



Planning Our Future In A Fair Way

Clinical Activity Target Setting
At
University Health Network
January 2002

University Health Network

Patient Care • Research • Teaching

Toronto General Hospital
Toronto Western Hospital
Princess Margaret Hospital

PLANNING OUR FUTURE IN A FAIR WAY

In November 2000, University Health Network set out to determine where it should be in the future. This strategic planning exercise was directed at answering the question of how UHN should position itself for the changes we expect during the next ten years.

UHN spent 18 months unearthing these answers, consulting more than 700 hospital employees, physicians, researchers, managers, volunteers, students, community partners and other stakeholders.

In the end, UHN came up with a strategic plan, *Strategic Directions 2011: Exemplary Patient Care and Global Impact*. The plan includes ten key strategies within the five main areas of activity at UHN – our patients, our team (staff, physicians, students & volunteers), capital, information and funding. The plan also proposed seven new areas of clinical focus known as Program Groupings, each one having the potential for achieving global impact:

- Advanced Medicine & Surgery
- Community & Population Health
- Heart & Circulation
- Musculoskeletal Health & Arthritis
- Neural & Sensory Sciences
- Oncology & Blood Disorders
- Transplantation

Program Elements

Within the program groupings rest networks of closely integrated clinical program elements – 52 in all. An example is Cardiovascular Surgery which is one of the six program elements contained in the new Heart & Circulation program grouping.

But as future resources will be limited, a key question was how could UHN reach agreement about which program groupings and elements should expand their clinical activity, which should contract and which should remain at current patient volumes?

It seemed a monumental juggling act. However, the road to fair priority setting was paved through an open and consultative process that allowed feedback, input, debate, appeals and above all understanding. It allowed us to develop five-year clinical activity targets which UHN could use as guideposts for future directions.

Planning Our Future In A Fair Way explains the process used to develop clinical activity targets and lays out the results of this process. This document also explains the purposes for which these targets will be used at UHN. Two tables are also included. Table A shows clinical activity levels for each program element in 2000/2001 and Table B indicates the five-year clinical activity targets for each program element.

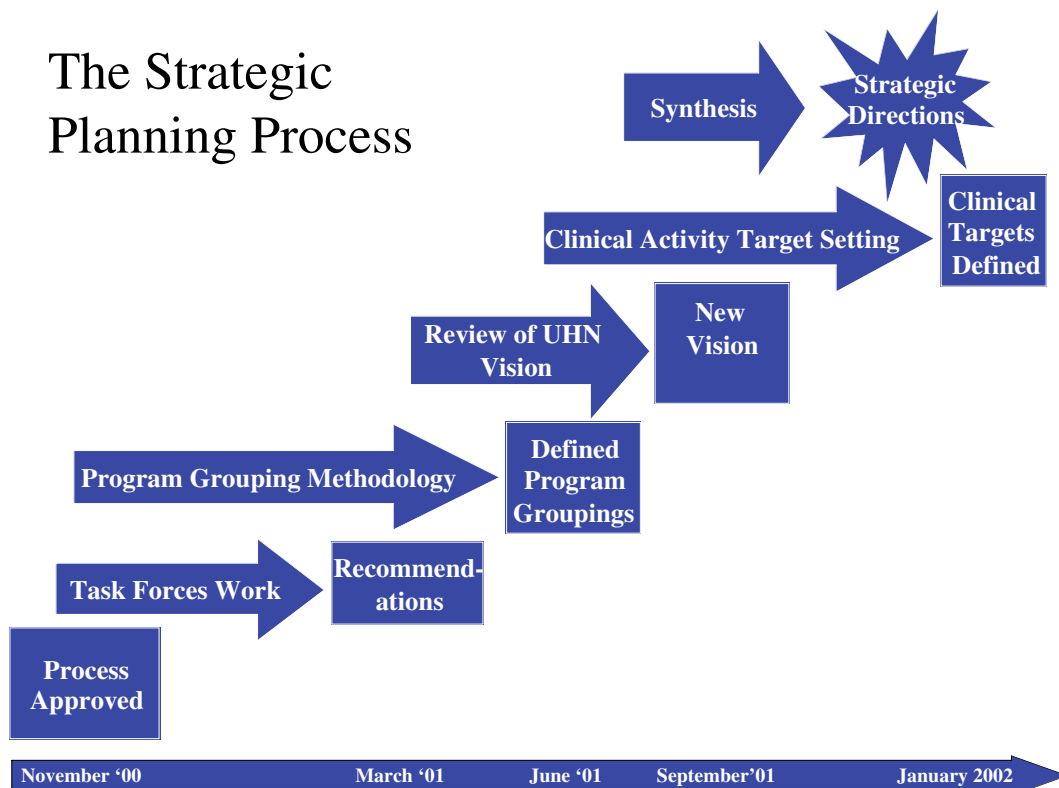
WHERE DO CLINICAL ACTIVITY TARGETS FIT INTO THE BIG PICTURE?

When UHN started work on Strategic Directions, we didn't know exactly what we might find along the way. However, we did know we needed a sound process to meet our goal of developing a 10-year strategic plan. From the onset, a specific planning process, including timelines, was established and communicated to all stakeholders. This process, including deadlines, consisted of five main steps:

- (1) the formation of six task forces to undergo a detailed analysis of the health care environment and future trends
- (2) the formation and approval of what would prove to be seven "program groupings" and the core clinical services for organizing all of our clinical activities
- (3) the review and development of a new Vision – achieving global impact
- (4) the development of the clinical activity targets for the next five years
- (5) Bringing it all together into a cohesive, forward looking strategic plan, known as Strategic Directions 2011: Exemplary Patient Care and Global Impact

Chart 1 below outlines the major steps along the way to setting our strategic directions.

Chart 1



THE DILEMMA ~ WHAT SHOULD GROW IF EVERYTHING IS IMPORTANT?

