endoscopy	<ul style="list-style-type: none"> Develop regional center for therapeutic services (EUS, ERCP, and Motility) Develop the regional ambulatory endoscopy center. Enabling of GI cancer services from screening to treatment (integrated) Cross-coverage for emergency and inpatient services
Plastics/ENT/Oral/Ophthalmology	<ul style="list-style-type: none"> Develop a High Volume Ambulatory Outpatient Surgical Center Pooling of Resources (Staffing, Financial, Clinical Knowledge/Expertise, External Engagements) to create Critical Mass Increase Political or External support for investment in programs
Anaesthesia	<ul style="list-style-type: none"> Shared manpower and expertise Single modern new facility consolidating two or more campuses or stand alone Surgi-Center Integrate labour & delivery units; have a larger midwifery center

General Surgery – SWOT Analysis

This SWOT analysis represents the outputs of joint discussions between RVHS and TSH surgical staff and physicians.

	RVHS	TSH
Strengths		
• Availability of Surgical Oncologist	X	
• Early implementation of Early Recovery After Surgery (ERAS) with good progress across service	X	
• Significant Length of Stay (LOS)/conservable days improvements, performing at ERAS benchmarks in many surgeries	X	
• Innovative team learning in surgeon group	X	
• Ongoing replacement of MIS video towers	X	X
• New surgical suites proposal submitted to MOH		X
• Advanced MIS expertise and laparoscopic	X	X
• Large count of surgeons with wide range of expertise	X	X
• Large population/patient base with diverse pathology	X	X
• Good support from ICU, Resource nurse, GI (ERCP) Oncology	X	X
• Good support from CCRT and Stepdown		X
• MCCC Rounds with Sunnybrook, RTX	X	X
• Collaborative surgery/reconstruction program with plastics/general surgery	X	
Vascular		
• Only established vascular program in the western half of the Central East LHIN		X
• 3 full time vascular surgeons; 3 Interventional radiologists		X
• Well established and successful EVAR program		X
• Associated with one of the largest dialysis programs in Ontario		X

	RVHS	TSH
• Vascular clinic for care of diabetic wounds	X	X
• Regional pacemaker centre	X	X
• Combined plastic and vascular clinics		X
<u>Weaknesses</u>		
• Ongoing resource constraints	X	X
• Aging infrastructure outside of towers	X	X
• Aging infrastructure (OR laparoscopic equipment)	X	X
• Poor cooperation/coordination between surgeons across sites		X
• Lack of mentoring		X
• Medicine support		X
• Lack of thoracic support	X	X
• Differences in practices between sites (resource sharing, etc.)		X
Vascular		
• Lack of resources <ul style="list-style-type: none"> • OR time • Angio suite • Surgical beds 		X
<u>Opportunities</u>		
• Enhanced team learning with increased peer support	X	
• Lobby for regional funding support for faster ERAS implementation	X	
• Standard model of care, improve cooperative and collaborative approach to OR and care		X
• Many surgeons available, good for selective human resource planning		X
Vascular		
• Potential to become a true regional program to provide one stop care for the entire western portion of the Central East LHIN for both elective and emergency services		X

	RVHS	TSH
<u>Threats</u>		
• QBP funding changes as yet unknown	X	X
• Lack of “Profile” → loss of patients for other sites		X
• Poor infrastructure, poor funding → decreased morale		X
• Hospital image may be deteriorating → leading to decreased volumes/cases		X
• Hospitals situated in low population growth areas thereby potentially impacting healthcare funding flows	X	X
Vascular		
• Threat of loss of program to regional centres such as Sunnybrook, University Health Network and Humber Regional		X

General Surgery – Overview of Opportunities

Overview of Opportunities

This section provides a summary of all opportunities discussed in the session.

Reference	Opportunity
1	Create a “team” of laparoscopic/MIS surgeons working in collaboration
2	Create standardized, evidence based best practice clinical pathways
3	Improved surgical profile: Rapid assessment PAU, breast patient navigator leads, improved patient experience
4	Standard model of care, Improve Cooperative and Collaborative approach to OR and care
5	Enhanced team learning with increased peer support
6	Lobby for regional funding support for faster ERAS implementation
7	Potential to become a true regional program to provide one stop care for the entire western portion of the Central East LHIN for both elective and emergency services

Opportunity Assessment

The following table presents an evaluation of risks, benefits and mitigation strategies within the context of the Guiding Principles for the **top priority opportunity**.

Opportunity 1: Centres of Excellence

Create joint centres of excellence to enhance the ability to provide excellent patient care and service and to recapture market share. Examples: Breast Centre of Excellence, Hernia Centre, etc.

Potential Benefits and Risks: The items on page 6 table of opportunities are referenced here.

Potential Benefits	
<i>Identify the most significant potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> Improved relationship and service to referring GPs, other MDs and groups Improved branding and marketing
Accessibility	<ul style="list-style-type: none"> One Stop Shop for patients Quick turnaround time e.g., ways it can be achieved: central referral and intake service; enhanced role of navigator, etc. (Reference 3, 7) Services close to home if possible
Sustainability	<ul style="list-style-type: none"> Increased ability to attract funding from LHIN and donors due to increased population/catchment area (Reference 6, 7) Improved relationship with GPs, other MDs and groups Increased ability to improve efficiency, cost per case (economies of scale) and competitiveness, resulting in positive HBAM funding
Excellence	<ul style="list-style-type: none"> Improved patient outcomes due to several factors including increased expertise (Reference 1), turnaround time and standardized excellent care (Reference 3, 4, 7) Increased ability to standardize evidenced based care (Reference 2) Enhanced training/coaching/learning opportunities (Reference 5)

Potential Risks	
<i>Identify the key risks that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> Some Surgeons may not agree to operating at multiple sites 	<ul style="list-style-type: none"> Surgeons can run joint clinics but operate at specific locations

Urology/Gynecology – SWOT Analysis

This SWOT analysis represents the outputs of joint discussions between RVHS and TSH surgical staff and physicians.

	RVHS	TSH
<u>Strengths</u>		
LHIN leading female urology/urodynamics service	X	
Large oncology service	X	X
Expertise in laparoscopy/MIS/stones	X	X
New KTP laser purchase in progress	X	X
New cysto tables	X	X
High volume urology with emerging reputation in cancer care	X	X
Committed team, flexible providers, open to changing service delivery models across the organization, cluster and LHIN	X	X
Collaboration and vision to support leading edge gynecological surgery ie: minimally invasive surgery in the appropriate cost effective setting; ie: colposcopy in the community, ambulatory services in ambulatory care centre, OHP or IHF (Out of Hospital Premises or Independent Health Facility)	X	X
Affiliation with University of Toronto and resident training	X	X
Inter-professional model of care that includes NP, PA and students		X
Radical prostatectomy done	X	X
Diversity in team providing clinical care	X	X
<u>Weaknesses</u>		
Continuing resource constraints	X	X
Diminishing morale due to lack of volume and resources	X	X
No PCNL - lack of equipment	X	
Not currently doing cystectomies	X	
Aging infrastructure	X	X

	RVHS	TSH
Chronic lack of direction of MNCC leading to constant confusion as to where Gynecology belongs within the organization		X
Lack of Vision and strategic development of programs		X
The current competition within the organization enables the erosion of stakeholder, leadership, regional and provincial confidence. This prevents securing future funding		X
Negative branding by some staff		X
No abortions performed		X
<u>Opportunities</u>		
Add lap radical prostatectomies, lap partial nephrectomies to current services	X	X
Develop regional urology/gynecology oncology program (in addition to academic affiliated hospital)	X	X
Clean slate, all stakeholders treated equally with full integration and equal access to resources, equipment, and new funding		X
Improve basket of services provided with thoughtful input		X
Capture repatriated patients from other hospitals	X	X
Unbundle Maternal Child from Gynecology, and Obstetrics from Paediatrics – potential to increase budget	X	
Development of independent surgi-centres (gynecology/urology)	X	
<u>Threats</u>		
Change in referral patterns	X	X
Integration may affect currently successful on call alliances NYGH/RVC and RVAP/LHC (two surgeons work at both LHC & RVAP)	X	
The resistant stakeholders who, at will, destabilize any confidence the patient community has in the non-medical leadership and other groups		X
Competition of other groups of physicians, from progressive hospitals and LHINs, providing the stability and service to the community further eroding the service provided by the cluster		X
Unclear funding model	X	X

Urology/Gynecology – Overview of Opportunities

Overview of Opportunities

This section provides a summary of all opportunities discussed in the session.

