Proposed Decision

of Champlain Local Health Integration Network ("Champlain LHIN")
issued pursuant to Section 25(2)(b) and Section 26
of the *Local Health System Integration Act, 2006* ("LHSIA")

1) Date

July 25, 2018

2) Subject Matter

Implement First-Year Recommendations of the Sub-Acute Capacity Plan and Create the Champlain Sub-Acute Network

3) Parties to the Decision

(referred to individually as a "Party" and collectively, the "Parties")

Funded Health Service Providers

(i) Almonte General Hospital ("AGH")
(ii) Arnprior Regional Health ("ARH")
(iii) Bruyère Continuing Care ("BCC")
(iv) Children's Hospital of Eastern Ontario ("CHEO")
(v) Cornwall Community Hospital ("CCH")
(vi) Hôpital Glengarry Memorial Hospital ("HGMH")
(vii) Hawkesbury & District General Hospital ("HDGH")
(viii) Hôpital Montfort ("HM")
(ix) Kemptville District Hospital ("KDH")
(x) Pembroke Regional Hospital ("PRH")
(xi) Queensway Carleton Hospital ("QCH")
(xii) Renfrew Victoria Hospital ("RVH")
(xiii) St. Francis Memorial Hospital ("SMH")
(xiv) St. Joseph's Continuing Care Centre ("SJCCC")
(xv) The Ottawa Hospital ("TOH")
(xvi) Winchester District Memorial Hospital ("WDMH")

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4) Purpose and Nature of Integration

The purpose of the proposed integration is to:

- *Change the current distribution of some hospital-based sub-acute beds to best align with patient needs;*
- *Enhance the frequency and intensity of inpatient rehabilitation to ensure better outcomes and meet provincial and Rehabilitation Care Alliance best practices;*
- *Create integrated hubs of sub-acute services in Champlain LHIN in order to ensure these services are optimally aligned with population distribution and need and to support the safe and effective delivery of these services; and*
- *Standardize sub-acute care delivered in hospitals party to this decision, including improved accessibility to services, system capacity and patient outcomes.*

5) Facts

A) Description of the Health Service Providers

Champlain LHIN has entered into a separate *Hospital Service Accountability Agreement* (each an "HSAA") with each Party under section 19 of LHSIA. Specific to each HSAA, the funded health services providers noted in *section 3 above* each provide sub-acute services which Champlain LHIN funds.

B) Description of Impacted Services

The sub-acute services that are the subject of this integration decision include all rehabilitation, complex medical management, palliative in-patient services, hospital-based convalescent and transitional care beds in Champlain LHIN as well as publicly-funded community restorative-care services in the community.

Champlain LHIN funds 879 sub-acute beds, currently distributed amongst 17 providers across its geographic area:

- *General Rehabilitation (including transitional care) is concentrated at CCH, HM, TOH, PRH and QCH – 106 beds*
- *Geriatric Rehabilitation is located at BCC and HGMH – 54 beds*
- *Complex Medical Management beds are most widely distributed with locations at AGH, ARH, BCC, HGMH, HDH, KDH, PRH, RVH, SFMH, SJCCC, and WDMH – 517 beds*
- *Stroke Rehabilitation is located at BCC, HGMH and PRH – 41 beds*

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- *Specialized Rehabilitation is located at TOH – 54 beds*
- *Sub-Acute Palliative Care is located at BCC – 31 beds*
- *Convalescent Care is located at BCC, KDH and in Long Term Care Homes – 76 beds.*

Additionally, LHIN Home and Community Care as well as primary, community and home care providers offer rehabilitation services in the community.

C) Background Information

Champlain LHIN and regional sub-acute service providers have long recognized the need to improve access and quality of sub-acute services in the LHIN:

- *52% of patients in an acute care hospital ready for rehabilitation experience an average of 12.5 days of delay in accessing rehabilitation services;*
- *Patients admitted for in-patient rehabilitation have the highest functional status at admission: they experience the smallest gains and are more likely to be discharged to long-term care;*
- *Length of stay in Complex Medical Management ("CMM") beds is twice the provincial average;*
- *20% of all CMM beds are used for patients that are not receiving therapy, nursing or activation, and are not medically complex or palliative. This indicates that they could be cared for safely in a less complex and less expensive level of care;*
- *The rate of use of home-care service by rehabilitation patients post discharge is the second lowest in province;*
- *Regional variations in quality and safety indicators were not routinely monitored; and*
- *System-wide planning was limited.*

To address these factors, in 2016, the LHIN provided funding to TOH to procure a consulting firm to assist it and the providers of sub-acute services with the development of a LHIN-wide plan for these services.