It shouldn't come as a surprise that in a complex, diverse organization like UHN, key players from across the organization would naturally feel that the clinical areas they are so intimately dedicated to should grow and expand in the future.

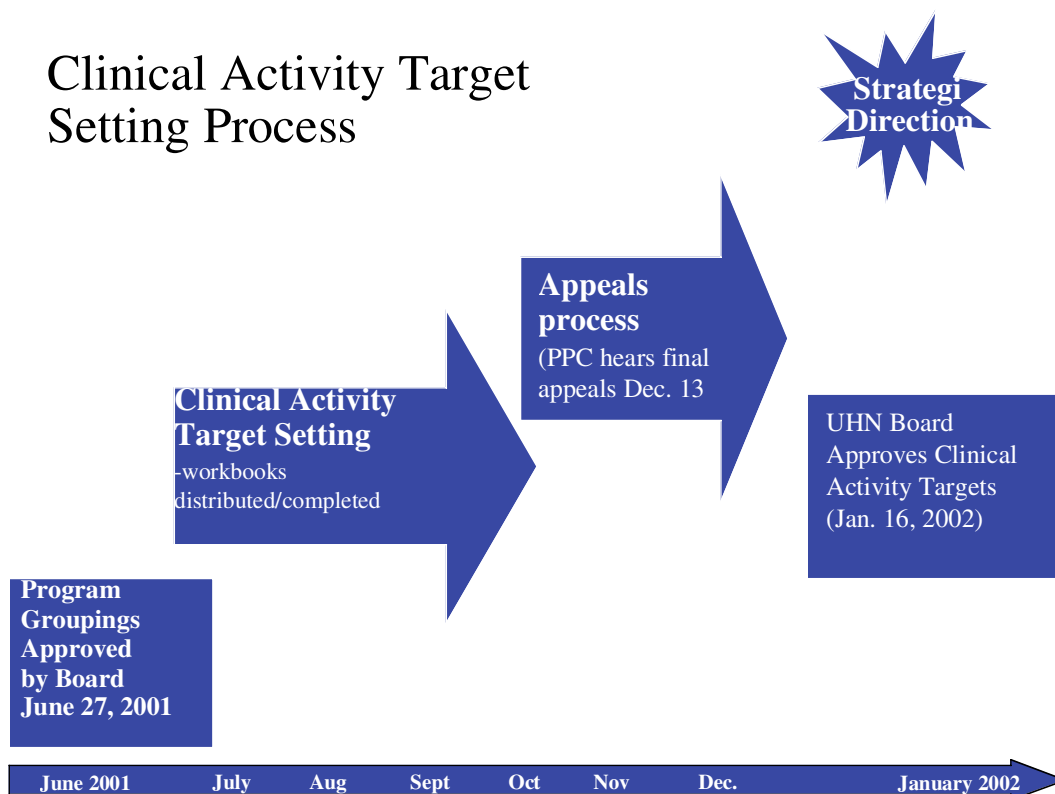
But not everything can grow. UHN will not have the space, staff or funding for this to happen. However, just because a program is not targeted to expand its clinical activity does not mean that it won't receive the support necessary to provide excellence in what it does.

Therefore, UHN established a process of determining clinical activity levels which was fair to everyone so that we could build consensus and justify our decisions.

TIMELINES AND MILESTONES PROCESS OVERVIEW

Chart 2 below outlines the timelines and milestones of the clinical activity target setting process:

Chart 2



A PROCESS OVERVIEW

Once the UHN Board of Trustees approved the final program groupings on June 27, 2001, program element leaders began work on establishing their projected patient volumes for the next five years. The process of recommending clinical activity targets included two main parts:

1. Program Groupings submitted workbooks for each Program Element outlining their projections for clinical growth over the next five years.
2. The workbooks were evaluated by the UHN Planning & Priorities Council (PPC) on Oct. 18, 2001 to determine which program elements should grow, which should maintain at current volumes and which should be reduced by the year 2006.

PPC recommendations were determined using the following six criteria:

- Ministry of Health priority (protected funding, volume funding or revenue generating)
- Impact (market share, uniqueness of service)
- Interdependence with other program groupings or a core service such as Emergency Medicine
- Educational strength
- Research strength
- Ability to apply priority technologies (i.e. genomics/proteomics, clinical informatics, regenerative medicine and advanced clinical technologies)

In addition, other strategic decision factors were considered where appropriate.

The Oct. 18 meeting heard numerous viewpoints and arguments prior to the evaluation and ranking of the program elements. Leaders from each program element made a presentation to demonstrate how it met each of the six criteria. The final evaluation was circulated afterward by email and posted on the UHN Corporate Intranet.

