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February 14, 2024

Ministry of Health
Assistant Deputy Minister
Health Programs and Delivery Division
438 University Ave., 4th Floor,
Toronto, ON, M7A 1N3

Re: Response to Public Consultation -- 24-HLTC002 – Proposed regulatory changes under and related to the Integrated Community Health Services Centres Act, 2023

Dear Mr. Dicerni,

Thank you for seeking consultation with the Integrated Community Health Services Centres (ICHSCs) to address the proposed regulatory changes outlined in your memorandum dated January 24th, 2024. On behalf of the Independent Surgical & Diagnostic Clinics of Ontario (ISDCO) we commend you on your continued focus of patient centred care that addresses “Right Care in the Right Place”.

Below is a list of concerns and recommendations regarding the proposed regulations that give Accreditation Canada (AC) the oversight for quality assurance (QA) inspections for ICHSCs effective April 1, 2024.

Unique Environment

- 1) ICHSCs have unique features that set them apart from large institutional care settings. These centres often specialize in providing a small set of related services and/or procedures, with associated efficiencies achieved through streamlined processes and limited administrative levels.
- 2) Up to now, AC’s experience has been limited predominantly to hospital, long term care, and rehabilitation organizations, which possess increased organizational capacity, funding, dedicated administrative structures and human health resources to meet complex reporting requirements. In contrast, ICHSCs are lean organizations that do not have the capacity to implement hospital based administrative programs as they function as highly specialized, efficient and nimble community-based centres. Funding within these centres must support the Ministry of Health’s goal towards strengthening quality assurance and oversight of these centres.
- 3) Given the scarce human health resources, there is a concern of new Quality Assurance Standards (QAS) diverting clinic resources away from clinical outcomes, service delivery, and patient safety, to implement complex administrative processes. New QASs and QA

program administration should closely align with the established College of Physicians and Surgeons of Ontario (CPSO), ICHSCs, and Out of Hospital Premises (OHPs) inspection programs until a comprehensive engagement process can be implemented with the ICHSC sector and key stakeholders.

Clinics providing both OHIP and Uninsured Services

- 4) Many licensed ICHSCs provide services that fall under the CPSO's OHP inspection. The proposed regulations do not apply to OHP services, which remain under the CPSO. This exposes facility operators to duplicate QA programs administered by two separate inspecting bodies assessing the same equipment, staff and facilities, with accompanying duplication of fees and reporting.
- 5) With two separate inspecting bodies, ICHSCs providing services under the two QA programs may be exposed to conflicting standards. This is not the case for hospitals, which are held to one set of QA protocols for all services, both insured and uninsured.
- 6) It is strongly recommended that the new QA program contemplate mutual recognition of CPSO and Accreditation Canada QA inspections, to avoid duplication and potentially conflicting requirements.

Consultation, Engagement and Education

- 7) A robust comprehensive engagement process across the ICHSC sector and with key stakeholders must take place to inform the development of any new QA program. The goal of this engagement process must be to ensure all requirements reflect the unique nature and infrastructure of ICHSCs in Ontario. For example, AC must take into consideration Cancer Care Ontario's requirements for OBSP centres and hybrid medical imaging centres such as PET-CT. As well, any QA program will need to align directly with the Ministry of Health's goals to increase patient access and reduce wait times for surgeries, procedures and diagnostic imaging. To do this successfully, current sector operational efficiencies will need to be maintained to ensure responsiveness to changing demographics and care acuity.
- 8) ICHSCs need to fully understand AC's powers during inspection, and the appeals process. A sector-wide education strategy is highly recommended prior to implementation of any and all new QA standards.
- 9) The new QA program under AC should include mechanisms for ongoing sector engagement to:
 - a) Ensure ICHSC representatives and QA Advisors have input into new or revised standards, as well as inspection protocols; and
 - b) Offer ICHSCs training tools and instruction on new quality standards, and all components that make up each stage of the quality accreditation cycle.

Costs

- 10) It is anticipated that there will be significant onboarding and continued costs to ICHSCs associated with the new AC inspection program. These costs are over and above any QA fees payable. Facility technical fees remain undervalued, and do not cover the current costs of providing services. Additional costs relating to the deployment, increased staffing to manage quality inspections and maintaining current inspection cycle requirements must be considered when transitioning to the new QA processes.
- 11) The Ministry of Health (MOH) should consider funding AC directly for the QA program. This would ensure the MOH has direct influence on the implementation and ongoing development of the new QA program, to ensure it is consistent with the Ministry's goals and

objectives. Furthermore, the QA Inspection Program should be MOH funded to ensure arm's length from clinic ownership influence.

Patient Safety

12) There is no visible continuity plan in place to ensure a smooth and safe transition between the CPSO QA program and Accreditation Canada. Inspection of facilities may be delayed, with the potential for increased risk to patients. We highly recommend inspection cross-over between the CPSO and AC until AC can successfully implement a QAS program across the entire sector.

We welcome further opportunities to dialogue and collaborate on the proposed changes as outlined in your memorandum. We are focused on ensuring safety and timely access to care for patients in Ontario. We look forward to hearing from you.

Yours truly,

Gerald Hartman – President
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