

# Hamilton Health Sciences Access to the Best Care

Presentation to:  
HNHB LHIN Board of Directors  
September 29, 2008

# The presentation will highlight:

- Roles and Responsibilities
- Definitions
- What is the problem(s)?
- What is the proposed solution(s)?
- The Public Interest
- Next Steps

# Role of Hospitals

- Hospital Boards are required to ensure that hospital administrative and medical leadership develop plans to deal with situations that could place a greater than normal demand on the services provided by the hospital and disrupt the normal hospital routine (Public Hospitals Act)
- Hospitals are responsible to deliver and manage programs and services effectively and efficiently, safeguard protected services and roll out provincial strategies (Hospital Annual Planning Submission (HAPS) Guidelines)
- Hospitals are required to “improve access to high quality health services, coordinated health care and effective and efficient management” (Local Health System Integration Act, 2006) (LHSIA)

# Role of the HNHB LHIN

- Plan, integrate, fund and monitor the area health system
  - Align resources strategically with system goals and community needs
- The LHIN requires health service providers and their partners to advance health improvement solutions that are in the public interest, collaborative, coordinated, and focused on the needs of residents and patients.

# Role of the HNHB LHIN (cont'd)

The LHIN is responsible for

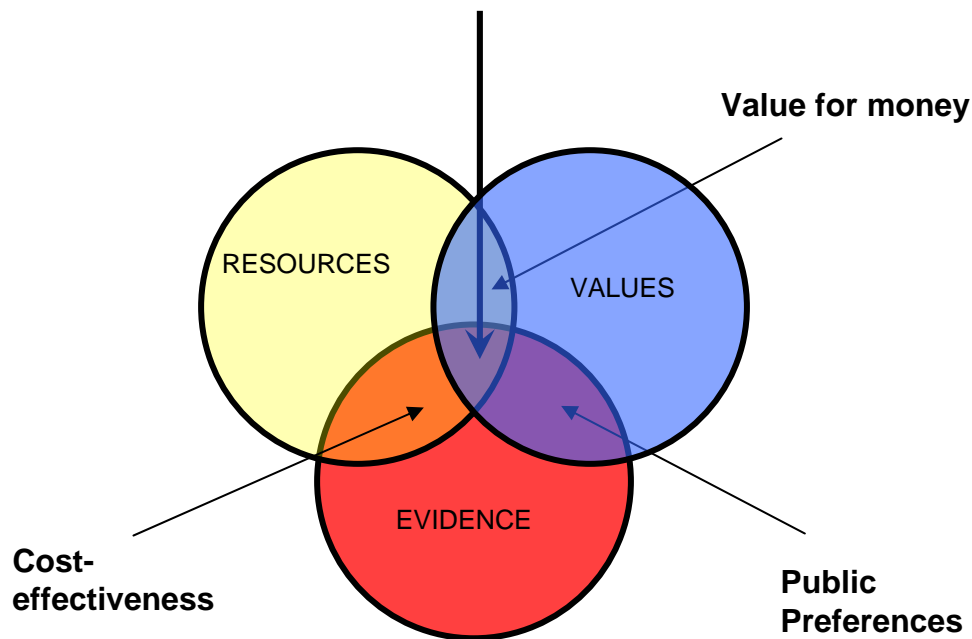
- Understanding the challenges for improvement and the information and data that validate the problem and the solution
- Integrating the values and aspirations of stakeholders for our health system
- Assessing the feasibility of proposed improvement

Finally, the HNHB LHIN is responsible for

- Considering the broader mandates that providers have for programs and services that meet the needs of residents beyond a local community and the LHIN

# Role of the HNHB LHIN (cont'd)

## Evidence-Based Decision Making



*Evidence-based decision making is based on information from the intersection of values, resources and evidence*

# Role of the HNHB LHIN

## Integration and Public Interest

### Does the integration

- **Promote appropriate, co-ordinated, effective and efficient health services?**
- **Promote better access to high quality health services?**
- **Achieve quality improvements in clinical outcomes, health service delivery, and/or system performance?**
- **Support patient and consumer-centred health care?**
- **Promote efficient and effective management of local health system to ensure sustainability?**
- **Ensure value for money?**