Reference	Opportunity
1	Add lap radical prostatectomies, lap partial nephrectomies to current services
2	Develop regional urology oncology program
3	Develop regional gyne oncology program
4	Develop therapeutic termination program
5	Develop a center of excellence for men's health
6	Develop a percutaneous center of excellence
7	Develop a regional colposcopy program
8	Develop a women's pelvic health program
9	Develop a gyne surgery program
10	Create a rapid assessment for prostate cancer

Note: The above opportunities were themed and grouped into the following four opportunities

Reference	Opportunity
1	Develop a regional urology oncology program <ul style="list-style-type: none"> • Lap radical prostatectomies, lap partial nephrectomies • Center of excellence for men's health • Rapid assessment for prostate cancer

2	Develop a regional gyne surgery program <ul style="list-style-type: none"> • Gyne surgery services • Therapeutic termination services • Women's pelvic health services
3	Develop a percutaneous center of excellence
4	Develop a regional women's ambulatory care center <ul style="list-style-type: none"> • Therapeutic termination services • Colposcopy services

Opportunity Assessment

For each of the **top 3 opportunities**, the following table presents an evaluation of risks, benefits and mitigation strategies within the context of the Guiding Principles.

Opportunity 1: Develop a regional urology oncology program

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> • Through collaboration, a full spectrum of services can be provided • From assessment to treatment, providing better patient outcomes
Accessibility	<ul style="list-style-type: none"> • Accessibility is enhanced with rapid assessment clinic, Scarborough residents can be treated within the local catchment area • Potential to decrease wait times
Sustainability	<ul style="list-style-type: none"> • Bigger capital budget for purchases of big-priced items and disposables • Lower cost per case for high cost procedures due to higher volume → increase in efficiency
Excellence	<ul style="list-style-type: none"> • With increased cancer volume, better care can be provided, leading to better patient outcomes

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> • Inadequate funding 	<ul style="list-style-type: none"> • Access funding through the repatriation of Scarborough patients • Advocate for increase in funding with a stronger/combined voice

Opportunity 2: Develop a regional gyne surgery program

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> Better overall vision of care and trends in the specialty
Accessibility	<ul style="list-style-type: none"> Increase access through increased efficiency Care in the local area
Sustainability	<ul style="list-style-type: none"> Increase efficiency with more volume of patients seen
Excellence	<ul style="list-style-type: none"> Increase morale and skills of clinical team with more specialization and higher volumes of subspecialty procedures → better patient outcomes

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> Inadequate funding 	<ul style="list-style-type: none"> Acquire bridge funding to fund gap prior to receiving stable/adequate ministry funding Ensure there is inspirational and knowledgeable leadership Strong marketing Gain support from foundation Ensure there is a unified medical staff
<ul style="list-style-type: none"> Lack of infrastructure investment 	
<ul style="list-style-type: none"> Competition for limited resources 	

Opportunity 3: Develop a percutaneous center of excellence

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> Better care to patients with collaboration
Accessibility	<ul style="list-style-type: none"> Better access to special equipment Care closer to home
Sustainability	<ul style="list-style-type: none"> Enhances sustainability as equipment is required at one site only
Excellence	<ul style="list-style-type: none"> Better patient outcomes as a center of excellence

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> Weakening of existing linkages with academic health centers 	<ul style="list-style-type: none"> Broad stakeholder consultation and discussion Mutual understanding of transfer criteria
<ul style="list-style-type: none"> Increase in cost per case 	<ul style="list-style-type: none"> Maximize efficiency
<ul style="list-style-type: none"> Inability to perform emergency procedures 	<ul style="list-style-type: none"> Transfers may be needed
<ul style="list-style-type: none"> Significant capital investments required 	<ul style="list-style-type: none"> TBD

Opportunity 4: Develop a regional women's ambulatory care center

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> Enhances collaboration amongst MDs Common metrics → shared goal Creation of a unique model through collaboration
Accessibility	<ul style="list-style-type: none"> Women's ambulatory care center can address needs that are currently unmet
Sustainability	<ul style="list-style-type: none"> Eliminate duplication in services
Excellence	<ul style="list-style-type: none"> Reduce the burden of disease Improved patient care and better outcomes

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> • Lack of funding 	<ul style="list-style-type: none"> • Strong business case • Ensure there is a unified voice • Involvement of stakeholders
<ul style="list-style-type: none"> • Program envy <ul style="list-style-type: none"> • Increase in competition • Lack of accountability and transparency (everyone does their own thing) 	<ul style="list-style-type: none"> • Ensure there is a unified voice • Have broad stakeholder engagement

Orthopaedics – SWOT Analysis

This SWOT analysis represents the outputs of joint discussions between RVHS and TSH surgical staff and physicians.

	RVHS	TSH
<u>Strengths</u>		
• Consistently meet volume and wait time targets	X	X
• Meet/exceed OSC targets on LOS, readmissions, % D/C home	X	X
• Innovative and successful pre-hab program	X	X
• Leading practice pre-hab program is unique differentiator	X	
• Leading shoulder program in LHIN	X	
• Excellent anesthesia support with regional block program	X	X
• Better than benchmark overall LOS	X	X
• Strong Health Human Resources <ul style="list-style-type: none"> • Careful HR planning in the division has resulted in a wide age range of surgeons with varied orthopaedic interests and experience • Many active surgeons in the division • Integral player in the MSK program in the Central East LHIN • Six surgeons have faculty appointments at the U of T • Several surgeons are recognized experts in their field • Multi-ethnic group of orthopaedic surgeons speaking several different languages 	X X X X X	X X X X X

	RVHS	TSH
<ul style="list-style-type: none"> • Well established, comprehensive total joint replacement program with several experienced TJR surgeons <ul style="list-style-type: none"> • Do the most total joints in the Central East LHIN. Really represents a “center of excellence” for total joint replacement • Well established clinical pathways for treating patients requiring THR or TKR providing best evidence surgical care • Meet/exceed all of the MOH’s benchmarks for LOS, five day mortality rates, 30 day re-admission rates • Lowered cost per case significantly for primary TJR and revision TJR • Capable of doing complex revision THR and revision TKR (both infected or non-infected revisions) • Greatest number of Oxford unicompartmental arthroplasties in Canada • Only site in Toronto doing domed lateral Oxford unicompartmental arthroplasties (1 of 4 sites in Canada) • Well established MSK rehabilitation program to deal with the large number of TJR patients requiring physiotherapy post surgery. Inpatient physiotherapy available seven days a week 	X	X
<ul style="list-style-type: none"> • Spine surgery program <ul style="list-style-type: none"> • Designated as regional spine center for the Central East LHIN • Two experienced spine surgeons capable of dealing with complex spine problems and spine trauma without neurologic injury • Extensive experience with instrumentation of the spine • Extensive experience with cervical and lumbar disc arthroplasty • Same day discectomies • Paediatric spine program 	X	X
<ul style="list-style-type: none"> • Ankle and foot program <ul style="list-style-type: none"> • Full time ankle/foot surgeon who is a member of the U of T fellowship teaching program • Only site in Central East LHIN for fellowship training in ankle/foot surgery • Orthopaedic residents receive training as part of the ankle/foot teaching program • Centre for ankle arthroplasty • Capable of dealing with complex/chronic diabetic foot ulcers and charcot joint problems 	X	X

	RVHS	TSH
<ul style="list-style-type: none"> • Sports medicine program <ul style="list-style-type: none"> • Several experienced arthroscopic surgeons • Completes the highest number of ACL repairs in the Central East LHIN • Surgeons utilizing state of the art, innovative techniques for ACL & PCL reconstructions • Capable of doing revision ACL/PCL reconstructions • Capable of doing arthroscopic rotator cuff repairs and shoulder stabilization procedures 	X X X X	X X X X X
<ul style="list-style-type: none"> • Upper extremity surgery <ul style="list-style-type: none"> • Extensive experience in arthroscopic repair of torn rotator cuffs and shoulder instability done on an outpatient basis • Extensive experience in total shoulder arthroplasty and reverse shoulder arthroplasty • Capable of doing total elbow arthroplasty 	X X X X	X X X X
<ul style="list-style-type: none"> • Orthopaedic trauma program <ul style="list-style-type: none"> • Fully comprehensive trauma system • Brand new state of the art emergency department at General site • Deal with a high volume of orthopaedic trauma • Excellent clinical pathways for dealing with the high volume of fractured hips • Excellent partnership with Providence Rehabilitation Center and St. John's Rehabilitation Center • Routinely run two emergency ORs during the evening and one OR after 11:30pm • Separate on-site facility 	X X X X X	X X X X X X
<u>Weaknesses</u>		
<ul style="list-style-type: none"> • Ongoing resource constraints and aging surgical infrastructure 	X	X
<ul style="list-style-type: none"> • Ongoing challenges in replacing drills and saws 	X	X
<ul style="list-style-type: none"> • Long wait lists for foot and ankle, as well as some other specialties 	X	X
<ul style="list-style-type: none"> • Challenges with medical consult coverage at both sites 	X	
<ul style="list-style-type: none"> • Pediatric orthopaedic program <ul style="list-style-type: none"> • Limited pediatric orthopaedic care • Capable of treating the pediatric orthopaedic fractures • Limited number of surgeons to treat CDH/acetabular dysplasia, club feet, scoliosis and congenital abnormalities 		X

