

## REQUIRED INTEGRATION UNDER SECTION 26

### Decision of the Waterloo Wellington Local Health Integration Network issued pursuant to s. 25(2b) of the *Local Health System Integration Act, 2006*

#### 1. **Date:**

June 26, 2008

#### 2. **Parties to Decision**

Cambridge Memorial Hospital  
Grand River Hospital  
Groves Memorial Community Hospital  
Guelph General Hospital  
North Wellington Health Care  
St. Joseph's Health Centre Guelph  
St. Mary's General Hospital

#### 3. **Facts**

##### (a) Description of the Parties to the Decision

Cambridge Memorial Hospital is a community and referral acute-care facility, which offers a range of services to the residents of Cambridge and North Dumfries County. Services include 24-hour emergency coverage, advanced technology and diagnostic support, and specialty programs, including surgery, orthopaedics, and cataracts. Cambridge Memorial Hospital serves a population of approximately 135,000 people throughout Cambridge and North Dumfries.

Grand River Hospital is a community and referral acute-care facility, which offers a range of services to the residents of Waterloo Wellington and, through its regional programs, Ontarians from outside the area. Services include 24-hour emergency coverage, advanced technology and diagnostic support, and specialty programs, including cancer care, diagnostic imaging, and paediatric and child services. Grand River Hospital serves a population of approximately 470,000 throughout Waterloo Region.

Groves Memorial Community Hospital is a small community acute-care facility offering services to the residents of Centre Wellington and Wellington County. Services include 24-hour emergency services, diagnostic support, complex continuing care, and outpatient services. Groves Memorial Community Hospital serves a population of approximately 26,000 residents in Wellington County.

Guelph General Hospital is a community and referral acute-care facility, which offers a range of services to the residents of Guelph and Wellington County. Services include 24-hour emergency coverage, advanced technology and diagnostic support, and specialty programs, including surgery, orthopaedics, cardiac care, obstetrics, gynaecology and paediatrics. Guelph General Hospital serves a population of approximately 180,000 people throughout Guelph and Wellington County.

North Wellington Health Care is a regional provider of primary and select secondary health services to the people of North Wellington County and to parts of its adjacent counties, Grey and Perth. With two fully-accredited hospital sites in Mount Forest and Palmerston, both hospitals operate 24-hour emergency departments, deliver obstetrical services and provide a comprehensive range of inpatient and ambulatory services. North Wellington Healthcare serves a population base of approximately 30,000 people.

St. Joseph's Health Centre Guelph provides residential long-term care, complex continuing care, rehabilitation and outpatient services to the residents of Guelph and Wellington County. St. Joseph's Health Centre Guelph also delivers specialty seniors services, including respite care, palliative care and dementia programming to a population of approximately 180,000 people.

St. Mary's General Hospital is a community, adult acute-care and referral facility and tertiary cardiac care centre, which offers a range of services to the residents of Waterloo Region and, through its regional programs, Ontarians from outside Waterloo Wellington. Services include 24-hour emergency coverage, advanced technology and diagnostic support, and specialty programs, including cardiology, respiratory illness, minimal invasive surgery, eye, nose and throat surgery, and thoracic surgery. St. Mary's General Hospital serves a population of approximately 470,000 throughout Waterloo Region.

### Background to the Decision

In 2005, prior to the arrival of the local health integration networks, hospitals located in the geographic areas of what are now the Waterloo Wellington LHIN and Hamilton Niagara Haldimand Brant LHIN (HNHBLHIN) areas contracted with the Hay Group to develop a plan for vascular surgery services in the region that would "provide for an effective and efficient response to the populations' needs for both scheduled and emergent vascular surgery services."

The final report of the Hay Group was presented in April 2006. It recommended that the Chief Executive Officers for Grand River Hospital and Guelph General Hospital and the WWLHIN leadership establish a process to identify and implement a single associate site for general elective vascular surgical services.

