Required Integration
Under Section 26
Decision of the
Champlain Local Health Integration Network
issued pursuant to s. 25(2b) of the
Local Health System Integration Act, 2006

Integration Decision of the
Champlain Local Health Integration Network (the "LHIN) issued pursuant to
s. 25(2)(b) and s.26 of the Local Health System Integration Act, 2006.

1. DATE: January 27, 2010

2. PARTIES TO THE DECISION

(i) Almonte General Hospital ("Almonte")
(ii) Children's Hospital of Eastern Ontario ("CHEO")
(iii) Cornwall Community Hospital ("Cornwall")
(iv) Hawkesbury and District General Hospital ("Hawkesbury")
(v) Montfort Hospital ("Montfort")
(vi) Pembroke Regional Hospital ("Pembroke")
(vii) Queensway Carleton Hospital ("Queensway Carleton")
(viii) Renfrew Victoria Hospital ("Renfrew")
(ix) The Ottawa Hospital ("TOH")
(x) Winchester District Memorial Hospital ("Winchester")

Together, these 10 hospitals are subsequently referred to as "Parties"; each of them individually is a Party.

3. GLOSSARY

The key defined terms in this Decision are set out below for ease of reference.

Blueprint means the document that sets out a framework for a maternal newborn regional program and its appendices. A copy of the Blueprint is appended to this decision as Schedule A;

FTE means "full time equivalent" staff;

Working Document means the first report issued in August 2007 by the Steering Committee;

Leadership Team means the Maternal Newborn Leadership Team established to develop the Blueprint and described in 5.5(ii) below;

Level(s) 1, 2a, 2b, and 3 Maternal Services means the standardized levels of maternal services as set out in Appendix G to the Blueprint;

Level(s) 1, 2, Advanced 2 and 3 Newborn Services means the standardized levels of newborn services as set out in Appendix H to the Blueprint;

LHIN means the Champlain Local Health Integration Network;

Network means the Maternal Newborn Community of Practice Network that will be established to provide direction and oversight to the Program;

Parties means the hospitals identified in part 2 above;

PPPESO means the Perinatal Partnership Program for Eastern and South Eastern Ontario as described in 5.2 below;

Program means the Maternal and Newborn Regional Program as described in the Blueprint;

SE LHIN means the South East Local Health Integration Network; and

Steering Committee means the Maternal Newborn Steering Committee established on December 19, 2006 and described in 5.5(i), below.

4. SUMMARY OF THE DECISION

Since early in 2006 the LHIN, the Parties and their community have been working together to identify the elements of an integrated health system within the Champlain region that will improve the health of mothers and their newborns. The expectation is that an integrated system will provide mothers and their babies with better access to high quality health services through more effective and efficient management and coordination of maternal and newborn services in the region.

Following much consultation, collaboration and cooperation, the LHIN released v3 of "A Blueprint for Healthy Mothers, Healthy Babies, Healthy Future" (the "Blueprint") earlier this year. The Blueprint establishes the framework for a maternal newborn regional program (the "Program") for the Champlain LHIN. The Blueprint was enthusiastically received.

This decision requires the parties to begin the implementation of the Program described in the Blueprint. Specifically this decision identifies the levels of newborn and maternal care to be delivered by the Parties, establishes a 4-site urban model for the Ottawa region, initiates the planning process for a transition to a 3-site urban model for Ottawa, confirms 6 existing rural sites and requires the Parties to work with the LHIN and each other to enable the realization of the service improvements and other benefits that are expected from the integration initiatives in an operational Program.

This decision includes Schedule A: The Blueprint.

5.0 FACTUAL BACKGROUND TO THE DECISION.

5.1 Champlain LHIN Maternal and Newborn Patient Population

In 2007-2008, there were a total of 13,984[1] births in hospitals in the Champlain region. 10% of the total births were mothers from out of province, mostly the Province of Quebec (1140), or from another LHIN (343).

48% of hospital births occurred at TOH's two sites (Civic and General) and 35% at two large community hospitals (Queensway Carleton and Montfort). The remaining 17% occurred in rural hospitals in towns across the region. This trend is in keeping with a continued urbanized population within Champlain.

[1] 2007-08 actuals based on hospital discharges for mothers.

Based on projected population growth[2], it is anticipated that the number of births will increase by 16% within Ottawa by the year 2030-31 (estimate 16,154 annual births). Rural hospitals can expect a decline in the number of births due to a decrease in the child bearing age population. The one exception is that Almonte may realize a small projected increase (1%) due to its proximity to a high population growth area in Ottawa's west end.

5.2 Perinatal Partnership Program for Eastern and South Eastern Ontario (PPPESO)

PPPESO is an organization that provides perinatal health care, education and research resources to its members: 3 teaching hospitals; 5 large community hospitals; 8 small community hospitals; 6 regional public health units; 4 midwifery practices; 12 primary care community health centres; 2 universities and community agencies and through its communication network to 1,700 people providing some form of perinatal care (physicians, nurses, midwives and other care providers).

All PPPESO's members are located in either the LHIN or the South East Local Health Integration Network (the "SE LHIN").

PPPESO's payroll and financial system is managed within CHEO's infrastructure. Their offices are located in the St. Laurent Industrial Park in Ottawa's east end. Although it is not separately incorporated, it operates as if it was. Its activities are overseen by a board. It has 9 employees and a 2009/10 budget of $774,000. Approximately 92% of its membership dues are provided by health service providers funded by either the LHIN or the SE LHIN. A further 27% of its revenues come from program grants, workshops, conferences, sale of materials and teaching.

