

# **Quinte Health Care – Reflections of the Supervisor on Past and Future**

**Notes for Presentation by  
Graham W. S. Scott, C.M; Q.C.**

**To**

**Rotary Club of Brighton  
King Edward Park Community Hall  
7:15 a.m.**

**November 27th 2009**

Thank you very much for inviting me to speak to you about QHC. I will address aspects of the past but they are primarily to set the stage for the future of QHC.

Let me begin by telling you about what motivates me:

- I am a strong believer in Universal health care in Canada
- We must focus on continuous improvement to ensure sustainability
- I have always been a health policy critic (except during the time I was deputy minister) and believe there remains much to be done to sustain the system
- Most politicians support our system and when in government struggle with the same issues
- Health care is seen as a local issue but is driven by Universal realities
- Some times the emphasis on local access can trump quality and safety in the provision of care
- Health care reform is not just about money, often it is about how we use our human and physical resources
- We need to better understand our system and what drives it

My perspective comes from being a Supervisor for three hospitals, appointed by two governments, two investigations and fact finding assignments and other special assignments involving three governments

11 years ago I was hired with Maureen Quigley by the committee established by the hospitals, not the government, based in Belleville, Picton and Trenton to co-chair the amalgamation to create what became QHC. (I did not mention Bancroft as it was a subset of the Belleville General)

On returning Quinte in April, I was surprised by many of the negative attitudes to the hospital that I encountered when I returned.

While not unique to Quinte, I believe that much of the negative assessment arises from a lack of understanding of the larger provincial and national forces impacting the delivery of hospital services.

Before I address these larger issues, a word about the economic relevance of QHC to the community.

QHC spent \$175m last year in operations and directly employs over 1500 staff. This makes it a very important economic force in Quinte.

Consequently, any shift or change in a service has both health service and financial impacts for the community. While QHC must be sensitive to these financial impacts on the communities our principal concern must be the delivery of quality and safe health care to all of Quinte.

The combined impact of both these financial and health service forces has driven many of the attitudes that have influenced how people react toward QHC.

It is easy to misunderstand and misrepresent the influences behind these forces. And that results in the laying of blame for change on perceived insensitive leadership rather on recognition of the more complex forces at work.

Fear of change in the delivery of services usually translates into criticism of proposed changes and a suspicion that they are driven by motives to save money rather than to maintain or improve quality care.

While I can understand how these misunderstandings grow, much of the criticism I have heard in some quarters is neither justified nor constructive.

QHC is seen by some as one hospital centrally located in Belleville with a hidden objective of stripping down and eventually eliminating the other hospital sites to save money.

These suspicions combined with some rewriting of history and public options that were floated for dealing with deficits early this year, further fueled the fire. Please allow me to address some misconceptions important to the future, then move to what I believe will provide a positive future for QHC as it enters the next decade.

***Much media controversy revolves around the Quinte West site and the suggestion there is an intention to close it. The facts fly in the face of such rumours.***

***Let me first address historical inaccuracy for a moment. One of the first stories I heard from Quinte West was that QHC had moved pediatrics, obstetrics and orthopedics to Belleville, thus providing crucial evidence that QHC was in the process of hollowing out the Trenton Memorial site. I am sure many of you have heard that.***

***Well, it simply isn't true. The decision to move those services was made by the board of the Trenton Memorial Hospital before the amalgamation that created QHC. This was an unhappy, but intelligent decision taken by that board no doubt influenced by some of the realities I will discuss that have influenced changes in hospital services. Unfortunately, it has been recast to discredit subsequent appropriate changes undertaken by QHC.***

*Today far from being in danger of closing, the Quinte West site has a new renovated emergency and is the centre for most QHC day surgery and is growing into the role of the ambulatory surgery centre for Quinte and a centre of excellence for ambulatory care serving the whole Quinte area.*

This is a significant role.

Better appreciating the forces influencing the reorganization of hospitals and their services is not about re-debating the past but instead putting past realities in context in laying the groundwork for a positive future for QHC with a new board, a new CEO and sound finances.

To begin with, the face of health care continues to change at a rapid rate. I cannot emphasize enough that:

- what is done in hospitals
- who does it, and indeed
- whether it needs to be done in hospitals

has been and continues to go through a massive transition.

To begin with the number of acute care hospital facilities in Canada has dropped over 20% in a period of 10 years and that in itself requires a realignment of services. In addition there has been considerable realignment of services in sites in provinces that have gone from individual governance to regional health authorities.