*Source: MOHLTC - Integration, Labour Relations and Devolution – Sept 2007*

# Urgent Care Centres

- Offer people and communities an alternative to emergency care for immediate non life threatening health care concerns
- Treat illnesses or injuries that
  - do not require the specialized attention of a hospital Emergency Department
  - cannot wait for a scheduled appointment with a primary physician
- Stabilize patients with life threatening illnesses such as a heart attack who come to an urgent care centre and then have them transported

## Critical Mass “Practice makes perfect”

- Critical mass refers to the level of requirements to support quality health care services.
- Requirements include sufficient volumes supported by equipment, health professionals, adjacent services, and training and education that together ensure best care.

# The Context: The Local Population

Area	2006	2016	Increase #'s	Increase %
Ancaster	34,127	41,319	7,192	21.1
Dundas	25,074	25,435	361	1.4
Flamborough	39,458	43,014	3,556	9.0
Glanbrook	17,427	30,735	13,308	76.4
Upper Hamilton	143,110	147,521	4,411	3.1
Lower Hamilton	192,593	189,813	(3,410)	-1.7%
Stoney Creek	63,424	77,844	14,420	22.7
<b>Total</b>	<b>515,213</b>	<b>555,681</b>	<b>+39,838</b>	<b>7.7%</b>

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Source: GIS – Planning and Analysis, April 2008 – City of Hamilton

# What is the problem?

- Critical mass requirements for quality hospital based services
- The large number of people with illness and injuries presenting at emergency departments and not requiring the specialized attention of an ED
- The unmet needs of approximately 600,000 children and youth for whom McMaster Children's Hospital has responsibility

*Source: Access to the Best Care, Hamilton Health Sciences – June 2008*

# Problem 1: Critical Mass

- Maintaining the current structure of four acute care sites is unduly spreading scarce resources and limiting ability to provide high quality inpatient and emergency care. This includes human resources and duplication of expensive equipment and supplies.

*Source: Access to the Best Care, Hamilton Health Sciences – June 2008*

# Problem 1: Indicators

## Coverage: Example – General Surgery

- Hamilton Health Sciences (HHS) general surgeons are required to be on call 1 out of every 4 days
- This compares to 1 out of 8 (average) for Canadian teaching hospitals and, St. Joseph's Healthcare Hamilton (SJHH)
- Not enough physicians to cover 3 sites 8 times since January

*Source: Correspondence - B. Flaherty, Executive VP, Clinical Operations, Hamilton Health Sciences, Sept 26, 2008*

## Problem 1: Indicators (cont'd)

### Coverage: Example - Emergency Department

- HHS required to cover 475 shifts per month at each acute care site
- HHS short 75 shifts each month
- 5-6 FTE additional emergency physicians required to sustain 3 site coverage

*Source: Correspondence - B. Flaherty, Executive VP, Clinical Operations, Hamilton Health Sciences, Sept 26, 2008*

# Problem 1: Indicators (cont'd)

## Coverage: Example – Medicine

- 40 physicians supporting 24/7 on call
- No haematologist covering the General 50% of the time
- Infectious diseases coverage working short for 14 weeks
- Sept 22 week: no neurologist at the Henderson

## Problem 1: Indicators (cont'd)

- Coverage: Orthopedic surgery
- Hamilton General Hospital (HGH) has been closed on occasion to regional trauma patients
- An external review recommended consolidation of adult inpatient activity at HHS from 3 sites to 2 sites to alleviate on call coverage challenges

*Source: Correspondence - B. Flaherty, Executive VP, Clinical Operations, Hamilton Health Sciences, Sept 26, 2008*

# Problem 1: Critical Mass Requirements

- Coverage at 3 HHS acute care sites is not sustainable
- The resultant working environment is poor
- Recruitment and retention success rates are challenged
- Timely access to patient care and a safe journey through the hospital system is at risk

## Problem 2: Presentations at the ED

- Hamilton hospitals experience high rates of non urgent ED use.

