Confirmation of Planning Clusters

Facilitating Local Planning for Maternal/Newborn and Children's Services in the GTA

August 2001

TABLE OF CONTENTS

EXECUTIVE SUMMARY **2**

CONTEXT 2
GENERAL FINDINGS FROM MEMBER INTERVIEWS 4

BACKGROUND **5**

PROCESS 5
HISTORY 6

CLUSTER GROUPINGS **7**

PRINCIPLES FOR CLUSTER GROUPINGS 7
RECOMMENDED REGIONAL CLUSTER GROUPINGS 7

ROLES AND RESPONSIBILITIES **9**

ROLE OF TERTIARY CENTRES IN CLUSTER GROUPINGS 9
COMMUNITY CARE ACCESS CENTRES 10
LINKS TO OTHER NETWORKS 10
CLUSTER RELATIONSHIPS 12

OPERATIONALIZING REGIONALIZATION THROUGH CLUSTERS **13**

MEMBERS PERCEPTIONS OF ACHIEVING REGIONALIZATION THROUGH CLUSTERS 13
BENEFITS AND OPPORTUNITIES 13
CRITICAL SUCCESS FACTORS 14
BARRIERS 14
MOVING FORWARD 15
NEXT STEPS 16

APPENDIX A **18**

MEMBER INTERVIEW QUESTIONS 18

Executive Summary

Context

The establishment of the Child Health Network for the Greater Toronto Area (CHN) is based on a regional system model defined by *levels of care* for maternal/newborn and children's services. The development of regional clusters within the Network is key to supporting a true regionalized system of care responsive to the needs of the local community. In particular, it is expected that clusters will help ensure that services within a specific geographic area are –

- organized and provided in a coordinated manner, and
- tailored to the individual needs and unique characteristics of specific regions within the GTA.

It is expected that each of the clusters will develop and implement a regional children's and maternal/newborn program in keeping with the over-arching mission and goals established by the CHN .

The importance of clarifying regional cluster groupings was identified as a key priority in the *CHN Implementation Plan Review Process (2000/01)*, and by members of both the Maternal/Newborn Services Task Force and Paediatric Services Task Force. Clarification of regional cluster groupings also requires establishment of a common and consistent understanding of the membership, role and expectations of these clusters.

Consultation with CHN members through the Coordinating, Maternal/Newborn and Paediatrics committees and interviews with all members on a one to one basis were carried out in Spring 2001.

The following six principles were deemed to be fundamental to facilitating regional planning for maternal/newborn and children's services in the GTA:

1. Regional clusters should facilitate access to the continuum of care for maternal/newborn and children's services at the local level.

2. Regional clusters should reflect local referral patterns, geographic proximity and consumer preference.

3. Regional clusters should build on existing partnerships/relationships between organizations.

4. Regional clusters should include CCAC(s) and hospitals, including at least one Regional Children's Health Centre. No one corporation will act individually as a cluster.

5. Tertiary Children's Health Centres and Level III Maternal and Newborn Centres will participate in their local cluster related to local planning, and in addition, work together as a central entity and be a resource to each of the regional clusters.

6. Regional clusters will work with families, community health service providers and tertiary centres to ensure that maternal/newborn and children's services meet the unique needs of the local area.

Input from CHN members across the Network also confirmed the membership of the four cluster groupings within the GTA as follows:

Cluster Group	CHN Member Organizations
Central	East York Access Centre Mount Sinai Hospital* St. Joseph's Health Centre St. Michael's Hospital Humber River Regional Hospital The Hospital for Sick Children* Toronto CCAC Toronto East General Hospital University Health Network York CCAC *for local planning
North	Bloorview-MacMillan Childrens Centre* North York CCAC North York General Hospital Southlake Regional Health Centre Sunnybrook and Women's College Health Science Centre* York Central Hospital CCAC of York Region** *for local planning **requested to be in two clusters
East	Durham Access to Care Lakeridge Health Corporation Markham Stouffville Hospital Rouge Valley Health System Scarborough CCAC The Scarborough Hospital CCAC of York Region** **requested to be in two clusters

West	CCAC of Halton CCAC of Peel Etobicoke CCAC Halton Healthcare Services The Credit Valley Hospital Trillium Health Centre William Osler Health Centre

General Findings from Member Interviews

In addition to confirming the membership of cluster groups as identified above, interviews also confirmed the following:

- Support for the roles of clusters, as previously articulated in the *CHN Membership Agreement* (April 2000) and the *CHN Implementation Plan* (February 1999) .

