Board Report

TO: **Board of Directors**
FROM: **Lance Thurston, President and CEO**
DATE: **December 13, 2017**
SUBJECT: **Issues Update**

ORIGIN/PURPOSE

This report is for information purposes. No recommendations are included.

Meeting with Premier Wynne

At the recent Health Achieve conference in Toronto hosted by the OHA, I had the opportunity, along with other hospital CEOs, to meet with Premier Kathleen Wynne for about 45 minutes. The meeting was an informal meet and greet with not set agenda. I had the good fortune to speak directly one on one with the Premier for about 5 minutes. During our discussion she asked my opinion on the government's healthcare reform agenda. I noted that while in general the integration agenda is headed in the right direction, I implored her not to forget rural Ontario and rural hospitals, where our operating realities are far different than urban settings. I stressed that a truly patient centred approach must balance the drive for centralization with providing services close to home. She agreed that rural Ontario is important and that the government would not forget the importance of sustainable rural communities and hospitals. Notably, in her closing comments to the group and in her speech at the conference plenary, she noted the importance of small and rural hospitals.

Marginalized Populations

At the OHA conference I had the opportunity to attend a session that focused on how healthcare organizations are reaching out to better serve marginalized populations. The highlight for me was the experience of Dr. Naheed Dosani, a physician and head of the PEACH program in downtown Toronto. PEACH (Palliative Education And Care for the Homeless) is a Supportive & Palliative Care service of the Inner City Health Associates (ICHA), aimed to meet the pain & symptom, psychosocial and goals of care needs of homeless and vulnerably housed patients with life-limiting illnesses.

Dr. Dosani is an inspiring speaker and spoke to the fact that the traditional hospital treatment models do not recognize what he calls 'structural vulnerability' of marginalized people caused by social, cultural, economic and physical factors. He spoke of the difference between equality and equity and the persistence of social injustice in the healthcare system. This resonated with

me and discussions we have had with representatives of First Nations in Grey Bruce, who explained the trauma for many marginalized persons when encountering and navigating through the hospital system. This session validated for me the inclusive and sensitive approach we are endeavouring to take in engaging and providing culturally safe and sensitive care to our Indigenous residents and other marginalized or vulnerable populations within Grey Bruce (LGBTQ+, Mennonite, poverty, etc.)

Health System Funding Reform (HSFR)

One of the pillars of our Back to Balance initiative has been advocacy to have the HSFR funding model changed as it applies to GBHS. Our advocacy efforts early in the year yielded acknowledgement from the SW LHIN and the Ministry branch responsible for HSFR that the model was not a friend of multi-site hospital corporations serving a low growth rural region. We were optimistic from what Ministry staff were saying at the time, that a 'fix' for GBHS would be announced this Fall.

In recent weeks the Ministry and Ontario Hospital Association (OHA) have begun preparing the sector for the new 2018/19 fiscal year and outlining what if any changes to funding can be expected by hospitals. Unfortunately, no changes are being made to the funding model as it applies to GBHS. This is disappointing given that we were led to believe a 'fix' was on its way.

The Ministry continues to acknowledge that the funding model, particularly the HBAM portion, is not achieving the results expected and is highly problematic for small and medium sized hospitals. They are well aware of and understand our specific concerns. Ministry staff are examining options to make changes to the HSFR model, however, we have been advised not to expect any substantive changes for at least a year or two. We can only hope that while the Ministry reviews the funding model it continues to mitigate the harmful and unintended impacts of the model on organizations like GBHS.

We have sought advice from the SWLHIN on how best to proceed with advocacy efforts. The LHIN has been very supportive of the need for a funding model change for GBHS and has asserted our position with the Ministry on a number of occasions. They are an important and influential ally on this issue. We have requested a meeting with the Ministry to explore what options may be possible. While we appreciate the difficult position the Ministry is in, trying to design and apply a funding model that is equitable across all HSFR hospitals, we remain firmly of the view that the model must support cost effective integrated hospital systems, like GBHS, and must apply a rural public policy lens when considering hospital organizations serving small towns and rural communities.

