

# Sustaining Acute Health Care Services for South Georgian Bay Area

Presented to Blue Mountain Council  
April 23<sup>rd</sup> 2012



# Agenda

- \* New Directions – our plan for the next 3 years
- \* Current Challenges
- \* Opportunities



# Our Plan 2011- 2014

- \* Five Key Strategic Directions
  - \* Excellence and Innovation
  - \* Responsiveness
  - \* Effective Collaboration
  - \* Sustainability
  - \* Centre of Excellence in Orthopaedics
- \* The next slides will deal with each of these directions.



# Excellence and Innovation

- \* Heard from our community that we are meeting or exceeding their expectations most of the time – desire to continue to improve and plan to do so by:
  - \* Implementing processes that will improve the quality of care
    - \* Increase privacy in ER Triage
    - \* Medication reconciliation
    - \* Enhance infection control and prevention activities
    - \* Ensure environment is Senior Friendly
  - \* Help our patients and their families understand their role in health care safety
  - \* Developing and integrating a Code of Conduct and Service Excellence
  - \* Building on our culture of innovation and recognizing staff excellence



# Responsiveness

- \* We want to engage our community in order to be responsive to its needs – conducted a survey and learned:
  - \* Residents are passionate about “their’ hospital
  - \* Some are still in need of a family physician – will continue to recruit
  - \* How the G&M is funded is not well understood – need to provide more information
- \* We want to explore and create vehicles to obtain feedback from our community
  - \* Survey results indicated residents are willing to be further involved in the Hospital and wanted to learn more about how they can make a difference
  - \* Need to create the vehicles for feedback – on our website and through dialogue
- \* We want to enhance our transparency
  - \* Increase information presented on website, provide ongoing information updates to the community through various methods



# Effective Collaboration

- \* We want to enhance existing and build new partnerships to provide high quality, efficient and seamless health services by:
  - \* Strengthening our “local system” through service integration with health providers and other agencies in our local communities - Home for Life Project
  - \* Exploring the opportunities to enhance access and effectiveness of local health services through geographical co-location – vision is to create a “health campus”
  - \* Working with members of our community to ensure our environment and actions are senior friendly
  - \* Involving members of our community who wish to become more engaged in our Hospital



# Sustainability

Our community has indicated their desire to maintain the current level of services.

To continue to be the strong health care provider and deliver the current programs we need to:

- \* Develop and action a plan for financial health
- \* Develop and action an HR plan and ensure stability and expertise in our workforce
- \* Ensure our physical facilities meet the short and long term needs of the community
- \* Develop and action technology infrastructures, processes and expertise to meet current and future needs



# Excellence in Orthopaedics

- \* We want to take a leadership role with the NSM LHIN as an expert in Orthopaedics by:
  - \* Enhancing our current orthopaedic services
    - \* Implement care pathway with partner hospitals, CCAC, Long Term Care
  - \* Functioning as a regional orthopaedic centre
    - \* Provide this service to residents across the NSM LHIN
  - \* Providing leadership in the development of a LHIN-wide program



# Current challenges

- \* Increased volumes
  - \* Growth and Aging Population
  - \* Tourism
- \* Growing Orthopaedic Program
  - \* Recreational nature of the community
  - \* Regional provider
- \* History of Being Efficient
  - \* Few opportunities remain
- \* Facility Limitations
  - \* In need of re-development



