

Expert Review Panel Report
The Scarborough Hospital
Maternal Newborn and Women's Health
and Surgical Models

Submitted to:

The Scarborough Hospital
Board of Directors

June 19, 2013

Table of Contents

Introduction	3
Common Themes	4
a) Status Quo	4
b) Trust.....	5
c) Transparency and Communication.....	5
d) Corporate Culture	5
e) Access to Care.....	5
Findings of The Expert Review Panel	5
Reasons	6
Key Factors in the Expert Panel Findings.....	6
Analysis of Other Proposed Options Outlined in TSH's Strategic Plan Refresh	7
a) No Change	8
b) Community Hospital (Birchmount) & Specialty Hospital (General)	8
c) Primary Care (Birchmount) & Secondary Care (General)	9
d) Ambulatory (Birchmount) & Inpatient (General)	9
e) One Site	9
Other Considerations.....	9
General Observations	10
Summary and Conclusions	11
Appendix # 1 – Terms of Reference	12
Appendix # 2 – Expert Panel Bios	22
Appendix # 3 – The Hay Report, Option 2B – Expert Panel Example for TSH Consideration.....	25
Appendix # 4 – Delegation Presentations and Written Submissions....	26

Introduction

The history of The Scarborough Hospital (TSH) is the history of two hospitals: The Scarborough General and The Salvation Army Scarborough Grace Hospital. The two hospital corporations voluntarily amalgamated in September 1999 to form The Scarborough Hospital. The two campuses were known as the General and the Grace. The Grace campus was renamed the Birchmount campus in 2009.

Over the years, TSH has had experience with planning and implementing clinical program consolidations between the campuses and with community and other hospital partners. This includes consolidating the Eye Centre at the Birchmount campus in 2006, and further consolidation in 2009 with palliative care services sited at the General campus and mental health services at the Birchmount campus.

The Eye Centre performs about 6,500 cataract surgeries annually, making it one of the largest providers of cataract surgeries in the province.

A new palliative care wing at the hospital's General campus opened in 2009 after \$1 million in renovations and upgrades. The new wing was the result of a merger of two separate palliative care units from the Birchmount and General campuses and is supported by an interdisciplinary team of health care providers.

That same year, TSH consolidated Mental Health Services at the Birchmount campus following renovations to the inpatient units. Prior to consolidation, Mental Health Services were spread over three separate locations across the two campuses. The consolidated unit, which accommodates 44 inpatient beds and six intensive observation beds, allows staff and medical professionals previously situated at different locations to work together on the same floor in the same building.

TSH also consolidated its Intensive Care Unit, Cardiac Care Unit and Acute Medical Unit at the General campus into a new Critical Care Centre, a 22-bed unit with state-of-the-art technology and private rooms.

A strong partnership between TSH and Rouge Valley Health System (RVHS), through Code STEMI program, ensures that cardiac patients are immediately routed to the right test or procedure, resulting in better outcomes for patients.

To plan for the delivery of hospital programs and services, TSH completed its Strategic Plan in 2009, which defined its Mission, Vision and Values, and Strategic Directions and Objectives. As well, the hospital completed a Clinical Action Plan in May 2011. The development of these two foundational documents however could not have accounted for the changes in the hospital funding model and the overall transformation of health care. In January 2012, the Ontario Government released its Action Plan for Health Care. Therefore, in June 2012, TSH implemented a Strategic Plan Refresh to create a roadmap for redefining the scope and size of hospital services over the next few years based on the fiscal imperatives it was facing and to align with Ontario's health care transformation agenda. The Hay Group was selected to work with the hospital to examine data and develop options for program and service scope and size as well as options for program siting.

TSH also completed a review of Maternal Newborn Services to examine the declining number of births at the hospital in recent years. Corpus Sanchez International Consulting

worked with the hospital to complete the review, with a report presented to the hospital in July 2012. The focus on TSH's study was to develop a strategy that would improve the patient care and experience, staff morale and overall program efficiency, ensuring TSH patients would be receiving the best care possible.

The options developed as part of the Maternal Newborn Review process were incorporated with the options outlined as part of the Strategic Plan Refresh and presented to the TSH Board of Directors in January 2013. The TSH Board of Directors passed motions on March 5, 2013, (see Pgs. 5 & 6) directing changes to the Maternal Newborn and Surgical programs.

On March 27, 2013, the Board of Directors of the Central East LHIN requested that TSH convene an Expert Review Panel to address the concerns and risks that had been identified by stakeholders regarding the proposed consolidations. Specifically, the consolidation of the Maternal Newborn and Women's Health services at the Birchmount campus as well as the consolidation of same day/short stay surgery at the Birchmount campus, with more complex surgeries with overnight stays occurring at the General campus. Implementation activities, as a result of the proposed consolidations, were asked to be held, until the Expert Review Panel's report could be evaluated. This report presents the Expert Panel findings.

The Expert Panel reviewed and considered all of the presentations and Background reports provided by TSH and by its multiple stakeholders. Many astute observations regarding demographic changes, socio-economic realities, transportation issues, clinical excellence at both campuses, and public perception have been examined and weighed. It would provide no benefit, and would make the report unwieldy and inaccessible to all readers, to list and categorize all points of debate. The task of the Expert Panel was to winnow through the submissions, both verbal and written, and to separate out the key issues for consideration as it relates to the Terms of Reference for the Panel, see Appendix #1, Pg.12.

The absence of an argument or data point that some may consider crucial does not mean it was missed or ignored. The members of the Expert Panel have selected the points that were felt to be the most germane and persuasive from the Panel's perspective. We trust that all readers will understand this imperative.

We are grateful for and impressed by the passion and interest expressed by all members of the Scarborough General/Scarborough Birchmount community, and can never adequately convey our appreciation for their time and thoughtful contributions to this review. All we can offer is our thanks and the hope that this report will assist the entire community in both healing the rifts which have developed over time, and in reframing the discussion around the evolution of the provision of hospital-based health care in Scarborough.

