Creating a System of Care in Brighton/Quinte West

Report of the Brighton/Quinte West
Health Services Advisory Committee

September 2015

Acknowledgements from the Chair

In April 2015, a group of 16 patient and community representatives, municipal and health care leaders came together as members of the Brighton/Quinte West Health Services Advisory Committee. Over the next six months, the Committee's rather lofty goal was to identify creative and feasible solutions for health care delivery in the Brighton/Quinte West area. While a variety of perspectives were brought to the table, each member had the same ultimate goal – to create an effective and sustainable local health care system that would better meet community needs, now and for future generations.

It has been my great pleasure to work on this endeavour with the following Committee members, as well as staff representatives from various organizations who assisted with providing much data and information in support of the Committee's deliberations. I thank them all for their dedication to the process, insight, positive contributions, demonstrations of collaboration, and willingness to look at every challenge from new perspectives in order to derive possible solutions.

Mayor Jim Harrison, Quinte West
Major Rochelle Heudes, CFB Trenton
Jeff Hohenkerk, Quinte Health Care
Paul Huras, South East Local Health Integration Network
Dr. Iris Noland, Local Family Physician
Councilor Brian Ostrander, Brighton
Sharon Osvald, Patient Representative
Wendy Parker, Brighton/Quinte West Family Health Team
Jackie Redmond, South East Community Care Access Centre
John Smylie, OurTMH
Marsha Stephen, Belleville/Quinte West Community Health Centre
Rick Vandertoorn, Community Representative
Phil Wild, Trenton Memorial Hospital Foundation
Stuart Wright, Quinte Health Care Board
Dr. Dick Zoutman, Quinte Health Care

Even those of us on the Committee who do not have a health care background very quickly became aware of and acknowledged important facts:

1 The health care challenges faced in Brighton/Quinte West are found across Ontario, Canada and the developed world. There are certainly unique aspects within our communities, but we are clearly not alone in our challenges. Fortunately, this also means we can draw upon creative solutions that have already been successfully implemented in other regions.

2 Changes to health care delivery are inevitable as the characteristics of our population change and costs of the present system continue to grow. Sustainable affordability of the present health care system as it is currently built, particularly with the growing numbers of aging patients with complex and multiple chronic conditions, is no longer a given. Ways to eliminate duplication within the system and opportunities to improve efficiencies while maintaining and improving quality of care must be found and implemented.

3 People are struggling to find the care they need. Many have difficulty accessing family care providers and there is very limited coordination of care among different health care providers. Patients and family members are aware that many parts of the present health care system were designed in and for different times. Today, they are keen to see system enhancements including vast improvements in access and navigation.

4 A key way to improve our health care system is through significantly enhancing collaboration and integration among the various health care providers. Over the years, the system has grown in scope, become more diverse and fragmented with limited interconnection. Today, there is no question that all our local health care leaders are enthusiastic and eager to find new and better ways of working together, for the benefit of patients and their families.

The intent of the Committee's report is to inform local health care decision-makers of the highest-level health care priorities of the citizens of Brighton/Quinte West as revealed through the committee's varied community engagement activities and to provide recommendations for further collaborative action in pursuit of improving and delivering an integrated and sustainable "system of care". Some recommendations can be acted upon in the short-term while others require substantial additional work before implementation is possible, which was beyond the scope and capacity of the Committee.

On behalf of the Committee, I am pleased to provide this report. All members trust that it will serve to inform and guide decision-making.

H. Glenn Rainbird, O.C.
Chair
Brighton/Quinte West Health Services Advisory Committee

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Executive Summary

The Brighton/Quinte West Health Services Advisory Committee was formed in April 2015 with a mandate to "develop a future vision for integrated and sustainable health system services in Brighton/Quinte West." This report summarizes the Committee's work to define: the vision; a proposed model for a system of integrated care; and recommendations to health care decision-makers.

The Committee was created in recognition of the need for a significant transformation of the health care system in Brighton/Quinte West (and across the entire South East region), driven by three key challenges:

1. The current health care system is not meeting the needs of today's patients and families.
2. The current system is not affordable with rising inflation costs and the need for provincial fiscal restraint.
3. With an aging population, longer life spans, and increasing health needs, health care organizations will soon be in a very constrained environment that will make it difficult to provide quality patient care, if no changes are made.

There are significant opportunities in the Brighton/Quinte West area to provide better access to high quality care that is more appropriate for the local needs, within available health care funding. According to the Health Care Tomorrow – Hospital Services *Phase 1 Recommendations Report* (June 2015), care in the South East Ontario region is highly institutionalized – patients are more likely to be hospitalized, stay long in hospital, and return to hospital after being discharged. There is also a higher than expected number of people in long-term care homes and people relying on emergency rooms for minor illnesses or to manage chronic conditions.

An analysis of demographics and health care needs in the Quinte West area shows:

- The local population is slightly older than the provincial average, but the growth in the elderly population is in line with the provincial average.
- There is very limited population growth expected in the area over the next 10 years, with a growth rate of about 1% per year.
- Residents of Quinte West are at a higher risk for negative health characteristics than the provincial average, with higher rates of chronic diseases. However, Quinte West rates for chronic diseases are generally in line or lower than the rest of the South East LHIN region.
- Social determinants of health in Quinte West (e.g., education and income levels) also appear to be negative compared to provincial averages, but generally better off than the rest of the South East region.

Through an extensive engagement process, the Committee formed a vision determined by the top priorities for local health care, identified by local patients, families, community members, and health care professionals. Together, they have said they want their local health care system to provide the following four supporting pillars of a sound vision for local health care.

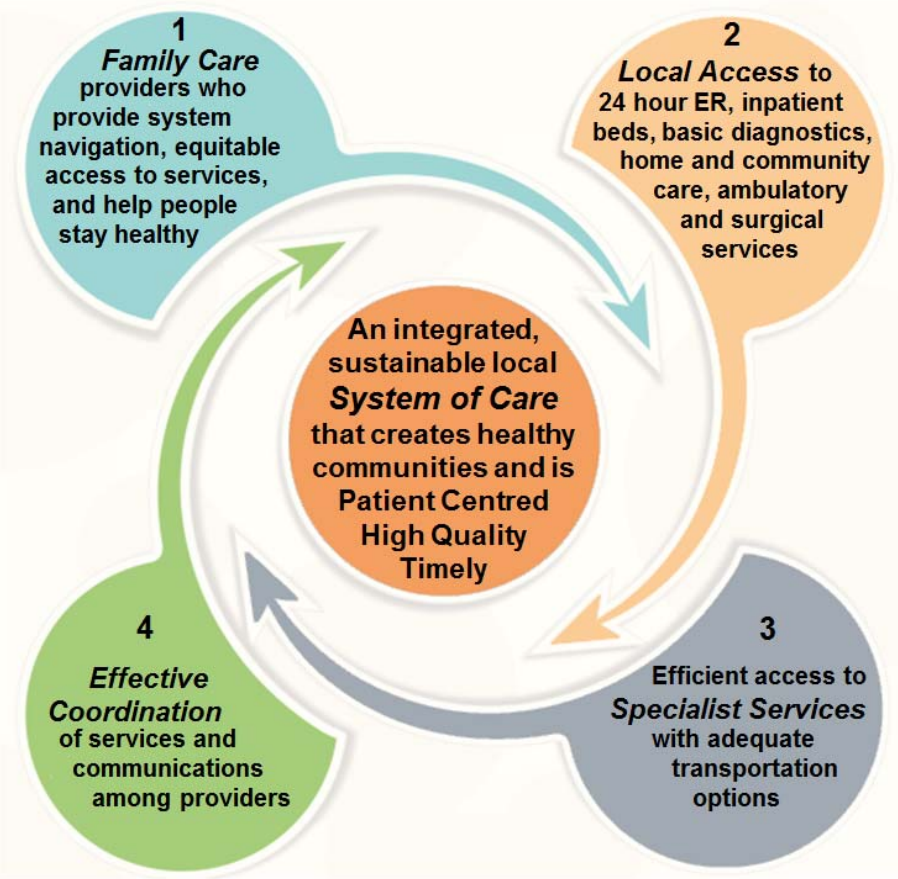
1. Family care providers who:
   - Provide system navigation and equitable access to all services
   - Help keep people healthy through health promotion and maintenance

2. Local access to:
   - 24 hour emergency services
   - Inpatient beds
   - Basic diagnostic services
   - Home and community care services
   - Ambulatory and surgical services

3. Efficient access to specialist services, with adequate transportation options

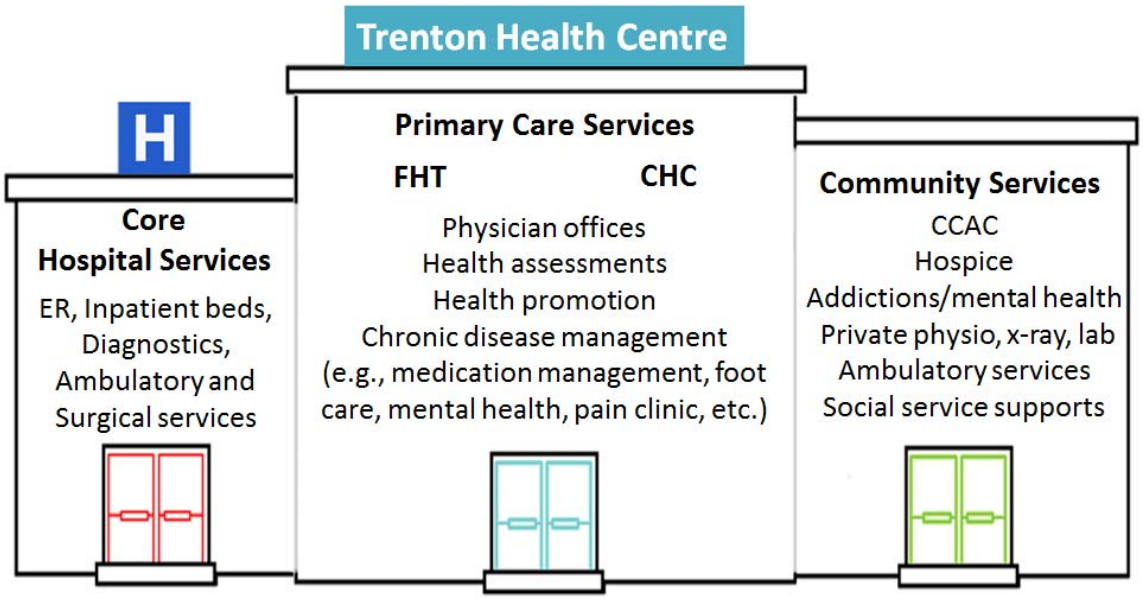
4. Effective coordination of services and communication among providers

Overall, they are looking for health care leaders to build an integrated and sustainable, local system that can support healthy communities. They want and envision a "system of care" that is: patient-centered, high quality and timely. The vision is captured in the following graphic.