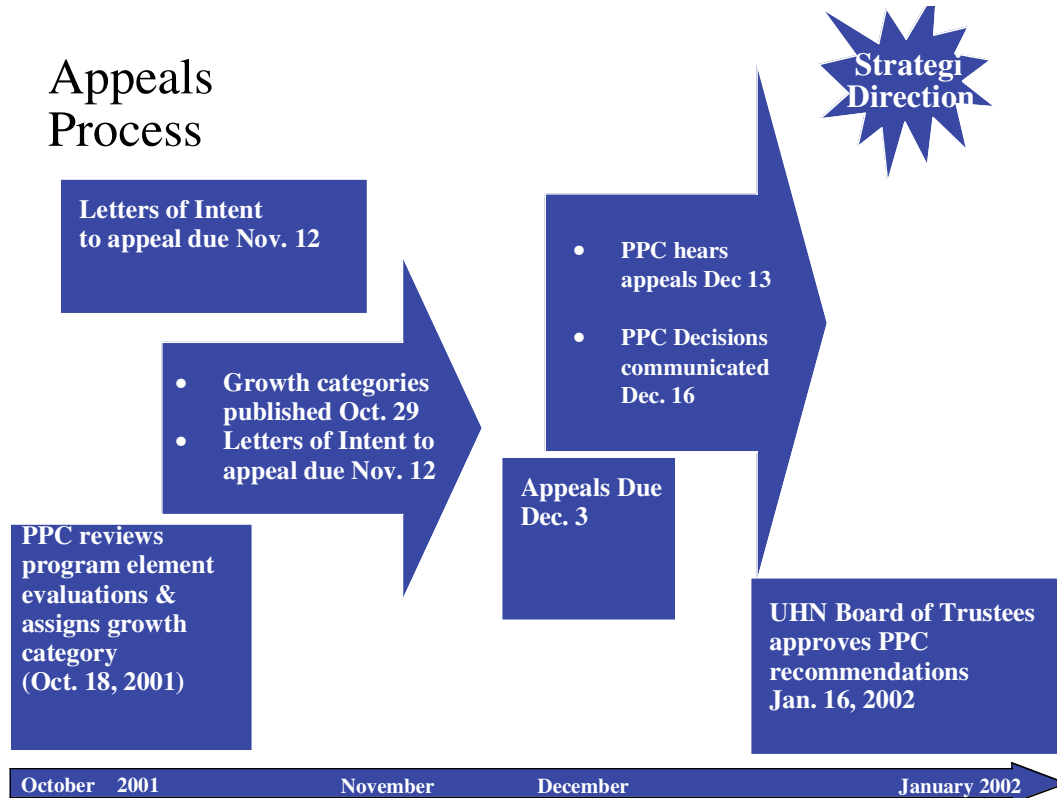
The Appeals Process

Prior to any final priority setting decisions, an appeals period was launched on October 29, 2001 to obtain feedback and input into the five-year clinical activity recommendations made by PPC. Chart 3 on the following page shows the appeals process timeline. Internal appeals from physicians or staff flowed to the Program Grouping Leadership while external appeals from each hospital's Community Advisory Committee were to be received directly by PPC. All appeals – 15 in all – were managed by an Appeals Advisor.¹ Two types of appeals could be received:

1. *New information or New Argument*: an appeal based on new information or a new argument which lends strength to the program element's submission
2. *Lack of Due Process*: the appeal is based on procedural issues relating to the application of the Clinical Activity Target Setting Process

1. Sarah Downey, Director of Planning, UHN was appointed as the Appeals Advisor.

Chart 3



As Chart 3 above indicates, letters of intent to appeal from either a program grouping's leadership or a community appellant needed to be submitted to the Appeals Advisor by Nov. 12, 2001. The actual appeal needed to be submitted by Dec. 3, 2001. The Appeals Advisor and her staff helped each appellant to obtain any new data necessary to support their arguments.

During a day-long PPC meeting Dec. 13, 2001, all 15 appeals submitted were heard. In each case, program grouping leaders presented and all their arguments were well-researched and impressive. As a result, a number of significant changes were made to tentatively set targets. These changes were communicated following the meeting to all appellants. The final decisions were communicated to staff at large on Dec. 14 and the final evaluations for program growth were posted on the Corporate Intranet.

At the Jan. 16, 2002 regular monthly meeting of the UHN Board of Trustees, the final recommendations from PPC were presented and approved. As mentioned, Table A shows current clinical volumes and the five-year clinical activity targets for each program element are included in Appendix B.

BEING FAIR PRINCIPLES OF THE PROCESS

The timeline and milestones in the process have been explained above but what principles did we use to ensure that at the end of the day, the very process we used would allow us to justify the tough decisions we had to make?

In the fall of 2001, we consulted with the Joint Centre for Bioethics at University of Toronto, which was investigating how healthcare institutions could undertake fair priority setting when they face limited private and public resources.

They told us we needed a process that would ensure once decisions were made, everyone would agree they had been arrived at fairly. In other words, fair priority setting would depend on a *fair priority setting process*. At UHN, we adopted a model which set out four *conditions of accountability* which needed to be met if priority setting was to be fair.¹ These conditions are:

PUBLICITY

RELEVANCE

APPEALS

ENFORCEMENT

¹ This framework for fair priority setting in health care institutions, including reference to the four accountabilities above, is outlined in *Ethics of Accountability in Managed Care Reform*, Health Affairs 1998; 17 50-64 (Daniels N, Sabin J.).

CONDITIONS OF ACCOUNTABILITY WHAT THEY MEAN AND WHAT WE DID

1. PUBLICITY

The *Publicity* condition means that in order to make fair decisions, information must be made public to all UHN stakeholders concerning:

- ◆ The priority setting process
- ◆ The clinical target decisions being recommended
- ◆ The rationale used to arrive at decisions, in this case clinical volumes

WHAT WE DID

UHN made information public to stakeholders through a variety of ways such as in person, through email or on the Corporate Intranet. For instance, communications from the President's Office came through tools such as all user email messages, information posting on the Corporate Intranet, and face-to-face presentations and updates at director and management level meetings. These tools reached various stakeholders and audiences in a timely, responsive manner. When recommendations or decisions were made at the senior level, program grouping leaders were informed immediately what decisions were made and the changes they reflected.

2. RELEVANCE

Basically, what is meant by relevance is that the rationales used for setting our clinical priorities are considered to be *reasonable* to all our stakeholders, such as physicians, clinical staff, and other employees. While we can't realistically expect everyone to agree 100 per cent on decisions about what program elements should grow, we could establish through our process agreement by everyone that we arrived at them fairly.

WHAT WE DID

A wide range of individuals were involved in developing arguments made by each program element concerning their need to grow and expand in the future. By doing so, the decision making process became characterized more by inclusiveness and consensus rather than one where decisions were made by "the senior brass." Information, data and arguments were funneled up to senior decision makers. As such, decisions were made honestly, based on a variety of opinions, expertise, information, values and principles. Final decisions were arrived at fairly and reasonably.