	RVHS	TSH
<ul style="list-style-type: none"> Physical structure of the hospital <ul style="list-style-type: none"> Aging physical structure Old operating rooms. Have been waiting an excessive length of time to get ministry approval to build new ORs four newer ORs at the Birchmount site but definitely not state of the art ORs 	X X X	X X X X
<ul style="list-style-type: none"> Budget restraints <ul style="list-style-type: none"> Due to budget restrictions, lost 20% of OR time during the summer. In addition, two full operating rooms have been closed indefinitely. As a direct result of the cut back in elective OR time, having a difficult time meeting demands of the local community in a timely fashion. Wait times for total joint replacements have increased significantly over the last six months. Wait times for ankle/foot surgery and spine surgery are high. Limited capital resources to replace aging equipment 	X X	X X X
<u>Opportunities</u>		
<ul style="list-style-type: none"> Regional shoulder program serving Scarborough and Durham 	X	X
<ul style="list-style-type: none"> Critical mass may provide increased leverage in gaining WSIB contracts 	X	
<ul style="list-style-type: none"> Central intake for joint and shoulder surgery 	X	X
<ul style="list-style-type: none"> Will allow the creation of true centers of excellence in the various orthopaedic fields in the Scarborough cluster 	X	X
<ul style="list-style-type: none"> Develop orthopedic surgi-centre for Scarborough 	X	X
<ul style="list-style-type: none"> Develop pediatric orthopaedics center for Scarborough/Durham 	X	X
<ul style="list-style-type: none"> Develop arthroscopy center for Scarborough/Durham 	X	X
<ul style="list-style-type: none"> Improved access to pediatric orthopaedic care 	X	X
<ul style="list-style-type: none"> Increasing volumes will hopefully improve outcomes, lower complication rates and lower the cost/case 	X	X
<ul style="list-style-type: none"> Integrating services will help align “The Scarborough Cluster” with the Central East LHIN’s “Integrated Orthopaedic Capacity Plan” 	X	X
<ul style="list-style-type: none"> Improved efficiency/management of elective OR time 	X	X
<ul style="list-style-type: none"> Improved patient access to quality, timely care 	X	X

	RVHS	TSH
<ul style="list-style-type: none"> Improved patient access of expert, innovative surgical techniques 	X	X
<ul style="list-style-type: none"> Would create one of the largest groups of orthopaedic surgeons in Ontario 	X	X
<u>Threats</u>		
<ul style="list-style-type: none"> Ongoing funding changes 	X	X
<ul style="list-style-type: none"> Merger/integration of programs may not necessarily translate into savings. 	X	X
<ul style="list-style-type: none"> Track record of mergers has been poor. 		X
<ul style="list-style-type: none"> Mergers tend to result in lower staff satisfaction and morale. 	X	X
<ul style="list-style-type: none"> Centralization of programs at one site results in more travelling for patients and can create patient care issues. 	X	X
<ul style="list-style-type: none"> All three emergency departments in the Scarborough cluster will remain open. This necessitates orthopaedic surgeons being at all three hospitals to deal with orthopaedic trauma. 	X	X
<ul style="list-style-type: none"> Changes in government usually result in changes in mandates. This can result in a lot of wasted money, time and effort trying to integrate services. 	X	X
<ul style="list-style-type: none"> Spine instrumentation and revision THR/TKR surgery entails significant costs for the components which translates into significant costs for the hospital. Hospitals doing these surgeries must receive better funding to cover the costs. 	X	X

Orthopaedics – Overview of Opportunities

Overview of Opportunities

This section provides a summary of all opportunities discussed in the session.

Reference	Opportunity
1	Regional shoulder program serving Scarborough and Durham
2	Critical mass may provide increased leverage in gaining WSIB contracts
3	Central intake for joint and shoulder surgery
4	Will allow the creation of true centers of excellence in the various orthopaedic fields in the Scarborough cluster
5	Develop orthopedic surgi-center for Scarborough
6	Develop pediatric orthopaedics center for Scarborough/Durham
7	Develop arthroscopy center for Scarborough/Durham
8	Integration of Total Joint replacement at one or two sites <ul style="list-style-type: none"> • Will allow an increased volume of TJRs at the site/s leading to improved outcomes, lower complication rates and lowered cost/case
9	Integration of Revision THR & TKR
10	Integration of Sports Medicine/Arthroscopy Program <ul style="list-style-type: none"> • Might allow the formation of an outpatient surgical facility to accommodate this surgery, leading to improved efficiencies, better patient/surgeon access to OR time, improved outcomes with lower cost/case
11	Integration of complex ankle/foot problems <ul style="list-style-type: none"> • Will result in the creation of a center of excellence in the treatment of complex ankle/foot problems

Opportunity Assessment

For each of the **top 3 opportunities**, the following table presents an evaluation of risks, benefits and mitigation strategies within the context of the Guiding Principles.

Opportunity 1: Outpatient Surgical Center for Scarborough Cluster Hospitals (with major Orthopaedics program)

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> Improved or better opportunity for larger allied healthcare team and with sub-specialties. Would result in an integrated work force, with specialties sharing and collaborating. Could develop and enhance a more established role for locums. This would provide further opportunities for teaching. We are stronger together.
Accessibility	<ul style="list-style-type: none"> Having a dedicated outpatient center would free up OR time in acute centers for trauma care. There would be streamlined, easy access for patients to clinics e.g. foot/ankle/spine/sports medicine. Wait times for hip fracture patients would improve for inpatient surgery. Gives the ability to review OR block times, and be innovative/creative e.g. stagger start times.
Sustainability	<ul style="list-style-type: none"> Hospitals would be building an improved reputation within the community, which would continue to draw patients within the community to access services.
Excellence	<ul style="list-style-type: none"> Team would provide evidenced based practice and measurable outcomes thereby ensuring patients have improved value, quality care. Surgeons would be able to refine their practice, therefore confining their area of expertise, which improves patient outcomes. Broader opportunity for research, especially around patient outcomes.

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> No current infrastructure or equipment fully available to deliver or support this service to patients/community. 	<ul style="list-style-type: none"> Major lobbying for government funding by integrated surgical team. More influence as a larger group, being able to “buy” what is needed to run the program.
<ul style="list-style-type: none"> HR concerns if staffing costs don’t change, especially if there is more volume as a group (even if better throughput). 	<ul style="list-style-type: none"> Surgical hospitalist model from leading practice information, better use of teams, patient centered care, surgeons on call for all emergency departments (sharing surgeons).

Opportunity 2: Development/Expansion of Pediatric Orthopaedic Surgical Division

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> Better opportunity for recruiting more support and surgeons for paediatric surgical care/treatment
Accessibility	<ul style="list-style-type: none"> Would be able to deliver increased services based on population needs Have a very high obstetrical rate, and could provide more service to newborn population with orthopaedic needs
Sustainability	<ul style="list-style-type: none"> The spine program could continue to grow and expand, improving current wait times
Excellence	<ul style="list-style-type: none"> Further opportunity for research of patient outcomes

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> No current attached funding available to expand the service, program, infrastructure or to recruit 	<ul style="list-style-type: none"> Lobbying with the government as a large group/team of service providers to ensure funding is provided and sustainable (funding follows patient)

Endoscopy – SWOT Analysis

This SWOT analysis represents the outputs of joint discussions between RVHS and TSH surgical staff and physicians.