Currently, three types of non-tertiary vascular services are available in the geographic area of the LHIN: general vascular services, vascular access services for dialysis patients, and cardiovascular services, including thoracic vascular services. General vascular services can be either elective or emergency in nature.

Non-tertiary vascular services are provided at Grand River Hospital, Guelph General Hospital, and St. Mary's General Hospital. Vascular access services (for dialysis patients) and emergency general vascular services are provided at Grand River Hospital. Elective and emergency cardiovascular services and thoracic vascular services are provided at St. Mary's General Hospital.

Between 2003/04 and 2008/09, the number of vascular surgeons providing elective and emergency services at Grand River Hospital and Guelph General Hospital decreased from 2.25 to 1.6 full-time equivalents. Currently, two individual surgeons struggle to provide elective and emergency general vascular services in Waterloo Wellington; both are based at Guelph General Hospital. One of these surgeons also provides vascular access services at Grand River Hospital. Between 2006/07 and 2007/08, the crude increase in all vascular cases (inpatient and outpatient) in Waterloo Wellington was about 34%.

As a result of the work done by the LHIN, Grand River Hospital and Guelph General Hospital in response to the Hay Report, the integration contemplated in this decision will create a general vascular services program that will improve the quality of the elective care while ensuring access to emergency general vascular services throughout Waterloo Wellington, vascular access services for dialysis patients at Grand River Hospital, and thoracic vascular services for patients at St. Mary's General Hospital.

#### **4. Process**

In 2005, hospitals located in the Waterloo Wellington LHIN and Hamilton Niagara Haldimand Brant LHIN (HNBHLHIN) areas contracted with the Hay Group to develop a plan for vascular surgery services in the region that would “provide for an effective and efficient response to the populations’ needs for both scheduled and emergent vascular surgery services.”

The final report of the Hay Group was released in April 2006. It included the recommendation that the Chief Executive Officers for Grand River Hospital and Guelph General Hospital and the WWLHIN leadership establish a process to identify and implement a single associate site, located at either of these two hospitals, for Waterloo Wellington for general elective vascular surgical services.

In May 2006, leadership from Grand River Hospital, Guelph General Hospital, and the WWLHIN established the *Vascular Surgery Services Location Working Group* (the “Working Group”) to review the recommendations of the Hay Group and to determine the next steps to deal with the findings of the final report.

The membership of the Working Group included representatives from Grand River Hospital, Guelph General Hospital, the WWLHIN and the Hamilton Health Science Centre. In July 2006, membership in the Working Group was expanded to include St. Mary's General Hospital, reflecting the cardiovascular surgery services provided by St. Mary's.

In October 2006, the Working Group decided that the WWLHIN would issue an RFP to scope the general elective vascular services program and determine where it would be located. Consistent with the recommendations of the Hay Report, the RFP was issued to Grand River Hospital and Guelph General Hospital.

The Working Group also decided that expertise from a tertiary centre providing vascular services outside the geographic areas of the WWLHIN and HNBHLHIN should be used to help evaluate the responses to an RFP. Clinical experts from Hamilton and London were invited to join the leadership and senior staff of the WWLHIN on an expert panel (the “Expert Panel”).

On December 1, 2006, the WWLHIN publicly released its Integrated Health Service Plan and made print copies available at its office at Suite 212, 55 Wyndham Street North, in Guelph.

In December 2006, the RFP was finalized and issued to Grand River Hospital and Guelph General Hospital, both identified by the Hay Report and, in fact, the only providers of general vascular services in the area.

The objective of the RFP was to create an evidence-based, creative and innovative general elective vascular program and to select a vascular site for the WWLHIN from the two eligible sites: Grand River Hospital or Guelph General Hospital. The RFP made clear that responses would be reviewed and evaluated by an Expert Panel. In February 2007, both Grand River Hospital and Guelph General Hospital responded to the RFP.

On March 1, 2007, the WWLHIN was copied on internal correspondence from St. Mary's General Hospital in which a cardiovascular surgeon formally requested hospital administrators to consider locating tertiary vascular surgery with cardiovascular surgery at the hospital in the future.

