September-October 2007
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Managing Director's Monthly Report

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IMC Creating Winter Heat Wave

Tuesday, December 11, 2007

Ambassador Conference Resort

Various events of the past decade have highlighted the effects of climate change on human health - the 1998 ice storm being a prime example.

Heat-waves in North America and Europe have also heightened the awareness of the need for effective measures to protect vulnerable segments of our population. We are not immune to this significant health risk.

According to the World Health Organization, global warming could lead to the deaths of up to 150,000 people and five million illnesses a year. Between August 4 and 18, 2003 a continental heat wave caused 14,802 deaths in France alone and more than 35,000 across western Europe.

The HCNSEO's Incident Management Committee will hosting this first regional tabletop exercise using the same format as our recent annual *Symposia*. More than 250 decision makers from various levels of governments, healthcare communities, front line responders, municipalities, service providers, public and private sectors This one day event will provide an opportunity for participants to:

- practice the principles of multi-agency coordination;
- assess the regional level of readiness and communication;
- identify vulnerable populations and develop strategies
- proactively identify potential response gaps will be in attendance.

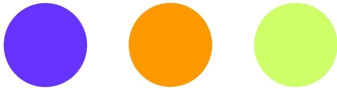
QHC Appointment

In September, Quinte Health Care announced that Katherine Stansfield has been appointed Vice President, Patient Services and Chief Nursing Executive (CNE). "Katherine has been with QHC since October 2006 and since that time has shown exceptional leadership in her role as Associate Vice President, Patient Services," said Bruce Laughton, President & CEO. "One of her many achievements has been coordinating our extensive efforts to increase capacity at QHC and improve the work life of our staff."

The CNE is a key leadership role of a hospital. Ms Stansfield will be responsible for the delivery of effective nursing services throughout Quinte Health Care and support excellence in patient care and nursing education. As Vice President of Patient Services, Katherine is also responsible to the CEO for delivery of high quality, patient focused care provided at the four sites of Quinte Health Care.

After 15 months as the joint Vice-President, Patient Services and Chief Nursing Executive for both Kingston General Hospital and Quinte Health Care, Eleanor Rivoire has decided to resume her full time activities at KGH. Ms. Rivoire said that given the priorities, changes and challenges at each institution, she felt that fully serving in both roles is no longer feasible.

"During her time at QHC, Eleanor's significant contributions benefited both hospitals and laid a foundation for future cooperation and joint initiatives. We are grateful to Eleanor for her leadership over the past year and wish her well as she returns to KGH full time," said Mr. Laughton. "Along with KGH, the QHC Board and Executive remain committed to continue building a strong relationship between our two organizations."



Fraser Institute: Wait Times Still Going Up

Wait times for medical treatment have reached an all-time high, the Fraser Institute said this week in its annual report on the issue. It said a typical Canadian seeking surgical or other therapeutic treatment had to wait 18.3 weeks or about four-and-a-half months in 2007. This is up from 17.8 weeks in 2006.

The time period from referral by a general practitioner to specialist appointment edged up from 8.8 to 9.2 weeks, while the interval from the consultation with the specialist to treatment rose marginally from 9.0 to 9.1 weeks. This would seem to underscore the observation that some medical groups have made that there is a backlog of patients waiting to get in to see busy specialists.

The shortest wait times are for cancer treatment – 4.2 weeks for medical oncology and 5.7 weeks for radiation oncology. Here patients do not have to wait as long to get in to see a specialist: less than two weeks for a radiologist and less than two-and-a-half weeks for an oncologist.

Conversely, the longest wait times in the country are for orthopedic surgery – 38.1 weeks or over nine months in total. Hip and knee replacement surgery is one of five priority areas picked by health ministers for targeted improvements, and it has been widely viewed as one of the toughest wait-time nuts to crack because of rising demand.

But the Fraser Institute report shows signs of progress: although wait times to see an orthopedic specialist are up slightly from 2006 to 2007, the time to treatment is down significantly: by almost three weeks. The 2007 survey, the 17th one the Fraser Institute has done for its "Waiting Your Turn" report, found the shortest overall wait times in Ontario (15.0 weeks) and the longest in Saskatchewan (27.2 weeks).

Improvements in the overall wait-time picture, from 2006 to 2007, were discovered in British Columbia, New Brunswick, Prince Edward, as well as Saskatchewan, and a downward turn in the other six provinces. The biggest slippage was found in Newfoundland and Labrador – up by 3.6 weeks from the past year – with Alberta just behind at 3.2 weeks.

The survey got some 3,200 physicians in 12 medical specialties to report on wait times for their patients. The report calculated the median result for each specialty and for each province.

The fact that the survey collects physicians' estimates is its major failing according to federal Health Minister Tony Clement. In a letter to the editor published in Wednesday's National Post, he pointed out that the Health Council of Canada said in June that wait times have gone down "dramatically" in some cases.

CIHI: Longer ED Waits for Beds in Large, Teaching Hospitals

The older and sicker you are, the longer you will likely wait to get a hospital bed if you have been admitted through a hospital emergency department. You will also typically wait longer if you have gone to a big city hospital versus one in the country.

The third report from the Canadian Institute for Health Information (CIHI) on emergency department wait times was released this week, and it shows that most hospital admissions other than childbirth (60 per cent) come through EDs — 1.1 million in 2005-06. The proportion was 70 per cent or above in the three territories, and 63 per cent in British Columbia.

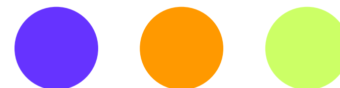
Once the decision to admit a patient has been made, how long the wait time will be for an available bed depends a lot on the size of the hospital. Median wait times ranged from 18 minutes in small community hospitals to 2.3 hours in teaching hospitals.