PPPESO's role is to promote excellence in perinatal care services in Eastern and South Eastern Ontario. It works with its members and others in the region to plan, develop, implement and evaluate programs. It also works collaboratively with the Ontario Perinatal Surveillance System based at CHEO.

5.3 Description of the Parties to the Decision[3].

Almonte employs 108 full-time equivalents (FTEs) with an annual budget of $13 million. It is a 52-bed community hospital with 19,337 ambulatory visits per year serving the communities of Lanark County, and those west of the city of Ottawa. It houses both the region's Chronic Care and Day Hospital Programs. There are 312 deliveries per year at Almonte. The hospital meets Level 1 care definitions for mothers and newborns.

CHEO employs 1,368 FTEs with an annual budget of $173 million. It is a 156-bed paediatric teaching hospital with 155,430 ambulatory visits per year. CHEO serves the LHIN region, as well as the surrounding LHINs' regions, southwest Quebec, and Baffin Island. As an academic hospital, it is affiliated with the University of Ottawa, providing

[2] Projections based on the number of women 15-44 years old. Sources: unpublished City of Ottawa estimates for Ottawa areas and Ontario Ministry of Finance for other areas. Out of Champlain numbers held constant.

[3] Data extracted from the Web Enabled Reporting System (WERS), an MOHLTC database and figures are based on 2008/09 actuals. Bed count numbers include acute and, as they exist, continuing care beds. Annual budget is expressed as total expenses for hospital operations. Ambulatory visits combine emergency department and outpatient clinic visits. Number of deliveries was submitted by PPPESO.

care for children and youth, aged 0-18. CHEO houses the Provincial Centre of Excellence for Child and Youth Mental Health, Ontario Newborn Screening, PPPESO and the Ontario Perinatal Surveillance System. It also provides the Neonatal Transport services for the Champlain LHIN as well as servicing portion of the Southeast and Northeast LHINs (including Sudbury and North Bay) and western Quebec. CHEO also provides the neonatal Follow-Up Program for the Champlain LHIN. CHEO meets the Level 3 newborn care definition. No deliveries occur on this site.

Cornwall employs 783 FTEs with an annual budget of $96 million. It is a 159-bed community hospital with 96,317 ambulatory visits per year. It operates two (2) sites within the city of Cornwall. It was incorporated in 2004 with the amalgamation of the Cornwall General Hospital and the acute care services of the Hôtel-Dieu Hospital. The catchment area has a population of 85,000, including Massena, NY, Cornwall Island and the Akwesasne region. There are 650 deliveries per year at Cornwall. Cornwall meets Level 1 care definitions for mothers and newborns.

Hawkesbury employs 302 FTEs with an annual budget of $39 million. It is a 69-bed community hospital with 62,525 ambulatory visits per year. It serves the town of Hawkesbury, eastern Ontario and western Québec. Beds are used for surgery and paediatric medicine, special care, obstetrics and for chronic care or reactivation. There are 445 deliveries per year at Hawkesbury. Hawkesbury meets Level 1 care definitions for mothers and newborns.

Montfort employs 1,046 FTEs with an annual budget of $127 million. It is a 185-bed hospital with 115,208 ambulatory visits per year. It serves residents of the City of Ottawa, Eastern Counties and southwest Quebec. It offers a wide range of primary and secondary health care services in the two (2) official languages**.** Montfort also has major links to the *Consortium national de formation en santé*, the French Language Health Services Network of Eastern Ontario. There are 2,700 deliveries per year at Montfort's Family Birthing Centre. Montfort meets Level 2 care definitions for mothers and Level 1 care for newborns.

Pembroke employs 542 FTEs with an annual budget of $66 million. It is a 178-bed community hospital with 69,201 ambulatory visits per year. Pembroke serves residents of Renfrew County, in the northwest corner of the LHIN. Established in 1878, it is a regional community hospital. There are 551 deliveries per year at Pembroke, and it meets Level 1 care definitions for mothers and newborns.

Queensway Carleton employs 1,237 FTEs with an annual budget of $150 million. It is a 271-bed community hospital with 70,755 ambulatory visits per year. The hospital serves over 400,000 people in western Ottawa and the Ottawa Valley. It offers diverse medical and surgical programs and services. Queensway Carleton is a secondary referral centre for the Ottawa Valley. Its primary focus is on emergency, childbirth, geriatrics, mental health, rehabilitation, medical and surgical services programs. There are 2,700 deliveries per year at Queensway Carleton. It meets Level 2 care definitions for mothers and Level 1 care for newborns.

Renfrew employs 250 FTEs with an annual budget of $33 million. A 55-bed community hospital with 70,755 ambulatory visits per year, Renfrew serves those in the heart of the Ottawa Valley, 100 kilometres west of Ottawa. There are 110 deliveries per year at Renfrew, and it meets Level 1 care definitions for mothers and newborns.

