

*Outlook*2020
Your Health. Your Hospital.

Leamington District Memorial Hospital
Strategic Plan

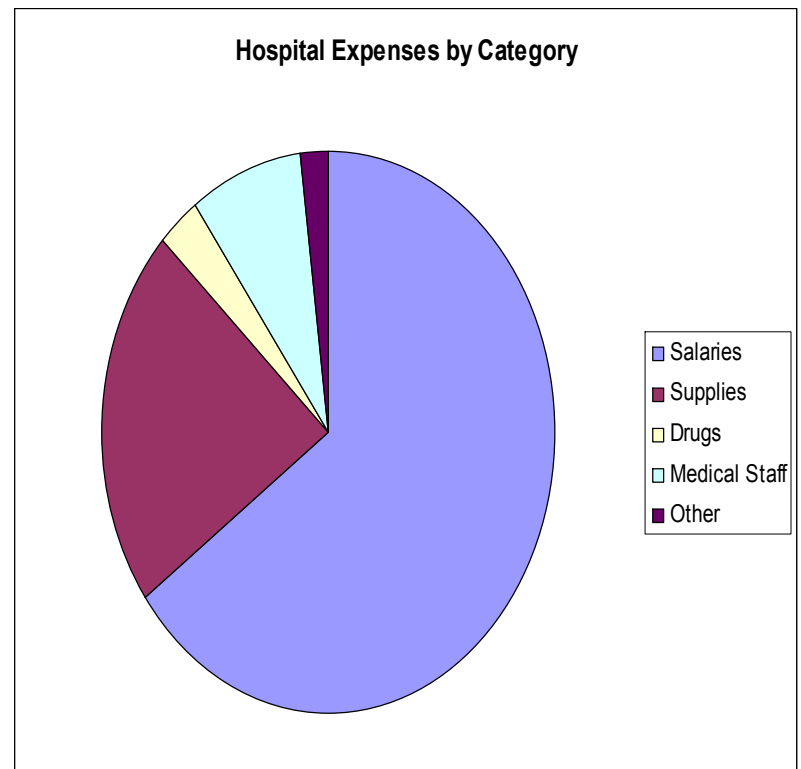
OUTLOOK 2020

Significant Change Drivers affecting Leamington Hospital:

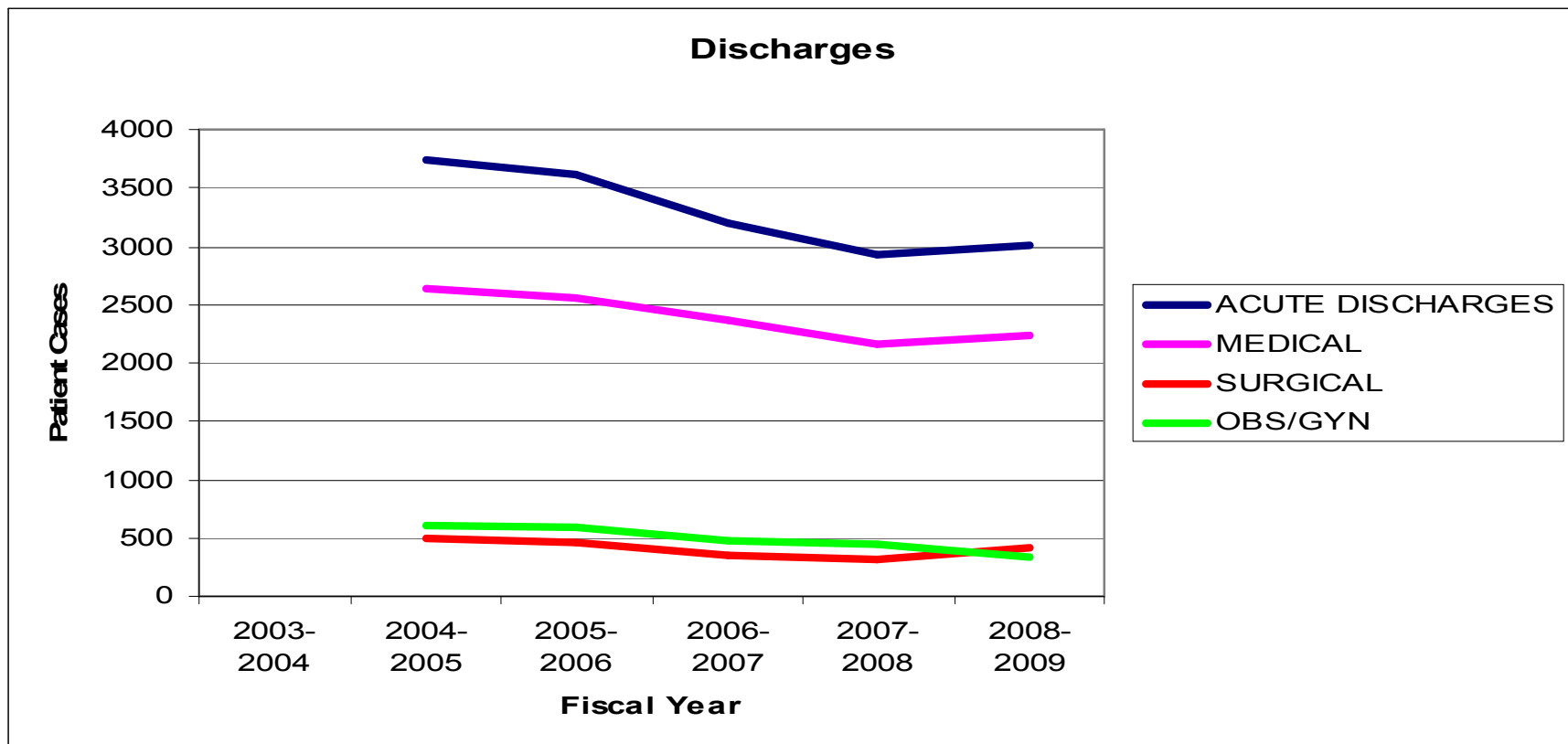
- 1) On-going shortage of physicians, nursing and professional staff
- 2) Lack of financial resources and uncertain financial future
- 3) Declining volumes in traditional core services, indicating a shift in community health needs and service requirements
- 4) Shift in the Ontario health care system to a regional governance model and focus on accountability and outcomes

