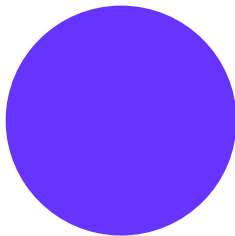
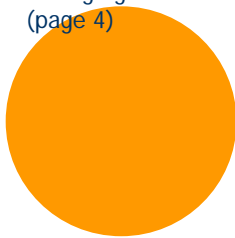




Managing Director's Monthly Report

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OHA Launches Member Engagement in Kingston

The chief lobby group for Ontario hospitals has two new executives, both equally determined to find a solution to a problem that plagues almost every hospital in the province.

That problem is the number of patients who are occupying hospital beds but don't belong in hospital. At the moment, there are 2,800 such patients in Ontario waiting for an opening in a long-term care facility or other home. Hospitals call them "alternate level of care" or ALC patients.

(Friday) Mark Rochon, chairman of the Ontario Hospital Association, and Tom Closson, the organization's newly appointed CEO, began a three-week fact-finding tour in Kingston, a city desperately in need of a solution to the ALC problem.

The city's only acute-care hospital, Kingston General, has the highest rate of ALC patients than any other North American hospital. Because these patients can occupy upwards of 70 beds at various times of the year, KGH has often had to cancel surgeries and turn away patients because there are no available beds. Rochon and Closson spent (the) afternoon with representatives of 18 Kingston-area hospitals discussing a range of issues, including the lack of options for patients classified as ALC.

(Friday's) meeting, held at the downtown Holiday Inn, was one of nine planned by Rochon and Closson between now and mid-March. The sessions are an

opportunity to introduce themselves to the various officials who run the province's 157 hospital corporations and discuss issues of concern. The ALC issue had already been identified as a priority by the hospital association. Closson said member hospitals raised the issue during informal discussions with him over the past month.

"The number of people in our hospitals who don't need to be there is 2,800 across the province - that's 18 per cent of hospital beds," Closson said. "On any given day we have almost 700 people [provincewide] admitted to the hospital but they're on a stretcher in the emergency department and can't get into an inpatient bed."

Closson said the hospital association is working with the Ontario government to ensure it "understands the size and the scope of the issue and to generate additional solutions which we believe would work."

Closson and Rochon said the association needs to "develop a rigorous methodology" to determine the type and number of health services needed by communities. Nursing homes aren't necessarily the answer to the ALC problem, he said.

The CEO cited a recent survey by a provincial home care agency that found 25 per cent of nursing home residents didn't require that type of care.



Profound change to Quebec health care proposed

A task force has proposed "profound" changes to Quebec's health care system, including a greater role for the private sector and a bigger contribution from taxpayers.

Among the working group's more radical proposals is that doctors be allowed under certain restrictions to practise in both the public and private systems and that private insurance companies be authorized to insure services currently covered under the public health program.

The government should also allow private firms to manage hospitals by testing their efficiency through pilot projects that could eventually lead to "productive new options" according to the report.

The head of the task force, former Liberal minister and insurance company executive Claude Castonguay, said people are demanding changes to an "incoherent and rigid" system and should be given the freedom to choose the kind of health care services they want.

"People can choose what car they want to buy, what suit they want to wear, what house they want to live-in, but when it comes to their health, they don't have a choice. That's what I'm against," Mr. Castonguay said in an interview Tuesday. "We are proposing to give a greater role to the private sector so that people can exercise a freedom of choice."

University of Toronto law professor Colleen Flood, scientific director at the Canadian Institute of Health Research and an expert on public-private health care financing, said she was surprised the task force would go as far as to recommend that doctors be allowed to practice in both the public and private health care systems.

"In my view that is the sort of irrevocable step towards a two-tier health care system," Ms. Flood said in an interview Tuesday. "Once physicians are able to work in the private system then you will start to see the real flourishing of that private system. Doctors will have a financial incentive to spend more time in the privately financed system ... and there is already a concern that there aren't enough doctors in the public system."

A similar dissenting view was expressed by task force member Michel Venne, who nonetheless supported many of the report's other recommendations. The task force proposes the creation of a "health stabilization fund" financed by up to a 1-per-cent increase in the provincial sales tax.

Funding would also come from a maximum 1 per cent to 2 per cent deductible based on income and the number of times a person uses the health care system. "This is not a user fee," Mr. Castonguay insisted. "We reject user fees."

The new funding scheme would collect slightly more than \$2-billion and would be used to curb the projected 5.8-per cent growth in government spending for health care to 3.9-per cent. Health costs currently makes-up 44-per cent of the total provincial budget.

