



Ontario Renal Network

Regional Renal Models of Care

Version 3— March 1 2018

Ontario Renal Network

Regional Renal Models of Care

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Version 3: March 1 2018

Preface to the March 1 2018 version

This version includes a new section (6.0 Home Dialysis), major revisions to a previously existing section (7.0 Acute Inpatient Dialysis), and minor updates, throughout the document to align with the new content.

The home dialysis section was developed in order to outline hub and satellite responsibilities in the delivery of home dialysis services to promote an integrated, patient centred, home first approach. We would like to thank the members of the Home First Priority Panel, who reviewed and provided valuable input to this section. In addition to the criteria listed in section 6.0, additions to the Quality section (10.0) and to the Service Level Agreement Template (Appendix 3) are included to reflect the new home dialysis criteria.

Based on feedback from a number of regional partners, revisions to the Acute Inpatient Dialysis section have been made. Major changes to the Acute Inpatient Dialysis Section include:

- The role of Acute Dialysis Medical Lead has been removed. Some of the criteria previously assigned to this role have been modified and been assigned more generally to the hub
- Further refinements have been made to criteria related to the hub role in quality oversight of acute dialysis

The Administration section (11.0) and the Service Level Agreement Template (Appendix 3) have been updated to reflect the changes made to the acute dialysis criteria.

Additional sections are currently under development and will be shared in the upcoming months for review and feedback. These include:

- Body Access
- Specialty Clinics (GN, Pregnancy)
- Multi-care Kidney Clinics

Preface to the May 30th 2017 version

The changes made to this version are primarily stylistic in nature. The document was reviewed by an editor in order to improve clarity and consistent use of language throughout the document. It also incorporates the template service level agreement (SLA) and costing section, which were previously distributed as separate documents.

Introductions have been added to each section in order to clearly state the intention of each section and improve readability. Special attention has been paid to ensuring there is clarity around which services are required on site vs those for which the hub or satellite is responsible for coordinating access for the patient, either on site or through transfer/referral to a different site.

Please note that based on feedback from the CCO executive and the ORN Provincial Leadership Forum, the name of this document has been changed from Organizational Standards to Regional Renal Models of Care. Furthermore, based on feedback received from CCO's funding unit, the funding section has been retitled 'costing'.

Additional sections are currently under development and will be shared in the upcoming months for review and feedback. These include:

- Ambulatory Clinics (Multi-care Kidney Clinics)
- Body Access
- Home Dialysis
- Specialty Clinics (GN, Pregnancy)
- Transplant

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Glossary

AKI: acute kidney injury

AKI affiliate: A hospital within a Regional Renal Program that provides acute dialysis to people with acute kidney injury, but does not provide an outpatient dialysis unit or other routine renal services.

AODA: *Accessibility for Ontarians with Disabilities Act*

CCC: continuing and complex care

CKD: chronic kidney disease

Corporation hosting the satellite: The hospital or other healthcare corporation that owns the space within which a satellite's renal services (e.g., dialysis unit, clinic space) are delivered.

CRRT: continuous renal replacement therapy

Direct costs: the costs of providing health care services directly associated with a patient/client's care such as nursing, allied health, diagnostic and therapeutic services as well as pharmaceutical and medical surgical supplies (see also "Indirect costs").

FIPPA: *Freedom of Information and Protection of Privacy Act*

GIS: Geographic Information System software

HBAM: Health Based Allocation Model

HD: hemodialysis

Hub: Each Regional Renal Program contains one hub, located at either an academic or community hospital, that provides patients with access to a full spectrum of renal services, either on-site or through referral agreements with other hospitals. Hubs may be associated with satellite(s) and/or AKI affiliate(s). Where this is the case, the hub is responsible for supporting, coordinating with, and providing oversight of renal services at their associated satellite and/or AKI affiliate(s).

Hub hospital corporation: The hospital corporation that houses the Regional Renal Program hub and employs its staff.

Hub offsite unit: A unit of the hub that provides renal services; it is staffed by and within space owned or leased by the hub hospital corporation, but is located outside of the hospital in the community (e.g., in commercial space).

IHF: independent health facility

IHD: intermittent hemodialysis

Indirect costs: the costs of administrative and support services that are performed on behalf of all patients/clients and cannot be associated with an individual patient/client (e.g. information systems and housekeeping) (see also "Direct costs").

Integrated Renal Program Council (IRPC): Each Local Health Integration Network (LHIN) in Ontario has an IRPC. The goal of IRPCs is to ensure that renal care is integrated and coordinated across the province of Ontario, and is aligned to the strategic objectives of the Ontario Renal Plan.

LHIN: Local Health Integration Network

LTC: long-term care

MAC: Medical Advisory Committee

MIS: Management Information Systems in Canadian Health Service Organizations standards

MOHLTC: Ministry of Health and Long-Term Care

MTS: Medical Transportation Service

Ontario Renal Plan: a four-year road map that guides how we will all work together in Ontario to continue to improve the lives of those who are at risk for or living with chronic kidney disease.

OHRS: Ontario Healthcare Reporting Standards

ORRS: Ontario Renal Reporting System

OTN: Ontario Telemedicine Network

PD: peritoneal dialysis

PHIPA: *Personal Health Information Protection Act, 2004*

PHRS: CritiCall Provincial Hospital Resource System

QBP: Quality-Based Procedure

QI: quality improvement

RO: reverse osmosis

RPD: Registered Persons Database

Satellite: The space within a hospital or other healthcare organization, other than the hub hospital corporation, that delivers an outpatient dialysis unit and routine renal services, with oversight by the hub. Satellites may also provide more complex renal services (e.g., acute dialysis) to more medically complex patients where approved by, and with oversight from, the hub.

SLA: service level agreement

SLED: sustained low-efficiency dialysis

SRI: Self Reporting Initiative

WTIS: Wait Times Information System

1.0 Background

1.1 Chronic Kidney Disease in Ontario

Content TBD

1.2 Ontario Renal Network

Content TBD

1.3 Purpose

Content TBD

1.4 Approach to Regional Renal Models of Care

Content TBD

1.5 Current State Assessment

Content TBD

1.6 Chronic Kidney Disease in Ontario

Content TBD

Regional Renal Models of Care

The Ontario Renal Network Regional Renal Models of Care (RRMC) document is divided into two components:

- i. Sections 2.0 through 9.0 describe the criteria of the regional models of care as applicable to specific renal services.
- ii. Sections 10.0 through 14.0 discuss the criteria applicable across the full continuum of renal services

2.0 Components of the Ontario Renal Network

Goal

Ensure a standardized model of service delivery made up of well-defined components to better enable the implementation of best practices and ensure that all people with kidney disease throughout the province have access to effective, consistent and coordinated care close to home.

Purpose of This Section

This section will provide an overview and definitions of the components of the Ontario Renal Network and how they should interact, along with summary-level outlines of their respective roles and responsibilities. These components are:

- Ontario Renal Network provincial office;
- Regional Renal Programs;
- Local Health Integration Network (LHIN)-based regions;
- Regional Renal Program hubs;
- Regional Renal Program satellites; and
- Acute Kidney Injury affiliates.

Introduction

There are currently approximately 20,000 people in Ontario who are either receiving dialysis or participating in a multi-care kidney clinic (MCKC), and the incidence of kidney disease is increasing with the aging population. As the Ontario government's advisor on chronic kidney disease (CKD), the Ontario Renal Network is key to the provincewide effort to diminish the burden of kidney disease on Ontarians and the healthcare system. It provides leadership and strategic direction to effectively organize and manage the consistent and coordinated delivery of renal care services to people in Ontario who are living with kidney disease. This includes broadening appropriate patient care options, improving the quality of care for all people no matter their stage of kidney disease, and building a world-class system for delivering care to Ontarians living with CKD.

As a network, the Ontario Renal Network consists of a vast array of partners including healthcare professionals, Regional Renal Program staff, partner health agencies and organizations, patients and families, and many others. By working collaboratively, we can leverage the competencies and assets of all to better achieve our common goal of creating a safe, sustainable, efficient and effective renal care system for Ontarians. For example, the provincial office works closely with Regional Directors and Medical Leads in planning, delivering and monitoring patient care across the province. In total, 26 Regional Renal Programs provide dialysis and other renal care services within 105 facilities (including hospitals and community-based facilities). A number of community partners such as long-term care homes and independent health facilities also provide renal care services.

2.1 Ontario Renal Network Provincial Office

The Ontario Renal Network provincial office is housed within CCO, an agency of the provincial government drives continuous improvement in disease prevention and screening, the delivery of care and patient experience for chronic diseases including cancer and CKD. The Ontario Renal Network provincial office connects and coordinates a provincewide network of Regional Renal Programs, and works with these Programs to develop decisions and advice based on the best evidence available, in order to enable effective planning, programs and funding to support a continuously improving renal care system in Ontario. The provincial office also works with the Regional Renal Programs to develop provincewide standards and guidelines to support the provision of quality care for people with kidney disease, and to manage information systems to measure performance.

The Ontario Renal Network is provided with clinical leadership from Provincial Medical Leads. These change agents are each responsible for a specific area of focus within the Ontario Renal Plan, a four-year road map that guides how we will all work together in Ontario to continue to improve the lives of those who are at risk for or living with CKD. Each Provincial Medical Lead leads one or more areas that have been defined as priorities for kidney care, and also plays an advisory role in additional portfolios to enhance collaboration and communication. Together, the Provincial Medical Leads promote the uptake and implementation of strategic priorities across the Ontario Renal Network and the greater medical community.

2.2 Regional Renal Program

There are currently 26 Regional Renal Programs covering the entire province of Ontario. The term “Regional Renal Program” refers to the combined renal services entity that includes the following:

- **Regional Renal Program hubs (hubs)** are located at either an academic or community hospital, and provide access to a full spectrum of renal services; (where applicable) each hub supports the satellite(s) and AKI affiliate(s) within its Program.
- **Regional Renal Program satellites (satellites)** are located within a hospital or other healthcare organization (e.g., long-term care home) in the Program, and provide an outpatient dialysis unit and, at a minimum, routine renal services for people who are medically stable and have less clinically complex disease. Satellites may also provide more complex renal services (e.g., acute dialysis) to more medically complex patients where approved by, and with oversight from, the hub.
- **Regional Renal Program AKI affiliates (AKI affiliates)** are hospitals within the Regional Renal Program that provide acute dialysis to people with acute kidney injury, but do not provide an outpatient dialysis unit or other routine renal services.

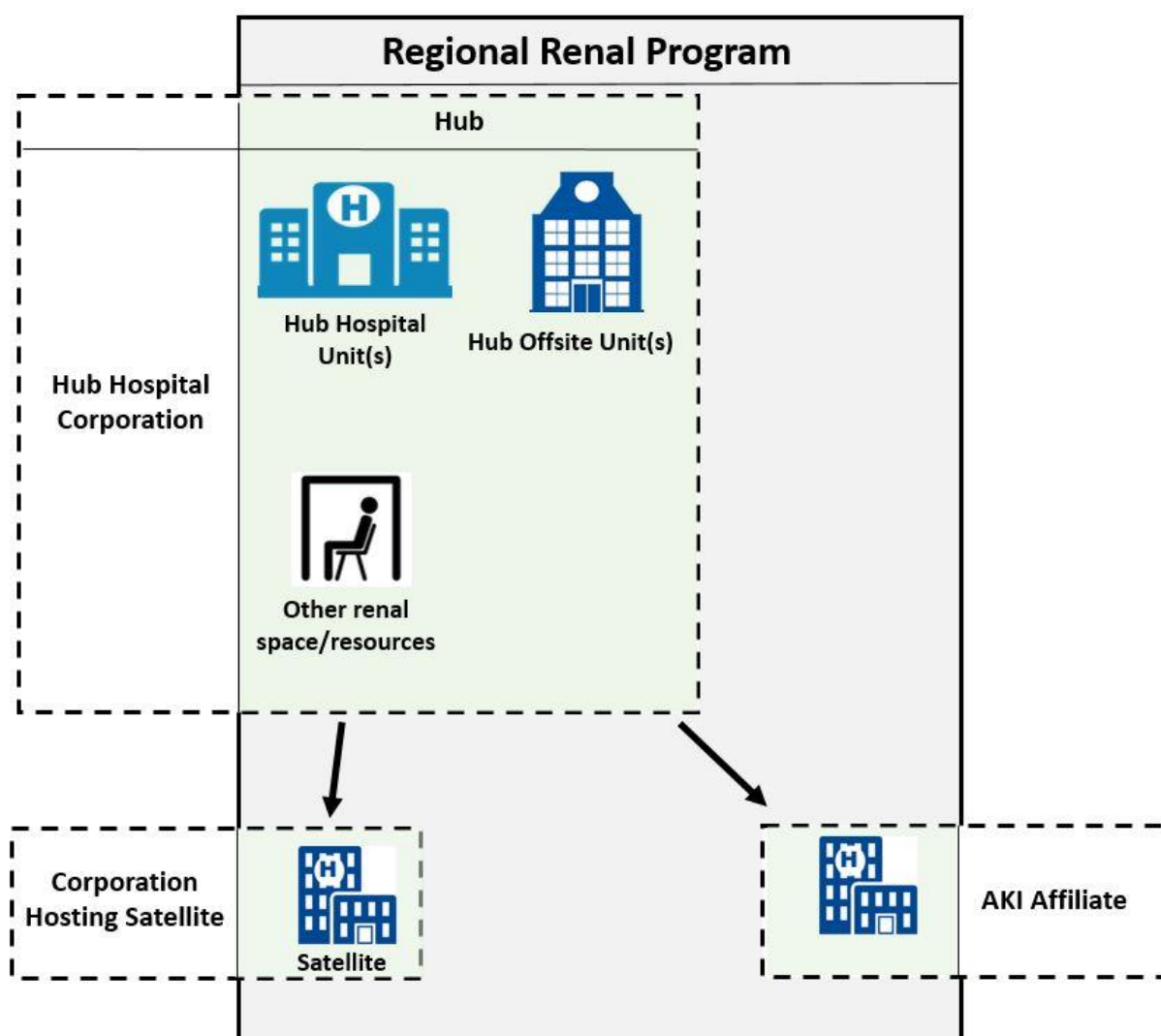
Each of these entities is described in detail in the following sub-sections. Section 11.0 (page xx) discusses in detail the administrative relationships among hubs, satellites and AKI affiliates.

Each Regional Renal Program is led by a Renal Program Director (located at the hub hospital), who is responsible for coordinating services between the hub and its satellite(s), and for providing oversight to ensure that a full range of renal services are delivered in a safe and effective manner within the hub’s and satellites’ patient populations. Planning and coordination of services at the

Regional Renal Program level is carried out in collaboration with the Ontario Renal Network provincial office, broader health systems partners, patient/family advisors and clinical experts.

Figure 2.1 illustrates the connection between the various entities. The individual hospital corporations that host renal divisions remain independent entities outside the Ontario Renal Network, while the renal divisions within each hub and satellite are part of both the individual hospital *and* the Regional Renal Program.

Figure 2.1 Overview of Regional Renal Program Structure



2.2.1 Service Expectations

Each Regional Renal Program will provide a full range of services to patients, either by providing services at a site within that Program or, if the necessary service is not available, through referral to

a different Regional Renal Program where the service is available. People receiving care at any site within the Regional Renal Program are considered patients of that Regional Renal Program. The full range of services includes:

- ambulatory clinics relevant to kidney care;
- body access services;
- in-facility dialysis;
- home dialysis;
- acute/inpatient dialysis;
- specialty clinics relevant to kidney care; and
- transplant services.

Detailed information on renal care services is available in the Clinical Services sections of this document (see sections 3.0-9.0, beginning on page xx).

2.2.2 Regional Program Planning

Service (in terms of service delivery models and areas of service provided), capital, capacity, equipment and emergency planning are to be carried out based on a comprehensive assessment of the needs of patients within the Regional Renal Program, regardless of whether they receive care from a hub or a satellite. Planning should also be coordinated between Regional Renal Programs, taking into account resources that may be shared or otherwise accessed by patients of both Programs, particularly in areas without well-defined catchment areas.

2.3 Local Health Integration Network-Based Region (LHIN)

There are currently 14 LHINs in Ontario; each contains one or more Regional Renal Programs. Where there are multiple Regional Renal Programs within an LHIN, they are expected to work together to facilitate optimal and inclusive delivery of renal services. In a number of cases, Regional Renal Programs may extend beyond LHIN boundaries (e.g., a satellite may be connected to a hub that is in a neighbouring LHIN). For further information on expectations related to LHIN boundaries, see the “Location and Geography” section of this document (Section 12.0, page xx).

A single Regional Director (RD) and a single Regional Medical Lead (RML) are assigned to each LHIN. The RD and RML lead planning and coordination efforts among Regional Renal Programs and other regional partners within LHIN boundaries to ensure that all people with kidney disease receive seamless and integrated care. The RD and RML also work across LHIN boundaries to ensure that sound planning and care coordination occurs for people who receive kidney care within an LHIN that is other than the one in which they live.

Integrated Renal Program Councils (IRPCs) have been established in all 14 LHINs to enhance local planning and implementation of the Ontario Renal Plan. IRPCs identify regional priorities and provide strategic oversight to LHIN-wide regional renal planning and service delivery. The goal of IRPCs is to ensure that kidney care is integrated and coordinated across the province of Ontario, and is aligned to the strategic objectives of the Ontario Renal Plan. In addition, IRPCs enhance connections and communication between local Regional Renal Programs and the Ontario Renal Network provincial office.

Further information on the relationship between Regional Renal Programs and the LHIN is available in the “Location and Geography” section of this document (Section 12.0, page xx).

2.4 Regional Renal Program Hub

The term “Regional Renal Program hub” refers to the portion of the hub hospital corporation that is dedicated to the delivery of renal services. Each Regional Renal Program contains one hub, located at either an academic or community hospital. Each hub provides patients at the Regional Renal Program with access to a full spectrum of renal services, either on-site or through referral agreements with other hospitals. The hub includes any physical space dedicated to the delivery of renal services, the staff associated with operating the hub, and any other space/resources that support the Regional Renal Program.

Given the complex care requirements of many people with kidney disease, hubs are established only in hospital facilities that can provide the necessary resources for a critical mass of patients. The creation of a hub is to be based on the ability of the facility in question to meet the criteria outlined in the RRMC, and is subject to review and approval by the Ontario Renal Network provincial office and the Ministry of Health and Long-Term Care (MOHLTC).

2.4.1 Hub Components

The hub is made up of the following components:

- **Hub hospital corporation:** This refers to the hospital corporation that houses the Regional Renal Program hub and employs its staff.
- **Hub hospital site(s):** This refers to the hub’s physical space (including dialysis units, ambulatory clinics, office and other space), which is located in a hospital that is owned by the hub hospital corporation. Hubs have at least one hospital site that is equipped to treat people with more complex kidney disease.
- **Off-site unit(s):** In addition to the hub hospital site(s), a hub may include an offering of renal services that are staffed by and within space owned or leased by the hub hospital corporation, but are located outside of the hospital in the community (e.g., in commercial space). These spaces are generally not equipped to treat people with more complex kidney conditions. Off-site units may be located in close proximity to the hub or far away (see “Location and Geography,” Section 12.0 on page xx, for further expectations on the establishment of new off-site units). These sites are considered part of the hub hospital rather than as satellites of the hub (see Subsection 2.5, page xx), as all services/equipment/supplies are provided by the hub hospital corporation without any involvement of another healthcare organization for space or patient care services. Off-site units are scheduled sites of the hub hospital corporation per the *Public Hospitals Act*.

2.4.2 Hub Roles

The hub plays a key leadership role in the Regional Renal Program. It does so by:

- Coordinating renal services throughout the Program to ensure people have access to high-quality care close to their home.
- Leading planning for capital, capacity and service, and ensuring fallback capacity for all Program satellites (see “Administration,” Section 11.0, page xx, for further details).
- Setting quality standards and providing quality oversight throughout the Program (see “Quality,” Section 10.0, page xx, for further details).
- Purchasing and maintaining dialysis machines for the Program.
- Ensuring on-site availability of nephrology staff 24/7 and providing on-call nephrology coverage to satellites and other Regional Renal Program partners (see discussion of clinical staff in subsections 3.4 [page xx], 4.4 [page xx], 5.4 [page xx], 6.4 [page xx] 7.4 [page xx], 8.4 [page xx], and 9.4 [page xx]).
- Providing a number of more complex clinical services for people with kidney disease, and, for individuals who require access to a clinical service unavailable at that Program, negotiating with other Regional Renal Programs to ensure these individuals receive that service (see “Renal Clinical Services” in subsections 3.1 [page xx], 4.1 [page xx], 5.1 [page xx], 6.1 [page xx], 7.1 [page xx], 8.1 [page xx], and 9.1 [page xx]).
- Flowing funds from the Ontario Renal Network provincial office to satellites and other Regional Renal Program partners according to CCO and MOHLTC transfer payment guidelines (see “Costing,” section 14, page xx, for further details).
- Coordinating and managing the collection of data throughout the Regional Renal Program (see “Data and Reporting,” Section 13.0, page xx, for further details).

See Table 2.1 on page xx for a summary of the hub’s roles and other characteristics.

2.4.3 Hub Levels

As a number of renal-specific or renal-related services are relatively complex, not all hubs are expected to provide all services. Hubs are classified under one of two levels based on the services they provide.

- **Level 1 hub:** Offers the full suite of basic and complex renal care services including kidney transplant surgeries, and as such is a designated transplant centre.
- **Level 2 hub:** Offers the full suite of basic and complex renal care services with the exception of kidney transplant surgeries.

Figure 2.2 Hub and Satellite Overview

Facility Type	Funding	Services Provided
Level 1 Hub	Directly Funded by the Ontario Renal Network Provincial Office	All Services provided at a Level 2 Hub plus: <ul style="list-style-type: none"> • Transplant
Level 2 Hub	Directly Funded by the Ontario Renal Network Provincial Office	Provides: <ul style="list-style-type: none"> • In-Facility Dialysis

Facility Type	Funding	Services Provided
		<ul style="list-style-type: none"> • Ambulatory Clinics • Home HD and PD • Body Access • Acute Dialysis • Fallback Capacity
Satellite	Funded through the Hub	Provides: <ul style="list-style-type: none"> • In-Facility Dialysis • May provide other services with Hub Approval/Oversight
AKI Affiliate	Funding through the Hub	Provides: <ul style="list-style-type: none"> • Acute Dialysis

AKI = acute kidney injury; HD = hemodialysis; PD = peritoneal dialysis

Level 2 hubs are expected to have patient transfer/referral policies and agreements with Level 1 hubs to ensure that people have timely access to kidney transplant services when needed. Patient transfer/referral policies and agreements may take the form of a joint policy or a memorandum of understanding (MOU) between hub hospitals. See Appendix 1, page XX, for a more detailed description of the different hub levels.

Hospitals that wish to be designated as a Regional Renal Program hub (and are willing to take on the responsibilities associated with that designation) are required to provide, at a minimum, the full range of services required at Level 2 hubs, as well as meet all other applicable criteria in this document. Hospitals seeking this designation will need to engage with and secure approval from the Ontario Renal Network as well as the MOHLTC. Consideration/approval of hub designation may involve a transition period to bring services online or to otherwise bring hospital operations in line with this document.

Note: There are currently a small number of hubs that do not provide the full range of services identified to qualify as a Level 2 hub. These hubs were designated as such prior to the development of the RRM in order to address exceptional circumstances in their respective regions. In several cases, these hubs have been established in response to the need for renal services to relatively rural or remote communities. Given that issues around remoteness and other exceptional circumstances remain relevant today, these hospitals will continue to be designated as hubs, but they are required to have patient transfer/referral policies and agreements with other hubs to ensure that people have access to any required renal services not available on-site. Patient transfer/referral policies and agreements may take the form of a joint policy or a memorandum of understanding between hub hospitals. These hubs are required to meet all applicable criteria outlined in this document with the sole exception of those criteria that pertain exclusively to services not offered at that hub.

The status of these hubs may be re-evaluated if performance (including quality of care, patient safety or financial performance) becomes an issue.

2.5 Regional Renal Program Satellite

A Regional Renal Program satellite consists of an outpatient dialysis unit and associated clinical/renal service space that is located in space owned by a hospital or healthcare organization that is not part of the hub hospital corporation. The satellite works with the hub hospital of its Regional Renal Program on planning for capital, capacity and service; as well, the hub offers fallback capacity to the satellite and clinical oversight.

Whereas the hub offers a comprehensive range of renal services for individuals no matter how complex their kidney disease, satellites offer a more limited range of relatively routine renal services to people who are medically stable and less clinically complex (for further information on satellite services, see Subsection 2.5.2 on page xx). The purpose of satellites is to make routine renal procedures available to individuals closer to their homes while concentrating complex, less frequently accessed services at high-volume centres (hubs) to ensure that the necessary clinical expertise is available.

Renal services that are provided in community space owned or leased by the hub hospital corporation (e.g., in commercial space such as a strip mall) are not considered satellites. These sites are considered off-site units (see Subsection 2.4.3, page xx) that are part of the hub.

2.5.1 Satellite Components

- **Corporation hosting the satellite:** This refers to the hospital or other healthcare corporation that owns the space within which the satellite's renal services (e.g., dialysis unit, clinic space) are delivered. The corporation hosting the satellite may contribute additional resources to the delivery of renal services (e.g., staff, supplies), but is not required to do so.
- **Satellite:** This refers to the space owned by a corporation other than the hub hospital corporation in which renal services are delivered (e.g., dialysis unit, clinic space) with oversight by the hub.

2.5.2 Satellite Roles

A wide variety of service offerings is acceptable for satellites, provided appropriate resources are available on-site and there is coordination with and oversight by the hub.

The satellite supports the delivery of renal services by:

- Making routine renal services available close to people's homes (see "Renal Clinical Services," subsections 3.1 [page xx], 4.1 [page xx], 5.1 [page xx], 6.1 [page xx] and 7.1 [page xx], 8.1 [page xx], 9.1 [page xx]).
- Supporting the hub's capital, capacity and service plans, including patient transfer and day-to-day patient care communication protocols as set out in the Service Level Agreement (SLA) with the hub (see "Administration," Section 11.0, page xx).

- Following all relevant quality standards as set out by the hub (see “Quality,” Section 10.0, page xx).
- Complying with costing processes/requirements as set out by the hub (see “Costing,” section 14.0, page xx).
- Complying with data collection requirements as set out by the hub (see “Data and Reporting,” Section 13.0, page xx).

All satellites provide in-facility hemodialysis. Some satellites may provide a variety of other services, provided appropriate resources are available on-site and there is coordination with and oversight by the hub.

See Table 2.1 on page xx for a summary of the satellite’s roles and other characteristics.

2.5.3 Satellite Service Locations

Satellites can be located in the following locations:

- **Community hospital satellite:** This refers to a dialysis unit (and associated clinics/renal service setting) that is located in space owned by a community hospital, where that community hospital corporation is separate from the hub hospital corporation.
- **Continuing and complex care (CCC)/rehab hospital satellite:** This refers to a dialysis unit (and associated clinics/renal service setting) that is located in space owned by a CCC/rehab hospital, where that CCC/rehab hospital corporation is separate from the hub hospital corporation.
- **Long-term care (LTC) home satellite:**¹ This refers to a dialysis unit (and associated clinics/renal service setting) that is located in an LTC home owned by a hospital or other healthcare corporation where that hospital or healthcare corporation is separate from the hub hospital corporation.

2.6 Acute Kidney Injury Affiliates

Within a Regional Renal Program, there may be one or more community hospitals that, in collaboration with and under terms outlined in an SLA with a hub, provide acute dialysis for people who are not on chronic dialysis. These hospitals, called acute kidney injury (AKI) affiliates, are required to have sufficient patient volume for acute dialysis to ensure clinical competency, while at the same time ensuring communications with a Regional Renal Program for those individuals who require further long-term chronic kidney care.

2.6.1 AKI Affiliate Roles

The AKI affiliate supports the delivery of renal services by:

- Providing urgent renal replacement therapy to patients in the region.




¹ Refers to a hemodialysis unit in an LTC home. Criteria for other delivery models of renal services in LTC settings may be considered at a later date.

- Ensuring connections between critical care settings and nephrology services where appropriate.
- Supporting the hub's capital, capacity and service plans, including patient transfer protocols as set out in the SLA with the hub.
- Following all relevant quality standards as set out by the hub.
- Complying with costing processes/requirements as set out by the hub.
- Complying with data collection requirements as set out by the hub.

See "Acute Inpatient Dialysis" Section 7.0 (page xx), for further details, and Table 2.1 for a summary of the AKI affiliate's roles and other characteristics.

2.7 Summary

Table 2.1 Requirements for Hubs, Satellites and AKI Affiliates

Criteria	 Hub Requirements	 Satellite Requirements	 AKI Affiliate Requirements
Renal and Other Clinical services	<ul style="list-style-type: none"> • In-facility HD • Home Dialysis • Acute Dialysis • Ambulatory Clinics • Body Access 	<ul style="list-style-type: none"> • In-facility HD • May provide other services with Hub oversight 	<ul style="list-style-type: none"> • Acute Dialysis
Patient Population	<ul style="list-style-type: none"> • All Complexity 	<ul style="list-style-type: none"> • Medically appropriate as determined by the hub 	<ul style="list-style-type: none"> • Patients with AKI
Clinical Staff	<ul style="list-style-type: none"> • Onsite nephrologist • Onsite allied health 	<ul style="list-style-type: none"> • On-call nephrologist • Access allied health 	<ul style="list-style-type: none"> • On-call nephrologist
Quality & Administration	<ul style="list-style-type: none"> • Sets quality standards/policies, administrative oversight 	<ul style="list-style-type: none"> • Follow standards/policies set by hub 	<ul style="list-style-type: none"> • Follows standards/policies set by hub • Hub nephrology oversight
Infrastructure	<ul style="list-style-type: none"> • Purchases machines 	<ul style="list-style-type: none"> • May support maintenance 	<ul style="list-style-type: none"> • Purchases Machines
Funding	<ul style="list-style-type: none"> • Manages funds and financial risk • Flows funds to Satellite and AKI Affiliate 	<ul style="list-style-type: none"> • Limited financial risk 	<ul style="list-style-type: none"> • Funding depends on model

AKI = acute kidney injury; HD = hemodialysis

3.0 Ambulatory Clinics

3.1 Renal Clinical Services

Content TBD

3.2 Non-Renal Clinical Services

Content TBD

3.3 Patient Population

Content TBD

3.4 Clinical Staff

Content TBD

3.5 Infrastructure and Supplies

Content TBD

4.0 Body Access

4.1 Renal Clinical Services

Content TBD

4.2 Non-Renal Clinical Services

Content TBD

4.3 Patient Population

Content TBD

4.4 Clinical Staff

Content TBD

4.5 Infrastructure and Supplies

Content TBD

5.0 In-Facility Dialysis

Goal

Ensure that high-quality in-facility dialysis is available in a coordinated and integrated manner to people with kidney disease in a variety of settings close to people's homes in accordance with their renal needs.

