

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

- 1) Date:** August 24, 2016
- 2) Subject Matter:** **Distribution of Orthopedic Services in the Champlain LHIN**
- 3) Parties to the Decision (Parties):**

Funded Health Service Providers

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

4) Purpose and Nature of Integration:

The purpose of the proposed integration is to change the current distribution of some hospital-based orthopedic services in the Champlain region 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.

The orthopedic services that are the subject of this integration decision are a subset of all orthopedic services and comprise an initial step towards the creation of an organized, regional orthopedic program.

5) Facts:

a) Description of the Health Service Providers

The Champlain LHIN has entered into a separate hospital service accountability agreement (each an HSAA) with each Party under section 19 of the *Local Health System Integration Act, 2006*. Specific to each HSAA, TOH, HM, CCH, QCH, and KDH are to provide orthopedic Quality Based Procedures which the Champlain LHIN funds.

b) Description of Impacted Program

Champlain Regional Orthopedic Network (CRON)

CRON has been in place since June 2014. It is a network that currently includes the following health service providers that the Champlain LHIN funds: TOH, HM, CCH, QCH, PRH and KDH. It has provided advice and recommendations on the nature of orthopedic services in the Champlain region to the Champlain LHIN Chief Executive Officer (CEO) through its Executive Steering Committee. A description of the CRON's mandate, vision, values, guiding principles and structure is available at the Champlain LHIN office.

c) Background Information

The Champlain LHIN and regional orthopedic service providers have long recognized the need to improve orthopedic care, access, and quality in the region. In 2011, the Champlain LHIN initiated the Champlain Orthopedic Program Planning Initiative (COPPI) in response to the following factors present at the time:

- *orthopedic care was recognized as a high volume, high cost service crossing multiple sectors;*
- *the silo-type of service delivery model did not align with the complexity and diversity of orthopedic care required in the region;*
- *wait times for orthopedic consultations and procedures greatly exceeded performance targets;*
- *access to orthopedic care was unequitable;*
- *travel time, particularly for urgent/emergent orthopedic care, was long for rural populations;*
- *demand for orthopedic procedures was expected to increase by 22% over 10 years, without related increases in resources to meet the demand;*
- *regional variations in quality and safety indicators were not routinely monitored; and,*
- *system-wide planning was limited.*

In June 2013, following a comprehensive planning and stakeholder engagement process led by COPPI, the Champlain LHIN Board of Directors approved the following MOTION:

Be it resolved that the Champlain LHIN Board of Directors approves:

(i) The establishment of the Champlain Regional Orthopedic Program to support the organization, integration and coordination of orthopedic care including rehabilitation which includes:

- *a Leadership Structure to oversee the program*
- *a Community of Practice Framework to guide quality*
- *Service Delivery Model*

(ii) And further, be it resolved that the Champlain LHIN Board of Directors direct the Champlain Orthopedic Program Planning Initiative to establish a transitional leadership group to develop implementation plans for the priority recommendations.¹

Once the CRON was established in June 2014, the COPPI and its related working groups were discontinued.

Orthopedic surgery in the Champlain LHIN is primarily concentrated at CCH, HM, QCH, TOH, and at CHEO for the pediatric population. A small elective knee (and since hip) replacement service for people of low complexity was established at KDH in 2011 in partnership with TOH at a time when TOH's wait times for these procedures was extremely long and the availability of operating rooms at TOH to perform more procedures was limited. A small volume of outpatient orthopedic procedures are performed at ARH, CPDMH and HDGH by itinerant surgeons. Several other acute and non-acute care hospitals, as well as community and home care providers offer non-surgical orthopedic and rehabilitation services. Primary care and other community based providers have a role to play in the provision of care to persons with orthopedic conditions.