TOH employs 7,371 FTEs with an annual budget of $922 million. It has 1,018 beds on two (2) sites. The third site, the Riverside Campus, is completely outpatient in nature. Located in the heart of the Ottawa, TOH has 1,018,225 ambulatory visits per year. It provides health care services in English and French to a population of 1.5 million people in Ottawa and Eastern Ontario. It boasts specialty centres in cancer, heart, kidney and vision care as well as rehabilitation services. TOH is a leading academic health sciences centre, affiliated with the University of Ottawa with two (2) sites providing maternal and newborn care. There are 7,000 deliveries per year at TOH. TOH General Campus meets Level 3 care definitions for mothers and newborns. TOH Civic Campus meets Level 3 care definitions for mothers and Advanced Level 2 for newborns. TOH's 2020/21 Master Plan, released in the summer of 2008, contemplates a significant reduction in primary and secondary admissions – consistent with the recommendations of the 06/07 Peer Review - and no maternal newborn services at the proposed new Civic Campus.

Winchester employs 185 FTEs with an annual budget of $25 million. It is a 63-bed community hospital with 34,148 ambulatory visits per year, serving a population of approximately 90,000. Located in the town of Winchester, the hospital serves a catchment area covering North and South Dundas, North and South Stormont, Russell, Edwardsburg / Cardinal and the community of Osgoode. Winchester provides local access to acute and complex continuing care services. There are 385 deliveries per year at Winchester. It meets Level 1 care definitions for mothers and newborns.

5.4 Identification of the Need for a Regional Program

In June 2006, as part of its community engagement process for developing its Integrated Health Service Plan, the LHIN approached the Perinatal Partnership Program for Eastern and South Eastern Ontario (PPPESO).[4]. PPPESO identified issues related to provision of perinatal care in the Champlain region and indicated that it would like to work with the LHIN to improve perinatal care.

Service delivery participants recognized that the current service delivery model had a number of limitations including silo-type decision making by participants, a lack of communication, no system planning, lack of sufficient human resources, a lack of funding for emerging priorities, maternal and neonatal services lacked definition and consistency and there was no means of determining maternal satisfaction and whether the needs of mothers and babies were being appropriately met.[5]

As the provision of maternal newborn services utilizes 308 beds in the region and represents annual direct expenditures of $100 million (ambulatory expenses excluded, the LHIN recognized that a planning project that improved material newborn care, with an emphasis on improved access, closer to home as well as improved quality and timeliness of services would be a good fit with LHIN priorities.

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4 PPPESO is a non-incorporated organization operating out of the Children's Hospital of Eastern Ontario (Refer also to section viii) for more information and consult www.pppeso.on.ca.)

5 A description of the current service delivery model can be found in Table 2 of the Blueprint

5.5 Developing the Blueprint for a Regional Program

(i) The Initial Report: "Champlain Intrapartum Care Planning Project"

The Maternal Newborn Steering Committee ("Steering Committee') was formed on December 19, 2006. Its purpose was to advise on project methods, to liaise with PPPESO to assist the project planners in their processes. Specifically, it

- Ensures communication with the broad network of organizations and individuals associated with intrapartum care in Champlain;
- Supports and advises on the implementation of the project work plan;
- Identifies sources of expertise and information on intrapartum and maternal care;
- Identifies and provides contacts for interviewees;
- Facilitates information gathering;
- Assists in obtaining data from Niday Perinatal Database;
- Facilitates obtaining consumer perspectives;
- Provides feedback on data collection tools, survey instruments, interview guides; and
- Provides initial feedback on findings

It consisted of 14 representatives from the various professions involved in maternal newborn care (physicians, midwifes, nurses, epidemiologists, administrators), rural and urban geographic areas, the two (2) main cultures (French and English) and various organizations (hospitals, community health centres, PPPESO, LHIN).[6]

A consultant was hired to lead the project work required by the Steering Committee. An analysis of the Niday Data (demographics) and Obstetrical/ Newborn Costs in Champlain was completed.[7] The Steering Committee met with a number of experts to identify key issues, sent out a questionnaire to each Party, compiled and reviewed the results and developed a series of issues to address, based on data analysis. A "Strengths, Weaknesses, Opportunities and Threats" (SWOT) analysis was created.[8] External consultations with other regions and a survey of midwifery providers were also completed.

In August 2007, the Steering Committee released a 78-page report entitled "Champlain Intrapartum Care Planning Project Working Document"). [9] The Working Document was issued to all members of PPPESO. The Working Document provides a comprehensive profile of mothers and newborns being served by the parties in the Champlain LHIN (how many, where, when, morbidity and mortality rates, cost relating to care), issues being faced by providers and mothers, implications for planning and an analysis of strengths, weaknesses, opportunities and threats. The Working Document created a platform for formulating the regional strategic vision and directions.

The LHIN organized an all-day workshop on the Working Document in October 2007. Participants included 45 individuals from all Parties, affected health service providers and associated partners. The purpose of the workshop was to engage and consult with the health service community on the Working Document. The workshop participants supported the proposed concept of a Program for maternal and newborn care. They

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6 A list of members is available, together with its terms of reference are available on the LHIN's website or on request from the LHIN's office.

7 A copy is available on the LHIN's website or on request from the LHIN's office.

8 A copy is available on the LHIN's website or on request from the LHIN's office.

9 A copy is available on the LHIN's website or on request from the LHIN's office.

established workgroups to further the following activities:

- Developing the mandate for the Program;
- Identifying regional standards of care for Levels 1, 2 and 3; and
- Assessing locations for Level 2 and 3 care, with an emphasis on improving access closer to home.

Following the workshop and in conjunction with the chairs of the working groups, the LHIN identified the objectives of a Program as being:

(a) To enhance system planning and funding, data and evaluation (research);
(b) To develop a sustainable health human resources strategy;
(c) To enhance the availability of level 2 services in the Champlain region;
(d) To provide appropriate level 3 services that are integrated operationally and/or physically; and
(e) To establish, educate and monitor on standards of practice, with an emphasis on equitable and timely access.

