

**LONDON HEALTH SCIENCES CENTRE
CONFIDENTIAL**

January 14, 2002

TO: LHSC Board of Directors

**RE: EXECUTIVE LEADERSHIP TEAM RESPONSE TO BOARD
REQUEST REGARDING SCOPING RECOMMENDATIONS**

INTRODUCTION

On December 18, 2001 the Board of Directors received the report of the Medical Advisory Committee (MAC) detailing their review of additional information pertaining to the scoping decisions. The report provided specific recommendations for the Board's consideration. At the same time, Dean Herbert also tabled a summary report with the Board that outlined the findings of an internal review conducted among Faculty as to the impact of the scoping decisions on education and research.

Following extensive discussion, the Board approved the following:

That the Board receive the MAC Report and reconsider the scoping decisions in the areas of adult cardiac transplantation, radionuclide therapy, paediatric cardiac surgery, plastic surgery, endovascular aneurysm surgery and complex ankle, subject to further review in conjunction with the Ministry of Health and Long Term Care, Dean's office and the MAC.

The Board requested that management review the information provided by the MAC and the Dean and report to the Board at their meeting scheduled January 15, 2002. Further, the Board requested that management proceed with discussions with the Ministry of Health and Long Term Care (MoHLTC) with respect to reconsideration of the scoping decisions and the renewal plan mandate.

The following report provides:

The Executive Leadership Team's (ELT) response to the MAC and Faculty reports tabled December 2001 including specific commentary related to each of the scoping areas identified for reconsideration, and A status report pertaining to the remaining scoping decisions.

EVOLVING CONTEXT OF SCOPING

At the June 26, 2001 meeting of the Board, the strategic direction for LHSC was approved. This direction was developed from an understanding of:

our mission as an academic centre and our tradition of leadership and partnership in care, teaching and research;
the external drivers that shape the health care environment including economic and regulatory factors, demographics and information/medical technology, and
the internal factors which have a material impact on LHSC's future direction including the Restructuring and Renewal Plans.

The Board agreed that LHSC would focus our strategy in two areas:

a longer term vision of an integrated regional health service delivery model for Southwestern Ontario, and
near term efforts directed at strengthening LHSC, in and of itself, to ensure its long-term viability.

Further, the Board outlined principles to guide the Scoping and Sizing initiative including the development of decision criteria and recommendations. In September 2001 the Board received the recommendations of the Steering Committee. These recommendations were endorsed by the ELT and subsequently approved by the Board in October 2001.

In the weeks that followed, the competing expectations from key stakeholders including the community-at-large, the Ministry of Health and Long Term Care, local and provincial politicians and physicians came into conflict with the Board's decisions.

Although the Ministry reminded us of our obligations that the Operational Review called for a divestment of programs to achieve budget targets, Ministry officials have acknowledged our best efforts through the scoping process. The public debate, together with the successful operational

achievements of the past year provide the rationale to reopen discussions with the Ministry with respect to the Renewal Plan. These discussions are focused on fundamentally revising the existing Renewal Plan and reinvesting “savings” from operational and clinical efficiency to address patient care priorities. The opportunity that this presents effects the context in which planning and implementation of Scoping and Sizing proceeds.

New challenges will constantly face teaching hospitals as significant reform aimed at sustaining our health care system will be advanced by special Commissions. Together with our medical staff leaders, we will need to react to major public policy changes so that we can seize opportunities for our academic centre.

It is within this context that the ELT has considered the MAC and Faculty reports, and proceeded with discussions with the Ministry.

RESPONSE TO THE MAC AND DEAN’S REPORT

The MAC report included specific recommendations pertaining to those programs that made representation to the Committee on December 5, 2001. The Dean’s report reviewed each of the scoping decisions from a teaching and research perspective. The ELT has considered these reports and the following summarizes our conclusions.

Adult Cardiac Transplantation. The MAC recommended that the Board reconsider the scoping recommendation given the academic impact. The MAC further recommended a provincial approach for rationalizing cardiac transplantation. The Dean’s report indicated a major negative impact on the Faculty’s research strengths if the scoping decision proceeds.

In considering these issues, the ELT concluded that the original scoping decision be reversed. Further, the ELT agreed that:

A provincial approach is supported. The Minister of Health and Long Term Care has confirmed that the Trillium Gift of Life Network will review cardiac transplant programs in Ontario. LHSC is positioned to be a key player in these discussions.

LHSC can be positioned to be a major provider of cardiac transplantation if the Ministry provides additional operating and capital funds. Given the anticipated increased demand for kidney and liver transplantation in the coming years, LHSC cannot accommodate an increase in each of these treatment modalities within the existing resources and facilities.