6) Process

The Champlain LHIN released its Integrated Health Service Plan 2016-19 in March 2016 and made copies available to the public through its website at <http://www.champlainlhin.on.ca/GoalsandAchievements/OurStratPlan.aspx>

Under its mandate, the CRON has reviewed the orthopedic services provided in the Champlain region and it has proposed to the Champlain LHIN CEO an approach to distribute hospital-based orthopedic surgical procedures in the Champlain LHIN. The approach is based on the following defined levels of service:

Full Service Hubs provide 24 hour orthopedic coverage for elective and emergency care on an inpatient and outpatient basis including related supportive care. Currently, CCH, HM, QCH, TOH, and CHEO act as full service hubs for the region. However, only TOH, as the tertiary/quaternary care adult hospital in the region, and CHEO, as the tertiary/quaternary care hospital for children, provide specialty orthopedic services such as spinal surgery, complex trauma, and cancer related surgery.

Outpatient Centers are shared resource centers where orthopedic day surgery procedures are performed by surgeons from full service sites. Currently KDH, ARH, CDMH, HDGH and the Riverside site of TOH act as outpatient centers.

Satellite Services are provided in rural hospitals under the auspices of a full service hub. In-patient orthopedic services delivered at KDH were originally established as a satellite service of TOH.

¹ <http://www.champlainlhin.on.ca/~media/sites/champlain/BdGov/MtgInfo/Mins/2013/2013,-d-,06,-d-,26EN.pdf?la=en>
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However, beginning in 2012, the services were operated as a stand-alone partial service. There are currently no surgical satellite orthopedic services in the Champlain region.

The CRON considered several options to align hospitals with the service levels defined above as well as to distribute current allocations of the four Quality Based Procedures (primary hip replacement, primary knee replacement, knee arthroscopy, and hip fracture) across the hospitals. The analysis focused on these four orthopedic procedures because their volumes and associated funding are well understood and are distributed at the LHIN level rather than at the individual hospital level.

On June 10, 2016, the co-chairs of the CRON's Executive Steering Committee sent a letter to the LHIN CEO indicating that the CEOs of hospitals offering orthopedic Quality Based Procedures and PRH as well as the Chiefs of Orthopedic services in these hospitals were unanimous in their support for the need to establish a full-service hub at PRH. They were also unanimous in their recommendation to permit access to in-patient elective knee replacement surgeries at KDH only by operating KDH as a satellite of an existing full-service orthopedic hub. While a consensus could not be reached, 8 of 11 of the CEOs and Chiefs were in support of an approach to reallocating volume of Quality Based Procedures and associated funding from existing hospitals offering these services to PRH. PRH was one of the organizations not in support of the approach given that the hospital would not receive the volume of Quality Based Procedures at the level that prior analysis had determined would be required to allow a full orthopedic service to operate effectively and efficiently.

The proposed integration reflects the CRON leadership's consensus position while making minor adjustments to its proposed allocation of Quality Based Procedures for the 2017/18 fiscal year.

Public Consultation

The proposed integration decision was presented and discussed by the Champlain LHIN Board of Directors at its June 22, 2016 meeting². The LHIN Board agreed to make the proposed decision available for public consultation for the 30-day period required under section 26(3) of the Local Health System Integration Act (2006). The consultation period was initially set from June 23, to July 22, 2016 but was extended to July 31, 2016 to allow sufficient time for written responses from all interested parties. The LHIN also considered a written response that was received after the close of the consultation period.

The proposed decision was made available in French and in English to the public by posting copies of it and other supporting materials on the home page of the Champlain LHIN's website. The link to the proposed decision was also distributed via email to approximately 2,000 contacts (health providers, members of the public, other partners) on June 28, 2016, as well as to all LHIN-funded health service providers.

² http://www.champlainhin.on.ca/BdandGov/Mtg%20Info/Minutes/2016.aspx?sc_Lang=en

Fifty-one written submissions were received. Twenty-three responses were from persons (including physicians) affiliated with the Parties as listed in this decision. Sixteen responses were from individual members of the community and twelve submissions were from other health service providers, physicians and stakeholders including municipal and provincial elected officials, representatives of business associations, of a senior's service club and of emergency medical services. Several of the submissions were written on behalf of groups of individuals, such that the total number of individuals that provided feedback on the proposed decision was greater than 51.