Purpose of This Section

This section will outline the requirements for the delivery of in-facility dialysis throughout Ontario Regional Renal Programs. These criteria apply to standard models of in-facility dialysis, not to new/innovative/pilot models.

Introduction

When a person's kidney function has declined to a level beyond which care can be provided in a multi-care kidney clinic (MCKC), hemodialysis in an outpatient setting may be identified as the most appropriate treatment option. Alternatively, individuals receiving home dialysis may periodically also access in-facility dialysis (hemodialysis or peritoneal dialysis) either for respite, or if a change in modality is necessary based on the person's changing medical conditions or other factors.

Hemodialysis filters an individual's blood through a machine to remove waste and toxins, and returns clean blood into the bloodstream through a flexible tube inserted into a vein, usually in the person's arm. People usually receive this treatment three to four times per week, taking about four hours per treatment (although some may require more or less frequent treatments of longer or shorter duration). In-facility dialysis treatment also involves regular consultation with specially trained medical staff, who may include nurses, nephrologists, dietitians, social workers and pharmacists.

This treatment requires a regular and lengthy time commitment on the part of the individual, and can be a major lifestyle adjustment. Recognizing this, healthcare providers can improve the patient experience by ensuring consistent standards of care and seamless transitions across care settings to ensure that appropriate levels of care are available when and where individuals need it.

Please note that these criteria apply to standard models of in-facility dialysis only, not to new/innovative/pilot models.

5.1 Renal Clinical Services

5.1.1 Hub

The following renal clinical services are required at all hubs as part of the delivery of in-facility dialysis:

- In-Facility Hemodialysis—Conventional: Must be available at a hub hospital site, and may also be housed at hub off-site units.
- In-Facility Hemodialysis—Daily: Must be available for people with more complex health needs at a hub hospital site, and may be available at hub off-site units.²
- In-Facility Hemodialysis—Nocturnal: Must be available at a hub hospital site, or be capable of being provided, if capacity needs/care considerations require, and may also be housed at hub off-site units.²
- Multidisciplinary care and follow-up: Must be available on-site (including through the use of the Ontario Telemedicine Network (OTN)/telehealth options where applicable) to people during their dialysis treatment as needed. The hub is responsible for this care no matter where in the Regional Renal Program (hub, satellite, etc.) the care is being provided.

5.1.2 Satellite

The following renal clinical services **are required** at all satellites as part of the delivery of in-facility dialysis:

- In-Facility Hemodialysis—Conventional: Must be available at all satellites.
- Multidisciplinary care and follow-up: Must be available to people during their dialysis treatment as needed. Where applicable, Ontario Telemedicine Network (OTN)/telehealth may be accessed.

The following renal clinical services **may be offered** at a satellite but are not required:

- In-Facility Hemodialysis—Daily: Should be provided at a satellite, if there is demand and the satellite service model allows for it (operating models employed by some satellite dialysis units may not allow for daily hemodialysis).
- In-Facility Hemodialysis—Nocturnal: May be provided at a satellite, if there is demand based on capacity needs/care considerations/patient preferences.

5.2 Non-Renal Clinical Services

5.2.1 Hub

All hubs are required to provide the following non-renal-specific clinical services. These five services should all be located at the same hub hospital site(s) where people with more complex conditions receive dialysis, or in close proximity to the site(s):

- Emergency Room (24/7 access);
- Critical Care (level 3);
- Emergent Dialysis (24/7 access);
- Palliative Care; and

² It is acknowledged that hubs might not provide daily or nocturnal dialysis at a given time when there is a low demand for these services. These Criteria are intended to ensure that all hubs are appropriately equipped, and utilize a service model that can be adapted as needed to accommodate patients who require nocturnal or daily dialysis.

- Medicine/Inpatient.

In addition, the RPMC Priority Panel identified the following as being services that people who are receiving dialysis have an increased likelihood of requiring. All hubs are required to make available these services, whether on-site or through a service level agreement (SLA) or transfer policy/procedure with another hub, to ensure that patients of all Regional Renal Programs (including those who dialyze at a satellite) have access to them:

- Urology;
- Kidney biopsy;
- Endoscopy services;
- Diabetes care (education and/or physician specialist);
- Specialty surgery;
 - Parathyroidectomy
 - Orthopedic
 - Vascular
- General surgery;
- Cardiac;
- Plasmapheresis;
- Radiological services for dialysis access (see “Body Access,” Section 4.0, page xx);
- Acute care for people receiving peritoneal dialysis (see “Acute Inpatient Dialysis,” Section 7.0, page xx); and
- Transplant (see “Transplant,” Section 9.0 page xx).

All hubs are required to ensure patients have access to the above services by either:

1. offering the service on-site; or
2. having an SLA or transfer policy in place with another hub to ensure that all patients of the Regional Renal Program, including those who dialyze at a satellite, have access to the service.

5.2.2 Satellite

The hub and its satellite(s) will collaborate to ensure that patients at satellite sites have access to all the clinical services listed in Subsection 5.2.1 (including those mandatory on-site at the hub and those that may be accessed through an SLA with another hub). Satellites may ensure patients’ access to the above-listed clinical services through the following actions:

1. Where approved and with oversight of the hub, one or more of the above-listed services may be provided to patients of satellites at an appropriately resourced (including availability of nephrologist on call) site of the corporation hosting the satellite.
2. In cases where a patient transfer is considered appropriate, the corporation hosting the satellite will be responsible for:
 - a. transfer of patients from the satellite to the appropriate site of its affiliated hub; or
 - b. transfer of patients from the satellite to a different hub, as outlined in an SLA between the affiliated hub hospital corporation and the hub hospital corporation providing the service.

In transfers, the corporation hosting the satellite is expected to comply with (and, where applicable, collaborate on) the hub’s transfer protocol.

5.3 Patient Population

5.3.1 Patient Complexity

The hub will:

- Provide the renal clinical services as described in Subsection 5.1 (page xx) to all individuals no matter the complexity of their status, including people with multiple comorbidities whose health status is often unstable, as well as those who require treatment in inpatient/critical care settings.
 - Where a hub has multiple sites (hospital or other), not all sites are required to provide services to all patients no matter the complexity of their needs; some units may restrict patient eligibility criteria to those with more stable health conditions, based on services available at that site. A hub must have at least one hospital site that meets the needs of all patients (no matter the complexity of their needs).
- Monitor patients' conditions and complexity to identify any need/opportunity for a change in care setting.
- Lead a collaborative process with the corporation hosting the satellite to define patient complexity criteria and to determine which individuals are suitable for care/services at renal programs at each satellite.
- Ensure all hub dialysis units are physically accessible to all individuals meeting the Program's patient complexity criteria (as per the *Accessibility for Ontarians with Disabilities Act; AODA*).

The satellite will:

- Provide the above-listed in-facility dialysis services to medically appropriate patients (based on the Program's patient complexity criteria as identified in the SLA). (See "Quality," Section 10.0, page xx, for more information about patient complexity criteria.)
- Monitor patients' conditions and complexity to identify any need/opportunity for a change in care setting.
- Ensure the satellite unit is physically accessible to all individuals meeting the Program's patient complexity criteria (per AODA).

5.3.2 Capacity Requirements/Minimum Volumes

Hub

The hub will ensure the following capacities in its hospital or other units:

- Capacity to accept patients from satellite(s) if the individual no longer meets the criteria for care at a satellite or Independent Health Facility (IHF) (fallback capacity).
- Capacity to accept patients requiring ongoing dialysis after discharge from an AKI affiliate.
- Capacity to accept patients on home dialysis if the individual no longer meets the criteria for home dialysis (fallback capacity) or requires respite care.
- Capacity for inpatient/acute starts.
- Capacity to repatriate patients who were receiving specialty services at a different hub or hospital corporation.

- Capacity to accept transfers from other Regional Renal Programs (e.g., if a person moves or otherwise chooses to change Regional Renal Programs).
- Where possible, the hub should work to make transient dialysis available to patients who are travelling.

The hub is responsible for managing patient volumes and waitlists for in-facility hemodialysis at all of its Regional Renal Program dialysis units, including satellite dialysis units.

The hub is expected to collaborate with its satellite(s) in beginning cost-mitigation strategies (e.g., considerations of staffing mix/ratios) as soon as there are indications that a satellite's financial viability is at risk and/or when the satellite's annualized patient volumes reach **17 patients or fewer**.

The hub should conduct an analysis of future options as soon as a satellite's financial viability is at risk and/or if the satellite's patient volumes reach **11 patients or fewer**, recognizing a commitment to ensure that all patients of the Regional Renal Program have access to renal services close to home in the most cost-effective manner. Future options may include:

- Continued operation of the unit at a financial loss;
- A change to the service delivery model to improve financial viability (while ensuring safe, high-quality care); or
- Transitioning satellite patients to other care options (e.g., home dialysis, pilot projects of innovative models, transfer to a different satellite or hub).

Decisions on closing a satellite due to low patient volumes will be made on a case-by-case basis, with consideration given to patient impact, capacity planning, geographic limitations and the availability of alternative options. The hub will notify the Ontario Renal Network if such a decision is being considered.

The hub will lead the development of proposals for opening new (hub or satellite) dialysis units as per the requirements listed in the "Satellite/New Dialysis Units" section below.

Satellite/New Dialysis Units

Satellites will accept, so long as they have the capacity to do so, people receiving home dialysis who no longer meet the criteria for home dialysis but who do meet criteria for care at a satellite (before returning to the satellite, patients should return to the hub to be assessed for stability).

Satellites may offer transient dialysis to patients who are travelling in the area.

Opening a new satellite dialysis unit is subject to the MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages and the Ontario Renal Network Capital Planning Process. This process includes a submission from the hub of a proposal that includes consideration of medium- to long-term patient population trends and plans for an efficient operating model.

In addition to fulfilling all requirements outlined in the Ontario Renal Network Capital Planning Process, a proposal for a new satellite dialysis unit should demonstrate an expected minimum patient volume of **18 patients or more**. Furthermore, there should be evidence that this expected minimum patient volume will remain stable or grow over time. The following bullets identify exceptions to this criterion:

- Where a proposed community hospital satellite or another hub site meets both of the criteria below, the proposal must demonstrate an expected patient population of **12 patients or more** (with evidence that this patient volume will remain stable or grow). The criteria are:
 - The new dialysis unit is located in a community that is designated as “rural” or “remote” based on the definition agreed to by the MOHLTC Rural and Northern Health Care Panel; and
 - The opening of the new dialysis unit is expected to significantly reduce the number of people who travel more than 60 minutes (or relocate) for their dialysis treatment.
- For a proposed CCC/rehab hospital satellite dialysis unit where individuals would otherwise be transported to a dialysis unit off-site, the proposal must demonstrate an expected patient population of **12 patients or more**. The proposal may be subject to a costing analysis taking estimated transportation costs into account.

Further information on the minimum volume requirements for satellite dialysis units is provided in Appendix 2.

5.4 Clinical Staff/Care Team

5.4.1 Nephrologists

The hub will:

- Ensure there is sufficient medical coverage for renal services by nephrologists (may include physician’s assistants or nurse practitioners, under the guidance of the nephrologist).
- Ensure the hub has self-supporting nephrology coverage with full daily coverage and 24/7 on-call support.
- Ensure that nephrologists participate in initial nephrology program orientation, training and ongoing continuing education to maintain clinical competency.
- Ensure hospital privileges available for nephrologists are approved by the Medical Advisory Committee (MAC) of the Hub Hospital Corporation

Nephrologists’ responsibilities at the hub may include:

- Academic responsibilities, including teaching and research.
- Provision of care immediately prior to and following kidney transplantation.³
- Provision of acute hemodialysis treatment on inpatient units and critical care settings.
- Provision of care at specialized clinics (e.g., pregnancy, kidney stones, glomerulonephritis).⁴

The satellite will:

- Ensure nephrologist availability on call during satellite operating hours.
- Ensure nephrologists provide regular visits either on-site or through telemedicine.
- Ensure hospital privileges available for nephrologists are approved by the Medical Advisory Committee (MAC) of the corporation hosting the satellite.

³ Out of the scope of this set of criteria—further content to be developed at a later date.

⁴ Out of the scope of this set of criteria —further content to be developed at a later date.

5.4.2 Nurses

The hub will:

- Ensure adequate nursing levels (may include registered nurses, registered practical nurses, nurse practitioners) to ensure daily and 24/7 coverage of at least one hospital site.
- Ensure adequate nursing levels (may include registered nurses, registered practical nurses, nurse practitioners) to ensure coverage at other hub sites at least during operating hours.
- Ensure that nursing staff participate in initial renal program orientation, training and ongoing continuing education to maintain clinical competency.
- Ensure that any nurses working at multiple Regional Renal Program sites are qualified to deliver care as per each site's applicable clinical qualification/human resources policies.
- Ensure that nursing staff comply with Regional Renal Program standards of care, policies and procedures.
- Ensure that nursing staff participate in clinical audits and evaluations as tied to any quality initiatives related to the Ontario Renal Plan.

Nursing responsibilities at the hub may include:

- Provision of peritoneal dialysis care to admitted patients.
- Provision of acute hemodialysis treatment on inpatient units and critical care settings.
- Provision of care immediately prior to and following kidney transplantation.⁵
- Provision of care at specialized clinics (e.g., pregnancy, kidney stones, glomerulonephritis).⁶

The satellite will:

- Ensure adequate nursing levels to ensure coverage during operating hours (nurses' primary employer may be a hub hospital corporation or corporation hosting the satellite).
- Ensure that any nurses employed by the satellite host hospital who work at multiple Regional Renal Program sites are qualified to deliver care per each site's applicable clinical qualification/human resources policies.
- Ensure that any corporation hosting satellite nursing staff working in the satellite participate in initial nephrology orientation, training and ongoing continuing education to maintain clinical competency.

5.4.3 Allied Health Team

The hub will:

- Ensure that patients have access, on-site and at the satellite(s), to a qualified and trained renal dietitian, social worker and pharmacist.
- Ensure that allied health staff participate in initial nephrology program orientation, training and ongoing continuing education to maintain clinical competency.

The satellite will:

⁵ Out of the scope of this set of criteria—further content to be developed at a later date.

⁶ Out of the scope of this set of criteria—further content to be developed at a later date.

- Ensure that patients have access to a qualified and trained renal dietitian, social worker and pharmacist who provide a standard of care set by the hub (the primary employer may be the hub hospital corporation or the corporation hosting the satellite).

5.4.4 Biomedical/Renal Technologist/Technician

The hub will:

- Ensure adequate biomedical/renal technologist/technician staffing levels to ensure daily and 24/7 on-call coverage at hub and satellite sites (staff may be employed by the hub hospital corporation or a third-party contractor).
- Ensure that all repair and maintenance activities are performed according to company and department standard operating procedures and in compliance with local, provincial and federal regulatory requirements.
- Ensure that biomedical/renal technologist/technician staff participate in initial nephrology program orientation, training and ongoing continuing education to maintain clinical competency.

The satellite will:

- Enable adequate biomedical/renal technologist/technician staffing levels to ensure on-call coverage by following standards set by the hub (staff may be employed by the hub hospital corporation or a third-party contractor).

5.5 Infrastructure and Supplies

5.5.1 Clinical Space

The hub will:

- Ensure that the space used for the renal clinical services outlined above is adequate and appropriate, and follows (where possible) the latest industry standards and infection control standards. This pertains to all dialysis units at the hub and its satellite(s).

The satellite will:

- Ensure that the space used for the renal clinical services outlined above is available in-hospital with a dedicated treatment area that is adequate and appropriate, and follows (where possible) the latest industry standards and infection control standards.

5.5.2 Dialysis Machines

The hub will:

- Purchase sufficient in-facility/satellite/home hemodialysis and peritoneal dialysis machines to meet patient needs.
- Determine the needs of Regional Renal Program dialysis units (including hub and satellite[s]) and submit proposals for any capital (Ministry of Health and Long-Term Care [MOHLTC]) funding for hemodialysis machines.

- Ensure the proper maintenance and repair of in-facility/satellite/home dialysis machines according to company and department standard operating procedures and in compliance with local, provincial and federal regulatory requirements.
- Collect and report data for the Ontario Renal Network Hemodialysis Equipment Inventory Database.
- Ensure adequate daily and 24/7 dialysis biomedical/renal technologist/ technician staffing levels across the Regional Renal Program to perform all required repair and preventative maintenance.
- Report the dollar amount spent on all machine purchases, and reconcile with the Ontario Renal Network as required.

The corporation hosting the satellite will:

- Work with the hub to coordinate delivery and transportation of in-facility dialysis equipment, including hemodialysis machines.

5.5.3 Water Treatment Systems

The hub will:

- Maintain in-facility water treatment systems, including those at the hub, satellite(s) and other sites.
- Determine the needs of the Regional Renal Program (including hub and satellite[s]) and submit a proposal for any capital (MOHLTC) funding for in-facility Reverse Osmosis (RO) systems.
- Purchase and maintain in-facility RO systems.
- Collect and report data to the Ontario Renal Network Hemodialysis Equipment Inventory Database for relevant RO systems.

The satellite will:

- Assist the hub with the above tasks as required.

5.5.4 Other Equipment and Supplies

The hub will:

- Purchase, arrange for the transport of, and maintain an inventory of all dialysis-specific medication and medical supplies used throughout the Program (at hub and satellite[s]).
- Work with the satellite(s) to establish an arrangement for the provision of non-dialysis-specific medication and medical supplies at the satellite. This arrangement will be outlined in an SLA.
- Collect and report any data related to the use of medication and medical supplies as may be required to the Ontario Renal Network or MOHLTC.

The satellite will:

- Work with the hub to establish an arrangement for the provision of non-dialysis-specific medication and medical supplies at the satellite, and adhere to this arrangement as outlined in the SLA.

6.0 Home Dialysis

Goal

Ensure that high-quality home dialysis is available to all Ontarians with kidney disease, when needed and appropriate, in a coordinated and integrated manner that supports a 'home first' approach to renal care.

Purpose of This Section

This section will outline the requirements for the delivery of home dialysis throughout Ontario Regional Renal Programs. These criteria apply to standard models of home dialysis, not to new/innovative/pilot models.

Introduction

The goal of renal care is to provide all Ontarians with care that is as close to their home as possible—and if appropriate, in the patient's own home. Where appropriate, there are a number of benefits to home dialysis over in-facility hemodialysis. Home dialysis offers improved quality of life for people with kidney disease including:

- A more flexible treatment schedule
- More privacy
- More time with family
- Improved ability to work outside the house
- Allows patients to maintain independence and manage their own condition
- Greater convenience as there is no need to travel to a facility of treatment

Furthermore, Home dialysis offers a greater variety of treatment options for appropriate patients and allows for a more intensive therapy resulting in:

- Patients receiving more dialysis and better clearance
- May be a better prognosis in terms of survival, frequency of illness, and rehabilitation,

From a health care system perspective, home-based dialysis is also more cost effective.⁷

Prior to beginning home dialysis, patients, and a caregiver/family member are required to undergo initial training during which they will learn the skills necessary to manage their own dialysis in their home. Training typically takes between 5-25 days depending on a number of factors including the home dialysis modality, but in some cases may take longer.

⁷ National Kidney Foundation. Home-based Hemodialysis. www.kidney.org/patients/plu/plu_hemo/pluo_10.cfm

While on dialysis, patients may be required to access hospital resources. For example, some patients may require further training/guidance from a member of the multi-disciplinary care team, adjustments to their body access, or respite care.

This section is intended to ensure that patients are able to access all these services (home dialysis, training, and support services), and that services are delivered in a timely fashion with a high quality of care that maximizes quality of care.

Key Definitions:

CAPD and CCPD initial training: Intensive education for patients receiving continuous ambulatory peritoneal dialysis (CAPD) or continuous cycling peritoneal dialysis (CCPD) (with or without a family member or support person) who are undertaking to learn to manage peritoneal dialysis at home. The training may occur in the patient's home or in-facility, and includes training days as well as the peritoneal dialysis exchanges done during training. On average, five days of initial training per new patient is expected.

CAPD and CCPD retraining: Intensive education for retraining purposes, provided to a patient receiving peritoneal dialysis (CAPD or CCPD). The training may occur in the patient's home or in-facility. If training occurs in a patient's home, it is considered training and does not qualify as home visit hours by a nurse or technician.

CAPD maintenance: CAPD for patients who have successfully completed initial training. This usually requires four or five exchanges throughout the day, and patients may do an additional peritoneal dialysis exchange during the night. During hospitalization, if the provider is claiming in-hospital CAPD, the patient is not counted as a maintenance CAPD patient.

CCPD maintenance: CCPD for patients who have successfully completed initial training. This usually occurs overnight, and patients often do additional manual PD exchanges during the day. During hospitalization, if the provider is claiming in-hospital CCPD, the patient is not counted as a maintenance CCPD patient.

Dual-modality home CCPD or CAPD patient: Patients receiving home peritoneal dialysis who are receiving in-facility hemodialysis treatments to provide volume management or to address inadequacies.

Follow-up clinic visit: A multidisciplinary team clinical assessment, which may include diagnostic testing, treatment and/or intervention. This visit may occur at the clinic person's home or via telemedicine.

Home hemodialysis initial training: Intensive education for the hemodialysis patient (with or without a family member or support person) who will subsequently be able to manage their own treatment in the home. Training includes hemodialysis treatment during the training period. On average, home hemodialysis initial training is expected to require 21 days of initial training.

Home hemodialysis maintenance: Hemodialysis treatments for patients who have successfully completed training. These are usually performed several times per week in the home, either by the patient independently or with the help of an unpaid trained assistant such as a family member. In some circumstances a paid trained assistant is required (currently the

payer is either a private insurance plan or the hospital concerned). During hospitalization, the patient is not counted as a home hemodialysis patient.

Home hemodialysis retraining: Intensive education for the periodic retraining of patients (with or without a family member or support person) receiving home hemodialysis, both daily/nocturnal and conventional, who manage their own treatment in the home. Retraining includes hemodialysis treatment during the training period.

6.1 Renal Clinical Services

6.1.1 Hub

The hub will operate a home program that makes the following modalities available to all eligible patients, based on their condition:

- Home peritoneal dialysis (PD) (CAPD and CCPD, including dual-modality CAPD and CCPD); and
- Home hemodialysis (HHD) (conventional, daily and nocturnal).

Research has demonstrated a correlation between patient volumes and technique survival. As such, if a hub has low patient volumes, it may be appropriate for that hub to refer patients who qualify for home dialysis to a larger volume hub rather than providing the services on-site, in order to ensure a high quality of care. The Ontario Renal Network provincial office will consider, on a case-by-case basis, exempting low-volume hubs from the requirement to offer both modalities of home dialysis. Where an exemption is granted, the provincial office will require that a process is in place at the exempted hub for referring such patients to another hub where the exempted home modality is available.

For each of the modalities listed above, the hub will provide the following functions:

1. Patient evaluation, education and training
 - Develop, coordinate and lead patient education programs for patients who are on or planning to go on home dialysis. This includes providing access to shared decision-making (e.g., deciding whether a change in treatment modality is needed) as well as access to transplant work-ups/assessment;
 - Provide an initial home assessment before the initiation of home dialysis;
 - Provide or otherwise coordinate access to body access services (e.g., prior to home dialysis treatment); and
 - The hub will support shared decision making, defined as ‘a collaborative process that allows patients, family members, and their providers to make health care decisions together taking into account the best scientific evidence available, as well as the patient and family members’ values and preferences
 - Inform patients and family members about how to access peer support, this may include one-to-one support or peer support groups organized and operated by the renal program, hospital, the Kidney Foundation of Canada (KIDNEY CONNECT Peer Support program), or other relevant community-organized support groups (e.g. Chronic Disease Self-Management Programs).

2. Maintenance

- Provide or otherwise coordinate access to subsequent body access services for patients receiving home dialysis throughout the patient's treatment, as necessary;
- Provide or otherwise coordinate (e.g. through referral) appropriate supportive care to patients receiving home dialysis, as needed (e.g., through partnerships with community service providers including the LHIN);
- Make a home dialysis nurse available to all patients receiving home dialysis through telemedicine/telephone contact;
- Provide home visits by home dialysis nurse and or technician (including follow-up home assessments) as needed;
- Help patients to navigate available options to assist with patient-borne costs (e.g. enrolling home hemodialysis patients in the Home Hemodialysis Utility Grant);
- Identify patients who require retraining, and provide that retraining to those patients; and

3. Respite and fallback

- Provide fallback in-facility dialysis for patients receiving home dialysis who are no longer able, or no longer choose to do home dialysis;
- Provide or otherwise coordinate respite care for patients receiving home hemodialysis patients and their caregivers when needed, such as temporary in-facility fallback dialysis (the first preference should be for the patient to remain at home for respite care where possible; if that is not possible, an outpatient setting would be the next preference; in-patient respite should be used if the first two options are deemed inappropriate); and
- Provide or otherwise coordinate respite care for patients receiving home peritoneal dialysis and their caregivers when needed. Respite care in the patient's home should be prioritized where possible, followed by the hospital setting if necessary.

6.1.2 Satellite

The satellite will follow hub-led processes when assessing/reassessing patients at the satellite for home dialysis eligibility as well as the appropriate referral/transfer protocol (see Section xxx, "patient transfer section," for further details).

Where possible, the satellite may:

- Provide fallback in-facility dialysis for patients receiving home dialysis who live close to the satellite and meet applicable patient complexity/eligibility criteria (as set by the hub in collaboration with the satellite);
- Dialyze patients requiring respite who live close to the satellite and meet applicable patient complexity/eligibility criteria (as set by the hub in collaboration with the satellite); and
- Provide one or more of the renal clinical services listed in Section 6.1.1 (for one or both of the home dialysis modalities). Where this is the case, the hub will play a leadership role in the development and provision of these services, including collaboratively setting policies and procedures applicable to home dialysis and ensuring the competency of staff performing these services at the satellite.

6.2 Non-Renal Clinical Services

6.2.1 Hub

The RRM Priority Panel has identified the following as being services that patients who are receiving home dialysis have an increased likelihood of requiring. All hubs will arrange for these services to be available, either on-site or through a service level agreement, or transfer policy/procedure with another hub to ensure that patients of all Regional Renal Programs have access to them:

- Emergency Room (24/7 access);
- Critical Care (level 3);
- Emergent Dialysis (24/7 access);
- Palliative Care;
- Medicine/Inpatient;
- Urology;
- Kidney biopsy;
- Endoscopy services;
- Diabetes care (education and/or physician specialist);
- Specialty surgery
 - Parathyroidectomy
 - Orthopedic
 - Vascular;
- General surgery;
- Cardiac;
- Plasmapheresis;
- Radiological services for dialysis access (further information in “Body Access,” Section 4.0, page xx);
- Acute care for patients receiving peritoneal dialysis (further information in “Acute Inpatient Dialysis,” Section 7.0, page xx); and
- Transplant (further information in “Transplant,” Section XX, page xx).

In **developing processes** to ensure access to these services, the principles of high-quality care and care close to home should be prioritized. None of these services are required to be available at the site of home training/retraining and/or maintenance.

6.2.2 Satellite

Where approved and with support of the hub, one or more of the above-listed services may be provided to patients receiving home dialysis at an appropriately resourced (including availability of nephrologist on call) site of the corporation hosting the satellite. Provision of any of the above-listed services not available at a site of the corporation hosting the satellite will be arranged by the hub as per section 6.2.1.

6.3 Patient Population

6.3.1 Patient Eligibility/Inclusion/Complexity

The hub will:

- Lead a collaborative process with relevant care providers (e.g. LHIN, other community care providers) to define patient inclusion and complexity criteria to determine patients’ suitability for home dialysis.

- Lead a collaborative process to set standards to define care settings that are appropriate for home dialysis, and have oversight responsibility for ensuring standards compliance.
- Lead a 'home first' approach which prioritizes home dialysis modalities for eligible patients by providing supports which allow patients to receive dialysis in their home settings.
- In collaboration with the Ontario Renal Network provincial office, pursue innovative models to promote dialysis in/near patients' homes where appropriate.

Where a corporation hosting a satellite hosts a home dialysis service, the satellite/corporation hosting the satellite will:

- Monitor the conditions and complexity of patients on in-facility hemodialysis to identify patients who may be eligible for home dialysis
- Adhere to patient complexity criteria and standards defining care setting appropriate for home dialysis as developed by the hub in collaboration with the satellite; and
- Adhere to a 'home first' approach which prioritizes home dialysis modalities for patients who are starting or already on dialysis and supports patients in ways that allow them to receive dialysis in their home settings as led by the hub.

Where applicable and under the leadership/oversight of the hub, the satellite may participate in innovative models to promote dialysis in patients' homes.

6.3.2 Capacity

The hub will:

- Ensure in-facility capacity to dialyze patients receiving home dialysis who no longer meet the criteria or chose to discontinue home dialysis (fallback capacity), or require respite care.
- Ensure capacity to accept home patient transfers from other Regional Renal Programs (either because the transferring Program does not offer the home dialysis modality of choice or because of a change in the patient's address).
- Set procedures and strategies to minimize the number of patients waiting for home dialysis so that patients are able to launch home dialysis in a timely manner. This includes managing/prioritizing different types of patients requiring home dialysis.
- Strive to achieve home dialysis targets as set by the Ontario Renal Network.

The satellite will:

- Work with the hub so that regional capacity planning supports appropriate fallback and respite capacity throughout the Regional Renal Program.
- Collaborate on and follow any applicable procedures and strategies, as set by the hub, to minimize the number of patients waiting for home therapy.
- Where applicable, work with the hub to support initiatives aiming to meet home dialysis targets as set by the Ontario Renal Network.

6.4 Clinical Staff

The hub will:

- Ensure that all patients receiving home dialysis have access to a multidisciplinary care team, including a nephrologist, nurse, dietitian, social worker and pharmacist.