## Problem 2: Indicators

- Approximately 59% of Emergency Department presentations in 2006-2007 in Hamilton were for non urgent and less urgent cases (Access to the Best Care, Hamilton Health Sciences – June 2008)

Why?

- ED is accessible and convenient
- Flexible hours
- Assigned primary care physician not required
- Available diagnostic procedures
- Access to 24/7 primary care is evolving

## Problem 2: Indicators (cont'd)

- The patient and provider experience in the ED is characterised by access challenges, long waits, and off load delays for ambulances

## Problem 3: Children and Youth Unmet Need

- McMaster Children's Hospital has a mandate to deliver paediatric services to children and youth in the Region it serves.

## Problem 3: The Context

- There are 600,000 children and youth in the HNHB and Waterloo Wellington LHINs, and beyond.
- One in every five children or youth suffer a significant mental health issue
- One in five children are destined to battle chronic disease or disability that will affect their future
- Children are experiencing an epidemic of obesity with potential long -term consequences for future health care

## Problem 3: Indicators

- Children requiring specialty paediatric inpatient care at McMaster University Medical Centre (MUMC) who are in other hospitals in the Region cannot be admitted.
- MUMC is closed 65% of the time for newborns requiring critical care
- MUMC is closed more than 50% of the time for children needing care
- Hospitals in the referral region are decreasing their paediatric services due to lack critical mass.

*Source: Access to the Best Care, Hamilton Health Sciences – June 2008*

## Problem 3: Indicators (cont'd)

Documented treatment gaps in services for children and youth

- Eating disorders
- Paediatric rehabilitation
- Ambulatory and youth mental health
- Adolescent and young adult oncology
- Neuromuscular

# What is the Solution?

The *Access to the Best Care* plan proposes to

- Align available and anticipated resources for quality adult hospital based care
- Enhance access to appropriate care for injuries and illness not requiring specialized services in the ED
- Improve access to health care for children and youth in the Hamilton, Brant, Burlington, Haldimand, Hamilton, Niagara, LHIN, Waterloo, Wellington and beyond.

Source: *Access to the Best Care, Hamilton Health Sciences – June 2008*

# Solution 1: Alignment of Clinical Services

- Access to the Best Care aligns inpatient programs at fewer sites to optimize resources
- Site consolidations promote clinical coherence and concentration of resources for patient outcomes and improved work environments
- Aligned clinical programs for Centers of Excellence at each HHS site, and SJHH, enhance learning and research opportunities
- The realignment of adult services allows room for the Children's Hospital to grow.

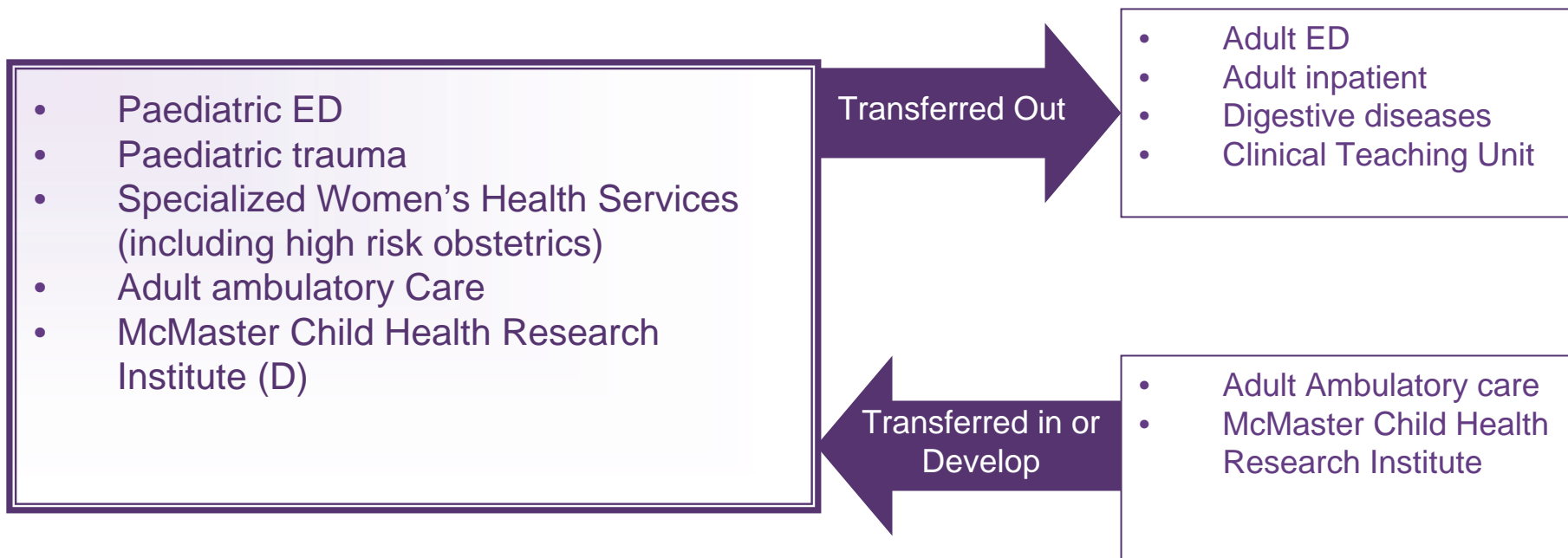
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*Source: Access to the Best Care, Hamilton Health Sciences – June 2008*