The submissions were representative of the geographical area of the Champlain LHIN with 28 from the rural areas of Pembroke, Deep River, Barry's Bay, Carp, Golden Lake, Renfrew, Almonte, Arnprior, Beachburg, and Carleton Place. Twelve of the submissions were from the Ottawa area. Six submissions were from the Kemptville and Winchester area and five submissions were from the Cornwall and Hawkesbury region.

Twenty-six of the submissions (51%) were in full agreement with the proposed decision and spoke to the positive benefits of implementing the decision. An additional 13 submissions (25%) were also supportive of the proposed decision but suggested amendments to the decision that would further strengthen its intent and/or recommended considerations for implementation of the proposed decision. Six (12%) were neutral submissions that neither explicitly agreed nor disagreed with the proposed decision. A number of these submissions highlighted information for consideration. Six of the 51 submission (12%) submissions did not agree with the proposed decision either because they primarily objected to the process that was used to arrive at the decision and/or they believed that a more comprehensive plan should have been completed prior to moving forward with the proposed decision.

The content of the feedback received on the proposed integration decision centered on a number of themes. Foremost, five responses focused on the anticipated allocation of Quality Based Procedures that would be provided to support the establishment of a full service orthopedic centre in Pembroke. Feedback, primarily from the orthopedic surgeons in the region, expressed that anticipated volume allocations to the Pembroke Regional Hospital would be excessive given the start-up stage of the service and the amount of time required to become fully operational. In addition, concern was raised that the Cornwall area is underserved and the proposed decision would not correct this gap. While the proposed integration decision does not include the actual allocation of Quality Based Procedures to be provided to each hospital delivering these services given that the volumes for the Champlain region are only confirmed on a yearly basis, the LHIN acknowledges the feedback provided. It is recognized that the program at Pembroke Regional Hospital may take a period of time to mature as referral patterns change, and as recruitment and training of physicians and staff take place. The LHIN and CRON will need to monitor volumes very closely to ensure they are reallocated to other orthopedic hospitals if the ramp-up of the program in Pembroke takes longer than hoped. It is also recognized that the Cornwall area is currently underserved. The LHIN and CRON will need to continuously review population need to continue to align volumes to location of demand for service, bringing services closer to home where possible. The proposed decision acknowledges the need for additional services in Pembroke and Cornwall specifically.

The integration decision ensures a more gradual approach to redistribution of orthopedic Quality Based Procedures to allow all hospitals to make necessary adjustments to changes in volumes over time.

A second theme in the feedback identifies concern with the proposed integration decision in the absence of a complete clinical services plan for the Champlain LHIN region. The Champlain LHIN's Integrated Health Service Plan 2016-19, which was developed through broad consultation with the community and has been made publically available, provides the overall service plan for the region. It provides sufficient direction to allow for changes to some clinical services without the need for a detailed clinical services plan for each type of healthcare service provided in the LHIN. In its oversight role, the LHIN will ensure that changes to one type of service are considered in the context of impacts on other parts of the health care system.

A third related theme is that the proposed decision does not sufficiently identify the role of small hospitals or other community healthcare providers in the provision of orthopedic surgical (and related orthopedic) services. Further, feedback observes that the proposed decision does not address transition planning in the event of changes to the services that are currently provided. The proposed decision includes direction to CRON and the three small hospitals that currently provide orthopedic surgical service to define the role of these hospitals in providing outpatient orthopedic services by December 23, 2016. Based on the feedback obtained, section 8 (xvii) of the proposed decision was amended to direct CRON to propose a transition plan in the event of change in the roles of these small hospitals. Further, section 4 of the proposed decision was amended to clarify that the purpose of the decision addresses a subset of orthopedic services as an initial step towards the creation of an organized, regional orthopedic program.

