

**Waterloo Wellington LHIN  
Health Service Provider Joint Planning Meeting**

Cambridge Memorial Hospital  
September 18, 2007



# Outline

1. WWLHIN Priorities – IHSP
2. CMH – Strategic Priorities
3. Current Pressures
4. Integrated Solutions
5. Partnerships



# WWLHIN 2008/09 Priorities

- Improve access to health services and overall health of population through linkages with community service agencies
- Reduce wait times for acute care and long-term care services
- Enhance system effectiveness through partnership development
- Build community capacity to achieve a sustainable health system



# Mission Statement

## Vision:

We will be the best community hospital we can be.

## Mission:

We will provide expert, patient-focused acute care services.

## Values:

Respect

Innovation

Accountability



# Operational Priorities

## 2008/09

- Quality Patient Care & Patient Safety
- Prudent & Accountable Fiscal Management
- Investment in CMH
- Learning Environment
- Leader in LHIN



# CMH Initiatives/Successes

- Lowest CT wait time in LHIN
- Lowest wait time for Hip replacements in Province
- 2<sup>nd</sup> lowest wait time for Knee replacements in Province
- “Best Practice Spotlight Organization” with RNAO  
– 3 year partnership (2006-Apr to 2009-Mar)
- Opened 5<sup>th</sup> & 6th OR (25% increase in surgical procedures)
- Received 3-year Accreditation



# CMH Initiatives/Successes

- Attained an operating surplus
- New 64-slice CT scanner
- Financially sound organization
- Benchmarks moved from 90th %ile to 50th %ile (some areas from 50th %ile to 25th %ile or better)
- \$5.8M in savings removed from admin, support areas (patient service workers, 21 management positions, environmental services, human resources, IMT, finance)
- Opened “Kids Express” clinic



# CMH Initiatives/Successes

- Met and exceeded provincial benchmarks and standards in all areas of clinical care
- Invested \$7.9M in new capital equipment and renovations (self funded)
- Approved Capital Redevelopment Project (Phases A & B - \$125 million)



# Region of Waterloo: Economic Growth Predicted to be Among Top Four

- The Conference Board of Canada predicts the Region's economy will grow by 3.5% annually from 2008 to 2011, ranking it fourth in Canada behind Toronto, Oshawa & Calgary.
- Alan Arcand, Senior Economist Conference Board of Canada, April 2007.  
“Technology is one area of the economy that's allowing the region to diversify”

Source: Conference Board of Canada, 2007



# Cambridge Community Profile



- One of the fastest growing and strongest economic areas in Canada
- Part of the Region of Waterloo with 2004 population of 488,500 and forecast to reach 729,000 by 2031

	CAMBRIDGE	WATERLOO	ONTARIO
2001	110,372	438,515	11,410,046
1996	101,429	405,435	10,763,573
1991	92,772	377,762	10,084,885
1986	79,920	329,404	9,102,000
1996 to 2001 Population increase	8.8%	8.2%	6.1%
1991 to 1996 Population increase	9.3%	7.3%	6.6%
1986 to 1991 Population increase	16.1%	7.8%	5.5%

Corporation of the City of Cambridge, 2006, pp.17



# Population of Cambridge and North Dumfries

	2006	2011	2015	2020	% Change from 2006
<b>0 - 14</b>	26,382	25,875	26,473	28,461	7.9%
<b>15 - 19</b>	10,167	10,567	10,317	9,348	-8.1%
<b>20 - 44</b>	52,749	55,418	58,535	61,854	17.3%
<b>45 - 64</b>	33,692	40,794	44,043	46,744	38.7%
<b>65 - 74</b>	7,741	9,223	11,684	14,335	85.2%
<b>75+</b>	7,068	8,034	8,754	10,239	44.9%
<b>Total</b>	137,799	149,911	159,806	170,981	24.1%
<b>65+</b>	14,809	17,257	20,438	24,574	65.9%

Prepared by HCM Group, Inc.