(ii) Moving towards a Blueprint

In March 2008, the Parties were asked by the LHIN to indicate whether they were supportive of taking the next step towards developing a blueprint for a Program. The Parties unanimously agreed to support the development of a blueprint. They developed a project structure that included a Maternal Newborn Leadership Team supported by three (3) task forces. The purpose of the task forces was to provide the leadership team with subject matter experts in the areas of clinical, education, research, and leadership of clinical and community programs for mothers and newborns. Members were selected to represent tertiary, community and rural hospitals, public health, community health, education, research, communities of care networks and a consumer.

The Leadership Team was established in May 2008 and comprised of:

- Two (2) representatives from TOH (one medical and one senior manager);
- Two (2) representatives from CHEO (one medical and one senior manager);
- A representative from the LHIN;
- A representative of PPPESO;
- The neonatology group representative;
- The proposed chair for the metrics task force; and
- An external project consultant.

The Leadership Team's key deliverables were to:

(i) Provide oversight to three (3) task force teams;
(ii) Recommend a structure for the Program (Task Force 1 including a representative from the South East LHIN), the service delivery model (Task Force 2) and the Program's metrics (Task Force 3); and
(iii) Develop a blueprint for presentation to the Steering Committee by March 31, 2009 that would recommend how to:

  (a) Strengthen the delivery of care (to provide the right level of care, at the most appropriate site, by the right service provider);
  (b) Provide an integrated health system to improve the health of mothers and their newborns across the Champlain region; and

(c) Improve responsiveness and support innovation.

(iii) The Blueprint

In August 2008, the Leadership Team (with the assistance of an external consultant funded by the LHIN) circulated a draft blueprint. The draft blueprint outlined the task forces' and Leadership Team's deliverables and the composition for each, with an overall project schedule.

The draft blueprint identified the following shortcomings within the current system including:

a. Silo organizational planning;
b. Limited regional accountability;
c. Inconsistent or insufficient communication; and
d. Minimum dedicated time for physician leadership.

The draft blueprint was distributed to over 200 interested parties and posted on the LHIN's web site. In January 2009, the Leadership Team organized a workshop bringing together some 40 individuals representing members of the three (3) task forces and the Leadership Team. The goal of the workshop was to review each task force's draft report, and provide an opportunity to communicate, question, test, align and integrate the work of each task force.

During February-March 2009, the Leadership Team met with the consultant to finalize the contents of the blueprint and prepare the presentation.

On March 31, 2009, the Steering Committee held a special meeting to consider the blueprint. The Steering Committee recommended that the LHIN CEO accept the blueprint, as presented, with minor changes (these were incorporated in the documentation provided on its web site). The LHIN CEO accepted v.3 of the blueprint (the "Blueprint"), and asked that the Blueprint's recommendations be presented to the LHIN Board in April 2009.

The Blueprint's key recommendations are as follows:

1. Immediately move from a five site (TOH Civic, TOH General, CHEO, Queensway Carleton and Montfort) urban model for the Ottawa Region to a four site urban (a consolidation of TOH's 2 newborn services at the General and Civic Campuses with CHEO, one Level 2 hospital in the west and one Level 2 hospital in the east).

2. Maintain Level 3 services for Maternal and Advanced Level 2 services for Newborn at TOH's Civic campus and increase Level 1 Newborn services to Level 2 Newborn services at each of Queensway Carleton and Monfort.

3. Subsequently move from the four site urban model described in recommendation 1, to a three site (a new Maternal Newborn Centre, Queensway Carleton and Monfort) urban model for the Ottawa region.

4. Maintain 6 existing rural sites (Almonte, Cornwall, Hawkesbury, Pembroke, Renfrew and Winchester)

5. Bridge service gaps to enable Parties to deliver services at recommended service levels; and

6. Establish a Champlain LHIN Maternal Newborn Council (now subsequently referred to as the "Network").

The Blueprint's additional recommendations included:

(i) provincial funding for a dedicated regional neonatal transport team for the Champlain Region and beyond including Western Quebec and adjoining LHINs;

(ii) feasibility and planning for the Intra-Professional Collaborative Care Model for primary perinatal care;

(iii) the implementation of strategies to address post partum wellness for mothers and babies;

(iv) the implementation of strategies to improve integration of care with Public Health, Community Care Access Centres, Community Health Centres, and hospitals;

(v) consideration of a future Birthing Centre in the LHIN;

(vi) enhancement of CritiCall or regional bed management process for the timely referral of maternal and newborn care in the region;

(vii) the use of consistent information gathering and analysis tools to identify gaps and issues related to: "*What mothers want and need"*;

(viii) further development and implementation of a strategic management framework to support evaluation and measurement of the Program;

(ix) implementation of a systematic approach to evaluate: Structure – having the right things; Process – doing the right things and Outcomes – having the right things happen; and

(x) adopting the key functions of the Program such as:

- Integrated clinical planning, including service delivery planning and the support of a quality improvement dashboard for improving the health of mothers and newborns;
- Community engagement at the regional level (e.g., feedback around improving the maternal/newborn experience with health services and inform us of clients/residents' priorities); and
- Ensuring the health system is performing in a sustainable and accountable manner, regional health human resources planning, future Program funding and performance target recommendations.