Common Themes

The Expert Panel has identified common themes from the deputations and submissions. They are:

- **Status quo:** There were numerous requests from both hospital employees and medical staff, as well as the community, to maintain the hospitals as they currently exist, with status quo being their only recommendation. Ontario's health care system is transforming. There appeared to be limited understanding, from the presentations made by the delegations, of what this means for TSH, the patients, and the community it serves. TSH's capacity to transform will be restricted without a strong vision and

mission adopted by all, both internal and external to the organization. Readiness to change the 'status quo' does not appear to be present and is essential in order to be able to commit to new models of care delivery.

- **Trust:** Delegations were explicit in their comments around lack of strong and productive relationships within the organization and with the community. Building trust and team cohesiveness is critical to collaboration across systems and programs of care. There is a lack of trust amongst many of the stakeholders, including:
 - Medical staff and hospital staff between sites and between some departments and within departments
 - Hospital administration and medical staff
 - Hospital and the community.
- **Transparency and Communication:** While a great deal of work and planning was done by the hospital over a long period, there is a need for identifying those key stakeholders who must be part of the process. The planning appeared to lack strong understanding of the interdependencies across programs. The success factors for transformation, such as engagement, openness and including key clinical staff and community partners in the decision-making process related to patient care delivery models, did not appear to be evident in this planning process.
- **Corporate Culture:** Numerous physicians have indicated they are aligned with one campus or the other of TSH. While TSH is one corporation with two campuses, it did not appear that the alignment of cultures and understanding of responsibilities to the organization, TSH as a whole, is evident.
- **Access to Care:** Many delegations expressed concern regarding access to services by the people of Scarborough. TSH physicians were also concerned about access to support services for their individual programs and departments.

The complete documentation submitted from the 34 delegations and the 13 written submissions can be found in Appendix #4, Pg. 26. After a thorough review of the process implemented by TSH for the planning of the proposed maternal newborn and surgical models, the various models themselves, and information, both written and verbal, presented to the Expert Panel, we assembled our findings and recommendations.

Findings of the Review Panel

The Expert Panel, whose membership is outlined in Appendix #2, Pg. 22, was directed to address the concerns and risks that have been identified by stakeholders regarding the proposed consolidation of the maternal newborn and surgical programs before TSH can move forward with any implementation activities. In response to the three TSH Board motions regarding consolidation, the findings are as follows:

- 1) Be it resolved that the Board approves in principle the Surgical proposal. The proposal being Inpatient Complex surgery to be sited at the General campus, Outpatient Ambulatory Surgery sited at the Birchmount campus, with the proviso that the Birchmount campus shall be capable of providing emergent General Surgery. Management, through further consultation, is to bring back a safe and secure implementation plan by April 15, 2013, for approval by the Board.

Expert Panel Finding: Not supported

- 2) Be it resolved that the Board accepts Management's recommendation to site a consolidated Maternal Newborn program at the Birchmount campus in order to create a Centre of Excellence in Maternal Newborn and Women's Health.

Expert Panel Finding: Not supported

- 3) Be it resolved that the Board directs Management to continue consultation to find the necessary means to ensure paediatric presence at each campus.

Expert Panel Finding: Not supported

Reasons:

With some notable exceptions, TSH organization has not completed a full corporate cultural integration since its amalgamation in 1999. This major weakness diminishes support for any major geographic integration of clinical services. The challenges with the TSH Board of Directors' decision became self evident during the Expert Panel's review. There were many delegations representing hospital staff and medical staff who describe a picture consistent with two independent hospitals rather than a single corporation providing programs and services in a coordinated and planned way across two geographic sites. As well, there was significant opposition to consolidation of the Maternal Newborn Program at the Birchmount campus. The majority of this opposition came from those medical staff and hospital staff members who deliver this important program for Scarborough residents at the General campus, in addition to key community representatives and partners.

Also, without a clear long-term plan for the Maternal Newborn program, it is not possible to consider changes to the other programs because the needs that will arise for the Maternal Newborn programs are dependent on which site(s) they are located.

Key Factors in the Expert Panel Findings:

- The practice of Obstetrics, a vital component of the Maternal Newborn Program, is a "high acuity" specialty. Siting a high acuity program in a low acuity setting presents a clear clinical risk.
- The lack of Interventional Radiology at the identified Birchmount campus for the Maternal Newborn Program presents a clear clinical risk.
- The division of Paediatrics across two campuses and consolidation of Neonatal Intensive Care Unit (NICU) care at one campus, as described, leaves the operational and logistical provision of care in doubt, and, as such, presents a clear clinical risk.
- The attenuation of ICU care at the Birchmount campus presents a clear clinical risk.
- The attenuation of surgical subspecialty support (General Surgery, Vascular Surgery, Urology) at the Birchmount campus presents a clear clinical risk.
- The anticipated volumes of deliveries with consolidation at one campus are not sufficient to ensure in-house anesthesiology coverage without also providing surgical emergency services in off-hours at the identified campus. This could be achieved if TSH regained its market share; however, this would take some time even in the best case scenario. This is further aggravated by the minimal efforts being made to mend the reputation of

the Birchmount campus obstetrics program. In fact, some would appear to be propagating this concern without consideration of the good of the whole community.

- The Maternal Newborn model may negatively affect ancillary services already in place (eg. Rosalie Hall). The cost of relocating these services at the Birchmount campus has not been accounted for, creating both a financial and a clinical risk. Relocation of the Maternal Newborn Program to the Birchmount campus would necessitate identifying better ways to maintain access for these ancillary services.
- The limited information presented on the estimated capital expenditure for the Maternal Newborn model appears incomplete with risk to underestimate the eventual true costs and/or overestimate potential savings.
- The single siting of Maternal Newborn services has potential to significantly, and negatively, impact timely access to care for a large proportion of the population in Scarborough that rely on public transportation, given the unique socioeconomic indicators of the community it serves.
- It is important that the geographic location of TSH, in relation to other hospitals in Scarborough, be considered with regards to delivery of services.
- A long-term vision and plan appears to be lacking for the hospital, giving the appearance, rightly or not, that TSH is looking for a quick fix for present fiscal challenges.
- A well planned and fully integrated system for transporting patients between sites would be required to ensure safe and timely care.
- Although there was Medical Staff consultation, it does not appear that all medical stakeholders had a meaningful opportunity to participate.
- The risks outweigh the benefits and cannot be mitigated without extreme alterations in the provision of clinical services at both sites.