The fourth theme which appeared in the feedback identifies a gap in stakeholder engagement in planning for the regional orthopedic program, particularly with the small rural hospitals as well as patients and families. The LHIN acknowledges the importance of stakeholder involvement in changes to our region's health care system. Section 8 (xvii) of the proposed decision was amended to direct CRON to review membership of committees and working groups to ensure appropriate representation including a mechanism to engage patients and families and communicate with stakeholders.

Feedback was also received indicating the need to ensure that any changes to the provision of orthopedic services would not negatively impact access to services for those seeking services in French and in fact would lead to greater access to these services for the Francophone population. Based on this feedback, section 8 (xi) of the proposed decision was amended to require Pembroke Regional Hospital to work with Le Réseau des services de santé en français de l'est de l'Ontario and the Champlain LHIN to finalize a designation plan in order for the new orthopedic services to be considered for designation under the French Language Services Act (1990).

Feedback was received that consideration of the orthopedic needs to children could be better reflected in the establishment of a regional orthopedic program. As such, sections 8 (iv), (xi) and (xvii) were amended.

Feedback was received indicating that a quality and evaluation framework to guide the work of the network and evaluate the impact of the proposed changes be established. Further, the Board of Directors of the Champlain LHIN requested that lessons learned about the planning process and the redistribution of orthopedic services be captured to inform future work of the LHIN and regional programs. As such, section 8 (xvii) was amended to require CRON to implement these requirements.

Several other suggestions and recommendations were made. While these did not require changes to the proposed decision, they will nonetheless be considered by the Champlain LHIN in implementation of the integration decision and will be brought forward to the CRON for consideration in its further work. These include integration with primary care and community providers that offer orthopedic services, consideration of population growth and changes in specific areas of the region, consideration of alternative funding strategies to support the Pembroke program, the role of the Pembroke Regional Hospital orthopedic program in supporting and being supported by the surrounding small rural hospitals, and the potential to collaborate with emergency services organizations to develop protocols that direct patients to the nearest full service orthopedic centre for emergency services.

7) Analysis of Intended Integration

The Chief Executive Officers, Chiefs of Orthopedics and administrative leads of the hospitals that are members of the CRON have been engaged in the analysis and development of options for the distribution of orthopedic services. Rural hospitals that currently provide orthopedic surgical services have also been consulted. Le Réseau des services de santé en français de l'est de l'Ontario has been consulted about the impact on access to orthopedic services in French.

The Champlain LHIN has received recommendations from the CRON.

The Champlain LHIN considers it in the public interest that the Parties change the distribution of orthopedic services in the Champlain region, namely for the quality of care and treatment of individuals, proper management of the health care system, and accessibility to and consistency of health services across the region.

The proposed integration:

- *Is not contrary to the Champlain LHIN's Integrated Health Service Plan or the Ministry-LHIN Accountability Agreement;*
- *Is aligned with the needs of the Champlain population and reflects the need to improve access to orthopedic services in the communities of Pembroke and Cornwall and their surrounding areas, while maintaining sufficient capacity in Ottawa;*
- *Is aligned with the planning principles established by the Champlain Orthopedic Program Planning Initiative which were submitted to and endorsed by the Champlain LHIN Board in 2013;*

- *Concentrates highly specialized services within two academic centres, one for adults and one for children;*
- *Allows for the appropriate utilization of medical human resources;*
- *Supports the goals of a comprehensive regional orthopedic program and the introduction of future Quality Based Procedures; and*
- *Allows for evolution as population needs and the availability of resources change.*

A detailed analysis of the current status of orthopedic surgical volumes from a geographic and market share view was completed by Champlain LHIN staff to inform the CRON about population demand and supply. The analysis is available at the Champlain LHIN office.