(iv) Community Engagement on the Blueprint's Program

On November 28th, 2008 the LHIN briefed Dr. Charlotte Moore, MOHLTC Provincial Lead, Maternal, Child and Youth Health Strategy on the status of the regional planning effort. A copy of the Blueprint was provided to Dr. Moore in September 2009.

On February 4th, 2009 a presentation was made to PPPESO. On May 8th, 2009 a presentation was made at the PPPESO Annual Meeting held in Kingston, Ontario with some 100 participants in attendance.

On June 11, 2009, the LHIN convened a meeting of the CEOs, Chiefs of Staff, relevant Vice-Presidents of Clinical Services and heads of Obstetrics and Paediatrics of the Parties. There was unanimous, or very near unanimous, documented support from the Parties for the Blueprint's recommendations dealing with the service delivery model of care, and the regional dashboard concept of performance indicators, including the need to transform and integrate PPPESO as a Champlain community of practice network.

This meeting resulted in the revision of the function and structure of the Program. [10] It also resulted in strong support (94%) to integrate PPPESO with the Network, with the caveat that the staff continue to support the SE LHIN.

The LHIN then took the Blueprint, as revised, to each of its six Community of Care Advisory Forums [11], Le Réseau des services de santé en français de l'Est de l'Ontario and the LHIN's Aboriginal Health Circle Forum. While there was widespread support for the Blueprint generally, the LHIN also received a broad spectrum of insight and input from its community that will provide useful guidance to the Program. Comments highlighted the need to:

(a) Plan maternal newborn services around the determinants of health: education, socio-economic conditions;

(b) Recognize the importance of the role, training and use of aboriginal doulas and midwives;

(c) Provide culturally sensitive care to aboriginal, francophone and new Canadian mothers and babies;

(d) Improve access to French language services; and

(e) Explore better access for high risk mothers as well as better access to community services for mothers and newborns, such as community support services, health resource centres, early development centres, food banks, Children's Aid, Public Health so as to meet needs of mothers and newborns. An example of specific improvements would be the need to expand lactation support as well as support for mothers experiencing post-partum depression.

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10 See version 4 of the Blueprint for revised structure as Appendix A.

11 Community of Care Advisory Forums were created by the LHIN as geographic planning advisory bodies and represent HSPs from the 7 sectors funded by the LHIN, key partners and consumers

(v) Party Site Visits

A small team of four (4) members visited and assisted each Party in conducting a self-assessment process with its staff. The self-assessment process was intended to identify, using the new standardized definitions for maternal and neonatal levels of care, which category of maternal and newborn services (i.e. any one or more of levels 1 through 3) was or could be provided at each site. A summary of the visits and observations was compiled during summer 2009 and circulated to each hospital, to assure accuracy of information.

As a result of the site visits, the LHIN and each Party agreed on the category of maternal and newborn care to be provided at each site. They also identified service level enhancements to be implemented either by the Party alone or in conjunction with the LHIN and/or other Parties. These included the following enhancements of service:

(a) Almonte, Pembroke and Renfrew should secure access to a Paediatrician or/and a General Practitioner with paediatric expertise;

(b) Montfort and Queensway Carleton should
   (i) Participate more consistently in Criticall;
   (ii) provide family practice and/or paediatrician coverage at all times;
   (iii) complete the training for newborn care required to: 1. enable the catheterization of umbilical vein prior to transport; 2. enable the administration of surfactant by Respiratory Therapy staff (and in the case of Queensway Carleton also by MDs); and 3. allow the administration of all blood products by RN staff;

(c) Pembroke and Renfrew should have timely access to anaesthesia service that can provide epidurals and caesarean deliveries at all times or alternatively have a formalized mechanism to stabilize and transfer mothers;

(d) Almonte should have an enhanced obstetrical on-call coverage to enable it to minimize transfers to Ottawa for caesarean sections;

(e) Montfort should complete the training required to provide low flow oxygen in newborn care;

(f) Queensway should complete the training required to provide lumbar punctures in newborn care;

(g) Renfrew should develop a plan to ensure the maintenance of skills of both its nursing and medical staff.

After receiving a joint letter from both CEOs of TOH and CHEO dated June 24, 2009, the LHIN CEO held a meeting with both CEOs to discuss recommendations on the following integration initiatives proposed in the Blueprint:

- Jointly appoint a medical chief of neonatal services for both hospitals' neonatal services located on three (3) sites;
- Jointly appoint a clinical/administrative lead for both hospitals' neonatal services located on three (3) sites; and
- Jointly initiate a functional planning process for the tertiary maternal newborn centre.

This meeting produced agreement with the LHIN on all three (3) points, with the understanding that TOH / CHEO would submit an action plan to actualize the joint appointment of a clinical/administrative lead including the lead's job profile, the timing and process for this appointment.

5.6 A Proposed Decision

On November 25, 2009, the LHIN board passed a unanimous motion that the LHIN notify the parties to this decision that the LHIN proposed to issue a decision pursuant to s. 25(2) (b) and s. 26 of the Local Health System Integration Act 2006. The proposed integration decision was issued to the parties and posted on the LHIN's website in both English and French on December 7, 2009. The LHIN received 7 submissions about the proposed decision on or before January 8 and a further 2 submissions prior to the board meeting on January 27, 2010.

In addition to the submissions, the LHIN met with PPPESO on January 13, 2010 and with the Southeast LHIN on December 3rd, 2009.

All submissions were considered and discussed by the LHIN board at its meeting on January 27, 2010.