From March to May 2007, the members of the Expert Panel met to review and assess the responses to the RFP, and answers provided to supplementary questions, from Grand River Hospital and Guelph General Hospital.

On May 18, 2007, the Expert Panel met with both the Grand River Hospital and the Guelph General Hospital. Each proponent was given the formal opportunity to present its proposal and to engage with the Expert Panel in an interactive question and answer session. In addition to elaborating key aspects of the general elective vascular service program design, both hospitals expressed their intention to create a regional vascular services steering committee (Grand River Hospital) or vascular services advisory committee (Guelph General Hospital) whose members would help address and articulate program development and the interactions of vascular specialties over time. Grand River Hospital stated specifically that the proposed vascular services steering committee "will be committed to developing partnerships and ensuring inclusive participation with all relevant organizations, providers and client groups to ensure success of the program."

The Expert Panel members singly and together in reference to prepared templates, assessed the accumulated information associated with each of the two proposals. The Expert Panel unanimously recommended the selection of Guelph General Hospital as the associate vascular site. The evidence showed that vascular surgeons at Guelph General Hospital had already been providing most of the elective and emergency vascular services to residents of Waterloo Wellington, that their clinical skills had been upgraded to the point where more sophisticated and effective techniques could be applied, and that they were committed to making vascular services a larger proportion of their clinical service to better address anticipated future need.

The WWLHIN Board of Directors endorsed this recommendation of the RFP Evaluation Panel at their board meeting held on May 31, 2007.

On June 19, 2007, the WWLHIN received correspondence from a nephrologist at Grand River Hospital expressing concern about what he understood to be a recent decision of the WWLHIN to rationalize vascular surgery at Guelph General Hospital. Senior WWLHIN leadership acknowledged the correspondence and subsequently met directly with the

individual and his colleagues at Grand River Hospital, including Dr. Plaxton, Medical Director of Critical Care, and Dr. Sharma, the Common Chief of Staff and Chair of the Joint Medical Advisory Committee of Grand River Hospital and St. Mary's General Hospital, to discuss their concerns and agree to solutions to patient access issues.

In July 2007, both Grand River Hospital and Guelph General Hospital were given debriefs by WWLHIN leadership and staff of the recommendation and findings of the RFP Evaluation Panel.

In July 2007, the *Vascular Program Advisory Committee* (the "Advisory Committee") was created. Its membership comprised senior operational and clinical leaders from Grand River Hospital and Guelph General Hospital, and WWLHIN leaders and senior staff. The main purposes of the Advisory Committee included facilitating the development of the regional elective vascular program concept under the auspices of Guelph General Hospital, ensuring clinical data currency and comparability, and advising Guelph General Hospital with respect to its community engagement activities. The Advisory Committee met seven times between July 2007 and April 2008.

A LHIN bulletin was distributed in the summer to hospitals in the WWLHIN, Senior Management, and Medical Advisory Committees. The Bulletin outlined the plans to establish and implement a LHIN-wide general vascular services program led by the Guelph General Hospital and the work of the Advisory Committee.

On January 30, 2008, Guelph General Hospital completed the refinement of its vascular program concept.

By early April 2008, Guelph General Hospital completed its community engagement. As part of its efforts, Guelph General Hospital sent public service announcements to all area radio stations, local newspapers, cable television and CTV regarding public information sessions. It sent e-mail with an attached newsletter describing the proposed LHIN-wide vascular service program to high-interest stakeholders. It sent mail directly to community associations, all long-term care facilities, direct care providers, and seniors' programs in the region. Two public sessions were held, one in Kitchener at the Freeport site of Grand River Hospital, and the second in Mount Forest at the Louise Marshall Hospital. Guelph General Hospital observed that while its public sessions were not well attended, there was a good response to the presentations to healthcare providers. According to Guelph General Hospital, approximately 142 people participated in its community engagement activities between August 2007 and early April 2008.