In summary, the risks involved in creating a Centre of Excellence in Maternal Newborn & Women's Health at the Birchmount campus could only be mitigated completely by recreating a high-acuity hospital, already in existence at the General campus, at the Birchmount campus.

The Expert Panel finds no clinically, nor fiscally, persuasive reasons to support moving all of Maternal Newborn care to the Birchmount campus under the current model.

Analysis of other Proposed Options as Outlined in TSH's Strategic Plan Refresh, Hay Report

As noted earlier in this report, TSH contracted with The Hay Group to develop siting and sizing models as part of the hospital's Strategic Plan Refresh. The Expert Panel is not prepared to make a recommendation regarding any model that was part of the Hay Report completed for TSH in 2012. However, we will discuss the strengths and weaknesses of each, and provide suggestions to be considered addressing for mitigation, where appropriate.

In general, consolidation of clinical services to form centres of excellence and attain critical mass has been demonstrated in the medical literature to improve quality of care. This is especially true in low-volume centres where care has been demonstrated to be below standard of practice and clinical benchmarks are below the performance of peer hospitals. The current maternal and pediatric programs at both the General and Birchmount campuses provide high-quality and safe care for the residents of Scarborough. As was identified by

TSH, the driver for consolidation appears to be primarily for efficiency and cost savings. This Expert Panel recommends that all proposed options also be considered from a patient experience perspective.

a) No Change: Hay Report, Option 1

This may not be an option; however, the Expert Panel did discuss and consider the possibility of having total services or high risk-services for a maternal newborn centre at one site and a low-risk centre, similar to a birth centre, at another site.

The main advantage of this option would be to maintain the possibility for low-risk women to stay in their own community of either the General or Birchmount campuses (north or south of the 401). This meets the objective of keeping births as close to home as possible and achieving aspects of the Provincial Government's Action Plan for Health Care, 2012, of "right care, right time, right place".

The initial financial expenditures would likely be limited since the two campuses have maternity/newborn services. The complexities to have only low-risk births at one campus would need to be explored carefully, including the implications for medical/professional staff, as some (e.g. the obstetricians) would need to be relocated to the other campus providing care for high-risk births.

We want to acknowledge that there is no concern with the quality of care currently being provided at TSH. However, there is the possibility that quality could erode as the volume of patients in the maternal and pediatric programs drop.

b) Community Hospital (Birchmount) & Specialty Hospital (General): Hay Report, Option 2B

This model is not workable as presented. However, it may be successful with a number of modifications should TSH choose to explore this further. TSH could look to a number of examples of amalgamation using this type of model. The example of the successful Kitchener-Waterloo (Grand River Hospital and St. Mary's General Hospital) program and services integration is used to suggest ways to modify Option 2B, as outlined in Appendix #3, Pg. 25.

Risks and Mitigation Related to Option 2B

- Consolidating Obstetrics/Gynecology at one site. The risk mitigation is well outlined in multiple reports and will not be repeated here.
- Consolidating Paediatrics at one site, which would require a human resources plan for both medical staff and hospital staff, allows for the development of a Paediatric Center of Excellence in association with a Maternal Newborn Centre of Excellence. Risk mitigation strategies for paediatric patients presenting at the Birchmount campus at a minimum include but are not limited to:
 - Availability of Paediatricians for consultation
 - Interdepartmental Continuing Medical Education (CME) with Paediatrics and Emergency Medicine
 - Emergency Medical Services education
 - Community education

- Maintained presence of well-trained Emergency Department physicians who maintain their expertise by rotation through the General campus
- Rotation of Emergency Department Nursing Staff through both sites to maintain competency.
- The risk mitigation regarding other specialties described above will involve education and cooperation; however, this has not been an obstacle to excellent patient care in the Kitchener-Waterloo experience, as further outlined in Appendix #3.
- The transfers of patients between the campuses are a key risk. Policies, procedure, and operational support issues cannot be underestimated and would need to be addressed prior to the adoption of this model.

Note: The Expert Panel is not advocating for Option 2B model. The points listed above would need to be considered if TSH chooses to pursue this path.

c) Primary Care (Birchmount) & Secondary Care (General): Hay Report, Option 3

The Expert Panel does not support this Option for the same reasons we do not support TSH Board of Directors' resolutions, as explained above in the section, Findings of the Review Panel.

d) Ambulatory (Birchmount) & Inpatient (General): Hay Report, Option 4

The Expert Panel does not support this Option for the same reasons we do not support the TSH Board of Directors' resolutions, as explained above in the section, Findings of the Review Panel.

e) One Site: Hay Report, Option 5

This option would require the support of the Ministry of Health and Long-Term Care and the Central East LHIN. It would mean a significant change in the delivery of care in Scarborough. The Expert Panel believes that this option is unlikely to be approved as substantial capital funding would be required.

Other Considerations

Regardless of the model chosen by TSH for future inpatient services planning and implementation, careful consideration should be given to ambulatory services to continue to address the special needs and access of those services for the people of Scarborough. Likewise, there is great potential for more active interaction with community and partner support services, such as Rosalie Hall, detox centres, and shelters, to develop a truly integrated health care system and maintain strong partnerships with safe protocols, which provide access to care for the residents of Scarborough.