- An overall expectation that each of the (four) clusters will develop and implement a regional children's and maternal/newborn program in keeping with the vision, mission, values and defined standards established by the CHN.

- It is recognized that cluster membership should include broad system representation, for example: District Health Council, Public Health, and consumers.

- The relationship of tertiary centres to the cluster groups needs to be further refined. For example, it needs to be determined whether clusters will be related directly with one tertiary centre for referral purposes. In addition, CritiCall needs be informed of the cluster groupings in order to facilitate transfers within the regional cluster groupings.

- The importance of the CHN secretariat working with clusters to ensure that duplication of efforts at the cluster level is avoided and that an appropriate accountability mechanism is put in place.

- Support for the Regional Children's Health Centres (RCHCs) maintaining the cluster coordination role (as directed by the HSRC). Members are willing to share responsibilities for hosting meetings, and support the idea that a chair (or co-chairs) be named by the cluster members to liaise appropriately with the CHN secretariat.

- The importance of cluster groups holding an inaugural meeting at the earliest possible opportunity with the objective of having regional cluster Chairs report to the CHN on activities in September 2001.

Background

Process

To further understand the history of the initial rationale and objectives related to establishment of the CHN , the concept of 'regionalization' for the Network as proposed in HSRC directives, and to solicit direct input from members regarding the issue of regional cluster groupings, the following process was undertaken:

- Review of CHN, MOHLTC and HSRC planning documentation ;
- Establishment of a work group comprised of CHN Task Force Co-Chairs and staff to develop principles for establishing four cluster groups for review and consideration by CHN members;
- Solicitation of input from Maternal/Newborn and Paediatric Services Task Forces, CCACs and Coordinating Committee ;
- Interviews with all Network members to understand current working relationships within the Network and identify strategies to improve future relationships;
- Development of a draft final report (with recommendations) for presentation to the Coordinating Committee and Executive Committee for approval; and
- Confirmation of final approval of the draft final report by the Coordinating Committee with a recommendation for acceptance by the Executive Committee (obtained in May 2001).

While much has been achieved in finalizing the cluster groupings, it is recognized that some members have concerns about the cluster groups. A number of meetings are being scheduled throughout the summer (2001) to address these concerns.

History

A variety of cluster groupings have been proposed over the past few years. Attempts at proposing the membership of clusters are summarized below.

Timeline	Organization	Characteristics
1997/98	HSRC	9 clusters, (based on geography), including: - Northeast Health Care Alliance Cluster (Markham Stouffville Hospital, Rouge Valley Health System) - South Peel Halton (The Credit Valley Hospital, Halton Health Services, Trillium Health Centre) - Downtown Hospitals (St. Joseph's Health Centre, St. Michael's Hospital, University Health Network, The Hospital for Sick Children) - York Region (York Central, Markham Stouffville Hospital, Southlake Regional Health Centre)
1999	CHN Implementation Plan clusters	- 10 regional clusters based on geography and referral patterns plus the Hospital for Sick Children as its own cluster; - Sub clusters for both Maternal and Newborn Services, and Children's Services
Fall 2000	MOHLTC	- Recommended establishment of two clusters divided by Yonge Street
2000	CHN Funding Distribution Task Force	- Report recommended establishment of ten self–identified cluster groups.

Cluster Groupings

A framework for decision-making: principles for cluster groupings

Throughout discussions regarding the establishment of regional cluster groupings, a number of principles emerged. The following six principles were articulated to provide a framework for advancing discussions on the issue. In essence, these principles are seen as fundamental to facilitating local planning for maternal/newborn and children's services in the GTA.

1. Regional clusters should facilitate access to the continuum of care for maternal/newborn and children's services at the local level.