On April 14, 2008, the WWLHIN Board of Directors approved \$400,000 in additional base funding beginning in 2008/09 for the vascular services program led by Guelph General Hospital.

On May 15, 2008, the final adjustments to vascular clinical data from Grand River Hospital and Guelph General Hospital were made and shared among members of the Vascular Program Advisory Committee.

On May 21, 2008, WWLHIN staff briefed representatives from Grand River Hospital and Guelph General Hospital that the LHIN Board would be considering the issuance of an integration decision at its scheduled public meeting on May 22, 2008.

On May 21, 2008, WWLHIN staff conferred with the Medical Advisory Secretariat (MAS) of the Ministry of Health and Long-Term Care and advised the MAS that they intended to recommend that the WWLHIN Board of Directors endorse a WWLHIN general elective vascular program with a definitive endovascular approach. The MAS agreed with this recommendation and indicated its support for this approach, provided there was a sufficient volume of services available to surgeons.

On May 22, 2008, the WWLHIN Board of Directors decided that the LHIN should serve notice of the LHIN's intention to issue an integration decision, pursuant to section 26 of the Local Health System Integration Act, 2006 (the "Act"). The proposed decision would require (a) Guelph General Hospital to lead the WWLHIN general elective vascular services program; (b) All elective vascular services to be transferred to Guelph General Hospital, with the exception of vascular access services for dialysis patients at Grand River Hospital, and thoracic vascular services for patients at St. Mary's General Hospital; and (c) Guelph General Hospital and Grand River Hospital to share the provision of emergency vascular services in Waterloo Wellington and referrals from CritiCall.

The Board's decision was based on:

- (a) the program development, data refinement, and community engagement work done by Guelph General Hospital;
- (b) the pattern and volumes of general vascular service provision which had changed dramatically in Waterloo Wellington; and
- (c) the determination to mitigate the professional and personal risks to surgeons arising from significantly enhanced service volumes.

On May 22, 2008, the WWLHIN received correspondence dated May 21, 2008, from a senior administrator at Grand River Hospital and St. Mary's General Hospital requesting that further decisions related to the siting of vascular services in the WWLHIN be put on hold pending further discussion. The letter called attention to recent infrastructure changes at St. Mary's General Hospital, referenced possible capacity and infrastructure issues at Guelph General Hospital, and identified clinical and service needs of specific patient populations, among other matters. Although this letter was received before the 30-day public consultation period started, it was regarded as a written submission and included in the WWLHIN's review and consideration all public input received during that time.

On May 26, 2008, the WWLHIN provided a copy of the proposed integration decision to Cambridge Memorial Hospital, Grand River Hospital, Groves Memorial Community Hospital, Guelph General Hospital, North Wellington Health Care, St. Joseph's Health Centre Guelph, and St. Mary's General Hospital, and made copies available to the public at its office at Suite 212, 55 Wyndham Street North, in Guelph, Ontario, as well as on its website ([www.wwlhin.on.ca](http://www.wwlhin.on.ca)).

During the 30 day period of public consultation that began on May 26, 2008, and ended on June 24, 2008, the WWLHIN received and considered all written submissions received from the public. In total, 13 written submissions were made during this period. Eight responses were from physicians; five responses were from hospital administrators or governors. No submissions were made by members of the general public. Five submissions endorsed the proposed integration decision; eight expressed concerns about aspects of locating the LHIN-wide vascular services program at Guelph General Hospital. The concerns that were identified included access to care (for specific populations, or on an emergency basis), the availability of human resources, the clinical and non-clinical

capacities of Guelph General Hospital, risks to existing services or programs, the effective use of existing investments, and geographic location.

On June 24, 2008, the WWLHIN, including members of the Expert Panel, conferred with Dr. Tom Forbes, Chief of Vascular Surgery at London Health Sciences Centre and a member of the Expert Panel, to review the input received by the WWLHIN to that point in time. Special attention was paid to the clinical concerns raised in the letter dated May 21, 2008, from a senior administrator at Grand River Hospital and St. Mary's General Hospital.