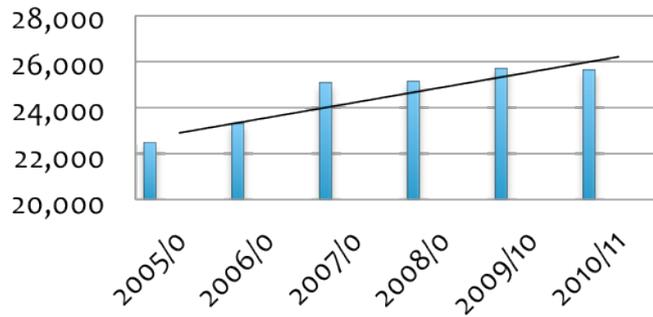
# Growth, Tourism, Aging Population

- \* Stats Canada 2011 showing population increases
  - \* Collingwood - 11.3% increase
  - \* Wasaga Beach - 16.7% increase
  - \* Slight decrease in residential population in Clearview and Town of Blue Mountain
- \* Estimated W/E Residents – 25,000 + + +
- \* Visitors/Tourists - 4,500,000 annually
- \* 1 in 5 patients in ER come from outside of catchment area (C'wood, WB, Clearview, The Blue Mtns.)
- \* Population served is older than provincial average

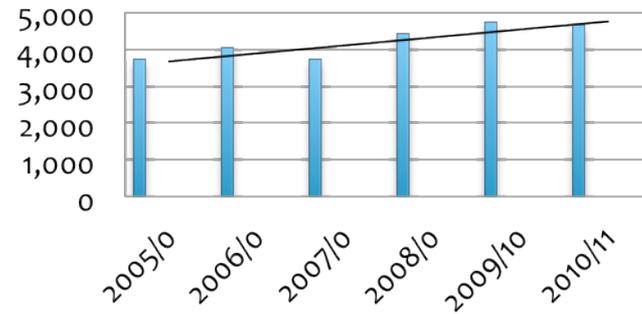


# Caring for a Growing Community

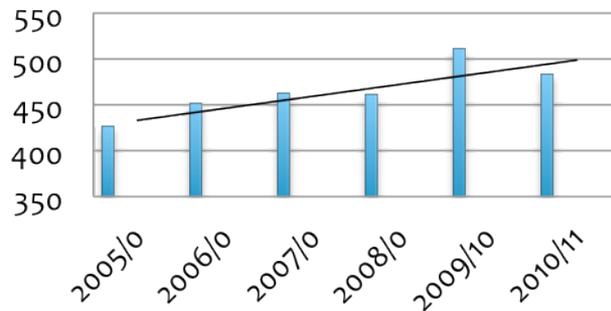
### Inpatient Days



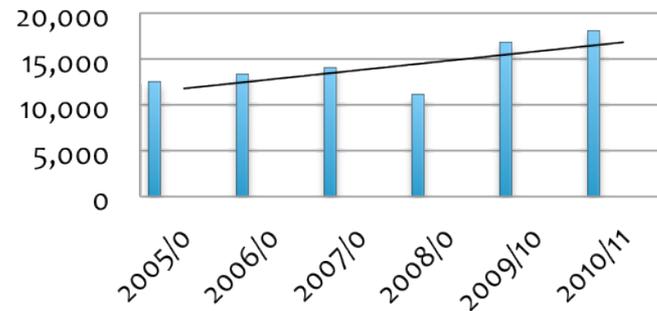
### Surgical Procedures



### Births

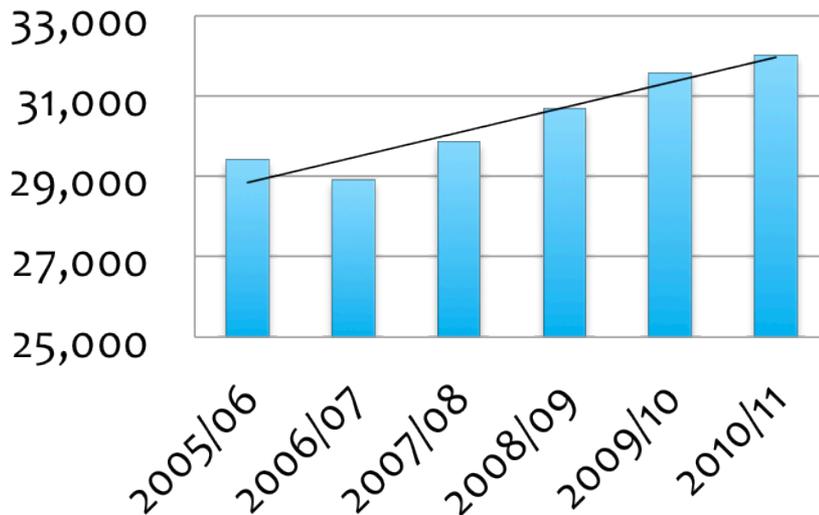


### Outpatient Clinic Visits

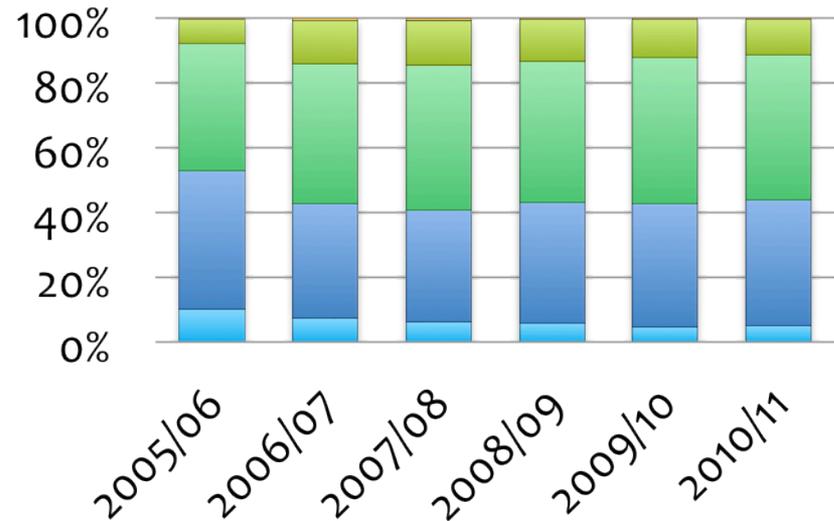


# Caring for a Growing Community

## ED Visits



## Percentage CTAS



CTAS is industry acronym for the score provided to a patient upon entry in Emergency – based on the illness of the patient.

- CTAS 5 - Non Urgent
- CTAS 4 - Less Urgent
- CTAS 3 - Urgent
- CTAS 2 - Emergent
- CTAS 1 - Resuscitation



# Orthopaedics

- \* Core program for our Hospital – due to demographics and recreational nature of catchment area
- \* Hospital is committed to providing Orthopaedics and we are poised to expand capacity
- \* Number of orthopaedic surgeries has increased by 75% in past 10 years
- \* Budget increases have been small percentage increases – not sufficient to support volume increases
- \* Orthopaedics is also an expensive program (often require prosthesis or implants)
- \* Serving others - out of catchment inpatient cases have increased by 148%