	RVHS	TSH
Strengths		
• Central East LHIN leader in screening colonoscopy; outperform bench marks on wait times for FOBT & FH	X	X
• Only gastric motility lab in LHIN	X	
• Innovative physician scorecard	X	X
• High efficiency in endoscopy	X	X
• Innovative admission avoidance	X	X
• Endoscopic ultrasound and guided biopsy – only two units in GTA have this		X
• Staffing – physician complement is satisfactory, range of ages	X	X
• Collegiality – excellent rapport and working relationship (“favoured place of work”)	X	X
• Sharing of patients	X	X
• Skill set includes endoscopic ultrasound, interventional luminal and ERCP, hepatology	X	X
• Certified GI nurses at both campuses (12 between both sites)		X
• Above average benchmarks for screening colonoscopy quality indicators (completion, complications, wait times for FOB positive and family history)	X	X
• Interprofessional communication supportive and smooth (MDs, RNs, support staff)	X	X
• Shared GI rounds (gut club)	X	X
• Shared database allows medical information to be accessed from hospital or offices when patients seen by other GIs or ER physicians	X	X
• No “ownership” issues of patients: procedures done expediently for patient focused care	X	X

	RVHS	TSH
• Weekend coverage for endoscopy (RN on call one day of the weekend)	X	X
• Nimble schedule allows flexibility to accommodate emergencies	X	X
• Flexibility in scheduling	X	X
• Inflammatory Bowel Disease expertise	X	X
• Excellent working relationship between medical and surgical colleagues	X	X
• Educated staff (60% GI Certified)		X
• All staff have critical care course and experience plus two ACLS certified		X
• Anaesthesia present for procedures	X	X
• Good attendance records	X	X
• Staff speak many languages (Cantonese, Mandarin, Urdu, French)	X	X
• Staff able to rotate through many clinics (versatile)	X	X
• Flow between the pre/post and procedure room seamless	X	X
• Easy access to negative pressure room for bronchoscopy procedures	X	X
• CSGNA involvement of staff	X	X
• All admitted patients scoped within 48 hrs of need identification (Saturday on call in a.m.)	X	X
• Online documentation through SIS	X	X
<u>Weaknesses</u>		
• Long wait times for motility testing (resource constraints) affecting reputation	X	X
• Continuing resource constraints	X	X
• Budget restraints limiting expansion even though need exists	X	X
• No equipment for EUS	X	

	RVHS	TSH
• Facilities old, cramped	X	X
• Procedure rooms small	X	X
• Old equipment		X
• Equipment getting old and repairs lead to inefficient scope flow – inadequate sterilizers when clinic busy – costs exorbitant		X
• No private areas for discussion with patients in recovery areas	X	X
• Physician documentation of procedures not standardized	X	X
• Capacity not optimized	X	X
• Technical staff often overworked and unable to take assigned breaks	X	X
• Data collection re: findings inadequate and unavailable	X	X
• No performance indicator assessments	X	X
<u>Opportunities</u>		
• Develop regional EUS/ERCP/Motility service	X	X
• Develop regional endoscopy center to enable GI cancer service from screening to treatment (integrated approach)	X	X
• Joint lobbying to get additional funding for motility testing and new equipment	X	X
• Develop shared ERCP coverage for 24/7 support	X	X
• Bulk purchasing to save on supply costs	X	X
• Integrated database for transmission/retrieval/sharing of patient information across broader region	X	X
• Enhancement of learning opportunities – rounds	X	X
• Possible cross-coverage across three campuses	X	X
• Teaching and research opportunities in larger organization	X	X
• Enhanced systems for data collection, analysis of variations in services, patient experience assessments, utilization and analysis of future needs	X	X

	RVHS	TSH
• More involved procedures	X	X
• Expansion of unit	X	X
<u>Threats</u>		
• Community endoscopy clinics funnel off low risk, low resource use endoscopy but any perforations sent to hospitals	X	X
• Private clinics siphoning low risk, younger patients for screening	X	X
• Private clinics scoping well patients and hospital getting sicker more costly patients to treat thus increasing budget	X	X
• Lack of some state of the art equipment (camera capsule) causing loss of market share/prestige	X	X
• Accessibility for patients – large North Scarborough population	X	X
• Markham-Stouffville Hospital expansion	X	X
• QBP funding not yet known	X	X
• Funding	X	X
• Competing with each other for market share	X	X
• Competing with private providers/clinics	X	X

Endoscopy – Overview of Opportunities

Overview of Opportunities

This section provides a summary of all opportunities discussed in the session.

Reference	Opportunity
1	Develop regional center for therapeutic services (EUS, ERCP, Motility)
2	Develop the regional ambulatory endoscopy center. Enabling of GI cancer services from screening to treatment (integrated).
3	Cross-coverage for emergency and inpatient services
4	Joint lobbying to get additional funding for motility testing and new equipment
5	Develop shared ERCP coverage for 24/7 support
6	Bulk purchasing to save on supply costs
7	Integrated database for transmission/retrieval/sharing of patient information across broader region
8	Enhancement of learning opportunities – rounds
9	Teaching and research opportunities in larger organization
10	Enhanced systems for data collection, analysis of variations in services, patient experience assessments, utilization and analysis of future needs

Opportunity Assessment

For each of the **top 3 opportunities**, the following table presents an evaluation of risks, benefits and mitigation strategies within the context of the Guiding Principles.

Opportunity 1: Develop regional center for therapeutic services(EUS, ERCP, and Motility)

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> Strong collaboration required to develop regional center
Accessibility	<ul style="list-style-type: none"> Increased accessibility to Scarborough residents for the less common procedures (EUS, ERCP, Motility)
Sustainability	<ul style="list-style-type: none"> Enables sustainability by having a center and pooling resources
Excellence	<ul style="list-style-type: none"> Will increase excellence by pooling expertise and services

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> Cost 	<ul style="list-style-type: none"> Business plan needed
<ul style="list-style-type: none"> How to sell idea 	<ul style="list-style-type: none"> Marketing Strategy (central intake) Improved efficiency + trained and dedicated staff Will decrease cost/case Increase quality of work life for staff For MDs: more efficient, more flexible, good environment for collaboration
<ul style="list-style-type: none"> Transportation for patients 	<ul style="list-style-type: none"> Will require more support, possibly more money, manpower and outside services

Opportunity 2: Develop the regional ambulatory endoscopy center. Enabling of GI cancer services from screening to treatment (integrated).

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> • Strong collaboration required to develop regional center and to integrate cancer services
Accessibility	<ul style="list-style-type: none"> • Increased accessibility to Scarborough residents for one stop shopping for cancer and endoscopy work
Sustainability	<ul style="list-style-type: none"> • Enables sustainability by having a center and pooling resources
Excellence	<ul style="list-style-type: none"> • Will increase excellence by pooling expertise and services

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> • Referral base (encourage, build, repatriate) 	<ul style="list-style-type: none"> • Marketing to GIs, GPs and community
<ul style="list-style-type: none"> • Accessibility for patients and families 	<ul style="list-style-type: none"> • Education through booking process • Volunteer service for drive home
<ul style="list-style-type: none"> • Capital funding for equipment, space • Operational funding (QBP, CCO) 	<ul style="list-style-type: none"> • Foundation for funding • LHIN for funding
<ul style="list-style-type: none"> • Recruitment of other specialties (oncology, radiology, surgery) 	<ul style="list-style-type: none"> • Education • Incentives

Opportunity 3: Cross-coverage for emergency and inpatient services

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> • Strong collaboration required to develop regional center and to integrate cancer services
Accessibility	<ul style="list-style-type: none"> • Increased accessibility to Scarborough residents by sharing coverage
Sustainability	<ul style="list-style-type: none"> • Enables sustainability by pooling resources (less chance of burnout)
Excellence	<ul style="list-style-type: none"> • Will increase excellence by pooling expertise

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> • Buy-in from senior staff 	<ul style="list-style-type: none"> • Financial incentives for on-call/HOCC • Reduced total # of calls • Shared business model
<ul style="list-style-type: none"> • Management of sick patients at two sites at the same time 	<ul style="list-style-type: none"> • 2nd call person (may increase the # of calls) • Secondary funding may be required
<ul style="list-style-type: none"> • Level of service for inpatients/ER cases 	<ul style="list-style-type: none"> • Algorithms, review other services that are currently doing this (thoracics, code stroke)

Plastics/ENT/Oral/Ophthalmology – SWOT Analysis

This SWOT analysis represents the outputs of joint discussions between RVHS and TSH surgical staff and physicians.