Source: Statistics Canada / MoF forecasts based on 2001 Census, adjusted to CSD level



# Social Planning Council of Cambridge and North Dumfries

- A review of these health care trend lines shows overall ongoing pressure on our health care system. Given our increasing population, it can be expected that these pressures will continue.
- The growing wait list for Long-Term Care beds is a concern given our aging population which will continue to put pressure on these services.

Source: Community Trends in Cambridge and North Dumfries – June 2007

Published by : Social Planning Council of Cambridge and North Dumfries



# Patient Population Pressures

- Most prevalent acute conditions:
  - Cancer
  - Cardiac
  - Pulmonary disease
  - Mental Health

- Most prevalent chronic conditions:
  - Arthritis
  - High blood pressure
  - Heart disease
  - Asthma
  - Bronchitis
  - Diabetes



# Clinical Pressures

- Health Human Resource Shortages
- Alternative Level of Care (ALC)
- Mental Health
- Emergency Services
- Diabetes
- Dialysis



# Human Health Resources - Medical

## Underserviced Area

- Approximately 27,000 residents of Cambridge do not have a family physician

## Medical Manpower

- Acknowledged by MoHLTC as underserviced for GP/FP
  - Cambridge Memorial: Complement of 72 physicians  
Carrying 12 vacancies
  - Waterloo Region: 23.6% of GP/FP positions vacant
- Emergency Department now fully staffed and stable
- CMH IMG failure rate preventing full time staffing achievement
- Pressures
  - Radiologists
  - Psychiatrists
  - Hospitalists
  - Internists
  - Orthopaedic Surgeons
  - Anaesthesiologists



# Emergency

Pressure	Past	Future
<ul style="list-style-type: none"> <li>■ Patient Flow &amp; Bed Capacity</li> <li>■ Physical Department requires new construction to expand size to provide more treatment spaces.</li> <li>■ CCAC clinic and NP Clinics for follow up will reduce return visits</li> </ul>	<ul style="list-style-type: none"> <li>➤ NP/PA Demonstration Project</li> <li>➤ Departmental Renovations</li> <li>➤ Additional Triage Nurse to manage peak hours</li> <li>➤ Off Load Delay Reduction Project with EHS</li> </ul>	<ul style="list-style-type: none"> <li>➤ NP Clinic for CHF, COPD, DVT and follow up</li> <li>➤ CCAC Clinic on site EDIS</li> <li>➤ LTC/ED Visit Trend Analysis &amp; Strategy Development</li> <li>➤ Capital Redevelopment of ED</li> </ul>



# Emergency

Pressure	Past	Future
<ul style="list-style-type: none"><li>■ Clinical Decision Unit</li> <li>■ Alternative Level of Care</li> <li>■ Mental Health</li></ul>	<ul style="list-style-type: none"><li>➤ Social Work</li> <li>➤ CAPE</li></ul>	<ul style="list-style-type: none"><li>➤ Capital Redevelopment Phase B</li> <li>➤ Regional Initiatives</li> <li>➤ Regional Initiatives</li></ul>