The report concluded that given that the population of those aged 65 and older in Champlain LHIN is projected to increase by 21.3% by 2019 and 47% by 2024, 156 additional sub-acute care beds would be required to meet this growing demand if no changes were made to these services in the immediate term.

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The report provided a number of recommendations including:

- *Increasing the capacity of inpatient rehabilitation beds;*
- *Consolidating the most highly specialized services at a single site in Ottawa;*
- *Distributing higher volume, less specialized rehabilitation capacity across the LHIN using a "hub" model to maximize access;*
- *Reducing length of stay to provincial average; and*
- *Investing in in-home, ambulatory and other community sub-acute care services including alternative housing and assisted living options.*

The full *Champlain Sub-Acute Capacity Plan* can be found on Champlain LHIN's website.

On May 25, 2016, following Champlain LHIN Board of Directors' consideration of the comprehensive planning and stakeholder engagement process led by external consultants, the *Board passed the following MOTION:*

> *Be it resolved that Champlain LHIN Board of Directors approves the strategies and directions encompassed in the Champlain Sub-Acute Capacity Plan dated May 2016 and requests that an implementation plan to fulfill its recommendations be developed.*

6) Process

As required by LHSIA, Champlain LHIN developed and issued its *Integrated Health Service Plan 2016-19* ("IHSP") in March 2016 and made copies of the IHSP available to the public through its website. Sub-acute capacity planning is firmly embedded in the LHIN's strategic directions which includes the implementation of innovative models of care to increase the value of the LHIN's health system for the people it serves.

In 2017, Champlain LHIN established a Sub-Acute Capacity Plan Executive Steering Committee ("SACP-ESC") comprised of all CEOs of large and medium size hospitals delivering sub-acute services, three representatives from smaller hospitals offering these services, and physician leader representatives.

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This committee had oversight of six clinical work groups (together "Clinical Work Groups") each focusing on a subset of sub-acute, namely:

(i) Palliative Care,

(ii) High Respiratory Rehabilitation,

(iii) Complex Medical Management,

(iv) General/Geriatric Rehabilitation,

(v) Specialized Rehabilitation, and

(vi) Stroke Rehabilitation.

The Clinical Work Groups reviewed existing services and proposed to the SACP-ESC an approach to distribute and enhance sub-acute care and services in Champlain LHIN. The proposed implementation plan includes:

- *Converting a minimum of 85 beds (43 complex medical management, 28 general rehabilitation and 14 transitional care beds) to specialized, stroke and geriatric rehabilitation beds;*
- *Testing the impact of increased intensity of rehabilitation by offering therapy seven days per week and increasing daily hours of therapy;*
- *Increasing the availability of out-patient and in-home rehabilitation to reduce use of in-patient beds through the creation of integrated hubs of service in three geographic locations and corresponding spokes to provide care closer to home in rural areas;*
- *Adding community based housing supports to expedite discharges out of sub-acute care; and*
- *Making better use of existing sub-acute beds by standardizing care: reducing length of stay, standardizing admission criteria, coordinating access to beds.*

In addition, Champlain LHIN, Home and Community Care will continue to advance aspects of the sub-acute implementation plan under its purview and liaise with the SACP-ESC to ensure the success of the Sub-Acute Capacity Plan and Year-1 Implementation Plan. Specific initiatives include:

(i) Working with community and hospital providers to establish a community stroke rehabilitation program in Eastern Champlain, Western Champlain and greater Ottawa;

(ii) Increasing targeted community based services to reduce dependency on hospitalized care and allow for care closer to home;

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(iii) Participating on a Clinical Work Group to develop an integrated rehabilitation hub model for Champlain LHIN and to integrate services within this model; and

(iv) Providing data related for evaluation based on agreed on and standardized indicators.

On April 25, 2018 the SACP-ESC presented the proposed implementation plan to Champlain LHIN's Board of Directors. The Board unanimously passed the following MOTION:

WHEREAS the LHIN Board of Directors:

- *Took note that the LHIN staff and Executive Steering Committee have reviewed the Sub-Acute Capacity Plan recommendations and have concluded that they: are aligned with LHIN priorities, based on the best available data, evidence and methodologies; have been vetted by local experts; and, there has been significant engagement with health service providers in developing the future state of sub-acute services;*
- *Endorsed, on May 25, 2016, the Sub-Acute Care Capacity Plan (Plan), dated May 2016, and noted that the aforementioned Plan has been posted on the LHIN's website;*
- *Requested on May 25, 2016 that an Implementation Plan to fulfill the Plan's recommendations be developed;*
- *Will consider all integration decisions recommended by LHIN management which are required to give effect to the Implementation Plan and, if it judges the recommended proposed integration decisions to be appropriate, authorize such proposed integration decisions for dissemination to the public for its input; and*
- *Will, pursuant to the above, consider any public input that may be received and having done so, then approve or modify as it judges appropriate, the recommended integration decisions for implementation*