Today we have less invasive surgery which results in shorter stays in hospitals and faster recovery which also means we need fewer beds than a few years ago. These new surgery techniques while a boon for patients also often require expensive equipment and very highly trained surgeons.

The growth of day surgery is another example. The Trenton site will be the QHC centre for day surgery and is in the process of becoming the main centre for our ambulatory surgery. This concentration of surgeons is basic to quality care, efficiency and effectiveness.

According to the Canadian Institute for Health Information, 4 of 5 surgeries are now done on an ambulatory basis. In the last 10 years, day surgery has grown 31% while inpatient surgery has dropped 17%. Indeed this is a growth opportunity for the Trenton site.

e-Health has also had a considerable impact. PACS (Picture archiving and Communications systems) allow clinicians to examine patient images from anywhere in the province by simply logging into a computer network.

We have computerized laboratory work that limits the need for maintaining laboratories at every site while speeding up the results and their accuracy.

This complexity, much of it unknown 20 years ago, has also changed the requirements to run a modern, full service acute care hospital. At a minimum you need:

- Sufficient physician coverage
- Sufficient allied professional services – nursing, diagnostics etc
- Quality equipment
- Sufficient patient flow to support physician income
- Sufficient patient volume to maintain professional skills and physician coverage.

This also raises considerations other than costs, that cannot be ignored, particularly if we are to continue to have universal health care coverage. It is important to recognize that to run a modern acute care organization a great deal more than cost is at issue.

Consider some of the other non cost issues that impact on health service and coverage:

- There is a shortage of physicians
- There is a shortage of registered nurses
- There is a shortage of highly skilled technicians
- There is an aging professional work force retiring at a faster rate than replacements are being trained
- Physicians require an adequate volume of patients to maintain their income and there must be a sufficient number of physicians in the practice area to maintain adequate on call coverage
- There is an expectation that specialists must perform a minimum number of procedures in order to ensure and maintain quality.
- Rural populations are not growing; attracting and retaining all healthcare professionals in this environment is particularly challenging
- There are few education institutions preparing healthcare professionals for the diverse practice challenges in rural settings.

So while cost is an important factor, the quality of service, the human resources and the critical mass required to ensure safety, quality and quantity are also paramount factors.

The impact of these changing influences has repositioned how health care is delivered in Quinte, the province, nationally and internationally.

Depending on the alignment of these forces, some degree of consolidation becomes both desirable and inevitable in the delivery of appropriate patient care and we have seen some of this take place in Quinte.

Clearly, the provision of high quality acute care services in many practice areas requires some degree of consolidation—a move that involves change and therefore the potential for controversy. Let me provide a current example.

***Recently the state-of-the-art Intensive Care Unit that was opened in Belleville. This was preceded by the closure of the Special Care Unit in Trenton. Even though the closure of the special care unit at Trenton was part of the announced cuts in the QHC recovery plan, critics were quick to cite this change as further evidence of QHC's intent to downgrade and possibly close Trenton.***

***It is important to note that while these changes involved some savings, the principal motive was to better address patient care. Notwithstanding the presence of some able support at the Trenton site, it was not possible to maintain the unit there, as there was insufficient physician and nursing resource depth to continue to provide a proper service or coverage.***

***Indeed, it is hard to find sufficient professionals period, but at least there is a sufficient volume of patients and cases in the total Quinte region to attract the professionals to one site, in this case of the ICU service, based in this case in Belleville. In the case of Day Surgery, Trenton and in the case of the Prince Edward site as a model service provider for ambulatory and inpatient primary care service offerings.***

I understand and admire the great loyalty people have to the community hospitals they helped to build. I also appreciate the natural desire to have all services in the nearest site. But it is not possible and throwing money or rhetoric at QHC for its decisions around unavoidable, consolidation will not solve the issues.

This is not an easy message to convey but it is up to people like me to continue trying to explain why hospitals do what they do.

Does this suggest that consolidation of all services on one hospital site is the answer and that the other sites have no future role and are living on borrowed time? While it may seem that way as we tend to focus most of our attention on the more dramatic, complex acute care matters the answer is absolutely not!

Those who jump to the conclusion that there is no role for sites other than Belleville are also ignoring other very important considerations and changes in health care delivery that speak to the value of community hospitals as centres for integrated community health care.

In the first instance not all consolidation can or will occur in the same site.