	RVHS	TSH
Strengths		
Ophthalmology		
• LHIN leader in retina surgery	X	
• Highest non-academic hospital subspecialty volume in Ontario	X	
• Only hospital in Scarborough/Durham that can provide enucleation	X	
• Supports newborn screening in Scarborough and Durham	X	
• Anesthesiology expertise in pediatric care	X	
ENT		
• Otolaryngologists already integrated in an effective and collegial on-call group that provides seamless 24/7 otolaryngology coverage to all four hospital ER departments (some GTA hospitals struggle to provide coverage)	X	X
• All otolaryngologists currently have privileges at all four hospitals	X	X
• Good current working relationship and collegiality amongst otolaryngologists – shared city wide journal club attendance approximately quarterly	X	X
• The Division of Otolaryngology provides excellent general otolaryngology services including both pediatrics and adults to the community at large (general ear, sinonasal, throat surgery)	X	X
• Large pediatric volumes reported due in large part to the flow through from otolaryngology surgery service	X	
• Consistently top three in the GTA for thyroid cancer surgery volumes (this includes the tertiary care teaching hospitals)	X	
• High volume of benign head and neck surgery cases (ie: parotidectomy, parathyroid, goitres) which are considered for CCO funding	X	

	RVHS	TSH
<ul style="list-style-type: none"> Partnership between hospitals established to provide Infant Hearing Program Services and Vestibular testing to the community 	X	X
<ul style="list-style-type: none"> Complete, high quality, efficient and safe ENT care is provided to over one million people, adults and children 	X	X
<ul style="list-style-type: none"> A comprehensive breadth of ENT subspecialty expertise in Rhinology, Advanced Head & Neck Oncology and Oncologic Reconstruction, Facial Plastics and Reconstruction, Sleep Surgery, Pediatric ENT and Laryngology is provided, in addition, to General Otolaryngology 	X	X
<ul style="list-style-type: none"> Emergent back up for ENT emergencies that present to the ER 	X	X
<ul style="list-style-type: none"> Motivated and collaborative team members who can work well as a group 	X	X
<ul style="list-style-type: none"> A high ability to succeed with limited resources 		X
Oral & Maxillofacial Surgery		
<ul style="list-style-type: none"> Robust OMF services to community; Support ED with expertise in facial fractures and HNK infections 	X	X
<ul style="list-style-type: none"> Full service TMJ services (except joint replacement), including arthrocentesis, meniscal and reconstructive; advanced TMJ services are only offered in the east, the University of Toronto Residency Program at Mt. Sinai centrally and Credit Valley in the west 	X	
<ul style="list-style-type: none"> One of the largest, supplementally funded orthognathic surgery programs outside the University of Toronto; only OMF service in LHIN receiving pediatric wait time funding 	X	
<ul style="list-style-type: none"> Care of the medically compromised – Currently provide typical oral surgical services (e.g. dental extractions, excision and diagnosis of oral pathology including oral cancer) to a wide spectrum of patients who are physically or mentally unable to receive in MD office 	X	X
<ul style="list-style-type: none"> Day surgery optimization: very efficient service with low per case costs, superior lengths of stay and minimal bed utilization 	X	X
<ul style="list-style-type: none"> Only Ontario community hospital with Accredited University of Toronto Resident rotation in OMFS 	X	
<ul style="list-style-type: none"> Trialing distraction osteogenesis (limb lengthening) techniques to be presented to a citywide audience 	X	

	RVHS	TSH
<ul style="list-style-type: none"> Current MOH directives for OMFS include the development of a focus towards maxillofacial reconstruction 	X	X
<ul style="list-style-type: none"> One of few hospitals that provide both oral and maxillofacial surgery and pediatric dentistry services 	X	X
<ul style="list-style-type: none"> Almost all cases are ambulatory (day surgery cases) so no tying up surgical beds 	X	X
<ul style="list-style-type: none"> Provide basic essential dental services to paediatric child to medically compromised patients, geriatric patients with complicated medical history in the community and nursing homes, patients with disabilities who often have trouble accessing care in community, patients on welfare, ODSP, social services; Essentially hospitals provide basic dental care to individuals who have nowhere else to go 	X	X
<ul style="list-style-type: none"> Only LHIN funded pediatric dental program in Central East LHIN 		X
<ul style="list-style-type: none"> Only Paediatric OMF program in Central East LHIN 	X	
<ul style="list-style-type: none"> Efficient at managing cost, the majority of cases do not cost very much to run 	X	X
<ul style="list-style-type: none"> Division has already amalgamated together from two sites effectively 		X
<ul style="list-style-type: none"> Multicultural staff with diverse language capacity 	X	X
<ul style="list-style-type: none"> Offer full scope of practice (dental extraction, pathology, TMJ surgery, Orthognathic surgery) 	X	X
<ul style="list-style-type: none"> Division is committed to excellence in surgery and cost containment 	X	X
<ul style="list-style-type: none"> Work well with other medical department eg: ENT/Plastics 	X	X
Plastics		
<ul style="list-style-type: none"> Medium size group of plastic surgeons cover all aspects of community needs with special interest in paediatric plastic surgery. Hospital is one of the community intake sites for HSC and are the referral center in the LHIN for HSC 	X	
<ul style="list-style-type: none"> Only OHIP cover center for laser treatment for hemangioma and vascular lesions that also provide General anaesthesia for these patients 	X	

	RVHS	TSH
<ul style="list-style-type: none"> • Extensive interest and volume for cutaneous and skin tumour ablation and local flap reconstruction. Also offer primary melanoma resection and reconstruction with concomitant sentinel lymph node biopsy; interest in immediate breast carcinoma reconstruction with multiple primary breast sparing cancer resection and reconstructions; significant volume of reconstructive breast reduction surgery. 	X	
<ul style="list-style-type: none"> • Hand surgery in traumatic and arthritic category are large percentage practice of the group; working to expand the hand program to include WSIB and wrist 	X	
<ul style="list-style-type: none"> • Efficient service with mostly day surgery cases 	X	
<ul style="list-style-type: none"> • Comprehensive and prompt emergency care; provide surgical treatment and reconstruction for all soft tissue infection in the hospital 	X	
<ul style="list-style-type: none"> • Surgeons serve a unique ethnic diversity in the community; Members speak Chinese and Arabic 	X	
<ul style="list-style-type: none"> • Surgeons also provide alternative funding by bringing surgery to hospital that are not covered by OHIP 	X	
<ul style="list-style-type: none"> • Surgeons have been involved in international charity surgical programs in Middle East and Asia for more than 18 years 	X	
<ul style="list-style-type: none"> • Large cohesive group of plastic surgeons with a good mixture of age groups combining exceptional depth of experience with energy and enthusiasm 		X
<ul style="list-style-type: none"> • Varied subspecialty interests amongst members, e.g. Microsurgery, pediatric, faciomaxillary, hand, breast surgery, etc. 		X
<ul style="list-style-type: none"> • Breast reconstruction is a special interest for the team. Perform more free flap reconstruction than any other non-university hospital in Ontario 		X
<ul style="list-style-type: none"> • Provide prompt and focused emergency care as well as supporting Nursing Home referrals 		X
<ul style="list-style-type: none"> • Members hold official positions in Resident Teaching (U of T and McMaster) and have clinical and didactic teaching sessions for U of T Family Medicine residents. Residents and Fellows from other centers come for clinical training. 		X
<ul style="list-style-type: none"> • Members are involved in research and publications including a Health Canada clinical trial in stem cell research for abnormal wounds and critical wound ischemia. 		X

	RVHS	TSH
<ul style="list-style-type: none"> Members hold key posts in national and international professional organizations 		X
<ul style="list-style-type: none"> Members have a good understanding of the unique needs of the community with ethnic diversity (Mandarin, Arabic, Punjabi, Urdu and Tamil are represented) 		X
<ul style="list-style-type: none"> Members have unique clinical abilities that attract patients directly and through physician referrals. (Microsurgery, facial trauma, hand surgery, breast surgery and massive weight loss management) 		X
<ul style="list-style-type: none"> Members have the unique ability to provide privately funded surgery which directly assists hospital income and cash flow 		X
<ul style="list-style-type: none"> Members have demonstrated ability to integrate early when requested by admin and have forged a cohesive functional group 		X
<ul style="list-style-type: none"> Developed subspecialties with limited resources (microsurgery and faciomaxillary trauma) 		X
<ul style="list-style-type: none"> Unique in having started the first burn unit in Canada and continue to have the expertise to treat burn injuries from the community 		X
<ul style="list-style-type: none"> Members are involved in international charitable outreach programs, providing surgical treatment for Third World patients while teaching surgical skills and holding official posts in such programs in other countries 		X
<ul style="list-style-type: none"> Cleft lip and palate treatment is offered for both infants and older patients. Ability to serve the over 18 population that cannot be treated at HSC. Immigrant population has a large number of adults with poorly repaired clefts from their homelands. They are able to receive life-changing surgery 		X
<ul style="list-style-type: none"> Division holds annual community oriented programs (e.g. BRA Day) that serve to educate and increase community awareness for both the prevention and management of specific health issues 		X
<ul style="list-style-type: none"> Members have financially contributed to establish a new wound care center which will serve the needs of a large diabetic population and facilitate collaboration with nephrology (Chronic Kidney Disease) and Vascular services thereby reinforcing the hospital's strategic goals 		X
<u>Weaknesses</u>		
Ophthalmology		
<ul style="list-style-type: none"> Single surgeon ophthalmology department 	X	