As a minimum starting point to achieving the vision that has been defined by the community, there need to be significant advancements in the integration of local health care providers, and coordination with municipalities and other health-related agencies. This could include, for example, coordinated care plans supported by seamless IT systems; service integration between health care agencies; shared human resources; and collaborative governance and alignment of strategic plans.

Given that clustering or co-location of health care providers can be a catalyst for effective integration, the Committee proposes a co-location model to create a Trenton Health Centre. Enhanced primary care services would be at the core of the Centre, led by the Community Health Centre and Family Health Team. The hospital portion of the Centre would offer core acute-care services, including a 24-hour emergency room, inpatient beds and relevant diagnostics, ambulatory and surgical services. Other community services could be brought into the Health Centre as appropriate and viable including, for example, the Community Care Access Centre; Hospice; Addictions/Mental Health; private physio, x-ray, lab; ambulatory services; and social service supports. This Centre, as illustrated in the diagram below, would better meet the health care needs of local residents by providing a range of primary care services, in addition to core hospital and community-based services, in an integrated and co-located model.



Recommendations

The Committee makes the following seven recommendations to health care decision-makers as the next steps toward achieving a vision of an integrated, sustainable, local "system of care" that can support healthy Brighton/Quinte West communities:

1. Significantly enhance the degree of collaboration and integration among local care providers, municipalities and social service agencies in order to meet evolving patient needs and enhance the quality of care in a sustainable manner.

2. Co-locate local health care services at the Trenton Memorial Hospital site, bringing together primary care, core hospital and community services into one central location.

3. Investigate the benefits and challenges associated with different ownership models for the TMH building.

4. Ensure, at a minimum, the following core services are retained at Trenton Memorial Hospital: 24-hour emergency room, appropriate inpatient beds, and relevant diagnostic, ambulatory and surgical services. In addition, ensure local patients have seamless access to more specialized hospital-based services within the region.

5. Recognizing the significant challenges facing recruitment and retention of family care providers in the area, create a coordinated Brighton/Quinte West Health Human Resources plan and recruitment/retention strategy, particularly aimed towards physicians and nurse practitioners.
   a) This plan should be developed and implemented through a community-led committee that brings together the Family Health Team, Community Health Centre, LHIN, QHC, CCAC, municipalities and community members.
   b) Request a review of Ministry of Health and Long-Term Care policies related to physician entry to practice in order to support successful recruitment, particularly in recognition that Brighton/Quinte is designated as a high needs area for physicians.

6. Promote community education and communication of what health services are available locally and within the region and how to access those services.

7. Maintain the positive, collaborative and constructive momentum of the Committee. Establish a Brighton/Quinte West Health Services Steering Committee to continue focused efforts and oversee the detailed analysis, sustainable viability assessments and implementation planning of the above recommendations.

Background

In April 2015, MPP Lou Rinaldi, Northumberland-Quinte West, created the Brighton/Quinte Health Services Advisory Committee with a mandate to develop a future vision for integrated and sustainable health services in Brighton/Quinte West. The committee was comprised of 16 members representing patients and families, community residents, elected municipal officials, and health care organizations. Committee meetings were held regularly between April and September to develop recommendations for the future provision of local services that bridge primary health care, acute care and support services, as part of a larger regional system.

This report is provided to the Ontario Ministry of Health and Long-Term Care, governing bodies of the South East Local Health Integration Network (SE LHIN), Quinte Health Care (QHC), the Community Care Access Centre (CCAC), the Community Health Centre (CHC), Family Health Team (FHT) and other health care organizations in the area as well as the municipalities of Brighton and Quinte West to inform and guide their decision-making.

Planning Principles

The Committee members and attendees at a Brighton/Quinte West Health Care Symposium held in May 2015 supported the following principles for developing a future vision for a stronger health care system:

- Ensure a patient-centered approach that supports people to receive the right care, in the right place, at the right time
- Find solutions that are based on evidence of population needs and best practices in health care delivery
- Find the important balance between ongoing ability to meet quality standards and appropriate access to care
- Recognize the important role all health care and community support organizations play in an integrated system of care
- Be informed by our engagement with patients and residents
- Consider alignment with provincial and Local Health Integration Network strategy, initiatives and mandates
- Understand that we need sustainable solutions that can be managed within available health care resources
- Question and challenge current thinking to support transformational change

Case for Change

There are three key reasons to define a new vision for the future of health care services in the Brighton/Quinte West area *(from the Health Care Tomorrow – Hospital Services Phase 1 Recommendations Report – Development of a Sustainable Integrated Model of Hospital Care, June 2015)*:

1 The current health care system is not meeting the needs of today's patients.

2 The current system is not affordable with rising inflation costs and the need for provincial fiscal restraint.
3 With an aging population, longer life spans, and increasing health care needs, health care organizations will soon be in a very constrained environment that will make it difficult to provide quality patient care, if no changes are made.

Although these drivers for change clearly exist in the local area, they are common across the South East LHIN region and in Ontario.

Meeting Patient Needs

Health care delivery and the needs of patients have changed substantially in the last 20 years and hospitals are no longer well designed to meet the full needs of current patients. Today's typical patient is older and frail, with multiple chronic conditions. They need coordinated access to different parts of an integrated health system.

While patients report that they receive excellent care from individual providers, the current health care system as a whole is not meeting their needs. The entire health system should adjust to better meet the needs of individuals (particularly older patients and their families) and support them to safely live at home.

Limited Financial Resources

Health care consumes 42% of the Ontario budget for programs with projections that this could grow dramatically without significant system reform. Some estimates suggest health care spending might approach as much as three quarters of Ontario program expenditures by 2030. In recent years, the Ministry of Health and Long-Term Care has been implementing a new hospital funding formula in order to create a more sustainable health care system. The focus is on diverting financial resources away from the expensive hospital system in order to continue to invest in home and community care services.

The South East LHIN region spends more per capita on hospital care than all but one of the other LHINs. Combining this relatively high spending with the expected limit on health system funding in future years creates an unsustainable situation for all hospitals in this region.

There is also widespread acknowledgment that countries that spend less on health care are achieving higher outcomes (e.g., United Kingdom, Australia and Sweden). According to the Organization for Economic Co-operation and Development (OECD, 2014), Canada was ranked 11th out of 12 countries surveyed for having lower outcomes relative to the amount spent on health care (Davis et. al, Commonwealth Fund, 2014).

Within this funding environment, all health service providers need to be highly efficient in order to provide care within available funding and cover inflationary cost increases.

Sustainable System for an Aging and Growing Population

For the foreseeable future, health care funding will not be able to keep pace with the growing and aging population. Analysis conducted by KPMG/PSG for the Health Care Tomorrow – Hospital Services project revealed that hospitals in the South East LHIN would face a $120 million funding gap in 10 years due to population growth and aging alone, if no changes are made to the way services are currently provided. A report released in mid-September 2015 by the Centre for the Study of Living Standards when referring to fiscal projections for provincial governments concluded: "government revenues will be insufficient to maintain the needed increases in health spending, given an aging population".

Leaders must transform the regional health care system structure and delivery of care, or face a very constrained environment that will make it difficult to provide quality patient care.

Ministry of Health and Long-Term Care Priorities

In response to the challenges outlined above, the Ministry of Health and Long-Term Care released its *Patients First: Action Plan for Health Care* in February 2015 to set the framework for the next phase of the Ontario health system transformation. The plan reiterates the commitment to put patients at the centre of the system and focuses on four key objectives:

1. Access: Improve access – providing faster access to the right care.
2. Connect: Connect services – delivering better coordinated and integrated care in the community, closer to home.
3. Inform: Support people and patients – providing the education, information and transparency they need to make the right decisions about their health.
4. Protect: Protect our universal public health care system – making evidence-based decisions on value and quality, to sustain the system for generations to come.

The Action Plan also exemplifies the need for greater coordination among all health care providers in a region: "if we are to meet the needs of a growing population with multiple, complex and chronic conditions, our health care system must be even better coordinated, with seamless levels of care." (p. 12)

Local Demographics and Health Care Needs

An analysis of local demographics and health care needs is detailed in Appendix B. In summary:

- Demographics show that while the local population is slightly older than the provincial average, the growth in the elderly population is in line with the provincial average. In other words, there is not expected to be a significant increase in the number of elderly people in the area, beyond what is expected in the province.
- There is very limited population growth expected in the area over the next 10 years, with a growth rate of about 1% per year.

For the Quinte West area, health characteristics show a higher risk than the provincial average, with higher rates of chronic diseases. However, Quinte West rates for chronic diseases are generally in line or lower than the rest of the South East LHIN region:

- The prevalence of diabetes among the Quinte West population is 10.9%, compared to 10.6% for the South East LHIN and 10.2% for Ontario.
- The prevalence of coronary heart disease is 7.9 per 100 adults, compared to 6.2 in Ontario.
- The chronic obstructive pulmonary disease rate is 5.4 per 100 adults, compared to 3.6 for Ontario.

Looking at possible social determinants of health, Quinte West appears to be disadvantaged in some key indicators when compared to the province, but generally better off than the rest of the South East region.

- The rates of three key risk factors for health – obesity, smoking and heavy drinking – are higher in Quinte West compared to Ontario.
- On a positive note, people from Quinte West are more likely to eat enough fruits and vegetables, be physically active, and be vaccinated, compared to the provincial average.
- People 65 years of age and older in Quinte West are less likely to live alone.
- There is a lower average education level in Quinte West compared to the South East region average. However, there is also a lower unemployment rate and less people living with low income levels, compared to the larger region.

Local Health Care System – Current State

Local Health Care System – Providers

The 50,000 residents in Brighton/Quinte West are served by a variety of health care organizations and individual practitioners delivering care in relative isolation from each other. The main health care provider organizations in the area are:

- Brighton/Quinte West Family Health Team (FHT) – provides primary health care to 12,000 rostered patients through offices in: Quinte West (five family physicians); Brighton (four family physicians); and Colborne (1 family physician). In addition, care is provided by a nurse practitioner, nurses and other health care professionals.
- There are also independent physicians in the area who work as sole practitioners to provide care to rostered patients.
- Belleville/Quinte West Community Health Centre (CHC) – These centres provide primary health care and health promotion programs for individuals, families and communities. CHCs are especially helpful for people who have difficulty accessing primary health care due to language or cultural barriers, physical disabilities, homelessness, poverty or who live in remote areas. The CHC location in Quinte West provides programs such as diabetes education, prenatal education, sexual health and healthy lifestyle programs, among others.

- Community Care Access Centre - CCACs provide one-stop access to health and personal support services to help people live independently in their homes, help children with health needs attend school, and help seniors make the transition to a long-term care home or other residential care options. The South East Community Care Access Centre provides access to care to residents across all of the SE LHIN region.
- Long-Term Care Homes – there are 14 long-term care homes in Hastings and Prince Edward Counties, with about 900 long-term care beds in the Quinte region. The CCAC is the point of access for all long-term care homes and can also help people manage at home with enhanced care while they wait for a long-term care home placement.
- QHC Trenton Memorial Hospital – provides emergency and acute primary care to local residents and is a regional hub for certain ambulatory (outpatient) surgeries and procedures.
- Outpatient mental health support provided through Addictions & Mental Health Services.
- Support service agencies, such as Meals on Wheels, VON, Alzheimer's Society.
- Various private providers, such as physiotherapy, pharmacies, lab, and imaging services.
- A range of social service organizations that positively impact determinants of health, such as the United Way, Salvation Army, YMCA.

