



LEADING
FOR PATIENTS



**The Scarborough Hospital and Rouge Valley Health System
Integration Initiative Final Report
Maternal Child Youth – Motion 1B Collaborative**

The Scarborough Hospital Recommendation

Presentation to Central East LHIN Board

By Robert Biron, President and CEO, The Scarborough Hospital

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Service Delivery Models Considered



TSH Centre for Regional Advanced Neonatal and Pediatric Care



RVHS Centre for Regional Advanced Neonatal and Pediatric Care



Central East LHIN Integrated Regional Advanced Neonatal and Pediatric Program

Leadership and Strengths that TSH Brings to the Partnership

- **Superior quality of care** and leading practices as measured by a provincial registry
 - **Leaders and innovators** in paediatric and obstetric service delivery models
 - **Medical staff workforce** and **interprofessional team**
 - **Dominant market share** in Scarborough and reach into surrounding communities (Markham, North York, Toronto East)
 - **Established teaching environment and culture** – long standing affiliation with University of Toronto and an established culture of academia and teaching
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TSH Strengths

Superior Quality of Care

Performance and leadership where it counts the most:

- Exceptional performance as measured by Ontario BORN* (Better Outcomes Registry & Network)
- Best performance in Scarborough
- Low C-Section and VBAC rate (best performance in the GTA)
- Low pediatric emergency admission rate of 2.3% compared to RVHS-C of 3.9%
- Accreditation Canada recognized Leading Practice of “Pedlink”

*Better Outcomes Registry & Network (BORN) is Ontario’s pregnancy, birth and childhood registry and network. Established in 2009 to collect, share and rigorously protect critical data about each child born in the province, BORN Ontario manages an advanced database that provides reliable, secure and comprehensive information on maternal and child health. BORN Ontario is funded by the Ontario Ministry of Health and Long-Term Care.



TSH General Campus: Quality of Care (Born Data)

Maternal Newborn Dashboard

The Scarborough Hospital - General Campus, 01-Sep-2014 to 30-Nov-2014. Months with acknowledged data submission: September, October, November.

Key Performance Indicators	Rate (%)	Status	Benchmark rates (%)			Comparator rates (%)		
			Target (green)	Warning (yellow)	Alert (red)	Other Neonatal Level IIb hospitals	Other 2500-4000 birth volume hospitals	Ontario
1 Proportion of newborn screening samples that were unsatisfactory for testing	0.7		<2.0	2.0-3.0	>3.0	2.7	2.2	2.5
2 Rate of episiotomy in women who had a spontaneous vaginal birth	8.5		<13.0	13.0-17.0	>17.0	10.1	6.2	8.1
3 Rate of formula supplementation from birth to discharge in term infants whose mothers intended to exclusively breastfeed	57.2		<20.0	20.0-25.0	>25.0	33.2	32.5	30.8
4 Proportion of women with a cesarean section performed from ≥37 to <39 weeks' gestation among low-risk women having a repeat cesarean section at term	9.4		<11.0	11.0-15.0	>15.0	43.0	27.0	33.1
5 Proportion of women who delivered at term and had Group B Streptococcus (GBS) screening at 35-37 weeks' gestation	95.7		>94.0	90.0-94.0	<90.0	92.0	96.7	94.0
6 Proportion of women who were induced with any indication of post-dates and were less than 41 weeks' gestation at delivery	2.8		<5.0	5.0-10.0	>10.0	19.9	12.1	18.4

Data source BORN Ontario, 2014-2015

- Notes
1. Rates and status are based on three prior months of data that have been acknowledged for submission, allowing for a one month lag.
 2. Grey status indicates incomplete month end acknowledgement for key performance indicators. Please ensure month end acknowledgement is complete for each of the three months in the reporting period. If a key performance indicator has a grey status, no comparator data for that indicator will be shown.
 3. Comparator data is represented as the rate from a minimum of three or more hospitals who have acknowledged their data for the three month reporting period, within a given comparator category. The comparator rates for other same level of care hospitals and other similar birth volume hospitals exclude the reporting hospital, whereas the rates for Ontario include the reporting hospital.
 4. If applicable, 'No data' indicates there are no records meeting the criterion for this indicator, however data have been acknowledged for this reporting period.
 5. Neonatal Level of Care was chosen for comparator data as Maternal Level of Care designations were created by the Provincial Council for Maternal and Child Health (PCMCH) in 2011 and were not available prior to this date.



TSH Birchmount Campus Quality of Care (Born Data)

Maternal Newborn Dashboard

The Scarborough Hospital - Birchmount Campus, 01-Sep-2014 to 30-Nov-2014. Months with acknowledged data submission: September, October, November.

Key Performance Indicators	Rate (%)	Status	Benchmark rates (%)			Comparator rates (%)		
			Target (green)	Warning (yellow)	Alert (red)	Other Neonatal Level IIB hospitals	Other 1001-2499 birth volume hospitals	Ontario
1 Proportion of newborn screening samples that were unsatisfactory for testing	1.6		<2.0	2.0-3.0	>3.0	2.6	3.5	2.5
2 Rate of episiotomy in women who had a spontaneous vaginal birth	7.0		<13.0	13.0-17.0	>17.0	10.2	8.3	8.1
3 Rate of formula supplementation from birth to discharge in term infants whose mothers intended to exclusively breastfeed	40.1		<20.0	20.0-25.0	>25.0	35.0	29.2	30.8
4 Proportion of women with a cesarean section performed from ≥37 to <39 weeks' gestation among low-risk women having a repeat cesarean section at term	14.3		<11.0	11.0-15.0	>15.0	41.3	43.0	33.1
5 Proportion of women who delivered at term and had Group B Streptococcus (GBS) screening at 35-37 weeks' gestation	95.2		>94.0	90.0-94.0	<90.0	92.2	93.6	94.0
6 Proportion of women who were induced with any indication of post-dates and were less than 41 weeks' gestation at delivery	0.0		<5.0	5.0-10.0	>10.0	19.9	26.8	18.4