On June 25, 2008, the WWLHIN conferred with Charlotte Daniels, Vice-President of Patient Services at Hamilton Health Sciences Centre and a member of the Expert Panel, to review the concerns raised in the letter dated May 21, 2008, from a senior administrator at Grand River Hospital and St. Mary's General Hospital.

## **5. Analysis of Integration**

The WWLHIN directs the siting of elective vascular services at Guelph General Hospital in recognition of the need simultaneously to stabilize the provision of services in Waterloo Wellington while creating the conditions for their improvement. At this time, only vascular surgeons located at Guelph General Hospital provide elective general vascular services and care to the community. One of these surgeons also supports vascular access services at Grand River Hospital. Siting services is the logical outcome of the RFP process engaged in by both Guelph General Hospital and Grand River Hospital. Given the prevailing service provision situation, and recognizing the commitments, skills, and determination of the area's vascular services, the WWLHIN awarded the RFP to Guelph General Hospital to lead the program design development.

Mindful that the RFP related to the provision of elective vascular services, the WWLHIN is leaving the provision of emergency, cardiovascular (including thoracic vascular), and vascular access services unchanged. The WWLHIN neither sought nor was given evidence to suggest that these services needed to be changed, and it is for this reason that they will continue to be provided by the relevant hospitals: Grand River Hospital, Guelph General Hospital, and St. Mary's General Hospital.

In addition to the input received from St. Mary's prior to the 30 day consultation period, the LHIN received a number of submissions during the consultation period. As noted earlier, some were supportive, others questioned the decision to locate vascular services at Guelph General Hospital.

The WWLHIN heard concerns that there is a shortage of human resources available to support the vascular services program. The WWLHIN agrees both that the area needs more vascular surgeons to support a LHIN-wide program and that their recruitment is a challenge. It is for these reasons that it approved base funding of \$400,000 for the provision of vascular services. This approval was intended, in part, to support the lead hospital in recruiting and retaining a third vascular surgeon. The integration decision sends the unmistakable message that Waterloo Wellington LHIN is creating a new program that has clear benefits for the people of Waterloo Wellington. A program that is both new and resourced is one to which new talent will be drawn.

The WWLHIN heard concerns that the timely provision of emergency vascular services is at risk. The WWLHIN agrees that emergency vascular services are vital to our area, and it

is for this reason that its decision requires current providers of emergency vascular services to sustain their effort. The decision goes farther than this, however, as it requires providers to systematically plan emergency service needs, agree clear protocols for patient care that is sensitive to their clinical circumstances, and ensure optimal on-call and Critical coverage within the constraints of the wider region and system. Previously, the two sites offering emergency general vascular services had noticeably different response rates for on-call coverage, with Guelph General Hospital offering significantly better coverage. The decision directs a systematic, sustainable improvement in emergency service provision.

The WWLHIN heard concerns that its proposed decision about secondary vascular services is being taken in isolation from consideration of tertiary services. The WWLHIN recognizes that its decision, in being consistent with the issue originally identified by area hospitals themselves (i.e., the location of secondary services) does not directly address tertiary service provision. However, through its direction to providers to work together on program development and service standards, the WWLHIN is organizing the context, for the first time, in which the tertiary needs of Waterloo Wellington can be clearly and consistently expressed, and thereby situated in the wider context of vascular service provision in Southwest Ontario. In this way, the WWLHIN can engage neighbouring LHINs in meeting regional needs.

The WWLHIN heard concerns that Guelph General Hospital lacks the radiologists, staff, and equipment to perform interventional radiological procedures. Guelph General Hospital has since confirmed that it does have interventional radiology capability and capacity, including an interventional suite with vascular interventions done by vascular surgeons, and non-vascular interventions (excepting renal and cardiac work) by its radiologists.