## Solution 1: Alignment of Clinical Services (cont'd)

- The alignment of clinical services among the HHS sites is not an integration under the Act.
- The integration feature is the proposed transfer of services between HHS and SJHH.

# Proposed Future Vision for MUMC



## Enablers:

- Construction of a new purpose built children's ED at McMaster Children's Centre
- New urgent care centre in west Hamilton
- Expanded emergency services at HGH, the Henderson (& St. Joseph's Healthcare)
- Construction of new endoscopy suite
- Ongoing capital projects

# Proposed Future Vision for Henderson/Jurvanski

- Adult
- Orthopaedic (TJR Centre)
- Oncology (radiation, systemic, surgery, education & diagnostic)
- Adult ED
- Haematology
- Bone marrow & stem cell transplantation
- Palliative Care
- Inpatient rehab
- Inpatient surgery & general medicine

Transferred Out

- Selected Ambulatory care

Transferred in or Develop

- Expanded ED
- Adult inpatient
- Digestive disease
- Haematology
- Bone marrow & stem cell transplantation
- Cancer Research Institute
- Clinical Teaching Unit

## Enablers:

- Expanded emergency services
- Increased operating rooms, ICU and inpatient beds
- Ongoing capital projects

# Proposed Future Vision for HGH

- Regional centre for:
  - Cardiac (surgery, interventional & cardiology)
  - Vascular
  - Trauma (adult)
  - Burn
  - Stroke
- Adult ED
- General medicine & surgery
- Cardiac, Vascular & Stroke Research Institute
- Inpatient rehab (including ABI)

Transferred Out

- Selected Ambulatory care
- Oncology

Transferred in or Develop

- Adult ED
- Cardiac, Vascular & Stroke Research Institute

## Enablers:

- Expanded emergency services, operating room, ICU beds & inpatient beds
- New rehabilitation centre (under construction)
- Ongoing capital projects

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Source: Access to the Best Care, Hamilton Health Sciences – June 2008

# Risk Management: Clinical Services Alignment

Leadership from among general surgery, medicine, emergency services and orthopedic surgery indicate that for

- general surgery, 2 site coverage allows “1 call in 6” and is sustainable
- medicine, 2 site coverage is sustainable
- orthopedic surgery, 2 site coverage will alleviate challenges
- ED, reduction of one ED will enable HHS to recruit and retain emergency physicians with specific skill sets

*Source: Correspondence - B. Flaherty, Executive VP, Clinical Operations, Hamilton Health Sciences, Sept 26, 2008*

# Risk Management: Obstetrics

- A risk management approach for the support of critical care patients in the obstetrics program (approximately 12-20 women a year) and ensured access to subspecialty support is underway. A Steering Committee of heads of clinical practice and academic obstetrics, anaesthesia, critical care, paediatrics, adult medicine, and paediatric critical care (physicians and nursing leadership is addressing requirements for effective patient care)

*Source: Correspondence – Dr. Peter Steer, Hamilton Health Sciences – Jan 24, 2008*

# Risk Management: Access to Emergency Services

## Now

- Hamilton paramedics transport 5,500 adult patients annually to MUMC

## In Future

- Patients will be transported to the other three local hospitals and
- 300 paediatric Emergency Medical Services (EMS) patients that now go to the other 3 area hospitals will go to MUMC.