- Ensure that an on-call nephrologist is available 24/7 to support patients receiving home dialysis after hours and on weekends.
- Recruit and employ a home dialysis coordinator as defined in schedule B of the CKD Funding agreement.
- Identify the need for appropriate community care, inform patients receiving home dialysis of these services, and refer patients to appropriate services as needed.

The satellite will collaborate on and follow any applicable staffing protocols/policies/procedures set by the hub, including:

- Coordinating patient access to the multidisciplinary care team;
- On-call nephrologist and nursing coverage to support patients receiving home dialysis after hours and on weekends;
- The hiring and use of home dialysis coordinators; and
- Identifying the need for appropriate community care, informing patients receiving home dialysis of these services, and referring patients to appropriate services as needed.

6.5 Infrastructure/Supplies

The hub will:

- Purchase and own, or manage the lease for, all home hemodialysis machines within the Regional Renal Program, including those at the hub and (if applicable) satellite.
- Purchase and own dialysis supplies utilized at the hub and satellite (e.g., for home dialysis training), as per Ontario Renal Network procurement policies.
- Manage relations with the vendor(s) for supplies, including (where applicable) agreements related to the delivery of supplies to patients' homes.
- Ensure space at the hub, satellite, and wherever else patients receiving home dialysis receive dialysis is adequate/appropriate, and adhere to current industry standards and infection control standards.
- Ensure adequate space for home dialysis training that is conducive to learning.
- Be responsible for the installation and maintenance of water treatment technology in patients' homes.
- Be responsible for the installation and maintenance of dialysis equipment technology in patients' homes.
- Have oversight of any satellite space used in home dialysis (e.g., for training or maintenance).
- Provide logistics support (e.g., assistance with supply delivery, disposal, supply management, etc.) to patients receiving home dialysis.

Where a corporation hosting the satellite hosts a home dialysis service, the satellite/satellite host hospital will:

- Ensure that any space provided by the corporation hosting the satellite for home dialysis services (e.g., for training or maintenance) is adequate/appropriate and respects, applicable industry standards and infection control standards.

- Collaborate on and adhere to any applicable equipment policies related to home dialysis as set by the hub.

7.0 Acute Inpatient Dialysis

Goal

Ensure that people requiring acute inpatient dialysis receive it in an appropriate setting from a qualified, competent team with access to nephrology consultation as necessary, while also ensuring an integrated transition to other renal services where required upon completion of acute dialysis.

Purpose of This Section

This section will outline criteria for the delivery of acute dialysis to people with acute kidney injury (AKI) and/or chronic kidney disease (CKD) in the critical care or inpatient settings in hospitals. These criteria apply to all hospitals in Ontario whether or not they have an existing outpatient CKD program.

Introduction

People with chronic kidney disease (CKD) are usually able to maintain their everyday lives, managing their kidney disease through renal services accessed either at home or in an outpatient setting. However, in certain situations, people must be admitted to hospital, either because they have an acute kidney injury (AKI) or because they need acute dialysis for other reasons. (In this document, the term “acute dialysis” refers to either intermittent hemodialysis [IHD], continuous renal replacement therapy [CRRT] or sustained low-efficiency dialysis [SLED], all of which are provided on an inpatient basis.) This section will outline criteria for the delivery of acute dialysis to people with AKI or CKD in critical care or other inpatient settings in hospitals, including hospitals that do not provide outpatient dialysis services.

This section is based on the following assumptions, which are derived from a review of current-state delivery of acute dialysis:

- IHD is delivered by a nephrology team comprised of dialysis nurses and potentially others;
- CRRT is delivered by a critical care team comprised of critical care nurses and potentially others; and
- SLED may be delivered by a nephrology or critical care team.

While acute dialysis is generally ordered by either nephrologists or intensivists, the specialty of the physician ordering acute dialysis may or may not correspond to the nursing specialty team delivering that care (e.g., nephrologists may order acute dialysis that is then delivered by critical care nurses, or intensivists may order acute dialysis that is then delivered by dialysis nurses).

A number of different acute dialysis care delivery models (described in Subsection 7.7, page xx) are used to provide care for individuals, based on the type of care they require most often and on the health professionals available to provide that care. Hospitals may implement whichever of these models they deem to be appropriate for their situation. The hub for each Regional Renal Program

should notify the Ontario Renal Network provincial office whenever an alternative model not identified in Subsection 7.7 is used or being considered.

As its name indicates, “acute dialysis” is meant to be urgent, short-term treatment. Expert opinion has indicated that inpatients who are not in critical care should be transported to the in-facility (i.e., outpatient) dialysis unit for their treatments as soon as their medical condition safely allows for this. This allows for a more appropriate model of care for the person, and a more efficient use of resources for the institution. In exceptional cases, inpatients may continue to be dialyzed in their inpatient room rather than in the outpatient dialysis unit; this should be monitored on a case-by-case basis.

Hospitals will receive Ontario Renal Network funding for acute dialysis only if they meet the criteria outlined in the CKD Funding Guide. This applies whether they are providing care to people who are receiving dialysis in a critical care setting or those in an inpatient setting.

7.1 Renal Clinical Services

The hub will offer acute dialysis using IHD, SLED and/or CRRT for people with AKI and/or CKD who require dialysis in a critical care or inpatient setting.

The corporation hosting a satellite is not required to offer acute dialysis, but may do so if there is a demonstrable patient need as determined by the hub, and if provisions for oversight by the hub are agreed to and outlined in a service level agreement (SLA) between the hub hospital corporation and the corporation hosting the satellite.

A community hospital that is not part of either a hub hospital corporation or a corporation hosting a satellite may provide acute dialysis to people with AKI if there is a demonstrable patient need as determined by the hub, and if provisions for oversight by the hub are agreed to and outlined in an SLA between the hub hospital corporation and that community hospital. These hospitals are known within the Ontario Renal Network as “AKI affiliates.”

7.2 Non-Renal Clinical Services

All hospital settings offering acute dialysis must have a closed, level 3 critical care unit that is capable of providing the highest level of service to meet the needs of people who require advanced or prolonged respiratory support, or basic respiratory support together with the support of more than one organ system. The unit must also be capable of invasive ventilator support.

The staff and physicians assigned to the critical care patient or inpatient requiring acute dialysis are responsible for the overall day-to-day care of that individual.

7.3 Patient Population

The hub will:

- Provide acute dialysis for all people who require it, whether as a result of AKI or CKD; and
- Collaborate with its partner hospital(s) (i.e., satellite[s] and/or AKI affiliate[s]) to define patient complexity criteria for the Regional Renal Program; these criteria will be used to determine

which people are suitable for acute dialysis at the partner hospital, and which people should be transferred to the hub.

The partner hospital(s) will:

- Follow the hub's patient complexity criteria for acute dialysis (for providing acute dialysis on-site and/or transferring patients to the most appropriate setting).

Acute dialysis in an AKI affiliate setting is intended for people who are not currently on chronic dialysis but who experience a sudden AKI. People who are already patients of the Regional Renal Program who present to an AKI affiliate for acute dialysis will be transferred to the hub for that care (where clinical conditions allow). This should be outlined in the Regional Renal Program's patient complexity criteria discussed above.

7.4 Administration

7.4.1 Leadership

The hub will lead the delivery of acute dialysis throughout the Regional Renal Program by fulfilling the following functions:

- Monitoring quality and utilization of acute dialysis at partner hospitals;
- Ensuring concerns related to quality and/or sustainability are reported to the Renal Program Directors and Renal Program Medical Directors;
- Arranging for 24/7 nephrologist on-call advice/consultation at Regional Renal Program sites delivering acute dialysis (including any AKI affiliates);
- Ensuring that acute dialysis is taken into account during regional planning initiatives;
- Working closely with Regional Renal Program management/leadership to implement policies and procedures to support regional initiatives for quality improvement and the Ontario Renal Plan; and
- Participating in pilot initiatives (where applicable) introduced by the Ontario Renal Network with the support of the Renal Program Director, Renal Program Medical Director, Regional Directors and Regional Medical Leads.

The Integrated Renal Program Council (IPRC) may provide a forum for discussion of operational issues related to the delivery of acute dialysis.

7.4.2 Service Level Agreement (SLA)

Where acute dialysis is delivered at a corporation hosting a satellite, acute dialysis service expectations and related costing may be included in the SLA described in Subsection 11.4 (page xx) of this document, or a separate SLA may be drafted.

The hub and AKI affiliate(s) must have a formal SLA in place itemizing the terms of their partnership. A template SLA is provided in Appendix 3. While use of this template is not required, all subjects addressed in the template must be addressed in the Hub-AKI Affiliate SLA.

7.4.3 Regional Planning

The hub will work with existing or potential partner hospitals to determine whether there is a need for additional acute dialysis capacity in the region and, where such a need is found, will lead the development and submission of a business case for Ontario Renal Network approval as per the Ontario Renal Network Hub Status Application Process.

The hub will work with the (potential) partner hospital and the Ontario Renal Network provincial office to assess the ability of the (potential) partner hospital to meet the criteria outlined in this document, including its ability to meet the applicable minimum patient volume requirements.

See “Capacity Planning,” Subsection 12.1 (page xx), for further details.

7.5 Quality

Note: These criteria should be considered in addition to those discussed in Section 10.0 on “Quality” (page XX).

7.5.1 Transfer Protocol

Where applicable, the partner hospital will inform the hub of people currently receiving acute dialysis at the partner hospital who may require ongoing dialysis. This will enable planning for transferring these individuals, as necessary, to the hub outpatient unit or other Regional Renal Program settings.

When a person requires ongoing dialysis after being discharged from receiving acute dialysis (in a critical care setting, a satellite or an AKI affiliate), the hub is required to either accept that individual or coordinate appropriate long-term dialysis care based on the individual’s clinical condition.

The hub will have in place patient referral and transfer protocols/policies that result in timely referrals and transfers to the most appropriate care setting.

The partner hospital will adhere to the transfer protocols/policies established by the hub.

The hub will ensure that it has sufficient capacity and is able to accept patient transfers for acute dialysis from other hospitals in its region.

7.5.2 Education

The hub will set the standards for training and educating all staff who deliver acute dialysis throughout the Regional Renal Program, including at partner hospitals.

Physicians and nurses who order or provide acute dialysis at the satellite or AKI affiliate must participate in any educational sessions related to acute dialysis required by the hub.

The hub will ensure that learning needs assessments are completed for all staff delivering acute dialysis

7.6 Additional Data Collection Criteria for AKI Affiliates

The hub will collect and report all data as required to the Ontario Renal Reporting System (ORRS) and/or Self-Reported Initiative (SRI). All patients receiving acute dialysis at the AKI affiliate will be included in the annualized census of the hub’s nephrology program for purposes of funding reimbursement for acute dialysis treatments. (See Section 13.0 [page xx] for further information on the data collection responsibilities of the hub and satellite.)

7.7 Acute Dialysis Service Models of Care

Acute dialysis may be delivered using one or more of the following models of care:

1A: Hub nephrology team delivers IHD, SLED or CRRT (at the hub): See model-specific criteria in Subsection 7.8 (page xx).

1B: Hub critical care team delivers CRRT or SLED (at the hub): See model-specific criteria in Subsection 7.9 (page xx).

2A: Satellite nephrology team delivers IHD or SLED (at the satellite): See model-specific criteria in Subsection 7.10 (page xx).

2B: Partner hospital (satellite or AKI affiliate) critical care team delivers CRRT or SLED (at the partner hospital): See model-specific criteria in Subsection 7.11 (page xx).

2C: Hub nephrology team travels to the partner hospital (satellite or AKI affiliate) to deliver IHD or SLED (at the partner hospital): See model-specific criteria in Subsection 7.12 (page xx).

The hub for each Regional Renal Program should notify the Ontario Renal Network provincial office whenever an alternative model not identified above is used or being considered.

Tables 7.1 and 7.2 provide an overview of the models described above. Table 7.1 is organized by hospital type, while Table 7.2 is organized by model option and provides additional key considerations. Please note that a single hospital may employ multiple models (e.g., it may employ model 1B in a critical care setting and 1A in an inpatient setting). Each model is described in detail in subsequent subsections.

Table 7.1 Acute Dialysis Service Models by Hospital Type

Hospital Type	Team Delivering Care	Dialysis Modality	Setting	Patient Population	Minimum Volume
Hub	Hub nephrology team (1A)	IHD, SLED or CRRT	Critical care or inpatient	All AKI and CKD patients	None
Hub	Hub critical care team (1B)	CRRT or SLED	Critical care	All AKI and CKD patients	20 patients annually
Corporation hosting a satellite	Satellite nephrology team (2A)	IHD or SLED	Critical care or inpatient	AKI and/or CKD patients, as defined by hub	None
Corporation hosting a satellite	Satellite critical care team (2B)	CRRT or SLED	Critical care	AKI and/or CKD patients, as defined by hub	20 patients annually

Hospital Type	Team Delivering Care	Dialysis Modality	Setting	Patient Population	Minimum Volume
Corporation hosting a satellite	Hub nephrology team travels to satellite (2C)	IHD or SLED	Critical care or inpatient	AKI and/or CKD patients, as defined by hub	None
AKI Affiliate	AKI affiliate critical care team (2B)	CRRT or SLED	Critical care	AKI patients only, as defined by hub	20 patients annually
AKI Affiliate	Hub nephrology team travels to AKI affiliate (2C)	IHD or SLED	Critical care or inpatient	AKI patients only, as defined by hub	None

Table 7.2 Acute Dialysis Service Models by Type

Model of Care	Hospital /Setting	Overview	Key Considerations
1A: Hub nephrology team delivers IHD, SLED or CRRT	Hub/ critical care or inpatient setting	Delivery of IHD, SLED or CRRT by nephrology team of the hub's outpatient hemodialysis program.	<ul style="list-style-type: none"> Ongoing clinical exposure from outpatient hemodialysis program and a critical care setting allows nurses to maintain competency. Model depends on availability of hemodialysis nurses to provide care in the critical care/inpatient setting in addition to the outpatient setting. Adequate nephrologist coverage is required to order and supervise the delivery of acute dialysis.
1B: Hub critical care team delivers CRRT or SLED	Hub/ critical care setting	<p>Delivery of CRRT or SLED in a critical care setting with direct provision of care by critical care team.</p> <p>Hub nephrology program available for consultation.</p>	<ul style="list-style-type: none"> Hospitals considering the establishment of a CRRT or SLED program are required to have a minimum of 20 patients annually and approximately 120 treatment days per year in order to ensure the critical care team's clinical competency. Only one modality type (i.e., CRRT or SLED) should be delivered to ensure clinical competency.

Model of Care	Hospital /Setting	Overview	Key Considerations
2A: Satellite nephrology team delivers IHD or SLED	Satellite/ critical care or inpatient setting	<p>Delivery of IHD or SLED by the same nephrology team providing care in the satellite outpatient hemodialysis program.</p> <p>Non-dialysis care of patients provided by the partner hospital.</p>	<ul style="list-style-type: none"> • Ongoing clinical exposure from outpatient hemodialysis program and a critical care setting allows nurses to maintain competency. • Model depends on availability of hemodialysis nurses to provide care in the critical care and outpatient settings. • Adequate nephrologist coverage is required to order and supervise the delivery of acute dialysis. • SLA required.
2B: Partner hospital (satellite or AKI affiliate) critical care team delivers CRRT or SLED	Satellite or AKI affiliate/ critical care setting	<p>Delivery of CRRT or SLED in a critical care setting with direct provision of care by critical care team.</p> <p>Hub nephrology program available for consultation.</p> <p>Non-dialysis care of patients provided by the partner hospital.</p>	<ul style="list-style-type: none"> • Hospitals considering the establishment of a CRRT or SLED program are required to have a minimum of 20 patients annually and approximately 120 treatment days per year in order to ensure the critical care team's clinical competency. • Only one modality type (i.e., CRRT or SLED) should be delivered to ensure clinical competency. • SLA required.
2C: Hub travelling nephrology team delivers IHD or SLED	Satellite or AKI affiliate/ critical care or inpatient setting	<p>Delivery of IHD or SLED by hub nephrology team, which travels to the partner hospital to provide acute dialysis.</p> <p>Equipment may be sent from hub, or housed at partner site for use while maintained by hub.</p> <p>Non-dialysis care of patients provided by the partner hospital.</p>	<ul style="list-style-type: none"> • Ongoing clinical exposure from outpatient hemodialysis program and a critical care setting allows nurses to maintain competency. • Model depends on availability of hub hemodialysis nurses to provide care in the critical care setting in addition to the outpatient setting. • Adequate nephrologist coverage is required to order and supervise the delivery of acute dialysis. • Hub is responsible for transportation of staff and equipment. • SLA required.

7.8 Criteria for Model 1A: Hub Nephrology Team Delivers IHD, SLED or CRRT (at the Hub)

7.8.1 Capacity Requirements/Minimum Volumes

Where a nephrology team delivers acute dialysis, the hospital is not subject to a minimum patient volume. Nephrology staff are expected to leverage their expertise in outpatient hemodialysis to

deliver acute dialysis, provided they have sufficient ongoing clinical exposure to both the outpatient hemodialysis program and a critical care setting in order to maintain their competency.

A hospital utilizing the nephrology team to deliver acute dialysis requires, among other criteria listed in this section, the 24/7 availability of nurses qualified to provide renal replacement therapy in appropriate critical care and outpatient settings, and on the availability of an on-site nephrologist to order and supervise the delivery of acute dialysis.

The hub will ensure that it has sufficient capacity and is able to accept patient transfers for acute dialysis from other hospitals in its region.

7.8.2 Clinical Staff/Care Team

- Hub nephrologists, nurses qualified to delivery renal replacement therapy and renal technologists will provide acute dialysis services on-site.
- Acute dialysis treatment will be ordered by a qualified individual as determined by the hub.
- The physician ordering treatment will hold appropriate privileges at the hub to deliver care on-site.
- Dialysis nurses from the hub will deliver care.

7.8.3 Standards of Care

- Staff will follow the standard of care set by the hub for the delivery of acute dialysis.
- The hub will monitor quality and utilization of acute dialysis.
- The hub will ensure compliance with Accreditation Canada standards.
- The hub will share knowledge and expertise with other hospitals providing renal services.

7.8.4 Infrastructure and Supplies

All aspects of the acute dialysis service (including set-up, maintenance and performance of hemodialysis treatment) will be located at the hub hospital in the appropriate unit and will be operated by the hub nephrology team. Equipment support is to be addressed internally.

Note: The Ontario Renal Network currently does not provide funding for dialysis machines intended for use in the delivery of acute dialysis.

7.9 Criteria for Model 1B: Hub Critical Care Team Delivers CRRT or SLED (at the Hub)

7.9.1 Capacity Requirements/Minimum Volumes

In addition to demonstrating an ability to meet the relevant criteria listed in this section, hospitals considering the establishment of a CRRT or SLED program employing Model 1B (where its critical care team delivers dialysis) must demonstrate that patient volumes would be expected to exceed a minimum of 20 patients annually and approximately 120 treatment days per year. This minimum volume is based on the recommendations of an expert task group made up of nephrologists, intensivists and nurse educators, and is intended to ensure the continuing clinical competency of the care team providing acute dialysis. Hospitals delivering acute dialysis will have staffing, education and learning needs assessment policies/models to ensure that clinical competency of staff in performing acute dialysis is maintained.

The hub will ensure that it has sufficient capacity and is able to accept patient transfers for acute dialysis from other hospitals in its region.

7.9.2 Clinical Staff/Care Team

- Acute dialysis treatment will be ordered by a qualified individual as determined by the hub.
- The hub will ensure that a nephrologist is on-call to advise/consult with the critical care team on a 24/7 basis, and will set guidelines on when nephrologist consultation is required, to ensure proper oversight and capacity planning.
- Acute dialysis will be provided by the hub hospital corporation (i.e., staff will be hired by and report to the hub hospital corporation, and they will be the clinical, fiscal, administrative and capital responsibility of the hub hospital corporation).
- Care will be provided by critical care nurses.

7.9.3 Standards of Care

- Staff will follow the standard of care set by the hub for the delivery of acute dialysis.
- The hub will monitor quality and utilization of acute dialysis.
- The hub will ensure compliance with Accreditation Canada standards.
- The hub will share knowledge and expertise with other hospitals providing renal services.

7.9.4 Infrastructure and Supplies

All aspects of the acute dialysis service (including set-up, maintenance and performance of hemodialysis treatment) will be located at the hub hospital in the appropriate unit and will be operated by the critical care team. Equipment support is to be addressed internally.

Note: The Ontario Renal Network currently does not provide funding for dialysis machines intended for use in the delivery of acute dialysis.

7.10 Criteria for Model 2A: Satellite Nephrology Team Delivers IHD or SLED (at the Satellite)

7.10.1 Capacity Requirements/Minimum Volumes

Where a nephrology team delivers acute dialysis in the form of IHD or SLED, the hospital is not subject to a minimum patient volume. Nephrology staff are expected to leverage their expertise in outpatient hemodialysis to deliver acute dialysis, provided they have sufficient ongoing clinical exposure to both the outpatient hemodialysis program and a critical care setting in order to maintain their competency.

A hospital utilizing the nephrology team to deliver acute dialysis requires, among other criteria listed in this section, the 24/7 availability of nurses qualified to provide renal replacement therapy in appropriate critical care, and outpatient settings, and on the availability of an on-site nephrologist to order and supervise the delivery of acute dialysis.

The hub will ensure that it has sufficient capacity and is able to accept patient transfers for acute dialysis for other hospitals in its region.

7.10.2 Clinical Staff/Care Team

- Nephrologists, dialysis nurses and renal technologists of the Regional Renal Program (who may be employed by/affiliated with either the hub hospital corporation or the corporation hosting the satellite, as described in Subsection 5.4, page XX) will provide acute dialysis at the satellite.
- Acute dialysis treatment will be ordered by a qualified individual (as determined by the hub), who will have appropriate privileges at the satellite hospital to deliver care on-site.
- Dialysis nurse(s) from the Regional Renal Program (who may be employed by the hub hospital corporation or the corporation hosting the satellite) will deliver care.

7.10.3 Standards of Care

- Staff will follow the standard of care set by the hub for the delivery of acute dialysis.
- The corporation hosting the satellite will support and enable the standard of care as set out by the hub for the delivery of acute dialysis.
- The corporation hosting the satellite will ensure consistent use of policies, procedures and protocols based on those established by the hub.
- The hub will monitor, and provide or otherwise lead, an annual review of quality and utilization of acute dialysis at the corporation hosting the satellite.
- The corporation hosting the satellite will ensure compliance with Accreditation Canada standards.
- The hub and the corporation hosting the satellite will share knowledge and expertise with other hospitals providing renal services.

7.10.4 Infrastructure and Supplies

The hub will advise the corporation hosting the satellite on the purchase of machines for acute dialysis and will work to ensure such purchases are carried out in a coordinated manner throughout the Regional Renal Program.

Note: The Ontario Renal Network currently does not provide funding for dialysis machines intended for use in the delivery of acute dialysis.

Nephrology staff who are working at the satellite will assume responsibility for all aspects of the acute dialysis treatment, including the set-up, maintenance and performance of the dialysis equipment.

Equipment support is to be addressed in the SLA between the hub and the partner hospital.

7.11 Criteria for Model 2B: Partner Hospital (Satellite or AKI Affiliate) Critical Care Team Delivers CRRT or SLED (at the Partner Hospital)

7.11.1 Capacity Requirements/Minimum Volumes

In addition to demonstrating an ability to meet the relevant criteria listed in this section, hospitals considering the establishment of a CRRT or SLED program employing Model 2B (where its critical care team delivers dialysis) must demonstrate that patient volumes would be expected to exceed a minimum of 20 patients annually and approximately 120 treatment days per year. This minimum volume is based on the recommendations of an expert task group made up of nephrologists, intensivists and nurse educators, and is intended to ensure the continuing clinical competency of the care team providing acute dialysis. Hospitals delivering acute dialysis will have staffing,

education and learning needs assessment policies/models to ensure that clinical competency of staff in performing acute dialysis is maintained.

The hub will accept or otherwise coordinate care (e.g., by transferring to an appropriate satellite dialysis unit) for any individuals who require ongoing dialysis after receiving acute dialysis and who have been discharged from an AKI affiliate or satellite hospital in its region.

7.11.2 Clinical Staff/Care Team

- Acute dialysis treatment will be ordered by a qualified individual (as determined by the hub), who will have appropriate privileges at the partner hospital to deliver care on-site.
- The hub will ensure that a nephrologist is on call to advise/consult with the partner hospital on a 24/7 basis, and will set guidelines on when nephrologist or hub staff contact/consultation is required, to ensure proper oversight and resource planning.
- Acute dialysis will be provided by the partner hospital (i.e., staff will be hired by and report to the partner hospital, and they will be the clinical, fiscal, administrative and capital responsibility of the partner hospital).
- Care will be provided by critical care nurses.

7.11.3 Standards of Care

- Staff will follow the standard of care set by the hub for the delivery of acute dialysis.
- The partner hospital will support and enable the standard of care as set out by the hub for the delivery of acute dialysis.
- The partner hospital will ensure consistent use of policies, procedures and protocols based on those established by the hub.
- The hub will monitor, and provide or otherwise lead, an annual review of quality and utilization of acute dialysis at the partner hospital
- The partner hospital will ensure compliance with Accreditation Canada standards.
- The hub and partner hospital will share knowledge and expertise with other hospitals providing renal services.

7.11.4 Infrastructure and Supplies

The hub will advise the partner hospital on the purchase of machines for acute dialysis and will work to ensure such purchases are carried out in a coordinated manner throughout the Regional Renal Program.

Note: The Ontario Renal Network currently does not provide funding for dialysis machines intended for use in the delivery of acute dialysis.

All aspects of the acute dialysis service will be located at the partner hospital in the appropriate unit, and the partner hospital will assume responsibility for all aspects of the acute dialysis service, including the set-up, maintenance and performance of the dialysis equipment.

Equipment support is to be addressed in the SLA between the hub and the partner hospital.

7.12 Criteria for Model 2C: Hub Nephrology Team travels to the Partner Hospital (Satellite or AKI Affiliate) to deliver IHD or SLED (at the Partner Hospital)

7.12.1 Capacity Requirements/Minimum Volumes

Where a nephrology team delivers acute dialysis in the form of IHD or SLED, the hospital is not subject to a minimum patient volume. Nephrology staff are expected to leverage their expertise in outpatient hemodialysis to deliver acute dialysis, provided they have ongoing clinical exposure to both the outpatient hemodialysis program and a critical care setting in order to maintain their competency.

A hospital utilizing the nephrology team to deliver acute dialysis requires, among other criteria listed in this section, the 24/7 availability of nurses qualified to deliver renal replacement therapy to travel to the partner hospital in order to provide care in appropriate critical care and outpatient settings, and on the availability of a nephrologist to order and supervise the delivery of acute dialysis.

The hub will accept or otherwise coordinate care (e.g., by transferring to an appropriate satellite dialysis unit) for any individuals who require ongoing dialysis after receiving acute dialysis and who have been discharged from an AKI affiliate or satellite hospital in its region.

7.12.2 Clinical Staff/Care Team

- Hub nephrologists, dialysis nurses and renal technologists will travel to the partner hospital to provide acute dialysis services.
- Acute dialysis treatment will be ordered by a qualified individual (as determined by the hub), who will have appropriate privileges at the partner hospital to deliver care on-site.
- An agreement between the hub and the partner hospital may be required to ensure that hub nursing staff are allowed to provide care at the partner hospital.
- The hub will provide nephrologist on-call advice/consultation for hemodialysis care on a 24/7 basis.
- The hub will be responsible for determining the appropriate role of any nephrologists and/or intensivists local to the partner hospital in providing acute dialysis treatment.

7.12.3 Standards of Care

- In providing acute dialysis services at the partner hospital, hub staff will follow the same standard of care as is used at the hub for those services.
- The partner hospital will support and enable the standard of care as set out by the hub for the delivery of acute dialysis.
- The partner hospital will ensure consistent use of policies, procedures and protocols based on those established by the hub.
- The hub will monitor, and provide or otherwise lead, an annual review of quality and utilization of acute dialysis at the partner hospital.
- The partner hospital will ensure compliance with Accreditation Canada standards.
- The hub and the partner hospital will share knowledge and expertise with other hospitals providing renal services.

7.12.4 Infrastructure and Supplies

The hub will advise the partner hospital on the purchase of machines for acute dialysis and will work to ensure such purchases are carried out in a coordinated manner throughout the Regional Renal Program.

Note: The Ontario Renal Network currently does not provide funding for dialysis machines intended for use in the delivery of acute dialysis.

Hub staff will assume responsibility for all aspects of the acute dialysis treatment, including the set-up, maintenance and performance of the dialysis equipment. The hub will provide equipment support.

The partner hospital will provide adequate storage for dialysis equipment/supplies as well as an adequate power and water supply for the provision of hemodialysis.

7.13 Costing

All funding provided by the Ontario Renal Network for acute dialysis services within a given Regional Renal Program (including partner hospitals) will be provided to the hub hospital corporation. (This funding is outlined in the Ontario Renal Network Funding Guide.) The hub will provide funds to its partner hospitals based on their respective signed SLAs.

The Ontario Renal Network currently does not provide funding for acute dialysis equipment.

8.0 Specialty Clinics

8.1 Renal Clinical Services

Content TBD

8.2 Non-Renal Clinical Services

Content TBD

8.3 Patient Population

Content TBD

8.4 Clinical Staff/Care Team

Content TBD

8.5 Infrastructure and Supplies

Content TBD

9.0 Transplant

9.1 Renal Clinical Services

Content TBD

9.2 Non-Renal Clinical Services

Content TBD

9.3 Patient Population

Content TBD

9.4 Clinical Staff/Care Team

Content TBD

9.5 Infrastructure and Supplies

Content TBD

10.0 Quality

Goal

Ensure that people receive the highest possible quality of kidney care regardless of where they receive that care.

Purpose of This Section

This section will outline the responsibilities of hubs and satellites in ensuring high-quality care throughout the Regional Renal Program.

Introduction

It goes without saying that Ontarians should receive the highest level of renal services; this is a concern for patients and health professionals alike. Previous sections have outlined the responsibilities of healthcare professionals with regards to specific renal services provided in hubs, satellites and acute kidney injury (AKI) affiliates. This section will provide an overview of the responsibilities of hubs and satellites (and, where appropriate, AKI affiliates) in ensuring high-quality care throughout the Regional Renal Program. This overview is in addition to the responsibilities listed elsewhere in this document.