Patient transportation has been identified as a major consideration requiring well planned programs and service delivery models at the two campuses that make up The Scarborough Hospital. Patient transportation options between campuses can be addressed, while maintaining quality of care. Code STEMI and Code Stroke involves coordination of care with Emergency Medical Services and multiple hospitals. This has been done successfully amongst the Scarborough Cluster Hospitals (RVHS), and; therefore, can serve as a model. Shuttle buses can be another consideration.

The provision of health care to the citizens of Scarborough demands a strong vision and plan from the Central East LHIN and the three hospital campuses in the region (RVHS, Centenary and TSH, Birchmount and General). Further development of any new concept for the Birchmount/General campuses will need to be considered in light of an overall strategic plan for the delivery of hospital services throughout Scarborough and bordering communities (not just for the two hospital campuses of TSH). The plan for Maternal Newborn care is a good example of where planning should include consideration of available services across all three Scarborough sites.

The Expert Panel recognizes that a third motion delivered by the Central East LHIN Board of Directors on March 27, 2013, has directed TSH to partner with RVHS in a facilitated integration planning process to design and implement a Scarborough Cluster hospital services delivery model. This will require the cooperation of the patients and providers to plan and deliver this care in a safe, efficient manner with a commitment to ongoing quality improvement.

TSH has carefully examined administrative expenses for opportunities for cost savings, and must continue to do so. We recommend transparency around any administrative efficiency already realized. We also recommend that the surgical program review its processes to identify further efficiencies.

The assistance of an outside branding and communications strategy consultant would be well advised. Whatever changes occur, there is an urgent need to re-define the identity of the Birchmount campus. This will be essential and must be clearly developed so that both campuses consider themselves equal, and equally valued, parts of the whole.

Several opportunities exist including, but not limited to, the development of the Birchmount campus as an:

- Adult Orthopaedic Center
- Adult Respiratory Center
- Centre of Excellence in care of the Geriatric/Frail Elderly
- Centre of both Outpatient and Inpatient Rehabilitation
- High volume, minimally invasive, adult outpatient/short stay Surgical Centre

General Observations

Each member of the Expert Panel made multiple general observations, and, although not strictly part of our mandate, we feel that they are important and should be presented.

The merger of the predecessor hospitals (The Scarborough General and The Salvation Army Scarborough Grace Hospital) did not create a common culture; there is strong evidence that there is no harmonization or ownership as one hospital, TSH. This could be due to several factors. The Scarborough Hospital, Birchmount campus is a conception that happened as a result of the Salvation Army raising funds from the community to support the building of the hospital. The same could be said of the maternal newborn, midwifery unit, where funds were raised to build the Birthing Centre as well. Naturally, with this history, any change to this service would be difficult for those invested in this campus to accept. There was a unionized staff site (General) and a non-unionized staff site (Birchmount), which may have had an impact (union vs. non-union salary rates); religious/culture differences may not have been fully reconciled; staff not wanting to work at both campuses because they

established a 'base' at one vs. the other; SARS (at Birchmount); and the death of two young mothers. Emotional legacy appeared evident in the delegations from the hospital staff, medical staff, and the community.

There is a perception that the changes are taking place with no clear rationale provided by the MOHLTC, the Central East LHIN, or the hospital itself. The Expert Panel repeatedly heard from the delegations, and through the written submissions, that service and program changes being made by the hospital would result in loss of access locally. TSH must clearly demonstrate and communicate to the public (community/media), and the medical staff that changes are being planned in a thoughtful and coordinated approach to maintain access to care, albeit in a different setting. A change strategy should be implemented only after further transparent consultative processes. There was no over-arching message that changes were necessary for TSH's self renewal.

In addition, there was a lack of understanding as to how the various decisions were potentially made. Elements of fairness and justification were not articulated in the delegations. The proposal to create 'centres of excellence', which is based on strong medical evidence, is perhaps a way to create some harmony; however; this can only be achieved by involving the medical staff and hospital employees as part of the visioning and planning process. They would become stewards of the change from a clinical perspective, and ensure the community that high-quality and safe hospital services are in place at The Scarborough Hospital to serve the needs of local residents across the geography of Scarborough.

As was pointed out by Dr. Norman Chu, "If the public can be convinced that by going to the emergency department at the Birchmount campus, they will be provided with proper care regardless of their condition, this may change the community's perception."

Summary and Conclusions

Whatever model is chosen to be developed by TSH, it can only be successful if all parties become involved and maintain a flexible, and cooperative, attitude. Non-essential programs will have to be identified and potentially transitioned to appropriate community or other care providers, and everyone must be seen, in both words and in deeds, to be acting only in the best interest of the citizens of Scarborough. Based on our experiences with the patients, the health care professionals, the community advocates, the administrators of The Scarborough Hospital and the members of the Central East LHIN, the Expert Panel has every confidence that each stakeholder will find it within themselves to doubt their own infallibility, just a little, and to rededicate their efforts to the re-birth of a strong, vibrant TSH.

Appendix # 1



Terms of Reference:

TSH Maternal Newborn and Women's Health and Surgical Models Review Panel

Supporting The Scarborough Hospital Facilitated Integration

Table of Contents

1. INTRODUCTION.....	14
1.1. Context and Purpose.....	14
1.2. Purpose.....	14
1.3. Process Implementation.....	15
2. ROLES & RESPONSIBILITIES OF THE REVIEW PANEL	16
2.1. Role of the Review Panel.....	16
2.2. Authority of the Review Panel.....	17
3. MEMBERSHIP & ROLES OF REVIEW PANEL	18
3.1. Sponsorship.....	18
3.2. Linkages & Partnerships.....	18
3.3. Duration of Service.....	19
3.4. Individual Roles of Review Panel Members.....	19
4. LOGISTICS AND PROCESSES	20
4.1. Meeting of the Panel.....	20
4.2. Decision-Making Process.....	20
4.3. Central East L/HIN Staff Participation.....	20
4.4. Issue Resolution.....	20
4.5. Report Writing.....	20
4.6. Confidentiality.....	20
5. ACCEPTANCE AND SIGN-OFF	21

1. INTRODUCTION

1.2. Context and Purpose

The Scarborough Hospital Strategic Plan (2009-2014) was developed with a financial/business model that was substantively different from the business model introduced by the MOHLTC for funding the 2012-2013 operating year. In light of the new financial model, and given the constraints in funding, it was determined that TSH would benefit from clearer direction than was provided within the TSH strategic plan document.