*Source: Impact of Proposed Hamilton Health Sciences Restructuring on Hamilton Emergency Services – Emergency Medical Services (HES08015) (City-Wide) – September 2008*

# Risk Management: Access to Emergency Services (cont'd)

If changes were to happen today, EMS reports that

- Overall hospital off-load times would substantially increase
- There would be a forced shift in the paramedic emergency response coverage to the eastern portion of the city, depleting coverage in the west that is usually provided by ambulances being at MUMC
- There will be additional travel time for approximately 5,500 adult EMS patients and approximately 300 EMS paediatric patients of approximately 10 minutes (average estimate) to arrive at the alternate destination.

*Source: Impact of Proposed Hamilton Health Sciences Restructuring on Hamilton Emergency Services – Emergency Medical Services (HES08015) (City-Wide) – September 2008*

## Risk Management: Access to Emergency Services (cont'd)

- Bypassing closest hospital
  - Closest hospital already bypassed for specialty care (trauma, stroke, heart attack), and paediatric care
  - Bypass supported by the role of paramedics/advance paramedics
- No additional training EMS/paramedic training required
- Reduced number of EDs will simplify destination determination options
- UCC will divert low acuity patients from EDs, hence reducing ambulance off load times

*Source: Impact of Proposed Hamilton Health Sciences Restructuring on Hamilton Emergency Services – Emergency Medical Services (HES08015) (City-Wide) – September 2008*

## Risk Management: Access to Emergency Services (cont'd)

- Current HHS reported ambulance offload times are within a proposed 30 minute proposed time frame (Schwartz Report, 2005).
  - Note: The Provincial report has not been adopted by the Government. Among many issues for discussion, the 30 minute window is perceived to be too ambitious.
- The City of Hamilton adopted a motion in July 2007 that ambulance offload times be 15 minutes 90% of the time.
  - Note: This is a City of Hamilton plan, with reported little input from the hospitals

## Solution 2: Urgent Care Centre (UCC)

- The proposed urgent care centre to meet the needs of persons with illness and injury not requiring an ED is an integration feature of the Access to the Best Care plan.

## Solution 2: UCC – Benefits

- The proposed urgent care centre promotes rapid access to care, is efficient, and better aligns patient need and resource requirements.
- It is estimated that approximately 31,000 patients will present at the UCC on an annual basis, based on diversions from area hospitals including 10,683 adult visits at McMaster University Medical Centre (MUMC)
- The health professional work environment in an urgent care centre promotes retention and low turnover rates and relatively higher rates of work satisfaction as compared to EDs.

## Solution 2: UCC Benefits (cont'd)

- EMS believes that the urgent care centre will improve timely ambulance off loading at City EDs. (Impact of Proposed Hamilton Health Sciences Restructuring on Hamilton Emergency Services – Emergency Medical Services (HES08015) (City-Wide) – Sept, 2008)
- The UCC enables current planning underway among HHS, the Hamilton Family Health Team (FHT) and the McMaster FHT for city wide 24/7 primary/non urgent health care coverage.
  - The model will allow a combined facility for the Family Health Teams to operate their after hours service alongside emergency physicians who are providing urgent care. This will allow consultation between family physicians and emergency physicians in in real time providing the best care for patients. (Access to the Best Care, Hamilton Health Sciences –June 2008)

## Solution 2: The Urgent Care Centre Site

The proposed UCC proposed site features

- Site is available
- No requirements for capital funds
- Operating dollars available
- Reasonable transportation and parking access for resident access