These criteria identify the types of policies, procedures, protocols, agreements or components thereof that should be in place and adhered to in order to ensure high-quality care, but they do not dictate the contents of these documents. Programs and hospitals are expected to develop such documents internally based on contextual considerations.

10.1 Standards of Care

The hub will:

- Establish, and revise as required, standards for quality of care that are in alignment with the RRMC criteria, the Ontario Renal Network's Home First approach, and any other applicable provincial standards; and promote improvement in key areas highlighted by provincial quality metrics.
- Ensure consistent use of policies, procedures and protocols throughout the Regional Renal Program, including satellites, AKI affiliates, and partner home care providers.
- Ensure compliance with Accreditation Canada standards throughout the Regional Renal Program, including satellites and AKI affiliates.
- Share knowledge and expertise internally and with other Regional Renal Programs.
- Develop standards for and/or lead patient education programs.
- Develop and implement a process for clinical quality oversight of community agency staff providing services to home dialysis patients including regular communication and monitoring of patient status/progress

The satellite will:

- Ensure consistent use of standards for quality of care as well as all policies, procedures and protocols as developed by the hub.
- Ensure compliance with Accreditation Canada standards.
- Ensure compliance with hub standards related to patient education and training.

10.2 Transfer Protocol

The hub will:

- Develop and implement patient referral and transfer protocols/policies that result in timely referrals and transfers of people in need of renal services to the most appropriate care setting while promoting maintenance of modality wherever applicable, including:
 - Transferring between a satellite and the hub;
 - Transferring between a home and in-facility setting;
 - Transferring between an AKI affiliate and the hub;
 - Transferring between Regional Renal Programs; and
 - Transferring between satellites.
- Develop patient education material or procedures related to referral and transfer protocols.
- Develop and implement patient referral and transfer protocols/policies to ensure access to non-renal treatment for people with kidney disease throughout the Regional Renal Program (including for patients of the hub, satellite, home or MCKC).
- Develop and implement a repatriation protocol to ensure that people with kidney disease are returned to the most appropriate care setting within the Regional Renal Program if they need to be transferred outside the Program at any point for (renal or non-renal) treatment.
- Develop protocols/policies/procedures to ensure collaboration between the in-facility dialysis program, the home program, the multi-care kidney clinic program, and body access services so that patients experience seamless transitions (in all directions)

The satellite will:

- Adhere to and implement all applicable hub-led patient transfer protocols/policies.
- Work with the hub to ensure regional capacity planning supports patient transfer protocols/policies, including ensuring appropriate fallback and respite capacity.

10.3 Staff Training and Education

The hub will:

- Set standards for training and education for all Regional Renal Program staff and others who provide or support kidney care to patients, including any community agency staff providing or supporting care patients receiving home dialysis
- Plan for the added workload of training community agency staff who are providing or supporting care for patients receiving home dialysis.
- Ensure that learning needs assessments are completed for all Regional Renal Program staff at the hub and/or the satellite(s) as well as any community agency staff providing or supporting care for patients receiving home dialysis (where applicable).

- Develop, coordinate and/or lead renal orientation programs and continuous learning sessions for staff working at the hub and/or satellite(s) (whether employed by the hub hospital corporation or the corporation hosting the satellite).
- Ensure minimum standards are met for orientation and annual continuing education/mentoring for all staff.
- Set an ongoing competency model for all Regional Renal Program staff as well as any community agency staff providing or supporting care to patients receiving home dialysis (where applicable).
- (Where applicable) provide mentorship to staff providing home dialysis services at the satellite

The satellite will:

- Ensure that all Regional Renal Program staff, and others who provide or support kidney care to patients, participate in initial training and continuous learning opportunities (as outlined by the hub or developed by the satellite(s) with approval by the hub).
- Ensure minimum standards are met for orientation and annual continuing education/mentoring for all staff as outlined by the hub.
- Ensure providers are competent to provide the designated level of service and have ongoing education to maintain that competence.

10.4 Patient and Staff Safety

The hub will:

- Ensure compliance with Accreditation Canada standards across the Regional Renal Program.
- Ensure compliance with the hub hospital corporation's organization-wide safety program contributing to the maintenance and improvement of patient safety.
- Align all activities with Ontario Renal Network provincial strategies to explore and develop safety initiatives and tools to prevent avoidable harm to staff and patients.
- Ensure reporting of patient safety indicators (including those specified by the Ontario Renal Network) to the relevant body.
- Ensure compliance with incident management systems.
- Develop processes for inspecting/approving the suitability of patients' homes for home dialysis treatment, and ensure those processes are followed.
- Set standards/procedures to ensure the safety of staff who travel to patients' homes, including standards/procedures mandated by law (e.g., a working alone policy), and ensure those processes are followed.
- Adhere to the latest edition of standard CSA Z364.5: *Safe installation and operation of hemodialysis and peritoneal dialysis in a home setting*
- Establish, revise as required, and communicate to all home dialysis patients a process to ensure continuous support for home dialysis patients including policies and procedures to address medical and technical issues occurring both during and after business hours. As part of this process, patients on home dialysis should be aware of when and how to contact various resources including home dialysis program staff (e.g. nurse or technician), the machine vendor, and emergency services for medical and/or machine support.

The satellite will:

- Ensure compliance with Accreditation Canada standards at the satellite.
- Ensure compliance with the organization-wide safety program of the hospital hosting the satellite contributing to the maintenance and improvement of patient safety.
- Align all activities with provincial strategies to explore and develop safety initiatives and tools to prevent avoidable harm to staff and patients.
- Ensure reporting of patient safety indicators (including those specified by the Ontario Renal Network) to the hub.
- Ensure compliance with incident management system as led by the hub.
- Report all incidents to the hub as per Regional Renal Program protocol.

10.5 Quality Improvement

The hub will:

- Develop, implement and monitor clinical practice auditing processes.
- Participate in priority quality improvement initiatives as defined in the most recent Ontario Renal Plan, including initiatives to improve home dialysis and optimal body access.
- Evaluate the Regional Renal Program and services on an ongoing basis by working collaboratively with the Ontario Renal Network provincial office, satellite(s), AKI affiliate(s), and other regional partners to develop performance measures and to collect valid and reliable data.
- Ensure mechanisms are in place for staff to review the results of quality improvement activities, to plan improvement actions/processes, and to monitor the effectiveness of actions.
- Where Applicable, participate in the Ontario Renal Network's Mentorship Program

The satellite will:

- Ensure compliance with the hub's clinical practice auditing processes.
- Participate in priority quality improvement initiatives as applicable.

10.6 Water Quality

The hub will:

- Ensure compliance with Canadian Standards Association (CSA) standards on water quality for in-facility dialysis throughout the Regional Renal Program.
- Assess water treatment options available to patients in their homes.

The corporation hosting the satellite will:

- Monitor and ensure compliance with CSA standards on water quality for hospital water outside of the hemodialysis unit, including the quality of water entering the water treatment room of the hemodialysis unit for further treatment.

10.7 Emergency Preparedness

The hub will:

- Develop the Regional Renal Program's Emergency Management Plan (to be completed by June 2017).
- Ensure compliance with emergency preparedness responsibilities as outlined by the Regional Renal Program's Emergency Management Plan.
- Ensure compliance with the requirements of the CitiCall Provincial Hospital Resource System (PHRS) Renal Resource Board.

The satellite will:

- Ensure compliance with emergency preparedness responsibilities as outlined by the Regional Renal Program's Emergency Management Plan (to be completed by June 2017).
- Ensure compliance with the requirements of the PHRS Renal Resource Board.

11.0 Administration

Goal

Ensure strong administrative relationships among different components of the Ontario Renal Network, including hubs, satellites, and AKI affiliates.

Purpose of This Section

This section will describe the administrative relationship between different components of the Ontario Renal Network, highlighting key leadership, operational, and administrative roles at hubs and satellites.

Introduction

When people enter the Regional Renal Program to access renal services, they quite naturally have no interest in any administrative concerns of that Program. Yet the renal services they require cannot provide optimum care if the Program's administration is not running smoothly. It is necessary to have the right people and systems in place to ensure that there is appropriate oversight and management of all the components of the Program.

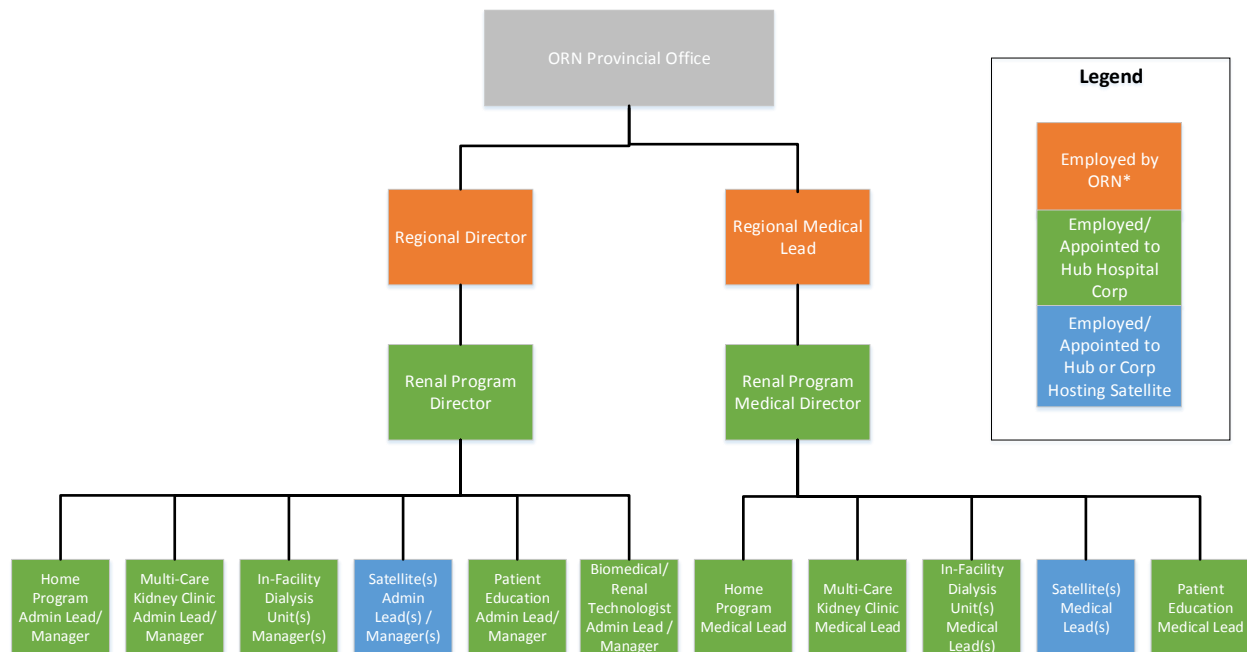
Section 2.0 of this document defined the various components of a Regional Renal Program and provided an overview of how these components fit together. This section goes into further detail to outline how the hub and satellite(s) work together on operational and administrative work, including identifying areas for which a most-responsible individual should be identified. It also provides an overview of policies, procedures, agreements, and role descriptions that should be in place to facilitate the operation and administration of the Regional Renal Program, but does not provide detailed contents of these documents (these details are to be determined by individual hospitals according to their own needs).

Please note that these standards are in addition to those specific to AKI affiliates described in subsections 7.9.5 (page xx) and 7.10.5 (page xx).

11.1 Governance Model

Figure 9.1 describes the positions and corresponding accountabilities within a Regional Renal Program. A general description of job responsibilities for each position is provided in subsection 11.2 (page xx).

Figure 9.1 **Regional Renal Program Governance***



** The Ontario Renal Network provides funding to the hub hospital corporation for the appropriate full-time equivalent (FTE) that the Regional Director and Regional Medical Lead are expected to dedicate to this role. The Regional Director and Regional Medical Lead also hold the positions of Renal Program Director and Renal Program Medical Director (or equivalent) at a hub hospital.*

The Ontario Renal Network provincial office will appoint a **Regional Director** and **Regional Medical Lead** for each provincial healthcare boundary (LHIN). Regional Directors are selected from the pool of Renal Program Directors. The Regional Director plays a dual role as Renal Program Director and Regional Director, while the Regional Medical Lead may play a dual role as Regional Medical Lead and Renal Program Medical Director (or equivalent) at a hub hospital. The Ontario Renal Network provides funding to the hub hospital corporation for the appropriate full-time equivalent (FTE) that the Regional Director is expected to dedicate to this role.

The hub hospital corporation, in collaboration with the Regional Director and Regional Medical Lead (if applicable), is responsible for defining core responsibilities/deliverables and identifying individuals to fulfill the roles listed below. Individuals fulfilling the roles listed below should be employed by/appointed to the hub hospital corporation:

- **Renal Program Director** (or other administrative staff person with responsibility for the Regional Renal Program); and
- **Renal Program Medical Director** (or other physician with clinical responsibility for the Regional Renal Program).

The hub is responsible for defining core responsibilities/deliverables and identifying individuals to fulfill the following roles. The intention of highlighting the positions listed below is to identify components of a Regional Renal Program for which there should be an identifiable most-responsible individual. Individuals may fulfill multiple roles listed below, and actual position titles may differ from those provided here. The hub is responsible for determining appropriate compensation for these roles. The following administrative and medical leads should be employed by/appointed to the hub hospital corporation:

- Multi-Care Kidney Clinic (MCKC) Administrative Lead/Manager;
- MCKC Medical Lead;
- Patient Education Administrative Lead/Manager;
- Patient Education Medical Lead;
- Home Program Administrative Lead/Manager;
- Home Program Medical Lead;
- Hub In-Facility Hemodialysis Unit Administrative Lead/Manager;
- Hub In-Facility Hemodialysis Unit Medical Lead;
- Biomedical/Renal Technologist Administrative Lead/Manager; and
- Acute Dialysis Medical Lead.

The hub is responsible for defining core responsibilities/deliverables and should work collaboratively with the satellite(s) to identify individuals for the following positions. The intention of highlighting the positions listed below is to identify components of a Regional Renal Program for which there should be an identifiable most-responsible individual. Individuals may fulfill multiple roles listed below, and actual position titles may differ from those provided here. The individuals in the following positions may be employed by/appointed to the hub hospital corporation or the hospital hosting the satellite:

- Satellite Administrative Lead/Manager; and
- Satellite Medical Lead.

11.2 Leadership Role Descriptions

The **Regional Director** and **Regional Medical Lead** are responsible for fulfilling the requirements set out in the Ontario Renal Network's Regional Director and Regional Medical Leads Position Descriptions, as released during the recruitment of these positions.

Regional Director:

- Through membership on the Ontario Renal Network's Provincial Leadership Forum, participate in the establishment of the Ontario Renal Network's Ontario Renal Plan, yearly priorities for action and yearly provincial targets.
- Participate in provincial task forces and working groups to develop provincial guidelines and standards, and plans for their implementation.

- Establish and maintain the regional partnerships necessary to advance chronic kidney disease (CKD) system performance and implement the Ontario Renal Network's yearly priorities for action.
- Work in partnership with the Regional Medical Leads and other clinicians who are responsible for implementing the clinical quality improvement agenda.
- Lead (with Regional Medical Lead) the Integrated Renal Program Council meetings involving administrative and clinical leaders from partner hospitals and organizations providing CKD care, as well as regional leaders, and including community and patient representation.
- Establish and maintain excellent communications with Ontario Renal Network partners with respect to the Ontario Renal Plan, the Ontario Renal Network's yearly priorities, proposed regional incremental funding allocations, regional performance targets, and regional performance.
- Working with the Ontario Renal Network provincial office, provide planning advice for the distribution of incremental funding for CKD services in the region.
- Working with the Ontario Renal Network and the IRPC, set performance targets for the year in each priority area within the framework of a Regional Work Plan.
- Establish and implement quality and access improvement plans for areas identified through the quarterly performance reviews.
- Consult regularly with care providers and hospital leaders on plans for quality improvement, proposed allocations for renal services funding in the region, and yearly targets for improvement in Ontario Renal Network priority areas.
- Ensure centres are capturing and reporting core data elements.

Regional Medical Lead:

- Provide leadership at the regional level for the Ontario Renal Network.
- Establish and maintain effective links with relevant clinical communities on behalf of the Ontario Renal Network.
- Champion the Ontario Renal Network's priority programs and initiatives at the regional level.
- Attend relevant Ontario Renal Network meetings as required.
- Support the regional execution of strategies to engage CKD professionals in advancing the goals of the Ontario Renal Plan.
- Serve as regional representative in the planning of CKD-related work across the province.
- Provide visionary leadership at the regional level in alignment with the priorities of the Ontario Renal Network.
- Work closely with the Regional Director and Ontario Renal Network leadership to strengthen the position of the Ontario Renal Network.
- Work as part of the Ontario Renal Network leadership to provide strategic guidance in the regional implementation of the Ontario Renal Plan.
- Develop and execute a regional work plan that reflects the strategic vision and priorities of the Ontario Renal Network.
- Establish and maintain effective links with relevant clinical communities.
- Identify and respond to regional-level issues.
- Participate in regional performance management.
- Contribute to the development and implementation of the Ontario Renal Network and its initiatives regionally.
- Support the regional development of Ontario Renal Network leadership.

The **Renal Program Director** and **Renal Program Medical Director** are responsible for overseeing the overall planning and operations of the Regional Renal Program, including oversight of operations at the hub and satellite(s), and the implementation of policies and procedures to support regional initiatives, the Ontario Renal Plan and continuous quality improvement.

- All Renal Program Directors (or delegate) and Renal Program Medical Directors (or delegate) are required to participate in Integrated Renal Program Councils (IRPCs).
- Where applicable, Renal Program Directors and Renal Program Medical Directors will regularly report to the Regional Director and the Regional Medical Lead respectively on pertinent issues of a regional nature and/or issues with implications to Ontario Renal Network funding or other initiatives. This includes relaying pertinent concerns brought forth by hub and satellite managers and any regional partners (e.g., First Nations, Inuit and Métis groups, community healthcare organizations).
- Renal Program Directors lead capital/capacity planning for their Regional Renal Program and participate in capital/capacity planning at a regional level (led by the Regional Director).
- Renal Program Directors ensure their Program initiatives are aligned with quality improvement and the Ontario Renal Plan.
- Renal Program Directors (or delegate) and Renal Medical Directors (or delegate) will meet with representatives of the corporation hosting the satellite at least once a quarter.

The **Multi-Care Kidney Clinic Administrative Lead/Manager** and **Multi-Care Kidney Clinic Medical Lead** are responsible for managing administrative and medical operations respectively of MCKCs throughout the Regional Renal Program (including any clinics offered at a satellite). Key responsibilities include:

- Reporting to the Renal Program Director and Renal Program Medical Director respectively on any concerns related to the quality and/or sustainability of MCKC clinics.
- Providing input to the Renal Program Director and Renal Program Medical Director respectively on regional planning initiatives.
- Working closely with Regional Renal Program management/leadership to implement policies and procedures to support regional initiatives for quality improvement and the Ontario Renal Plan.
- Participating in pilot initiatives (where applicable) introduced by the Ontario Renal Network with the support of their Renal Program Director, Renal Program Medical Director, Regional Director (where applicable), and Regional Medical Lead (where applicable).
- Managing, overseeing, and participating in the education/training of ambulatory clinic staff and patients.
- Ensuring communication between clinic and other care management (in particular, for patients of MCKC who are transitioning to dialysis), including primary care providers.
- Participating in the IRPC (optional).

The **Patient Education Administrative Lead/Manager** and **Patient Education Medical Lead** are responsible for managing administrative and medical operations respectively of treatment-related patient education (in either a clinic or more general setting) throughout the Regional Renal Program (including modality-choice-related patient education offered at a satellite). Key responsibilities include:

- Reporting to the Renal Program Director and Renal Program Medical Director respectively on any concerns related to the quality and/or sustainability of modality-choice-related patient education.
- Providing input to the Renal Program Director and Renal Program Medical Director respectively on regional planning initiatives.
- Working closely with Regional Renal Program management/leadership to implement policies and procedures to support regional initiatives for quality improvement and the Ontario Renal Plan.
- Participating in pilot initiatives (where applicable) introduced by the Ontario Renal Network with the support of their Renal Program Director, Renal Program Medical Director, Regional Director (where applicable), and Regional Medical Lead (where applicable).
- Managing, overseeing, and participating in the education/training of all renal ambulatory clinic staff and patients.
- Ensuring communication between education providers and other care management (which may include family care providers, other community-based home care providers, and/or primary care providers).
- Participating in the IPRC (optional).

The **Home Program Administrative Lead/Manager** and **Home Program Medical Lead** are responsible for managing administrative and medical operations respectively of the home program/clinics throughout the Regional Renal Program (including any home services offered at a satellite). Key responsibilities include:

- Reporting to the Renal Program Director and Renal Program Medical Director respectively on any concerns related to the quality and/or sustainability of the home program/clinics.
- Providing input to the Renal Program Director and Renal Program Medical Director respectively on regional planning initiatives.
- Working closely with Regional Renal Program management/leadership to implement policies and procedures to support regional initiatives for quality improvement and the Ontario Renal Plan.
- Participating in pilot initiatives (where applicable) introduced by the Ontario Renal Network with the support of their Renal Program Director, Renal Program Medical Director, Regional Director (where applicable), and Regional Medical Lead (where applicable).
- Managing, overseeing, and participating in the education/training/retraining of home program staff and patients.
- Participating in the IRPC (optional).

The **Hub In-Facility Hemodialysis Unit Administrative Lead(s)/Manager(s)** and **Hub In-Facility Hemodialysis Unit Medical Lead(s)** are responsible for managing administrative and medical operations respectively at the hub in-facility dialysis unit(s). Key responsibilities include:

- Reporting to the Renal Program Director and Renal Program Medical Director respectively on any concerns related to the quality and/or sustainability of the hub in-facility hemodialysis unit(s).
- Providing input to the Renal Program Director and Renal Program Medical Director respectively on regional planning initiatives.

- Working closely with Regional Renal Program management/leadership to implement policies and procedures to support regional initiatives for quality improvement and the Ontario Renal Plan.
- Participating in pilot initiatives (where applicable) introduced by the Ontario Renal Network with the support of their Renal Program Director, Renal Program Medical Director, Regional Director (where applicable), and Regional Medical Lead (where applicable).
- Managing, overseeing, and participating in the education/training of in-facility hemodialysis unit(s) staff and patients.
- Participating in the IRPC (optional).

The **Biomedical/Renal Technologist Administrative Lead/Manager** is responsible for managing and maintaining the renal technical program and its operation throughout the Regional Renal Program. Key responsibilities include:

- Reporting to the Renal Program Director and Renal Program Medical Director on any concerns related to the quality and/or sustainability of the Regional Renal Program's dialysis equipment.
- Providing input to the Renal Program Director and Renal Program Medical Director on regional planning initiatives.
- Working closely with Regional Renal Program management/leadership to implement policies and procedures to support regional initiatives for quality improvement and the Ontario Renal Plan.
- Participating in pilot initiatives (where applicable) introduced by the Ontario Renal Network with the support of his or her Renal Program Director, Renal Program Medical Director, Regional Director (where applicable), and Regional Medical Lead (where applicable).
- Managing, overseeing, and participating in the education/training of renal technologists and related staff.
- Collaborating with the Program leadership on the development of training/retraining procedures and materials for patients.
- Participating in the IRPC (optional).

The **Satellite Administrative Lead(s)/Manager(s)** and **Satellite Medical Lead(s)** are responsible for managing administrative and medical operations of the satellite unit. Key responsibilities include:

- Reporting to the Renal Program Director and Renal Program Medical Director on any concerns related to the quality and/or sustainability of the satellite dialysis unit or renal services.
- Meeting with representatives of the administration of the corporation hosting the satellite, Renal Program Director (or delegate), and Renal Program Medical Director/delegate (and representatives of the hub hospital administration, as necessary) on at least a quarterly basis.
- Providing input to the Renal Program Director and Renal Program Medical Director on regional planning initiatives.
- Participating in pilot initiatives (where applicable) introduced by the Ontario Renal Network with the support of their Renal Program Director, Renal Program Medical Director, Regional Director (where applicable), and Regional Medical Lead (where applicable).
- Recruiting all multidisciplinary clinical staff at the satellite to provide and coordinate care for people with kidney disease.

- Managing, overseeing, and participating in the education/training of Regional Renal Program satellite staff (according to training requirements set by the hub).
- Participating in the IRPC (optional).

11.3 Operational Management

The hub will:

- Provide oversight to ensure standards of care requirements are met throughout the Regional Renal Program, including at the hub, satellite(s), off-site dialysis unit, AKI affiliate(s), patients' homes, and other regional/contractual agencies/partners.
- Provide oversight to ensure that all parties, including a corporation hosting the satellite or AKI affiliates, as well as suppliers and community partners, are in compliance with relevant contractual agreements related to kidney care.
- Provide oversight of day-to-day management of the Regional Renal Program including operations at the hub and satellite(s).
- Directly manage day-to-day operations at all sites owned or leased by the hub hospital corporation where renal services are provided.
- Directly manage day-to-day operations at the satellite(s) if doing so is outlined in the SLA between the hub hospital corporation and the corporation hosting the satellite. Under this scenario, the corporation hosting the satellite provides support to ensure compliance with standards of care and agreements.
 - Otherwise, the corporation hosting the satellite will provide management of day-to-day operations, ensuring standards of care are met and terms of all agreements are followed while the hub provides oversight.
- Develop, implement, and provide oversight to standards pertaining to training and education of staff and patients. Depending on the arrangement outlined in the SLA between the hub hospital corporation and the corporation hosting the satellite, satellite staff may have a role in training/educating staff and patients so long as they adhere to the standards set by the hub. Otherwise, the hub will be responsible for training of staff and patients throughout the Regional Renal Program.

See "Costing Model" (Section 14, page XX) for further information on the hub's role in managing budgeting, reconciliation, and payment.

11.4 Service Level Agreement (SLA)

The hub will:

- Lead the development and execution of SLAs between the hub hospital corporation and each corporation hosting the satellite, or each AKI affiliate. The SLA must be a formal document itemizing the terms of their partnership.
 - The hub will ensure that the SLA includes all items identified in the RPMC SLA template pertinent to services provided at the satellite. (A template SLA is provided in Appendix 3.) While use of this template is not required in developing a specific SLA, all subjects addressed in the template must be addressed in the SLA.

- The corporation hosting the satellite or the AKI affiliate is expected to collaborate with the hub in the development of the SLA and to provide sign-off.
- Lead the development and execution of an SLA with other hub hospital corporations as necessary to ensure that patients have access to required renal/supportive services not offered in the hub's own Regional Renal Program (see subsections 5.2 [page xx], 5.3.1 [page xx], 7.1 [page xx] and 7.4.2 [page xx] for further details).
- Lead the development and execution of agreements with independent health facilities (IHF) and other community partners (e.g., community health organizations, First Nations, Inuit and Métis groups) to clearly outline services to be provided and, where applicable, funding expectations.
- Where acute dialysis is delivered at a corporation hosting the satellite, acute dialysis service expectations and related funding may be included in the SLA, or a separate SLA may be drafted.

11.5 Non-Clinical Support Areas

The hub will:

- Ensure that appropriate clerical staff and resources are in place to support patient scheduling, health record management, and Ontario Renal Network-mandated reporting at both the hub and the satellite(s) and AKI affiliate(s) (roles and associated funding are to be clearly defined in the SLA between the entities). These resources may be supplied and/or paid for by either the hub hospital corporation or the corporation hosting the satellite or the AKI affiliate.
- Ensure the following services are available at both the hub, the satellite(s), and the AKI affiliate(s):
 - Facilities;
 - Hotel services (housekeeping);
 - Human resources;
 - Information service delivery;
 - Logistics/supply management;
 - Media relations;
 - Occupational health and safety;
 - Patient relations; and
 - Volunteer services.

Roles and associated funding are to be clearly defined in the SLA between the entities. Resources may be provided by either the hub hospital corporation or the corporation hosting the satellite or the AKI affiliate.

11.6 Communications Responsibilities

The hub will:

- Regularly communicate with satellite management and the administration of the corporation hosting the satellite and the AKI affiliate to provide updates and seek feedback on financial matters (including budget planning and management), quality improvement initiatives (including results) and other regional issues, risks, and updates. The frequency with which the hub provides these updates is dependent on responsibilities outlined in the SLA.

- Produce and disseminate its own public/patient communications, make public/patient communications available to patients of satellite(s), set public/patient communications for the hub and satellite(s), and review and sign off on communications from the satellite(s) pertaining to the Regional Renal Program.
 - The hub may take responsibility for providing all public/patient communications pertinent to the Regional Renal Program, including communications to satellite patients, if this is agreed to by both parties in the SLA.

The satellite will:

- Formally notify the hub of any ongoing issues that may affect the performance of kidney care at the satellite.
- Adhere to the public/patient communications procedures set by the hub and as outlined in the SLA.
- Produce and disseminate its own public/patients communications if required, having first provided them to the hub for review and sign-off.

12.0 Location and Geography

Goal

Ensure that planning for the physical placement of renal services is done in a manner that improves patients' access to services, aligns with provincial healthcare boundaries, and makes efficient use of resources.

Purpose of This Section

This section will provide guidance on the operation of Regional Renal Programs in relation to provincial healthcare regions known as Local Health Integration Networks (LHINs) and distance/patient travel times.

Introduction

Improving Ontarians' access to kidney care is a key goal of the Ontario Renal Plan II. To support this goal, renal services should be located close to patients' homes where possible, particularly services that they access frequently. This section discusses the criteria that support this goal.

The following criteria are primarily intended to guide the siting of future renal services. The Ontario Renal Network has grown organically over time to meet local needs and, as such, there are a number of scenarios in which Regional Renal Programs currently do not meet the criteria outlined here. Furthermore, specific geographic or regional considerations (some of which are listed in these criteria) may warrant exceptions. In these cases, the Ontario Renal Network provincial office and the Regional Renal Program hub will consider options for aligning the Program with provincial criteria on a case-by-case basis. One of these options may be to grandparent the current arrangement, especially if it works well and the changes required for alignment might be deleterious to patient needs.

Lastly, these criteria assume that the site is following one of the standard models of ambulatory clinics, body access, in-facility dialysis, home dialysis or acute inpatient dialysis, as described in sections 3.0 through 7.0 (page xx to xx). These criteria are not meant to apply to new/innovative/pilot models.