Another cost for patients would involve charging a maximum \$100 "annual contribution" to become part of a health clinic and obtain access to a family doctor and other services. Statistics show that one in every four Quebec residents does not have access to a family doctor. The measure would act as an incentive for doctors to take-in new patients and give all Quebecers access to a family doctor within five years.

The task force insisted that the recommendations comply with the spirit of the Canada health Act but urged the federal government to change the law which "hampers the evolution of the provincial health systems."

The report argued that the Canada Health Act was too restrictive and failed to meet the increasing need for more private sector involvement in the health care system.

Hospital budgets should also be set differently to make health care institutions more efficient. The task force proposes that hospital budgets be determined by the services they provide to patients creating a financial incentive to treats patients adequately. "The money would follow the patients," Mr. Castonguay explained. "Patients would no longer be viewed as an expense but rather as a source of revenue for hospitals."

The report also responded to the needs of the province's aging population. It recommended that the government focus on improving home care services and that medical, nursing and certain specialized care be universally covered by the public system. However the tax credit offered to cover the cost of home care should be subject to a means test according to income.

The Globe and Mail



Upgrading Public Hospitals

New nursing call systems, roof replacements, upgrades to fire-alarm systems and improving heating and ventilations systems are among the upgrades to hospitals across the province that will help them offer higher quality care to Ontarians.

“Good patient care requires hospital facilities that are in proper working condition,” said Deputy Premier and Minister of Health and Long-Term Care George Smitherman. “The investment announced today will help make hospitals safer and more efficient, and ultimately help to reduce wait times for patients and increase access to family health care.”

More than \$36 million in infrastructure upgrades will benefit all Ontario hospitals, including:

- Structural upgrades for roof replacement and windows;
- Upgrading heating, ventilation and air conditioning systems;
- Improvements to comply with health and safety standards, such as upgrading back-up generators;
- Upgrading fire-alarm systems and other work needed to address requirements under the Ontario Building Code and Ontario Fire Code.

“This investment is an important step forward in helping to modernize hospital services across the province,” said Tom Closson, President and CEO of the Ontario Hospital Association. “The funding will help hospitals make much-needed improvements and enhancements to their infrastructure, which is good news for the people of Ontario.”

South East LHIN		
Quinte Healthcare Corporation -Belleville General site -Bancroft North Hastings site -Picton Prince Edward site -Trenton Memorial site	Belleville Bancroft Picton Trenton	\$552,852
Brockville General Hospital -Brockville General Hospital – St. Vincent de Paul site - Charles Street site	Brockville	270,401
Kingston General Hospital	Kingston	228,738
Providence Continuing Care Centre, St. Mary's of the Lake Hospital	Kingston	163,446
The Religious Hospitallers of St. Joseph of the Hotel Dieu of Kingston	Kingston	144,528
Lennox and Addington County General Hospital	Napanee	130,701
Perth and Smiths Falls District Hospital -Perth Great War Memorial site -Smiths Falls Community Hospital site	Perth Smiths Falls	263,785
Sub-Total		\$1,754,451



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A voluntary partnership of
health service organizations
in Southeastern Ontario
who are working together to
improve the delivery of
health services in the
region.

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Meetings Attended by Managing Director - February 2008

February 1 Meeting with Carole Taylor Project Director, Transitions Initiative	February 12 Meeting with Dr. John Puxty Frail Elderly Strategy
CCHSE Eastern Ontario Chapter Executive teleconference	Meeting with KGH and SE LHIN Surgical Coverage
SEO Integrated Supply Chain (iSCM) Weekly Project Management Teleconference	February 14 Transitions Initiative Communicators Team
February 4 Meeting with South East Regional Infection Control and South East Local Health Integration Network	SEO iSCM Governance Teleconference
South East Regional Infection Control Monthly meeting	February 15 SEO iSCM Teleconference with OntarioBuys
Meeting with Robert Kimsto (HCM) and Michael Thoen (SEO iSCM)	OHA Regional Session
February 5 SEO iSCM Governance Teleconference	February 19 HCNSEO CEO Committee
February 6 SEO iSCM Governance Teleconference	HCNSEO Incident Management Committee
Meeting with Dr. Peter Munt Regional Surgical Coverage	February 21 SEO iSCM Governance Teleconference
February 8 SEO Integrated Supply Chain (iSCM) Weekly Project Management Teleconference	February 22 SEO iSCM Teleconference with OntarioBuys
February 11 SEO iSCM Teleconference with OntarioBuys	SEO Integrated Supply Chain (iSCM) Weekly Project Management Teleconference
February 12 HCNSEO ITCSC Meeting	Presentation Obesity & The Health Care Provider
SEO iSCM Governance Teleconference	



Brockville General Hospital