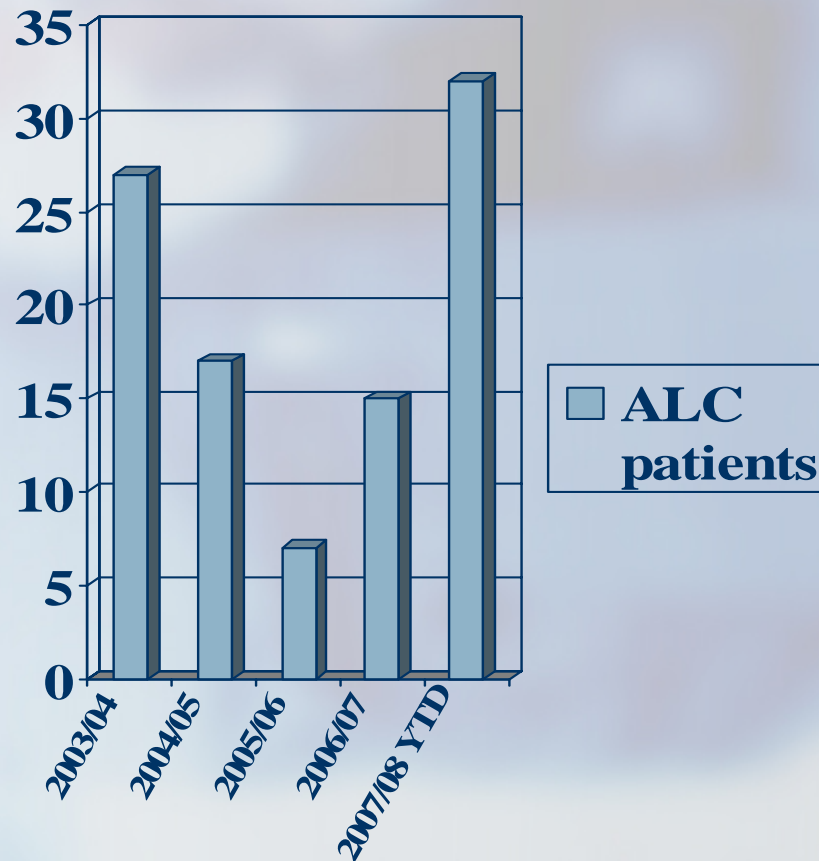
# Seniors

Pressure	Past	Future
<ul style="list-style-type: none"><li>■ Access, Effectiveness</li></ul>	<ul style="list-style-type: none"><li>➤ Geriatric Clinical Nurse Specialists in the ED</li><li>➤ Seniors Mental Health Team</li><li>➤ Seniors Health Clinic including falls and memory clinic</li><li>➤ Geriatrician on staff</li><li>➤ Outreach to LTC Homes by Geriatrician</li></ul>	<ul style="list-style-type: none"><li>➤ Partner with Services for Seniors COI to develop proposals to enhance care for Seniors</li><li>➤ Partner with CMHC to enhance care for Seniors with Mental Health needs</li></ul>



# Alternative Level of Care

- # beds occupied by ALC patients has skyrocketed this year
- Major resource issue
- Placement difficulties
- Impacts bed availability for other patients





# ALC Strategies

Pressure	Past/Current Approach	Systems Issues
<ul style="list-style-type: none"><li>■ ALC volumes approximately 30 patients daily</li></ul>	<ul style="list-style-type: none"><li>➤ Implementation of Regional Discharge Policy</li><li>➤ Aggressive discharge practices</li></ul>	<ul style="list-style-type: none"><li>➤ Insufficient LTC beds</li><li>➤ Limited Care at Home to allow patients to stay at home longer</li></ul>



# Mental Health

Pressure	Past	Future
<ul style="list-style-type: none"> <li>■ Accessibility &amp; Effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>➤ Reorganization of Program Services</li> <li>➤ Development of 11 bed inpatient transition unit</li> <li>➤ Psychiatric Emergency Services 16 hours per day</li> <li>➤ Strong partnerships with community agencies i.e. Waterloo Region Homes, CMHA, CMHC, Crisis, WRP, OPP, Justice System, Pre-Diversion, Children &amp; Family Services</li> <li>➤ Implemented CDS, OMHRS</li> <li>➤ Application for funding to address psychiatric emergency services 24 hours per day, concurrent disorders and shorten wait list for adult mental health outpatient services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Schedule 1 Facility</li> <li>➤ Day Hospital Program</li> <li>➤ 24 hour Psychiatric Emergency Services</li> <li>➤ Reduce wait list for adult mental health outpatient services through psychiatrist recruitment and additional clinician</li> <li>➤ Continue strong partnership model</li> <li>➤ NRC Patient Satisfaction surveys implemented</li> </ul>



# Mental Health

Pressure	Past	Future
<ul style="list-style-type: none"><li>■ Accessibility &amp; Effectiveness</li></ul>	<ul style="list-style-type: none"><li>➤ 10 bed Schedule 3 Unit in Ambulatory Care</li></ul>	<ul style="list-style-type: none"><li>➤ Add 4 additional Schedule 3 beds and associated Ambulatory Program</li><li>➤ Phase A – Capital Redevelopment Project: 24 bed Schedule 1 Facility, Day Hospital, and Ambulatory Care</li></ul>