2. Regional clusters should reflect local referral patterns, geographic proximity and consumer preference.

3. Regional clusters should build on existing partnerships/relationships between organizations.

4. Regional clusters should include CCAC(s) and hospitals, including at least one Regional Children's Health Centre. No one corporation will act individually as a cluster.

5. Tertiary Children's Health Centres and Level III Maternal and Newborn Centres will participate in their local cluster related to local planning, and in addition, work together as a central entity and be a resource to each of the regional clusters.

6. Regional clusters will work with families, community health service providers and tertiary centres to ensure that maternal/newborn and children's services meet the unique needs of the local area.

Recommended Regional Cluster Groupings

Based on the six principles for cluster groupings, and input obtained from CHN members , it is recommended that CHN members work together for the purposes of local planning and coordination according to the four regional cluster groupings identified in Table 1.

It is recognized that relationships and partnerships currently exist among CHN members and other organizations. These include (but are not limited to) existing relationships resulting from CCAC and Public Health Service planning areas and other network groupings. The four cluster groupings are intended to build on these relationships and recognize patient referral patterns.

Clusters are not meant to be mutually exclusive, or to impose "planning silos". It is expected that existing relationships will be maintained and new relationships will be developed with other CHN members and other organizations in other cluster groupings.

Table 1: Cluster Groupings

Cluster Group	CHN Member Organizations
Central	East York Access Centre Mount Sinai Hospital* St. Joseph's Health Centre St. Michael's Hospital Humber River Regional Hospital The Hospital for Sick Children* Toronto CCAC Toronto East General Hospital University Health Network York CCAC *for local planning
North	Bloorview-MacMillan Childrens Centre* North York CCAC North York General Hospital Southlake Regional Health Centre Sunnybrook and Women's College Health Science Centre* York Central Hospital CCAC of York Region** *for local planning **requested to be in two clusters
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Roles and Responsibilities

Roles and responsibilities for the regional clusters were articulated in the *CHN Implementation Plan* (February 1999) and the Charter Member Roles and Responsibilities section of the *CHN Agreement* (April 2000). Interviews conducted with members in spring 2001 indicated support for the roles articulated in these documents.

As a result, the key roles of the regional clusters will include :

- Implementation of CHN frameworks locally
- Monitoring progress toward achievement of CHN standards, guidelines and other initiatives
- Monitoring indicators at a local level, identifying and addressing regional improvement opportunities
- Facilitating shared education through sharing of resources and opportunities
- Communicating with local stakeholders/providers
- Considering opportunities for sharing human (and other) resources and expertise
- Soliciting local community and family advisory input
- Sharing new and innovative regional activities/initiatives with CHN membership
- Undertaking local advocacy
- Developing and sharing an annual regional plan and achievements towards the plan
- Collaborating with other maternal/newborn and children's services providers, agencies, organizations and networks to improve the health and quality of life for infants, children and youth within their geographic area – for example, share information to facilitate local planning, share resources to provide sub-specialty clinics, etc.

Role of Tertiary Centres in Cluster Groupings

Facilitating access to a continuum of service delivery close to home for women and children is a fundamental component of building a regionalized system of care. In the North and Central clusters the tertiary centres will participate in their local cluster representing the hospital's role as ACCH/RCHC for its local catchment area.

In general, it is expected that tertiary centres will:

- Work together with other tertiary centres as a central entity to address issues specific to tertiary centres
- Be a resource to each of the regional clusters
- Support the advanced level II centres so they are best able to provide a local resource base for clusters
- Foster two-way information flow with clusters
- Allow for representatives to be available to the cluster groups on ad-hoc basis
- Continue to develop working relationships with individual hospitals for needs related to maternal/patient transfer.

There is a need to revisit the idea of clusters aligning with one tertiary centre for the purposes of maternal/newborn patient transfers. It is expected that clusters will address this issue and make recommendations to the CHN regarding appropriate resolution.