The WWLHIN heard concerns that locating the LHIN-wide vascular services program at Guelph General Hospital would harm or put at risk the capacity of Grand River Hospital to hire and support interventional radiologists. The WWLHIN has received clinical advice that acknowledges this as a valid concern. However, the WWLHIN has also been advised that fewer and fewer of these procedures are being performed by radiologists and more are being performed by vascular surgeons. From a clinical perspective, a component of a regional vascular surgery service could consist of capable, interventionally-trained physicians, who could be either surgeons or radiologists. The vascular surgeons at Guelph General Hospital have received specialized training abroad that affords them the expertise to deliver services in a way that is consistent with the emerging trend to rely on diagnostics, such as CTs. In this case, the advances in expertise and training pursued by surgeons at Guelph General Hospital complement, rather than displace or weaken, the modes of vascular service provision in Waterloo Wellington. There will still be the need for interventional radiologists in Kitchener-Waterloo for such work as percutaneous dialysis access catheters and abscess drainage. However, when viewed at a regional level, the WWLHIN has been advised that interventional capabilities should be augmented by the centralization of vascular services.

The WWLHIN heard concerns that Guelph General Hospital is neither planning nor able to provide “above diaphragm” vascular surgeries, whereas St. Mary’s General Hospital has this capacity. For this reason, St. Mary’s General Hospital has requested that the WWLHIN reconsider its proposed decision. On the basis of clinical advice, and taking a vascular perspective, the WWLHIN is of the view that this issue (specifically understood as relating to thoracic aortic surgery) is more relevant to tertiary vascular service provision than it is to secondary vascular service provision. As such, the matter falls outside the

ambit of the integration decision, which pertains to the location of secondary general vascular services. While St. Mary's General Hospital is recognized to be highly advanced in its cardiovascular procedures and capabilities, there are still direct referrals from St. Mary's General Hospital to London for "above diaphragm" cardiovascular procedures. This suggests that St. Mary's General Hospital is beginning to attain a competency in tertiary vascular service provision, something that the decision encourages by directing a vascular services steering committee.

St. Mary's General Hospital also proposed that that it should be considered as the site of the regional elective vascular program because it recently opened 100,000 square feet of new clinical space, including a shelled-in hybrid operating room. While the potential of this new hybrid operating room space is evident, St. Mary's acknowledges that it still needs to be filled with equipment, health human resources, and programming and that it needs time to work out these details. The provision of vascular services in Waterloo Wellington has reached a critical stage. Making a decision now helps to ensure the continued provision of general vascular services in Waterloo Wellington. Delaying a decision greatly increases the risks of losing general vascular services in Waterloo Wellington altogether. The WWLHIN's decision better ensures service continuity without foregoing the benefits of actual program development and refinement, both of which take time.

Concerns was expressed that nephrology and trauma patients in Kitchener-Waterloo may not receive care because they need immediate access to vascular surgeons to deal with the complications of the morbidity. The WWLHIN has been given clinical advice that dialysis nurses often provide emergency care at Grand River Hospital that allows nephrology patients to be transferred successfully and safely to receive vascular care at Guelph General Hospital. In these instances, it is not the case that patients need immediate access, but rather timely access to vascular surgeons. With respect to trauma patients, the WWLHIN recognizes their specific needs, and is confident on the basis of clinical advice that their very small numbers do not pose an insuperable complication to the decision.

This integration decision relates to services already funded by the WWLHIN through current accountability agreements with Grand River Hospital, Guelph General Hospital, and St. Mary's General Hospital.

The creation of a WWLHIN vascular program built around a core of elective services sited at one centre is in the public interest because it:

- affords the benefits of higher clinical volumes, which help
  - refine surgeons' skills;
  - enhance surgeons' experiential learning; and
  - foster program improvements and innovation; and
- brings multiple benefits associated with endovascular procedures, including
  - better patient experience due to a reduction in peri-operative morbidity;
  - a positive impact on hospital lengths of stay; and
  - efficiencies that help to release resources for other surgical and related services.