THEREFORE be it resolved that the Champlain LHIN Board of Directors:

- *Accept the 'Implementation Plan' as presented and attached hereto including management's recommendations for exemptions from the current Implementation Plan to be re-considered at a later date; and*
- *Approve the implementation of Year-1 (FY 2018/19) of the staged Implementation Plan, conditional on the availability of sufficient operational resources, and including the noted exceptions.*

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As part of the ongoing collaboration of the Parties, over the summer months the Parties have agreed to:

- *Establishing a clinical work group to create the Integrated Rehabilitation Hub Model.*
- *Establishing a Complex Medical Management Advisory Committee with direct reporting to the SACP-ESC.*
- *Reviewing and revising the Terms of Reference for Rehabilitation Network of Champlain (RNOC) as an Advisory Committee with direct reporting to the SACP-ESC.*
- *Establishing a work group to create the Coordinated Access Model.*
- *Establishing a work group to create a quality and evaluation framework to evaluate the effectiveness of the changes to distribution of sub-acute services.*

7) Community Engagement and Notice of Proposed Decision

Champlain LHIN recognizes that the public may require additional time to make written submissions about the proposed decision over the summer months. To assist, the LHIN proposes to provide the public with 45 days' notice of the proposed decision by:

A) Making copies of the proposed decision available to the public on its website and at its office:

(i) For 15 days representing Champlain LHIN's community engagement mandate; and

(ii) For 30 days satisfying Champlain LHIN's statutory obligations under section 26(3) of LHSIA.

B) Considering all written submissions received within 45 days of making the proposed decision available to the public as if the submissions had been received during the notice period under section 26(4) of LHSIA.

8) Analysis of Intended Integration

The chief executive officers, chief financial officers, administrative and clinical leads of all hospitals currently offering sub-acute services have been engaged in the analysis and development of otions to improve sub-acute services.

Champlain LHIN has received recommendations from the SACP-ESC on behalf of the Clinical Work Groups.

Champlain LHIN considers it in the public interest that the Parties make these changes in sub-acute services, namely to make better use of existing beds, provide more rehabilitation beds, invest in appropriate community based resources, and provide adequate in home rehabilitation. The LHIN relies on the evidence presented by SACP-ESC.

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By adopting these changes the LHIN seeks to improve the management of the health care system, improve the quality of the care and treatment of patients, and improve the accessibility of the sub-acute services in Champlain LHIN.

The proposed integration:

- *Is not contrary to Champlain LHIN's Integrated Health Service Plan or the Ministry-LHIN Accountability Agreement;*
- *Is aligned with the needs of the population and reflects the need to improve access to sub-acute services across Champlain LHIN;*
- *Is aligned with the planning principles established by the SACP-ESC which were submitted to and endorsed by Champlain LHIN Board in May 2018;*
- *Concentrates highly specialized sub-acute services centrally and spreads more generalized sub-acute services across the LHIN;*
- *Allows for the appropriate utilization of medical human resources;*
- *Supports the goals of a comprehensive regional sub-acute program; and*
- *Allows for evolution as population needs and the availability of resources change.*

9) Decision

Pursuant to section 25(2)(b) and section 26 of LHSIA, Champlain LHIN finds that it is in the public interest to require the Parties to proceed with the integration described in this decision and that the Parties are hereby required to implement the following by March 31, 2019, or by the deadlines identified below:

A) The Parties are ordered to take the following actions:

(i) To work with Champlain LHIN and the Parties in aligning sub-acute services in the LHIN as proposed by the SACP-ESC and Champlain LHIN;

(ii) To work with and contribute to sub-acute planning as reasonably required by the SACP-ESC or Champlain LHIN;

(iii) If requested by Champlain LHIN, the Parties invited to join the SACP-ESC, will identify the appropriate employee to act as its representative on the SACP-ESC, and fulfil its role on the SACP-ESC in accordance with the Party's HSAA and with the SACP-ESC's terms of reference.

(iv) If the Party is a member of the SACP-ESC, it will ensure that the SACP-ESC delivers the following to Champlain LHIN by the identified deadlines:

1) Develop a proposal for Champlain LHIN's consideration and approval on the future governance structure of a Sub-Acute Network ("Network"). The proposal is to be presented to Champlain LHIN by October 30, 2018.