CONDITIONS OF ACCOUNTABILITY CONTINUED... WHAT THEY MEAN AND WHAT WE DID

3. APPEALS

An appeal mechanism is important because it shows respect for individuals who might disagree with a decision and allows them to debate those decisions. Appeals also allow these individuals to engage decision makers so that the circle of opinion not only broadens but that in the end, conflicts are resolved in a fair way. Having an appeal mechanism also reinforces the notion of publicity by providing an additional avenue for debate, input, consultation and feedback.

What We Did

As discussed on pages 4 and 5, a well-defined appeals process was established as an important step in the overall clinical activity setting exercise. Fifteen appeals were filed. All of these appeals were based on new information arising that supported the growth of a program element. This relatively small number of appeals reflected the credibility of the entire process and the perception it was a fair process. Perhaps even more significant was that none of the appeals were about the actual clinical activity setting process. Nobody said the process itself had been unfair or unreasonable.

4. ENFORCEMENT

The word “enforcement” may carry a bit of a negative connotation for some, implying the need for compliance or policing. That’s not the intent here. In this case, enforcement is defined as simply meaning that the first three accountability conditions of our process – publicity, relevance and appeals – are satisfied.

What We Did

Throughout our process, enforcement was a voluntary phenomenon. Leaders at the program element, program grouping and hospital senior management level all took the initiative to ensure their respective stakeholders understood clearly the issues being discussed; they also ensured that these issues were understood clearly so that nobody would say they misunderstood something during the process which affected a later decision. Meeting agendas were set so that the Planning & Priorities Council made recommendations based on all these conditions before forwarding them to the UHN Board of Trustees.

HOW WILL THE CLINICAL ACTIVITY TARGETS BE USED?

By setting future priorities in a fair way, UHN now has an accurate, accountable set of clinical activity targets which will serve as guideposts for future directions.

Our Patients

With limited resources, UHN cannot be all things to all people. However, the clinical activity target setting process has allowed us to accurately project patient volumes and will allow each program element to develop strategic plans based on these targets.

Our People (Staff, physicians, students and volunteers)

The healthcare industry is facing shortages of physicians, nurses and other clinical staff. Clinical activity targets allow us to effectively target and identify specific staffing areas where additional human resources are required to meet patient volumes and to nurture research and education. Clinical activity targets will help UHN to create a detailed medical staffing plan which in turn, will be supported by the development of new recruiting strategies aimed at attracting the specific healthcare professionals we need.

Funding

No program element will be allowed to grow unless it can acquire additional funding. Since the clinical activity targets were established fairly and based on the best data available, they provide UHN with a strong direction concerning what clinical programs we want to pursue additional funding for, primarily from the Ministry of Health and Long-Term Care.

Capital

At UHN, we don't have the space necessary to grow everything. As the Project 2003 redevelopment plan moves forward in an ever changing healthcare environment, we need to ensure we provide the appropriate space to each program element. As such, the clinical activity targets will serve to help us redevelop our master plan to ensure we use this space as efficiently and fairly as possible – based on anticipated growth and expansion of certain program elements.

Information

Our five-year information management plan, care@uhn, continues to provide physicians and clinical staff with the computerized tools they require to better meet the needs of their patients. This project is closely tied to Project 2003 as space is redeveloped. The clinical activity targets will be used to help determine what computerized and technological resources are needed where, and to incorporate them into our redeveloped master plan.

A FINAL WORD...

In the future, UHN will face limited resources such as physicians, staff, money and space. However, the clinical activity target setting exercise has taught us that by using a priority setting process that is fair, we can come to agreement about how best to position our resources.

While no program element will be allowed to grow without acquiring additional funding, stature should not be considered synonymous with expansion. The process of setting priorities and assigning growth does not mean that certain program elements will “win” while others “lose.” In fact, the process was about positioning our existing and future resources with the ultimate vision of UHN aspiring to global impact. All program elements will continue to be supported in a way that they fulfill our mission of providing exemplary patient care, research and education.

As well, the clinical activity target setting exercise should not be viewed as a one-time planning process with the results carved in stone. Environmental factors and trends such as technological change and discovery, and provincial and regional health planning, will continue to shape the role of UHN over time. On a year-to-year basis, UHN will monitor these factors and reset clinical activity targets for each program element as is necessary.

Finally, our most important resource – our staff – should not be concerned that change will affect their future employment. The clinical activity volumes are five-year targets and will be phased in. Peoples’ jobs will be protected by transferring those affected to other activities or through normal attrition.