12.1 Capacity Planning

The Ontario Renal Network leads capacity planning efforts at the provincial level to ensure there is a clear and standardized approach to determining and planning for current and future renal health needs of all Ontarians, and quantifying the capacity of the current system to meet changing needs. A critical part of this work, and one in which the Regional Renal Programs play a key leadership role, is to engage and collaborate with the Ontario Renal Network's regional partners, including local hospital corporations, LHINs and community care providers. At the regional level, the hub is responsible for leading this work.

The hub will:

- Lead a collaborative capacity planning process (with satellites, independent health facilities, and other renal service providers) that takes into account regional capacity needs and regional assets within and outside of the Regional Renal Program.
 - The capacity planning process should be focused on meeting needs within the hub's LHIN but should also take into account the supply of, and demand for, renal services in neighbouring regions; this includes people who reside outside of LHIN boundaries as well as resources available in neighbouring LHINs.
- Share and collaborate, where there are multiple hubs within a single LHIN, to ensure the effective allocation of limited resources and to improve patients' access to renal services.
- Share capacity plans with, and have them approved by, the IRPC.
- Work with any hospitals or other healthcare organizations within the hub's LHIN, particularly those within the hub's usual catchment areas (or, if applicable, those within usual catchment areas which are outside the hub's LHIN), which are not affiliated with the Ontario Renal Network but express an interest in and need for renal services, and assess the most appropriate role for those organizations in supporting or being part of the Regional Renal Program. The hub will provide its assessment to its IRPC and to the Ontario Renal Network provincial office.
 - Hospitals or other healthcare organizations that are not affiliated with the Ontario Renal Network but have an interest in offering renal services and/or becoming a satellite are expected to approach the Regional Director, Regional Medical Lead, and a potential hub partner. The interested hospital should fall within the potential hub partner's usual catchment area, be located within the same LHIN, or otherwise reflect current patient flow; only if such a hub partner is unavailable or otherwise inadequate (eg. if the potential hub partner does not provide/lacks expertise in the service(s) being considered, if the potential hub partner lacks appropriate capacity etc.) should they seek a partnership outside usual hub catchment areas and/or across LHIN boundaries (see Subsection 12.2, page xx). Hubs should not partner with hospitals if their locations impede the hub's ability to provide appropriate clinical oversight.
 - Where appropriate based on its capacity assessment, and with the approval of the IRPC, the hub may approach hospitals that are not currently affiliated with the Ontario Renal Network to develop a formal request for their inclusion in the Regional Renal Program, as per the appropriate Ontario Renal Network Planning Process.
 - Where a non-Ontario Renal Network hospital's request to provide renal services and/or become a satellite is not supported by the hub, the Regional Director, Regional Medical Lead, and hub are expected to outline/create an appropriate process to ensure that patients of the non-Ontario Renal Network hospital receive the services they require in a timely manner, and to report this process to the IRPC and the Ontario Renal Network Provincial Office.
- Work with its regional partners (including LHINs, community care providers, independent healthcare facilities, long-term care facilities, and other Regional Renal Programs) for each LHIN in which the Regional Renal Program has a dialysis unit, home patient(s) or ambulatory clinic patient(s), to ensure that all these people have access to any supportive care they require.
- Lead a regional planning process to ensure:
 - People in need of an emergency transfer (from satellite, AKI affiliate, or the hub) are transferred as outlined in the "Quality" section (Section 10.0, page xx) of this document.

- Patient travel times are considered during the planning process and renal services are placed (or otherwise made available through means such as the Ontario Telemedicine Network) in locations so as to maximize the possibility that people can be cared for at or close to home.
- Fallback capacities are available as outlined in the “Patient Population” sections (subsections 3.3 [page xx], 4.3 [page xx], 5.3 [page xx], 6.3 [page xx], 7.3 [page xx], 8.3 [page xx], and 9.3 [page xx]) of this document.
- Respite care/backup capacities are available as outlined in the Renal Clinical Services portion of Section 6.0 (Home Dialysis) on page xx of this document.

Where a Regional Renal Program has patients in an LHIN beyond its own who are receiving dialysis at home, the hub may arrange for respite care/backup at a different Regional Renal Program’s hub or satellite site that is closer to the patient’s home. An agreement between Programs should clearly outline funding for this service.

12.2 Provincial Healthcare Boundaries (LHINs)

A proposed hospital-hosted satellite or AKI affiliate should be located within the same LHIN as the hub with which it is affiliated. However, it may be located outside the hub’s LHIN under either of the following conditions:

- If the affiliated hub in a different LHIN is closer to the proposed satellite/AKI affiliate than the nearest hub in the same LHIN as the proposed satellite/AKI affiliate; or
- If there already exists a demonstrable pattern of regular patient flow between the hub hospital and proposed corporation hosting satellite/AKI affiliate.

A proposed off-site unit should be located within the same LHIN as the hub of which it is a part. The proposed off-site unit may be opened outside the hub’s LHIN if doing so addresses an immediate capacity need and/or other extenuating circumstances require doing so.

12.3 Proximity of Hubs, Hub Off-Site Units, and Satellites

A proposed satellite should be affiliated with the closest hub that is capable of supporting satellites of that size. Where a proposed hospital-hosted satellite is approximately equidistant from two hubs, it should be affiliated with the centre that best reflects current patient flow between hospitals.

- A proposed satellite may be affiliated with a hub that is not closest to it if:
 - Both hubs are located close together in an urban/densely populated region and the effect on patient travel time would be negligible were the satellite hospital to partner with a hub that is not the closest to it.
 - The satellite is in a remote community where exceptional means of transport may be required for patient transfers from the satellite to a hub (e.g., through air ambulance). Where this is the case, the satellite should be associated with a hub that is able to accommodate these means of transportation (e.g., equipped to accept patients transported by air ambulance).
 - There is currently a clear pattern of patient flow from the proposed hospital-hosted satellite to a hub hospital that is not the closest to it.
 - A support service can be better provided by a hub that is not the closest due to capacity and/or clinical expertise considerations.

A proposed off-site unit (part of hub) should be closer to the operating hub's hospital unit than to any sites of a different Regional Renal Program, with the following exceptions:

- In urban/densely populated regions where hubs are located close together and appropriate space is difficult to find, a hub hospital corporation may open an off-site unit that is closer to a different hub hospital. The location of the new unit should reflect current state patient flow (i.e., an adequate portion of expected patients at the new unit should be patients of the operating hub's program).
- In remote communities, exceptional means of transportation may warrant the opening of an off-site unit in a location that is closer to another hub's hospital site other than to the operating hub.

Per the Ontario Renal Network's Capital Planning Process, any proposed dialysis units, including their size and location, will be approved only if they have the support of all Regional Renal Programs in a given LHIN.

Appropriate proximity of satellite or off-site units to other hubs or satellites will depend on regional factors.

12.4 Additional Criteria for Ambulatory Clinics

Part of the hub-led capacity and capital planning processes will involve planning for the location of new ambulatory clinics (multi-care kidney clinics and any other renal clinics) so as to ensure that patients can access these clinics in a timely manner. Clinics that need to be accessed on a regular basis by people with kidney disease should be made available as close as possible to their homes.

The hub and its satellite(s) should explore the use of Ontario Telemedicine Network (OTN) options for ambulatory clinics to promote access to care close to patients' homes.

The full range of required ambulatory clinics (See "Ambulatory Clinics," Section 3.0, page xx) must be available within each Regional Renal Program and within each LHIN (e.g., a hub of the sole Regional Renal Program in one LHIN, with a satellite in another LHIN, cannot offer its ambulatory clinics exclusively in the satellite).

12.5 Additional Criteria for Body Access Services

Hubs are not required to provide all body access services on-site, but they are responsible for ensuring that all patients within the Regional Renal Program jurisdiction have access to all body access services. As body access services are specialized procedures with significant implications for an individual's ability to dialyze, and are required only a few times per year for each patient, individuals may be required to travel to receive certain body access services, including travelling across LHIN boundaries, in order to ensure the highest possible quality of care.

Note: The Ontario Renal Network Centres of Practice initiative promotes referrals of patients to centres of excellence to ensure high-quality body access procedures. More information about this centre is available at the following link: www.renalnetwork.on.ca/hcpinfo/centres_of_practice/

12.6 Additional Criteria for Home Dialysis

A Regional Renal Program is expected to provide home dialysis care to anyone who meets the eligibility criteria (based on an assessment of the patient and their home) and who lives within the Regional Renal Program's LHIN.

A Regional Renal Program may provide home dialysis services to people outside its LHIN provided they are made aware that home dialysis is also available within their own LHIN. The hub is responsible for ensuring that people who are eligible for home dialysis have access to supportive services in the community.

12.7 Patient Choice

People often receive renal services at a unit other than the one closest to their home, for a myriad of reasons. Patients are free to choose the site at which they receive renal services, provided the site they choose has the available capacity and is equipped to provide the services/level of care required.

13.0 Data and Reporting

Goal

Ensure the well-coordinated, systematic collection of high-quality data throughout the Ontario Renal Network to inform planning and decision-making.

Purpose of This Section

This section provides an overview of Regional Renal Programs' responsibilities pertaining to the collection of various forms of data.

Introduction

To ensure that Ontarians continue to receive high-quality kidney care, it is vital that the Ontario Renal Network has access to complete and up-to-date data on the provision of renal services to people throughout the province. Constant review of this data helps to pinpoint any weaknesses in the system, flag any changes in patient volume that need to be addressed, and continue to ensure that all locations continue to provide the best clinical care to patients. Data collection and holdings are to follow appropriate privacy protocols and applicable laws in order to protect patient health information.

Each hub enters into a funding agreement and an accompanying master data sharing agreement with CCO that governs the hub's obligations with respect to reporting requirements for Regional Renal Programs. Details regarding these requirements are set out in Schedule C of the CKD Operating Funding Agreement (Schedule "C"); when these requirements include the disclosure of identifiable patient information, this information is disclosed pursuant to the terms of the master data sharing agreement.

The hub is thus responsible for data submission, and for compliance with Ontario Renal Network policies related to data submission, on behalf of the Regional Renal Program.

The hub will enter into a similar funding agreement and a data sharing agreement with each satellite and AKI affiliate to set out the terms under which the satellite receives funding, and to impose obligations on the satellite to provide to the hub such data and reporting as is required for the hub to meet its obligations to CCO.

13.1 Data and Reporting Outlined in Schedule "C"

The hub is responsible for fulfilling all data requirements, including submission of data and reports to CCO, the Ministry of Health and Long-Term Care (MOHLTC), and other partners as part of quality and strategic initiatives, outlined in Schedule "C".

The hub will:

- Report patient and service volumes (directly to the Ontario Renal Network provincial office or through one of the information systems listed in Subsection 13.2).
- Report facility-level data, which may include but are not limited to:

- equipment inventory reporting;
- the provision of information to the Ontario Renal Resource Board; and
- expenditures related to leases both home-based and facility-based and hemodialysis machine and equipment funding allocated.
- Report on performance indicators, which may include but are not limited to:
 - data used to measure performance and quality;
 - quarterly status of quality initiatives; and
 - strategies/approaches to improve performance.
- Complete and submit tools, reports, surveys, plans or other documents specific to quality and strategic initiatives.

13.2 Information Systems

The hub is responsible for ensuring the submission of patient and service volumes into information systems in compliance with the requirements outlined in Schedule “C”. The following information systems are examples:

- Ontario Renal Reporting System (ORRS);
- MOHLTC’s Self Reporting Initiative (SRI); and
- Wait Times Information System (WTIS).

13.3 Additional Reporting

In addition to the reporting requirements outlined in Schedule “C”, the hub is expected to submit to the Ontario Renal Network provincial office and/or other departments of the CCO any other reports reasonably requested by CCO/the Ontario Renal Network provincial office in accordance with timelines as agreed to with the hub.

13.4 Data Compliance and Data Quality Processes

The hub is responsible for all aspects of data compliance and data quality processes for all service areas, including addressing completeness, sequencing, and confirming or correcting data submissions where required.

13.5 Collection of Satellite Data

The hub will work with the corporation hosting the satellite to set up a process for data collection, compliance, and quality processes at the satellite. A variety of options for data collection are acceptable. Data collection processes may utilize resources of the hub and/or satellite, and may be specific to the data being collected and/or the initiative for which the data is being collected.

The process for collecting satellite data will be outlined in the service level agreement (SLA) between the hub and satellite.

The corporation hosting the satellite will comply with the agreed-upon data collection, compliance, and quality processes.

Where required, the hub will be responsible for ensuring that all data collected by the satellite is submitted to the Ontario Renal Network provincial office, MOHLTC, relevant partners, or an information system thereof as outlined in Schedule “C” or otherwise reasonably requested by CCO/the Ontario Renal Network provincial office.

13.6 Timelines

Timelines for data submission are set out in Schedule “C”. The hub is responsible for ensuring that their data submission adheres to these timelines.

The corporation hosting the satellite will support, to the best of its ability, the timely submission of data as required by Schedule C.

13.7 ORRS Data Lead

The hub will ensure that there is an ORRS Data Lead in place at the hub. The role description for the ORRS Data Lead includes but is not limited to:

- Oversees the collection of data and is the first point of contact for matters in this area.
- Provides quality control of data submissions for dialysis units, home programs, ambulatory clinics, body access services, and acute services, whether they take place in the hub, an AKI affiliate or a satellite in a hospital, long-term care home, or other community health service setting.
- Ensures compliance with Ontario Renal Network data reporting requirements outlined in the CKD Operating Funding Agreement.
- Reports to the Renal Program Director.

13.8 Privacy

The hub will ensure that the Regional Renal Program’s data collection, compliance, quality, and reporting processes adhere to applicable legislation concerning the disclosure of personal information and personal health information, including, but not limited to, the Ontario *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *Personal Health Information Protection Act, 2004* (PHIPA).

The hub hospital corporation and the corporation hosting the satellite are each responsible for ensuring that the Regional Renal Program’s data collection, compliance, quality, and reporting processes within their respective sites adhere to their own applicable privacy policies.

The corporation hosting the satellite will ensure that the hub is notified of any suspected breach of privacy policy and/or legislation during data collection, reporting or revision at the satellite.

14.0 Costing Model

Goal

Ensure that the flow of funds between each Regional Renal Program hub and the corporation(s) hosting the satellite(s) is carried out in a transparent manner that enhances relationships between hubs and corporation(s) hosting the satellite(s), supports a patient-based approach, promotes efficient and effective use of resources while ensuring the highest possible quality of care, and aligns with the requirements of the Ontario Renal Network provincial office and the Ontario Ministry of Health and Long-Term Care.

Purpose of This Section

This section defines roles and accountabilities of each Regional Renal Program hub and the corporation(s) hosting the satellite(s), as they relate to how funding flows between them.

Introduction

Given the high number of people in Ontario currently receiving renal care, and the reality that care of people with chronic kidney disease (CKD) is can be an expensive, long-term process, it is imperative that costs are managed effectively to ensure that an appropriate level of care is provided to all Ontarians who need it, wherever they are located.

The Ontario Renal Network provides funding through a variety of methodologies to Regional Renal Program hubs in order to support high quality, efficient, patient centred care. The hub, in its role as planner and coordinator of renal services throughout the region, is then expected to distribute funds to its regional partners using a costing methodology that is transparent, efficient and fair.

It is essential that services at the satellite be appropriately costed so as to ensure the same high level of quality and efficiency expected by patients from their renal service providers. Furthermore, appropriate costing is a contributing factor towards maintaining strong working relationships between different healthcare organizations which are either involved in renal specific care, or in supportive care for renal patients. These relationships are essential to ensuring that patients are able to access the full spectrum of renal services and that transitions between care settings are seamless.

This section will discuss the appropriate costing process and the flow of funds between Regional Renal Program hubs and satellites.

14.1 QBP Costing for Direct Costs

The Ontario Renal Network provides Quality-Based Procedure (QBP) funding to the hub hospital, as per the CKD Funding Guide and the CKD Operating Funding Agreement, for their Regional Renal Program, which includes the hub, and any satellite(s) and acute kidney injury (AKI) affiliate(s). The CKD QBP includes funding for both bundled services (based on annualized patient volumes) and

unbundled services (based on number of visits, sessions, procedures, tests, treatments, etc.). The hub is responsible for distributing appropriate funds to the corporation(s) hosting the satellite(s) in its Regional Renal Program. All CKD QBP funding is subject to approval by the Ministry of Health and Long-Term Care (MOHLTC).

QBPs have been developed to cover **direct costs** related to kidney care, which are defined as the costs of providing healthcare services directly associated with an individual's care such as nursing, allied health, diagnostic and therapeutic services as well as pharmaceutical and medical surgical supplies⁸ (for examples of direct resources used in the delivery of kidney care, please see Appendix 4).

The **indirect costs** of providing care, defined as costs of administrative and support services that are performed on behalf of all patients/clients and cannot be associated with a specific individual (e.g., information systems and housekeeping)¹ are not covered by the CKD QBP. These costs are addressed in Section 14.5.

For satellites and AKI affiliates that are providing direct resources, the hub will distribute appropriate funds from the QBP funding received from the Ontario Renal Network provincial office to the corporation hosting the satellite utilizing the following key principles:

1. The hub will provide QBP funds to the corporation(s) hosting the satellite(s) and to the AKI affiliate(s) in an amount based upon a mutually held understanding of the costs of direct resources provided by the corporation(s) hosting the satellite(s) that are utilized in the delivery of renal services.
2. The hub will carry an appropriate proportion of the financial risk associated with patient volume fluctuations (as per the criteria in sections 12.1.1 and 12.1.2, pages xx and xx).
3. Funds will be provided in a clear and transparent manner, with all major costing items outlined in the service level agreement (SLA) or a document referenced therein (as per the criteria in Section 14.6.1, page xx).
4. Financial information will be reported to the appropriate information systems in accordance with applicable MOHLTC standards/guidelines.

The hub will adhere to the principles listed above and use one of the following two **costing models** when funding the corporation(s) hosting the satellite(s) for direct costs:

1. A portion of QBP funds flow to the corporation hosting the satellite for direct resource costs; or
2. No QBP funds flow to the corporation hosting the satellite for direct resource costs.

Where there are multiple satellites, different funding models may be used for different satellites.

Regional Renal Programs may in some cases use a different costing model than the two options described here; exceptions are discussed in Section 14.1.3 ("Costing Model Exceptions," page xx) of this document.

⁸ Ministry of Health and Long-Term Care, Case Costing Standards v9.2

14.1.1 Model 1: A portion of QBP funds flow to the corporation hosting the satellite for direct resource costs

14.1.1.1 Overview

Model 1 will be applied where both the hub and the corporation hosting the satellite provide some direct care resources (as defined in Section 14.1) used in the delivery of renal services. (For information on costing for indirect costs incurred by the corporation hosting the satellite, please see Section 14.5, page xx of this document.)

The hub, in collaboration with the corporation hosting the satellite, will determine appropriate costing rates for direct-care resources provided by the satellite based on the satellite's costs. Rates attached to specific resources will be negotiated between the hub and the corporation hosting the satellite, and may or may not include considerations/assumptions around the cost of supporting those resources. These assumptions/considerations should be outlined in or appended to the Service Level Agreement Schedule A (Schedule A).

Using projected patient volumes (calculated with support from the Ontario Renal Network provincial office), the hub will estimate the level of direct care resources that will be required from the satellite. The hub will then apply the agreed-upon rates to the estimated quantity of resources required to calculate costing for the satellite. These rates, projections and total costing amounts are to be included in, or appended to, Schedule A.

The hub will draw from the total QBP funding it receives from the Ontario Renal Network provincial office to pay the corporation hosting the satellite, based on projected patient volumes and the agreed-upon rates. Either of the following methodologies may be used:

- Payment made to the corporation hosting the satellite based on projected resource costs using either an end-of-year only or both an in-year and end-of-year reconciliation process as negotiated between the hub and corporation hosting the satellite; or
- Payment made based on invoices submitted to the hub by the corporation hosting the satellite.

14.1.1.2 Volume Fluctuations

Should patient volumes at the satellite **decrease** to a level that could warrant a significant change in resources (e.g., necessitate a reduction in the number of staff utilized at the satellite), the following steps will be taken:

- The hub will provide written notice to the corporation hosting the satellite that it believes a reduction in patient volumes will exist for the foreseeable future, and will consult with the Ontario Renal Network provincial office for capacity planning purposes, including continued reporting of patient volumes as per Section 11.0 ("Data and Reporting," page xx) of this document.
- The hub will engage the corporation hosting the satellite in an in-year discussion of strategies that will generate efficiencies in accordance with both hospitals' staffing/supply guidelines.

- If it is determined that significant costing changes to the corporation hosting the satellite are necessary, the hub will provide advance notice (of three months or more, as outlined in Schedule A) to the corporation hosting the satellite.

Should patient volumes at the satellite **increase** and this increase represents an overall patient volume increase for the Regional Renal Program that could potentially warrant a significant change in resources (e.g., necessitate an increase in the number of staff utilized at the satellite), the following steps will be taken:

- The hub will report to the Ontario Renal Network and MOHLTC the patient volume increase as per Section 11.0 (“Data and Reporting,” page xx) of this document, and apply to the Ontario Renal Network provincial office for an increase in patient volume funding, contingent upon MOHLTC funding availability.
- The hub will allow a minimum of three months or more, as outlined in Schedule A, for recruitment and training of staff where applicable.
- The hub will continue to pay the corporation hosting the satellite using the agreed-upon costing methodology (invoice, or in-year/end-of-year reconciliation) based on the cost of resources provided by the corporation hosting the satellite, with additional payments being introduced as soon as a given resource is operationalized by the corporation hosting the satellite in accordance with the costing methodology utilized.

Should patient volumes at the satellite increase to a level that could potentially warrant a significant change in resources (e.g., a change in the number of staff employed by the corporation hosting the satellite) where the increase results in patient volumes shifting from one site to another but does not result in an overall increase in Regional Renal Program patient volumes, the following steps will be taken:

- The hub will notify the Ontario Renal Network provincial office of the shift in patient volumes, report the volume change as per Section 11.0 (“Data and Reporting,” page xx) of this document, and reallocate resources accordingly (provided space and related resources are available).
- The hub and the corporation hosting the satellite will work together to strategize and plan for the patient volume shift and the subsequent impact on human resources.
- The hub will continue to pay the corporation hosting the satellite based on the cost of resources provided at the satellite, with additional funds being introduced as soon as a given resource is operationalized by the corporation hosting the satellite in accordance with the agreed-upon costing methodology (invoice, or in-year/end-of-year reconciliation) utilized.

If, as a result of a change in patient volume, Ontario Renal Network capital funding is required for renovations at the corporation hosting the satellite (e.g., if increased volumes require a physical expansion of the space), the hub will submit an application as per the Ontario Renal Network Capital Planning Process (see “Capital Expansion Funding,” Section 14.4, page xx, for further information).

Schedule A will outline whether the hub or the corporation hosting the satellite is to assume the costs related to changing resource levels at the satellite (e.g., human resource costs, costs related to managing supplies).

In the event that the MOHLTC does not provide sufficient funding to the Ontario Renal Network provincial office and therefore funding to the Regional Renal Program must be pro-rated, the hub and the corporation hosting the satellite will work together to manage funds accordingly.

14.1.1.3 Dialysis-Specific Supplies

The hub will purchase and arrange for transportation/delivery of dialysis-specific supplies throughout the Regional Renal Program, including to satellites and to patients' homes. The corporation hosting the satellite will provide assistance in facilitating the delivery of, and will provide appropriate storage of, supplies purchased by the hub for use at the satellite.

In cases where dialysis-specific supplies can be obtained at an equal or lower cost by the corporation hosting the satellite, or where other exceptional circumstances make purchase of supplies by the corporation hosting the satellite preferable to purchase by the hub, the hub may flow funds to the satellite to purchase dialysis-specific supplies as per the costing methodology described above.

The hub will negotiate with the corporation hosting the satellite for the purchase of non-dialysis-specific supplies (e.g., gauze, bandages, linens) and will outline this arrangement in the SLA.

14.1.2 Model 2: No QBP funds flow to the corporation hosting the satellite for direct resource costs

14.1.2.1 Overview

In cases where the hub provides all direct care resources and the corporation hosting the satellite provides no direct care resources, the principle of a cost-based approach to costing requires that no CKD QBP funding provided to the hub will be transferred to the corporation hosting the satellite. (For information on costing for indirect costs incurred by the corporation hosting the satellite, see Section 14.5, page xx.)

14.1.2.2 Volume Fluctuations

The hub will be required to notify the corporation hosting the satellite of changes to patient volumes when such changes are expected to have implications to the corporation hosting the satellite (e.g., effects on physical space, finances, logistics).

The hub will report changes in patient volumes to the Ontario Renal Network provincial office as per Section 11.0 ("Data and Reporting," page xx) of this document, and will be responsible for any applications to the provincial office for either:

- Increases in patient volume funding; or
- Capital funding for renovations at the satellite as per the Ontario Renal Network Capital Planning Process funding policy.

Where this funding model is used, it must be explicitly identified in the SLA (draft language is provided in Appendix 3).

14.1.3 Costing Model Exceptions

Alternative costing models are currently in existence and may be appropriate based on exceptional circumstances related to patient volumes, hospital size, willingness to bear the financial risk, and patient patterns/referral processes. The Ontario Renal Network provincial office will provide guidance and approval on a case-by-case basis for any exceptions. Regardless of the funding model used, hubs will remain responsible for administrative/quality oversight as outlined in this document.

14.1.4 Age / Small-Scale Adjustments

The Ontario Renal Network provincial office applies adjustments to hub funding based on patient volumes and demographics, acknowledging that resource costs tend to be higher for sites with lower patient volumes and for sites serving older people.

The use of a cost-based model will account for differences in costs related to the scale of a satellite and/or its population's age. The effects of patient population volumes and demographics should be considered in projecting resource costs at a satellite, but the hub should not apply additional funding adjustments based on satellite population age or patient volume beyond these projections (e.g., there should not be a blanket percentage increase in satellite funding based on patient volume or demographics).

14.2 Quality Improvement Costing

Currently, hubs may receive some funding from the Ontario Renal Network provincial office for quality improvement (QI) initiatives. QI initiatives may or may not require varying degrees of resources from the corporation hosting the satellite, and as such may or may not warrant the provision of funds from the hub to the corporation hosting the satellite. Given the variation in QI initiatives in which a hub and satellite may participate, as well as the variation in funding (amounts and costing methodology) available for such initiatives, and the variable impact on the resources of the corporation hosting the satellite, a strict methodology for the distribution of QI funding is not provided here. Where the resources of the corporation hosting the satellite are impacted by QI initiatives of the Ontario Renal Network, hubs will negotiate with the corporation(s) hosting the satellite(s) to determine appropriate costing based on the costing models described in Section 14.1 ("QBP Funding for Direct Costs," page xx).

QI funds flowed to the satellite will be reported to the Ontario Renal Network provincial office by the hub, as outlined in Schedule C of the CKD Operating Funding Agreement or as otherwise specified in the documentation related to the particular QI initiative. See Section 14.6 ("Transparency/Reporting Requirements," page xx) for details on reporting requirements.

14.3 Equipment Costing

Funding for hemodialysis equipment (whether for in-facility or home use) will be provided to the hub as per the Ontario Renal Network's Hemodialysis Equipment Policy. The hub is responsible for purchasing hemodialysis machines and related equipment on behalf of the entire Regional Renal

Program (exceptions where noted in the “Infrastructure and Supplies” sections of this document: sections 3.5, 4.5, 5.5, 6.5, 7.6.4, 7.7.4, 7.8.4, 7.9.4 and 7.10.4).

Funding for equipment not specified in a QI initiative, the Ontario Renal Network Capital Planning Process or the Hemodialysis Equipment Policy is to be negotiated between the hub and the corporation hosting the satellite, and, where appropriate, outlined in the SLA.

14.4 Capital Expansion Funding

Funding for capital projects, whether renovations or a new build, is provided through the Health Capital Investment Branch of the MOHLTC.

The MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages, which applies to all public hospitals, outlines the early capital planning stages. The Ontario Renal Network Capital Planning Process outlines the Ontario Renal Network’s role within this larger framework. Capital projects that are self-funded must still follow the process even if the Regional Renal Program is not requesting funding from the Ministry.

The hub will lead capital planning—including pre-capital, proposal and functional program submissions—in collaboration with satellites, the Local Health Integration Network (LHIN), the Integrated Renal Program Council (IRPC) and the Program’s Regional Director, as outlined in the Ontario Renal Network Capital Planning Process.

Only the MOHLTC has the authority to grant exemptions to the capital planning process or any stages therein. As such, Regional Renal Programs are encouraged to include the MOHLTC early in their planning conversations.

For more information, see the discussion of “Satellite/New Dialysis Units” in Section 5.3.2 (“Capacity Requirements/Minimum Volumes,” page xx).

14.5 Indirect Costs

As discussed above, indirect costs are defined as the costs of administrative and support services that are performed on behalf of all patients/clients and cannot be associated with an individual patient/client (e.g., information systems and housekeeping).¹ A non-exhaustive list of costs associated with direct and indirect costs is available in Appendix 4 below.

The CKD QBP was developed based on costs directly related to care for the patient (direct costs). It excludes indirect costs from consideration since hospitals receive funding for indirect resources, including those related to the provision of renal care, through the MOHLTC’s Health Based Allocation Model (HBAM). As such, hubs are neither required nor expected to provide funds to the corporation hosting the satellite for indirect costs related to renal services. That said, hubs may provide funds for indirect resources to the satellite at their discretion. Where this occurs, Schedule A of the SLA must include:

- A joint acknowledgement that the CKD QBP is not intended to cover indirect costs and that the provision of such funds represents an agreement solely between the hub hospital corporation and the corporation hosting the satellite;

- The indirect resource payment amount;
- The indirect services/resources being provided; and
- The methodology by which indirect resource payment was calculated.