The organization completed a process with the Hay group between September 2012 and March 2013 to review performance. The review named the "Strategic Plan Refresh" (SPR) considered scoping and sizing of services provided, operating and clinical efficiency compared to peer performance, and opportunities for siting of clinical services to obtain improved quality and efficiency of performance.

The work was nested in the Performance Improvement Committee (PIC) whose membership includes all Chiefs/Medical Directors and Program and Service Administrative staff along with the Senior Management team. We also included a member of the Community Advisory Council on this committee.

Significant consultation was undertaken with community groups as well as recognized stakeholders such as the MPPs. The Community Advisory Committee was advised in an ongoing fashion by their member on the SPR Committee.

As part of the SPR work, a review was completed by The Hay Consulting Group which indicated that TSH provides the appropriate amount of service for the Scarborough community and the hospital is working to median benchmarked performance.

The review also established a number of options for consideration in terms of siting of services. The culmination of the work included the recommendation of consolidation of Maternal Newborn Child services at the Birchmount campus and the consolidation of same day surgery at the Birchmount campus with more complex surgeries with overnight stays at the General. This option was supported by the TSH Board of Directors with the request to review the general surgery model at the Birchmount site as well as ensuring a paediatric presence at both sites and return to the Board for final approval.

Concerns raised by stakeholders on quality and safety led the LHIN to request further due diligence.

1.3. Purpose

The establishment of the TSH Maternal Newborn and Women's Health and Surgical Models Review Panel is to address the requirements set out by the Central East LHIN Board motion (March 27, 2013):

Motion 1a

The Scarborough Hospital will convene a panel of physician and community leaders to review the proposed vision of TSH Birchmount as a Centre of Excellence in Maternal Newborn and Women's Health and the proposed surgical models for the TSH-General and TSH Birchmount sites.

The panel's report must address the **concerns and risks** that have been identified by stakeholders before moving forward with any implementation activities, with a report back to Central East LHIN Board in no more than 90 days.

The Review Panel will provide structure and guidance for the review of the TSH Board decision regarding clinical changes and ensure thorough consultation of various

stakeholders. The expectation is that the tools utilized to assess risk and evaluate mitigation strategies will be available to use in other clinical reviews.

Structure

Risk Matrix – the Review Panel will make explicit the risk matrix tool utilized when considering all concerns identified through expert review and consultation.

Mitigation Strategies - the Review Panel will make explicit any suggested remedies which would render the risks identified manageable and the source from which they are drawing such conclusions.

Guidance – The Review Panel will provide their written opinion on the clinical feasibility of the suggested maternal newborn child and surgical services model as put forward by TSH.

The Review Panel will provide their written opinion on their conclusion as to the “acceptability” of the level of risk given the model and associated mitigating strategies.

Consultation – The Review Panel will consult with internal and external stakeholders.

1.4. Process Implementation

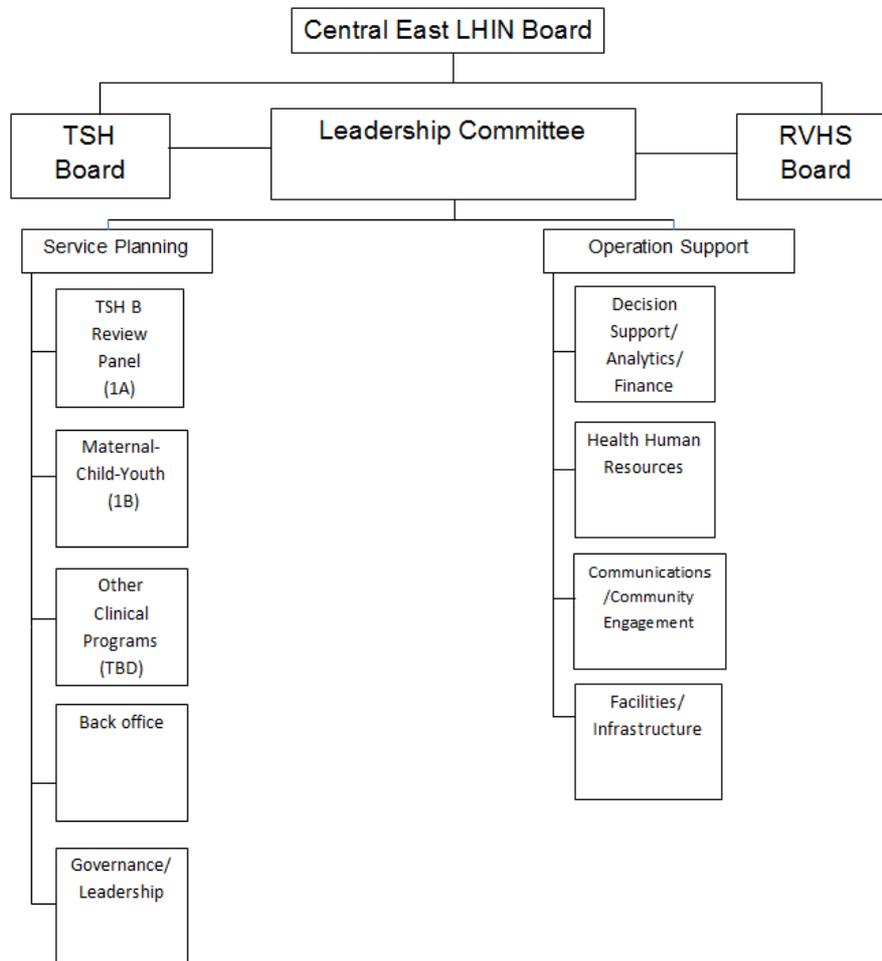
The Review Panel deliverables and timing will be aligned to, and given direction by, the **Integration Leadership Committee**. The Integration Leadership Committee has overall responsibility for coordination of the integration planning process.