6. The Process

The LHIN released its 2007-2010 Integrated Health Services Plan to the public in November 2006. It funds each of the Parties.

The LHIN worked with PPPESO, the Parties, other providers and its community as described under Part 5 above to develop the Blueprint.

The board of directors of the LHIN was kept apprised of the LHIN's progress towards the development of the Program through frequent reports by the CEO.

The Leadership Team briefed the Board of Directors of the LHIN on April 22, 2009.

The Blueprint and the Program it envisions were further considered at a meeting of the LHIN board on November 25, 2009. At this meeting the LHIN board decided to issue a proposed integration decision pursuant to s. 26(3) of the Local Health System Integration Act, 2006.

A copy of the proposed decision was issued to each of the parties and posted on the LHIN's web-site on December 7, 2009.

This integration decision was made by the board of the LHIN on January 27, 2010, after a consideration of the submissions received in response to the proposed draft integration decision. The LHIN's 2007-2010 Integrated Health Service Plan and the minutes of the board meetings at which the Program was discussed are available on the LHIN's website: www.champlainlhin.on.ca. Background materials provided to the LHIN board as well as all materials referenced in this decision are also available on the LHIN's website.

7. The Analysis

The Blueprint represents the work of many hundreds of people over almost three years. More importantly, the Blueprint represents a consensus of agreement amongst those involved in maternal and newborn care in the Champlain LHIN in three areas: (i) that there is a need to improve services for mothers and babies; (ii) the service areas that should be improved and (iii) how to implement those changes.

When issuing a decision under s. 26 of the *Local Health System Integration Act. 2006* that requires parties to the decision to undertake certain integration activities, the LHIN board must consider the making of the decision to be in the public interest.

The LHIN board finds that it is in the public interest to require the changes sought by the proponents of the Blueprint, not only because of the benefits that will result for mothers and babies, but also because of the degree of support for these changes amongst the many professionals, service providers and other interested parties.

The collaboration, cooperation and perseverance that resulted in the Blueprint is truly impressive and reflective of a commitment by all those involved to improve maternal and newborn care. The Board acknowledges both the care that was taken to seek agreement and approval at each stage of the Blueprint's development and the willingness and flexibility shown by those involved to consider and make changes and improvements throughout its development.

In general, all submissions received following the issuance of the proposed decision were supportive of the direction outlined in the proposed decision.

Of the Parties, submissions were received from CHEO, Montfort, Queensway, Renfrew and Winchester. These submissions can be grouped around a number of themes:

(i) conclusions in the proposed decision with which they disagreed;
(ii) comments on the clinical components of the proposed decision;
(ii) financial comments;
(iii) suggestions as to how to move the Blueprint forward; and
(iv) French Language Services Act (2006)

The LHIN acknowledges the financial comments and welcomes the enthusiasm of the Parties to begin moving forward as quickly as possible. The LHIN doubled checked the points of disagreement and considered the clinical suggestions to ensure that this decision accurately reflected both the participation of the Parties in the development of the Program as set out in this decision and also the clinical practices that the LHIN wants the Parties to put in place.

The LHIN received a question from the Neonatal ICU Nurses at CHEO which it answered. Comments from Dr. Pradeep Merchant of TOH requesting more precision around certain references to TOH, were considered but ultimately not adopted on the basis that the existing language was sufficient. The LHIN also received a lengthy submission from Dr. Chris Carruthers, an orthopaedic surgeon at TOH. The LHIN appreciates the input from both sources. Dr. Carruthers' argued for identical care across the system. While the LHIN notes Dr. Carrthers' position, it observes that the purpose of the Blueprint and the Maternal Newborn Program is to define and establish

three levels of care across the system. Within each level, access to services and staff competencies would be similar.

Feedback from l'Hôpital Montfort was received asking for representation on the Community of Practice Network. LHIN acknowledges that Francophone representation is needed and a representative from one of the 4 hospitals who has their Obstetrical Program designated under the French language Services Act (2006) will be sought.

Feedback from the Winchester was received questioning the Network's governance role. The LHIN will clarify that this Network is not a governance structure but rather a planning in nature and that Winchester's assumption that "WDMH will continue to assume that local boards will maintain authority and accountability over the programs and services within its corporation."

The South East LHIN provided written support for the proposed decision, as did PPPESO. PPPESO's submission suggested a practical date change as well as some further suggestions as to how it might move forward with the Network. Two submissions were received from Montfort Hospital reminding the LHIN of the Lalonde decision[12].

Careful review of the submissions did not, on the whole, reveal any information or issues that that had not been previously identified and considered by the LHIN board in reaching its decision. As a result subject to a few minor changes to its proposed decision the LHIN Board endorses the Blueprint and the Maternal Newborn Program that it seeks to establish. The LHIN Board recognizes that a Maternal Newborn Program will improve care for mothers and babies in the LHIN. Specifically it will strengthen the ability of the system to deliver appropriate care in a timely manner. It will promote innovation within the system. It will enable planning for and the funding of emerging priorities. It will enable the development and implementation of a regional health human resources plan that will support recruitment and retention of scarce resources. It will allow the region to place a greater emphasis on shared resources, knowledge and expertise and enable the system to leverage the contributions of its many participants for the benefit of all.