14.6 Transparency / Reporting Requirements

14.6.1 SLA

As per Section 9.0 (“Administration,” page xx), all hubs and satellites are required to have an SLA in place which includes a schedule (or other appended document) that includes the following costing information (wherever applicable):

- Identification of a costing model for direct resources, including:
 - an outline of any direct resources provided by the satellite in the delivery of renal care,
 - the negotiated rates attached to those resources, and
 - the total (projected) funding amount provided by the hub to the satellite;
- Identification of a process to facilitate adjustments to direct resource payments as may be necessitated by patient volume fluctuations;
- Identification of a process to facilitate the purchase of dialysis-specific supplies;
- Where applicable and feasible, details on funds to be provided to the corporation hosting the satellite for QI initiatives, including:
 - identification of the particular QI initiative(s),
 - the role of the corporation hosting the satellite in each particular QI initiative, and
 - the payment amount provided for each particular QI initiative;
- Details on any funds provided by the hub to the corporation hosting the satellite for indirect resources, including:
 - a joint acknowledgement that the CKD QBP is not intended to cover indirect costs and that the provision of such funds represents an agreement solely between the hub hospital corporation and the corporation hosting the satellite,
 - the indirect resource payment amount,
 - the indirect services/resources being provided, and
 - the methodology by which indirect resource payment was calculated.

The hub is responsible for ensuring the completion and accuracy of any financial reporting required under the “Data and Reporting” section (Section 11.0, page xx) of this document.

The hub will share with the Ontario Renal Network provincial office, when requested, all financial data contained within the hub-satellite SLA, including any referenced/appended documents.

14.6.2 Financial Reporting to the MOHLTC

The hub and the corporation hosting the satellite will both report payments between the hub and satellite hospital corporations to the MOHLTC (and/or related information systems) in accordance with the Ontario Healthcare Reporting Standards (OHRS) and Management Information Systems in Canadian Health Service Organizations (MIS) standards. This reporting includes, but is not limited

to, appropriate use of a paymaster financial model and/or a cost recovery model as determined by the type (e.g., direct, indirect, capital) and/or model of costing.

Appendix 1: Roles and Responsibilities Overview

Appendix 2: Dialysis Unit Minimum Volumes Information

Purpose of This Appendix

This appendix will provide background information on the development of minimum patient volume requirements to open a new outpatient hemodialysis unit as outlined in the RRM. Minimum volume requirements are intended to be only one of many considerations taken into account as part of the Ontario Renal Network's Capital Planning Process.

Background

The Ontario Renal Network has established the RRM project to develop system-level criteria to improve the safety, accessibility, and quality of kidney care in Ontario. It focuses on defining the relationships between Regional Renal Program centres (hubs) and their satellite(s).

On March 30, 2016, the RRM Priority Panel met to review draft criteria, and concluded that the document should include the minimum patient volumes that would be required to open a new outpatient hemodialysis unit and the conditions under which a dialysis unit with low patient volumes may be closed. The Priority Panel indicated that setting minimum volumes would help guide future decisions around requests for new dialysis units to ensure high-quality patient care while maintaining financial viability.

The Ontario Renal Network provincial office has needed to address a number of issues and requests over the past year that have demonstrated the need for guidance around minimum patient volumes for outpatient hemodialysis:

- The Ontario Renal Network provincial office has been informed by a number of Regional Directors of several satellites that are operating either at or close to a financial loss as a result of low patient volumes.
- The Ontario Renal Network provincial office has received several requests to open small dialysis units (less than 12 patients), including requests for the delivery of dialysis in continuing complex care (CCC) hospitals.

Scope & Assumptions

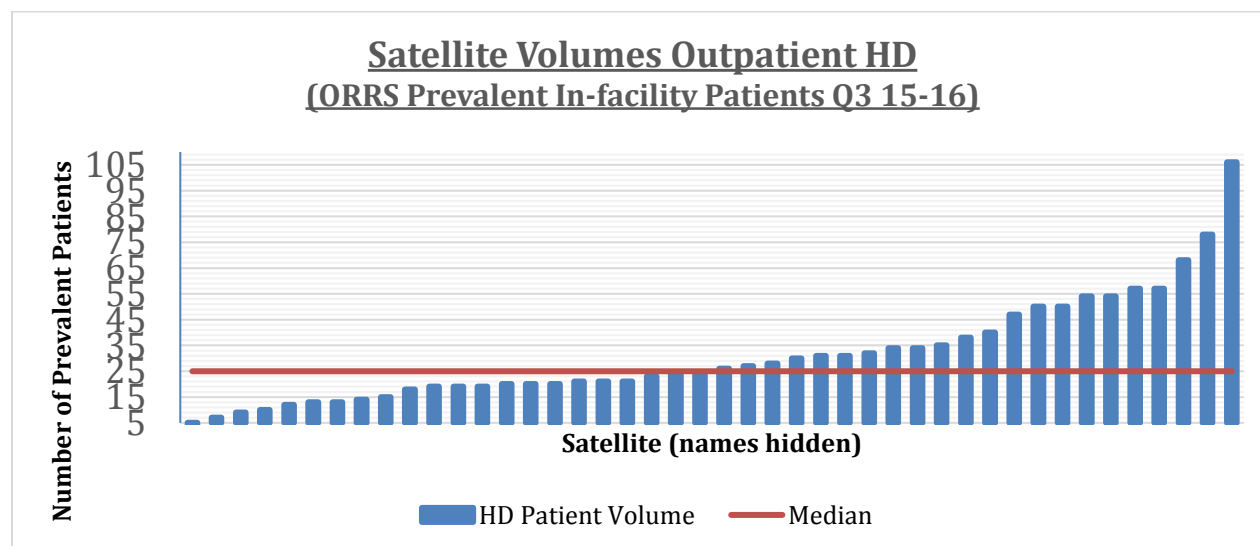
- This appendix will discuss minimum patient volumes for hemodialysis in an outpatient setting in hospital-hosted dialysis units. This includes hemodialysis units in an off-site unit setting of the hub, a satellite community hospital, a CCC hospital, and a rehabilitation (rehab) hospital.
- Minimum volumes will apply to the combined total of people receiving conventional hemodialysis and those receiving daily hemodialysis, as staff training is the same in both instances and current-state volumes of daily patients are low.
- The opening of any new units will continue to be subject to the Ontario Renal Network's Capital Planning Process. The minimum volumes should be applied as part of a broader evaluative process, including consideration of medium to long-term patient population trends and plans for an efficient staffing model.
- In some cases, alternative care options (such as home dialysis or innovative/pilot care models) may be superior to opening a new dialysis unit. The minimum volumes are intended to apply

only in cases where other care options have already been considered and were deemed to be unviable or inferior to opening a new dialysis unit.

Current-State Analysis

Figure A-1 displays Q3 2015/16 prevalent patient volume data from the Ontario Renal Reporting System (ORRS) for community hospital satellites. Volumes range from <5 to 106 patients, with a mean of 31 and a median of 25 patients. As is to be expected, patient volumes tend to coincide with overall host-hospital size, with satellites located in large hospitals having higher volumes of patients receiving dialysis than satellites in small hospitals. Please see Appendix 2.1 on page xx for further information on patient volumes.

Figure A-1 Patient Volumes in Outpatient Hemodialysis at Satellites (ORRS Prevalent In-facility Patients Q3 2015/16)



There are currently a variety of staffing and operating models used for the delivery of outpatient hemodialysis throughout Ontario. When submitting a proposal for a new satellite, Regional Renal Programs are expected to outline their proposed staffing and operating model to demonstrate efficiency.

Jurisdictional Scan

- The BC Renal Agency Guidelines identify six to eight patients as a sufficient volume to sustain staff competence, staffing levels, and quality of patient care at a community dialysis unit (CDU).⁹ It should also be noted that some CDUs provide self-care limited-assistance HD, and self-care independent HD, which are less resource intensive than conventional HD.

⁹ BC Renal Agency. BC Provincial Renal Agency Guidelines for Renal Programs. March 2013.

- Newfoundland Regional Medical states that there should be a minimum of 10 to 12 hemodialysis patients within a given geographic region in order to justify opening a new satellite dialysis unit (in a hospital or community setting).¹⁰
- The National Health Service (NHS) in the United Kingdom does not make an explicit recommendation on patient volumes, but indicates that it is best practice to build satellite dialysis units in increments of three stations, starting with 12 stations (capacity of 48 patients at two shifts per day).¹¹

Key Considerations

Patient Safety and Staff Competency

Many studies have shown that higher volumes are associated with better outcomes for some specialized procedures and conditions.¹² However, a literature review found no studies on the correlation between patient volumes and hemodialysis in an outpatient setting. Subject matter experts indicated that there are generally not concerns with maintaining nursing competency in a dialysis unit due to the regularity with which people with chronic kidney disease require dialysis (two to six times per week).

Subject matter experts also stated that in order to maintain patient safety and achieve an acceptable quality of patient care, there should be three dialysis nurses on shift to ensure proper coverage for breaks (although a unit could be operated with two dialysis nurses if other qualified staff are on hand for emergencies or to assist people who have mobility issues) and at least one experienced nurse or other staff for new satellite dialysis units to ensure proper training and supervision.

Satellite Operating Costs

A 2013 survey conducted by the Ontario Renal Network provincial office on Regional Renal Program satellite costs showed a cost differential of 20 percent for satellites with 18 patients or fewer, indicating that there are additional efficiencies once a satellite reaches this volume. Priority Panel members confirmed that in their experience, once patient volumes exceed 18, there are additional efficiencies in terms of patient-staffing ratios that allow a unit to operate at a lower cost per patient.

The 2013 survey found that most satellites with volumes under 12 patients were either borderline or not financially viable at the standard patient funding bundle rate (see Appendix 2.2, page xx). Priority Panel members indicated that it would be extremely difficult to operate a satellite dialysis unit with fewer than 12 patients in a financially sustainable manner while maintaining a high quality of care, particularly if the unit was new.

¹⁰ Newfoundland Provincial Renal Advisory Committee Report. Framework for the Development of a Provincial Kidney Program. April 2003.

¹¹ Department of Health. Renal Care Health Building Note 07-01: Satellite Dialysis Unit. 2013.

¹² Halm EA, Lee C, Chassin MR. Is volume related to outcome in health care? A systematic review and methodologic critique of the literature. *Ann Intern Med.* 2002 Sep 17;137(6):511-20.

Access to Care (Close to Home)

Improving people's access to kidney care is a goal of the Ontario Renal Plan. In order to support the Ontario Renal Network's goal of improving people's access to kidney care, there may be situations in which opening/operating a satellite dialysis unit with a lower patient volume than would otherwise be approved may be warranted, including the operation of dialysis units in rural or remote communities.

A number of studies have identified that when commute times to dialysis exceed 30 to 60 minutes, the take-up of dialysis is lower.¹³ As part of the Ontario Renal Plan I, the Ontario Renal Network set targets for patient travel and tracked them on Programs' scorecards. While this indicator has since been removed from Programs' scorecard in favour of other measurements, consultations internal to the Ontario Renal Network indicated that, for the purposes of working with Programs to evaluate the viability of a proposed satellite, the Ontario Renal Network provincial office can leverage the Registered Persons Database (RPD) and geographic information system (GIS) software to estimate patient travel times.

Improving people's access to kidney care also includes patient access to home dialysis. Subject matter experts cautioned against establishing minimum volumes for outpatient dialysis that might create an incentive to dialyze individuals in an outpatient setting when they could be dialyzed at home.

Transportation Costs for CCC/Rehab Patients

In cases where inpatients of continuing and complex care (CCC)/rehab hospitals do not dialyze in their facility, they are transported to a Regional Renal Program hospital for their dialysis. Due to the regularity with which people with chronic kidney disease require dialysis (two to six times per week), transporting these individuals for regular dialysis visits can be highly disruptive and is understood to negatively affect patient experience.

Subject matter experts have indicated that patient transportation can also be very expensive, as CCC/rehab patients requiring dialysis may require transportation by ambulance to the dialysis treatment site. The Ontario Renal Network provincial office does not currently provide funding for this type of transportation. The cost may be borne by the CCC/rehab hospital, the LHIN, the patient, the receiving hospital, or a combination thereof depending on the mode of transportation and the patient's health status.

Some Priority Panel members indicated that their LHINs have expressed an interest in providing support to establish small dialysis units so that transportation costs can be mitigated. They indicated that with proper support from LHINs, a six-station dialysis unit could be operated in a financially viable manner (see Appendix 2.3, page xx, for further detail on this model).

¹³ Moist, LM, Bragg-Gresham JL, Pisoni RL, et al. Travel time to dialysis as a predictor of health-related quality of life, adherence, and mortality: the Dialysis Outcomes and Practice Patterns Study (DOPPS). *Am J Kidney Dis*. 2008 Apr;51(4):641–50.

Appendix 2.3 provides a cost comparison between transporting patients for dialysis and setting up a new small dialysis unit (between six and 12 patients). The costing analysis shows that in most cases (assuming no large renovation costs), establishing a dialysis unit in a CCC/rehab hospital is a lower-cost option (when viewed from the perspective of the healthcare system overall) than is transporting patients for their dialysis treatments.

Consideration of Station Numbers

The MOHLTC-LHIN Joint Review Framework for Early Capital Planning Stages outlines the early capital planning stages and applies to all public hospitals. The Ontario Renal Network Capital Planning Process outlines its role within this larger framework. To determine the appropriate number of stations at each location, the Ontario Renal Network provincial office will continue to require submission of a proposal that includes consideration of medium- to long-term patient population trends and plans for an efficient staffing model.

Hemodialysis station utilization varies across the province and is influenced by many factors including patient demand, geographic location, and staffing resources. Hub dialysis units often operate six days a week, three shifts a day, allowing for six patient spots per station, whereas it is common for a satellite dialysis unit to run fewer days and/or shifts. The number of approved hemodialysis stations should take into consideration the planned operating model including the staffing model (e.g., staffing ratio) and local context.

Patient Volume Fluctuations

As a result of the nature of dialysis, it is common for volumes at satellites to regularly fluctuate. Regional Renal Programs are usually able to accommodate a moderate level of temporary patient volume fluctuations and adjust their service models to accommodate medium to long-term growth trends across the province; however, fluctuations can be particularly impactful on small satellites' nurse-staff ratios and thus financial viability.

The Priority Panel expressed concern that due to the medical complexity of some people in CCC/rehab settings, fluctuations in patient volume for people receiving dialysis may be higher at CCC/rehab hospitals than at community hospital satellites. In fact, however, ORRS data indicate that the difference in patient volume fluctuations is negligible (see Appendix 2.4, page xx). This may be related to a "self-selection" trend whereby people requiring dialysis flow to the few CCC/rehab hospitals offering dialysis, and it is unknown whether this trend would change if more CCC/rehab hospitals begin to offer dialysis. Subject matter experts suggested that to balance capacity fluctuations, patients in the community could be dialyzed at CCC/rehab satellites even if they were not inpatients at that CCC/rehab hospital, but they cautioned that these individuals' willingness to attend a CCC/rehab site might be influenced by factors such as the resident patient population, location, and aesthetic appeal.

In order to account for volume fluctuations, the minimum volumes listed below assume that a capacity assessment predicts future patient volumes will either increase or remain stable.

Criteria

Note: The following minimum volumes will not be the only criteria on which a proposal will be evaluated. The minimum volumes are to be considered with other components of the RRMC and Ontario Renal Network Capital Planning Process as part of the evaluation of any proposed satellites.

Criteria	Minimum Volume	Rationale/Comments
Minimum expected patient volume to open a new dialysis unit in a corporation hosting the satellite or a community setting where there are not exceptional financial, access, or quality considerations.	18 expected annualized patients	Evidence indicates that there is a cost differential between units with 18 patients or less and those with over 18 patients, and that this cost differential can be prohibitive to the financial viability of a satellite unit. Subject matter experts confirmed that at 18 patients, efficiencies associated with staff-patient ratios become available. While operating a unit of 18 or fewer patients may still be financially viable for a Regional Renal Program, the additional resources associated with operating such a small unit would, in most cases, be better allocated elsewhere.
<p>Minimum expected patient volume to open a new dialysis unit in a corporation hosting the satellite or an off-site unit/community setting that meets both of the following criteria:</p> <ol style="list-style-type: none"> 1. The new dialysis unit is located in a community that is designated as “rural”* or “remote”** based on the definition agreed to by the MOHLTC Rural and Northern Health Care Panel; and 2. The opening of the new dialysis unit is expected to significantly reduce the number of patients who travel more than 60 minutes (or relocate) for their dialysis treatment.*** 	12 expected annualized patients	<p>Information from the 2013 survey of satellite costs conducted by the Ontario Renal Network provincial office showed that few satellites with less than 12 patients operate with a cost per patient that is financially viable. The RRMC Priority Panel indicated that it would be very difficult to operate a satellite unit (especially a new unit) in a financially viable manner while maintaining a high quality of care with less than 12 annualized patients.</p> <p>However, the Ontario Renal Network encourages Regional Renal Programs to improve access to care, and operating small units in relatively rural locations can improve access to care by significantly reducing patient travel times. Where this is the case, the additional resources required to operate a small dialysis unit are justified.</p> <p>Note: This minimum volume assumes that other low-patient-volume options such as home care or other innovative models have been considered and deemed to be less viable (effectively or financially) than opening a new satellite dialysis unit of this size.</p> <p>Note: Under the current funding policy, satellites with 18 or fewer annualized patients over a three-year average are eligible for the small-scale satellite adjustment, a policy that is currently being reviewed by the Ontario Renal Network. Given the current fiscal climate, it is unlikely further funding could be made available if the small-scale satellite adjustment is insufficient to ensure financial viability. Before approving a satellite dialysis</p>

Criteria	Minimum Volume	Rationale/Comments
		unit of this size, a financial assessment should be considered (which may include an assessment of the unit staffing model).
Minimum expected patient volume to open a new dialysis unit in a CCC/rehab hospital where patients would otherwise be transported to a different in-facility hemodialysis unit.	12 expected annualized patients	<p>Information from the 2013 survey of satellite costs conducted by the Ontario Renal Network provincial office showed that few satellites with less than 12 patients operate with a cost per patient that is financially viable. The RRMC Priority Panel indicated that it would be very difficult to operate a satellite unit (especially a new unit) in a financially viable manner while maintaining a high quality of care with less than 12 annualized patients.</p> <p>However, transporting patients from CCC/rehab hospitals for regular dialysis visits can be highly disruptive and is understood to negatively affect patient experience. A cost comparison between the establishment of a new dialysis unit and transportation of patients for dialysis indicates that there is an overall cost saving to the healthcare system, as well as an improvement in patient experience, in establishing a new dialysis unit in a CCC/rehab facility where there are 12 or more annualized patients.</p> <p>Subject matter experts report that due to high costs associated with patient transportation in some regions, LHINs have expressed an interest in supporting the opening of new dialysis units in CCC/rehab centres. This may be considered even if patient volumes are lower than recommended, if a partnership with the LHIN can be secured, an efficient model is outlined, and health-system cost savings can be demonstrated.</p> <p>Note: See notes above.</p>
Conditions related to patient volumes where a satellite dialysis unit may be closed.	None	<p>It is recommended that the Ontario Renal Network not set a volume below which currently existing sites would be required to shut down.</p> <p>Instead, the hub and satellite should begin cost mitigation strategies (e.g., consideration of staffing mix/model) as soon as there are indications that financial viability is at risk and/or when annualized patient volumes reach the small-scale adjustment threshold (18 annualized patients or less over a three-year weighted average).</p>

Criteria	Minimum Volume	Rationale/Comments
		<p>The hub should conduct an analysis of future options as soon as a satellite's financial viability is at risk and/or if patient volumes fall below 12 patients at any time.</p> <p>Future options may include:</p> <ul style="list-style-type: none"> Continued operation of the satellite dialysis unit at a financial loss. A change to the service delivery model to improve financial viability (while continuing to ensure safe, high-quality care). Transitioning satellite patients to other care options (e.g., home dialysis, clustered care, transfer to a different satellite or hub). <p>Decisions on closing a satellite due to low patient volumes should be made on a case-by-case basis with consideration given to patient impact, capacity planning, geographic limitations, and the availability of alternative options.</p>

* "Rural" communities in Ontario are those with a population of less than 30,000 that are greater than 30 minutes away in travel time from a community with a population of more than 30,000.

** "Remote" communities are those without year-round road access, or which rely on a third party (e.g., train, airplane, ferry) for transportation to a larger centre.

*** To be calculated based on a patient's address in the Registered Persons Database (RPD) using GIS software.

Appendix 2.1: Further Information on Patient Volumes

Figure A-2 Patient Volumes in Outpatient Hemodialysis at Community/Off-Site Units (ORRS Prevalent In-Facility Patients Q3 2015/16)

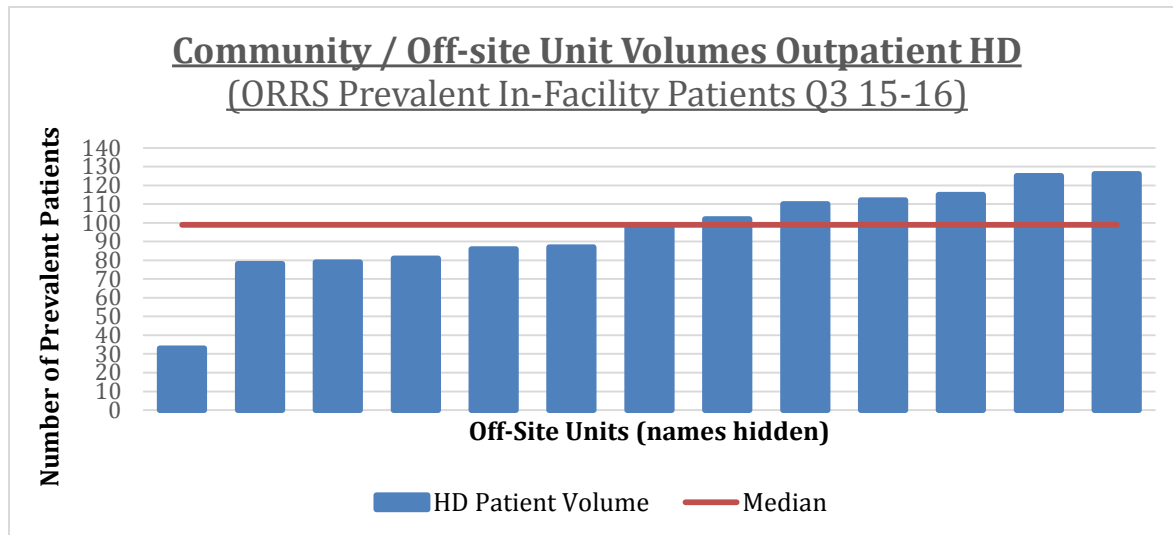
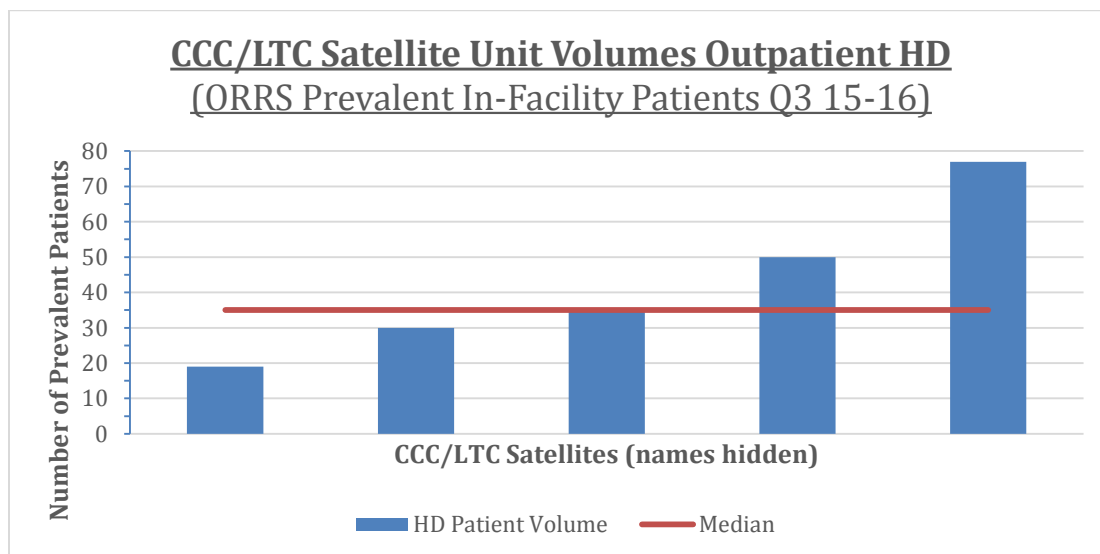


Figure A-3 Patient Volumes in Outpatient Hemodialysis at CCC/LTC Satellite Units (ORRS Prevalent In-Facility Patients Q3 2015/16)



ORRS data indicate that in Q3 2015/16, there were 1,371 prevalent patients receiving outpatient hemodialysis at a community hospital satellite, 1,233 prevalent patients receiving outpatient hemodialysis in a community/off-site unit, and 211 prevalent patients receiving outpatient hemodialysis in a CCC/LTC (long-term care)/rehab centre. These account for approximately 17 percent, 15 percent, and two percent respectively of the in-facility outpatient dialysis population. The remainder of patients receiving outpatient dialysis in-facility dialyze at hubs.

Appendix 2.2: 2013 Reported Cost Per Patients at Low-Volume Satellites

The total bundle reimbursement for Chronic In-Facility Hemodialysis Conventional—Bundle F is currently \$50,403.52 per annualized patient. Volumes are measured by the count of annualized patients receiving dialysis as reported in ORRS. Currently, funding is adjusted for small satellites (those with 18 annualized patients or less based on a three-year weighted average). The Ontario Renal Network provides a 20 percent adjustment to the reimbursement of hemodialysis treatments performed in small satellites;¹⁴ it is currently reviewing the small-scale adjustment approach. The Network also provides an adjustment for patient age distribution to take into account the additional resources required by patients in older age ranges.

Figure A-4 shows the 18 satellites with the lowest patient volumes. The information in this figure was collected from a 2013 survey by the Ontario Renal Network that asked broad questions about resource costs. These questions may have been interpreted differently by different respondents, which likely accounts for some of the variation in satellites' costs per patient. They may also differ in cost per patient because of differences in transportation costs (e.g., remote locations; different service models, supply chains and staffing models, etc.)

Figure A-4 Patient Volumes and Cost Per Patient at Satellites

Legend	
Cost per patient > Bundle F with small-scale adjustment (~\$60,483.50)	*
Cost per patient > Standard Bundle F (\$50,403.52)	^

Satellite	Annualized Patient Volume	Cost per Patient, in Dollars
Satellite 1	8	46,693
Satellite 2	8	62,826*
Satellite 3	8	63,257*
Satellite 4	9	62,005*
Satellite 5	9	44,243
Satellite 6	9	70,081*
Satellite 7	10	56,250^
Satellite 8	11	112,769*
Satellite 9	12	54,874^
Satellite 10	12	52,398^

¹⁴ CCO. 2015/16 Chronic Kidney Disease (CKD) Funding Guide: Guide to CKD Program Reimbursement, Version 1.0. July 2015.

Satellite	Annualized Patient Volume	Cost per Patient, in Dollars
Satellite 11	15	43,140
Satellite 12	16	49,551
Satellite 13	18	49,553
Satellite 14	19	48,201
Satellite 15	19	40,004
Satellite 16	22	43,398
Satellite 17	22	37,274
Satellite 18	23	38,644

Appendix 2.3: Cost Comparison of Transporting Patients for Dialysis Versus Building Low-Volume CCC/Rehab Hospital Units

Note: Transportation costs are highly variable and dependent on factors including mode (ambulance vs other Medical Transportation Service [MTS] service) and distance. Therefore, a range of transportation cost options is included in the cost analysis.

Figure A-5 **Option 1: Transportation to Dialysis Setting**

Item	Cost	Annual Cost Per Patient ¹⁵
Chronic In-Facility Hemodialysis Conventional	-	\$50,403.52
Transportation	\$180–\$260 (Private MTS) ¹⁶ \$1,408–\$4,710 (EMS/Ambulance) ¹⁷	\$28,080–\$40,560 (Private MTS) \$219,648–\$734,760 (EMS/Ambulance)
Capital	Assume none	\$0
Total	-	\$78,483–\$90,963 (Private MTS) \$270,051–\$785,163 (EMS/Ambulance)

¹⁵ Assume 156 treatments per patient per year.

¹⁶ \$180–\$260 cost per round trip based on range provided for MTS provider in 2010 IBI study of non-emergency inter-facility transfer. (IBI Group. Study for Non-Emergency Inter-Facility Patient Transfers for Land Ambulance Implementation Steering Committee, Ministry of Health and Long Term Care, August 2002.)

¹⁷ \$1,408 cost per round trip based on provincial average EMS transfer cost described in Robinson 2009; \$4,710 based on average claims for the Transportation for Dialysis Category under the High Intensity Needs fund program for 2010-2013. (Robinson V, Goel V, MacDonald RD, Manuel D. Inter facility patient transfers in Ontario: do you know what your local ambulance is being used for? *Healthcare Policy*. 2009 Feb;4(3):53-66.)

Figure A6 - Option 2: Low-Volume LTC/CCC Unit, Assuming 12 Patients

Item	Cost	Annual Cost Per Patient ¹⁸
Chronic In-Facility Hemodialysis Conventional	-	\$50,403.52
Small-Scale Adjustment	~ 20% CKD Funding	~\$10,080.70
Equipment (assume net new)	\$182,820 ¹⁹ * (10-year amortization = \$18,282) OR \$365,640 ^{20**} (10-year amortization = \$36,564)	\$1,523.50 OR \$3,047.00
Renovation/Training Costs	Dependent	?
Total	-	~\$62,008–\$63,531 (plus any renovation/training costs)

Figure A7 - Option 3: Low-Volume LTC/CCC Unit, ASSUMING 6 PATIENTS

Item	Cost	Annual Cost Per Patient ²¹
Chronic In-Facility Hemodialysis Conventional	-	\$50,403.52
Small-Scale Adjustment	~ 20% CKD Funding	~\$10,080.70
Equipment (assume net new)	\$182,820 ²² (10-year amortization = \$18,282) OR \$365,640 ²³ (10-year amortization = \$36,564)	\$3,047.00 OR \$6,094.00
Renovation/Training Costs	Dependent	?
Total	-	~\$63,531-\$66,578 (plus any renovation/training costs)

Note: Subject matter experts indicated that an efficient service model for a six-patient unit would utilize two dialysis nurses (and one CCC/rehab staff person to help with patient mobility), who would operate one shift every other day at the CCC/rehab unit and then be mobilized to another Regional Renal Program/hospital setting for the remainder of their workweek.