# Diabetes

Pressure	Past	Future
<ul style="list-style-type: none"><li>■ Chronic Disease Management</li> <li>■ Access, effectiveness, population health</li></ul>	<ul style="list-style-type: none"><li>➤ Member Regional Diabetes Network</li><li>➤ Strong partnership with Langs Farm Community Health Center (shared expertise model)</li><li>➤ Perform triage function for all new referrals</li><li>➤ Insulin Pump program initiated</li><li>➤ Pediatric Diabetes Care in collaboration with McMaster University</li><li>➤ Gestational Diabetes Program</li></ul>	<ul style="list-style-type: none"><li>➤ Continue partnership with Network and Langs Farm</li><li>➤ Further develop insulin pump program</li><li>➤ Continue Pediatric Diabetes Program</li><li>➤ Develop patient portal for gestational diabetes program</li></ul>



# Dialysis

Pressure	Past	Future
■ Access to renal replacement therapy	➤ Referral to Grand River Hospital	➤ Satellite Dialysis Unit



# Wait Times

Pressure	Past/Current Approach	Systems Issues
<ul style="list-style-type: none"><li>■ Wait Time Targets</li></ul>	<ul style="list-style-type: none"><li>➤ Implementation of efficiencies to increase throughput</li><li>➤ Partner with CCAC to provide Prehab for Total Joint Patients</li><li>➤ Secured locum physician support</li></ul>	<ul style="list-style-type: none"><li>➤ Limited OR blocks and inpatient beds available</li><li>➤ ALC patients blocking beds</li><li>➤ Lack of Acute Rehab Program to improve throughput</li></ul>

# Human Health Resources

Pressure	Past/Current Approach	Systems Issues
<ul style="list-style-type: none"> <li>■ Human Resource Shortages – Anesthetists and Perioperative Nurses</li> <li>■ Therapists and Technologists</li> <li>■ Physician Training</li> </ul>	<ul style="list-style-type: none"> <li>➤ Secure anesthesia locum physicians</li> <li>➤ Partner with Conestoga college to provide fast track nursing education</li> </ul>	<ul style="list-style-type: none"> <li>➤ National shortages of physicians and nursing</li> <li>➤ Collaborate with other Regional partners</li> <li>➤ Satellite Medical School</li> <li>➤ Part of provincial PA initiative</li> </ul>

