

Presentation to Board Erie St. Clair LHIN

# Planning for a Sustainable Model of Healthcare:

## Planning Exemplary Care for Rural Communities

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# Presentation Overview

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- CKHA – A model of collaboration
- CKHA - Where we are today
- CKHA's Vision: Redefining healthcare
- What we propose: short and medium term
- Next steps



# CKHA – A model of collaboration

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- PGH, SDH and St Joseph Hospitals were mandated by the government to form the CKHA in 1998.
- Collaboration of community, rural & faith-based hospitals
- Unique partnership model in Ontario and Canada for over a decade
- Three behaving as one
- Accountable for hospital services for 110,000 residents within Chatham-Kent



# CKHA – A model of collaboration

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- Sponsored full integration of hospital operations
- Achieved 100% of design objectives:
  - Collaborative governance structure
  - Single management and back office structure
  - Single medical staff structure
  - Harmonized bargaining units
  - Service rationalization and consolidation, unique offerings across sites, minimized duplication
  - Leveraged economies of scale, standardization, performance and critical mass



# CKHA – A model of collaboration

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- Successes: from performance metrics and IT adoption to Top 100 Employer in Canada
- \$92 million redevelopment activities across sites
- Other success stories: program consolidations, PACS, e-Health initiatives, regional and satellite services, MRI, award winning initiatives in nursing, mental health, safety, communications, “Green” achievements, wait time improvements, shared services and fiscal performance



# CKHA: Where we are today

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- Roll out of 2009/10 fiscal recovery project ~ \$4 M
- Roll out of *Imagine* project – SDH and PGH sites
- Roll out of 2009-11 iteration of strategic plan:  
*Redefining healthcare: Renew, Retool, Rebuild*
- Support of Shared Services initiatives: CHIS, PROcure, Communications, Occupational Health
- Physician recruitment infrastructure and successes
- Use of partnership approaches with community and regional providers: CCAC, YMCA, UWO, SWOMEN, etc
- Positive relationships with providers and LHIN



# Redefining healthcare\*

\* CKHA Strategic planning retreat 2008

## Old World

- Patients
  - Acute episodes
  - Single intervention
  - Disease management
  - Cases / production
  - Service volumes
  - Enrolment
- Organization bias
- Data / trends
- Silos of care
- Networked
- Practitioner
- Profession-centred

## New World

- Populations
  - Ongoing chronic disease
  - Pathways of care
  - Disease prevention
  - Performance targets
  - Clinical outcomes
  - Navigation
- System bias
- Information / knowledge
- Seamless care
- Integrated
- Teams
- Patient-centred



# Redefining healthcare\*

\* CKHA Strategic planning retreat 2008

## Old World

- Buildings
- Service employees
- Risk management
- Adaptability / follow
- Strive for results
- Responsible
- Staff recruitment / retention
- Technology deployed
- Physician as independent contractor

## New World

- Workplaces
- Knowledge workers
- Risk Avoidance
- Innovation / lead
- Deliver results
- Accountable
- Staff engagement
- Technological savvy
- Physician as partner in performance



# CKHA – Where we are today cont'd

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- Hay study: options for ED, building condition
- Master planning / programming process underway for hospital / site roles and related infrastructure

innovative healthcare facilities  
**Imagine**



- Requirement to balance budget and HSAA targets
- Need for sustained structural change, change management and communication

# CKHA – Process & findings to date:

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- Internal consultations across all campuses
- MAC & Board committee consultations
- LHIN consultation & workshops
- Community feedback
- Emerging Themes:
  - EMS capabilities/capacity
  - Transportation
  - First Nations access
  - Gaps in primary care
  - Physician human resource shortage
  - Facility deficiencies



# CKHA – Challenges:

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- Absence of clinical services planning across LHIN (former DHC functionality)
- Fiscal recovery, program design & facilities planning require LHIN-wide planning lens
- Need sustainable primary care and emergency / urgent care models for Chatham-Kent
- Gaps in care growing, e.g., First Nations, chronic disease, electronic networks for referrals and seamless care in community



# CKHA – What we propose:

## Short term:

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- Develop Project Charter\* & 5 year planning window, with funding, to work with community / hospital / & regional interests to enhance local health services, with emphasis on ED services & primary care within C-K
- Secure stabilization funds – planning funds, infrastructure improvement & HR plans, clinical coverage / physician funding (AFA, HOCC, etc)
  - Sydenham Campus ED to remain open 24/7 during this period.



# CKHA – What we propose:

## Short term cont'd

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- Develop communication & public education strategy for community health services planning & utilization
- Develop planning framework for primary care:
  - Create Steering Committee on Primary Care strategies including First Nations
  - Establish working group on “comprehensive primary care” models
  - Incorporate planning options in CKHA “*Imagine*” project



# Working elements of a Project Charter\*

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- To respond to needs and challenges emerging within C-K
- To develop a vision for health services delivery across C-K
- To create sustainable strategies and systemic approaches to care across C-K
- To ensure best use of limited health care resources among institutional and community providers
- To link LHIN and community partners in planning for C-K
- To incorporate directions within CKHA's *Imagine* project
- To incorporate short term gains into longer term strategies
- Through participation and regular reporting, to engage community and other stakeholders in change management
- To increase and improve avenues of communication
- To improve collaboration among providers
- To develop a framework – project charter – to organize the above



# CKHA – What we propose

## Medium term:

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- Review and implement best practices for EMS, transportation and service access within C-K
- Explore & implement provincial guidelines for small hospital EDs (Northern & Rural Health Care Panel)
- Additional / accelerated capital medium term funding for SDH site stabilization until rebuild
- Partner with community services (CCAC, CHC, Family Health Teams) to divert appropriate patients from hospital ED's
- Fund investments at the Chatham ED site to create a C-K “Base Hospital”



# CKHA – What we propose

## Medium term cont'd:

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- Advocate for stable AFA funding (medical staff) for two site CKHA ED system
- Explore options to divert care of CTAS 4, 5 to community based services / models
- LHIN to fund project thru HSAA
- Incorporate comprehensive care model within Master Program / Master Planning for CKHA (SDH and PGH redevelopment plans)



# Next Steps

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- Joint sponsorship & approval
- Implementation / work plan
- Master planning support: *Imagine* project, interim SDH facility investments
- Planning horizon for sustainable care at SDH: 5 years
- Interim / stabilization funding, both sites
- Planning priorities: primary and ED/urgent care, clinical and community services planning, EMS capacity and capabilities, First Nation programming, physician models and HR planning



In short:

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We have a vision

The CKHA model works

We need an Alliance and LHIN-wide plan

We need to make interim investments

*We need time*

