



NIAGARA HEALTH SYSTEM
SYSTÈME DE SANTÉ DE NIAGARA

Moving Forward – Clinical Service Planning and Implementation

October 22, 2012



Meeting Purpose

Discussion on implementation questions as they relate specifically to the Welland and Greater Niagara sites:

- Pediatric Emergencies
- Pediatric Surgeries
- Obstetrics
- Gynaecology
- Anaesthesia
- Emergency Departments
- 'Access'
- Transportation
- Mental Health
- Others ?



Principles

QUALITY

- Safe, effective, viable
- Evidence-based
- Retain and recruit the best physicians/staff
- Enhance Academic environment-learners who want to stay in Niagara

ACCESS

- Responds to population need
- Access based on higher density populations

AFFORDABILITY

- Operating cost efficiency
- Capital infrastructure return on investment, meeting new standards (e.g. private rooms)
- Minimize duplication of equipment-investment in new technology



What's in Progress, What's Next

The Imperatives

- Planned Closure of OSS and SCG Sites:
 - a) Plastics and Urology moved from OSS to SCG site in Summer 2012
 - b) Ophthalmology – Consolidated from OSS to Welland Site in Summer 2012. RFP for Free Standing Eye Institute Underway
 - c) Kidney Care – Ambulatory Dialysis from OSS to the new Niagara Falls Satellite in February 2013 and to the new St. Catharines site in March 2013
- Readiness for move to the new St. Catharines Site and particularly:
 - a) Consolidation of Women's and Babies and Children's Health
 - b) Consolidation of in-patient Mental Health



Questions about Pediatric Emergencies



Pediatric ED Volumes

Emergency Department Volumes Age <=17 yrs January-December 2011				
Site	0-5yrs	6-12yrs	13-<=17yrs	Total
SCG	1,675	1,626	2,304	5,605
GNG	1,903	2,157	2,704	6,764
WHS	1,098	1,214	1,702	4,014
Total	4,676	4,997	6,710	16,383

Note: includes all provider services

Emergency Department Volumes Age <=17 yrs Seen by Paediatric Physician January-December 2011				
Site	0-5yrs	6-12yrs	13-<=17yrs	Total
SCG	676	522	387	1,585
GNG	58	76	43	177
WHS	177	162	133	472
Total	911	760	563	2,234

- Of the 6,764 Pediatric patients currently seen at the GNG ED, 177 may transfer to the new St. Catharines site or require a consult with a Pediatrician
- Of the 4,014 Pediatric Patients currently seen at the Welland ED, 472 may transfer to the new St. Catharines site or require a consult with a Pediatrician



About Pediatric Emergencies

Q - How will Pediatric emergencies be supported at the GNG and Welland sites?

A - If the patient is stable, the patient will be transferred to the new St. Catharines site.

If the patient is not stable, the Pediatrician on-call at the new St. Catharines site will be available for consult by telephone.

The opportunity to have a second on-call pediatrician is under investigation.

Q – How will Pediatric patients be transferred from the GNG or Welland EDs?

A – The transfer method will be determined based on the need and acuity of the child.

Critical patients will be transferred by the most appropriate method via an agreed upon rapid transfer process and destination determination guidelines.

Non-critical patients will be transferred by OPT or other appropriate means.



About Pediatric Emergencies

Q – What if the Pediatric patient who presents at the GNG or Welland EDs requires tertiary care?

A - The current practice of using CritiCall to facilitate patient transfer will continue.

Q- How will paediatric cases at the GNG and Welland sites that don't require admission but rather 24 hour observation to determine resolution be cared for?

A – The patient will be transferred to the new St. Catharines site and will be cared for in the Pediatric Clinical Decision Unit.

Q - Has an on-call coverage plan for pediatrics been developed?

A – As is current practice, a coverage plan will be in place.



Questions about Pediatric Surgeries



About Pediatric Surgeries

Q - What are the criteria for determining appropriate pediatric day and in-patient surgeries at the Welland and GNG sites?

A – Age of the child and absence of significant co-morbidities are the key criteria.

For pediatric day surgeries, an additional criteria is that there should be no anticipated post-operative admission required.

For pediatric in-patient surgeries, as current practice, an additional criteria depends on the level of risk and therefore the child may need to have their operative procedure at MUMC.

Q – Who determined the criteria?

A – The criteria were developed in consultation with the HNHB LHIN lead for Pediatrics at McMaster and HHS clinical pediatric and pediatric anesthesia experts, according to best practice.