The Review Panel will undertake a comprehensive review and consultation that includes the following key activities:

- Review of the proposed Vision of the TSH Birchmount as a Centre of Excellence in Maternal Newborn Women’s Health and the proposed surgical models for the TSH-General and TSH Birchmount sites.
- Review the concerns and risks that have been identified by stakeholders.
- Receive information from various stakeholders through deputations, including written or oral presentations
- Utilize (where possible) validated information which exists in practice or in the literature
- The Review Panel will develop/utilize tools which make explicit concepts related to risk assessment and mitigation
- The Review Panel will document opinions related to the feasibility of the models included in SPR relating to the siting of Obstetrical, Paediatric and General Surgery Services.
- The Review Panel will develop tools and processes to guide the review of the SPR suggested clinical changes and ensure thorough consultation of various stakeholders.
- The Review Panel will submit a report to the Integration Leadership Committee for consideration.
- The Integration Leadership Committee will consider the report and then submit the report to the TSH Board for their review and endorsement.
- TSH Board will submit the report of the Review Panel to the Central East LHIN and a presentation will be made to the Central East LHIN Board at its June 24, 2013 meeting.

The project governance for the Scarborough Hospital Facilitated Integration is provided below.

The Scarborough Hospital – Rouge Valley Health System
Hospital Services Facilitated Integration
Structure



2. Roles & Responsibilities of the Review Panel

2.2. Role of the Review Panel

The Review Panel is charged with the review of the proposed models for Maternal Newborn and Women’s Health and Surgical Services both campuses. The Review Panel will generate a report which considers and addresses concerns and risks identified by stakeholders. This report will be submitted to the Integration Leadership Committee for review and to the MCY committee for consideration in their planning work.

Generally the Review Panel will:

- Engage stakeholders internal and external to consider ideas and feedback in an effort to understand the risks and benefits of the proposed SPR Model.
- Identify service gaps and barriers to service.
- Identify associated risks and mitigation strategies and develop opportunities for risk mitigation.
- Liaise with other organizations to clarify information, test planning assumptions and receive feedback on proposed actions/measures.
- Ensure consolidated SPR service model is aligned with the approved guiding principles.
- Write a summary report for consideration by the Integration Leadership Committee.

2.3. Authority of the Review Panel

The Review Panel is advisory in nature. The authority of the Review Panel is delegated through the **Integration Leadership Committee** and is articulated in this Terms of Reference.

The Review Panel does:

- Have the authority to request appropriate planning and financial information used by TSH to develop their plans and models.
- Have the authority to recommend plans and actions to mitigate risks associated with the proposed integration of services.
- Not have the authority to approve the SPR service delivery model as this is reserved for the Boards of Directors of TSH, and ultimately the Central East LHIN.

3. Membership & Roles of Review Panel

The Review Panel will be composed of senior leaders from the following clinical areas; Paediatrics, Obstetrics, Anaesthesia, Surgery, Emergency, Nursing, Midwifery and other experts will be brought in as required.

Representation	Name	Title	Organization
Physician - Obstetrics	Nicholas A. Leyland	Professor and Chair Department of Obstetrics and Gynecology Chief, Department of Obstetrics and Gynecology	McMaster University Hamilton Health Sciences, Hamilton
Physician - Pediatrics	Lennox Huang	Chair and Associate Professor Department of Pediatrics Chief of Pediatrics	McMaster University McMaster Children's Hospital, Hamilton Health Sciences and St. Joseph's Healthcare, Hamilton
Physician - Surgery	R. Blair Egerdie	Vice President Medical Affairs Acting Surgical Program Medical Director	St. Mary's General Hospital, Kitchener
Physician - Anesthesiology	Craig Irish	Chief of Anesthesiology Director, Preoperative Services	Trillium Health Partners, Mississauga
Physician – Emergency Department	Paul Ellis	Emergency Physician	University Health Network Toronto
Nursing	Silvie Crawford	Vice President Patient Centred Care	London Health Sciences Centre, London
Midwifery	Bobbi Soderstrom	Director of Insurance and Risk Management	Association of Ontario Midwives
Community	Odette Maharaj	Community Advisory Council Representative	The Scarborough Hospital

3.2. Sponsorship

The Review Panel will be sponsored and supported by Deb Hammons, CEO CE LHIN. Day to day leadership and issue resolution will be managed by the panel members and the chair.

Key messages will be prepared for the Committee by the Communications and Community Engagement Task Group.

3.3. Linkages & Partnerships

The Review Panel members may seek input from a wider group of subject matter experts. These subject matter experts may include;

- other health service providers within and external to the Central East LHIN, including other regional providers of MCY or surgical services.
- primary care providers
- provincial or LHIN maternal newborn paediatric and/or surgical stakeholders or associations

In conducting its work, the Review Panel leverage other operational committees or task groups established to support the Scarborough hospital facilitated integration process, including:

- Communication and Community Engagement Task Group
- Decision Support/Analytics/Finance Task Group
- Facilities and Infrastructure Task Group
- Health Human Resources Task Group
- Other groups as developed.

3.4. Duration of Service

The Review Panel is expected to complete its work once a report has been submitted to the Integration Leadership Committee.