# Access to the Best Care Solution: Business Case Features

- The Plan as reported will not increase overall operating costs
- UCC site development and implementation presents no ask of LHIN funds
- No job loss is expected; positions may change location

# Access to the Best Care Solution: Business Case Features (cont'd)

- Community Engagement
- HHS Process
- HHS Reporting on the Process
- HNHB LHIN role
  - Dec 4, 2007 Chair, CEO met with HHS CEO and Chair and Local MPPs
  - Feb 7, 2008 CEO met with HHS
  - Apr 1, 2008 CEO met with Dr. Freitag
  - Apr 8, 2008 LHIN BOD orientation
  - Apr 10, 2008 CEO, LHIN ED Lead met with EMS
  - Jun 16, 2008 Chair, CEO met with City Councillors
  - Jun 17, 2008 Chair, LHIN staff met with HHS
  - Aug 6, 2008 Chair, CEO met with Hamilton Board of Health
  - Sept 12, 2008 Chair, CEO met with St. Joseph's Healthcare CEO and Chair

# Access to the Best Care Solution: Community Engagement (cont'd)

Public concern has focused on the

- need to have an ED nearby
- location of an urgent care
- the nature of consultation itself

## Access to the Best Care Solutions: Community Engagement (cont'd)

- Road access
- Ability of people to self diagnose
- Impact on McMaster students
- ED access for growing populations in Dundas, Flamborough and Hamilton
- The risk for high risk obstetrics at McMaster
- Consultation on the plan itself

# The Public Interest

The Access to the Best Care Plan features are aligned with

- Integrated Health Service Plan (IHSP)
  - Children and youth
  - End of life care
- MOHLTC priorities
  - Access to Emergency Care
  - Family Health
  - Mental Health

# Public Interest

- Clinical service realignments improve program delivery, patient flow and outcomes
- Critical mass facilitates consolidation of scarce resources, can assure multi site coverage, supports recruitment and retention

# Public Interest Cont'd

- Transfer of services between HHS and SJHH is consistent with Centres of Excellence, and a system of hospital services in Hamilton for services, training and education and research
- An urgent care centre
  - promotes right care, right place, right time
  - is aligned with Province wide priorities for enhanced access to primary care and ED diversion.
  - augments the continuum of primary, urgent and ambulatory care
  - enhances choice, rapid response and patient and provider satisfaction
- The focus on a future children's emergency department is aligned with the role of the Children's Hospital

# New Capacity

Right Care Right Place	
Today	4 Years from Today
4 EDs (3 old, 1 revitalized)	3 revitalized EDs
	1 specialty paediatric ED
1 urgent care centre	2 urgent care centres
5 care sites	6 care sites