About Pediatric Surgeries

Q – Will all pediatric day surgeries occur at the new St. Catharines site?

A – No. Outpatient surgery, as is current practice, will continue at WHS & GNG for children **5 years and older**. This assumes there are no significant co-morbidities and/or no anticipated post-operative admission.

Children under the age of 5 requiring a day surgery procedure will have their procedure performed at the new St. Catharines site.

Q – Will all in-patient pediatric surgeries occur at the new St. Catharines site?

A – No. In-patient surgery, as is current practice, will continue at WHS & GNG for patients **13 years and older**. This assumes there are no significant co-morbidities.

Children under the age of 13 requiring an in-patient procedure will have their procedure performed at the new St. Catharines site or at MUMC depending on the level of risk as per current practice.



About Pediatric Surgeries

Q – What is the anticipated volume of pediatric day surgeries remaining at the Welland and GNG sites [based on Jan-Dec 2011 data]?

A – **Out-patient Surgical Volumes Remaining – for children 5-18 years of age:**

- 184 at GNG
- 122 at Welland

In-patient Surgical Pediatric admissions Remaining – for children 13-18 years of age:

- 34 at GNG
- 21 at Welland

Q – What is the anticipated volume of pediatric in-patient and day surgeries transferring to the new St. Catharines site [based on Jan-Dec 2011 data]?

A –

From GNG:

- 32 in-patient cases
- 151 out-patient cases

From Welland:

- 14 in-patient cases
- 133 out-patient cases



Pediatric Surgical Volumes

NHS Surgical Volumes in Main OR by age <13 and ages 13-18

January December 2011

		age less than 13			ages 13-18		
		inpatient	day surgery	total	inpatient	day surgery	total
SCG	General Surgery	11	6	17	20	6	26
	Orthopaedic Surgery	28	3	31	24	13	37
	Plastic Surgery	2	10	12		5	5
	Urology	1	24	25	4	4	8
	Otolaryngology	33	338	371	1	47	48
	Dental Surgery	2	31	33	2	25	27
	Obstetrics/Gynecology					21	21
	scg total	77	412	489	51	115	166
GNG	General Surgery	5	6	11	7	6	13
	Orthopaedic Surgery	20	3	23	18	9	27
	Urology	1	16	17		2	2
	Otolaryngology	6	127	133		11	11
	Dental Surgery		93	93	6	37	43
	Plastic Surgery		4	4		3	3
	Obstetrics/Gynecology				3	18	21
	gng total	32	249	281	34	86	120
WHS	General Surgery	6	2	8	8	5	13
	Orthopaedic Surgery	5	7	12	12	3	15
	Urology	1	11	12		9	9
	Otolaryngology	2	187	189	1	22	23
	Obstetrics/Gynecology		1	1		6	6
	Ophthalmology		2	2			0
	whs total	14	210	224	21	45	66
OSS	Urology		1	1		5	5
	Dental Surgery			0		3	3
	Plastic Surgery			0		3	3
	OSS total		1	1		11	11
NHS TOTAL		123	872	995	106	257	363

Volume of Surgical Outpatients Under 5 Years of Age

By Site and Service

January to December 2011

Greater Niagara General

Service	Volume
Dental Surgery	47
Dentistry	1
General Surgery	4
Orthopaedic Surgery	1
Otolaryngology	84
Plastic Surgery	3
Urology	11
Total	151

Welland Hospital Site

Service	Volume
Obstetrics/Gynecology	1
Ophthalmology	1
Otolaryngology	121
Urology	10
Total	133

St. Catharines General

Service	Volume
Dental Surgery	4
General Surgery	2
Orthopaedic Surgery	2
Otolaryngology	211
Plastic Surgery	9
Urology	14
Total	242

Volumes in red will transfer to new St Catharines site

Source: National Ambulatory Care Reporting System

Notes: Service based on physician specialty. Includes only cases performed in the main OR. Includes primary intervention only.



About Pediatric Surgeries

Q – What if there are complications post day surgery?

A –The MRP at GNG or WHS would contact the On-Call Pediatrician at the new St. Catharines site for consultation. The consultation would be provided by phone.

If the child requires a more comprehensive consultation/assessment, and if the child is stable, the MRP would transfer the child to the new St. Catharines site for further follow-up.

Discussions are underway to determine an appropriate model of on-call that may allow a Pediatrician to attend in person for critical patients that cannot be transferred.

