



## **Health Care Tomorrow – Hospital Services project**

### **Questions and Answers, July 2015**

#### **What is Health Care Tomorrow – Hospital Services?**

Health Care Tomorrow – Hospital Services is a collaboration between Brockville General Hospital, Hotel Dieu Hospital, Lennox and Addington County General Hospital, Kingston General Hospital, Perth Smiths Falls District Hospital, Providence Care and Quinte Health Care, as well as the Community Care Access Centre (CCAC), the Queen’s University Faculty of Health Sciences and the South East Local Health Integration Network (SE LHIN).

These partners have been working together to explore opportunities for shared hospital services and new or expanded collaborations in southeastern Ontario. The goal is to improve access to high quality care through the development of a sustainable system of integrated care.

#### **Why are the partners recommending changes to our current health care system?**

Many patients in our region struggle to access the services they need in a coordinated way, particularly as they move between different health care providers or levels of care. Our population is aging and many residents in southeastern Ontario need health care, but wait times can be long and services hard to navigate. This, combined with major changes to how hospitals are funded, increasing budget challenges, and evolving care models, have prompted hospital leaders to come together to develop a cost-effective hospital system that will work well for patients.

#### **What recommendations are in the report?**

There are ten recommendations within the Phase 1 Recommendations report.

The working groups investigating opportunities within the “Clinical Services” recommend further investigation of the following initiatives:

- Develop a regional system of care for highly specialized services
- Develop a regional system of care for urgent/emergent care
- Development of an Emergency Department Avoidance Strategy
- Standardize the approach to serve the needs of complex chronic/frail elderly patients
- Improve service delivery and the integration of care for complex patients/frail elderly

The working groups investigating opportunities within “Diagnostic & Therapeutics” recommend further investigation of the following initiatives:

- Develop a regional Diagnostic Imaging system to serve all the hospitals in the South East LHIN
- Develop a regional Laboratory system to serve all the hospitals in the South East LHIN
- Develop a regional Pharmacy system to serve all the hospitals in the South East LHIN

The working groups investigating opportunities within “Business Functions” recommend further investigation of the possibility of developing a shared service across the South East LHIN to support Finance, Human Resources, Facilities/Support Services and Information Services.

In all cases, working groups identified the need for further engagement and planning before moving forward.

#### **Who determined these recommendations?**

Over the last few months, working groups consisting of representation from the eight hospital organizations in our region, CCAC, SE LHIN and Queen’s Faculty of Health Sciences, with guidance and input from a Regional Patient/Family Advisory Group explored opportunities for shared hospital services and considered new or expanded collaborations with a focus on the following three areas:

- Clinical Services;
- Diagnostic and Therapeutic Services (imaging, laboratory, pharmacy services, etc.);
- Business Functions (finance, human resources, facilities/support services, and information technology).

#### **How did the working groups determine these recommendations?**

The approach to build the case for change and identify opportunities for regional collaboration was based on five key inputs:

1. Patients and families
2. Community input
3. Data analysis
4. Local expert advice
5. External advice from other jurisdictions

Any future decisions will be based on the same five inputs.

#### **Does this mean some hospitals will no longer provide a certain service?**

It may not make sense for seven different hospitals in the region to all provide a certain type of procedure or service. However, the option of redistributing services between hospitals would need much more analysis and community engagement before it would be seriously considered. While there are no specific patient service changes in the Phase 1 Recommendations Report, there could be future discussions about where certain services are delivered, particularly lower volume services.

#### **Does “regional lab system” or “regional pharmacy system” mean we wouldn’t have a lab or pharmacy staff at our hospital anymore?**

We will continue to need lab and pharmacy resources across the various hospitals in order to support quality care. Keep in mind that “regionalization” is different than “consolidation”. Regionalization means we are looking for ways to better collaborate, share services and/or integrate services. This approach will ensure we are providing access to quality care, while also making the most efficient use of our limited financial resources across the region.

**What does a “shared service” with Finance, Human Resources, Facilities/Support Services and Information Services mean? Are we amalgamating all of these areas?**

One of the options in the Recommendations Report is to create a shared service model for certain back office areas to deliver some or all of their services across all of the hospitals in the region. Like all of the options contained in the Recommendations Report, there is a great deal more analysis to undertake and input to gather before we would know exactly what this structure would look like, assuming it is a viable option for the future.

**Is this leading to hospital amalgamations?**

There are no plans as part of the Hospital Services project to close any of the hospitals in southeastern Ontario, or to change the governance (Board structure) of any of the participating hospitals. However, there are examples currently of shared management positions between hospitals and of shared services across the region (e.g., purchasing, laundry).

**How will this impact staff?**

It is too early in the project to know the impact of proposed changes to staffing at each of the participating hospitals. All of the organizations are committed to mitigating the impact of the project on their employees through strategies such as early retirement offers, reassignment opportunities, vacancy management, etc., where possible and appropriate. Change management planning during Phase 2 will include identifying the training required to support staff whose roles are impacted.

**How are patients involved in this project?**

There has already been extensive stakeholder and public engagement in this first phase of the Health Care Tomorrow – Hospital Services project.

- Patient Experience Advisors were part of each of the Working Groups and helped to bring the patient perspective to all discussions.
- A Regional Patient Advisory Council was established in late 2014, and provided insight into what aspects of the hospital system in southeastern Ontario can be strengthened to improve access and make better use of resources. This Council reported directly to the project leadership.
- Through the open house events and survey in May, more than 2,000 people from across the region have identified what they believe is important when it comes to their hospital services.

Staff, physicians, patients and communities members will have further opportunities to provide their input as we move into Phase 2 of Health Care Tomorrow – Hospital Services.

**How long until we start to implement changes?**

The Hospital Services Project has both short-term and longer-term components. There may be some areas where it is possible to implement change within the year, while other areas will take much more consultation, consideration and planning. It is expected that the project will continue as a collaborative effort for multiple years.