Clinical Activity Target Setting Process - Resource Utilization

*** Please note that these calculations are estimates.

		2000/2001 Activity											
Program Element	5-Year Activity Growth/Reduction Category	Inpatient Activity							Day Surgery Activity			Outpatient Activity Visits	
		Cases	Weighted Cases	OR Cases	Average OR Time (Hours)	Total OR Time (Hours)	Average Length of Stay	Patient Days	Patient Beds (88%)	Cases	Weighted Cases		Avg OR Time (Hours)
Totals		29,510	81,320	13,232	3.23	42,783	8.24	254,986	794	26,661	6,826	0:50	772,745
Total Increase/Decrease													
Advanced Medicine & Surgery													
Benign Digestive Diseases	Growth 0-15%	1,289	2,608	504	2.92	1,470	6.83	8,798	27.39	2,408	334	1:31	33,487
Benign Kidney Diseases	Maintain Volumes	443	1,725	119	1.45	173	16.82	7,453	23.20	26	5	0:00	93,429
Benign Respiratory Diseases	Maintain Volumes	557	1,498	279	2.87	800	7.88	4,387	13.66	640	67	1:07	10,855
Endocrinology	Growth 0-15%	56	53	0	0.00	0	4.88	273	0.85	0	0	0:00	20,000
Infectious Diseases	Growth 0-15%	0	0	0	0.00	0	0.00		0.00	0	0	0:00	16,798
Benign ENT	Reduction >15%	531	691	561	2.27	1,272	4.19	1,934	6.02	353	84	1:16	5,500
Community & Population Health													
Complex Consultative Services													
<i>Internal Medicine</i>	Maintain Volumes	4,688	10,770	127	1.68	214	9.68	45,387	141.31	20	4	1:07	4,000
<i>Minimally Invasive Surgery</i>	Growth > 15%	1,261	1,715	825	1.65	1,361	3.67	9,292	28.93	8,226	1,292	0:27	20,000
<i>Dermatology</i>	Reduction >15%	0	0	0	0.00	0	0.00		0.00	0	0	0:00	20,594
<i>Urology</i>	Maintain Volumes	306	373	195	1.95	380	3.58	1,095	3.41	0	0	0:00	4,500
Senior's Health (RGP)	Growth 0-15%	59	352	5	2.18	11	33.08	1,952	6.08	0	0	0:00	12,706
Women's Health in the Community*	moved to MHA, Women's Mental Health moved to Mental Health and Addictions, Reduce Clinical by 0-15%	0	0	0	0.00	0	0.00		0.00	0	0	0:00	3,600
Health of Children & Youth	Reduction >15%	0	0	0	0.00	0	0.00		0.00	0	0	0:00	13,700
Mental Health & Addictions*	Maintain Volumes	640	1,580	6	5.18	31	20.85	13,346	41.55	232	19	0:00	67,772
Family & Community Health	Growth 0-15%	0	0	0	0.00	0	0.00		0.00	0	0	0:00	47,000
Community & Multicultural Health*	Core Service	0	0	0	0.00	0	0.00		0.00	0	0	0:00	0
Heart & Circulation													
Interventional Cardiology	Growth 0-15%	3,190	6,290	499	2.27	1,256	4.63	16,641	51.81	4,580	2,419	0:57	19,277
Cardiology	Growth 0-15%											1:21	

Clinical Activity Target Setting Process - Resource Utilization

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Program Element	5-Year Activity Growth/Reduction Category	Inpatient Activity							Day Surgery Activity			Outpatient Activity Visits	
		Cases	Weighted Cases	OR Cases	Average OR Time (Hours)	Total OR Time (Hours)	Average Length of Stay	Patient Days	Patient Beds (88%)	Cases	Weighted Cases		Avg OR Time (Hours)
CV Surgery	Maintain Volumes	3,044	14,931	2,764	4.27	11,793	10.03	26,858	83.61	76	109	0:51	5,000
Vascular Surgery	Maintain Volumes	581	2,132	454	3.42	1,551	10.50	5,669	17.65	305	95	0:57	6,303
Cardiac Diagnostics	Growth 0-15%	0	0	0	0.00	0	0.00		0.00	0	0	0:00	17,209
Secondary Prevention & Rehab	Maintain Volumes	0	0	0	0.00	0	0.00		0.00	0	0	0:00	3,241
Musculoskeletal Health & Arthritis													
Arthroplasty	Reduction 0-15%	623	1,783	624	2.27	1,414	8.12	5,059	15.75	228	74	1:10	6,377
General Orthopaedics	Reduction 0-15%	371	642	303	1.67	505	6.14	2,279	7.09	391	90	0:51	8,324
Plastics/ Hand Hand	Maintain Volumes	658	842	252	2.62	659	3.74	2,107	4.06	615	232	1:19	12,100
				306	3.35	1,025	2.60		2.51	461		1:05	
Arthritis & Related Disorders	Ambulatory Growth 0-15%	191	430	17	1.30	22	12.32	2,354	7.33	744	182	0:50	15,931
Sports Medicine	Reduction >15%	275	238	269	1.67	448	1.49	409	1.27	0	0	0:00	11,500
Rehabilitation Solutions	Growth >15% (off site)	0	0	0	0.00	0	0.00		0.00	0	0	0:00	30,561
Osteoporosis and Bone Density*	Maintain Volumes	0	0	0	0.00	0	0.00	0	0.00	0	0	0:00	4,000
Neural & Sensory Sciences													
Balance	Reduction >15%	194	134	(captured in ENT data)			1.44	378	1.14	94	15		1,260
Epilepsy	Growth > 15%	93	91	4	6.42	26	0.00		0.00	0	0	0:00	5,255
Neurodegenerative	Growth > 15%	102	275	71	4.08	290	0.00		0.00	0	0	0:00	4,800
Neuromuscular	Maintain Volumes	49	90	22	3.48	77	0.00		0.00	0	0	0:00	5,750
Neuro-oncology	Growth 0-15%	428	1,839	386	5.05	1,949	0.00		0.00	18	3	2:08	2,500
Neuro-Ophthal & Neuro-Otology	Reduction 0-15%	40	24	1	1.12	1	3.33	133	0.41	0	0	0:00	5,670
Neuropsychiatry	Maintain Volumes	2,000 (Consults)	0	0	0.00	0	0.00	0	0.00	0	0	0:00	2,470
Neuro-Urology	Maintain Volumes	0	0	0	0.00	0	0.00		0.00	0	0	0:00	4,800
Neurovascular	Growth > 15%	388	1,173	147	5.35	786	0.00		0.00	0	0	0:00	1,750
Ophthalmology	Reduction 0-15%	384	315	327	1.30	425	2.47	994	3.09	4,094	1,330	0:46	52,204