Local health care leaders want to improve access, patient experience and quality of care by creating stronger partnerships and looking for collaboration and integration opportunities that could improve the system of care for local residents.

Local Health Care System – Challenges

Key challenges facing the health care system in Brighton/Quinte West are:

- An aging population and a higher rate of chronic diseases, which will lead to increasingly intense health care needs for local residents.
- An aging workforce of health care professionals, particularly local physicians. In the SE LHIN, one in four family physicians is over 60 years of age.
- Provincial fiscal constraints are limiting budgets for local health care providers, particularly since the local population is not growing as fast as the rest of Ontario.
- Input from local health care providers, patients and families has confirmed that the current health care system in not meeting patient needs as well as it could, although people report they receive excellent care once in the system.

Local Health Care System – Opportunities for Improvement

There are also significant opportunities to change the way health care is provided locally in order to better meet patient needs.

- Patient care in the South East is highly institutional when compared to other parts of the province. This means patients are more likely to be admitted to hospital and stay longer as an inpatient. Residents in the South East region are also more likely to be admitted to long-term care and stay longer than similar patients in other parts of the province. These higher rates of utilization increase costs and do not necessarily increase quality, patient experience and access.
- Residents are relying on the emergency room for primary care and treatment of their chronic diseases. At Trenton Memorial Hospital, 40% of the 31,000 annual ER visits are for low acuity/non-urgent care.
- There are 100 more long-term care beds in the Quinte region than would be expected in comparison to provincial benchmarks and given the demographics of this region. This implies there are strategies other than funding additional long-term care beds to reduce the number of people waiting in hospital for placement to a long-term care facility.
- The South East LHIN is the second highest spender per capita for hospitals in Ontario and the third highest for long-term care. The South East LHIN is the highest spending per capita for home care services and the lowest for community support services (e.g., assisted living, meals on wheels, respite care).
- The Health Care Tomorrow – Hospital Services project has been undertaken by the hospital organizations in the South East region, the CCAC and the LHIN in order to improve access to high quality hospital-based care across the region, within the available health care resources.
- Five percent of the SE LHIN population uses 80% of the hospital resources. The Quinte Health Link has brought together local health care providers to create coordinated care plans and improve the coordination of care for very complex patients in this region. Initial results have shown a more than 40% reduction in ER visits, 70% reduction in hospital admissions and 80% reduction in hospital readmissions for patients receiving coordinated care plans.
- There is no residential hospice in Brighton/Quinte West, which is limiting the options residents have for end-of-life care.
- The local Military population receives their care from the Canadian Forces health care system, but their family members rely on the local health care system, including the TMH emergency room. Due to their transient nature, these families often find it difficult to access family care providers and gain access to the primary care they need.

Community Engagement Results

An integral part of the Brighton/Quinte West Health System Advisory Committee's work was to oversee a robust community engagement process to inform development of a future vision for local health care and help ensure that any proposed solution would be consistent with patient and community priorities.

A series of broad community engagement activities in May identified local health care priorities and increased understanding of the need for health system transformation. These activities included a survey; open house events in Quinte West and Brighton; a meeting of the Advisory Council of QHC; and a Brighton/Quinte West Health Care Symposium. In June, the initial input was tested through a series of focus groups with community members, health care providers, staff and physicians, and meetings with the Mayors and MPP. A further phase of community engagement was conducted in September when the Committee Chair hosted focus groups to seek input from patients, community members and health care professionals on the Committee's draft vision, co-location model and recommendations.

Through these engagement activities, the Committee's work was informed by 277 people from the Brighton/Quinte West area. Of these, approximately 75% were recent patients/family members or other community members and the remaining 25% were health care providers.

Additional community surveys seeking views on local health care were conducted during the 2015 spring period. The Trenton Memorial Hospital Foundation conducted a small survey of key donors. As well, OurTMH, a local community based group, conducted a survey of local residents with a large number of responses. Results of these surveys were reviewed to compare alignment with and note any deviations from the key themes revealed from the engagement activities conducted by the Committee.

Of particular note, local access to relevant ambulatory and surgical services did not appear as a higher priority on the Committee's survey results and face-to-face consultations. However, the OurTMH survey results indicated a higher priority assigned to same day surgery at TMH. Further input gathered informally later in the summer by Committee members did raise the preference for some surgical services remaining close-to-home, particularly among older generations. After further deliberation the Committee concluded that the preference for surgical services at Trenton Memorial Hospital would be added to the list of priorities.

The input from the Committee-conducted community engagement activities yielded very common themes that were consistent with what had been heard from patients, the community and health care professionals in the past. A complete summary of the Committee's community engagement results is attached as Appendix C.

In general:

- Community members have indicated their top priorities for health care services in Brighton/Quinte West are:
    1. Access to a family care provider

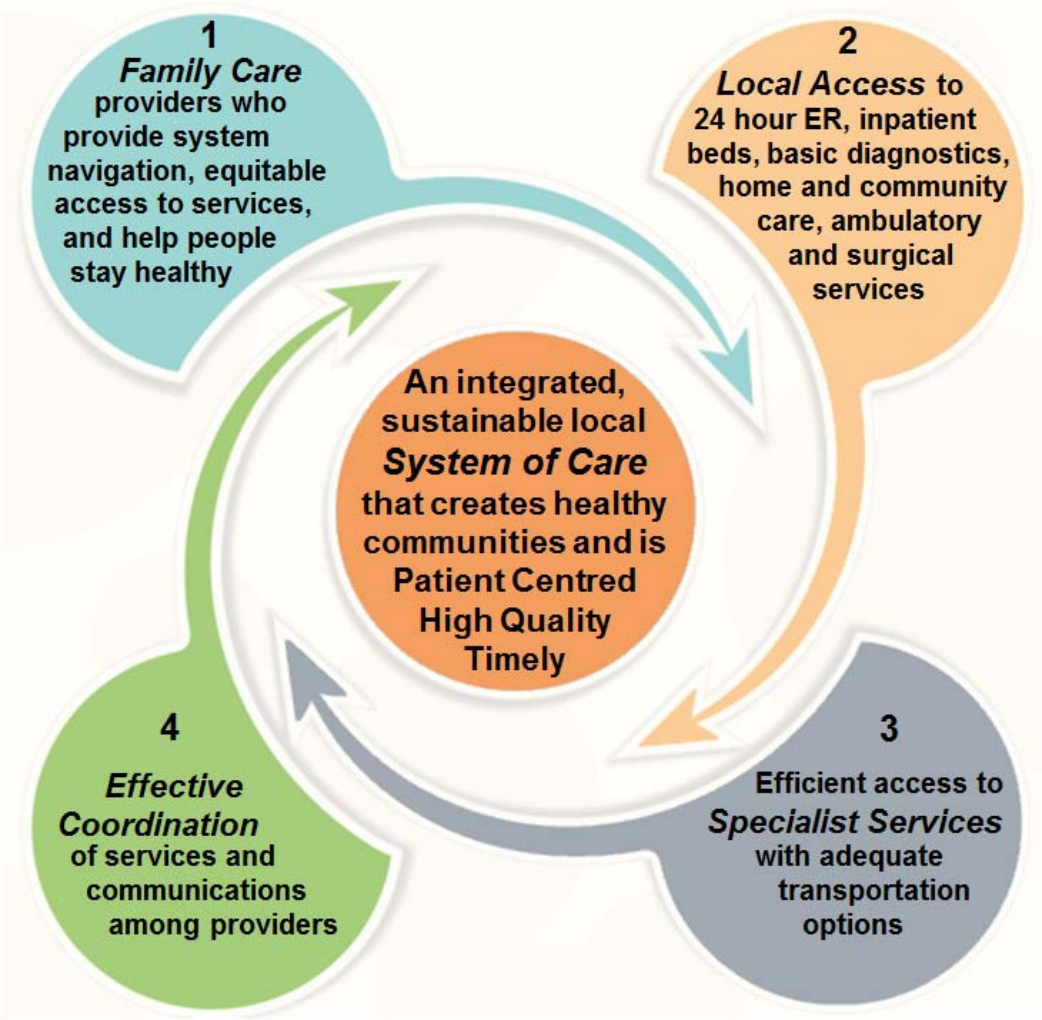
2. Access to emergency care close-to-home, with a strong preference for 24-hour ERs
3. Inpatient beds at each hospital for patients who can be cared for by a family physician
4. Appropriate home care and other community supports
5. Ambulatory and surgical services

- If the above services are available close-to-home, people are generally willing to travel for more specialized surgery, procedures and diagnostic imaging. This is in recognition that these services are scheduled, infrequent and would be expected to be available within reasonable travel distance.
- People are supportive of the MOHLTC direction to move services out of hospitals where possible, but want greater confidence that home and community services will be available when they need them
- However, there is also continuing concern that the loss of any service from a local hospital would impact the long-term viability of the hospital
- There is general acceptance of the need for transformational change within the health sector and better understanding that this is happening throughout the province
- There continues to be a concerning lack of knowledge about what health care resources are available in the community and how to access them
- People feel they receive excellent care once they are in the health care system, but have issues gaining timely access and find it challenging to move among different providers for their care. Patients and families are frustrated with the lack of coordination and communication between health care providers. Currently, there is not a true "system of care" in the eyes of the patients.

During the September focus groups to review the draft vision and recommendations, strong support was received for the Committee's work. Each focus group stressed the importance of maintaining local hospital core services as well as the need for coordination and integration to enable both practitioners and patients to gain from improved system access, efficiency, and effectiveness. Better utilization of information technologies and the timely sharing of patient information among practitioners was particularly stressed and encouraged.

The input from community engagement is summarized in the vision graphic on page 17, identifying local residents' highest local health care priorities.