If the child is unstable and warrants tertiary care, then the child would need to be stabilized, CritiCall would be notified and the child would be transferred appropriately.

If the child does not require immediate attention but needs to be seen post-operatively, then the child would be seen in the Pediatric Follow-up clinic within their area.



About Pediatric Surgeries

Q - Will there be a sufficient critical mass/volume of pediatric surgical cases at the GNG and Welland sites in order for nursing to maintain their knowledge, skill and ability to care for pediatric patients?

A – There are sufficient pediatric surgical volumes remaining at the Welland and GNG sites (based on January-December 2011 data):

Out-patient Surgical Volumes Remaining – for children 5-18 years of age:

- 184 at GNG
- 122 at Welland

In-patient Surgical Pediatric admissions Remaining – for children 13-18 years of age:

- 34 at GNG
- 21 at Welland

To maintain nursing expertise in the pediatric area, we will provide additional education.



Questions about Anaesthesia



About Anaesthesiology

Q- Will the volume of surgical activity change and hence have a negative impact on the Anaesthetists at the Welland and GNG sites?

A – No. The overall volume of activity for anaesthesiology will not change.

Q - For pediatric surgical cases remaining at GNG and Welland, will the Anaesthetists have sufficient critical mass to maintain their skills and competencies?

A – The overall volume of activity for anaesthesiology will not change. Furthermore, as previously stated, the following pediatric surgical procedures will remain at GNG and Welland sites (based on January-December 2011 data):

- In-patient (13-18 years of age) → 34 at GNG and 21 at WHS
- Out-patient (5-18 years of age) → 84 at GNG and 122 at WHS

Q - Does the service siting support a sufficient critical mass of Anaesthetists at the sites to sustain a viable service, especially for evenings?

A – There will continue to be 24/7 call coverage



Questions about Obstetrics and Gynecology



About Obstetrics

Q - What if a labouring mom presents to an ED or UCC other than the new healthcare complex – how will she be cared for?

A – A process has been developed for the UCCs at the Port Colborne and Douglas sites and will be extended to the Welland and GNG sites.

Calling EMS is the preferred plan as they will transport the labouring mom directly to the new St. Catharines site. In addition, if needed, paramedics have the knowledge to facilitate/support an active delivery if they had to. We will continue to work with Niagara EMS to ensure there is a destination policy re: 911 calls for pregnancy or gynecology-related issues.

Starting immediately, the NHS will develop a robust education plan and community awareness strategy re: the March 24, 2013 'go live' date and the need to present to the new St. Catharines site [e.g. will develop and disseminate posters for physician offices].



About Obstetrics

Q - How will patients with ectopic pregnancies/abdominal pain not yet diagnosed who present to an ED or UCC other than the new St. Catharines site be cared for?

A – The patient will be transferred to the new St. Catharines site. We will provide for a direct patch from the transferring site and/or EMS to the on-site Obstetrician. We will continue to work with Niagara EMS to ensure there is a destination policy re: 911 calls for pregnancy or gynecology-related issues.

Starting immediately, the NHS will develop a robust education plan and community awareness strategy re: the March 24, 2013 ‘go live’ date and the need to present to the new St. Catharines site.

Q – What medicolegal support is the NHS planning to provide to general surgeons in Welland/GNG, whom out of compassionate care, will be asked to urgently operate on women in shock from ruptured ectopic pregnancies, ruptured uteri?

A – As stated above, the NHS will continue to work with Niagara EMS to ensure that destination policies are in place as well as a direct patch from the transferring site and/or EMS to the on-site Obstetrician. In doing so, no general surgeon should be inconvenienced or legally exposed.



About Obstetrics

Q – What measures are you taking to track the frequency of (1) urgent deliveries (2) ectopic pregnancy surgery (3) paediatric resuscitation at the current small sites (DMH and PCG) and going forward at Welland and GNG sites?

A – There are three program scorecards [a. maternal child, b. newborn and c. paediatric] that are currently monitored on a monthly basis. For maternal child, currently there are over 23 indicators that are publically reported and cover areas *such as*:

- # of deliveries
- C-Section Rates
- VBAC rates
- Midwifery delivery rates
- Readmission rates
- Obstetrical trauma
- Induction rates
- Patient Satisfaction
- % Niagara residents who deliver elsewhere

Additional metrics will be added as appropriate to ensure ongoing monitoring of quality of care.

In 2011, there was one ruptured ectopic pregnancy across the NHS.



