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# Leading for Patients Short-Term Integration Opportunities for Rouge Valley Health System and The Scarborough Hospital

April 23, 2014 – Presentation to Central East LHIN Board

# Background

- March 27, 2013: The Central East LHIN Board directs TSH to work with RVHS in a facilitated integration process.
- January 2014: The hospitals submit a joint Notice of Intent to Merge to the Central East LHIN after extensive consultation and due diligence
- March 15, 2014: RVHS and TSH reach different decisions regarding the proposed merger:
  - The RVHS Board “endorsed continuing to move forward with TSH on the process of merger”
  - The TSH Board moved that “the amalgamation of TSH and RVHS be abandoned effective immediately, and shall be reconsidered when the conditions set out in the first recital above are satisfied”
- March 26, 2014: The CEOs of both hospitals present their respective perspectives to the Central East LHIN Board
- March 26, 2014: The Central East LHIN Board passes a motion directing LHIN staff to meet with the hospitals to prepare a recommendation on next steps related to the identified integrations and report back to the Board at their next Open Meeting on April 24<sup>th</sup> [sic]

# Key Messages

- ✓ Both hospitals remain committed to integration of services and believe that the CASE for Change to improve services for our communities through better **C**ollaboration, **A**ccessibility, **S**ustainability and **E**xcellence still exists
- ✓ We will build on the strong foundation created by the 2013 workbook process to enhance service delivery in some specific clinical areas
- ✓ We will focus on opportunities that align with Central East LHIN priorities as identified in the 2009 Hospital Clinical Services Plan and 2013 Integrated Health Service Plan
- ✓ Work is already underway on many of these opportunities and others will begin very soon
- ✓ We are committed to continue active community engagement and participation in system redesign
- ✓ We are committed to working with each other as well as advancing broader health system transformation
- ✓ We acknowledge the significant change management challenges ahead and will leverage our shared cultures of continuous improvement to mitigate risks that threaten timely and effective implementation of integration opportunities

# Process Used to Identify Short Term Integration Opportunities

- Review of 15 clinical and non-clinical workbooks completed in Fall 2013
- Extraction and assessment of all short-term opportunities (i.e. timeframe of 1 year or less)
- Consultation with key administrative and physician leaders
- Development of a short-list of recommended opportunities that align with LHIN priorities and support the CASE for change
- Reviewed draft recommendations with Central East LHIN senior leadership team

# Timetable – Developing a Service Delivery Model for Maternal/Neonatal/Paediatric Services

	2014								2015	
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Ongoing
<b><i>Phase 1: Creating the Enablers of Success</i></b>										
Establish a Steering Committee and complete terms of reference.										
Secure the support of an external facilitator.										
Convene a facilitated workshop with key stakeholders (including community representation) to develop a shared vision.										
Begin harmonization work on admission order sets, assessment forms, care protocols and educational materials.										
Review and compare existing scorecards of both hospitals and explore development of a common platform for quality.										
Create joint education forums.										
Convene a facilitated workshop to define a collaborative medical leadership structure for the Maternal Child Youth program using examples of models utilized in other jurisdictions.										
<b><i>Phase 2: Designing the Model</i></b>										
Complete an updated environmental scan for the Scarborough Cluster										
Model a preferred state for maternal/child/youth services										
Develop an evaluation plan										
<b><i>Phase 3: Implementing the Model</i></b>										
Complete an implementation plan										
Establish an Implementation Leadership Team										
Implement new model										
<b><i>Phase 4: Evaluating the Model</i></b>										
Establish a process for performance review and reporting.										

# Timetable – Implementation of Workbook Short Term Opportunities

- The following opportunities will be completed within 12 months; those opportunities marked with an asterisk are already in progress. All opportunities were selected for their potential to enhance collaboration, accessibility, sustainability and excellence in the short term.

Program Area	Opportunity	Link to LHIN Priority
Cardiology*	Build on and standardize existing IT platform to improve access and coordination of care	Vascular Health and Hospital Information System Technology
Cardiology*	Enhanced access to cardiac rehab for patients with diabetes	Vascular Health
Post-Acute Care*	Collaborative process to improve the service delivery model for stroke care	Vascular Health
Palliative Care*	Develop an integrated and centrally coordinated palliative care model with a shared philosophy for care and equitable access to palliative resources.	Palliative Care
Oncology	Closer alignment with OBSP clinics to facilitate timely access to standardized Patient Navigation across TSH and RVHS.	Palliative Care
Diagnostic Imaging*	Potential to integrate and align radiologist expertise/resources and services currently provided at TSH and RVHS.	
Laboratory Services	Potential to share specific expertise in laboratory services across both organizations.	
IM/IT	Enhance the continuity of care across all 4 hospital sites by providing ED physicians access to each organization's health records system.	Vascular Health and Hospital Information System Technology

# Timetable – Integration Activities with Broader Health System Partners

## **New Short Term Opportunities that Advance Health System Transformation:**

- Participation in creation of Health Links for Scarborough North and Scarborough South specifically focused on Seniors and Vascular Health/Stroke
- The Central East LHIN is going to convene a meeting of stakeholders to launch this process within a month

## **Strong, ongoing participation in LHIN-wide regional planning initiatives\* including:**

- Maternal, Neonatal and Paediatric Services
- Oncology
- Vascular Health
- Cardiology
- Diabetes
- Nephrology
- Orthopaedics
- Thoracic Surgery
- Mental Health and Addictions
- Vision Care
- Hospital Information Systems Technology

*\*planning timeframes differ for each initiative*

# Governance and Oversight

## Governance

- This is under discussion among the three board chairs (RVHS, TSH, Central East LHIN).

## Operational Oversight and Change Management

- There will be accountability to senior administrative and medical leadership at both organizations.
- As we did with the workbook development process, we will leverage the combined expertise of our Improvement and Transformation office to support integration activities with robust change management and project management methods.