Flu Season Surge Capacity Planning

The SWLHIN was allocated funding from the Ministry of Health and Long-term Care to open 43 acute care beds in hospitals across the region, excluding London (which already had additional beds assigned). The funding is for a limited time (the end of March 2018) and is based on a cost calculation of approximately $500/bed/day. The criteria for consideration are:

- Hospital sites have demonstrated medical/surgical occupancy pressures (occupancy rates ≥ 85%). Mental health occupancy rates were considered for Grey Bruce Health Services.

- Hospital sites have identified the ability to operationalize additional conventional (currently unfunded) beds with two weeks' notice. Beds must be net new and currently unused above baseline. Mental health beds will be considered for Grey Bruce Health Services.

- Consideration given to: Sub-region population density; Other system pressures within the sub-region (e.g., LTC Home closures)

- Process for Allocation:
    - **80% of sites' identified available capacity** will be allocated, with adjustments made for staffing efficiencies. Placement of these beds will not be adjusted post allocation.
    - Remaining **20% will be truly flexible** and will be allocated real-time where occupancy pressures are demonstrated as we move into flu season. Once allocated, occupancy rates will be reviewed and allocations adjusted where necessary.

GBHS at the time of consideration had an overall occupancy rate of about 86%. Its acute mental health and addiction unit at the Owen Sound hospital was (and is) experiencing capacity in excess of 100%. After careful consideration, GBHS requested funding for 6 additional mental health and addiction beds, which if allocated would enable the organization to relieve pressure on emergency and acute care bed capacity across the organization. In early November GBHS was allocated 3 mental health beds, subject to confirmation from the SWLHIN. At the time of writing that confirmation has not been received.

This temporary capacity relief will certainly assist in patient movement and flow through the organization and the region. There are, however, risks in accepting the surge bed funding. Hiring staff, acquiring necessary supplies and equipment on short notice, for a short duration potentially, will be challenging in an environment that already is challenged by nursing staff shortages. There is widespread speculation among the sector that the funding may not be discontinued in March in light of the labour and patient care disruption it would cause hospitals and communities.

Strengthening Decision Support

Over the last year, Decision Support has been working with some departments and programs to support the ongoing and growing need for reports and analysis as part of Back to Balance and external reporting requirements. Our organization has large numbers of systems and processes

that are used to report information. Decision Support has identified an opportunity to improve the accuracy, timeliness, and relevance of the information being generated. A third party, Information Builders, has been hired to help us review our data needs, reporting and analysis, and assist with the implementation of tools and a framework needed for better, consistent and timely reporting.

Information Builders is a business analytics and data integration company that has been around for 43 years, with a high Canadian presence in 10 Ontario hospitals as well as the Ministry of Health and Long-term Care. It has been successful in supporting organizations such as Grand River Hospital, Guelph General, Markham Stouffville Hospital and Quinte Health Care to transform their Information Management structures and processes.

The work is well underway. It is a key feature of the capacity building element of the Back to Balance initiative. Data drives performance management systems and determines financial reward or penalty for a hospital organization. Data analysis and management (data set design, data gathering, analysis, synthesis, evaluation and ongoing management in support of utilization management and decision-making processes) must be a high functioning core competency for any successful hospital organization

GBHS has a small cadre of skilled data management specialists. Additional staffing and third party support in this area for a period of time will assist significantly in avoiding costly funding surprises and will help in identifying revenue opportunities in a more proactive manner. Having sufficient staffing capacity to dig deep into the nuances of the funding formulae and offer insights as to how to improve processes that will maximize revenue opportunities and avoid costs is essential for the organization if we hope to take full advantage of the new funding model.

Healthy Hospital Landscape Project

GBHS is exploring a partnership opportunity with an Owen Sound group called Neighbourwoods North Owen Sound. This is a group of engaged citizens who have partnered with Owen Sound Field Naturalists and the Field Naturalist Club in Guelph to beautify and provide some environmental TLC to our community. Other opportunities will be explored to engage with other similarly minded community organizations, such as the Horticultural Society.