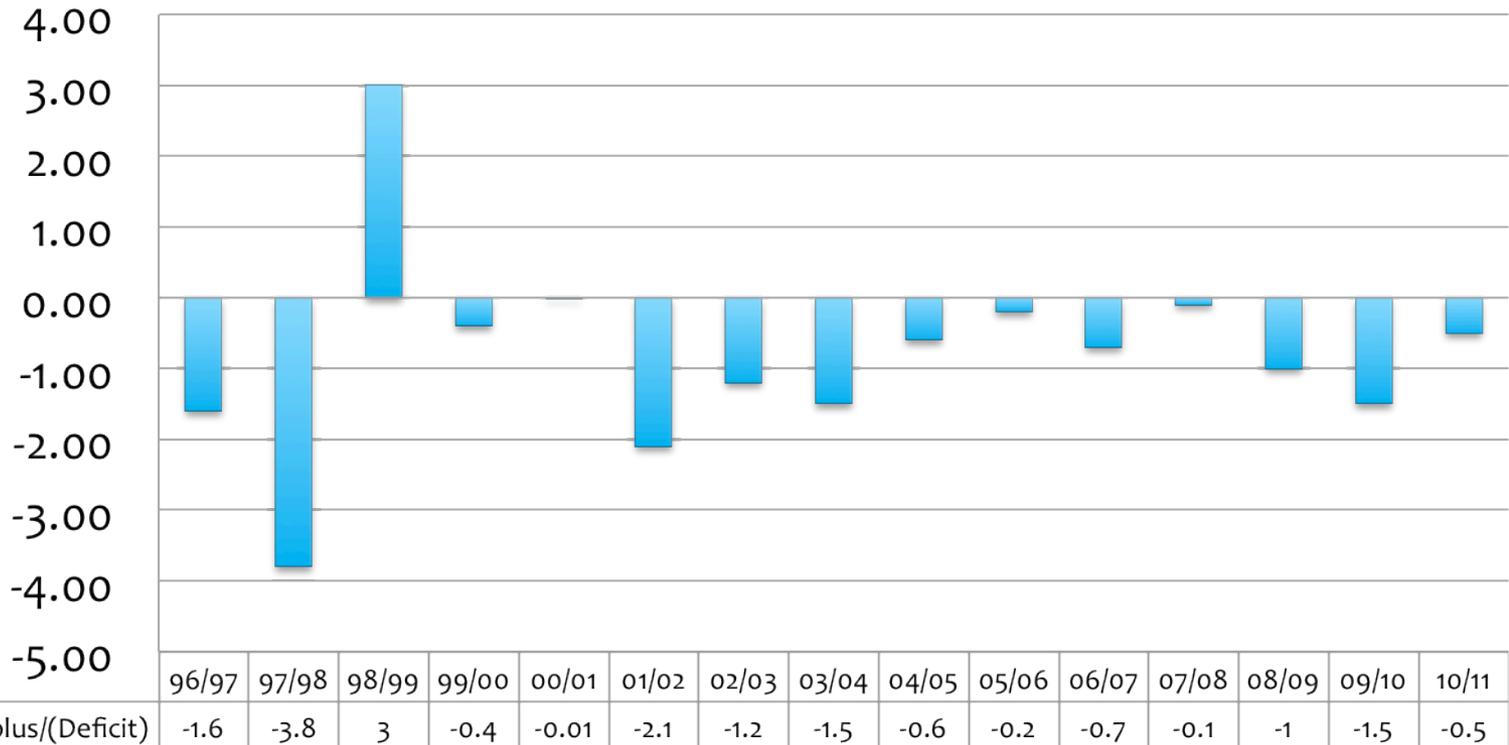
# Efficient Provider

- \* Low cost provider – cost per case is 11% below LHIN average
- \* Low overhead costs – 8.4% (LHIN average is 10%)
- \* Approx. 80% of our costs go directly to patient care (majority of costs are people costs)



# History of Small Deficits Despite Efficiencies

## Collingwood General & Marine Hospital Year-End Financial Summary



# Financial Picture

- \* Overall have managed growth and remained a low cost provider
- \* Annual cost reduction and revenue generation initiatives have minimized deficits
- \* Outcome - deferred investments and realized deficits for many years
- \* Recent budget deficits have:
  - \* Increased our working capital deficit
  - \* Diminished our cash flow
- \* In order to sustain operations in the short term a cash advance from the LHIN will need to occur in 2012/13



# Financial Sustainability – at the Tipping Point

- \* Board's conclusion early in 2011/12 – in order to maintain current core services, base funding must increase
- \* Hospital can not be sustained if it remains on the same track
- \* Approached NSM LHIN to request adjustment to base budget
- \* As first step in presenting our case to the Ministry for an increase to base funding, agreed to a Sustainability Review



# Sustainability Review – Findings

- \* Review confirmed
  - \* Services currently being provided are appropriate and needed
  - \* Services are unsustainable at current base funding
- \* Opportunity for an estimated \$1.0 million of savings and needed re-investment of \$550,000
- \* Despite savings significant shortfall remains – projected deficit for 2012/13 estimated to be over \$2M