¹⁸ Assumes 12 annualized patients.

¹⁹ Assumes 3 HD stations (plus backup) and equipment.

²⁰ Assumes 6 HD stations (plus backup) and equipment.

²¹ Assumes 6 annualized patients.

²² Assumes 3 HD stations (plus backup) and equipment

²³ Assumes 6 HD stations (plus backup) and equipment

Appendix 2.4: Average Patient Volume Fluctuations in CCC/Rehab and Community Hospital Satellites

Figure A-8 **Average Patient Volume Fluctuations (ORRS 2014/15)**²⁴

Setting	Average Annual Volume Fluctuations (ORRS 2014/15)
Community Hospital Hosted Satellite Dialysis Units	13.7%
CCC/Rehab Hospital and LTC Dialysis Units	13.9%

²⁴ Based on quarterly reports of prevalent patient volumes in ORRS

Appendix 3: Service Level Agreement Template

RENAL SATELLITE FACILITY SERVICE LEVEL AGREEMENT

This Renal Satellite Facility Service Level Agreement (the “**Agreement**”) is effective as of the [<*>] day of [<*>], 20[<*>] (the “**Effective Date**”).

BETWEEN:

[<INSERT HUB HOSPITAL NAME>], principally located at [<INSERT HUB HOSPITAL ADDRESS>] (the “**Hub Hospital Corporation**”)

- and -

[<INSERT HOSTING HOSPITAL NAME>], principally located at [<INSERT HOSTING HOSPITAL ADDRESS>] (the “**Hosting Corporation**”)

(Each of the Hub Hospital Corporation and the Hosting Corporation is a “**Party**” and collectively are the “**Parties**”).

BACKGROUND:

- A. The Parties are [**public hospitals**] existing under the laws of the Province of Ontario in the [<INSERT REGION>] region (the “**Region**”).
- B. The Hub Hospital Corporation (or, the “**Hub**”) currently provides care to renal patients including but not limited to ambulatory clinics, in-facility hemodialysis, home dialysis, acute/inpatient dialysis, and dialysis access services. The Hub also plays a leadership role in coordinating renal services throughout the Region as outlined in the Ontario Renal Network (“**ORN**”) Regional Renal Models of Care, as revised from time to time (the “**RRMC**”). For clarity, ORN is a work unit at Cancer Care Ontario (“**CCO**”).
- C. To address capacity and/or service needs in the Region, the Hub and the Hosting Corporation wish to make available one or more renal services (the “**Renal Program**”) in a space located at the Hosting Corporation (the “**Satellite Unit**”) with oversight by the Hub Hospital Corporation.
- D. The Parties are entering into this Agreement to clarify the roles, relationships, mutual expectations, and accountability mechanisms of the Parties in order to ensure the efficient and effective operations of the Satellite Unit, ensure the provision of high quality care, and promote care closer to (or in) the home setting.
- E. The Hub shall be responsible for, amongst other things, providing quality oversight, leading planning processes, monitoring and developing standards of care, and fulfilling other requirements, all as set out in the RRMC and this Agreement, at the Satellite Unit.
- F. The Hosting Corporation will provide space for the Satellite Unit in which renal services are to be provided and may provide other resources and/or services as outlined in Schedule “B”. A

comprehensive outline of the Hosting Corporation's responsibilities pertaining to the delivery of renal care is outlined in the RRM C.

- G. The Parties agree to adhere to the standards and principles set out in the RRM C and support the goals and initiatives outlined in the Ontario Renal Plan II (or its successor plan(s)), including promotion of high quality patient-centred care close to home.

IN CONSIDERATION of the mutual covenants and agreements contained in this Agreement and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. SCHEDULES

Schedule "A"	-	Costing Model
Schedule "B"	-	Performance Requirements
Schedule "C"	-	Reporting Requirements
Schedule "D"	-	Definitions

2. REPRESENTATIONS, WARRANTIES, & COVENANTS

- 2.1. The Hub represents, warrants, and covenants that:

- (a) it is, and will continue to be for the Term, a validly existing legal entity or partnership, existing under applicable provincial and federal laws, with full power to fulfill its obligations under the Agreement;
- (b) it is, and will continue to be for the Term, in compliance with all federal and provincial laws and regulations, all municipal by-laws, and any other orders, rules, and by-laws related to any aspect of this Agreement (collectively, "**Applicable Law**"); and
- (c) it shall take all corporate actions necessary to authorize the execution of the Agreement.

- 2.2. The Hosting Corporation represents, warrants, and covenants that:

- (a) it is, and will continue to be for the Term, a validly existing legal entity or partnership, existing under applicable provincial and federal laws, with full power to fulfill its obligations under the Agreement;
- (b) in the event that the Hosting Corporation is performing any of the Performance Requirements (as defined below), it has, and will continue to have for the Term, the experience and expertise necessary to carry out the Performance Requirements;
- (c) it is, and will continue to be for the Term, in compliance with all Applicable Law; and
- (d) it shall take all corporate actions necessary to authorize the execution of the Agreement.

3. COSTING MODEL

- 3.1. Subject to the terms and conditions set out in this Agreement, the Satellite Unit shall be funded by the Hub in accordance with the requirements specified in Schedule "A".

- 3.2. Without limiting any rights of the Hub herein, the Hosting Corporation shall, upon expiry or early termination of the Agreement, return to the Hub (or CCO, if so directed by the Hub) any unspent funds received hereunder remaining in its possession or control. Funds spent by the Hosting Corporation in breach of this Agreement are subject to immediate repayment to the Hub (or CCO, if so directed by the Hub) upon demand.

4. OPERATION OF THE SATELLITE

- 4.1. The Satellite Unit shall be operated, and services at the Satellite Unit shall be provided, in accordance with the requirements, deliverables and expectations set out in Schedule "B" (the "**Performance Requirements**").
- 4.2. In the event that the Hosting Corporation is responsible for performing the Performance Requirements, it agrees to provide to the Hub any reports, updates, and/or performance data specified in Schedule "C", in accordance with the timelines and content requirements set out therein (the "**Reporting Requirements**"). In addition to the Reporting Requirements specified in Schedule "C", the Hosting Corporation agrees to submit to the Hub any other reports reasonably requested by the Hub, in the form, and in accordance with the timelines, as agreed to by the Parties.
- 4.3. In the event that the Hosting Corporation is responsible for performing the Performance Requirements, it agrees to participate with the Hub and CCO in the monitoring of performance and quality indicators. The Hosting Corporation consents to public reporting of the performance and quality indicators and the corresponding data comparisons with other hospitals and health care facilities, as applicable, provided that such reports are first provided to the Hosting Corporation for review and comment.
- 4.4. Each Party confirms its commitment to working collaboratively, including with the ORN, to continually improve the performance and quality of the Renal Program over time.

5. PERFORMANCE AND REPORTING MANAGEMENT

- 5.1. The Hub, with assistance from CCO, may conduct periodic performance reviews to assess progress against the Performance Requirements and compliance with the Reporting Requirements at such times as determined by the Hub (or on the direction of CCO).
- 5.2. The Hosting Corporation's performance will be managed in accordance with CCO's Performance and Issues Management Guidelines, as revised from time to time. The Hosting Corporation agrees to remedy any declining or poor performance in accordance with the Performance and Issues Management Guidelines. A copy of the Performance and Issues Management Guidelines (and any revisions) will be provided to the Hosting Corporation.
- 5.3. In the event that the Hosting Corporation fails to achieve any of the Performance Requirements the Hub may take the following actions:
- 5.3.1 Upon notice to the Hosting Corporation, enter into good faith negotiations with the Hosting Corporation to improve performance for a period not to exceed 4 months from the date that notice was received; and

5.3.2 In the event that the Parties are unable to settle the performance issues in accordance with Section 5.3.1, the Hub may require the Hosting Corporation to repay the proportion of the funds that relates to the outstanding Performance Requirements in accordance with the following:

5.3.2.1 Hub senior management will engage senior management at the Hosting Corporation to confirm that they are aware of the failure to achieve certain Performance Requirements. Within 30 days of this engagement, the Parties must jointly develop a formal written performance improvement plan. In the event that the Parties are unable to come to an agreement on the performance improvement plan, the Parties shall enter into the Dispute Resolution process under Article 10 to finalize the performance improvement plan. Once the Parties have finalized the written performance improvement plan, through negotiations or through Dispute Resolution under Article 10, the Hub will monitor and support the Hosting Corporation over a two month period in achieving performance improvement based on the written performance improvement plan;

5.3.2.2 if after 2 months it is determined that the performance issues have been corrected, the Hub will establish a timeline for future review of the Performance Requirements with the Hosting Corporation. Alternatively, if the Hub determines that the performance issues have not been improved and that funding tied to the Performance Requirements should be revoked, the Hub will provide notice to the Hosting Corporation and ORN that funding is at risk if the Performance Requirements are not met. The Hub must give the Hosting Corporation an additional 2 months from the date such notice was received to correct the performance issues; and

5.3.2.3 if the Performance Requirements are not met within 2 months of receiving the notice specified in 5.3.2.2, the Hub, upon notice to ORN, may take the appropriate action necessary to execute the mechanisms for revoking costs tied to poor performance; or

5.3.3 Take such other action as CCO deems advisable in the circumstance.

6. TERM & TERMINATION

- 6.1. The term of this Agreement shall commence on the Effective Date and continue in effect until [**<terminated in accordance with the terms hereof>**] OR [**<INSERT DATE>**] (the "Term").
- 6.2. Either Party may terminate this Agreement for any reason on [**180**] days' advance written notice to the other Party. Notwithstanding the foregoing, in order to terminate this Agreement the Party wishing to terminate it shall: (i) obtain the ORN's written consent to

the termination; and (ii) provide written notice of the intent to terminate to the [*<INSERT LHIN REGION>*] Local Health Integration Network (the “**LHIN**”).

- 6.3. In the event of the early termination of this Agreement, the Hosting Corporation shall be entitled only to the amount of costs owing pursuant to this Agreement (if any) up to the effective date of such termination.

7. INDEMNIFICATION & INSURANCE

[*<Note: Article 7 to be negotiated by the Parties. Sections 7.1 and 7.2 are provided by way of example only.>*]

- 7.1. [Each Party agrees to indemnify and save harmless (each an “**Indemnifying Party**”) the other Party (each an “**Indemnified Party**”) from any and all claims, losses, costs, expenses, judgments, or damages made against the Indemnified Party arising from any act, omission, fault, default, or negligence of the Indemnifying Party, its employees, agents, subcontractors, or consultants, directly related to the performance or non-performance of its obligations under this Agreement, together with all legal expenses and costs incurred by Indemnified Party in defending any legal action pertaining to the above.
- 7.2. During the Term, each Party shall maintain in full force and effect general liability and professional liability insurance for a minimum of CAD [**\$5,000,000**] for any one occurrence. Such insurance shall name the other Party as additional insured, but only with respect to this Agreement. Such insurance shall include at least the following:
- (a) products and completed operations;
 - (b) personal injury;
 - (c) cross liability;
 - (d) contractual liability; and
 - (e) 30 days’ prior written notice of material change to, cancellation of, or non-renewal of the policy.

The Parties shall provide each other with evidence of insurance upon request.]

8. PRIVACY AND ACCESS

- 8.1. The Hosting Corporation acknowledges that the performance of the Parties’ obligations in connection with this Agreement may involve the access, collection, use and/or disclosure of personal information (“**PI**”), as the term is defined in the Ontario *Freedom of Information and Protection of Privacy Act* (“**FIPPA**”), and personal health information (“**PHI**”), as the term is defined in the Ontario *Personal Health Information Protection Act, 2004* (“**PHIPA**”).
- 8.2. The Parties agree that:
- 8.2.1 If applicable, the terms and conditions respecting such access, collection, use, and/or disclosure of PHI and/or PI shall be governed by the terms of a Data

Sharing Agreement between the Parties with an effective date of [*<INSERT DATE>*] (the “**DSA**”); and

- 8.2.2 in accordance with the terms of the DSA, to the extent that the Hosting Corporation agrees to disclose PHI and/or PI to the Hub Hospital Corporation under this Agreement, the names and descriptions of the data elements to be disclosed, as well as the transfer method, timing, and frequency respecting such disclosure(s), shall be as set forth or otherwise referenced in Schedule “C” to this Agreement.

- 8.2 The Parties may each be designated as an “institution” within the meaning of FIPPA and as a result, all persons may have a legal right of access to information in the custody and/or control of either Party, subject to a limited set of exemptions. Notwithstanding any provision in this Agreement, the Parties acknowledge and agree that this Agreement and any records or information related to this Agreement, or any portion thereof, may be disclosed in accordance with the provisions of FIPPA, based on an access request to a Party, an order of the Information and Privacy Commissioner or as otherwise required under Applicable Law.

9. CONFIDENTIALITY

- 9.1. All information, data, material, notes, documents, memoranda, computer programs, files, and other information of any kind provided by one Party (in each case, a “**Disclosing Party**”) to the other Party (in each case, a “**Receiving Party**”) in connection with this Agreement (collectively, “**Confidential Information**”) shall remain the property of the Disclosing Party, and, upon the termination or expiry of this Agreement for any reason whatsoever, the Receiving Party shall return all Confidential Information then in its possession to the Disclosing Party or otherwise securely destroy such Confidential Information to the satisfaction of the Disclosing Party.
- 9.2. The Receiving Party shall not disclose, or in any way use, either directly or indirectly, any Confidential Information either during the period during which this Agreement is in effect or at any time thereafter, except strictly in connection with the performance of its obligations hereunder, as permitted under this Agreement or as expressly authorized by the Disclosing Party. Except for PHI and PI, this restriction shall cease to apply to information ordered to be disclosed by a court of competent jurisdiction or otherwise required to be disclosed by law, or to information which becomes available to the public generally, other than by reason of a breach of this clause.

10. DISPUTE RESOLUTION

- 10.1. In the event of a dispute hereunder (each a “**Dispute**”), either Party may move to have the Dispute resolved in the manner set forth herein by providing notice to the other Party:
- 10.1.1 Guided by a patient centred care philosophy, the Renal Program Director at the Hub, an equivalent representative from the Hosting Corporation, and physician representation (as the Parties see fit) by both Parties, along with support by the ORN Regional Director (the “**RD**”) and the ORN Regional Medical Lead (the “**RML**”) (where applicable), shall enter into good faith negotiations to settle the Dispute. Upon being advised of the Dispute, they will seek to resolve the Dispute within fifteen (15) days of commencing negotiations under this Section 10.1.1.

10.1.2 If the Parties cannot resolve the Dispute in accordance with Section 10.1.1, the Dispute will be referred to senior management of the Hub and the Hosting Corporation. Upon referral, senior management will enter into good faith negotiations to resolve the Dispute within fifteen (15) days of commencing negotiations under this Section 10.1.2.

10.1.3 If senior management fails to resolve the dispute within fifteen (15) days, the Dispute will be referred to ORN for a final resolution. The Parties hereby agree and acknowledge that ORN shall have the authority to issue a decision with respect to such Dispute that is binding on the Parties.

10.2. The Parties acknowledge that the Dispute Resolution provision set out in Section 10.1 is limited to disputes between the Parties over the terms of this Agreement and, unless agreed to by both Parties, does not apply, in whole or in part, to the resolution of any other disputes or disagreements.

11. RECORDKEEPING & AUDIT

11.1. In the event that funding is provided by the Hub to the Hosting Corporation hereunder:

- (a) the Hosting Corporation shall maintain: (i) all financial records (including invoices) relating to the funds provided hereunder in a manner consistent with accounting principles generally accepted in Canada; and (ii) all non-financial documents and records relating to the Hosting Corporation's performance of its obligations hereunder in accordance with the Hosting Corporation's reasonable document retention policies;
- (b) on reasonable notice to the Hosting Corporation, the Hub, CCO, the Auditor General of Ontario (the "AG"), and/or independent audit professionals acting on behalf of CCO and/or the AG (collectively, the "**Auditors**") shall be permitted access to relevant financial records, patient charts, and other information in the custody or control of the Hosting Corporation in order to verify any information submitted by the Hosting Corporation to the Hub (or CCO, as applicable) hereunder. Except for the AG, any other auditors shall first enter into confidentiality obligations reasonably acceptable to the Hosting Corporation; and
- (c) the Hosting Corporation and the Hub acknowledge that the Auditors, in conducting such an audit, may review records in the custody or control of the Hosting Corporation which contain PI and/or PHI, subject to the applicable obligations of the Hosting Corporation and/or the Auditors under PHIPA and/or FIPPA in respect of the collection, use and disclosure of such records for auditing purposes. In accordance with s. 39(1)(b) of PHIPA, the Hosting Corporation agrees to disclose records in the custody or control of the Hosting Corporation which contain PHI to the Auditors provided that the Auditors do not remove any records containing such PHI from the Hosting Corporation's premises in conducting the audit.

12. NOTICE

12.1. Any notice required to be given hereunder shall be delivered personally, by facsimile, by registered mail, or by email. If delivered personally, by facsimile, or by email, the notice shall be deemed to have been received on the day when delivered, transmitted, or sent. If

sent by registered mail, the notice shall be deemed to be received on the 5th day after the notice is mailed.

12.2. Notices shall be sent to the Parties at the following addresses:

(a) To the Hub:

[<INSERT HUB NAME>]
[<INSERT HUB ADDRESS>]
Attention: **[<INSERT NAME>]**
Email: **[<INSERT EMAIL>]**
Fax: **[<INSERT AREA CODE AND PHONE NUMBER>]**

(b) To the Hosting Corporation:

[<INSERT HOSTING CORPORATION HOSPITAL NAME>]
[<INSERT HOSTING CORPORATION HOSPITAL ADDRESS>]
Attention: **[<INSERT NAME>]**
Email: **[<INSERT EMAIL>]**
Fax: **[<INSERT AREA CODE AND PHONE NUMBER>]**

13. GENERAL

- 13.1. The Hosting Corporation shall provide thirty (30) days' prior written notice to the Hub prior to any dissolution, amalgamation, legal, or business name change or any other action that would change the legal status of the Hosting Corporation. Failure to provide such notice may result in delays in or cancellation of the payment of funds hereunder.
- 13.2. The Hosting Corporation shall not subcontract the performance of any of its obligations under this Agreement without obtaining the Hub's prior written consent.
- 13.3. This Agreement may only be amended by written instrument, signed by both Parties.
- 13.4. Neither Party shall have power or authority to bind the other Party or to assume or create any obligation or responsibility, express or implied, on behalf of the other Party. Neither Party shall hold itself out as an agent or partner of the other Party. Nothing in this Agreement shall have the effect of creating an employment, partnership, agency, or joint venture relationship between the Parties.
- 13.5. This Agreement shall enure to the benefit of, and be binding upon, the Parties and their respective successors and permitted assigns, but shall not be assignable by either of the Parties without the prior written consent of the other Party, which may be unreasonably withheld.
- 13.6. This Agreement shall be interpreted and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein

- 13.7. Articles 2, 7, 9 and 11 and Section 6.3 shall not be prejudiced by and shall survive expiration or termination of this Agreement.
- 13.8. This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained herein and supersedes all prior oral or written representations and agreements.
- 13.9. The delay or failure by either Party to exercise or enforce any of its rights under this Agreement shall not constitute or be deemed a waiver of that Party's right to thereafter enforce those rights, nor shall any single or partial exercise of any such right preclude any other or further exercise of these rights or any other right.
- 13.10. This Agreement may be signed in any number of counterparts, each of which is an original, and all of which taken together constitute one single document.

[Signing Page Follows]

IN WITNESS WHEREOF this Renal Satellite Facility Service Level Agreement has been executed by the Parties hereto.

[<INSERT HUB NAME>]

By: _____
Name:
Title:
Date:

I/we have the ability to bind the organization.

[<INSERT HOSTING CORPORATION NAME>]

By: _____
Name:
Title:
Date:

I/we have the ability to bind the organization.

SCHEDULE "A"

COSTING

The Hub shall operate the Satellite Unit in accordance with the terms set out in this Schedule "A".

Direct Costs

The Hub shall fund the Hosting Corporation in accordance with Model [*<INSERT MODEL NUMBER (Model 1: "A Portion of QBP Funds Flow to the Hosting Corporation for Direct Resource Costs", OR, Model 2: "No QBP Funds Flow to the Hosting Corporation")>*] as outlined in the RRMC.

[Where Model 2: "No QBP Funds Flow to the Hosting Corporation" is used, only include the below paragraph and delete the remainder of this Schedule "A"]

As per the principles identified in the RRMC, the Hub will not transfer costs to the Hosting Corporation for direct care resources used in the delivery of renal services at the Satellite Unit. This is based on the understanding that the Hosting Corporation is not expected to provide any direct care resources to support renal services. Should the Hosting Corporation begin to provide direct care resources in the future, this Agreement shall be revisited to reflect such an arrangement.

[Where Model 1: "A Portion of QBP Funds Flow to the Hosting Corporation for Direct Resource Costs" is used, include all following language]

The Hub shall provide the Hosting Corporation with a portion of the QBP funding it receives from CCO in order to cover the costs of direct care resources (as defined in the RRMC) provided by the Hosting Corporation to support the delivery of renal services at the Satellite Unit. Resources to be provided by the Hosting Corporation, mutually agreed upon rates attached to each resource, and forecasted quantities of each resource are provided [*<INSERT BELOW, OR, IN APPENDED DOCUMENT>*]. Based on this information, the total costs provided by the Hub to the Hosting Corporation for direct care resources for the fiscal year [*<20__/20__>*] is forecasted to be [*<\$__>*].

[May use template chart below or other documentation which includes the information identified in the Costing Model in the RRMC]

Resource	Costing Rate Per Resource	Forecasted Quantity of Resources Needed	Total Costs Provided for Resource
-	-	-	-
-	-	-	-
-	-	-	-

[<DESCRIBE RELEVANT CONSIDERATIONS/ASSUMPTIONS AROUND THE DEVELOPMENT OF RATES FOR RESOURCES, OR, REFERENCE AN APPENDED DOCUMENT CONTAINING THIS INFORMATION (e.g. whether the Hub or the Hosting Corporation bares costs related to maintaining inventories, delivery/transportation costs, human resources costs such as absenteeism, and overtime)>]

Payment for direct costs will be provided by the Hub to the Hosting Corporation based on a **[<INSERT TIME FRAME (e.g. monthly)>]** basis based on **[<DESCRIBE PAYMENT METHODOLOGY HERE (e.g. monthly invoices submitted by the Hosting Corporation to the Hub, the schedule outlined in appended document, and/or projected resource needs with end of year/in year reconciliation)>]**

Should patient volumes at the Satellite Unit decrease in an amount that is expected to warrant a change in resources (for example, and without limitation, a reduction in funding needs, a reduction in number of patients, 'where there is to be a change in staff resources equivalent to a full FTE,' etc.), the following steps will be taken:

- The Hub will provide written notice to the Hosting Corporation that it believes a reduction in patient volumes will exist in the foreseeable future and consult with the ORN for capacity planning purposes, including continued reporting of patient volumes as per the Data and Reporting Section of the RRM C;
- The Hub will engage the Hosting Corporation in an in-year discussion of strategies to generate efficiencies in accordance with hospitals' staffing/supply guidelines; and
- If it is determined that significant costing changes to the Hosting Corporation are necessary in response to a given decreasing patient volume fluctuation, the Hub will provide advanced notice of **[<INSERT TIME PERIOD (three (3) months is suggested as a minimum in the RRM C)>]** to the Hosting Corporation.

Should patient volumes at the Satellite Unit increase in an amount that is expected to warrant a change in resources (for example, and without limitation, a reduction in funding needs, a reduction in number of patients, 'where there is to be a change in staff resources equivalent to a full FTE,' etc.), and where the increase represents an overall patient volume increase for the Renal Program, the following steps will be taken:

- **[Remove this bullet if only Hub staff are utilized at the Satellite Unit]** The Hub will allow **[<INSERT TIME PERIOD (three (3) months is identified as a minimum in the RRM C)>]** for recruitment and training of staff where applicable**[<; and>]**
- The Hub will continue to provide payment to the Hosting Corporation through the agreed upon methodology based on the cost of resources provided by the Hosting Corporation with additional costing rates being introduced as soon as a given resource is put into use/as soon as resource costs are incurred by the Hosting Corporation in accordance with the costing methodology identified above.

Should patient volumes increase in an amount that could potentially warrant a significant change in resources (for example, and without limitation, a reduction in funding needs, a reduction in number of patients, 'where there is to be a change in staff resources equivalent to a full FTE,' etc.), and where the increase results in patient volumes shifting from one site to another, but does not result in an overall increase in Renal Program patient volumes:

- **[Remove this bullet if only Hub staff are utilized at the Satellite Unit]** The Hub and Hosting Corporation will work together to strategize and plan for the human resource impact [**<; and>**]
- The Hub will continue to fund the Hosting Corporation based on the cost of resources provided at the Satellite Unit with additional costs being introduced as soon as a given resource is put into use/as soon as resource costs are incurred by the Hosting Corporation in accordance with the costing model identified above.

Quality Improvement Costing

The Hub and Hosting Corporation acknowledge that the Renal Program may receive funding from the ORN for Quality Improvement initiatives. These initiatives may or may not require resources provided by the Hosting Corporation. Where Satellite Unit resources are impacted by a Quality Improvement initiative funded by the ORN, the Hub and Hosting Corporation agree to negotiate appropriate costing rates based on the principles outlined in the RRMC.

Costing rates currently provided by the Hub to the Hosting Corporation for ORN Quality Improvement initiatives is listed [**<INSERT BELOW, OR, IN AN APPENDED DOCUMENT>**].

[Chart provided below may be replaced with other documentation so long as it includes the information required in the Costing Model of the RRMC]

Quality Improvement Initiative	Hosting Corporations' Role / Resources Utilized	Costs provided by the Hub to the Hosting Corporation (relevant fiscal year)	Appended Agreement (if applicable)
-	-	-	-
-	-	-	-

Equipment Costing

The Hub will purchase hemodialysis machines and related equipment on behalf of the entire Renal Program as per the ORN Hemodialysis Equipment policy.

[<COSTING ARRANGEMENTS FOR OTHER EQUIPMENT MAY BE DESCRIBED HERE>]

Capital Expansion Funding

The Hub will lead capital planning, including pre-capital, proposal, and functional program submissions for the Renal Program in collaboration with the Hosting Corporation, the LHIN, the Integrated Renal Program Council (the “**IRPC**”), and RDs as outlined in the *Ontario Renal Network Capital Planning Process*.

Funding for capital projects, whether renovations or new build, is provided through the Health Capital Investment Branch of the MOHLTC.

The Hub and the Hosting Corporation agree to adhere to all relevant MOHLTC policies in its handling of funds related to capital expansion projects.

Indirect Costs

The Hub and Hosting Corporation acknowledge that the Chronic Kidney Disease (“CKD”) QBP is not intended to cover indirect costs as defined in the Costing Model of the RRMC and as such that Hubs are neither required nor expected to provide costing to the Hosting Corporation for indirect costs related to renal services.

[Include this paragraph only if the Hub will establish costing rates for overhead costs to the Hosting Corporation] That said, the Hub will provide [**<\$___>**] to the Hosting Corporation for [**<INSERT FISCAL YEAR>**] through [**<INSERT PAYMENT METHOD (e.g. monthly invoices, etc.)>**] for [**list indirect resources provided by Hosting Corporation**].

[<DESCRIBE METHODOLOGY BY WHICH PAYMENT FOR INDIRECT RESOURCES IS CALCULATED, OR, REFERENCE APPENDED DOCUMENT>]

Financial Reporting

The Hub and Hosting Corporation will both report payments between the Hub and the Hosting Corporation to the MOHLTC (and/or related information systems) in accordance with the Ontario Healthcare Reporting Standards (the “OHRs”) and the Standards for Management Information Systems in Canadian Health Service Organizations (the “MIS Standards”).

SCHEDULE “B”

PERFORMANCE REQUIREMENTS

The Hub shall operate the Satellite Unit in accordance with the terms set out in this Schedule “B”.

Regional Planning

The Hub shall be responsible for coordinating renal services throughout the Renal Program, of which the Satellite Unit is a part.

The Hub will lead a collaborative capacity planning process which takes into account patient capacity needs and renal services/assets within and outside of the Renal Program, of which the Satellite Unit is a part. Regional planning will include:

- Ensuring CKD patients in need of emergency transfer are transferred as outlined in the RRMC
- Planning to ensure fallback capacities are available as outlined in the RRMC
- Ensuring that respite care / backup capacities are available as outlined in the RRMC
- Ensuring CKD patients experiencing an acute episode have access to acute services and are discharged to the most appropriate care setting
- Maximizing patient care close to home where feasible

The Hub will be responsible for all requests for capital funding to ORN to support capacity and/or service needs.

The Hosting Corporation acknowledges the Hub’s role in coordinating renal services throughout the Renal Program including leading Regional Planning efforts. The Hosting Corporation agrees to support the Hub in its planning initiatives by providing all information reasonably requested by the Hub and otherwise participating in regional planning initiatives set up by the Hub.

Quality Oversight

The Hub will have quality oversight of all renal services listed below to be provided at the Satellite Unit or within other space owned by the Hosting Corporation.

The Hub will establish and revise as required standards for quality care to be used throughout the Renal Program, including at the Satellite Unit (or within other space owned by the Hosting Corporation where renal services are provided). The Hub will make available to the Hosting Corporation these standards for quality care and inform the Hub of changes to these standards as requested.

The Hosting Corporation acknowledges the Hub’s quality oversight role and will comply with the above listed policies and procedures.

[<INSERT ANY ADDITIONAL HUB QUALITY OVERSIGHT RESPONSIBILITIES>]

[<INSERT ANY ADDITIONAL HOSTING CORPORATION QUALITY OVERSIGHT RESPONSIBILITIES>]

Staff Training, Education, and Governance

The Hub will set standards for training and education for all Renal Program staff including any that may be employed at the Satellite Unit (which may include employees of both the Hub and Hosting Corporation). It will develop, coordinate, and/or lead renal orientation programs and continuous learning sessions for staff working throughout the Renal Program including processes to monitor and evaluate staff competency.

The Hosting Corporation acknowledges the Hub's role in setting standards for training and education for all Renal Program staff and will ensure that any staff employed at the Satellite Unit that are part of or support the Renal Program participate in initial training and continuous learning opportunities including processes for monitoring and evaluating staff competency outlined by the Hub.