The group as proposed a 10 year partnership arrangement with GBHS Owen Sound to engage community resources, funding and labour in the beautification, naturalization and maintenance of new landscape initiatives on the Owen Sound Regional Hospital site. We have expressed our keen interest in this initiative and have created a small working group to begin conversations with Neighbourwoods North Owen Sound to develop a detailed multi-year plan. It is appreciated there are many details to be examined and addressed, such as flight path restrictions around the helipad, underground servicing, sight lines, liability insurance, etc.

Although the Owen Sound site has the benefit of many trees and shrub installations, opportunities abound for enhancements. This initiative is consistent with the organization's strategic plan and our intent to be more engaged with the communities we serve.

Stage 1, encompassing the first four years, would focus on tree planting and beautification efforts on the high visual public sides of the property. Stage 2, including years 5-7, would look at creating opportunities for healing pathways on and around the hospital grounds, and perhaps public art installations. The idea is to start slow and simple, and build upon success.

Acute Mental Health and Addiction Capacity Planning

The demand for acute mental health and addiction services in Grey and Bruce counties is growing appreciably year over year, particularly for children and adolescents. This demand routinely outstrips available resources. Owen Sound Regional Hospital typically has an occupancy rate of well over 100% on a regular ongoing basis in its acute mental health and addiction unit. Acute services for children and adolescents are desperately limited in Grey and Bruce. This growing gap between need and available service capacity is affecting not only the Owen Sound hospital, but every other community hospital in Grey and Bruce.

A recent regional review and capacity planning exercise led by the SW LHIN identified

While respecting the process we are undertaking on the Schedule 1 Mental Health and Addictions Capacity Planning Steering Committee, GBHS is proceeding with early planning around the following initiatives:

1. Creating a AMH holding/assessment unit adjoining our Owen Sound ER to help ease the burden on the ER. The idea would be to hold and assess patients presenting who often times do not need acute hospitalization and after 12 or 24 hrs can be discharged back to home or the care of a community agency. This will require some movement of other services and infrastructure adjustments, as well as staffing considerations.

2. Establishing a 4 bed child and adolescent unit in the Owen Sound hospital in order to properly and safely treat patients who now are placed on the Women and Child Unit in unsecured rooms, usually with a staff person sitting constant, until we can determine an appropriate care path. As you know we are only an adult facility formally, but have traditionally tried to handle children and youth to at least keep them safe while we work with community partners on a proper plan of care. Unfortunately this is not a proper standard of care and the patients, staff and the hospital are at heightened risk in these situations.

3. Recognizing that Number 2 above may take some time to secure, we are developing an interim plan to create 2 secure beds on Women and Child, with proper surveillance, security doors and other capital upgrades specific to this patient population. This still

would not have the necessary programming supports; it would just keep the patients and staff safer in a more effective manner.

4. Taking steps to improve the safety of our small hospitals that currently do not have proper safety and security arrangements – e.g. safe rooms for patients in crisis.

5. Refurbishing our acute mental health unit in the OS hospital to bring it up to modern standards so that we can better care for patients and better assure the safety of patients and staff. This is a significant undertaking as the unit was built in 1985 and has had minimal capital attention since then.

6. Psychiatrist recruitment efforts are in full swing and we have new physicians arriving this year and a number of prospects in the chute. We hope to be up to 6 physicians this year (currently at 3 due to retirements, and as low as 1 due to other circumstances). We think we can stretch our available funding to have a complement of 11 psychiatrists, which would be a reasonable number for the needs of the area. We have no full time child and adolescent specialists right now, but there is one in the recruitment process and we have locums and other partial arrangement to help us along. This is a focus for us going forward.

7. Staff training and education efforts are also being ramped up.

Needless to say, we will seeking funding opportunities to assist us with these efforts, including local fundraising through our foundations, private foundation opportunities, and of course the LHIN and Ministry.

As we firm up our plans we will of course keep closely tied to the regional capacity planning work underway. I don't want to preempt or erode that work in any way.