	RVHS	TSH
• ED ophthalmology coverage supported by TSH	X	
• Aging infrastructure and ongoing resource constraints	X	
ENT		
• Old infrastructure and outdated equipment for current Otolaryngology services, new equipment often goes to larger services; lack of innovative and new surgical technology which many comparable competing institutions have been utilizing for many years (i.e. Ligasure, Intraoperative PTH, Coblater, Harmonic scalpel, Nerve monitoring, Image Guided Sinus Surgery)	X	X
• Ongoing resource constraints resulting in limited access to patients for otolaryngology surgery	X	X
• Replace expertise lost in chronic ear disease when doctor retired		X
• Need to acquire new technologies and replace aging equipment	X	X
Oral & Maxillofacial Surgery		
• Struggle to get OR time	X	
• Inadequate OR time which may lead to increase in wait times		X
• Continuing resource constraints	X	
• Long wait lists	X	
• No outpatient clinic	X	
• No affiliation with teaching programs		X
• Lack of facility and equipment to provide basic emergency dental care at the General site, all equip located at the Birchmount site		X
Plastics		
• Division lacks a sub specialized cranial facial trauma surgery.	X	
• Division needs recruitment of younger surgeon.	X	
• Aging infrastructure and continuing resource constraints	X	
• High turnover of nursing/support staff in clinic	X	
• Division lacks a subspecialized hand/wrist surgeon.		X

	RVHS	TSH
<ul style="list-style-type: none"> Division needs recruitment of a surgeon as there are anticipated retirements. 		X
<ul style="list-style-type: none"> Division would benefit from dedicated nursing staff for highly specialized surgery. 		X
<ul style="list-style-type: none"> Division would benefit from Hyperbaric Oxygen equipment for chronic wound care and a dedicated team. 		X
<ul style="list-style-type: none"> Division would easily become a regional referral center for melanoma if Department of Radiology is induced to cooperate with sentinel node biopsy program. 		X
<ul style="list-style-type: none"> Division would support massive weight loss surgery by general surgery, as the expertise for reconstruction already exists. Obesity management is a Ministry priority and there is a community need. 		X
<ul style="list-style-type: none"> Division has the expertise to be a center of excellence for the management of facial trauma. 		X
<u>Opportunities</u>		
Ophthalmology		
<ul style="list-style-type: none"> Merge ophthalmology into a single, comprehensive, high volume service 	X	
<ul style="list-style-type: none"> Develop paediatric ophthalmology program supported by strong paediatric program 	X	
<ul style="list-style-type: none"> Partnership with PMH in eye cancer 	X	
<ul style="list-style-type: none"> Some revenue opportunities 	X	
ENT		
<ul style="list-style-type: none"> Center of Excellence for Thyroid Cancer Surgery given the increasing incidence overall 	X	X
<ul style="list-style-type: none"> Possible collaboration with colleagues on difficult or challenging surgical cases 	X	X
<ul style="list-style-type: none"> Increased overall surgical volume numbers if sites were combined 	X	X
<ul style="list-style-type: none"> Possibility to increase subspecialty services 	X	X
<ul style="list-style-type: none"> Move to more out-patient based procedures including thyroidectomy as a day surgery procedure 	X	X

	RVHS	TSH
<ul style="list-style-type: none"> • Use of out of hospital clinics to do minor procedures in place of the hospital setting which can be reserved for operative procedures and acute care 	X	X
Oral & Maxillofacial Surgery		
<ul style="list-style-type: none"> • Expand profile in organization, continue cultivating the Center of Excellence 	X	X
<ul style="list-style-type: none"> • Promote state-of-the-art technology and techniques through CE 	X	X
<ul style="list-style-type: none"> • Leading edge OMF outpatient clinic in conjunction with plastics and ENT 	X	
<ul style="list-style-type: none"> • Regionalization of OMF and dental services with Center of Excellence 	X	X
<ul style="list-style-type: none"> • Shared outpatient clinic 	X	
<ul style="list-style-type: none"> • Consolidation and collaboration may generate some cost savings opportunities 	X	X
<ul style="list-style-type: none"> • To create a Center of Excellence for Orthognathic Surgery and TMJ surgery and Pediatric Dentistry 	X	X
<ul style="list-style-type: none"> • Create a stronger dental brand in Central East LHIN 	X	X
Plastics		
<ul style="list-style-type: none"> • Increase inpatient catchment area and referral base through LHIN initiatives 	X	
<ul style="list-style-type: none"> • Offer lower wait times for acute and chronic procedures; offer broader expertise in multiple sub speciality areas; focused development of sub specialities i.e. Mohs surgery, melanoma, micro referral 	X	
<ul style="list-style-type: none"> • Cross referral and centralization of specific cases e.g. breast reconstruction, laser; increased referral volumes for targeted services (e.g. breast reconstruction) from other specialities 	X	
<ul style="list-style-type: none"> • Consolidate elective plastic surgery 	X	
<ul style="list-style-type: none"> • Expand/consolidate paediatrics services by utilizing/expanding existing liaison with HSC 	X	
<ul style="list-style-type: none"> • Explore any underutilized areas within clinics and OR to increase efficiency; Avoid duplication of similar services within the LHIN and form centers of excellence 	X	

	RVHS	TSH
<ul style="list-style-type: none"> Expand utilization of the wound care center – create a center of excellence 	X	
<ul style="list-style-type: none"> Increase inpatient catchment area and referral base through LHIN initiatives 		X
<ul style="list-style-type: none"> Offer lower wait times for acute and chronic procedures 		X
<ul style="list-style-type: none"> Offer broader expertise in multiple subspecialty areas 		X
<ul style="list-style-type: none"> Cross referral and centralization of specific cases (e.g. breast reconstruction, laser) 		X
<ul style="list-style-type: none"> Increased referral volumes for targeted services (e.g. breast reconstruction) from other specialities 		X
<ul style="list-style-type: none"> Possible new focused development of subspecialties i.e. Mohs surgery, melanoma, micro referral 		X
<ul style="list-style-type: none"> Expand paediatric services by utilizing/expanding existing liaison with HSC 		X
<ul style="list-style-type: none"> Explore any underutilized areas within clinics and OR to increase efficiency 		X
<ul style="list-style-type: none"> Avoid duplication of similar services within the LHIN and form centers of excellence 		X
<ul style="list-style-type: none"> Ease of use for the public furthering the concept of patient-centric care 		X
<ul style="list-style-type: none"> Expand utilization of the wound care center – create a center of excellence 		X
Threats		
Ophthalmology		
<ul style="list-style-type: none"> Funding changes may push cataract surgery out of hospitals leading to exposure on emergency services and lack of staff familiarity with ophthalmology surgery 	X	
<ul style="list-style-type: none"> Funding changes forcing all retina downtown 	X	
ENT		
<ul style="list-style-type: none"> Possible consolidation on one site would affect access to care and emergency services by ENT (risk if surgical airway needed) 	X	