Data source BORN Ontario, 2014-2015

Notes

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4. If applicable, 'No data' indicates there are no records meeting the criterion for this indicator, however data have been acknowledged for this reporting period.
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RVHS Centenary Quality of Care (Born Data)

Maternal Newborn Dashboard

Rouge Valley Health System - Centenary Site, 01-Aug-2014 to 31-Oct-2014. Months with acknowledged data submission: August, September, October.

Key Performance Indicators	Rate (%)	Status	Benchmark rates (%)			Comparator rates (%)		
			Target (green)	Warning (yellow)	Alert (red)	Other Neonatal Level IIc hospitals	Other 1001-2499 birth volume hospitals	Ontario
1 Proportion of newborn screening samples that were unsatisfactory for testing	2.7		<2.0	2.0-3.0	>3.0	2.3	3.0	2.3
2 Rate of episiotomy in women who had a spontaneous vaginal birth	18.8		<13.0	13.0-17.0	>17.0	8.9	7.7	8.0
3 Rate of formula supplementation from birth to discharge in term infants whose mothers intended to exclusively breastfeed	26.9		<20.0	20.0-25.0	>25.0	33.4	27.7	29.2
4 Proportion of women with a cesarean section performed from ≥37 to <39 weeks' gestation among low-risk women having a repeat cesarean section at term	42.9		<11.0	11.0-15.0	>15.0	39.3	43.2	36.2
5 Proportion of women who delivered at term and had Group B Streptococcus (GBS) screening at 35-37 weeks' gestation	99.1		>94.0	90.0-94.0	<90.0	93.4	92.7	92.5
6 Proportion of women who were induced with any indication of post-dates and were less than 41 weeks' gestation at delivery	30.0		<5.0	5.0-10.0	>10.0	17.9	26.3	19.8

Data source BORN Ontario, 2014-2015

Notes

1. Rates and status are based on three prior months of data that have been acknowledged for submission, allowing for a one month lag.
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Aug-2014 to Oct-2014; Source: BORN Ontario, 2013-2015



TSH Strengths

Pioneers in Paediatric and Obstetric Care

- First hospital in Ontario to establish the **labour, delivery, recovery and post-partum (LDRP) model of care**
 - First community hospital in Ontario to implement **Total Parenteral Nutrition (TPN)** in its FMCs where infants are fed through an IV
 - Introduced **“Til I Sleep” program**, which allows parents to accompany their children into the operating room until the child has been anaesthetized or “falls asleep”
 - TSH pioneered universal screening for **Sickle Cell disease** for all infants born at the hospital. This led to the adoption of the process at all hospitals across Ontario.
 - **“Paedlink” clinics** to quickly move children and their families from the Emergency Department to a specialized paediatric clinic and ease what can be a stressful experience for young patients. Noted by Accreditation Canada as a leading practice (2012)
 - One of the first hospitals in Ontario to have 24/7 **in-house paediatric coverage**
 - First hospital in the Central East LHIN to deliver water births at both TSH sites
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TSH Strengths

Medical Staff and Interprofessional Team

TSH has the largest group of physicians to support the Maternal Newborn Child program in Scarborough

Pediatric Services:

- Largest number of Pediatricians in Scarborough
- Community based pediatricians who provide on-call service without stipends and without any restrictions of practice

Obstetric Services:

- Largest number of Obstetricians in Scarborough

Midwifery Services:

- Largest number of Midwives in Scarborough

Interventional Radiology:

- The **only** Scarborough hospital site with an interventional radiology program as recommended by the Central East LHIN *Expert Review Panel* report and recommendations (2013)

Dominant Market Share

TSH's two site model captures the significant geography and majority share of patient volume in both North and South Scarborough

Perinatal Services:

- TSH has 41% of the market share compared to RVHS-C which has 21% (FY 2013/14)

Neonatal Services:

- TSH has 41% of the market share compared to RVHS-C which has 20.5% (FY 2013/14)

Emergency Pediatric Services:

- TSH has 60% (19,000 annual ED visits) of the market share compared to RVHS-C which has 40% (FY 2013/14)

Inpatient Pediatric Services:

- TSH has 29.4% of the market share compared to RVHS-C which has 19.9% (FY 2013/14)



TSH Recommendation: Integrated Regional Model

- It's time for a change
 - Let's put our community's and patients' interests first, rather than institutional preferences
 - Both hospitals, TSH and RVHS, bring long-standing and established strengths
 - Through a partnership approach, as equal partners, those strengths can best be leveraged for the collective good
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TSH Recommended Model: Integration and Collaboration

Central East LHIN Integrated Regional Advanced Neonatal and Pediatric Program for the Scarborough Cluster:

- Establish a Memorandum of Understanding between the hospital Boards and Central East LHIN
- An integrated governance structure is established to create and monitor a 3-year strategic plan
- An operational structure established to oversee day-to-day operations

Benefits:

Win-Win-Win solution. Creates an integrated governance structure that manages and monitors deliverables required to achieve the shared Vision. Leverages respective strengths of both hospitals.

Risk and mitigation:

Structure may be cumbersome, but can be mitigated by applying leading practice models from other communities in Ontario (e.g., Champlain)