Vision for Brighton/Quinte West – An Integrated System of Care



Attributes of a "System of Care"

This vision is also aligned with what the Committee members have identified as the attributes of a system of care:

- Effective communication and coordination of patient care among various providers, supported by seamless IT systems
- Easy for patients and families to navigate, with health care providers who take responsibility to ensure patients are accessing the services they need
- Equitable access to services, no matter where a patient enters the system
- Focused on proactive, primary care services that keep people healthy
- Patient and family-centered, with health care professionals who create a positive patient experience
- Every provider delivers consistent, high-quality and effective care

- Flexible enough to adapt to emerging best practices and innovative approaches in health care delivery
- Supported by good governance and strong leadership, focused on improving the entire system
- Health care agencies and individual providers are held accountable to meet agreed-upon deliverables and outcomes
- Efficient, effective, and sustainable within available resources

Achieving the Future Vision

With the above vision defined by the community for the future of their local health care system, the Committee focused on:

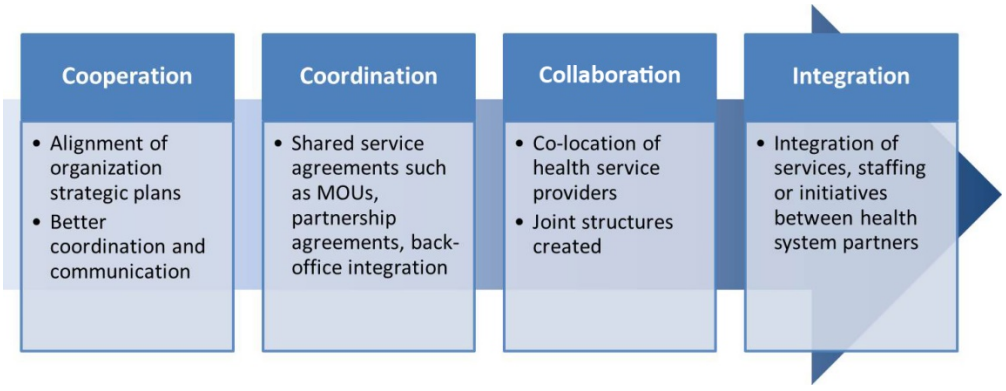
1. Potential integration and co-location models that would best achieve the future vision.
2. Identifying the "pinch points" – specific areas of concern that are currently barriers to the system being able to achieve the vision.
3. A series of specific, actionable and feasible recommendations for decision-makers to consider that could help to address the pinch points and create a new model for integration.

Greater Integration Among Existing Providers

The Committee examined a variety of health system models in Ontario to determine potential options that could best achieve the future vision. This examination included Health Links, Rural Health Hubs, a Health Village, ambulatory and small hospitals. These models are examples from across the continuum of health care integration that is shown in the diagram below.

Degrees of Integration in the Ontario Health Care System

Adapted from the Rural Health Hubs Framework for Ontario, by the Multi-Sector Rural Health Hub Advisory Committee, January 2015



As a minimum starting point to achieving the future vision, there need to be significant advancements towards integration of local health care providers and better coordination with municipalities and other social support agencies. While there have been positive collaborations in the past few years – Health Links being a good example – more formal arrangements or

partnerships will be required in order to meet evolving patient needs and enhance the quality of care, within the limited financial and human resources available.

Examples of possible future integration include:

- Coordinated patient care plans
- Shared patient records, supported by common IT platforms
- Shared patient forms and processes
- Health care providers redirecting patients to any service offered by another care provider ("any door leads to care")
- Integration of clinical services to reduce duplication
- Improved coordination of services to ensure patients receive timely access to the right care (e.g., ambulance by-pass protocols)
- Shared human resources and joint staff/physician education
- Back-office integration
- Shared fundraising for equipment and other projects
- Joint communications and community education efforts
- Health care provider organizations in a shared physical space agreeing to an integration MOU
- Collaborative governance and aligning strategic plans across the partner agencies

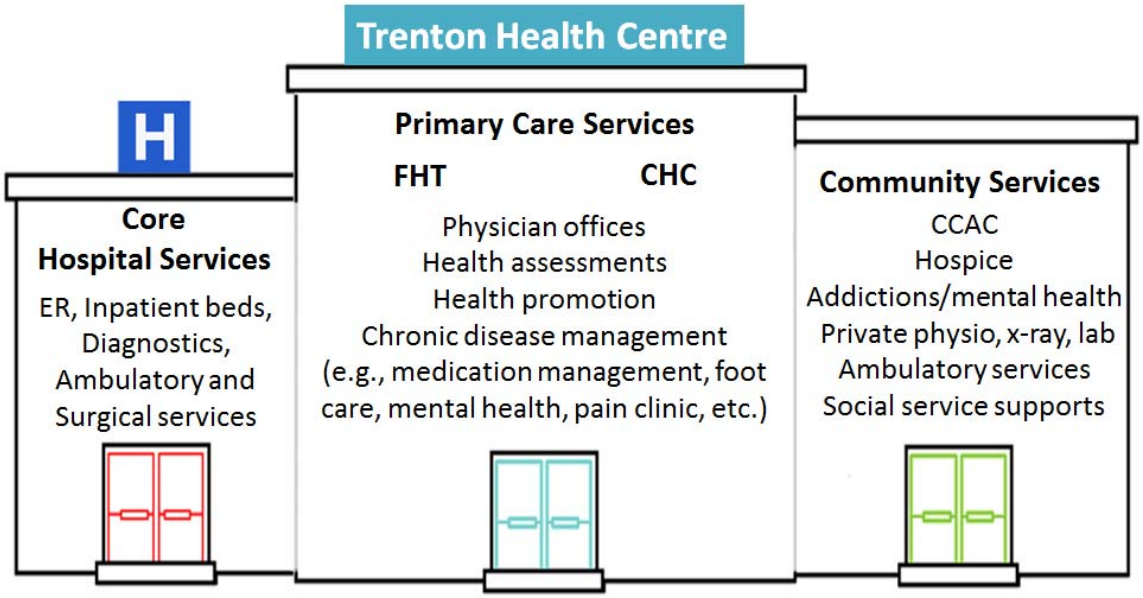
Recommendation #1: *Significantly enhance the degree of collaboration and integration among local care providers, municipalities and social service agencies in order to meet evolving patient needs and enhance the quality of care in a sustainable manner.*

Integration Catalyst – Co-Location Model

As a catalyst for effective integration, the Committee recommends that a "Community Health Centre" be created to bring together the range of primary care, hospital and community services into one location, known as the Trenton Health Centre.

Enhanced primary care services would be at the core of the Centre, led by the Belleville/Quinte West Community Health Centre and Brighton/Quinte West Family Health Team. The hospital portion of the Centre would offer core acute-care services, including a 24-hour emergency room, inpatient beds and relevant diagnostics, ambulatory and surgical services. Other community services could be brought into the Health Centre as appropriate and viable including, for example, the Community Care Access Centre; Hospice; Addictions/Mental Health; private physio, x-ray, lab; ambulatory services; and social service supports. This Centre would better meet the health care needs of local residents by providing a range of primary care services, in addition to core hospital and community-based services, in an integrated and co-located model.

Community Health Centre: "Any Door Leads to Care"



The committee examined other communities in Ontario where a co-location model has included the Community Health Centre and/or Family Health Team; clinics; private lab and diagnostic services; CCAC; community support services; and/or hospice services (e.g., Niagara-on-the-Lake, QHC North Hastings Hospital).

The key benefits of this model include:

- More seamless access for patients and families (an "any door leads to care" concept)
- Co-location tends to naturally build relationships and enhance partnerships among health care providers
- Encourages increased collaboration of care with community partners
- Meets community priorities for 24-hour ER, inpatient beds and diagnostic and other services close-to-home
- Co-location could lead to more efficient deployment of scarce health human resources, including physicians
- Greater opportunities for shared services, staff and other resources
- The community could have a greater sense of ownership of the local health care centre
- Increases the ability to recruit and retain primary care physicians

Detailed analysis, which was beyond the scope and capacity of the Committee, would need to be conducted to determine if this could be reasonably accomplished within the current TMH facility. Given the age and state of repair of sections of the TMH building, current building codes, and options for prospective occupants, this analysis will require an extremely comprehensive approach. Should such analysis prove the present site to be unviable, attention should be given to examining long-term planning for a greenfield site in order to better meet

local health care needs. Greenfield sites often offer and result in significantly greater benefits over renovated sites and more favourable economics. This could be similar to the Carleton Place Hospital Health Village model that the Committee reviewed.

Recommendation #2: *Co-locate local health care services at the Trenton Memorial Hospital site, bringing together primary care, core hospital services and community services into one central location.*

a) Examine available space at TMH, functionality, and ability to renovate

b) If necessary, examine feasibility of long-term planning for a future greenfield site in order to better meet local health care needs

Co-Location Implementation Options

The Committee examined Rural Health Hubs in Ontario, which provide a variety of creative examples of how co-location and integration can be implemented in rural areas, for the benefits of local residents (e.g., Espanola Regional Hospital & Health Centre and the Rideau Valley Health Centre).

Four different options were identified for the future ownership of a Trenton Health Centre/Hospital building, whether it exists at the current TMH or as a greenfield build. Each of these options would need to be further investigated to determine the best solution for the Brighton/Quinte West communities.

1. QHC owns the building and leases space to others
2. Segmented ownership (i.e., QHC owns only the hospital portion)
3. Another health care provider (e.g., CHC) becomes the building owner and leases space to QHC and others
4. Non-health care provider becomes the building owner
    a) Not-for-profit community group
    b) Municipality
    c) Private development company

Recommendation #3: *Investigate the benefits and challenges associated with the different ownership models for the TMH building.*

Local Health Care Access Priorities

Community engagement activities identified to the Committee the health care priorities that are expected to be available at Trenton Memorial Hospital. Infrequent requirements for more specialized procedures, treatments, and tests are expected to be available and accessible within reasonable distance and time.

Recommendation #4: *Ensure, at a minimum, the following core services are retained within Trenton Memorial Hospital: 24-hour emergency room, appropriate inpatient beds, and relevant diagnostic, ambulatory and surgical services. In addition, ensure local patients have seamless access to more specialized hospital-based services within the region.*

Pinch Points

Through the course of its work, the Committee identified two important areas of concern or "pinch points" that are currently barriers to effective functioning of the present system.

1. Given the increasing competition to secure the services of health care personnel, particularly for smaller urban and rural communities, there is a clear need for a coordinated strategy for the recruitment and retention of health care providers.
2. With a multiplicity of service providers and patients with multiple needs, navigation of the health care system can be very challenging for patients, families and even health care personnel. Improving the knowledge of community members to be better aware of what local services are available will help to improve access to services.

Both of these challenges require dedicated strategies.

Recommendation #5: *Recognizing the significant challenges facing recruitment and retention of family care providers in the area, create a coordinated Brighton/Quinte West Health Human Resources plan and recruitment/retention strategy, particularly aimed towards physicians and nurse practitioners.*

a) This plan should be developed and implemented through a community-led committee that brings together the Family Health Team, Community Health Centre, LHIN, QHC, CCAC, municipalities and community members.

b) Request a review of Ministry of Health and Long-Term Care policies related to physician entry to practice in order to support successful recruitment, particularly in recognition that Brighton/Quinte is designated as a high needs area for physicians.

Recommendation #6: *Promote community education and communication of what health services are available locally and within the region and how to access those services.*

Next steps

The six recommendations described above will not be implemented without ongoing leadership and oversight. This will require a further phase of effort with more detailed analysis and implementation planning, and could best be achieved through a Steering Committee structure, with a number of supporting working groups to focus on the specific recommendations.

Given the positive, collaborative and constructive momentum of the Brighton/Quinte West Health Services Advisory Committee, it is recommended that the Steering Committee have a similar membership, with representatives from the local community and health care service providers. The Steering Committee would need to seek financial support to enable its work.