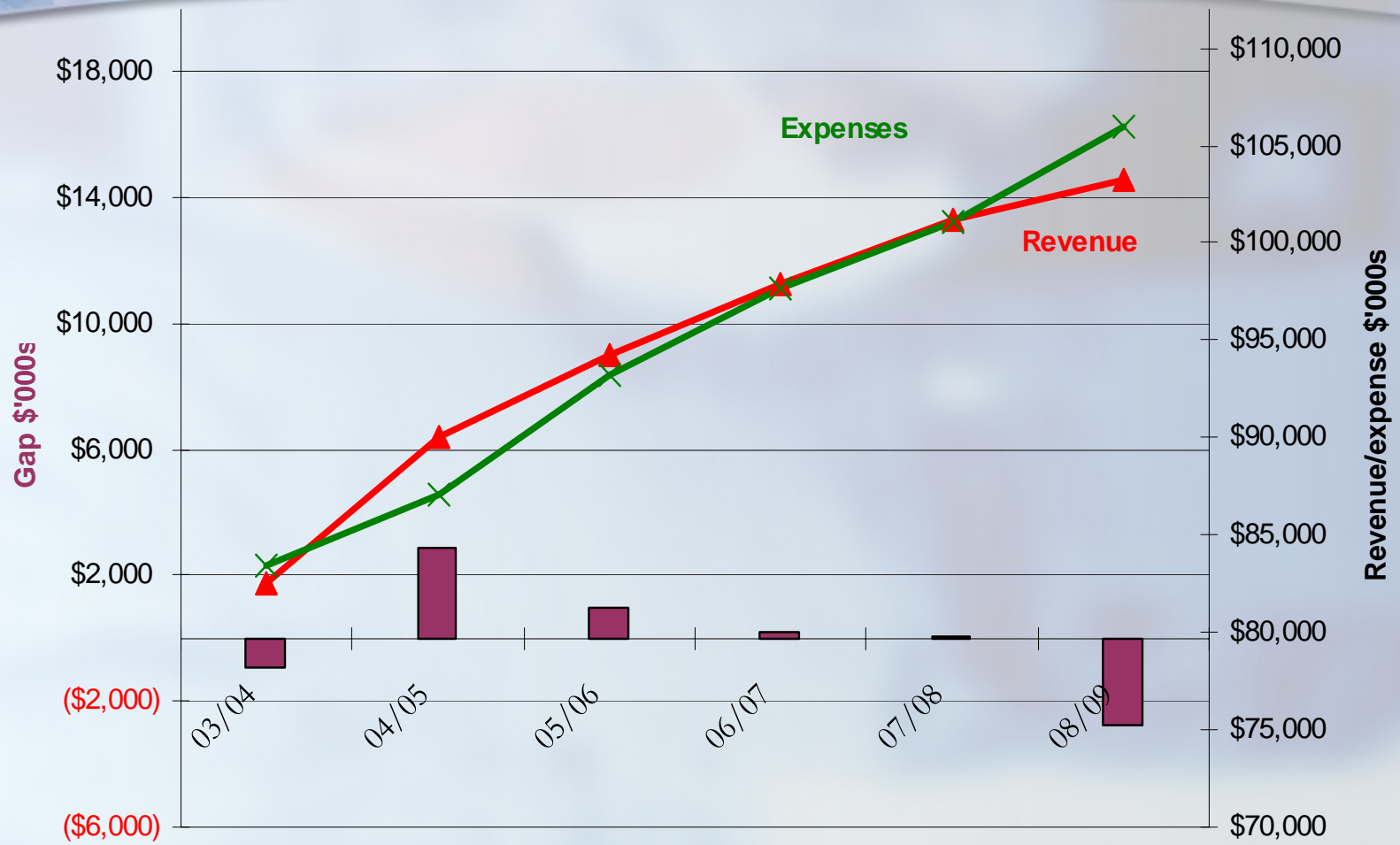


# Infection Control

- Proactive management of MRSA, VRE and C-diff
- Sponsor of Waterloo Wellington Regional Infection Control Network Program



# CMH Expense and Revenue Gap



# Actual and Expected Cost per Weighted Case (CPWC)

Fiscal Year	Actual CPWC	Expected CPWC	Variance (\$)	ACPWC vs ECPWC variance (%)
2005/2006	\$4,295	\$4,349	\$54	1.2%
2004/2005	\$4,095	\$4,151	\$56	1.3%
2003/2004	\$3,998	\$3,900	(\$98)	-2.5%
2002/2003	\$3,370	\$3,194	(\$176)	-5.5%
2001/2002	\$2,852	\$2,810	(\$42)	-1.5%
2000/2001	\$2,672	\$2,574	(\$98)	-3.8%



# CMH Clinical Programs

1. Emergency Services
2. Women's and Children's Health
3. Perioperative Services
4. Critical Care/ICU
5. Medical Services
6. Oncology
7. Mental Health
8. Complex Continuing Care / Restorative Care



# Key Initiatives 2008/09

- Patient Safety – Strategic Direction
- Wait Time Performance (Cancer, Hips, Knees, Cataracts, Diagnostic Imaging)
- Capital Redevelopment Project
- Regional Initiatives
  - WW Regional Infection Control Network
  - E-Health
    - Regional Dictation
    - Regional DI-repository (LHIN 3 + 4)
    - Teleradiology (for remote service support)



# Cambridge Care Collaborative Committee: Potential Strategies

- Electronic Intra Facility Transfer Record
- Assess transfers to Acute Care from Long-Term Care
- Joint Clinical Training workshops
- Access to Long-Term Mental Health beds.