Some people waited a lot longer. Fully 10 per cent of patients at large community and teaching hospitals had to wait over 17 hours for a bed, and 1-in-20 endured a wait of 24 hours or longer.

CIHI also found that wait times for beds at larger hospitals tend to be shorter on weekends and in the evening.

Wait times are also influenced by the amount of ED traffic made up of patients who do not really need to be there and require what is called "alternate level of care." Some hospitals have developed strategies to divert this type of traffic from EDs.

The report, "Understanding Emergency Department Wait Times: Access to Inpatient Beds and Patient Flow," can be found at www.cihi.ca.



CIHI: Alberta, B.C. and Ontario Principal Destinations of Migrating MDs

A new Canadian Institute for Health Information report reinforces long-standing concerns about critical doctor shortages in many rural communities and shows that Alberta is now the top destination for doctors on the move.

"Distribution and Internal Migration of Canada's Health Care Workforce," a unique study that looked at the intra- and inter-provincial supply and migration patterns of the majority of health-care workers in Canada between 1986 and 2001, showed that rural areas of the country lost on average 1.3% of their physicians to urban areas every year between 1986 and 2001.

Net losses for rural physicians through migration was 9.4% for the years 1986 to 1991, 4.1% for the years 1991 to 1996 and 8.3% for the years 1996 to 2001.

By way of comparison, rural net losses were also common for the general population (except from 1991 to 1996, when net gains were experienced), but the rate of departing rural-based physicians—particularly for general practitioners—was still significantly greater.

"Rural Canada is losing physicians at a great rate and increasingly over the last few years," Dr. Roger Pitblado, lead author of the study and a senior research fellow at Laurentian University here, told the Medical Post.

The reason? "It's a combination of things," Dr. Pitblado said. "It's a hard go in rural Canada—very small numbers of physicians are dealing with an increasing, aging population.

"I don't think it's a money thing per se in terms of attracting physicians in rural Canada."

Alberta, B.C. and Ontario
Additional findings from the CIHI report showed that magnet provinces such as Ontario, Alberta and British Columbia typically attracted the largest number of physicians to move from one province or territory to another.

Ontario and particularly B.C. were the principal destinations for interprovincial migration in the earlier years of the study, but in recent years Alberta has claimed this distinction.

In comparison with these provinces, Newfoundland and Labrador, Manitoba and Saskatchewan had more physicians move out of province than into the province during each of the one-year migration periods in the study.

"We know a fair amount about the distribution of physicians but we don't know enough about the details of their mobility, and that's a dynamic component," Dr. Pitblado said. "That dynamic component hasn't been properly incorporated in health human resources planning models."

From The Medical Post
(October 9, 2007)

Hudson to Spearhead ED Wait Strategy

- Dr. Alan Hudson has been selected to spearhead Ontario's expanded wait-time strategy to encompass hospital emergency rooms. For the last four years, he has been in charge of the province's wait-time strategy that has targeted five priority procedures: heart and cancer surgery, hip/knee replacements, diagnostic scans and cataract removals. "We're going to build on the success we've had bringing wait times down elsewhere in our hospitals to significantly speed up emergency care," Premier Dalton McGuinty told a news conference October 12, 2007.

  Dr. Hudson's work will focus on relieving pressures in Ontario's ERs through investments in such areas as illness prevention and expanding access to care in the community. The government will also create an Emergency Department Information System to help measure wait times in emergency rooms. Together with other expert advice, this information will help establish targets for timely patient care.

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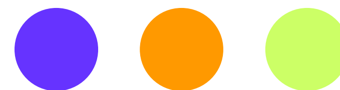
A voluntary partnership of health service organizations in Southeastern Ontario who are working together to improve the delivery of health services in the region.

www.seohealthnet.com

Meetings Attended by Managing Director September/October 2007



September	October
Sept. 5 • Regional Clinical Leaders	Oct. 1 • SE Region Infection Control Network
Sept. 6 • Information Technology Operations • Supply Chain Project (Governance) • SE LHIN Collaborative Governance	Oct. 2 • Ontario Telemedicine Network Provincial Sympsium
Sept. 7 • Supply Chain (Human Resources)	Oct. 3 • Patient Safety Subcommittee
Sept. 10 • SE Region Infection Control Network	Oct. 4 • Information Technology Operations • PSFDH Accrediation (Leadership)
Sept. 11 • Supply Chain (IT) • South East Palliative Care & End of Life Network	Oct. 5 Supply Chain (Project Management) Oct. 10 • Supply Chain (IT) • SE CCAC InfoNaut Presentation
Sept. 12 • Diagnostic Imaging Leaders • Supply Chain (Service Agreement)	Oct. 12 • OHA Region 2 Annual Meeting • Supply Chain (Project Management)
Sept. 13 • Supply Chain (Finance)	Oct. 15 • Supply Chain (OntarioBuys)
Sept. 17 • SE LHIN Collaborative Governance	Oct. 16 • CEO Committee
Sept. 18 • CEO Committee • Incident Management Committee	Oct. 17 • Medical Transportation RFP Meeting
Sept. 20 • Supply Chain (Governance)	Oct. 18 • DI Leaders
Sept. 21 • SE Region Infection Control Network	• OTN Regional Advisory Committee • Supply Chain (Governance)
Sept. 24 • HDIRS (DI-r/PACS) Kick Off Meeting	Oct. 19 • Supply Chain Project Management
Sept. 26 • QHC Board Presentation	• Liaison Committee
Sept. 27 • Supply Chain • Regional Stroke Committee	Oct. 22 • SE LHIN Board Meeting (Kingston)
Sept. 28 • Leadership Conference (Providence Care) • LACGH Board Luncheon	Oct. 24 • KFLA Plublic Health Presentation