About Obstetrics

Q – What measures will you report back to the medial staff to demonstrate the improved Quality of Care achieved by the Mat/Child consolidation, given the MSA’s concerns expressed in its 2 motions last year?

A – A program scorecard is currently monitored on a monthly basis and the metrics are publically reported. This will continue.

The Regional Chief will continue with regular chart audits of key quality indices as they relate to the department.

The metrics and audits will assist in adapting protocols and coverage plans accordingly to ensure and maintain our commitment to quality of care.



About Gynecology

Q – What is the plan for Gynecology intra-operative consultations if requested by Urology and/or General Surgery?

A – The physician requesting the consult would contact the on-call Gynaecologist that will be located in-house at the new St. Catharines site. If it is determined that physical presence is required then, the second on-call would respond in dire emergencies.

This is in keeping with the current regional on-call process for vascular, urology, ENT and ophthalmology. Travelling between sites for these rare occurrences is nothing new.



About Gynecology

Q - Will there be a sufficient critical mass of gynecological day surgery at GNG and Welland to ensure good instrumentation and dedicated nursing staff with expertise in gynecology and minimally invasive surgery?

A – The Surgical program will ensure nurses have the core competencies, knowledge and skills to provide ongoing intraoperative care for gynecologic patients.

The Obstetrics/Gynecology Program will continue to work collaboratively with the Surgical program to ensure all capital equipment and instruments are available and updated based on best practices, quality and safety needs.

Currently 75% of gynecological surgery is done on an out-patient basis. Assuming SCG will keep 10% of their current volumes (based on January-December 2011 data), the GNG and WHS sites will ‘gain’ an estimated 896 cases.

Out-Patient Gynecology Cases January-December 2011	
Site	Cases
SCG	996
GNG	724
WHS	487
Total	2,207



Questions about Emergency Departments



About Emergency Departments

Q - Will the Welland and GNG ED's be viable? Will there be sufficient 'on call specialist support'?

A – The Emergency Departments will continue to be Full Service and all consultant services will be available.

There are many hospitals that have re-aligned and rationalized services and remain thriving hospital sites.



Questions about 'Access'



About 'Access'

Q – Given the loss of Referrals to South Niagara Specialists centred in Welland in establishing a South Niagara Hospital site more distant from Pelham & North Welland residents, what access to resources to the North Niagara site are you planning for these specialists?

A – Physicians credentialed to the NHS are credentialed to the *system* and not exclusively to a site. The overall volume of Specialist activity will not change. Specialists will be provided the opportunity to provide care in the new North site as appropriate for their service and/or specialty.

Q – With only two UCC's planned when the South Niagara site is built, how do you plan to demonstrate improved/maintained Access-to-care for the South Niagara residents losing UCC/Acute Care site?

A – The number of UCC's in south Niagara will not change – there are currently 2 UCC's and the Supervisor has recommended 2 UCC's in the future state. The siting of those UCC's will be determined in consultation with Niagara EMS and considering other factors such as population density.



Questions about Mental Health



About Mental Health

Q – Are all mental health services transferring to the new St. Catharines site?

A – No, out-patient services will remain at the Welland, GNG, Port Colborne and Douglas sites. In addition, some psychiatrists have indicated that they will maintain their out-patient offices in Welland and GNG.

Q - How will patients presenting to the Welland or GNG ED who require psychiatric assessment receive care?

A – Crisis Nurses and Psychiatrists who comprise the Psychiatric Emergency Service will conduct assessments via telepsychiatry or in person at the new St. Catharines Site.



About Mental Health

Q – How will patients requiring mental health admission be transferred from the GNG and Welland sites?

A – Safe transportation guidelines have been developed that reflect the patient's legal status; the risk of harm the patient poses to themselves and others; current and past mental health and addictions history and presentation; the patient's physical health; the distance to be travelled; the patient's need for clinical support, supervision and sedation during the period of travel; the available modes of transport; the availability of appropriately trained staff for escort as required.

Approved methods of transportation for mental health and addictions patients shall include: Transport service [i.e. OPT], Private vehicle, Taxi, Niagara Regional Police.



Questions about Transportation



About Transportation

Q - How will frail elderly and seriously mentally ill patients and their families access appropriate sites/services especially at the new healthcare complex?

A – The NHS is working through the Niagara Planning and Research Council to engage with local leaders in the development of a transportation model. Other strategies such as provision of taxi chits as appropriate are under consideration.



Additional Questions?

Thank you...