Each Party is responsible for ensuring that all care providers it employs or privileges, who provide care at the Satellite Unit, are competent to provide the designated level of service as per standards set out by their respective professional college.

Education standards/policies to be applied to Renal Program staff operating within the Satellite Unit are listed below:

[<INSERT STAFF EDUCATION STANDARDS AND POLICIES>]

[<INSERT ANY FURTHER DETAILS ON STAFF TRAINING (e.g. describe location—Hub or Satellite Unit, length of time, etc.)>]

[<IDENTIFY WHICH HOSPITAL'S BY-LAWS, POLICIES, ETC. WILL BE APPLICABLE TO PHYSICIANS PROVIDING CARE AT THE HOSTING CORPORATION.>]

Patient and Staff Safety

[<INSERT THE HUB, OR, THE HOSTING CORPORATION>] will ensure compliance of the Accreditation Canada Standards at the Satellite Unit.

The Hosting Corporation will ensure compliance with applicable Accreditation Standards.

Satellite Unit operations will be compliant with both the Hub's organization-wide safety program and the Hosting Corporation's organization-wide safety program.

The Hub, in collaboration with the Hosting Corporation, will set out a policy/approach to report on patient safety indicators (see Schedule "C").

The Satellite Unit will be bound by incident management policies established by the Hub. These include: **[<INSERT RELEVANT INCIDENT MANAGEMENT POLICIES>]**

Transfer Protocol

The Hub will establish and revise as required patient referral and transfer protocols/policies for the Satellite Unit to ensure timely referrals and transfers of patients to the most appropriate care setting. This includes:

- Patients transferring between a Satellite Unit and the Hub for renal reasons
- Patients transferring between Satellite Units

- Renal patients who require a transfer in order to access non-renal treatment
- A repatriation protocol to ensure dialysis patients are returned to the most appropriate care setting after receiving treatment outside the Renal Program

The Hub will also establish and revise as required patient education material related to patient referral and transfer protocols for the Satellite Unit.

The Hosting Corporation acknowledges the Hub's role in establishing and revising as required patient referral and transfer protocols/policies at the Satellite Unit and agrees to support these policies by:

- Adhering to and implementing all applicable patient transfer protocols/policies and distributing (or allowing the Hub to distribute) patient education materials on transfer protocols/policies to patients receiving care at the Satellite Unit as requested by the Hub;
- Providing any feedback on patient transfer protocols and/or patient education materials to the Hub; and
- Working with the Hub to ensure regional capacity planning supports patient transfer protocols/policies including ensuring appropriate fallback and respite capacity.

Applicable patient transfer protocols/policies are listed below:

[<INSERT PATIENT TRANSFER PROTOCOLS/POLICIES>]

Quality Improvement

The Hub is responsible for developing, implementing, and monitoring clinical practice auditing processes for the Renal Program, including renal services provided in the Satellite Unit.

The Hosting Corporation will comply with the Hub's clinical auditing processes as necessary.

The Hub's participation in ORN clinical improvement initiatives may involve the services delivered at the Satellite Unit or involve the participation of the Hosting Corporation. The Hub will inform the Hosting Corporation of any such clinical improvement initiatives being undertaken. The Hosting Corporation will support the Hub's ORN clinical improvement initiatives including, but not limited to, granting reasonable requests for information and having relevant staff participate in training/learning opportunities.

Emergency Preparedness

The Hub is responsible for developing, implementing, and revising as necessary the Renal Program's Emergency Preparedness Plan (the "**Emergency Preparedness Plan**").

The Hosting Corporation acknowledges the Hub's role in developing, implementing, and revising as necessary the Emergency Preparedness Plan for the Satellite Unit and will work collaboratively with the Hub to ensure compliance to the plan. Hub staff will adhere to any applicable Hosting Corporation hospital-wide Emergency Preparedness Plans.

Other services: [To be filled in by Hub and Hosting Corporation]

- Facilities
- Hotel
- Human resources
- Information service delivery
- Logistics/supply management
- Media relations
- Occupational health and safety
- Patient relations
- Volunteer services

Programs

The following Programs will be operated in part or full at the Satellite Unit:

[Mandatory] In-Facility Dialysis Satellite Unit

Description

An in-facility dialysis unit will be operated at the Satellite Unit to provide conventional hemodialysis, [*<IF APPLICABLE, SELECT: DAILY HEMODIALYSIS, AND/OR, NOCTURNAL HEMODIALYSIS>*] and related multidisciplinary care to Renal Program patients and families.

Operating Hours

The Satellite Unit will operate [*<INSERT OPERATING DAYS AND HOURS>*]

Description of Space Provided

The premises to be used for the Satellite Unit represents [*<*>*] square feet bound by [*<PROVIDE DESCRIPTION OF THE PREMISES/PROPERTY>*] (the “Premises”).

The Hub shall not use the Premises for any other purpose without the express written consent of the Hosting Corporation. In addition, the Hosting Corporation shall not use the Satellite Unit for any non-dialysis related activity during or outside of the clinical operating hours of the Satellite Unit for the duration of the Term.

[<DESCRIBE COMMON ELEMENTS, IF APPLICABLE>]

The Hosting Corporation will ensure that the Satellite Unit is physically accessible to all patients meeting the program’s patient complexity criteria (as per the *Accessibility for Ontarians with Disabilities Act, 2005*).

Staffing

The Hub is to identify an [*<INSERT ADMINISTRATIVE LEAD/MANAGER/ OTHER APPROPRIATE TITLE>*] for the Satellite Unit to be employed by the [*<INSERT HUB, OR, HOSTING CORPORATION>*]. This position will be responsible for managing the Satellite

Unit including staff, supplies, and equipment. This position will report to the Renal Program Director on any concerns related to the quality and/or sustainability of the renal services being provided at the Satellite Unit.

Nephrologist Coverage

Medical coverage will be provided by members of the Division of Nephrology of [**<INSERT THE HUB, AND/OR, THE HOSTING CORPORATION>**]. The Nephrologists will all be Royal College of Physicians and Surgeons of Canada (RCPSC) certified in Nephrology and have full Hub privileges and courtesy privileges at the Hosting Corporation.

A Medical Lead for the Satellite Unit will be identified by the Hub in collaboration with the Hosting Corporation and will be a member of the [**<INSERT HUB, OR, HOSTING CORPORATION>**] Division of Nephrology.

The Hub will be responsible for assuring appropriate medical coverage (including 24/7 on-call coverage) for the Satellite Unit and its patients.

Nursing Coverage

The [**<INSERT HUB, OR, HOSTING CORPORATION>**] will supply qualified nursing staff to provide care at the Satellite Unit. Adequate staffing will be provided to ensure coverage during the operating hours described above to the same level, quality, and under the same conditions provided at the Hub site(s) and outlined in the standards of care documents/procedures referenced in the preamble to this Agreement.

The nursing team leader/care facilitator in the Satellite Unit will be an experienced hemodialysis nurse employed by the [**<INSERT HUB, OR, HOSTING CORPORATION>**]. She or he will communicate with the covering Nephrologist as needed to address specific patient issues that arise.

Equipment Ownership and Support

The Hub will purchase and be responsible for any required CCO/MOHLTC proposals for capital funding for new dialysis machines and other renal-specific equipment to be utilized in the Satellite Unit.

The Hosting Corporation will work with the Hub to coordinate delivery and transportation of hemodialysis machines and related equipment.

On site as required and 24/7 on call biomedical technologist support for the Satellite Unit will be provided by the [**<INSERT HUB, OR, HOSTING CORPORATION, OR, THIRD PARTY>**]

Supplies

The Hub will purchase and arrange for delivery of the following supplies to the Satellite Unit: [**<NAME SUPPLIES PROVIDED BY THE HUB (note the Hub should provide all dialysis specific supplies as per the RRMC)>**]

The Hosting Corporation will purchase and arrange for delivery of the following supplies to the Satellite Unit: [**<IDENTIFY SUPPLIES PROVIDED BY THE HOSTING CORPORATION HERE>**]

Patient Complexity Criteria

The Hub will develop, implement, and revise as necessary patient complexity criteria outlining patients' eligibility for care at the Satellite Unit.

The Hub will provide an initial assessment of all patients' eligibility for care at the Satellite Unit.

The Hosting Corporation acknowledges the Hub's role in developing criteria for and assessing patient's eligibility for Satellite Unit care and agrees to adhere to this criteria to the appropriate degree as determined by the Hosting Corporation's role in patient care.

The [*<INSERT HUB, OR, HOSTING CORPORATION>*] will continually monitor patients' condition and complexity to identify any need/opportunity for a change in care setting.

Water Quality

The Hub will ensure compliance with Canadian Standards Association (the "CSA") standards on water quality for in-facility hemodialysis provided within the Satellite Unit.

The Hosting Corporation is responsible for the quality of hospital water treatment prior to entering the water treatment room of the Satellite Unit and any other water utilized by the Renal Program at the Hosting Corporation site outside of the Satellite Unit.

Both the Hub and the Hosting Corporation will ensure timely communication to each other in the event of any unplanned water problems that may impede any aspect of operations within the Satellite Unit that will affect patient care.

[Optional] Acute Dialysis Services

Description [Select the description(s) below applicable to the model of care provided at the Satellite Unit]

[Option 1] Qualified members of the Hosting Corporation nephrology team (nurses) will provide acute dialysis in the form of [*<INSERT ACUTE IHD, AND/OR, SLED>*] and related coverage at [*<INSERT HOSTING CORPORATION NAME>*] in [*<INSERT APPLICABLE CRITICAL CARE SETTING(S), AND/OR, INPATIENT SETTINGS>*].

[Option 2] Qualified members of the Hosting Corporation's critical care team (nurses) will provide acute dialysis in the form of [*INSERT CRRT, OR, SLED*] and related coverage at [*<INSERT HOSTING CORPORATION HOSPITAL NAME>*] in [*<INSERT APPLICABLE CRITICAL CARE SETTING(S)>*].

[Option 3] Qualified members of the Hub nephrology team (nurses) will travel to [*<INSERT HOSTING CORPORATION NAME>*] to provide acute dialysis in the form of [*<INSERT ACUTE IHD, AND/OR, SLED>*] and related coverage in [*<INSERT APPLICABLE CRITICAL CARE SETTING(S), AND/OR, INPATIENT SETTINGS>*].

Operating Hours

Acute dialysis will be available 24/7 at [*<INSERT HOSTING CORPORATION NAME>*] in the settings listed below.

Description of setting

Acute dialysis will be provided in [*<INSERT HOSTING CORPORATION NAME(S)>*], [*<LIST CRITICAL CARE SETTING(S), AND/OR, INPATIENT SETTING(S)>*].

[*<DESCRIBE OTHER COMMON ELEMENTS, IF NECESSARY>*].

Staffing

The Renal Program Director [**or delegate thereof**] in collaboration with [*<INSERT POSITION TITLE OF THE RESPONSIBLE INDIVIDUAL AT THE HOSTING CORPORATION>*] will provide administrative oversight for the delivery of acute dialysis at the Satellite Unit.

Nephrologist Coverage

The Hub will identify and inform the Hosting Corporation of individuals qualified to order dialysis at the Satellite Unit. This includes determining the role (if any) of nephrologists and intensivists local to the Hosting Corporation and intensivists of the Hosting Corporation with respect to ordering acute dialysis.

The Hosting Corporation acknowledges the Hub's responsibility for identifying qualified individuals for ordering acute dialysis and will limit acute dialysis treatments to those ordered by an identified individual.

[*<INSERT THE FOLLOWING IF QUALIFIED MEMBERS OF THE HOSTING CORPORATION NEPHROLOGY TEAM OR CRITICAL CARE TEAM WILL BE PROVIDING ACUTE DIALYSIS>*]The Hub will provide nephrologist on call advice/consultation coverage to the Hosting Corporation team providing acute dialysis and will set guidelines on when nephrologist consultation is required to ensure proper oversight and capacity planning.

The hub will monitor and [*<Provide or Lead>*] a review on quality and utilization of acute dialysis at the Hosting Corporation. This review will take place on a [*<INSERT TIME PERIOD (AS PER THE RRMCS THE REVIEW SHOULD BE CONDUCTED AT LEAST ANNUALLY)>*] basis. [*<INSERT FURTHER DETAILS ON THE MONITORING AND REVIEW PROCESS>*]

Nursing Coverage [Select the description(s) below applicable to the model of care provided at the Satellite Unit]

[Option 1] Qualified nephrology nurses stationed at the in-facility dialysis unit at the Hosting Corporation and employed by [*<INSERT HUB, OR, SATELLITE>*] will provide [*<INSERT ACUTE IHD, OR, SLED>*] in [*<INSERT APPLICABLE CRITICAL CARE UNIT(S), OR, INPATIENT SETTING(S)>*] as ordered by an identified individual as listed above. Adequate staffing will be provided to ensure 24/7 coverage to the same level, quality, and under the same conditions provided at the Hub site(s) and outlined in the standards of care documents/procedures referenced in the preamble to this Agreement.

[Option 2] Qualified critical care nurses stationed at the Hosting Corporation and employed by the Hosting Corporation will provide [*<INSERT CRRT, OR, SLED>*] in [*<INSERT APPLICABLE CRITICAL CARE UNIT(S)>*] as ordered by an identified individual as listed above. Adequate staffing will be provided to ensure 24/7 coverage to the same level,

quality, and under the same conditions provided at the Hub site(s) and outlined in the standards of care documents/procedures referenced in the preamble to this Agreement.

[Option 3] Qualified nephrology nurses stationed and employed by the Hub will travel to the Hosting Corporation and provide [*<INSERT ACUTE IHD, OR, SLED>*] in [*<APPLICABLE CRITICAL CARE UNIT(S), OR, INPATIENT SETTING(S)>*] as ordered by an identified individual as listed above. Adequate staffing will be provided to ensure 24/7 coverage to the same level, quality, and under the same conditions provided at the Hub site(s) and outlined in the standards of care documents/procedures referenced in the preamble to this Agreement. The Hosting Corporation consents to the delivery of acute dialysis at the above-identified site(s) by Hub nephrology nursing staff and where applicable will provide any hospital-orientation training to these staff.

Equipment Ownership and Support [Select description(s) below applicable to the model of care provided at the Satellite Unit]

[Note: CCO does not provide funding for dialysis machines intended for use in the delivery of acute dialysis]

[Option 1] All aspects of the acute dialysis service will be located at the Hosting Corporation in the appropriate unit and shall be operated by the partner hospital including set-up, performance, and hemodialysis treatment. Equipment support will be provided by [*<IDENTIFY RESPONSIBILITIES FOR ACUTE DIALYSIS EQUIPMENT SUPPORT (e.g. Hub or Hosting Corporation employs biomedical technicians, on-call biomedical technician support available 24/7 provided by Hub or Hosting Corporation, etc.)>*].

[Option 2] Hub staff assume responsibility for all aspects of the acute dialysis treatment including the set-up, performance, and maintenance of the dialysis equipment. The Hosting Corporation will provide adequate storage of dialysis equipment/supplies in addition to adequate power and water supply for the provision of acute dialysis.

Supplies

The Hub will purchase and arrange for delivery of the following supplies for the provision of acute dialysis within the setting specified above: [*<IDENTIFY SUPPLIES PROVIDED BY THE HUB>*].

The Hosting Corporation will purchase and arrange for delivery of the following supplies for the provision of acute dialysis within the setting specified above: [*<IDENTIFY SUPPLIES PROVIDED BY THE HOSTING CORPORATION>*]

Patient Population/Complexity Criteria

The Hub will develop, implement, and revise as necessary in collaboration with the Hosting Corporation, patient complexity criteria outlining patient's eligibility for acute dialysis including eligibility criteria to receive acute dialysis in the modality(s) and setting(s) specified above. The Hosting Corporation acknowledges the patient complexity criteria for acute dialysis outlined by the Hub and agrees to adhere to it.

The Hub will accept or otherwise manage (e.g. by transferring to an appropriate Satellite Unit) the treatment of any patients requiring ongoing dialysis after discharge from an acute setting.

[Insert the following if qualified members of the Hosting Corporation critical care team will be providing acute dialysis] The Hub and Hosting Corporation acknowledge that the RRM include a minimum volume of twenty (20) annual patients and approximately one hundred and twenty (120) treatment days per year for hospitals considering the establishment of a CRRT or SLED program using **[the/one of]** the model(s) of acute dialysis described above. This minimum volume has been set based on recommendations of an expert task group to ensure the clinical competency of the care team providing acute dialysis. The Hub and Hosting Corporation will continually monitor acute dialysis patient volumes with respect to this minimum and work together to consider options for ensuring high quality care (including altering the acute dialysis service model employed at the Satellite Unit) and notifying the ORN should these volumes fall below the minimum.

[Optional] Home Dialysis Program

Description

Components of the Regional Renal Program's home dialysis program will be operated at the Satellite Unit. The Satellite unit will host the following services:

[<DESCRIBE THE HOME DIALYSIS SERVICES AVAILABLE AT THE SATELLITE>]

Operating Hours

[<DESCRIBE THE OPERATING HOURS FOR THE HOME DIALYSIS SERVICES LISTED ABOVE>]

Description of Space Provided

The premises to be used for home dialysis services at the Satellite represents **[<*>]** square feet bound by **[<PROVIDE DESCRIPTION OF THE PREMISES/PROPERTY>]** (the "Premises").

[<DESCRIBE COMMON ELEMENTS, IF APPLICABLE>]

The Hosting Corporation will ensure that space used for home dialysis services is physically accessible to all patients meeting the program's patient complexity criteria (as per the *Accessibility for Ontarians with Disabilities Act, 2005*).

Staffing

The Hub is to identify a **[<INSERT ADMINISTRATIVE LEAD/MANAGER/ OTHER APPROPRIATE TITLE>]** for home dialysis at the Satellite. This individual is to be employed by the **[<INSERT HUB, OR, HOSTING CORPORATION>]**. This position will be responsible for managing home dialysis services at the Satellite including staff, supplies, and equipment. This position will report to the Renal Program Director on any concerns related to the quality and/or sustainability of the home dialysis services being provided at the Satellite.

Nephrologist Coverage

Medical coverage for home dialysis patients will be provided by members of the Division of Nephrology of [**<INSERT THE HUB, AND/OR, THE HOSTING CORPORATION>**]. The Nephrologists will all be Royal College of Physicians and Surgeons of Canada (RCPSC) certified in Nephrology and have full Hub privileges and courtesy privileges at the Hosting Corporation.

Staff Coverage

The Satellite will adhere to applicable staffing protocols, policies and procedures set by the hub for home dialysis care/coverage. This include: [**<LIST APPLICABLE STAFFING PROTOCOLS, POLICIES AND PROCEDURES>**].

Equipment Ownership and Support

The Hub will purchase and own, or manage the lease for, all home hemodialysis machines utilized at the satellite, in accordance with the Ontario Renal Network procurement policies.

The hub will be responsible for installation and maintenance of water treatment technology in patients' homes.

The hub will be responsible for the installation and maintenance of dialysis equipment technology in patients' homes.

The Satellite will adhere to any equipment policies related to home dialysis as set by the hub. These include: [**<LIST APPLICABLE EQUIPMENT POLICIES AND PROCEDURES>**].

Supplies

The Hub will manage relations with the vendor(s) for supplies [**Insert if applicable**] including agreements related to the delivery of supplies to patients' homes.

[**Insert if applicable**] The Hub will purchase and arrange for delivery of the following home dialysis supplies to the Satellite: [**<NAME SUPPLIES PROVIDED BY THE HUB (note the Hub should provide all home dialysis specific supplies as per the RRMCC)>**]

The Hosting Corporation will purchase and arrange for delivery of the following supplies to the Satellite to be used in the provision of home dialysis services: [**<IDENTIFY SUPPLIES PROVIDED BY THE HOSTING CORPORATION HERE>**]

Patient Complexity Criteria

The Hub will develop, implement, and revise as necessary patient complexity criteria outlining patients' eligibility for home dialysis care at the Satellite.

The Hub will provide an initial assessment of all patients' eligibility for home dialysis.

The Hosting Corporation acknowledges the Hub's role in developing criteria for and assessing patient's eligibility for home dialysis care at the Satellite and agrees to adhere to this criteria to the appropriate degree as determined by the Hosting Corporation's role in patient care.

The [*<INSERT HUB, OR, HOSTING CORPORATION>*] will continually monitor patients' condition and complexity to identify any need/opportunity for a change in care setting.

[Optional] Multi-Care Kidney Clinic (content TBD)

[Optional] Body Access Services (content TBD)

SCHEDULE “C”

REPORTING REQUIREMENTS

The Hub shall operate the Satellite Unit in accordance with the terms set out in this Schedule “C”.

Introduction

The Hub is responsible for fulfilling all data requirements, including submission of data, reports, updates, performance data, and other reasonably requested data, on behalf of the Renal Program to CCO and the MOHLTC, in accordance with Schedule “C” of its Operating Funding Agreement with CCO.

Reporting Requirements

The Hub will submit patient and service volumes on a monthly (or as otherwise notified) basis into CCO’s Ontario Renal Reporting System (the “**ORRS**”), and on a quarterly basis (or as otherwise notified) into the MOHLTC’s Self Reporting Initiative (the “**SRI**”) on behalf of the Renal Program (including satellites).

The purpose of data reporting is to:

- Monitor actual volumes against expected/targeted volumes;
- Assess performance against Schedule “B” requirements;
- Support in-year reconciliation and year-end settlement processes;
- Allow for tracking against quality criteria/indicators such as those that relate to structures/processes/outcomes;
- Test validity against other tools that measure retrospective data; and
- Assess allocation methodology and inform future allocation processes.

ORN Data Collection

The Hub will work with the Hosting Corporation to develop a process for collecting data, compliance, and quality processes at the Satellite Unit. The Hub will report the complete list of data elements into ORRS (available via the CCO Data Book SRI (detailed data elements can be provided upon request)), and other reporting tools as required.

A link to the CCO Data Book SRI [will be provided](#).

Reporting Requirements by the Satellite to the Hub

The Hub is responsible for the submission of data, reports, and performance data to CCO and the MOHLTC. If the Hosting Corporation is performing the Performance Requirements, the Hub will work with the Hosting Corporation to develop a process for data collection, compliance, and quality processes at the Satellite Unit. The Hosting Corporation will comply with the agreed upon schedule and will support the timely submission of data to the best of its ability. The agreed upon process for data collection is as follows: [**<HUB TO INSERT DATA COLLECTION OPTION AT THE SATELLITE UNIT>**].

Patient Safety

The Hub and the Hosting Corporation should work together to develop patient safety indicators. The agreed upon policy is attached as an appendix to this Schedule "C".

[Attach patient safety indicators policy as an appendix to this Agreement].

Additional Reporting Requirements (as required)

The Hub will provide to the ORN and/or CCO any other reports or special data collection projects reasonably requested by the ORN and/or CCO in accordance with the agreed upon timelines with the Hub.

SCHEDULE “D”

DEFINITIONS

1. In this Agreement,

- 1.1. **“Accessibility for Ontarians with Disabilities Act (AODA)”** has the meaning ascribed to such term in Schedule “B”;
- 1.2. **“Agreement”** means this Agreement as the same may be amended or restated in writing from time to time and includes all Schedules attached hereto;
- 1.3. **“Applicable Law”** has the meaning ascribed to it in Section 2.1 (b);
- 1.4. **“Auditor General (AG)”** shall have the meaning ascribed to it in Section 11.1(b);
- 1.5. **“Auditors”** shall have the meaning ascribed to it in Section 11.1(b);
- 1.6. **“Canadian Standards Association (CSA)”** shall have the meaning ascribed to it in Schedule “B”;
- 1.7. **“Cancer Care Ontario (CCO)”** shall have the meaning ascribed to such term in the preamble to this Agreement;
- 1.8. **“CCO’s Performance and Issues Management Guidelines”** means the guidelines established by CCO as part of the Clinical Governance Framework, to enhance overall performance of health systems in Ontario by strengthening accountability processes while promoting a high degree of collaboration among stakeholders;
- 1.9. **“Common Elements”** refers to the space used by the Renal Program for the provision of renal care which is also used for the provision of other hospital functions;
- 1.10. **“Confidential Information”** has the meaning ascribed to it in Section 9.1;
- 1.11. **“Costing Model”** means the payment rates as established between the Hub and the Hosting Corporation, as defined in the RRMC;
- 1.12. **“Data Sharing Agreement (DSA)”** has the meaning ascribed to it in Section 8.2.1;
- 1.13. **“Disclosing Party”** has the meaning ascribed to it in Section 9.1;
- 1.14. **“Dispute”** has the meaning ascribed to it in Section 10.1;
- 1.15. **“Effective Date”** shall have the meaning ascribed to such term in the preamble to this Agreement;
- 1.16. **“Formal Written Performance Improvement Plan”** means the action plan developed jointly by the Parties in response to a failure to achieve certain performance thresholds. The formal written performance improvement plan must include a root cause analysis, a corrective action plan, and an aim statement outlining the steps that will be taken to resolve the issue, as referenced in CCO’s Performance and Issues Management Guidelines Appendix E;
- 1.17. **“Hosting Corporation”** refers to the hospital or healthcare corporation that owns the space within which a Satellite Unit (and associated clinic/renal service space) is located.

Where an AKI Hospital is applicable, this term will refer to the AKI Hospital and the acute dialysis services that are provided therein;

- 1.18. **“Hub Hospital Corporation (Hub)”** refers to the hospital corporation that houses the Renal Program Hub and employs its staff;
- 1.19. **“Indemnified Party”** and **“Indemnifying Party”** shall have the respective meanings ascribed to such terms in Section 7.1;
- 1.20. **“Information and Privacy Commissioner”** shall mean the Commissioner of Ontario and his or her lawful delegate(s) and staff members, as the context permits;
- 1.21. **“Integrated Renal Program Council (IRPC)”** refers to the LHIN-based Integrated Renal Program Council responsible for the local implementation of the Ontario Renal Plan priorities;
- 1.22. **“Local Health Integration Network (LHIN)”** means a local health integration pursuant to section 2 of the *Local Health System Integration Act, 2006* (Ontario);
- 1.23. **“Management Information Systems in Canadian Health Service Organizations (MIS Standards)”** has the meaning ascribed to it in Schedule “A”;
- 1.24. **“Ministry of Health and Long-Term Care (MOHLTC)”** means the ministry of the Government of Ontario responsible for administering the health care system and providing health related services to the Province of Ontario;
- 1.25. **“Ministry of Health and Long-Term Care’s Self Reporting Initiative (SRI)”** shall have the meaning ascribed to it in Schedule “C”;
- 1.26. **“Ontario Freedom of Information and Protection of Privacy Act (FIPPA)”** has the meaning ascribed to it in Section 8.1;
- 1.27. **“Ontario Healthcare Reporting Standards (OHRS)”** has the meaning ascribed to it in Schedule “A”;
- 1.28. **“Ontario Renal Network (ORN)”** means a division of CCO and an agency of the MOHLTC, responsible for leading the province-wide effort to better organize and manage the delivery of renal services;
- 1.29. **“Ontario Renal Reporting System (ORRS)”** has the meaning ascribed to it in Schedule “C”;
- 1.30. **“ORN Regional Director (RD)”** means the ORN Regional Director who is responsible for working with physicians, hospitals, renal dialysis service providers, and patient and community groups within the LHIN to plan and implement improvements to renal dialysis services in their Region;
- 1.31. **“ORN Regional Medical Lead (RML)”** means the ORN Regional Medical Lead who works collaboratively with the ORN and its affiliates to champion the implementation of renal provincial priorities;
- 1.32. **“Party”** and **“Parties”** shall have the respective meanings ascribed to such terms in the preamble to this Agreement;
- 1.33. **“Performance Requirements”** has the meaning ascribed to it in Section 4.1;

- 1.34. **“Personal Health Information Protection Act (PHIPA)”** has the meaning ascribed to it in Section 8.1;
 - 1.35. **“Personal Health information (PHI)”** has the meaning ascribed to it in PHIPA;
 - 1.36. **“Personal Information (PI)”** has the meaning ascribed to it in FIPPA;
 - 1.37. **“Premises”** has the meaning ascribed to it in Schedule “B”;
 - 1.38. **“Receiving Party”** has the meaning ascribed to it in Section 9.1;
 - 1.39. **“Region”** shall have the meaning ascribed to such term in the preamble to this Agreement;
 - 1.40. **“Regional Renal Models of Care (RRMC)”** means the provincial models and accountabilities set by the ORN for the delivery of renal care across the Province of Ontario;
 - 1.41. **“Regional Renal Program’s Emergency Preparedness Plan”** refers to the Regional Programs’ developed and implemented policy/protocol in accordance with the *Chronic Kidney Disease Emergency Management Planning Guide (2015)*, or the latest version as updated;
 - 1.42. **“Renal Program Director”** means the director of the renal dialysis program at the Hub;
 - 1.43. **“Renal Program”** has the meaning ascribed to such term in the preamble to this Agreement;
 - 1.44. **“Reporting Requirements”** has the meaning ascribed to it in Section 4.2;
 - 1.45. **“Satellite Unit”** refers to a dialysis unit (and associated clinic/renal service space) which is located in space owned by a different hospital or healthcare organization other than the Hub. Where an AKI Hospital is applicable, this term shall be replaced with language describing the space in the AKI Hospital where acute services are provided (eg. critical care unit, patient bedside, etc.); and
 - 1.46. **“Term”** has the meaning ascribed to it in Section 6.1.
2. In this Agreement, words in the singular shall include the plural and vice-versa.

Appendix 4: Examples of Direct and Indirect Costs Pertinent to the Delivery of Renal Services

Direct Costs	Indirect Costs
<ul style="list-style-type: none"> • Salaries of personnel who are directly responsible for patient care or who support the patient care staff • Medical and surgical supplies related to renal services • Dialysis-associated drugs • Salaries of allied health practitioners providing kidney care • Equipment depreciation and maintenance 	<ul style="list-style-type: none"> • General administration (e.g., renal managers, directors, vice-presidents) • Emergency preparedness services • Finance • Human resources • Staff recruitment and retention • Systems support • Communications • Material management • Volunteer services • Housekeeping • Laundry and linen • Plant administration • Plant operation • Plant security • Plant maintenance • Bio-medical engineering/medical physics • Interpretation/translation • Registration (Admitting) • Case coordination • Patient transport • Non-recipient-related transport • Health records • Patient food services