Recommendation #7: *Establish a Brighton/Quinte West Health Services Steering Committee to continue focused efforts and oversee the detailed analysis, sustainable viability assessments and implementation planning of the foregoing recommendations.*

Appendix A: Brighton/Quinte West Health Services Advisory Committee Terms of Reference

Purpose/Mandate:
To develop a future vision for integrated and sustainable health system services in Brighton/Quinte West, utilizing QHC Trenton Memorial Hospital, other local health care providers, community facilities and resources.

To lead a community engagement process that gathers input to be used by the partners to help inform:

- Long-term decision making for QHC
- Priority setting for other health care and municipal partners
- The Health Care Tomorrow initiative of the LHIN, CCAC and regional hospitals

Tasks:

1. To develop a future vision for the provision of services bridging primary health care, acute care and support services in Brighton/Quinte West, as part of a larger regional system of health care delivery.
2. To oversee a constructive and robust community engagement process to inform this future vision and help ensure the final proposed solution best meets local community and patient needs.

Membership:

1. Community Representative and Chair
2. SE LHIN CEO
3. QHC Board Member
4. QHC Vice President
5. QHC Chief of Staff
6. Mayor of Quinte West or designate
7. Mayor of Brighton or designate
8. Quinte West Physician
9. TMH Foundation Chair
10. Brighton Quinte West Family Health Team Executive Director
11. SE CCAC CEO
12. Belleville Quinte West Community Health Centre Executive Director
13. CFB Trenton Health Services Commanding Officer
14. Our TMH Representative
15. Advisory Council/Patient Representative
16. Patient Representative

Additional QHC resources available as required: Admin support, Communications/Community Engagement, Decision Support, Strategy, Program Director

Reporting relationship:
A community member will be appointed as Chair. Reports to the LHIN and QHC Senior Leadership Teams and participating structures within the community.

Meeting frequency:

- Every 3 weeks or at the call of the Chair until completion of the community engagement process and vision for the future.

Appendix B:
Local Demographics and Health Needs

For the Brighton/Quinte West Health System Advisory Committee Report
September 2015

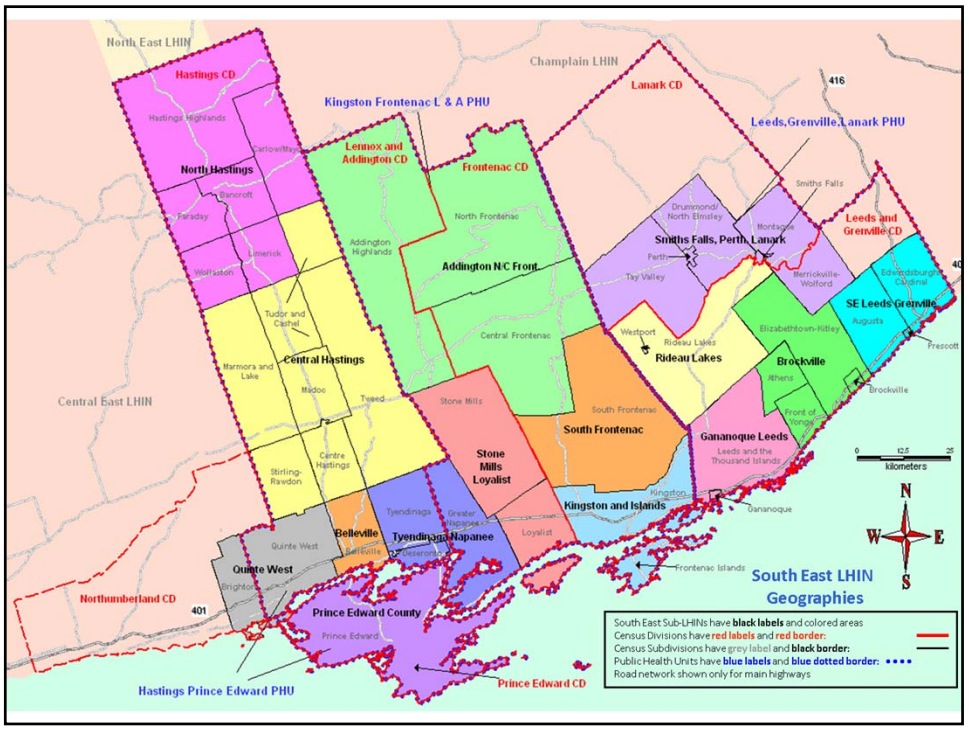
Overview

1. Demographics
2. Health Conditions
3. Possible Social Determinants of Health

- Where possible, comparisons are provided to the SE LHIN and the Province
- Special thanks to Don McGuiness from SE LHIN for providing information

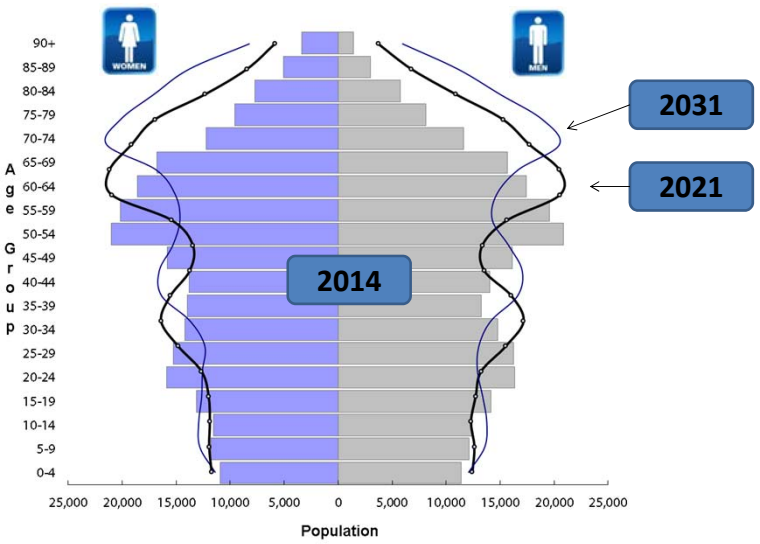
Socio-Demographic Profile

- Data Sources:
  - Canadian Census of Population (1996, 2001, 2006, 2011), Statistics Canada
    - Some 2011 data not yet released
  - 2011 unemployment rates: Labour Force Survey, Statistics Canada
  - Deprivation index: INSPQ, CIHI, Statistics Canada
- Boundaries are based on
  - Counties
  - Sub-LHIN groups



DEMOGRAPHIC

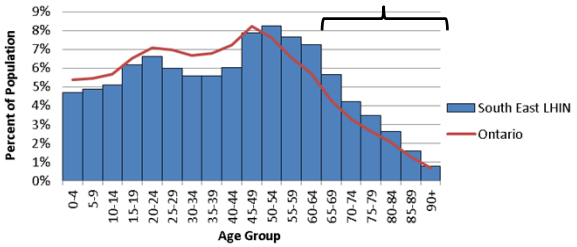
Population Pyramid: South East LHIN, 2014, 2021, 2031



South East LHIN Population, 2011

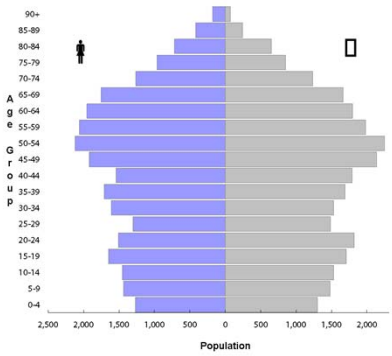
- Population of 491,996
  - 3.7% of Ontario population, 3rd smallest LHIN
- 18.0% of population 65 + years of age
  - Highest % in the province
- 44.8% living in rural area
  - Highest % in the province

