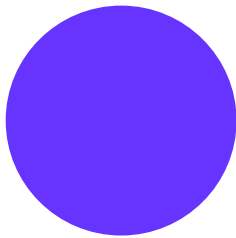




Managing Director's Monthly Report

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Cabinet Shuffle Imminent

At the time of writing, Thursday, June 19, 2008 at 11:00 am, several provincial and national media reports were signaling an imminent cabinet change at the provincial level.

The Toronto Star reported today that:

A sputtering economy and energy concerns have prompted Premier Dalton McGuinty to put George Smitherman in charge of Ontario's \$26.3 billion nuclear expansion and its \$60 billion upgrading of transit, roads and infrastructure.

McGuinty is announcing a cabinet shuffle tomorrow (Friday, June 20) that will see veteran MPP Gerry Phillips step down as energy minister. Smitherman, now minister of health, will be taking his job and the former duties of Public Infrastructure Renewal Minister David Caplan, government sources say.

The dual role in an energy and infrastructure super-ministry will "shore up" both fields at a critical time, a senior government source told the *Star*, as opposition parties raise concerns about mounting layoffs and the ability to keep the lights on in Ontario.

"The most direct thing the government can do to grow the economy in the short term is to make sure infrastructure projects are being built," said the senior government source, who spoke on condition of anonymity. "George is a driver. He's a go-getter. He'll be the person to get those projects in the ground."

The spring session of the provincial legislature wrapped up on June 18 and is unlikely to reconvene until September 22, this allows for a summer of briefings and updates for new Ministers.

However this leaves some very important announcements in limbo including several capital projects and the outcome of the investigator's report on the Kingston General Hospital.

Minister Smitherman was slated to announce some aging at home funding in Kingston on Saturday, June 21 at the Bowling Green Seniors Complex.

At this time, it is still on the Minister's schedule.



Chronic diseases swamping physicians

The needs of chronically ill patients are overwhelming the health system, new data released from the National Physicians Survey show. According to the survey, 80 percent of physicians say the growing needs of chronic patient care place the most demand on their time.

Fully 89 per cent of family physicians are seeing diabetic patients, 86 per cent are providing care to patients with health disease and/or hypertension, and fully 86 per cent have patients with chronic mental illnesses.

"Canada needs a coordinated, pan-Canadian approach to educate, train, recruit and retain a sufficient number of physicians to meet the needs of an aging population with multiple health problems," Dr. Louise Samson, President of the Royal College of Physicians and Surgeons of Canada, said in a news release.



Getting access to specialist support is a problem in some cases. Almost two-thirds of family physicians rate access to psychiatrists as fair or poor, and half say the same thing about access to mental health counsellors.

The situation is bound to get worse with 39 per cent of psychiatrists planning to reduce their hours of work in the next two years, as 32 per cent of them have already done in the past two years.

Access to cardiac care is better. Almost three-quarters of family physicians (72 per cent) say access is good to excellent. This may have something to do with the fact that heart specialists work longer hours than the average for specialists.

Over 19,000 Canadian physicians, including over 10,000 family physicians, responded to the 2007 NPS which can be found at www.nationalphysicianssurvey.ca.

Health Edition

Communication an issue in Ontario health care

Better communication is needed in Ontario's health system, a study by the Ontario Hospital Association's Change Foundation has found. The organization drew from a number of sources for its study including 10 focus groups with patients and caregivers.

Common problems identified were knowing who to call, what to ask, and how to move from provider to provider.

"Many patients and caregivers expressed confusion and frustration, asking: 'Who's in charge? Is anybody listening? And, what are the next steps in my treatment or care?'" Change Foundation CEO Cathy Fooks said in a news release. "Too often, they found that health care providers weren't communicating with each other – or with patients and their families.

And they had trouble trying to coordinate the health services they need, especially when moving from hospital to the community." She commented that even when care or coordination was excellent, it sometimes seemed to patients and caregivers that it was despite the system – not because of it.

The report makes a number of recommendations including accelerating the implementation of electronic health records so providers can better coordinate patient information, and access to a professional "care coordinator" or system navigator responsible for coordinating care across settings and providers.

The report is available at www.changefoundation.ca.



News From Away: Alberta Restructuring - Rural Hospitals at Risk

The Alberta government has signalled that it may be open to downsizing some rural hospitals, following release of a consulting company's reports on seven rural health regions which found a number of efficiency issues.