3.5. Individual Roles of Review Panel Members

Name	Individual Role
Review Panel Chair	Lead and facilitate the work of the Review Panel. Manage the planning process, keep the team on-track and focused on the tasks, timelines and deliverables. Identify issues and risks to the process and recommend strategies. Ensure due diligence is completed and the spirit of the guiding principles are followed. Provide overall project support to the team including leading the development of the report and supporting team members in engaging their key stakeholders.
Review Panel Members	Review all materials provided. Receive deputations from stakeholders. Consider relevant current literature on the SPR model. Consider hospital practices in other jurisdictions. Speak with one voice throughout the process. Support the Chair. Assist in writing the final report.
Community Panel Member	Review all materials provided. Receive deputations from stakeholders. Reflect the issues at hand from the “community stakeholder” perspective. Speak with one voice throughout the process. Support the Chair. Assist in writing the final report.

4. Logistics and Processes

4.2. Meeting of the Panel

Deputations to the panel will be scheduled in ten minute intervals. The expectation is that a written submission would be given in advance in writing to the appearance of the deputies so that the panellists will be prepared to ask appropriate questions. A facilitator will be appointed to manage the schedule.

4.3. Decision-Making Process

The Review Panel decisions will be guided by the Principles established at the outset of the integration process. The preferred approach to decision making will be through consensus-building. Consensus does not mean unanimity. Team decisions will be recorded and reflected in the meeting notes and members will speak with one voice on these decisions.

4.4. Central East LHIN Staff Participation

From time to time, additional Central East LHIN staff can be expected to attend meetings to observe the process as part of their work at the Central East LHIN. Central East LHIN staff who is not a member of the Review Panel and will have no formal responsibilities with respect to the subject integration planning process and as such, will contribute only when specifically asked to do so by the Panel.

4.5. Issue Resolution

Issues that cannot be resolved by the Review Panel will be escalated to the Sponsor and subsequently to the Integration Leadership Committee for resolution.

4.6. Report Writing

Support will be provided to the panel for the development of their report.

4.7. Confidentiality

In order to maintain the integrity of the process, members are asked to sign a confidentiality agreement with The Scarborough Hospital.

5. Acceptance and Sign-Off

The following signatures represent acceptance of these Terms of Reference.

Organization - Program	Approved by Review Panel Member:
Chair Review Panel	Signature Print Name Date
Member Review Panel	Signature Print Name Date
Member Review Panel	Signature Print Name Date
Member Review Panel	Signature Print Name Date
Member Review Panel	Signature Print Name Date
Member Review Panel	Signature Print Name Date
Member Review Panel	Signature Print Name Date
Member Review Panel	Signature Print Name Date
Member Review Panel	Signature Print Name Date

Appendix # 2 – Expert Panel Bios

Dr. R. Blair Egerdie is currently Vice President, Medical Affairs at St. Mary's General Hospital in Kitchener, Ontario.

Dr. Egerdie is also an Adjunct Professor of Urology at The University of Western Ontario. As Principal Investigator, Dr. Egerdie has conducted clinical research trials in multiple clinical areas including: prostate cancer, benign prostatic hyperplasia (BPH), bladder cancer, nocturia, and interstitial cystitis. As a result of his clinical research experience Dr. Egerdie has been published in journals such as the New England Journal of Medicine, The Lancet, European Urology, Urology, Journal of Urology, Canadian Urological Association Journal, British Journal of Urology International, Journal of Bone and Mineral Research, The Journal of Sexual Medicine, and Urologic Radiology.

Dr. Egerdie is experienced with discussing new developments in the field of Urology, as an invited lecturer, across Canada, the United States, Australia, and Europe. He has many years of clinical research experience, having acted as an Associate Investigator with Probity Medical Research since 1997 and Principal Investigator with Urology Associates / Urologic Medical Research in Kitchener, Ontario since 1990.

Dr. Paul Ellis currently works as an Emergency Physician at the University Health Network (UHN) in Toronto. He obtained his Bachelor (1984) and Masters (1992) degrees at the University of Toronto Scarborough Campus. Medical school was done at the University of Toronto as well as post graduate training in Neurology. He has worked in the Emergency Department for 17 years. He has held the post of Assistant Emergency Department Medical director at UHN for 5 years working mainly on ER wait time strategies, Quality and Equity indicators. He is currently a member of ICES working on stroke parameters and an expert panel member on the Mental Health Association, Canadian and Ontario Stroke Networks and is actively involved in Health Care Funding reform for Stroke in Ontario. His research interest includes Sepsis and surveillance of emerging infections in the Emergency Department.

Dr. Lennox Huang is the Chair of the Department of Pediatrics at McMaster University and the Chief of Pediatrics at Hamilton Health Sciences and St. Joseph's Healthcare Hamilton. He has held numerous physician leadership positions including Associate Chair (Clinical) in the Department of Pediatrics, Deputy Chief of Pediatrics, interim division head for Pediatric Cardiology and Pediatric Nephrology. He has been the Medical Director of the Outreach and Pediatric High-Fidelity Simulation at McMaster Children's Hospital since 2005.

After receiving his medical degree from the University of Toronto, Dr. Huang completed his residency and pediatric critical care fellowship training at Rainbow Babies and Children's Hospital in Cleveland. Dr. Huang actively practices pediatric intensive care and is certified by the American Board of Pediatrics for both Pediatrics and Pediatric Critical Care.

An experienced educator, Dr. Huang has been awarded with a Certificate of Merit from the Canadian Association of Medical Education (CAME) and a Clinical Teaching Award from the Pediatric Postgraduate Residency Program at McMaster University.

Dr. Huang's professional interests lie in the areas of patient safety, quality improvement and high-fidelity simulation. As medical director for MCH's pediatric outreach and high-fidelity simulation program, he brings research, medical education and patient safety together with cutting-edge technology.

Dr. Craig Irish is a passionate catalyst for change with a career that demonstrates visionary leadership, expertise and accomplishments in both hospital and academic settings. Currently, Dr. Irish is the Chief and Medical Director of Anesthesiology as well as the Medical Director of Perioperative Services at Trillium Health Partners in Mississauga and has been on staff there since 2000. Prior to joining Trillium, Dr. Irish was an active staff anaesthetist at St. Michael's Hospital in Toronto.