# Integration Successes

- Laboratory support to Wellington Healthcare Alliance
- Regional Diabetes Network
- FOHSCI – Supply Chain (LHIN 3 & 4)
- Human resources benefits consolidation
- Microbiology with Grand River Hospital
- Cambridge Collaborating Committee (Acute & LTC)



# Integration Successes

- Cardiac Services link with St. Mary's Hospital
- Waterloo Wellington Regional Infection Control Network
- Joint Management Committees in Mental Health, joint mental health job hiring fair
- Regional Care Pathways



# Integration Successes

- CCAC Partnerships
- RNAO Spotlight Organization Candidate
- Safer Healthcare Now
- MoHLTC Nursing Secretariat: Late Career and New Graduate Initiatives
- Partnerships to improve patient care and outcomes



# Opportunities for Cambridge Providers to be a Leader in WWLHIN

1. E-Health - Telepsychiatry, interfacility transfer record, oncology televideo conferences, portal, etc.
2. Seniors - Interim solutions, geriatric day care, LTC expansion
3. Mental Health - Ambulatory Mental Health Partnerships
4. Outreach Learning - Joint educational initiatives
5. Joint Human - Nurses, physicians, therapists and Resource Planning technologists

THE END





# Regional/LHIN Integration/Partnerships

- CCAC
- Grand River Hospital
- St. Mary's Hospital
- North Wellington Health Care Alliance
- Guelph General Hospital
- WWLHIN
- Conestoga College
- McMaster University
- University of Western Ontario
- York University
- Ryerson
- Queen's University
- Regional Educator Networks
- College of Nurses of Ontario
- College of Physiotherapists
- College of Occupational Therapists
- College of Speech Language Pathologists
- College of Social Work
- Nursing Secretariat, MOHLTC
- Primary Health Care Division, MOHLTC



# Regional/LHIN Integration/Partnerships ...

- RNAO
- Professional Practice Network of Ontario
- Emergency Administrators Interest Group
- Cambridge Collaborating Committee
- Emergency Health Services, MOHLTC
- Base Hospital Advisory Committee
- Waterloo Region EMS
- Dufferin EMS
- City of Cambridge
- Waterloo Regional Police
- Cambridge Fire Department
- OPP Cambridge Division
- LHIN Cataract Wait Time Strategy
- LHIN Total Wait Time Strategy
- LHIN Cardiac Wait Time Strategy
- LHIN Cardiac Intake Working Group



# Regional/LHIN Integration/Partnerships ...

- Regional Diabetes Network
- LHIN Wide Critical Care Network
- Emergency Services Network
- Cambridge Central Ambulance Communications
- Waterloo Wellington Regional Cancer
- GRRCC LHIN Total Joint Wait Time Strategy
- Palliative Care Network
- Canadian Association for Nursing in Oncology
- Canadian Nurses Association
- Region of Waterloo Public Health
- Family and Children Services
- Waterloo Regional Sexual Health Domestic Violence Team
- Waterloo Wellington Rehabilitation Network
- Ontario Stroke System – Regional Stroke Steering Committee



# Regional/LHIN Integration/Partnership Opportunities ...

- Waterloo Wellington District Stroke Steering Committee
- Waterloo Wellington Convalescent Care Program
- Regional Infection Control Network
- Suicide Prevention Council
- Suicide Prevention Committee
- Homewood (EAP)
- Waterloo Regional School Board
- Waterloo Catholic District School Board
- Probation and Parole
- ACTT
- St. Joseph's Regional Mental Health London
- St. Mary's Counselling
- Waterloo Regional Homes for Mental Health
- Community Mental Health, Guelph
- Regional Crisis Committee



# Regional/LHIN

# Integration/Partnerships ...

- Regional Mental Health & Justice Committee
- Cambridge Mental Health Providers Forum
- Cambridge Mental Health & Justice Committee
- Mental Health PAC
- Cambridge Mental Health Providers Forum
- Ministry of Children & Youth Services
- Lutherwood
- SPARC
- First Episode Psychosis
- Cambridge Self Help Alliance
- CMHA
- Hazelglen