Clinical Activity Target Setting Process - Resource Utilization

*** Please note that these calculations are estimates.

		2000/2001 Activity											
Program Element	5-Year Activity Growth/Reduction Category	Inpatient Activity							Day Surgery Activity			Outpatient Activity	
		Cases	Weighted Cases	OR Cases	Average OR Time (Hours)	Total OR Time (Hours)	Average Length of Stay	Patient Days	Patient Beds (88%)	Cases	Weighted Cases	Avg OR Time (Hours)	Visits
Pain	Maintain Volumes	0	0	0	0.00	0	0.00		0.00	0	0	0:00	2,100
Spinal	Growth 0-15%	769	2,021	649	4.58	2,975	8.59	6,605	20.57	105	18	2:34	2,000
Swallowing (No Speech Lang. Path.)	Reduction >15%	0	0	0	0.00	0	0.00		0.00	0	0	0:00	1,100
Other Neurology	Maintain Volumes	112	185	6	3.08	19	14.65	5,084	15.83	9	1	0:30	N/A
Other Neurosurgery	Maintain Volumes	493	3,179	417	3.53	1,473	11.38	14,893	46.36	88	15	1:14	N/A
Oncology & Blood Disorders													
Surgical Oncology	Growth 0-15%	4,195	9,035	2,610	3.48	9,092	6.36	26,661	83.00	2,803	405	0:58	50,000
Medical Oncology	Growth > 15%	2,229	8,494	75	2.33	175	12.76	31,248	88.50	136	33	1:25	45,000
Radiation Oncology	Growth > 15%	248	479	0	0.00	0	11.38		8.78	0	0	0:00	55,000
Blood Disorders	Growth 0-15%	31	65	0	0.00	0	9.16	284	0.89	0	0	0:00	6,000
Psychosocial Oncology	Growth > 15%	0	0	0	0.00	0	0.00		0.00	0	0	0:00	2,266
Transplantation													
Lung, Heart, Liver, Kidney, Kidney-Pancreas, Pancreas, Heart-Lung, Small Bowel/Intestinal, Microsurgical	Growth > 15%	992	5,267	408	5.13	2,094	13.52	13,413	41.76	9	2	0:00	9,056

Data Sources: All OR related data - 2000/2001 ORSOS, All other Inpatient and Day Surgery activity - 2000/2001 Coding Database, Ambulatory Visits - Clinical Activity Target Proposals

Clinical Activity Targets

Approved Clinical Activity Targets

Program Grouping	Program Element	Strategic Decision Factors	Program Element Evaluation Criteria					Approved Clinical Activity	
			MOH Specific Funding	Inter-dependence	Market share/ Unique	Education Strength	Research Strength		Priority Tech
Advanced Medicine & Surgery	Benign Digestive Diseases	Global Impact, Achieves Academic Objectives, Some Funding Availability and High Interdependence. Recommendation: Moderate Growth and Growth in Operative Endoscopy.	2	7	4	7	7	8	Growth 0-15%
Advanced Medicine & Surgery	Benign ENT (Ears, Nose, and Throat)	Low scores in clinical and research criteria. Recommendation: Significant reduction.	1	1	2	4.7	3	2	Reduction >15%
Advanced Medicine & Surgery	Benign Kidney Diseases	Achieves Some Academic Objectives, Funding Availability. Recommendation: Maintain Volumes and ensure that dialysis shifts away from Chronic Dialysis and shifts care to Acute Dialysis as other centres open in the periphery. In addition shift more of that volume to home dialysis, self dialysis and off-site locations.	7	5	4	7	6	3	Maintain Volumes
Advanced Medicine & Surgery	Benign Respiratory Diseases	Achieves some academic objectives, small portion of services are unique. Recommendation: Maintain Volumes and shift to more unique services. No strategic reason to grow.	3	7	4	7	6	4	Maintain Volumes
Advanced Medicine & Surgery	Endocrinology / Diabetes	Achieves Academic Objectives, Strong Interdependence due to consults. Recommendation: Moderate Growth.	1	7	4	7	8	5	Growth 0-15%
Advanced Medicine & Surgery	Infectious Diseases	Global Impact, Achieves Academic Objectives, Some Revenue Generation. Interdependence to consult for other Programs. Recommendation: Maintain HIV volumes and moderately increase volumes in other ID disciplines.	1	7	6	9	7	4	Growth 0-15%

Clinical Activity Targets

Program Grouping	Program Element	Strategic Decision Factors	Program Element Evaluation Criteria					Approved Clinical Activity	
			MOH Specific Funding	Inter-dependence	Market share/ Unique	Education Strength	Research Strength		Priority Tech
Community & Population Health	Dermatology	Many Dermatology services are available at other downtown centres. No strategic reason to maintain volumes. Recommendation: Significant Reduction.	1	1	1	2	5	4	Reduction >15%
Community & Population Health	Internal Medicine	Achieves Academic Objectives. Strong Interdependence with Emergency Department. Needs more staff and beds to manage ER volumes. Program Element has not requested growth and further growth may negatively impact education. Recommendation: Maintain Volumes and increase involvement in initiatives to prevent patients from arriving at UHN Emergency.	1	10	2	8	5	4	Maintain Volumes
Community & Population Health	Minimally Invasive Surgery	Potential to Achieve Academic Objectives, , Strong Interdependence. To create advances in surgery the Program Element needs to <u>leap</u> forward to be meaningful. Already behind other centres. Supported by surgeons throughout the hospital and is involved in every surgical specialty. Recommendation: Significant Growth	1	7	5	7	5	4	Growth > 15%
Community & Population Health	General Urology	Urology is an essential hospital service and Urology coverage is required. It is a small Program Element and uses a small level of resources. Recommendation: Maintain Volumes - due to the small size and impact of the Program Element.	1	1	1	6	5	4	Maintain Volumes

Clinical Activity Targets

Program Grouping	Program Element	Strategic Decision Factors	Program Element Evaluation Criteria					Approved Clinical Activity	
			MOH Specific Funding	Inter-dependence	Market share/Unique	Education Strength	Research Strength		Priority Tech
Community & Population Health	Community & Multicultural Health	Decision to include Community and Multicultural Health as a core service, within the Community and Population Health Program Grouping. This is due to non-medical nature of the services and their infrastructure support (e.g., Interpreter services) to many CPH and UHN program elements.							N/A
Community & Population Health	Family & Community Health	Focused growth contingent upon participation of Family Medicine in the development of a hospitalist role to support General Internal Medicine at UHN and "fast track" program to support ER activity.	1	4	1	6.3	3	2	Growth 0-15%
Community & Population Health	Health of Children & Youth	No strategic reason to maintain volumes. Recommendation: Significant Reduction.	1	2	1	6	1	2	Reduction >15%
Community & Population Health	Mental Health & Addictions	MOH protected service. Recommendation: Maintain Volumes and shift from an Inpatient to Outpatient setting	6	5	5	7	4	1	Maintain Volumes
Community & Population Health	Senior's Health	Strong Interdependence with Regional Geriatric Program and serves as a model program for moving patients out of General Medicine Units and out of the hospital. Recommendation: Moderate Growth in the RGP area of the Program Element.	3	8	3	7	4	2	Growth 0-15%