We concur with the stated position of the Division of Cardiac Surgery and confirm that LHSC will not advance into the area of implantable heart devices.

Radionuclide Systemic Therapies. The ELT reaffirms that the scoping decision was intended to relate to the provision of Samarium for the treatment of intractable pain. The MAC recommended proceeding to the implementation phase. However, active discussions have been underway with the MoHLTC, Cancer Care Ontario, London Regional Cancer Centre and LHSC over the past year. If designated funding is forthcoming for this service, the program will be continued.

Paediatric Cardiac Surgery. The MAC concluded that no further decision should occur until the Provincial Task Force has completed their review. The immediate program needs were identified in the MAC report. The Dean's report further emphasized the interdependencies among the paediatric and neonatology specialties and the potential impact on the paediatric critical care residency and fellowship programs.

In considering these issues, the ELT supported the MAC recommendation and concluded that:

ELT reaffirms our continued commitment to a vision for regional paediatric care provided by the Children's Hospital of Western Ontario (CHWO) in selected subspecialty paediatrics including critical care services.

The Chair of Paediatrics and CEO of LHSC are participating on the Provincial Task Force. Through the provincial task force we will look to negotiate solutions that position London to provide specialty care to other regions of Ontario in those service areas in which we are well enabled and uniquely capable (e.g. trauma, metabolic diseases, oncology). This would further ensure the ongoing strength of critical care services at CHWO.

With respect to the immediate program needs identified by the MAC, a number of interim plans have been established.

Care for neonates requiring closure of Patent Ductus Arteriosus (PDA) has been established with the assistance of surgeons from the Hamilton Health Sciences Centre (HHSC). The training of LHSC Paediatric General Surgeons to provide PDA care for the neonates at SJHC is proceeding.

Children requiring cardiac catheterization are being treated in Toronto until such time as plans are finalized for surgical support to the cardiac catheterization program in London.

Transportation arrangements for transfer of children to Toronto have been addressed in partnership with HSC.

Pending conclusion of discussions with the Ministry regarding alternate funding agreements, LHSC continues to allocate operating funds to support paediatric subspecialists such as Critical Care Medicine and Cardiology.

Plastic Surgery. The potential academic impact of the scoping decisions were extensively documented in both the MAC and Faculty reports. The MAC recommended that these issues should be further reviewed with the Dean's office.

In considering these issues, the ELT concluded that the original scoping decision be put on hold. Meanwhile,

Support for the continuation of the plastic surgery residency program in London should be addressed. In order to ensure this program can achieve accreditation status, the ELT agrees to explore a number of care and teaching options with the Faculty of Medicine and Dentistry concerning the provision of services, including uninsured cosmetic procedures at St. Joseph's Health Care London (SJHC). This will require further discussion with the Acting Chief Division of Plastic Surgery.

The Royal College position on the provision of training for complex paediatric craniofacial procedures must be clarified.

With respect to burn care, LHSC is currently participating on a Ministry sponsored provincial working group to develop a coordinated approach to burn care in Ontario. The outcome of this process will need to be considered prior to any further action. Again, we look for leadership from the Acting Chief on this matter.

Endovascular Aneurysm Surgery. The MAC recommended continuation of the program subject to obtaining a secure source of funding. Further it was recommended that in the interim, these procedures be limited to residents of Southwestern Ontario.

In considering these issues, the ELT supported the position of the MAC to continue this program subject to the following:

The business plan presented to the Ministry requesting \$1.5 million in interim funding to address immediate service needs and initiation of a provincial strategy must continue through to a successful conclusion. This proposal was tabled with the Ministry in December 2001. If the new funding is not forthcoming from the Ministry, the Department of Surgery together with the Operating Room Committee will be requested to formulate a plan to offset the resources required by the continuation of this program. In the interim, the Division of Vascular Surgery will restrict their acceptance of referrals to residents of Southwestern Ontario only.

Complex Ankle Surgery. MAC has requested that further information be provided by the Orthopaedic service at their meeting scheduled January 16, 2002. ELT will consider the recommendation of the MAC thereafter.

Scoping Decisions Not Addressed by MAC

Management has proceeded to consider implementation issues with respect to the remaining ten recommendations. Attachment 1 outlines actions to date and plans for moving forward. ELT would recommend that these scoping decisions proceed to implementation. The next steps include a review by the MAC of implementation plans in order to assess the impact on the quality of medical care. It is further suggested that the Patient Care Committee could provide an additional source of input to the Board on quality of care issues. Ongoing planning updates will be provided to the Board on a regular basis. It is essential however that the uncertainty with respect to service provision in each of these areas be addressed both internally and with the patients impacted by these decisions.

RECOMMENDATION TO THE BOARD

The Executive Leadership Team recommends the Board endorse this report.