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2) Once a Network has been established, task the Network to deliver to Champlain LHIN:

   a) By October 30, 2018:

      (i) A mechanism to solicit the input of patients and families in its future work;

      (ii) A mechanism to ensure access, solicit input and representation of Indigenous and Francophone populations in its future work.

      (iii) A quality and evaluation framework to evaluate the effectiveness of the changes to distribution of sub-acute services; and

      (iv) A mechanism to capture lessons learned about the planning process and implementation of changes in distribution of sub-acute services.

   b) By December 31, 2018:

      (i) Recommendations and costing associated with an Integrated Rehabilitation Hub;

      (ii) A work plan including the key tasks for 2018/19 and 2019/20.

      (iii) An implementation plan for the 2019/20 fiscal year outlining strategies to improve sub-acute care services.

3) Develop a mechanism to communicate and share information with key stakeholders not represented on the various committees.

4) The SCAP-ESC, on behalf of the Network, will provide updates to Champlain LHIN CEO on the Network's initiatives.

(v) To provide specific data to inform the evaluation of changes to the sub-acute services as requested by the SACP-ESC or Champlain LHIN; and

(vi) To continue to provide all or part of the sub-acute service that are currently provided to people unless amended by this decision; and endorsed by the SACP-ESC and approved by Champlain LHIN.

B) In addition, BCC, and PRH are ordered to take the following action:

(i) Use the hospital's existing operating budget to increase intensity of rehabilitation services to 90 minutes per patient per day by December 31, 2018, in accordance with Rehabilitation Care Alliance Guidelines; and

(ii) Develop a human resources adjustment plan in respect of the integration.

C) In addition, HGMH is ordered to take the following action:

(i) Upon receipt of funds from Champlain LHIN increase intensity of rehabilitation services to 90 minutes per patient per day by December 31, 2018, in accordance with Rehabilitation Care Alliance Guidelines.

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D) In addition, BCC is ordered to take the following actions:

(i) Continue to apply funds received from Champlain LHIN, to maintain the operations of three stroke rehabilitation in-patient beds opened in April 2018 and two additional stroke rehabilitation beds opened in July, 2018 for a total of 5 additional stroke beds;

(ii) Upon receipt of funds from Champlain LHIN, continue to provide outpatient stroke services until such time as the Community Stroke Program for greater Ottawa is established;

(iii) Work with TOH to develop a plan to transfer stroke rehabilitation beds from BCC to TOH, and submit the plan for this transfer to Champlain LHIN by December 31, 2018; and

(iv) Develop a human resources adjustment plan in respect of the integration.

E) In addition, CCH is ordered to take the following actions:

(i) Develop a fully costed plan to establish a District Stroke Centre effective December 31, 2018.

F) In addition, TOH is ordered to take the following actions:

(i) Upon receipt of funds from Champlain LHIN convert four existing general rehabilitation beds to specialized rehabilitation beds for people with Acquired Brain Injury ("ABI") by December 31, 2018;

(ii) Provide the LHIN with a report on the outcomes of the seven-day rehabilitation pilot with recommendations for seven-day rehabilitation services for specialized rehabilitation and for rehabilitation in general by October 31, 2018;

(iii) Pending a report of evidence to confirm the outcomes of this pilot meet the intended purposes in section 9(f) (ii) above, and confirmation of funds from Champlain LHIN, provide rehabilitation seven days per week in the specialized rehabilitation program for people with ABI by December 31, 2018.

(iv) Work with BCC to develop a plan to transfer stroke rehabilitation beds from BCC to TOH, and submit the plan for this transfer to Champlain LHIN by December 31, 2018; and

(v) Develop a human resources adjustment plan in respect of the integration.

G) In addition, WDMH is ordered to take the following action:

(i) Develop and propose to the LHIN a plan to utilize unused sub-acute hospital capacity to meet the sub-acute needs of the community by December 31, 2018.

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H) In addition, PRH and TOH are ordered to take the following action:

(i) Working with the French Language Health Services Network of Eastern Ontario (*Réseau*) and the Champlain LHIN submit a revised and compliant French Language Services Designation Plan by April 2019 to include sub-acute services as designated programs under the *French Language Services Act (1990).*

I) In addition, BCC, and CCH are ordered to take the following action:

(i) Working with the *Réseau* and Champlain LHIN submit a revised and compliant French Language Services Designation Plan by April 2020 to include sub-acute services as designated programs under the *French Language Services Act, 1990*.

Champlain Local Health Integration Network

Per:

Note: The decision will not be signed until after the consultation period and only if the Board approves the decision.

Jean-Pierre Boisclair, Board Chair **Date**

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