	RVHS	TSH
<ul style="list-style-type: none"> Continued shrinkage as a result of growth of other services 	X	
<ul style="list-style-type: none"> Further erosion of OR time which will prolong wait lists, reduce volumes and compromise surgical experiences 		X
<ul style="list-style-type: none"> Outdated equipment beyond repair must be replaced before it reaches end of life and end of use 		X
<ul style="list-style-type: none"> Stay current with new technologies to offer care at a level offered at other GTA hospitals 		X
<ul style="list-style-type: none"> Not lose the ability to have a facility in the hospital to use for ER consults and in patient consults where procedures will be performed 		X
<ul style="list-style-type: none"> Inclusion of the Ajax site in any on call coverage is to place patient safety at risk. The site is too far to cover in a timely manner and should be moved to another cluster of hospitals 		X
Oral & Maxillofacial Surgery		
<ul style="list-style-type: none"> Frequent consultant recommendations to d/c oral surgery 	X	
<ul style="list-style-type: none"> If service is eliminated patients will need to go outside the LHIN for care 	X	
<ul style="list-style-type: none"> Continuing public and corporate confusion between privately funded dental care and OHIP-funded OMF surgery 	X	
<ul style="list-style-type: none"> The risk of losing more OR times as the OR access is amalgamated 		X
<ul style="list-style-type: none"> Lack of funding and OR times will limit the type of care hospital can provide 		X
Plastics		
<ul style="list-style-type: none"> On-call and emergency coverage issues, especially if service consolidates 	X	
<ul style="list-style-type: none"> Variable quality/methods of practise 	X	
<ul style="list-style-type: none"> Interpersonal clashes due to perceived inequality of distribution of funds or facilities 	X	
<ul style="list-style-type: none"> Diminishing funding, "cherry picking" based on funding 	X	
<ul style="list-style-type: none"> Transparency of motives with community involvement and stakeholder cooperation are required 	X	

	RVHS	TSH
<ul style="list-style-type: none"> On-call and emergency issues. Three ERs receiving patients will necessitate clear guidelines for patient referral and/or transfer. Delays and confusion due to communication issues must be prevented. 		X
<ul style="list-style-type: none"> Variable quality/methods of practise. Reputation for high quality patient management. Guidelines for patient care must be formalized and implemented to ensure uniformity of care and maintenance of excellence. 		X
<ul style="list-style-type: none"> Interpersonal clashes due to perceived inequality of distribution of funds or facilities. Will require a mechanism for open discussions and the ability to have a fair hearing from unbiased sources in case of dispute in order to facilitate a smooth resolution. This needs clear documentation prior to any merger. 		X
<ul style="list-style-type: none"> Diminishing funding, “cherry picking” based on funding, and herding based on funding will result in poor job satisfaction, frustration and “burn-out”. Strategic goals must be clearly defined and “band aid fixes” avoided. 		X
<ul style="list-style-type: none"> Transparency of motives with community involvement and stakeholder cooperation are required. The ultimate strategic goal must be clearly achievable and motivating. 		X

Plastics/ENT/Oral/Ophthalmology – Overview of Opportunities

Overview of Opportunities

This section provides a summary of all opportunities discussed in the session.

Reference	Opportunity
	Ophthalmology
1	Merge ophthalmology into a single, comprehensive, high volume service
2	Develop pediatric ophthalmology program supported by strong pediatric program at RVHS
3	Partnership with PMH in eye cancer
4	Some revenue opportunities
	ENT
5	Center of Excellence for Thyroid Cancer Surgery given the increasing incidence overall
6	Possible collaboration with colleagues on difficult or challenging surgical cases
7	Possibility to increase subspecialty services
8	Move to more out-patient based procedures including thyroidectomy as a day surgery procedure
9	Use of out of hospital clinics to do minor procedures in place of the hospital setting which can be reserved for operative procedures and acute care
10	Paediatric surgery: one site so expertise in paediatric anesthesia, pre-op teaching and paediatric consultation is available

11	<p>Thyroid/Endocrine Center where U/S guided FNAB and cytological diagnosis can be performed in real-time while the patient is present and surgical planning can take place in one visit.</p> <p>Surgery can take place as a day procedure for most cases reducing the cost per patient by not needing overnight admission.</p>
	Oral & Maxillofacial Surgery
12	Expand profile in organization, continue cultivating the Center for Excellence
13	Promote state-of-the-art technology and techniques through Centre of Excellence
14	Leading edge OMF outpatient clinic in conjunction with plastics and ENT
15	Regionalization of OMF and dental services with Center of Excellence
16	Shared outpatient clinic
17	Consolidation and collaboration may generate some cost savings opportunities
18	To create a center of excellence for Orthognathic Surgery and TMJ surgery and Pediatric Dentistry
19	Create a stronger dental brand in Central East LHIN
	Plastics
20	Increase in patient catchment area and referral base through LHIN initiatives
21	Offer lower wait times for acute and chronic procedures; offer broader expertise in multiple sub speciality areas; focused development of sub specialities i.e. Mohs surgery, melanoma, micro referral
22	Cross referral and centralization of specific cases e.g. breast reconstruction, laser; increased referral volumes for targeted services (e.g. breast reconstruction) from other specialities
23	Consolidate elective plastic surgery
24	Expand/consolidate paediatrics services by utilizing/expanding existing liaison between RVHS and HSC

25	Explore any underutilized areas within clinics and OR to increase efficiency; Avoid duplication of similar services within the LHIN and form centers of excellence
26	Expand utilization of the wound care center – create a center of excellence
27	Increase inpatient catchment area and referral base through LHIN initiatives
28	Offer lower wait times for acute and chronic procedures
29	Offer broader expertise in multiple subspecialty areas
30	Cross referral and centralization of specific cases e.g. breast reconstruction, laser
31	Increased referral volumes for targeted services (e.g. breast reconstruction) from other specialities
32	Possible new focused development of subspecialties i.e. Mohs surgery, melanoma, micro referral
33	Expand paediatric services by utilizing/expanding existing liaison between RVHS and HSC
34	Explore any underutilized areas within clinics and OR to increase efficiency
35	Avoid duplication of similar services within the LHIN and form centers of excellence
36	Ease of use for the public furthering the concept of patient-centric care
37	Expand utilization of the wound care center – create a center of excellence
38	Sharing On Call. Extent of call sharing to be determined, but having more manpower to treat emergency referrals will facilitate patient care and obviate physician stress and “burn out”. Centralizing emergency management in some manner will allow efficiencies to be realized and assist in meeting budgetary goals.
39	Sharing Clinic and OR time. Cross referral of subspecialty cases (e.g. breast reconstruction) to better utilize resources and achieve efficiencies. Combine/share outpatient clinics and facilities to further increase efficiencies and optimize patient access and satisfaction.

40	Sharing case load of government defined wait time cases where necessary to ensure that wait time guidelines are met
41	Establishing broader community outreach programs

Opportunity Assessment

For each of the **top 3 opportunities**, the following table presents an evaluation of risks, benefits and mitigation strategies within the context of the Guiding Principles.

Opportunity 1: Develop a High Volume Ambulatory Outpatient Surgical Center

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> Improve the brand
Accessibility	<ul style="list-style-type: none"> Improve access and reduce wait times through extended or after hours care
Sustainability	<ul style="list-style-type: none"> Improved morale and overall team functioning
Excellence	<ul style="list-style-type: none"> Improve patient outcomes due to higher volumes and resulting increased clinical skill and comfort Increased ability to implement evidenced based care

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> Insufficient funding resources to execute/ substantial capital costs 	<ul style="list-style-type: none"> Explore alternative funding sources, i.e. Leverage political and external support to invest
<ul style="list-style-type: none"> Increased travel for some patients outside of local catchment Reduced patient experience in a large volume facility 	<ul style="list-style-type: none"> Ensure an ongoing patient voice in operational and process design
<ul style="list-style-type: none"> Changes of political support or will 	<ul style="list-style-type: none"> TBD

Opportunity 2: Pooling of Resources (Staffing, Financial, Clinical Knowledge/Expertise, External Engagements) to create Critical Mass

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> • Increase clinical collaboration amongst specialists to improve care in difficult or challenging cases • Reduced physician on call requirements (also sustainability)
Accessibility	<ul style="list-style-type: none"> • Improve access to care and reduce wait times for high priority cases
Sustainability	<ul style="list-style-type: none"> • Share and expand teaching affiliations with University of Toronto • Regionalization of certain clinical services for improved outcomes and efficiencies
Excellence	<ul style="list-style-type: none"> • Able to create Centers of Excellence (i.e. TMJ reconstruction, Paediatric Dentistry, Thyroid Cancer Surgery, Wound Care, etc.)

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> • Larger scale program efficiencies and change are not sought (i.e. merger with related operational model changes) 	<ul style="list-style-type: none"> • Strong vision for change, clinical and administrative leadership and project management to ensure implementation
<ul style="list-style-type: none"> • Provider dissatisfaction due to reduction or rationalization of Surgical OR time 	<ul style="list-style-type: none"> • Implement performance driven decision making – reduced OR time based on outcomes and quality of care

Opportunity 3: Increase Political or External support for investment in programs

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> • Stronger voice at provincial / LHIN tables
Accessibility	
Sustainability	<ul style="list-style-type: none"> • Improve financial standing through pooling of Hospital's foundation resources
Excellence	<ul style="list-style-type: none"> • Improve governance and administrative model of programs

Potential Risks

Identify the key risks that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.