# Next Steps

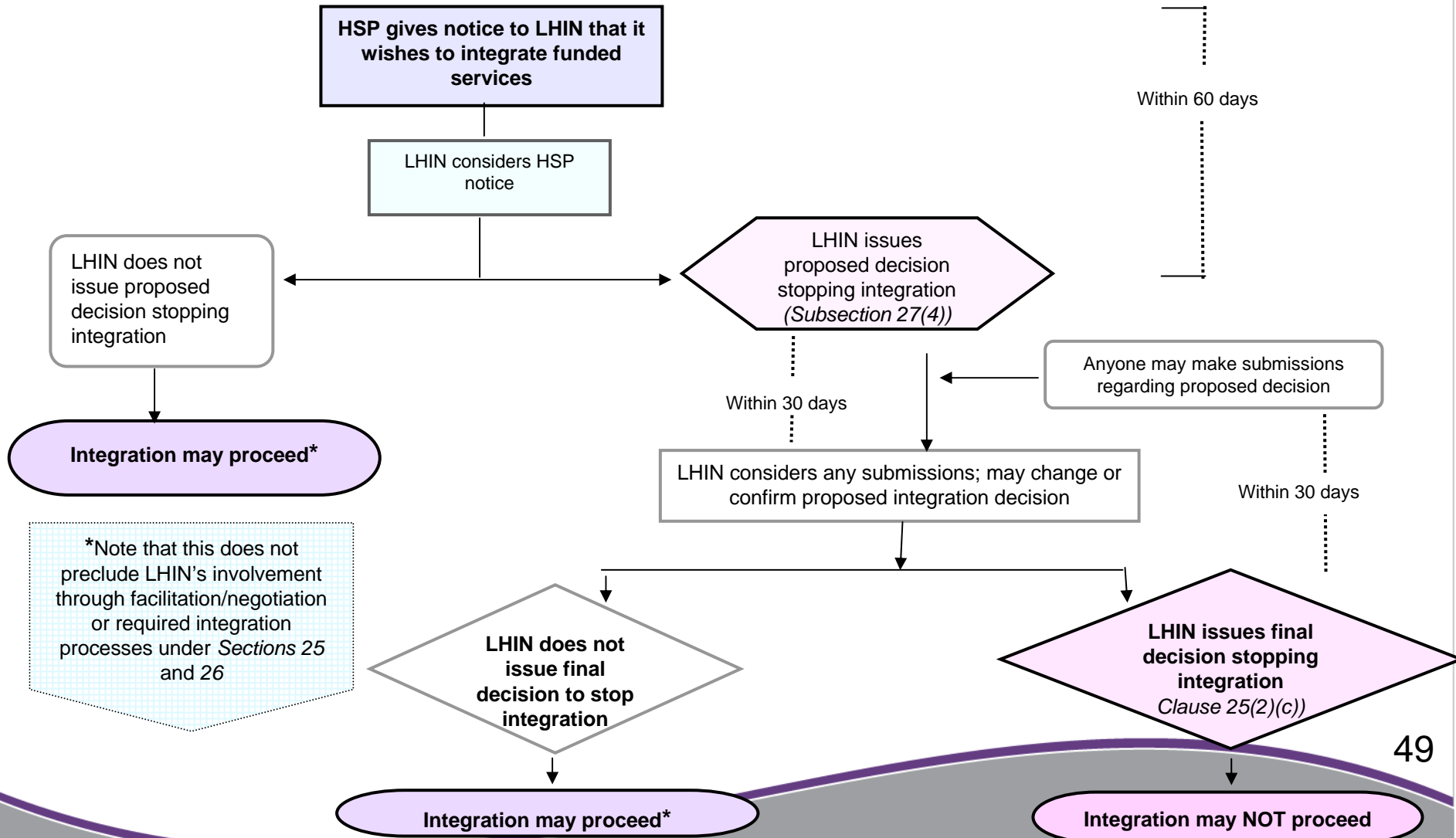
The HNHB LHIN Board has two options under the ACT

- To stop the integration
- To not stop the integration

Specific features

- Transfer of services between HHS and SJHH
- The development of an urgent care centre
- The proposed UCC site

# Role of the LHIN



# LHIN observations on public concerns and opportunities

- Public understanding generally as to why and how hospital services are organized now, and in the future, is low
- There is considerable interest in how primary and less urgent care will be accessible to all residents in Hamilton in the future, and the merits of another urgent care centre on the mountain. The timing is right:
- Province mapping existing resources, focus on family health and ED diversion, and LHIN wide emergency services planning
- Planning is ongoing for the future Children's Hospital
- Shared responsibility among hospitals, the City of Hamilton (Public Health, EMS, Transportation, Public Works) and primary care for an appropriate hospital system is essential
- Opinion among stakeholders as to what engagement should take place when, with whom and for what purpose is divided

# Consideration for the Public Interest

It will be important to gain public confidence. Proposed ways:

- HHS report regularly on progress for improvement to the LHIN and to the communities it serves
- HHS continue to work with its community partners SJHH, the Hamilton and McMaster Family Health Teams and future users of the Urgent Care Centre on the development and implementation of the UCC
- HHS continue to work with SJHH and the City of Hamilton EMS on an evidence based, Provincially supported ambulance off load protocol
- That HHS, with its partner SJHH, continue to define the range and scope of clinical service transfers and report them to the LHIN
- That the City of Hamilton's integrated human services planning include appropriate stakeholders for healthy communities