SELHIN: 18.0%
Ontario: 14.2%

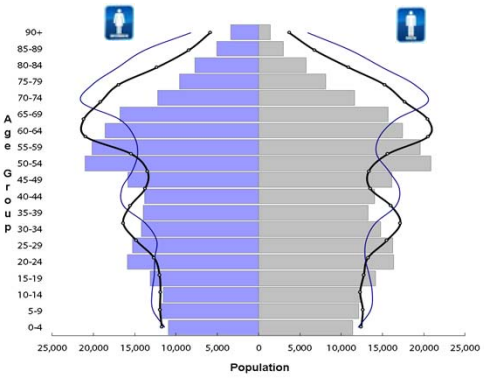


Population Pyramid, 2012 Estimated Population

Quinte West

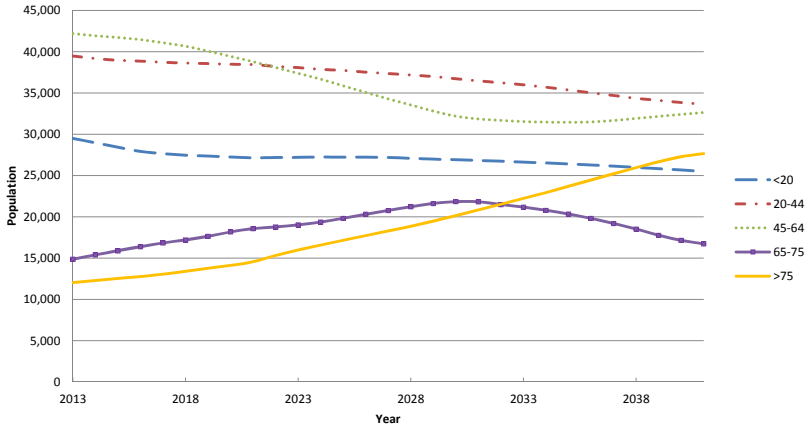


SE LHIN



Projected Population Growth by Age Group

Hastings County

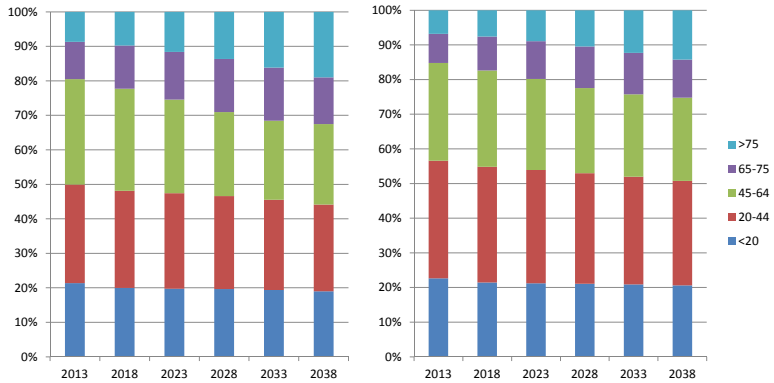


Projected 1.3% population decline
Ontario 31.3% population growth

Base Year = 2013

Population Projections, Ontario Ministry of Finance

Population Distribution by Age Group



Hastings County

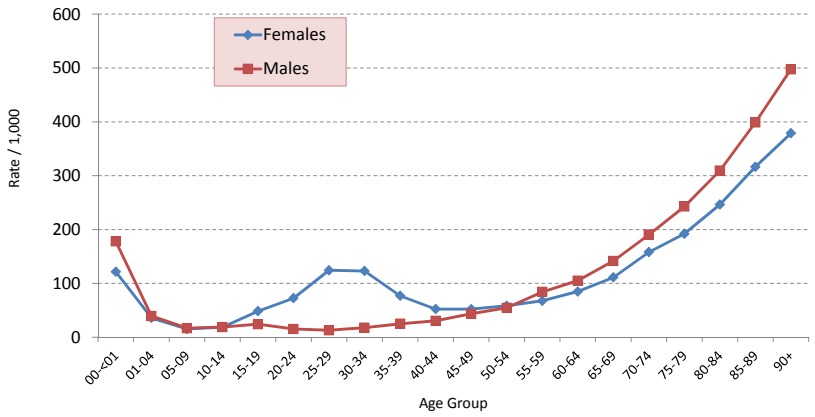
Ontario

Base Year = 2013

Population Projections, Ontario Ministry of Finance

Rate of Acute Hospital Inpatient Separations by Age Group

Residents of the SE LHIN, Fiscal 2012

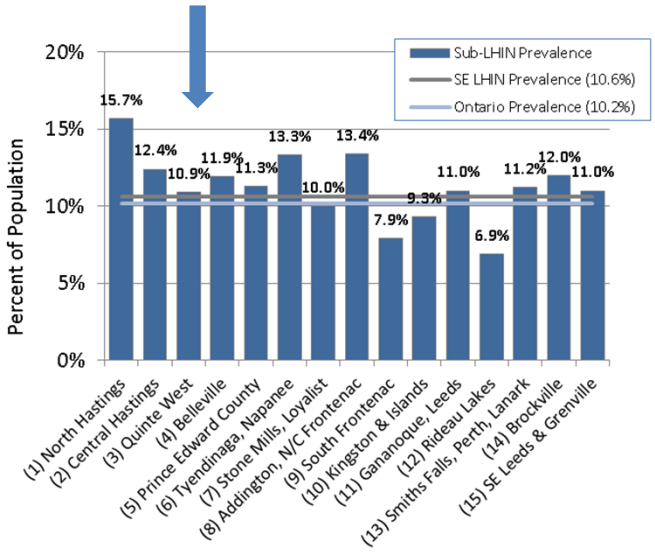


Excluding Entry Code 'N' (Newborns) and 'S' (Stillborns)
Source: Inpatient Discharges Data, MOHLTC Intellihealth portal

HEALTH STATUS

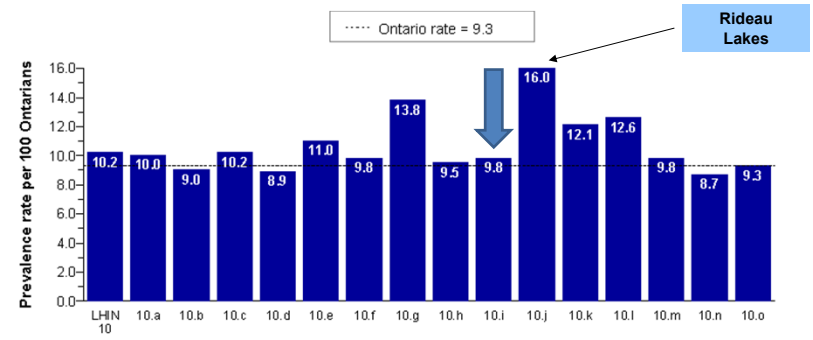
Prevalence of Diabetes

SE Sub-LHIN planning Areas



Age- and sex-adjusted prevalence rate of osteoarthritis per 100 Ontarians aged 20 years and older, by sub-LHIN planning area, 2006/07

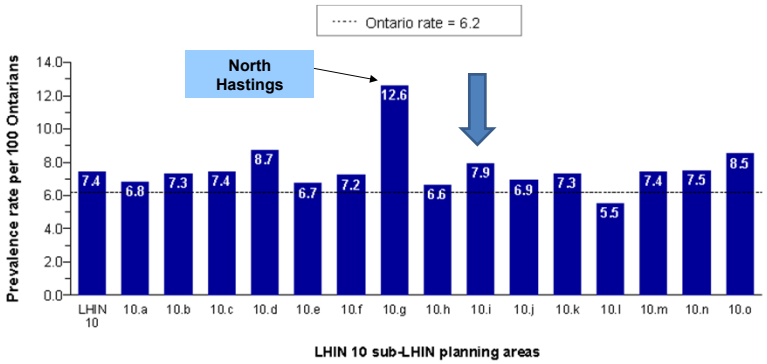
LHIN 10 (South East) vs. Ontario



LHIN 10 sub-LHIN planning areas

10.a Addington North/Central Frontenac	10.e Gananoque Leeds	10.i Quinte West	10.m South Frontenac
10.b Belleville	10.f Kingston and Islands	10.j Rideau Lakes	10.n Stone Mills Loyalist
10.c Brockville	10.g North Hastings	10.k S/E Leeds Grenville	10.o Tyendinaga Napanee
10.d Central Hastings	10.h Prince Edward County	10.l Smiths Falls, Perth, Lanark	

Age- and sex-adjusted prevalence rate of ischemic heart disease (IHD) per 100 Ontarians aged 20 years and older, by sub-LHIN planning area, 2006/07
LHIN 10 (South East) vs. Ontario



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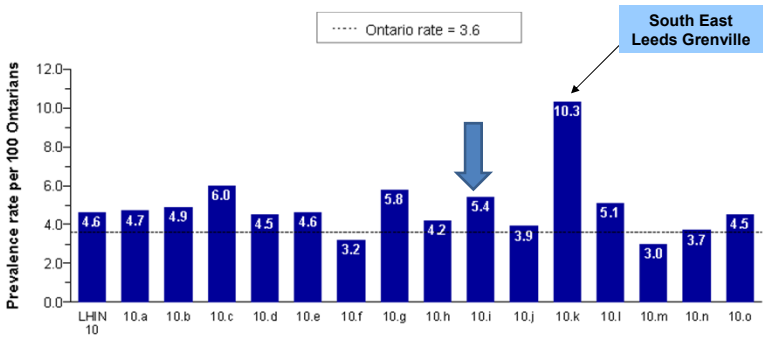
10.c Brockville	10.g North Hastings	10.k S/E Leeds Grenville	10.o Tyendinaga Napanee
10.d Central Hastings	10.h Prince Edward County	10.l Smiths Falls, Perth, Lanark	

Age- and sex-adjusted prevalence rate of chronic obstructive pulmonary disease (COPD) per 100 Ontarians aged 35 years and older, by sub-LHIN planning area, 2006/07
LHIN 10 (South East) vs. Ontario



10.a Addington North/Central Frontenac	10.e Gananoque Leeds	10.i Quinte West	10.m South Frontenac
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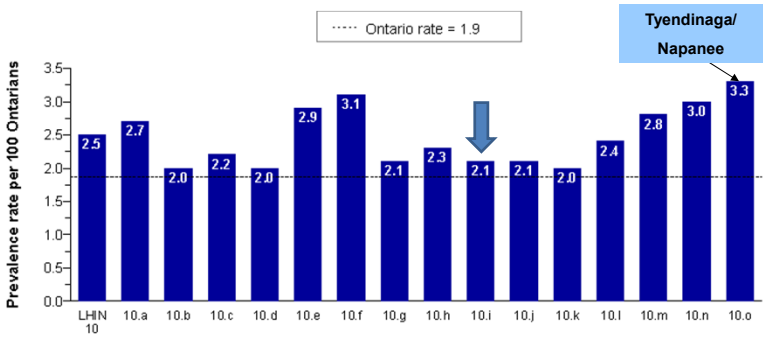
10.d Central Hastings	10.h Prince Edward County	10.l Smiths Falls, Perth, Lanark	

Age- and sex-adjusted prevalence rate of cerebrovascular disease per 100 Ontarians aged 20 years and older, by sub-LHIN planning area, 2006/07
LHIN 10 (South East) vs. Ontario



LHIN 10 sub-LHIN planning areas

10.a Addington North/Central Frontenac	10.e Gananoque Leeds	10.i Quinte West	10.m South Frontenac
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10.c Brockville	10.g North Hastings	10.k S/E Leeds Grenville	10.o Tyendinaga Napanee
10.d Central Hastings	10.h Prince Edward County	10.l Smiths Falls, Perth, Lanark	

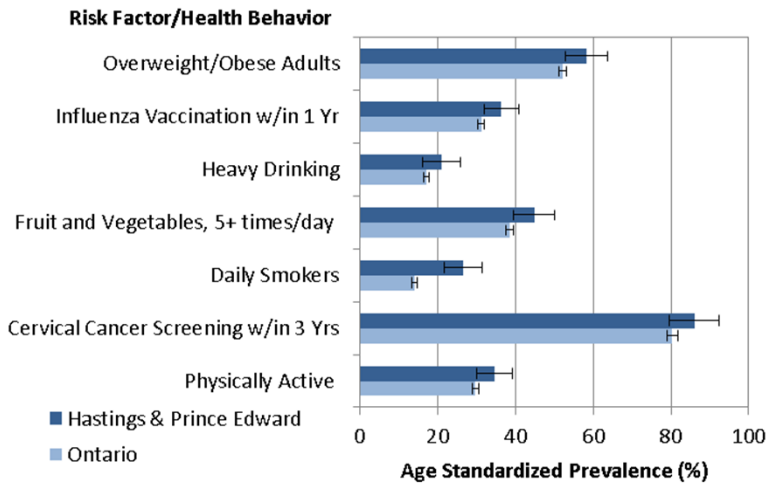
Health Conditions in Summary

- Diabetes QW 10.9, Province 10.2 Lower ¼ of LHIN
- Osteoarthritis QW 9.8 Province 9.3 Lower ½ of LHIN
- Ischemic Heart Disease QW 7.9 Province 6.2 Highest ½ of LHIN
- COPD QW 5.4 Province 3.6 Highest ½ of LHIN
- Cerebrovascular 2.1 Province 1.9 Lowest ½ of LHIN

POSSIBLE DETERMINANTS OF HEALTH

Risk Factors/Behaviours
Residents of the SE LHIN, 2012

(From CCHS)



Level of Education – Less than High School, 2006

- 26.1% of QW residents had less than a high school education
  - Province 22.2%, SELHIN 23.6%