The LHIN Board finds that it is in the public interest to maintain six rural sites in the LHIN while moving initially from five sites to four sites and then consolidating at three sites in the Ottawa region. This will improve the planning for and the coordination of maternal and newborn services in the LHIN. It will permit more effective and efficient deployment of resources and will enable mothers and babies to have appropriate care as close to home as possible thus ensuring that mothers and babies are admitted to the right place at the right time and receive care from the right service provider.

The Board also finds that it is in the public interest to adopt standardized levels of maternal and newborn care, to identify the level of care available from each Party and to seek to ensure that mothers and babies will receive the specified levels of care. This will result in an improvement of care for mothers and babies based on best practices. It will enable the use of clear, measurable and evidence-based clinical outcome indicators to promote continuous improvement.

[12] (Lalonde v. Ontario (2001) 56 OR [3d] 577 [CA]

The LHIN Board recognizes that the Maternal and Newborn Program contained in the Blueprint encourages the use of system thinking and multi-sectoral agency involvement. The Program will be further enhanced if a means can be found to leverage the strengths and resources of PPPESO, while enabling PPPESO to continue to provide services to those members outside of the LHIN. Consequently the Board finds that it is in the public interest for the Parties to seek the consolidation of PPPESO with the Maternal and Newborn Program. This will result in more effective and efficient use of scarce resources. It will facilitate the operation and reach of the Program to the benefit of the LHIN's community, but also to the benefit of PPPESOs members in other LHINs. To this end the LHIN Board recognizes the benefits that could be shared with health service providers in its neighbouring South East Local Health Integration Network and tasks its LHIN staff to reach out to the SE LHIN to explore the advantages of a combined effort in this area.

Finally, the Board finds that it is in the public interest for the Parties to continue to work with the LHIN, other relevant service providers, system participants and the community to operationalize the Maternal Newborn Program and implement other aspects of the Blueprint. The Board recognizes that the Blueprint looks far into the future of the LHIN. In order to fully realize potential, it is important for the Parties to continue to work with the LHIN and its community to bring about a healthy future for mothers and babies.

8. Decision

Pursuant to section 26 of the *Local Health System Integration Act, 2006*, the Champlain Local Health Integration Network finds that it is in the public interest to require the Parties to take the following actions by the deadlines identified:

(a) **Almonte**. Almonte is ordered to take the following actions:

(i) Continue to provide Level 1 Maternal and Level 1 Newborn services;

(ii) work with the LHIN, Pembroke and Renfrew to secure access to a Paediatrician or/and a General Practitioner with paediatric expertise for Almonte within two years; and

(iii) provide enhanced obstetrical on-call coverage to minimize transfers to Ottawa for caesarean sections within two years.

(b) **CHEO.** CHEO is ordered to take the following actions:

(i) Continue to provide up to Level 3 Newborn service;

(ii) In conjunction with TOH prepare a plan for (a) the consolidation and integration of its Level 3 Newborn services with TOH's 2 newborn services at the General and Civic Campuses as set out in Appendix F of the Blueprint; (b) the appointment of a joint medical chief of neonatal services; and (c) the appointment of a joint clinical/administrative lead of neonatal services all on or before April 1, 2010. The plan is to be submitted to the LHIN for approval on or before February 1, 2010.

(iii) Consolidate and integrate its Level 3 Newborn services with TOH in accordance with the plan approved by the LHIN;

(iv) In conjunction with TOH, appoint a joint medical chief of neonatal services and a joint clinical/administrative lead of neonatal services in accordance with the plan approved by the LHIN;

(v) Effective March 1, 2010 or thereabouts participate on a joint planning committee to be established by the LHIN, to develop the master plan/functional program for the proposed new Maternal Newborn Centre by July 2011 (the "Maternal Newborn Centre Joint Planning Committee");

(vi) On the request of the LHIN develop a plan for delivery of its neonatal service through the Maternal Newborn Centre. The plan (the "CHEO Consolidation Plan") is to be submitted to the LHIN for approval within the timelines set by the LHIN; and

(vii) Transfer the provision of its neonatal service to the Maternal Newborn Centre in accordance with the CHEO Consolidation Plan as approved by the LHIN.

(c) **Cornwall.** Cornwall is ordered to continue to provide Level 1Maternal and Level 1 Newborn services.

(d) **Hawkesbury.** Hawkesbury is ordered to continue to provide Level 1 Maternal and level 1 Newborn services.

(e) **Montfort.** Monfort is ordered to:

(i) provide Level 2 Maternal and Level 1 Newborn services;

(ii) within 2 months of receipt of new funding from the LHIN, provide Level 2 Newborn services;

(iii) effective March 1, 2010 or thereabouts participate on the Maternal Newborn Centre Joint Planning Committee;

(iv) participate consistently in CritiCall as of the implementation of Level 2 Newborn services;

(v) complete the training for newborn care required to:
1. provide low flow oxygen;
2. enable the catheterization of umbilical vein prior to transport;
3. enable the administration of surfactant by Respiratory Therapy staff; and
4. allow the administration of all blood products by RN staff;

for newborn services no later than 2 months following receipt of the funding letter unless otherwise specified by the LHIN;

(vi) Prepare a plan to assure Family Practice/Paediatrician coverage at all times for newborn services and submitted it to the LHIN for approval no later than 1 month following receipt of the funding letter for Level 2 newborn care; and

(vii) Implement the Family Practice/Paediatrician coverage plan no later than 2 months following approval of the plan unless otherwise specified by the LHIN.