# Redevelopment

- \* Phase 1 of our Clinical Redevelopment completed Dec. 2011 with “own funds” (Foundation and County of Simcoe)
- \* Need for major expansion identified some years ago and reaffirmed through Sustainability Review
- \* Unable to move this forward with Ministry – many redevelopment projects on their books
- \* Requested planning grant for the completion of Master Plan/Master Program Planning - no funding dollars available until 2015/16



# Opportunities

- \* Growth in the area served – a challenge yet an opportunity
- \* Continue to gain expertise in Orthopaedics – will be a large part of our future
- \* Lead for a Regional Orthopaedic program
- \* Strong partnerships with others will further integration efforts – e.g. Home for Life project
- \* Support of our community
  - \* Financially
  - \* Volunteers
  - \* Provide input to make us better



# “Hot Topics”

- \* Sustainability Review recommendations – laying off staff, closing beds
- \* Staff Morale, Concerns of Nurses Union (ONA)
- \* Executive Compensation
- \* Electronic Health Record
- \* Wait Times
- \* The Role of the LHIN



# Sustainability Review – Growing Deficit

Review recommended changes including:

- \* Reduction/change of staff on Medical Unit
- \* Reduction of beds on surgical unit
- \* Staffing changes in ER, Lab, Respiratory Therapy
- \* Expect to receive 0% funding increase but costs will rise by 2- 3 %
- \* Projected deficit for 2012/13 – over \$ 2M
- \* Currently working with LHIN to prepare case to go to Ministry of Health



# Staff Morale

- \* Hospitals no different than the rest of the world
  - \* Have been undergoing constant change
  - \* Economic pressures have resulted in reduced flexibility – impact on staff
  - \* No longer have ability to “guarantee” jobs – uncertainty is the norm
- \* Need to ensure the right person is doing the work - have re-introduced the Registered Practical Nurse or RPN versus all Registered Nurses. This was driven by availability of RNs and costs



# Union Concerns – Ontario Nurses Union (ONA)

- \* G&M has 4 unions – the largest being ONA
- \* Usual number of grievances from each of the others but increased number from ONA
- \* Concerned that we have re-introduced the RPN which mean fewer RN positions
- \* Collaborative scope of practice – both RN and RPN work together



# Executive Compensation

- \* Board conducts annual performance review of CEO
- \* Review is based on completion of previously agreed upon objectives including financial performance of the hospital and quality/safety performance
- \* Board also reviews results from Ontario Hospital Association salary survey comparisons
- \* Current salary (\$199,602) is lowest in peer group – approximately \$32,000 below the average
- \* Salary has been frozen for past 2 years. Bonus based on performance review
- \* Ontario CEO's salary are high – anticipate legislated framework will be implemented



# Electronic Health Record

- \* “Vision” of Ministry is to have an electronic health record across the province
- \* LHIN working to create some of the frameworks
- \* G&M has a number of pieces in place
  - \* Electronic documentation – for some but not all
  - \* Good connectivity with Family Physicians
  - \* ER able to access health record in Family Physician office



# Wait Times

- \* Recognize that there are wait times in ER and for some appointments
  - \* Have implement new process in ER to reduce wait time (meeting provincial averages)
  - \* New booking process – has created challenges for patients calling in to book tests. Working to improve the process
- \* Some procedures are separately funded by Ministry to help reduce wait times – hip and knee replacements



# Role of the Local Health Integration Network (LHIN)

- \* “Additional layer”?? – No, there has always been a intermediary (between Queen’s Park and Hospitals)
- \* Local – has the advantage that they know about us
- \* Advantages
  - \* Has brought organizations together across the care continuum (community, hospital, long term care)
  - \* All at the same planning table which did not happen before



# Questions