The Deloitte Inc. efficiency reviews of four of the regional health authorities (RHAs) were dated June or July 2007 while the other three were completed the year before. They were tabled in the legislature this May 29, a week before it adjourned for the summer, and first came to light in a Calgary Herald-Edmonton Journal special report last Friday.

Each of the comprehensive reports is well over 100 pages in length and they looked at the operations of Chinook Health, East Central Health, David Thompson Health Region, Northern Lights Health Region, Peace Country Health, Aspen Regional Health Authority and Palliser Health Region. The two urban regions in Calgary and Edmonton were not part of the study.

The individual reports provided a number of examples of rural hospital services being under-utilized. In the sprawling Aspen Regional Health Authority north of Edmonton, for example, the Deloitte team visited 10 of 18 facilities representing 72 per cent of total acute care bed capacity. Of 172 patient cases reviewed, 70 per cent overall met the clinical criteria for admission to the service they were receiving but this ranged from 52 per cent to 91 per cent. Most of them would have been better off in continuing care, rehabilitation, outpatient or home care.

Deloitte found a number of "cluster" opportunities that are common across all seven rural regions. This included developing a process for determining service delivery models for rural sites and conducting a "community economic impact review to determine feasibility and strategies around facility-based health services contraction in the non-metro RHAs." This is another way of saying there are opportunities for downsizing.

Athabasca Healthcare Centre was one of the Aspen facilities noted as being chronically under-utilized in the Deloitte report. But the thought of losing this facility does not sit well with the town's mayor.

"It's one of the heartbeats of the community," Mayor Colleen Powell told the Edmonton Journal. "It makes us a service centre and without that hospital we'll have significant problems."

The list of cluster opportunities also included the need to standardize approaches regions are using for activities such as trauma management, triage, home parenteral (intravenous) therapy, and admission criteria to assisted living and long-term care.

The Calgary Herald reported that the reports suggested upwards of 343 beds a year could be freed up if regions kept to accepted guidelines for inpatient stays. Health Minister Ron Liepert told the newspaper that there is a tendency for hospitals to fill beds if they are available and he suggested it may be time to change the roles some of these hospitals have. "If you have a current acute facility that frankly isn't providing standard acute care let's turn it into something else that actually does provide what it's supposed to be doing," he told the Herald.

This week, Premier Ed Stelmach reinforced these comments by saying rural hospital sites will not be closed but some could be converted to other purposes such as long-term care.

In fact, the government is in the midst of an ambitious action plan for health care to put it on a sustainable footing. This new direction has already seen the boards of the nine RHAs dissolved and a new single board created to oversee health delivery for the province.

The Deloitte list of cluster opportunities also recommended the government explore a shared service model for core corporate services — finance, decision support (clinical and administrative), human resources, information systems and support, and supply chain services.

The reports also identified health region relationships with physicians as an area of concern, and recommended the creation of accountability frameworks for physicians and medical leadership that become part and parcel of the broader regional performance management framework.

The seven efficiency review final reports can be found under:

http://www.health.alberta.ca/resources/pub_RHAs.html.



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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 - May/June 2008

May 1 3SO Legal Documentation Meeting	May 27 Transitions Initiative Meeting
May 2 3SO Operationalization teleconference	May 28 3SO Legal Documentation Meeting
May 5 Long-term Ventilatory Support Session	May 29 3SO Operationalization teleconference
May 6 Teleconference with Tiffany Jay MOHLTC EMU Acting Director	June 2 Regional Services Availability teleconference
May 8 3SO Legal Documentation Meeting	June 4 Rural Health Sciences Network
May 9 3SO Operationalization teleconference	Bone and Joint Health Network
May 12 3SO Change Management Strategy Session	June 5 3SO Legal Documentation Meeting
May 13 ITCSC Operations Group	June 9 SE Regional Infection Control Network
May 15 3SO Legal Documentation Meeting	June 10 ITCSC Operations Group
May 16 Transitions Initiative Meeting 3SO Operationalization teleconference	June 12 3SO Legal Documentation Meeting
May 20 HCNSEO CEO Committee	June 13 e-Health Presentation - Gail Paech
May 22 3SO Scoping Meeting HCNSEO Clinical Leaders	June 16 3SO Operationalization teleconference
May 26 SE CCAC Performance Improvement Plan HCNSEO Meeting	June 17 Joint CEO and Clinical Leaders Meeting
May 27 Incident Management Strategic Planning	June 18 End-of-Life Palliative Care
	June 20 OntarioBuys Meeting (Toronto) 3SO Board Meeting
	June 26 HCNSEO Meeting



Brockville General Hospital