(f) Pembroke. Pembroke is ordered to:

(i) continue to provide Level 1Maternal and Level 1 Newborn services;

(ii) work with the LHIN, Almonte and Renfrew to secure access to a Paediatrician or/and a General Practitioner with paediatric expertise for Pembroke within two years; and

(iii) work with Renfrew to secure appropriate anaesthesia service coverage for epidurals and caesarean deliveries 24/7 within the timeframe set out in Champlain LHIN's Clinical Distribution Plan or alternatively have a formalized mechanism to stabilize and transfer mothers

(g) Queensway Carleton. Queensway Carleton is ordered to:

(i) provide Level 2 Maternal and Level 1 Newborn services;

(ii) within 2 months of receipt of new funding from the LHIN, provide Level 2 Newborn services;

(iii) Effective March 1, 2010 or thereabouts participate on the Maternal Newborn Centre Joint Planning Committee;

(iv) participate consistently in CritiCall as of the implementation of Level 2 Newborn services;

(v) complete the training required to:
1. provide lumbar punctures;
2. enable the catheterization of umbilical vein prior to transport;
3. enable the administration of surfactant by MDs and Respiratory Therapy staff; and
4. allow the administration of all blood products by RN staff,

for newborn services no later than 2 months following receipt of the funding letter unless otherwise specified by the LHIN;

(vii) Prepare a plan to assure Family Practice/Paediatrician coverage at all times for newborn services and submitted it to the LHIN for approval no later than 1 month following receipt of the funding letter for Level 2 care; and

(viii) Implement the Family Practice/Paediatrician coverage plan no later than 2 months following approval of the plan unless otherwise specified by the LHIN

(h) **Renfrew.** Renfrew is ordered to:

(i) provide Level 1 Maternal and Level 1 Newborn services;

(ii) work with the LHIN, Almonte and Pembroke to secure access to a Paediatrician or/and a General Practitioner with paediatric expertise for Renfrew within two years;

(iii) work with Pembroke to secure appropriate anaesthesia service coverage for epidurals and caesarean deliveries 24/7 within the timeframe set out in Champlain LHIN's Clinical Distribution Plan or alternatively have a formalized mechanism to stabilize and transfer mothers

(iii) Develop and implement a continuous learning plan by April 2010 that will ensure the maintenance of skills for both nursing and medical staff.

(i) **TOH:** TOH is ordered to:

(i) provide up to Level 3 Maternal and up to Level 2 Advanced Newborn services at its Civic Campus until otherwise advised by the LHIN;

(ii) provide up to Level 3 Maternal and Level 3 Newborn services at its General Campus until otherwise advised by the LHIN;

(iii) In conjunction with CHEO prepare a plan for (a) the consolidation and integration of its Level 3 Newborn services at the General Campus with TOH's Level 2 newborn services at the Civic Campus as set out in Appendix F of the Blueprint; (b) the appointment of a joint medical chief of neonatal services; and (c) the appointment of a joint clinical/administrative lead of neonatal services all on or before April 1, 2010. The plan is to be submitted to the LHIN for approval on or before February 1, 2010;

(iv) effective March 1, 2010 or thereabouts participate on the Maternal Newborn Centre Joint Planning Committee;

(v) Consolidate and integrate its Level 3 and 2 Newborn services with CHEO in accordance with the plan approved by the LHIN;

(vi) In conjunction with CHEO, appoint a joint medical chief of neonatal services and a joint clinical/administrative lead of neonatal services in accordance with the plan approved by the LHIN;

(vii) plan for the program volume and funding transfer that will occur as maternal and newborn admissions decline at the Civic and General Campuses following a methodology approved by the LHIN;

(viii) On the request of the LHIN develop a plan for delivery of its neonatal service through the Maternal Newborn Centre. The plan (the "TOH

Consolidation Plan") is to be submitted to the LHIN for approval within the timelines set by the LHIN;

(ix) Transfer the provision of its Maternal and Newborn Services with the Maternal Newborn Centre in accordance with the TOH Consolidation Plan approved by the LHIN; and

(x) Notwithstanding the foregoing, if and when the new Civic Campus is built and in operation, TOH will no longer provide any obstetrical and maternal newborn services at its new Civic Campus, unless otherwise approved by the LHIN.

(j) **Winchester.** Winchester is hereby ordered to continue to provide Level 1 Maternal and Level 1 Newborn services.

(k) **All Parties.** In addition to the actions required of an individual party above, each party is ordered to take the following actions:

(i) Initiate a work-flow mapping exercise to determine how best to integrate PPPESO with the Program and provide a report to the LHIN, with a copy to the SE LHIN, no later than March 1, 2010;

(ii) Effective March 1, 2010 or thereabouts, participate in the committees, task forces and other working groups set up by, or on behalf of, the LHIN and otherwise assist the LHIN to establish the Network and plan and implement the Program;

(iii) On or before April 1, 2010 establish a Maternal Newborn Community of Practice Network (the "Network") within CHEO infrastructure to provide direction and oversight to the Program including PPPESO activities as outlined in the amended Blueprint;

(iv) Work with each other and the other members of PPPESO to integrate PPPESO with the Network on or before April 1, 2010, or such other date as subsequently directed by the LHIN;

(v) As of April 1, 2010, fund CHEO for the operation of the Network in accordance with a Network budget approved by the LHIN; and

(vi) develop a human resources adjustment plan in respect of the human resources adjustments effected by this integration decision.

The Champlain Local Health Integration Network

By:

_____ Date:_____

Marie Fortier, Chair