Dr. Irish has been an Assistant Professor in the Department of Anesthesiology at the University of Toronto since 2009 and is a past Peer Assessor of the Quality Assurance Program and a Peer Review Panel Member of the College of Physicians and Surgeons of Ontario.

Dr. Irish is a proud recipient of the Trillium Gift of Life Certificate that recognizes his contributions made to plan, promote, co-ordinate and support organ and tissue donation across Ontario.

Dr. Nicholas Leyland is a national and internationally recognized leader in minimally invasive gynaecological surgery. He has contributed academically to the advancement of women's health in the development and the provision of the least invasive surgical options for a variety of surgical conditions.

He is an award winning teacher and researcher and sought after speaker on a variety of issues in women's health. He has developed many innovative laparoscopic techniques including an operation to correct cervical incompetence in pregnant patients and as an interval procedure, an operation that he has trained surgeons to perform across Canada and in many other countries.

The majority of his academic career has been at the University of Toronto where he developed one of Canada's first comprehensive fellowships in minimally invasive gynaecological surgery. He obtained his BAsC from the University of Guelph and an MD from the University of Toronto graduating as the class Cody silver medalist. He completed a Master of Science in Health Care Management degree from Harvard University in 2006.

Dr. Leyland moved to McMaster University in January 2011 to assume the role of Professor and Chair of the Department of Obstetrics and Gynaecology and Chief of OB/GYN at the Hamilton Health Sciences.

Bobbi Soderstrom has been a registered midwife in Ontario since midwifery legislation was enacted in 1994.

She is Associate Professor Emeritus, Midwifery Education Program, Ryerson University. As a faculty member she was instrumental in developing the clinical placement program for students and providing continuing education services for clinical preceptors.

Ms. Soderstrom is one of the founders of the first professional liability insurance program for midwives in Canada. She has assisted a number of provinces with developing their insurance programs and has acted as consultant to Canadian Association of Midwives regarding insurance and liability matters. She worked along with other Association of Ontario Midwives members and HIROC staff to adapt HIROC's hospital Risk Management Self-Assessment Modules (RMSAM) for midwives. She is a regular speaker for students at the Midwifery Education Program and other venues regarding insurance and liability matters relating to midwives and

has assisted hospitals when they have been considering their own integration questions relating to liability.

Ms. Soderstrom is a member of the Network of the Champlain LHIN's Maternal Newborn Regional Program.

Silvie Crawford is currently the Vice-President of Patient Centred Care at the London Health Sciences Centre and has been an integral part of the London Health Sciences Centre team since February 2005.

An RN since 1985, Silvie received her Master of Law specializing in Health Law in 2006. A lifelong learner, Silvie continues to enhance her professional development through various certificate and leadership programs, such as Executive Leadership for Healthcare Professionals and Lean Healthcare Certificate Program.

Silvie has extensive experience in patient care, education and standards of practice and demonstrates strengths in building and sustaining strategic partnerships and leading major transformational initiatives using change management principles.

Silvie is also an adjunct assistant professor at the University of Western Ontario, School of Nursing, Faculty of Health Sciences

Odette Maharaj is currently the Executive Director of TransCare Community Support Services, a position she has held since 1986. TransCare is a large community support service agency in Scarborough that provides home and community support services for people who need assistance due to illness, convalescence, disability or functional limitations related to aging.

As Executive Director of TransCare, Odette has taken a leadership role on several initiatives within the Community Support Services sector that reflects her commitment to integration of the health care system at the grass roots level. Odette always considers how to best serve patients and clients as well as demonstrates effective and efficient utilization of health care funding.

Odette has extensive experience as a member of many community based organizations and committees including the Central East LHIN Transitions in Care Committee, the Scarborough Community Support Services Network and The Scarborough Hospital Community Advisory Committee.

Appendix # 3 – The Hay Report, Option 2B – Expert Panel Example for TSH Consideration Based on Kitchener-Waterloo (Grand River Hospital and St. Mary’s General Hospital) Integration Model

- Obstetrics and Gynecology located at the General campus
- Paediatrics and NICU located at the General campus
- Interventional Radiology located at the General campus
- General Surgery: Major (long stay or highly complicated with attendant co-morbidities at the General campus. Less complicated (estimated length of stay 3-4 days) at the Birchmount campus
- Vascular Surgery located at the General campus
- Urology: 90% (including cystoscopy) located at the Birchmount campus. Smaller operating room presence at the General campus to accommodate major cases and to maintain support staff familiarity with urologic procedures.
- Emergency: Full 24-hour coverage at both sites with all staff rotating between sites (currently in place). This maintains Emergency expertise in Paediatrics and Obstetrics at the Birchmount site
- Anaesthesia and Operating Rooms:
 - Full 24 hour, in-house, coverage at the General campus. At the Birchmount campus, the Operating Rooms would be for Adult surgery only and are fully staffed and open during elective times. After elective hours, the Operating Room is staffed on an on-call (not in-house) basis for in-patient emergencies and life threatening emergencies that cannot be transferred to the General campus. All of the Anaesthetists rotate through both campuses (to maintain familiarity) and provide on-call coverage to both sites.
- ENT maintained primarily at the Birchmount campus with presence at the General campus for Paediatric surgery
- Plastics maintained at both sites
- Orthopedics maintained at both sites but the mix of procedures is different between the two campuses
- Endoscopy (GI and Respiriology) maintained at both sites
- Medicine maintained at both sites
- Nephrology only at General campus. Consult service at the Birchmount campus
- Dental Surgery primarily at the Birchmount campus. Trauma and paediatric coverage at the General campus.
- Minor Procedures maintained at both campuses
- Ophthalmology provides Adult Ophthalmology at the Birchmount campus with Paediatric ophthalmology at the General campus
- ICU at both campuses
- Mental Health at the Birchmount campus
- Diagnostic Services at both sites with the exception of Interventional Radiology at the General campus
- Cardiorespiratory has a presence at both campuses but opportunities to adjust the mix between the two campuses may exist.