

## BRIEFING *Note*

Item 14.0

<b>Meeting Date:</b>	May 9, 2013
<b>Action:</b>	Information
<b>Topic</b>	Notice of Voluntary Integration – Regional Consolidation of Pacemaker Implant and Follow-up Ambulatory Care Services at St. Mary’s General Hospital

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### **Purpose:**

To provide the Board with information regarding receipt of a Notice of Intended Integration under Section 27 of the Local Health System Integration Act, 2006 (LHSIA) (“Notice”) from St. Mary’s General Hospital and Guelph General Hospital regarding the adult pacemaker implant and follow-up ambulatory care services they each provide (the “Integration”).

**Recommendation:** N/A

### **Background Information:**

#### **A. Notice of Voluntary Integration**

In 2011, the Cardiac Care Network (CCN) of Ontario released recommendations promoting a common standard of care for permanent pacemaker implant procedures and follow-up ambulatory care. Subsequently, the two providers of pacemaker implants in Waterloo Wellington – Guelph General Hospital (GGH) and St. Mary’s General Hospital (SMGH) – assessed their internal operations against CCN’s 42 recommendations.

In light of CCN’s recommendations, GGH was challenged operationally to stay aligned with the evolving standard of care for pacemaker implants. The Hospital’s self-assessment in late 2011 was that it was non-compliant with five of CCN’s recommendations, and partially compliant with a further 12.

In June 2012, staff at SMGH and GGH began an in-depth review together of adult pacemaker implant and follow-up ambulatory care services in Waterloo Wellington. GGH has indicated that its own limited clinical adaptability and operational capacity to keep up with the new, higher standard of pacemaker care have caused it to look for the best go-forward option for pacemaker care for the residents of Guelph and surrounding area. The hospital cannot clinically meet the required standard of care. This is not a financial issue but rather an issue of having appropriate clinical experience within the hospital. Staff at the two hospitals explored the option of consolidating all services to one site, namely SMGH.

In December 2012, the SMGH Board approved the motion in principle to voluntarily integrate services at SMGH. SMGH and GGH staff submitted their final business case to their governors in early 2013. By late March 2013, both Boards had approved the motion to voluntarily integrate all pacemaker implant and follow-up ambulatory services at SMGH.

The hospitals are of the view that the required quality of care would best be delivered by SMGH, our cardiac leader for Waterloo Wellington, and have requested a voluntary integration to locate all pacemaker services at SMGH.

SMGH and GGH have indicated to the Waterloo Wellington LHIN that the goals of the Integration are to improve the quality of care and sustainability of pacemaker implant and follow-up ambulatory services in Waterloo Wellington. To achieve this, the Integration will align local services with the common clinical standard of care recommended by the CCN for the province. These goals can be attained by permanently consolidating all activity at the Regional Cardiac Centre at SMGH.

Notice was received on April 17, 2013 from the hospitals regarding their intention for a voluntary integration. When a LHIN receives a formal notice of voluntary integration from one or more health service providers, acting in the public interest, the LHIN is required to decide whether it wishes to stop the voluntary integration. If the LHIN decides not to stop the integration, the integration cannot proceed until 60 days have passed from the point in time when a complete Notice was received by the LHIN.

## **B. Review of Notice of Voluntary Integration**

Following the submission of the business case to the WWLHIN in April 2013, LHIN and provider staff have been working collaboratively to review its contents, and address any outstanding issues or questions. The WWLHIN requested supporting documentation and detailed clarifications to ensure it had sufficient information to enable it to determine whether the proposed integration should proceed.

The LHIN Priority Setting and Decision Making Framework has been used to guide the review of the submission, including questions such as:

- Does the integration achieve quality improvements in clinical outcomes, health service delivery, and/or system performance?
- Does the integration promote better access to high quality health services?
- Does the integration support patient/client and person-centred health care?
- Does the integration promote appropriate, coordinated, effective and efficient health services?
- Does the integration ensure value for money?

Through this review, it has become evident that the hospitals have provided clear information on the benefits and risks related to quality of care, outcomes for patients, sustainability of the service, and the related transfer of funding. It has also become evident that additional clarity is required to proceed with a WWLHIN Board review of this voluntary integration opportunity. Specifically, more information is required with respect to access to care and community engagement.

## **Access to Care**

In 2011/12, GGH supported 96 implants and 675 patients visiting the ambulatory clinic. People's access to ambulatory follow-up services is open-ended: implant patients need to have their devices checked, programmed, replenished with new batteries, and replaced as necessary, for the rest of their lives. Patients usually seen in Guelph may experience a challenge in access to ongoing pacemaker services through the move of the program from Guelph to Kitchener. This concern has been expressed by community members in Guelph directly to Guelph General Hospital, to the WWLHIN office, and through media engagement. The concerns regarding access expressed to date are quite broad. In some cases, patients who need to use wheelchairs or other mobility aids are challenged to obtain accessible transportation. In other cases, the inability to drive due to age is a challenge. In yet other cases, the financial capacity to afford travel is a challenge. Others also reference seasonal issues related to weather conditions and burden on caregivers. The integration plan submitted does not adequately articulate the risks and mitigation strategies regarding access to care.

## **Community Engagement**

GGH indicates it has engaged with patients, families, staff, clinicians, and local community leaders affected by the proposed transfer of services. For its part, SMGH has confined its community engagement to the stakeholders in the Regional Cardiac Centre, to ensure that support existed to help more people, to deliver increased volumes of activity, to deliver sustainable, quality services, and to take maximum clinical advantage of the opportunity to drive program development and improvement. Both providers have engaged staff of the CCN, the MOHLTC, and the WWLHIN as part of their efforts to advance this proposed integration.

It is a requirement of the voluntary integration process that the components of engagement need to address the system impacts of the proposed integration. While this has been done in part, the integration plan submitted does not adequately articulate the community engagement done to fully understand the impact of the proposed integration on residents in terms of access, choice and equity, and how information gleaned from this engagement has been used to inform a complete service plan.

## **Next Steps:**

The WWLHIN Board has a legal obligation to make a final decision on the proposed integration by June 16, 2013. For this to occur, the hospitals must provide further information to the WWLHIN by May 23, 2013. Additional information will be requested regarding:

- risks and mitigation strategies regarding access to care, and
- further community engagement with a report on the feedback received through the engagement and how that feedback has been taken into consideration in the integration plan.

WWLHIN staff will consider this information and bring a recommendation for the WWLHIN Board to consider at its June 13, 2013 meeting.

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