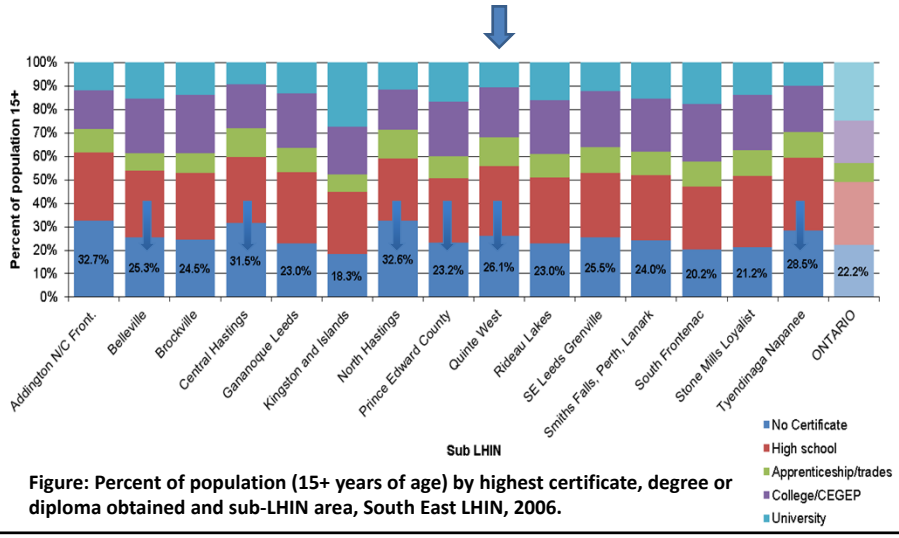
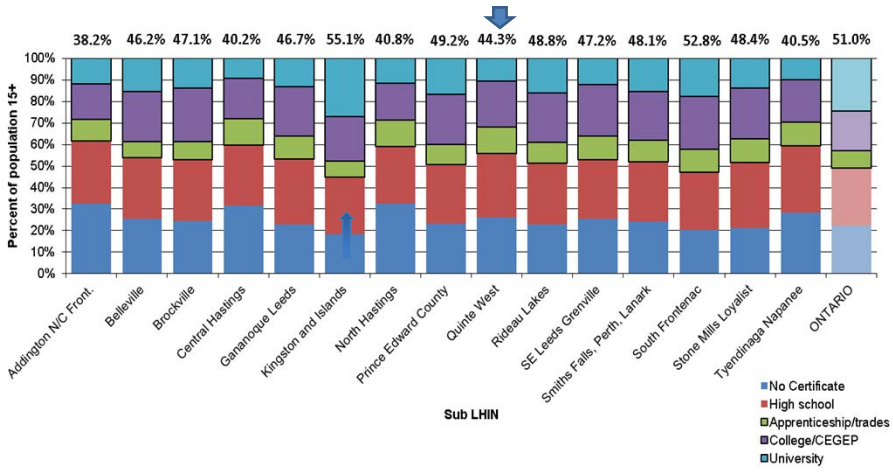


Figure: Percent of population (15+ years of age) by highest certificate, degree or diploma obtained and sub-LHIN area, South East LHIN, 2006.

Level of Education - Post Secondary, 2006

- 44.3% of QW residents had completed some form of postsecondary education
  - Province 51.0%, SELHIN 48.3%



Living Arrangements for Population Age 65+, 2011

- 21.8% of QW residents 65+ living alone
  - Province 22.8%, SELHIN 24.1%

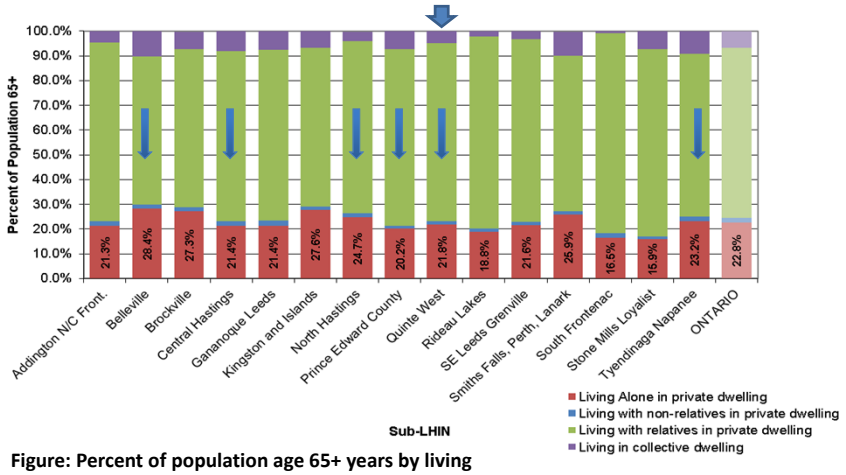


Figure: Percent of population age 65+ years by living arrangement and sub-LHIN area, South East LHIN, 2011.

Unemployment rate, 2011

- 5.7 % of QW residents reported as being unemployed in 2011
  - Province 7.8%, SELHIN 8.1%
  - April 2015 Regional 8.0%, Ontario 6.8%,Kingston 6.9

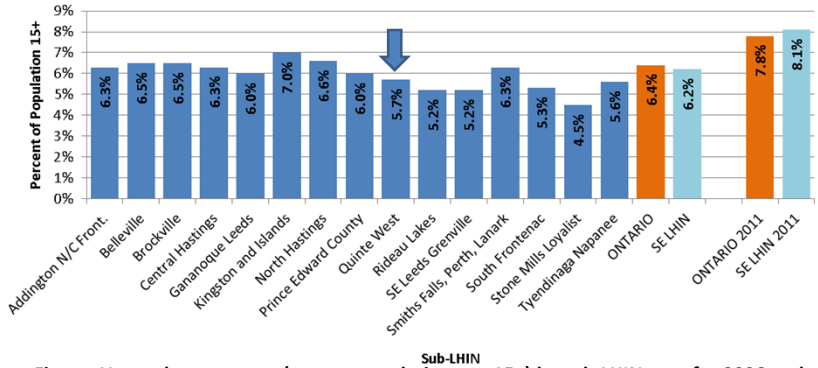


Figure: Unemployment rate (among population age 15+) by sub-LHIN area for 2006 and overall South East LHIN and provincial unemployment rates, 2006 and 2011.

Low Income Cut-Off, 2006

- Low income cut-off (LICO): Income level below which families devote a larger share of income to necessities than the average family
- In 2006, QW 11.% od population below LICO
  - Province 14.7%, SE LHIN 11.9%

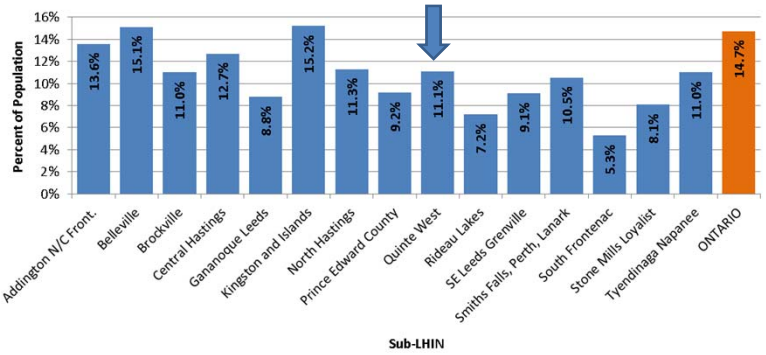
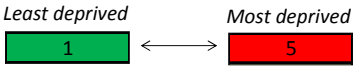


Figure: Percent of population below the low income cut-off by sub-LHIN area, South East LHIN, 2006.

Deprivation Index, 2006

- **Deprivation index**: Method for measuring and recognizing symptoms of poverty
  - *Material deprivation*: deprivation of modern day goods and conveniences
  - *Social deprivation*: fragility of the social network
- Index reduces the complexity of individually examining social determinants of health against numerous SES-type variables



Deprivation Index, 2006

Least deprived 1 ⟷ 5 *Most deprived*

SubLHIN	Material	Social	Combined
Addington N/C Frontenac	5	2	5
Belleville	2	5	4
Brockville	2	4	3
Central Hastings	3	2	4
Gananoque Leeds	1	3	2
Kingston and Islands	1	5	3
North Hastings	4	3	5
Prince Edward County	1	2	2
Quinte West	2	2	3
Rideau Lakes	1	2	2
SE Leeds Grenville	2	2	3
Smiths Falls, Perth, Lanark	2	4	4
South Frontenac	1	1	1
Stone Mills Loyalist	1	1	2
Tyendinaga Napanee	3	2	3

Summary

- Demographics
  - Population aging, but in line with province
  - Limited population growth
- Health Characteristics
  - Higher risk than provincial average
  - Generally not higher than rest of LHIN
- Possible Determinants of Health
  - Worse than province on behaviours
  - Social determinants generally better than LHIN average

Appendix C:
Community Engagement – Results

For the Brighton/Quinte West Health System Advisory Committee Report
September 2015

Background

- QHC, the LHIN and our health care partners are undertaking intensive community engagement process from April to September 2015
- In the Brighton/Quinte West area, engagement activities were overseen by the Brighton/Quinte West Health Services Advisory Committee
- Designed to inform long-term decision making for a sustainable health care system in this region

Purpose:

1. Help inform decision-making for the future of health care services:
   a) QHC distribution of clinical services in 2020
   b) Supports and gaps that could be met by other partners
   c) Health Care Tomorrow: Hospital Services
   d) PECMH redevelopment
2. Provide outlets for the community to voice their concerns and ask questions before decisions are made.

Community Engagement Spectrum

Increasing Level of Impact

Inform	Consult	Involve	Collaborate	Empower
We will keep you informed	We will keep you informed, listen to and acknowledge your concerns	We will work with you to ensure your input influences decisions	We will incorporate your advice to the maximum extent possible	We will implement what you decide
• Media	• Unions • Community members • Volunteers	• Patients and families • Physicians • Health care providers • Foundations	• Advisory Committee • Health care leaders	• Boards • LHIN • MOHLTC

Based on the International Association of Public Participation

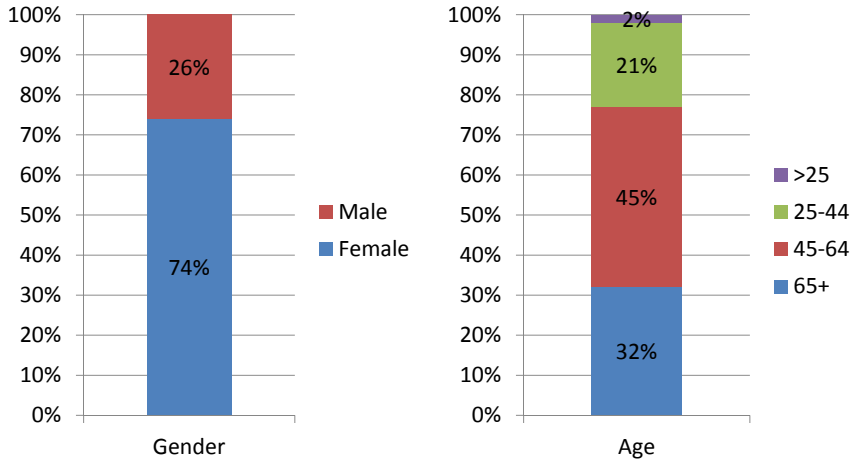
Engagement Phases - 2015

PHASES	May	June	July - August	Sept
1. Identify local health care priorities through broad engagement				
2. Test initial input through focus groups				
3. Design potential long-term vision/priorities				
4. Gather input on the future vision, model and recommendations, make adjustments				