Risk	Mitigation Strategy
<ul style="list-style-type: none">• No change in perspectives from external funders or stakeholders	<ul style="list-style-type: none">• Rebranding and marketing strategy to improve awareness of the expertise and excellence of clinical programs
<ul style="list-style-type: none">• Lack of support for change from community or other external stakeholders	<ul style="list-style-type: none">• Extensive education and engagement to improve understanding of merger benefits

Anaesthesia – SWOT Analysis

This SWOT analysis represents the outputs of joint discussions between RVHS and TSH surgical staff and physicians.

	RVHS	TSH
<u>Strengths</u>		
• Total shoulders discharged same day as surgery	X	
• Dedicated paediatricians with Level IIC capabilities	X	
• Paediatric anaesthesia expertise (fellowships completed at HSC)	X	
• Highly developed block program	X	
• two chronic pain specialists providing mini consults	X	
• Involved in pre-admit consults with full day clinics	X	
• Anaesthesia group works really well together	X	X
• Share staff and anaesthetists		X
• Scoliosis, post dye laser, spine and paed ortho, complex shoulders, complex foot and ankle, specialty endoscopy	X	
<u>Weaknesses</u>		
• Aging infrastructure	X	X
• No dedicated anaesthetist /coverage for labour and delivery	X	
• Unpredictable weekend work	X	X
• Doesn't run a night shift	X	
• Slow locums	X	
• Anaesthesia group works independently within each campus	X	X
<u>Opportunities</u>		
• Repatriate patients and \$ into the LHIN (\$ follows patients)	X	X
• Lobby for resources	X	X
• Funding for vascular	X	X

	RVHS	TSH
• Funding for retina surgery	X	X
<u>Threats</u>		
• Not getting access to additional funding after merging	X	X
• Patients choose to go elsewhere	X	X
• Capital funding freeze	X	X
• Not funded for vascular cases, despite demand	X	X
• Competing with neighbouring centers	X	X
• Patients bypass hospital to travel to Ajax-Pickering for shoulder blocks		X
• GPs historically refer their patients outside of the LHIN	X	

Anaesthesia – Overview of Opportunities

Overview of Opportunities

This section provides a summary of all opportunities discussed in the session.

Reference	Opportunity
1	Pain clinic
2	Shared expertise i.e. block program
3	Sharing of manpower
4	Designated OR rooms i.e. tonsils and adenoids
5	Standardized purchasing process
6	Standardized clinical processes i.e. pre-op assessment
7	Single new facility that consolidates two or more campuses
8	Stand-alone surgi-center
9	Modernized building
10	Total joints at one site
11	Integrate labour and delivery units
12	See patient through continuum of care (from surgery to rehab)
13	Attract international patients (new revenue source)
14	“Holland Center” type of magnet organization
15	Larger midwifery center
16	Seamless and easier transition to needed services i.e. dialysis, cardiac
17	New ORs

Opportunity Assessment

For each of the **top 3 opportunities**, the following table presents an evaluation of risks, benefits and mitigation strategies within the context of the Guiding Principles.

Opportunity 1: Shared manpower and expertise

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	<ul style="list-style-type: none"> • More flexible staffing • Expertise shared amongst the group • Cohesive group increases patient experience and may improve reputation • Combined rounding
Accessibility	<ul style="list-style-type: none"> • Access to ambulatory component of shoulder and ankle program • Can extend care to other service areas • Ability to respond to demand for services
Sustainability	<ul style="list-style-type: none"> • Recruit top talent • Retain top talent • Privileges at all campuses
Excellence	<ul style="list-style-type: none"> • Optimal care i.e. care pathways, leading practices in situ • Can learn new things • Consistency of practice and process i.e. pre-admit “cocktails”

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> • Personality conflicts 	<ul style="list-style-type: none"> • Pathways • On-boarding program across sites • Clear communication
<ul style="list-style-type: none"> • Not knowing different surgeon’s practices 	<ul style="list-style-type: none"> • TBD
<ul style="list-style-type: none"> • Different cultures within each site 	<ul style="list-style-type: none"> • Carefully planned change management strategies and structural design
<ul style="list-style-type: none"> • Overstaffing 	<ul style="list-style-type: none"> • TBD
<ul style="list-style-type: none"> • Unable to have mutually agreeable rounding schedule 	<ul style="list-style-type: none"> • Virtual meeting technology i.e. Skype, Google Hangouts • Commitment to unify how things are done

Opportunity 2: Single modern new facility consolidating two or more campuses or stand alone Surgi-Center

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	
Accessibility	<ul style="list-style-type: none"> All expertise and services within one site
Sustainability	
Excellence	

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> Dysfunction 	<ul style="list-style-type: none"> TBD

Opportunity 3: Integrate labour & delivery units; have a larger midwifery center

Potential Benefits and Risks:

Potential Benefits	
<i>Identify the <u>most significant</u> potential benefits. Where relevant, consider the following Guiding Principles when identifying benefits: Collaboration, Accessibility, Sustainability and Excellence.</i>	
Collaboration	
Accessibility	<ul style="list-style-type: none"> Dedicated anaesthesia coverage Centralized care Justification for full anaesthesia coverage
Sustainability	<ul style="list-style-type: none"> Increased obstetrical volumes (>8000 deliveries anticipated)
Excellence	

Potential Risks	
<i>Identify the <u>key risks</u> that must be considered (e.g. high impact and high probability). For each risk identified, provide a proposed risk mitigation strategy.</i>	
Risk	Mitigation Strategy
<ul style="list-style-type: none"> Need an obstetrician at all campuses 	<ul style="list-style-type: none"> TBD

Glossary of Acronyms

ACL	Anterior Cruciate Ligament
ACLS	Advanced Cardiac Life support
BRA	Breast Reconstruction Awareness
CCO	Cancer Care Ontario
CCRT	Concurrent Chemoradiation Therapy
CDH	Congenital Dislocation of the Hip
CE LHIN	Central East Local Health Integration Network
CSGNA	Canadian Society of Gastroenterology Nurses and Associates
D/C	Discharge(d)
ENT	Ear Nose Throat
ER	Emergency Room
ERAS	Enhanced Recovery After Surgery
ERCP	Endoscopic Retrograde Cholangiopancreatogram
EUS	Endoscopic Ultrasound
EVAR	Endovascular Aneurysm Repair
FH	Family History
FNAB	Fine Needle Aspiration Biopsy
FOB	Fecal Occult Blood
FOBT	Fecal Occult Blood Test
GI	Gastrointestinal
GP	General Practitioner
GTA	Greater Toronto Area
HBAM	Health Based Allocation Model
HHR	Health Human Resources
HNK	Head and Neck
HOCC	Hospital On-call Compensation
HR	Human Resources
HSC	Hospital for Sick Children
ICU	Intensive Care Unit
IHF	Independent Health Facility
KTP Laser	Potassium Titanyl Phosphate (green) Laser
Lap	Laparoscopic
Level IIC	Standardized Maternal and Newborn Level of Care: Greater than or equal to 30 weeks and 0 days
LHC	Lakeridge Health Corporation
LHIN	Local Health Integration Network
LOS	Length of Stay
MCCC	Multidiscipline Cancer Care Committee

MD	Medical Doctor
MIS	Minimally Invasive Surgery
MNCC	Maternal Newborn & Child Care
MOH	Ministry of Health
MSK	Musculoskeletal
NP	Nurse Practitioner
NYGH	North York General Hospital
ODSP	Ontario Disability Support Program
OHIP	Ontario Health Insurance Plan
OHP	Out of Hospital Procedures
OMFS	Oral Maxillofacial Surgery
OR	Operating Room
OSC	Orthopaedic Scorecard
PA	Physician Assistant
PAU	Pediatric Assessment Unit
PCL	Posterior Cruciate Ligament
PCNL	Percutaneous Nephrolithotomy (kidney stone removal)
PMH	Princess Margaret Hospital
PTH	Parathyroid Hormone
QBF	Quality Based Funding
RTX	Radio Therapy
RVAP	Rouge Valley Ajax and Pickering
RVHS	Rouge Valley Health System
SIS	Surgical Information System
SWOT	Strengths, Weaknesses, Opportunities, Threats
TBD	To Be Determined
THR	Total Hip Replacement
TJR	Total Joint Replacement
TKR	Total Knee Replacement
TMJ	Temporomandibular Joint
TSH	The Scarborough Hospital
U/S	Ultrasound
UofT	University of Toronto
WSIB	Workplace Safety and Insurance Board