Clinical Activity Targets

Program Grouping	Program Element	Strategic Decision Factors	Program Element Evaluation Criteria					Approved Clinical Activity	
			MOH Specific Funding	Inter-dependence	Market share/Unique	Education Strength	Research Strength		Priority Tech
Community & Population Health	Women's Health	Achieves Research Objectives. Recognized interdependence with rest of UHN for Osteoporosis. Recommendation: Maintain Volumes in Research & Osteoporosis. Transfer Osteoporosis component to the MHA Program Grouping. Women's Mental Health to hold volumes and be included in Mental Health and Addictions Program Element (CPH). Women's Health in the Community to be reduced.	1	3	2	6	7	6	Maintain Research & Osteoporosis and Women's Mental Health Volumes, Reduce Women's Health in the Community by 0-15%
Heart & Circulation	Cardiac Diagnostics	Highly Specialized Service & Training. Needs to respond to the growth associated with Cardiology and other Program Elements of the Heart & Circulation Program Grouping. Recommendation: Moderate Growth.	6	7	3	7	3	3	Growth 0-15%
Heart & Circulation	Cardiology	Global Impact, Achieves Academic Objectives, Strong Interdependence with H&C Program Grouping and for ER. Growth to be aligned with Interventional Cardiology. Recommendation: Moderate Growth.	1	8	3	8	9	7	Growth 0-15%

Clinical Activity Targets

Program Grouping	Program Element	Strategic Decision Factors	Program Element Evaluation Criteria					Approved Clinical Activity	
			MOH Specific Funding	Inter-dependence	Market share/ Unique	Education Strength	Research Strength		Priority Tech
Heart & Circulation	CV Surgery	Global Impact, Some Funding Availability (e.g. Open Heart Cases), Achieves Academic Objectives, Interdependence with Cardiology. The CV Surgery Program Element is not requesting growth. The current volume demands are difficult to manage and the patterns of care are increasingly changing to interventional procedures where possible. Recommendation: Maintain Volumes.	6	2	8	6	8	9	Maintain Volumes
Heart & Circulation	Interventional Cardiology	Global Impact in Specific Areas (e.g. Congenital Heart), Funding Availability, Strong Interdependence with other H&C Program Elements and ER. Recommendation: Moderate Growth - concentrate growth in areas of unique techniques, and the treatment of Acute Coronary Syndrome and shift away from techniques which are more widely available (e.g., diagnostic catheterizations).	7	5	7	7	4	5	Growth 0-15%
Heart & Circulation	Secondary Prevention & Rehab	Not unique with respect to Rehabilitation. Unique Acute Care Nurse Practitioner model. Recommendation: Maintain Volumes to ensure that the Heart & Circulation Program covers the full continuum of care especially to support research initiatives in cardiovascular diseases.	2	1	6	5	5	3	Maintain Volumes

Clinical Activity Targets

Program Grouping	Program Element	Strategic Decision Factors	Program Element Evaluation Criteria					Approved Clinical Activity	
			MOH Specific Funding	Inter-dependence	Market share/ Unique	Education Strength	Research Strength		Priority Tech
Heart & Circulation	Vascular Surgery	Some Global Impact, particularly in Research and Endovascular program. Some Funding Availability. Strong interdependence with other surgical programs in Heart and Circulation and other Program Groupings. Many unique complexity 3 and 4 patients treated in this program. Recommendation: Maintain Volumes for the current complement of 4 Vascular Surgeons.	2	5	5	8.1	5	4	Maintain Volumes
Musculo-skeletal Health & Arthritis	Arthritis and Related Disorders	Global Impact. Recommendation: Grow ambulatory visits within new reconfigured space (Project 2003) to support educational program. Maintain inpatient activity and number of Rheumatologists.	1	3	5	7.7	8	6	Growth 0-15%
Musculo-skeletal Health & Arthritis	Arthroplasty	Some funding availability to cover the cost of hip and knee implants. Uniqueness of complexity 3 and 4 total joint replacements recognized. Service offered in other hospitals. Recommendation: moderate reduction.	4	3	3	5.1	4	4	Reduction 0-15%
Musculo-skeletal Health & Arthritis	General Orthopaedics	Interdependence to support Emergency patients recognized. Recommendation: Moderate Reduction.	1	6	1	4.3	1	2	Reduction 0-15%
Musculo-skeletal Health & Arthritis	Plastics/ Hand	Global Impact, Achieves some Academic Objectives. Workers Safety Insurance Board (WSIB) funding for some surgical activity and outpatient visits. Replants are unique and there is an important connection with WSIB. Interdependence with Emergency. Recommendation: Maintain Volumes.	2	3	3	6	3	5	Maintain Volumes
Musculo-skeletal Health & Arthritis	Rehabilitation Solutions	The leading revenue generating Program Element for UHN. Very strong growth potential. Recommendation : Significant Growth and move the Program Element off-site.	10	2	3	4	2	3	Growth >15% (off site)