The creation of a WWLHIN vascular program sited at Guelph General Hospital is in the public interest since this hospital has the clinical expertise, provides most of the service in our area, has the greatest potential to attract additional human resources, has the greatest potential to begin to achieve programmatic advances in the provision of endovascular

services (including its benefits to patients), and, through its personnel, enjoys strong collaborative relationships with other providers in the area (including those directly affected by this decision) that augur well for the needed collaborative work ahead.

The integration decision is also in the public interest as it is an opportunity to confirm the provision of emergency vascular services at Grand River Hospital, vascular access services for dialysis patients at Grand River Hospital, and thoracic vascular services for patients at St. Mary's General Hospital. This confirmation sustains service continuity and leaves undisturbed the funding the WWLHIN provides for these services in the context of current accountability agreements with the concerned hospitals.

The integration decision is not contrary to either the WWLHIN's Integrated Health Service Plan or its Ministry-LHIN Accountability Agreement, both of which have as one of their objectives the advancement of an integrated local health system.

## **6. Decision**

Pursuant to section 26 of the *Local Health System Integration Act, 2006*, the Waterloo Wellington Local Health Integration Network (WWLHIN) finds that it is in the public interest to require Cambridge Memorial Hospital, Grand River Hospital, Groves Memorial Community Hospital, Guelph General Hospital, North Wellington Health Care, St. Joseph's Health Centre Guelph, and St. Mary's General Hospital to proceed with the integration described in this decision and the parties are therefore required to take the following actions by July 1, 2008.

- A. Effective July 1, 2008, Guelph General Hospital is required to provide all elective vascular services in Waterloo Wellington, with the exception of vascular access services to be provided for dialysis patients at Grand River Hospital and cardiovascular services, including thoracic vascular services, to be provided for patients at St. Mary's General Hospital;
- B. All elective vascular services currently being provided by the parties within the geographic area of the Waterloo Wellington Local Health Integration Network are required to be transferred to Guelph General Hospital on or before July 1, 2008, with the exception of vascular access services to be provided for dialysis patients at Grand River Hospital and cardiovascular services, including thoracic vascular services, to be provided for patients at St. Mary's General Hospital;
- C. Guelph General Hospital, Grand River Hospital, and St. Mary's General Hospital, as appropriate to their clinicians' vascular specializations, are required to share the provision of emergency vascular services in Waterloo Wellington and referrals from CritiCall;
- D. Cambridge Memorial Hospital, Groves Memorial Community Hospital, North Wellington Health Care, and St. Joseph's Health Centre Guelph are required not to take any actions that result in the provision of vascular services;
- E. Grand River Hospital, Guelph General Hospital, and St. Mary's General Hospital are required, to the extent necessary, to develop a human resources adjustment plan in respect of the integration described in this decision;

- F. Guelph General Hospital is required to report to the WWLHIN at a minimum quarterly on patient outcomes and experiences, service volumes, efficiencies, and other programmatic developments associated with the operation and continued evolution of the LHIN-wide vascular services program;
- G. Guelph General Hospital is required to establish and lead a Vascular Services Steering Committee accountable to the WWLHIN comprising representatives from the parties to this decision, relevant organizations, providers, and client groups, the purposes of which are to:
  - 1. Promote the all-round development, coordination, and implementation of vascular services in Waterloo Wellington, including its general vascular, cardiovascular, and thoracic vascular components;
  - 2. Develop, implement, and update as necessary LHIN-wide protocols and criteria for general vascular service provision, including levels of service access, emergency services, on-call coverage, and CritiCall referrals;
  - 3. Monitor and report, at a minimum quarterly, on evolving vascular clinical practice patterns and techniques, including co-dependencies between or among general vascular, thoracic, and cardiovascular specializations, and changes in technologies that affect the provision of vascular services in Waterloo Wellington;
  - 4. Work with the provincial waitlist program;
  - 5. Develop, implement, and update regional plans for vascular service provision, including usage of clinical space; and
  - 6. Support inter-LHIN planning of vascular services.

### **The Waterloo Wellington Local Health Integration Network**

Per:

Kathy Durst

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Signature of Chair of the Board of Directors