The analysis by Champlain LHIN staff and the recommendations from the CRON strongly support the need for a full service orthopedic program at PRH:

- *Patients from PRH's general service area primarily receive orthopedic surgery and care in Ottawa, about a 2 hour drive away. Orthopedic consultation and treatment for orthopedic emergencies (e.g. for hip or other fractures) is not available anywhere in the County of Renfrew.*
- *Patients from PRH's general service area require the equivalent of more than 4 orthopedic surgeons- a sufficient critical mass for a full service program.*

The analysis by Champlain LHIN staff and the recommendations from the CRON support a reduction in the current amount of elective orthopedic procedures performed at KDH based on the following:

- *Patients from the KDH service area require less than 2 orthopedic surgeons to meet population needs and are within a 25-45 minute drive of hospitals providing orthopedic services in Ottawa.*
- *Only 7% of the orthopedic patients treated at KDH live in the service area closest to KDH with another 7% from neighbouring areas. 68% of patients treated at KDH traveled from areas closer to Ottawa hospitals.*

9) Decision

The Champlain LHIN finds that it is in the public interest to require the Parties to proceed with the integration described in this decision and pursuant to section 25(2)(b) and section 26 of the *Local Health System Integration Act, 2006* the Parties are hereby required to implement the following by August 25, 2016 or by the deadlines identified below:

- (i) **Almonte General Hospital.** AGH is ordered to take the following actions:
 - a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN; and,
 - b) Refrain from establishing any orthopedic services unless the establishment of such services is endorsed by the CRON and approved by the Champlain LHIN.
- (ii) **Arnrior Regional Health.** ARH is ordered to take the following actions:
 - a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN;
 - b) Work with the CRON to determine whether ARH should play a role in providing future outpatient orthopedic services, and if so, the nature of these services, by December 23, 2016; and,
 - c) Refrain from establishing or making changes to any orthopedic services unless the establishment of or changes to those services is endorsed by the CRON and approved by the Champlain LHIN.
- (iii) **Carleton Place & District Memorial Hospital.** CPDMH is ordered to take the following actions:
 - a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN;
 - b) Work with the CRON to determine whether CPDMH should play a role in providing future outpatient orthopedic services, and if so, the nature of these services, by December 23, 2016; and
 - c) Refrain from establishing or making changes to any orthopedic services unless the establishment of or changes to those services is endorsed by the CRON and approved by the Champlain LHIN.

- iv) **Children’s Hospital of Eastern Ontario.** CHEO is ordered to take the following actions:
 - a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN;
 - b) Continue to act and provide services as a full service orthopedic hub, including the provision of specialized orthopedic services to children and youth;
 - c) Refrain from establishing or making changes to orthopedic services unless the establishment of or changes to those services is endorsed by the CRON and approved by the Champlain LHIN; and,
 - d) Work with the CRON to determine the scope of provision of orthopedic services for children and youth in all Champlain area hospitals.

- v) **Cornwall Community Hospital.** CCH is ordered to take the following actions:
 - a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN;
 - b) Continue to act and provide services as a full service hub for orthopedic services;
 - c) Effective April 1, 2017, adjust total hip replacement, total knee replacement, arthroscopy and hip fracture Quality Based Procedure volumes and associated funding in accordance with the terms and conditions of the HSAA 2017-18;
 - d) Provide the Champlain LHIN with a human resources adjustment plan by March 3, 2017;
 - e) Continue to provide representation on the CRON in support of further development of the Champlain region’s orthopedic program; and,
 - f) Other than the changes to the services described at clause c) above, CCH is to refrain from establishing or making changes to orthopedic services unless the establishment of or changes to those services is endorsed by the CRON and approved by the Champlain LHIN.

- (vi) **Deep River District Hospital.** DRDH is ordered to take the following actions:
 - a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN; and,
 - b) Refrain from establishing any orthopedic services unless the establishment of those services is endorsed by the CRON and approved by the Champlain LHIN.