Community Care Access Centres

As new members to the CHN, CCACs have not been part of previous discussions concerning cluster groups. The participation of CCACs is, however, essential to planning for the community component of the continuum of care, and interface between community and hospitals. As such, CCACs have been grouped into the regional clusters based on input received from participating centres. The importance of Public Health involvement in the cluster groups was a key issue identified by these members.

Given the population served, the CCAC of York Region has requested to be a member of the both the North and East clusters.

Links to Other Networks

Numerous networks have been established across the GTA to improve coordination and access to health services. As illustrated below (Table 2), some of the networks have been established with specific planning boundaries in response to government direction for more coordinated planning to improve local access related to a specific service. Some have formed voluntarily in recognition that improved client access and service delivery can be achieved by local partners working together. Others have formed around a specific disease / clinical issue and have no specific planning boundaries.

Table 2: Planning Networks in the GTA

Network	Planning "Boundaries"
Toronto Emergency Services Networks	• 3 planning clusters (Central, West and East) with a Regional Coordinating Centre in cluster
Toronto Pre-School Speech and Language Services Network	• 4 planning quadrants, with a Central referral centre in each quadrant • Purpose is to facilitate access to Preschool Speech and Language services close to home
Child and Adolescent Mental Health	• 4 quadrants, based on former City of Toronto municipal boundaries (quadrant 1 – City of Toronto and East York, quadrant 2 – Etobicoke, quadrant 3 – North York, quadrant 4 – Scarborough) • Planning for child and adolescent mental health services
Coordinated Stroke Services in Toronto	• 3 clusters mirroring the 3 emergency services clusters with one hospital in each cluster to act as a Regional Stroke Centre • Clusters to include the continuum of stroke services providers including a Regional Stroke Centre, District Stroke Centre(s), acute care and rehabilitation hospital(s), home care and community agencies
GTA Rehabilitation Network	• GTA-wide group of representatives from the continuum of rehabilitation services
Toronto Acquired Brain Injury Network	• GTA-wide group of representatives from the continuum of ABI service providers and advocacy groups
Cardiac Care Network	• Secretariat facilitates access to cardiac surgery through management of a province-wide waiting list • Funded by MOHLTC
Community Health Assessment and Improvement Network (CHAIN) Growing Healthy Together Coalition Partners for Health South East Toronto Project The Community Health Network of West Toronto West End Health Alliance West End Urban Health Alliance	• Networks with a common goal to work with partners to achieve improve coordination of , and access to, programs and services for the residents of their communities.

Establishing CHN cluster groups based on previous partnerships and relationships was a key principle used to determine the CHN cluster groupings. What is unique to the CHN clusters, when compared to the clusters identified above, is that the CHN clusters extend into the 905 area in the east, west and north and the CHN clusters are formed around the inclusion of at least one Regional Children's Health Centre. The clusters are intended to be of an appropriate size to maintain a client base to support regionally-based sub-specialty clinics and to facilitate local planning for maternal/newborn and children's services groups.

Cluster Relationships

It is expected that regional clusters will build on existing partnerships/relationships between organizations and link appropriately with families, community health service providers and tertiary centres to ensure that maternal/newborn and children's services meet the unique needs of the local area.

To help facilitate appropriate linkages for local planning and coordination, and implementation of CHN-wide initiatives, members suggested the following relationships between clusters and CHN groups.

Table 3: Cluster Relationships

Group	Relationship
CHN Secretariat with Clusters	• Disseminate agreed upon CHN-wide frameworks/ standards and other initiatives for adaptation and implementation within regional clusters • CHN staff cluster liaison to ensure consideration of regional cluster specific issues in the development of CHN frameworks/standards/proposals for CHN-wide initiatives • Prepare system reports and monitor progress
Tertiary Centres with Clusters	• Two way information flow • Participate in local cluster re: local planning • Representatives available to the cluster groups on ad-hoc basis • Continue to develop relationships related to maternal/newborn transfers
Clusters with CHN Task Forces	• information sharing • Provides an opportunity for buy-in of cluster work at a broader level

Clusters with Other Clusters	• CHN to facilitate information sharing in order to avoid duplication of efforts • CHN to provide cluster reports / updates at Coordinating Committee and other Task Forces as appropriate
Clusters to CHN Secretariat	• Cluster Chairs to provide information/data to assist in system monitoring/evaluation • Cluster Chairs to provide reports/information to CHN to share with other clusters

Operationalizing Regionalization through Clusters

Members Perceptions of Achieving Regionalization through Clusters

Feedback obtained from member interviews indicated that members are supportive of working within cluster groups and perceive that there are many benefits to be gained through planning and working together.