Clinical Activity Targets

Program Grouping	Program Element	Strategic Decision Factors	Program Element Evaluation Criteria					Approved Clinical Activity	
			MOH Specific Funding	Inter-dependence	Market share/Unique	Education Strength	Research Strength		Priority Tech
Musculo-skeletal Health & Arthritis	Sports Medicine	Does not fit with the academic objectives of UHN. No strategic reason to maintain current volumes. Recommendation: Significant Reduction.	1	1	1	6	2	4	Reduction >15%
Neural & Sensory Sciences	Balance	Low scores in clinical, education, and research criteria. No strategic reason to maintain volumes. Recommendation: Significant Reduction.	2	1	3	3	3	2	Reduction >15%
Neural & Sensory Sciences	Epilepsy	Increasing Global Impact, Achieves academic objectives. Recommendation: Significant Growth due to need for critical mass to achieve academic clout. London and Montreal are the next closest centres offering these services. The service is very unique and quite small.	1	5	7	8	7	4	Growth > 15%
Neural & Sensory Sciences	Neurodegenerative Diseases	Global Impact, Achieves Academic Objectives, Some Interdependence for N&SS consults. The Program Element is not large and therefore growth will have very little impact on space and budgets. Recommendation: Significant Growth.	1	5	7	8	9	9	Growth > 15%
Neural & Sensory Sciences	Neuromuscular	No strategic decision factors. Recommendation: Maintain Volumes.	4	5	2	7	6	3	Maintain Volumes
Neural & Sensory Sciences	Neuro-Oncology	Uniqueness and complexity of program element recognized. Recommendation: Moderate Growth, with current complement of surgeons. Change in casemix from general Neurosurgery to Neuro-Oncology expected.	1	5	7	7.5	5	8	Growth 0-15%
Neural & Sensory Sciences	NeuroOphthalmology & NeuroOtology	Small Program Element - only Neuro-ophthalmology program in Toronto. Royal College requirement for Ophthalmology rotation in NeuroOphthalmology. Low interdependence with other program groupings. Recommendation: Moderate Reduction within 5 years.	1	2	4	7.3	5	3	Reduction 0-15%
Neural & Sensory Sciences	Neuropsychiatry	No strategic decision factors. Recommendation: Maintain Volumes.	4	6	5	5	4	2	Maintain Volumes

Clinical Activity Targets

Program Grouping	Program Element	Strategic Decision Factors	Program Element Evaluation Criteria					Approved Clinical Activity	
			MOH Specific Funding	Inter-dependence	Market share/ Unique	Education Strength	Research Strength		Priority Tech
Neural & Sensory Sciences	Neuro-Urology	Urologist required for coverage. Recommendation: Maintain Volumes	1	1	5	6	1	3	Maintain Volumes
Neural & Sensory Sciences	Neurovascular Disease	Global Impact, Achieves Academic Objectives, Interdependence from other N&SS Program Elements. Regional stroke centre. New MRI and Angio room encourages growth. Recommendation: Significant Growth	2	5	5	8	9	7	Growth > 15%
Neural & Sensory Sciences	Ophthalmology	Achieves some Academic Objectives. Volume of intraocular lens considered too high and proposal for offsite cataract program has been submitted to the Ministry of Health (Kensington Clinic). Uniqueness of vitreoretinal and tertiary care Ophthalmology recognized. Recommendation: Moderate Reductions for intra-ocular lens implants and protect specialized services.	1	4	3	7	6	4	Reduction 0-15%
Neural & Sensory Sciences	Pain	Serves as a support for peripheral nerve and spinal patients in N&SS. Small Program Element with one doctor. Mount Sinai has a Chronic Pain Program. Change in size will not impact funds or space due to small size of Program Element. Recommendation: Maintain Volumes and contain space.	8	1	2	4	3	2	Maintain Volumes
Neural & Sensory Sciences	Spinal	Global Impact & Achieves Academic Objectives. Recommendation: Moderate Growth.	1	5	5	8	7	7	Growth 0-15%
Neural & Sensory Sciences	Swallowing	No strategic decision factor. Recommendation: Significant Reduction.	1	3	5	5	4	2	Reduction >15%

Clinical Activity Targets

Program Grouping	Program Element	Strategic Decision Factors	Program Element Evaluation Criteria					Approved Clinical Activity	
			MOH Specific Funding	Inter-dependence	Market share/Unique	Education Strength	Research Strength		Priority Tech
Oncology & Blood Disorders	Benign Blood Disorders	Global Impact, MOH Priority, Some Funding Availability, Interdependence for Coagulation/Thrombosis consults. It is not anticipated that >15% growth can be achieved by 2006 due to training required for specialized staff . Need to be a centre of excellence for Sickle Cell and Thalassemia for the GTA. Already facing challenges in serving the patients that are too old for treatment at Sick Kids. Recommendation: Moderate Growth.	5	6	7	8	5	5	Growth 0-15%
Oncology & Blood Disorders	Medical Oncology	Global Impact, Some Funding Availability (e.g. Bone Marrow Transplants(BMT)), Achieves Academic Objectives. BMT and leukemia are not available at other centres. Recommendation: Significant Growth.	3	6	7	8	9	9	Growth > 15%
Oncology & Blood Disorders	Psychosocial Oncology	Some Funding Availability, Achieves some Academic Objectives. Required to grow to meet demands of other Oncology Program Elements. Recommendation: Significant Growth	1	6	5	6	6	3	Growth > 15%
Oncology & Blood Disorders	Surgical Oncology	Global Impact in Specific Areas (e.g. Head & Neck). Achieves Academic Objectives Recommendation: Moderate Growth while changing shift in patient mix to those disciplines in which UHN is unique.	1	6	5	7	6	7	Growth 0-15%
Oncology & Blood Disorders	Radiation Therapy	Global Impact, Funding Availability, Achieves Academic Objectives. Service only offered at a few centres in the region. Recommendation: Significant Growth.	10	6	8	7	7	7	Growth > 15%
Transplant	Kidney, Pancreas, Liver, Lung, Microsurgical Repair/Tissue	Global Impact, MOH Priority, Funding Availability, Achieves Academic Objectives. Recommendation: Significant Growth.	8	1	10	7	9	9	Growth > 15%