- (vii) **Glengarry Memorial Hospital.** GMG is ordered to take the following actions:
 - a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN; and,
 - b) Refrain from establishing any orthopedic services unless the establishment of those services is endorsed by the CRON and approved by the Champlain LHIN.
- (viii) **Hawkesbury & District General Hospital.** HDGH is ordered to take the following actions:
 - a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN;
 - b) Work with the CRON to determine whether HDGH should play a role in providing future outpatient orthopedic services, and if so, the nature of these services, by December 23, 2016; and
 - c) Refrain from establishing or making any changes to orthopedic services unless the establishment of or changes to those services is endorsed by the CRON and approved by the Champlain LHIN.
- (ix) **Hôpital Montfort.** HM is ordered to take the following actions:
 - a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN;
 - b) Continue to act and provide services as a full service hub for orthopedic services;
 - c) Effective April 1, 2017, adjust total hip replacement, total knee replacement, arthroscopy and hip fracture Quality Based Procedure volumes and associated funding in accordance with the terms and conditions of the HSAA 2017-18;
 - d) Provide the Champlain LHIN with a human resources adjustment plan by March 3, 2017;
 - e) Continue to provide representation on the CRON in support of further development of the Champlain region's orthopedic program; and,
 - f) Other than the changes to the services described at clause c) above, HM is to refrain from establishing or making changes to orthopedic services unless the establishment of or changes to those services is endorsed by the CRON and approved by the Champlain LHIN.

- (x) **Kemptonville District Hospital.** KDH is ordered to take the following actions:
- a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN ;
 - b) Effective April 1, 2017, adjust total hip replacement and total knee replacement Quality Based Procedure volumes and associated funding in accordance with the terms and conditions of the HSAA 2017-18;
 - c) Provide the Champlain LHIN with a human resources adjustment plan by March 3, 2017;
 - d) Continue to provide existing day surgery orthopedic services as an Outpatient Centre; ;
 - e) Deliver in-patient orthopedic services only as a Satellite Service of an existing Full-Service Hub for orthopedic services;
 - f) Continue to provide representation on the CRON in support of further development of the Champlain region's orthopedic program; and
 - g) Other than the changes to the services described at clause b) above, KDH is to refrain from establishing or making changes to orthopedic services unless the establishment of or changes to those services is endorsed by the CRON and approved by the Champlain LHIN.
- (xi) **Pembroke Regional Hospital.** PRH is ordered to take the following actions:
- a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN;
 - b) Beginning January 9, 2017, or as specified by the Champlain LHIN in the terms and conditions of the HSAA, establish a full service orthopedic hub;
 - c) Provide the Champlain LHIN with a human resources adjustment plan by December 5, 2016;
 - d) Work in collaboration with CRON to ensure clinical best practices and policies are implemented and provided in support of the full service orthopedic hub;
 - e) Work with the CHEO to determine by October 28, 2016 the nature and scope of orthopedic services for children and youth it should provide as part of operating a full service orthopedic hub;
 - f) Work with members of the CRON to recruit orthopedic surgeons for the new full service orthopedic hub;

- g) Other than the changes to the services described at clause b) above, PRH is to refrain from establishing or making changes to orthopedic services unless the establishment of or changes to those services is endorsed by the CRON and approved by the Champlain LHIN ;
 - h) Continue to provide representation on the CRON in support of further development of an integrated orthopedic program for the Champlain region; and
 - i) Work with the French Language Health Services Network of Eastern Ontario and the Champlain LHIN to finalize a designation plan in order for the new orthopedic services to be considered for designation under the *French Language Services Act (1990)*.
- (xii) **Queensway Carleton Hospital.** QCH is ordered to take the following actions:
- a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN;
 - b) Continue to act and provide services as a full service hub for orthopedic services;
 - c) Effective April 1, 2017, adjust total hip replacement, total knee replacement, arthroscopy and hip fracture Quality Based Procedure volumes and associated funding in accordance with the terms and conditions of the HSAA 2017-18;
 - d) Provide the Champlain LHIN with a human resources adjustment plan by March 3, 2017;
 - e) Continue to provide representation on the CRON in support of further development of the Champlain region's orthopedic program;
 - f) Other than the changes to the services described at clause c) above, QCH is to refrain from establishing or making changes to orthopedic services unless the establishment of or changes to those services is endorsed by the CRON and approved by the Champlain LHIN; and,

(xiii) **Renfrew Victoria Hospital.** RVH is ordered to take the following actions:

- a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN; and,
- b) Refrain from establishing any orthopedic services unless the establishment of those services is endorsed by the CRON and approved by the Champlain LHIN.