***The growth of Day surgery is an example. The Quinte West site is becoming the QHC centre for Day surgery for the region.***

All four sites provide good emergency services that ensure local residents can be triaged and stabilized. That local assessment will determine whether further intervention is required beyond the services provided at the site so they can be transported on an urgent or non urgent basis to another QHC site that is equipped to handle the issues or in situations that cannot be handled at QHC, to a tertiary hospital such as KGH in Kingston or UHN in Toronto.

***The Quinte West site has the potential for more surgical activity. The proposal for capital equipment to support growth in surgery in orthopedic and urology procedures is under review by the TMH Foundation. Further, minor surgery and urodynamic procedures and the preadmission clinic for all Quinte will be located at the Trenton site. A full Women's Health Centre is in planning stages, beginning with the Domestic Violence and Sexual Abuse Program to be centred at the TMH.***

***In addition, there is a great deal of community based care that can and should be established around each of our sites in conjunction with our hospital facilities. This is a major consideration in the discussions between the Brighton Family Health Centre, Quinte West and QHC.***

***These family and community health services properly developed will result in a greater volume of care being provided more efficiently and effectively closer to home and will provide the potential for much greater access for residents. This will be a major growth area in Quinte West. Primary care visits to the physician, specialist appointments, health maintenance, and support for those with chronic disease problems far outnumber the small volumes of inpatient care.***

One hundred years ago life expectancy was little better than 50 years and today it is over 80 years. This longevity has resulted in some new trends that speak yet again to how we use our hospitals. More people now survive strokes and heart surgery but require special monitoring and medication, poor diets will have a greater impact on our need for support, and we are seeing growth in diabetes, obesity, blood pressure, dialyses etc. Indeed the growth of the obesity problem suggests that the current generation may actually have a life span shorter than their parents!

***QHCTM site has a great potential to be developed as a strong community medicine centre and this is being advanced by the Quinte West/Brighton/QHC Health Integration Committee made up of local politicians (Councilor Sally Freeman from Quinte West, Mayor Herrington from Brighton and when possible Mayor Williams also attends), physicians, administrators, and QHC. This initiative should help the city in its struggle to recruit adequate numbers of family physicians and see the Memorial site strengthened as a centre for strong community health services. A recent discussion***

***at the Quinte West Healthcare Advisory Committee confirmed the mutual benefit to the Brighton Family Health Team and QHCTMH to locate the FHT at the Trenton site. Support for necessary renovations are being presented to the TMH Foundation for their consideration.***

Beyond the services located in QHCTM, QHC offers stronger and better support to the residents of the Quinte Region at other sites. The Belleville site which is the largest and provides the most complex acute care will shortly be opening the new Sills Wing.

This new wing will house complex continuing care to serve all of QHC, rehabilitation, a much overdue Children's Treatment Centre and several allied health services. Its design makes it very adaptable to meeting future needs in serving patients in Quinte.

Under the leadership of Lyle Vanclief and Dr. Matt Downey, QHC embarked on the Imagine Campaign and the Diagnostic imaging Renewal strategy. QHC has installed both a 64 slice CT in Belleville and 16 slice CT in Trenton, an MRI and substantial other new equipment. This has truly been a "build it and they will come". The department is now fully staffed by a team of energetic young radiologists and is the envy of other hospitals in the region and the province.

- QHC is one of 22 hospitals that partnered in the Diagnostic Imaging Repository strategy (for people like me a big computer that stores all of the digital images) which will allow us to share images with all of the other 22 hospitals. This makes easy the transfer of images from referring hospitals or from teaching centres back to the referring hospital. It permits images that can be read by a radiologist and reported on from a multitude of locations.
- QHC has just signed an affiliation agreement with the Psychiatry Department at Queen's University whereby this hospital will work closely with the Kingston psychiatrists to ensure adequate coverage for mental health patients based at Belleville General.
- QHC is actively working with the provincial government and the SE LHIN to advance the last phase of the Belleville site redevelopment which will include the new emergency room, new operating rooms and a new oncology clinic. The plan is to have all of the approvals in place and go to tender by the end of March 2010.
- QHC continues to perform with the best in surgical wait times, which is a huge priority with the provincial government.

It should come as no surprise that these kinds of positive accomplishments often get lost in controversy. Controversy is natural to all hospitals where:

- different professional groups guard their turf and complain to the public that services will suffer if any part of their turf is occupied by another profession

- the most influential and important group in the hospital consists of independent contractors with their own financial and relationship issues
- life and death decisions are made every day
- finite resources are up against heightened expectations and demands for new technology and drugs
- changes in technology or new learning about quality and safety dictate instant changes in cultural behaviours that have been entrenched over the years

That is just the beginning of a list that makes it very hard to manage modern hospitals and poses communications challenges to hospital boards here or elsewhere. It is therefore crucial that communities have confidence that they have a hospital board that is up to the job.