Engagement Activities

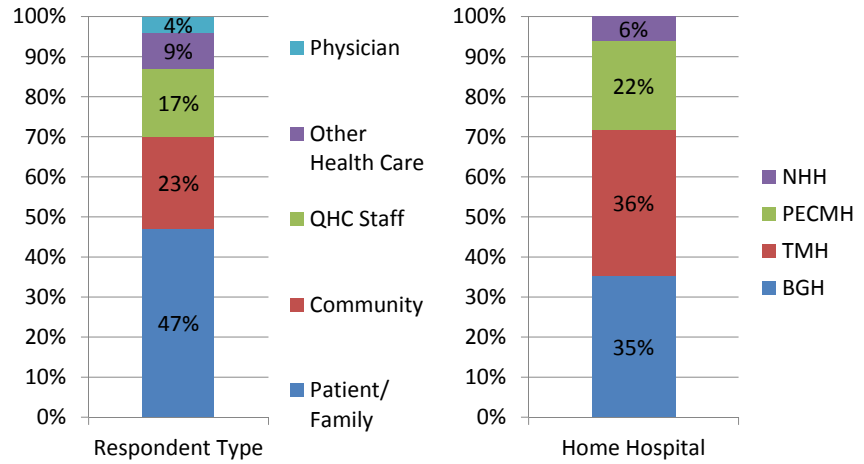
Activity	Number of participants Brighton/QW	Number of participants QHC region
Survey (conducted by the SE LHIN)	91	583
Community Open Houses (5 in QHC region)	58	186
Advisory Council of QHC Meeting	12	45
Brighton/Quinte West Health Care Symposium	55	55
Focus Groups – community	37	37
Focus Group – regional health care partners	6	14
Meetings with Mayors/MPPs/Warden	3	8
QHC staff/physician focus groups	15	53
Total participants	**277**	**981**

Survey Demographics – QHC Region Respondents

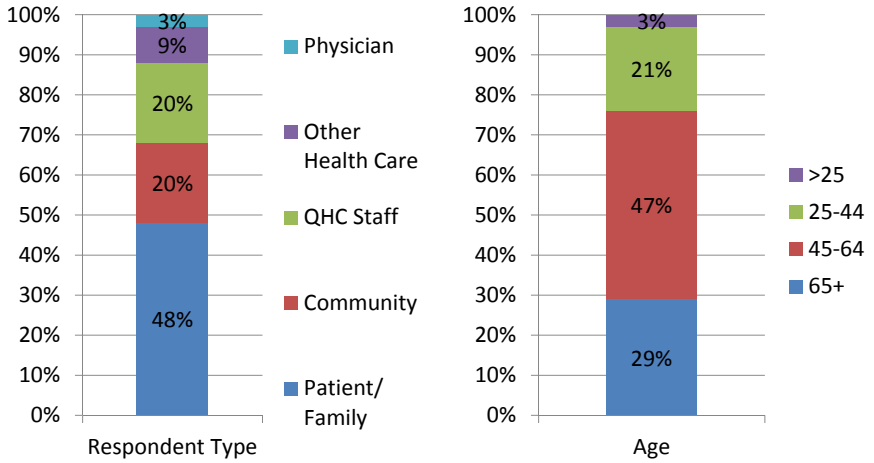


All survey results compiled by the South East LHIN

Survey Demographics – QHC Region Respondents

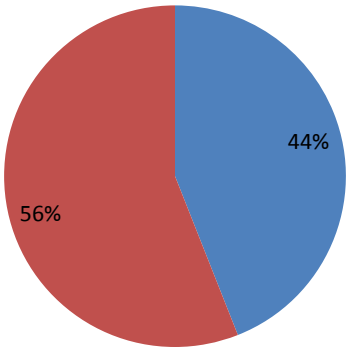


Survey Demographics - Brighton/Quinte West Respondents

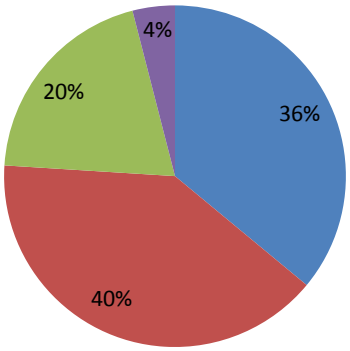


Survey Demographics – Brighton/QW Respondents

Municipality of residence



What QHC hospital do you use most?



Average Survey Rank (1-5) for Top 5 areas that should be a higher priority for the health care system

	Brighton and QW	QHC Region	SE LHIN
Emergency/urgent care	1.9	2.0	2.2
Access to family doctors or other primary health care providers	2.4	2.2	2.3
Health promotion and disease prevention (e.g., smoking cessation, healthy eating)	3.0	3.0	2.9
Addiction and mental health services	3.4	3.2	3.1
Access to diagnostic testing (e.g., bloodwork, x-ray, ultrasound)	2.8	3.2	3.1
Access to specialists	3.2	3.2	3.1
Palliative/end-of-life care (e.g., counselling services, residential hospice)	3.2	3.3	3.4
Home care services for the elderly or people with serious chronic illnesses	2.9	3.3	3.1
Chronic disease management support (e.g., diabetes, stroke prevention, etc.)	3.6	3.4	3.2
Long-term care (also called "nursing homes")	3.7	3.7	3.3
Other hospital-based care	3.5	3.7	3.7
Physiotherapy or other rehabilitation services	3.8	4.0	3.9
Transportation to health care services	4.5	4.1	4.1

Higher Priority — Lower Priority

Average Survey Rank (1-15) for Service in Order of Importance to Respondents

	Brighton and QW	QHC Region	SE LHIN
Primary care (family physician, nurse practitioner)	3.9	3.3	3.6
24 hour emergency department	3.6	3.4	4.0
Access to a hospital bed when I need it	5.5	5.6	5.8
After hours urgent care clinic (also called a walk-in clinic)	7.1	7.1	6.7
Basic tests (lab, x-ray, ultrasound)	7.2	7.8	7.9
Advanced tests (e.g., MRI, CT Scan, Interventional Radiology)	7.3	8.0	8.3
Cancer services	7.5	8.3	8.6
Other procedures (e.g., cataracts, endoscopy, minor surgery)	8.1	8.9	9.0
More supports to live at home longer (assisted living)	9.1	9.6	9.3
Physiotherapy or other rehabilitation care	9.6	9.8	9.8
Mental health and addiction services	10.3	10.0	9.5
Health clinics for specific chronic diseases (e.g., diabetes, mental health, stroke)	10.3	10.2	9.9
Palliative/end-of-life care (e.g., counselling, hospice)	10.5	10.5	10.3
Long-term care facilities (also called “nursing homes”)	9.3	10.8	10.6

Higher Importance — Lower Importance

Average Survey Rank (1-7) for main concern around the potential of a service being moved out of the community

	Brighton and QW	QHC Region	SE LHIN
Worry that services won’t be available when I need them	3	2.7	2.8
Losing health care professionals (e.g., physicians)	2.6	3.6	3.7
Losing a community resource	3.5	4.3	4.3
Not knowing how to access what I need when I need it	4.6	4.9	4.9
Added cost of travelling	4.7	4.9	4.8
Difficult to find transportation to another community	4.6	4.9	4.8
Economic impact to my community	4.9	5.0	4.8

Higher Concern — Lower Concern

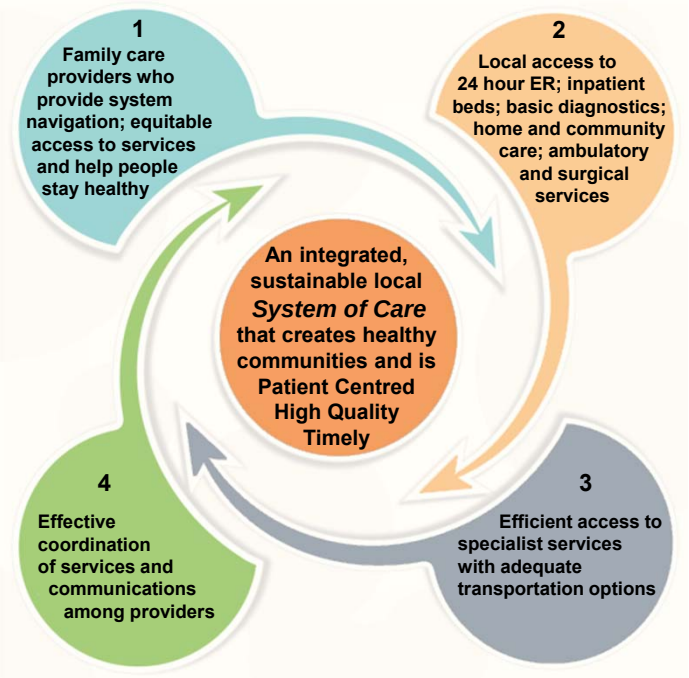
Key Themes from All Engagement Opportunities

- Generally supportive of the Ministry's direction to move services out of hospitals where possible, but want more confidence that home and community services will be available when needed
- Higher acceptance of the need for transformational change within the health care sector and better understanding that this is happening across the province
- Continues to be a lack of awareness of the health care resources available in each community, and how to access them
- Generally receive excellent care once in the system, but have issues gaining timely access and moving between providers
- Frustrations with the lack of coordination and communication between health care providers

Key Themes - Continued

- Community members have indicated their top priorities for health care services are (in order of importance):
  - Access to a family care provider
  - Access to emergency care close-to-home, with a strong preference for 24 hour ERs
  - Inpatient beds at each hospital patients who can be cared for by a family physician
  - Appropriate home care and other community support
  - Ambulatory and surgical services
- In general, people are willing to travel for services they need rarely and are not urgent (e.g., endoscopy, specialized surgery and diagnostics, etc.).
- Concerns that any loss of service is a slippery slope to the hospital eventually closing

Overall Summary of Feedback



Summary of Advisory Council of QHC Feedback

Priority of Service Distribution at QHC Hospitals

Willing to Travel to Kingston			
Lower volume surgery	Interventional radiology, other advanced diagnostics		
Regional Hospital Services at BGH			
Top priority: 1. Obstetrics 2. Day surgery 3. High volume inpatient surgery 4. ICU 5. Inpatient beds for specialist care 6. MRI/CT Scan 7. Oncology	**Lower priority:** CCC Mental Health inpatient Endoscopy Certain diagnostics - Nuclear Medicine, BMD, Breast assessment Regional lab Inpatient rehab	Split between groups feeling Paediatrics was either high priority or should not be delivered at QHC	
Services Required at Each QHC Hospital			
24-hour emergency	Inpatient beds for family medicine	Some clinics (e.g., medical day)	Basic diagnostics
Services that Should be Moved Outside the Hospital (when feasible)			
Clinics Minor procedures Mental Health Outpatient	Rehab Day Hospital Beds for patients waiting for long-term care Hospital-at-Home	Some diagnostic services (e.g., BMD, CT Scan, Cardiopulmonary)	