(xiii) **St Francis Memorial Hospital.** SMH is ordered to take the following actions:

- a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN; and,
- b) Refrain from establishing any orthopedic services unless the establishment of those services is endorsed by the CRON and approved by the Champlain LHIN.

(xiv) **The Ottawa Hospital.** TOH is ordered to take the following actions:

- a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN;
- b) Continue to act and provide services as a full service hub for orthopedic services, including the provision of specialized orthopedic services;
- c) Effective April 1, 2017, adjust total hip replacement, total knee replacement, arthroscopy and hip fracture Quality Based Procedure volumes and associated funding in accordance with the terms and conditions of the HSAA 2017-18
- d) Provide the Champlain LHIN with a human resources adjustment plan by March 3, 2017;
- e) Continue to provide representation on the CRON in support of further development of the Champlain region's orthopedic program; and,
- f) Other than the changes to the services described at clause c) above, TOH is to refrain from establishing or making changes to orthopedic services unless the establishment of or changes to those services is endorsed by the CRON and approved by the Champlain LHIN.

(xvi) **Winchester District Memorial Hospital.** WDMH is ordered to take the following actions:

- a) Work with and contribute to the CRON as reasonably required by the CRON Executive Steering Committee or the Champlain LHIN; and,
- b) Refrain from establishing any orthopedic services unless the establishment of those services is endorsed by the CRON and approved by the Champlain LHIN.

- (xvii) **Champlain Regional Orthopedic Network.** The funded health service providers that comprise the CRON from time to time at any time and are required to participate in the CRON, each in accordance with its HSAA and in accordance with the Terms of Reference of the CRON's Executive Steering Committee and the Terms of Reference of the CRON's Advisory Committee, will cause the CRON to take the following actions by the deadlines identified below:
- a) Complete a three year work plan to set clinical, performance improvement, distribution and operational priorities for the CRON including the development of a medical human resources plan, provide the work plan to the Champlain LHIN CEO and present the work plan to the Champlain LHIN Board for its consideration and possible endorsement by March 31, 2017. The three year work plan must consider the provision of orthopedic services to children and youth of the region as well as the full spectrum of orthopedic services provided in hospitals and in community settings.
 - b) Develop a quality and evaluation framework to evaluate the effectiveness of the changes to distribution of orthopedic services as well as a mechanism to capture lessons learned about the planning process and implementation of changes in distribution of orthopedic services by March 31, 2017.
 - c) Review the terms of reference and membership of its various committees by September 30, 2016 to ensure appropriate representation from all hospitals providing orthopedic services and well as other key stakeholders;
 - d) Develop a mechanism by September 30, 2016 to solicit the input of patients and families in its future work;
 - e) Develop a mechanism to communicate and share information with key stakeholders not represented on the CRON's various committees;
 - f) Recruit, through an open process, a regional orthopedic surgeon lead by October 2016, continue to update the Champlain LHIN CEO on its actions through its Executive Steering Committee; and,
 - g) Develop a proposal for any future role of CDMH, ARH and HDGH in alignment with the service model described in section 6 of this decision, as well as any further growth in outpatient orthopedic procedures at KDH by December 23, 2016, and provide the proposal to the Champlain LHIN CEO. Include a transition plan should the proposal recommend changes to the nature or scope of services provided by CDMH, ARH, and HDGH.

The Champlain Local Health Integration Network

Per:

Jean-Pierre Boisclair, Chair

Date