So there are a lot of positive initiatives in QHC but of course it is crucial that you be assured of good governance of QHC going forward.

The decision to establish a new board at QHC, particularly against the history of controversy that has dogged the development of the corporation, called for the creation of a highly skilled and respected board. A board that could concentrate its energy on ensuring that QHC with its four interdependent sites could meet the reasonable expectations of the residents of the Quinte region.

The first step was to appoint an advisory committee of prominent citizens who, without any reward other than undertaking a controversial public service, would work to devise a strong new board. Based on consultations locally, I was blessed with such a committee:

- Gord Allan
- Glenn Rainbird
- Ross McDougall
- Maureen Piercy
- Dr. Michael Shannon, and
- Lyle Vanclief

Their meetings were facilitated by Maureen Quigley, with expert credentials in hospital and health care governance.

Following a number of meetings, the Committee made a series of unanimous recommendations that will result in more open and accountable governance of QHC.

There will be substantially greater opportunity for the community to scrutinize the policies and practices of the board while at the same time the board will be able to focus its efforts on building a strong vision for the future while overseeing the effective operation of the hospital.

The highlights of the report are:

- A 12 person board joined by the three statutory members and the CEO for a total of 16.
- The process for the selection of Board Directors remains open and transparent
- The membership of the corporation will consist of the Directors who are voting members and 54 non voting members consisting of:
  - 18 appointed by the 6 Municipal/county councils
  - 10 appointed by the Foundations
  - 8 appointed by the Auxiliaries/Volunteer Associations, and
  - 18 at large selected by the 36 other appointed members in an open process
  - Corporate non-voting members may serve on board committees where they will have a vote and will have a voting majority on the board nomination committee

The board will no longer simply meet with the membership once a year at a set piece annual meeting but will meet more often to hear the advice of the membership and take advantage of their knowledge.

Further, the board will be expected to meet with the Municipal and County Councils at least annually. This will ensure that there is effective communication and feedback.

This process of open meetings should meet the expectations of the Local Health Integration legislation and ensure that residents of Quinte will have the opportunity to be well informed on hospital matters.

The work of the Community Advisory Council was more than vindicated by the large number of strong Director applications. The Community Advisory Council had to choose the 12 directors from 43 impressive applications. It is a tribute to the Quinte region that so many qualified applicants are prepared to volunteer for the onerous and usually thankless task of overseeing the management and operations of QHC.

Last week many of the new board members met with the Quinte West City Council and I announced that I had accepted the CAC recommendations that Brian Smith be appointed Chair, Steve Blakely, Vice Chair and John Embregts as Treasurer. The Board has been

involved in substantial orientation and has commenced the process for selection of the new CEO.

All this should result in the new board undertaking its full responsibility and selecting the new CEO early in the New Year.

This is an exciting time here in Quinte. I believe it is important that Quinte embrace the potential of the vision of one hospital with four interdependent sites.

However strong that vision may be, it will be tested.

Future investments will continue and other new innovative developments will occur in the future. The new board will certainly see these as opportunities to improve the care but they will also see in such changes the need to reconfigure QHC to meet the service and fiscal accountability obligations. They cannot be expected to make their decisions simply to avoid controversy.

All change is marked with some controversy.

Constructive criticism is both necessary and desirable but destructive and uninformed criticism channels energy away from urgent priorities and in the end it diverts attention from the fundamentals of your health care. For example, it dampens the enthusiasm required to help foundations raise the funds necessary to ensure the provision of equipment and support so necessary to acquire quality, modern technology essential to acute care the end it diverts attention from the fundamentals of your health care.

2010 will see a number of changes in QHC:

- A new board
- A new CEO
- A much stronger financial base
- A strong community based corporate membership

QHC will see growth in the number, quality, and coordination of health services. This will include the high quality hospital based care, deeper partnership with family health teams and other health providers to deliver better community and coordinated care to the region.

The residents of Quinte also have a role to play. They must embrace QHC as their hospital, provide constructive advice, support the foundations and understand that, notwithstanding the traditional rivalries in the region, that all sites have important integrated roles to play in QHC and, most importantly, that together they provide the resource to residents for better and more sophisticated services than would otherwise be available.

Being proud and supportive of QHC will make it stronger and help it continually enhance its services to meet the current and future needs of the people of Quinte.

Thank you for the opportunity to speak with you today.