Members agree that cluster membership should include broad system representation including District Health Councils, Public Health, and families/consumers.

It was recommended, however, that a CHN staff liaison be named for each cluster and be available to attend cluster meetings for information sharing purposes and to help prevent development of 'planning silos' within the Network.

Clusters need to be flexible in order to recognize cross over of catchment areas, patient referral patterns, and previously established linkages with other partners and networks.

Benefits and Opportunities

Members believe that regional clusters will facilitate achievement of the mission of the CHN; to work together to build an integrated, high-quality, family-centred health system mothers, infants, children and youth across the GTA.

Based on interview responses, the perceived benefits of planning and coordinating services as part of a regional cluster include the following:

- Relationship development
- Consistency from a patient care perspective
- Identification of key contacts at partner organizations
- Information sharing / networking re: similar issues
- Joint program planning and development to meet local needs
- Joint standards/guidelines development

- Opportunities for shared/standard education across related services e.g. level II maternal/newborn
- Streamline decision making related to patient transfer, etc.
- Opportunities for joint research
- Opportunities for shared human resources
- Planning for sub-specialty services
- Regional out patient clinics (increased critical mass)
- Learning from other centres (e.g. support for staff of hospitals moving to advanced level designations)
- Opportunities for additional resources to improve services through collaborative efforts
- Clusters provide natural pilot sites to implement CHN strategies/frameworks

Critical Success Factors

Based on interview responses, critical success factors for regional clusters will include the following:

- Enhanced formal and informal communication
- Ability to measure practice outcomes
- Joint education
- Joint research
- Consistency from a patient care perspective
- Regional planning
- Lack of duplication
- All players are motivated and committed
- Sharing of resources
- Identification of existing regional resources/enhancement as appropriate for the region
- Clear mandate/vision of regionalization with an emphasis on spirit of cooperation, collaboration, participation, and joint planning for implementation
- Strong leadership (medical and administrative)
- Organizational commitment
- Public awareness and ability to meet public expectations
- Effective/open lines of communication

Barriers

Members suggested that the following are barriers to CHN members working within regional clusters:

- Competition
- History
- Turf protection
- Size of cluster (e.g. due to population served and geography of hospital catchment, “local planning” at the cluster level does not make sense)
- Individual organizational cultures

- Sense that appropriate links with local partners and tertiary centres have already been developed
- Lack of clarity (e.g. roles, relationship with tertiary centres)
- No accountability structure
- Lack of resources for RCHCs, level II and advanced level II centres to take on roles as designated (human, financial, and physical space limitations)
- Hospitals wanting to "do more" than their current designations
- Fear of loss of services
- Draws time/resources away from planning for individual hospital
- Catchment boundaries cross cluster boundaries
- Does not fit with previously developed network groups or clusters for other issues (e.g. rural northern health framework, emergency)
- CritiCall not linked into the cluster arrangement

These barriers are consistent with commonly mentioned barriers to network development[1]. Similarly, the strategies to overcome these barriers (listed below) are consistent with strategies undertaken by other network groups.

Moving Forward

In order to facilitate the benefits and opportunities identified and to overcome barriers, the following strategies/mechanisms are proposed for the clusters to consider.

- Recognize that building relationships and trust takes time; trust is necessary for member buy-in and participation
- Build on lessons learned from previous cluster groups. For example, refer to the South Peel Halton report.
- Pay close attention to leadership / rotate chair / co-chair
- Clarify roles
- Clusters should be facilitative rather than bureaucratic
- Improve links with MOHLTC regional initiatives to avoid duplication (e.g. eating disorder regional programs)
- Include appropriate partners in clusters, e.g. public health, DHCs, families
- Build in appropriate lines of communication with cluster members, other clusters, CHN secretariat, tertiary centres
- Educate / inform families, providers, CritiCall, etc
- Plan with a vision to developing services accessible across the region
- Provide / develop regional services as appropriate in recognition of individual hospital and individual physicians' areas of specialty
- Create an infrastructure for information management and evaluation (build in accountability framework)
- Identify opportunities to streamline responsibilities either through CHN or within cluster
- Address scarce human resources through education and training funds, recruitment and retention strategies; be collaborative versus competitive

[1] ***Integration in Action: Lessons Learned form the Networks in Toronto***, Toronto District Health Council, December 1999.

- Clusters should attempt to achieve quick successes that are meaningful to all participants. For example:
    - identify and address a gap in service or a high need issue through a collaborative effort
    - build on a joint effort currently underway within the cluster
    - share local assessments of population growth /birth projections and local planning
    - ask the local DHC(s) to meet with the cluster to report on issues related to maternal/newborn and children's services as a result of the recent DHC Hospital Operating Review

The critical success factors can only be achieved through member commitment and CHN secretariat support.

Next Steps

In order to move forward, members agreed that the following needs to occur in the short term (i.e. by September 2001):

- CHN to review the recommended cluster groupings with appropriate District Health Council representatives for information and advice

- CHN to identify a CHN staff liaison for each cluster

- Clusters should hold an inaugural meeting. The purpose of the meeting will be to:
    - define membership, roles and relationships
    - discuss vision, values and ways of working together
    - determine local priorities
    - determine priorities for addressing recommendations arising from CHN standards/frameworks
    - identify a cluster Chair/ Co-Chairs. The Chair/Co-Chair will be responsible to coordinate cluster meetings, ensure that appropriate follow-up is undertaken, liaise with the CHN, and provide reports on cluster activities to the Coordinating Committee

- The tertiary centres should meet to address common issues related to tertiary services, for example:
    - define roles and determine appropriate relationships/linkages with regional clusters and individual hospitals
    - consider pros/cons of formal relationships with regional clusters (versus individual hospitals) related to maternal/newborn transfer
    - consider the CHN Perinatal Complex Committee as an existing structure to build upon, including revised mandate and membership.

Over the next year the following needs to occur:

- The CHN secretariat needs to create a mechanism to ensure that duplication of efforts at the cluster level is avoided
- As clusters evolve, the Network as a whole needs to outline expectations for clusters and measurable outcomes
- The CHN committee structure needs to be reviewed as the clusters, and the Network as a whole, evolve.

Through facilitation and implementation of coordinated maternal/newborn and children's services in the GTA, CHN's regional clusters have the potential to be leaders in regionalization in Ontario. The clusters will enable the sharing of expertise of individual practitioners and hospital and CCAC leaders within regional groupings in order to improve consistency and access for consumers.

Through commitment to regional clusters, members will help to build an integrated, high-quality, family-centred health system mothers, infants, children and youth across the GTA.

Appendix A

Member Interview Questions

Generic

1. What do you feel are the opportunities for clusters working together?

2. What do you think would be critical success factors for clusters?

3. In general, what do you feel are barriers to CHN members working with cluster groupings?

4. How can these barriers be overcome?

5. What do you feel are appropriate roles for the cluster groupings?

6. What is the appropriate relationship with 1) other clusters, 2) tertiary centers, 3) CHN Task Forces, and 4) CHN Secretariat ? For example communication links, input into decision making, etc.

Cluster Specific

7. Has your hospital been working within a CHN cluster grouping? Who else is at the table?

8. Who was at the table? Were there work groups to address specific issues? How were meetings coordinated/ minutes prepared etc.

9. Provide examples of the types of issues that your group has addressed – successes. Are there some lessons learned that the new cluster groupings should keep in mind?

10. How would the recommended cluster grouping impact on this current grouping ?

11. Do you foresee any barriers to working within the recommend cluster grouping?

12. How would you recommend that these be overcome?

13. What role is your hospital willing to play in the recommended cluster grouping structure? Example, offer of meeting space/ meeting coordination/ minutes preparation?