How did we get here – Fiscal Challenges

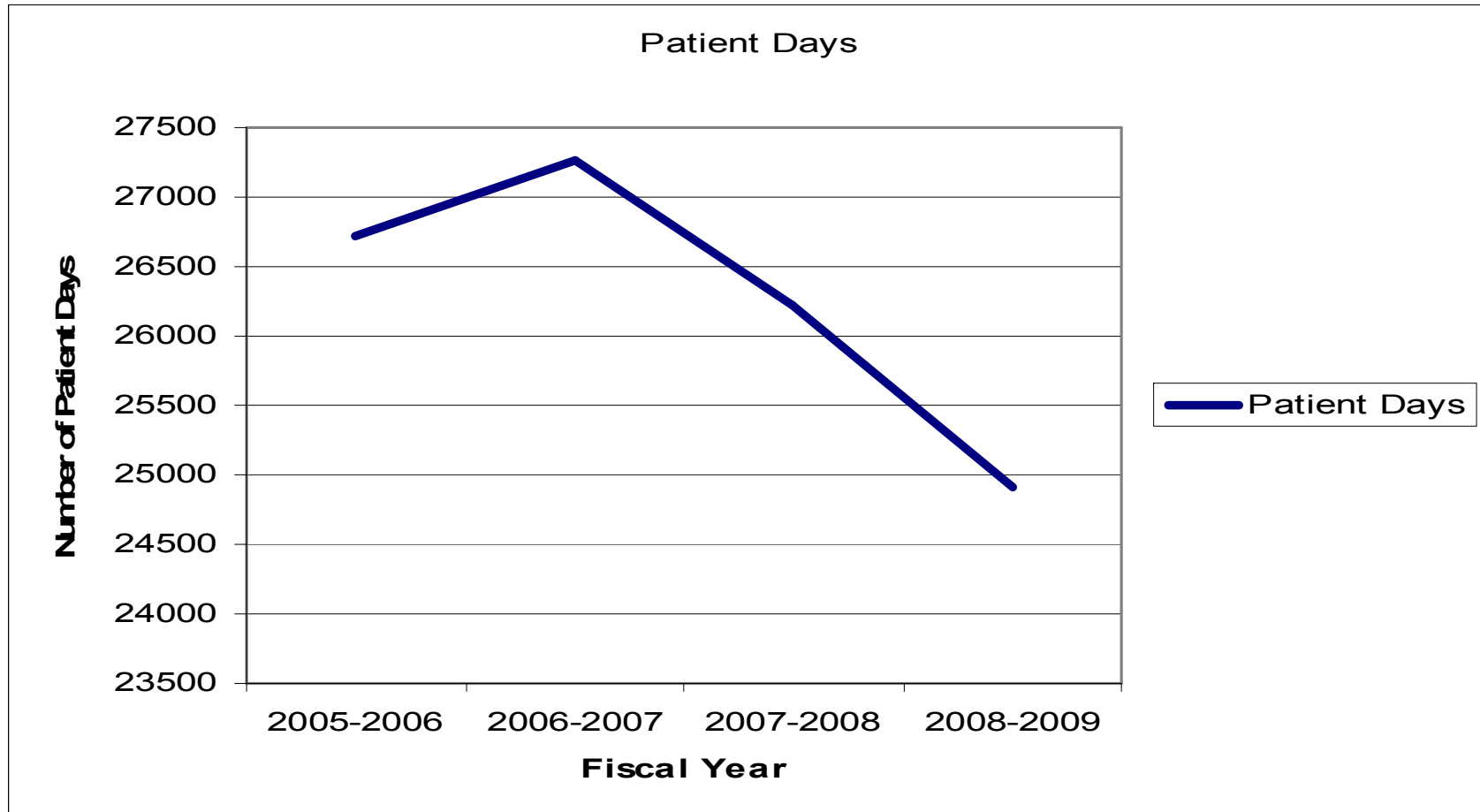
Number of weighted cases	Cost per weighted case	Expected cost per weighted case	Variance
4150	\$4715	\$4687	1%



How did we get here – Changing Needs



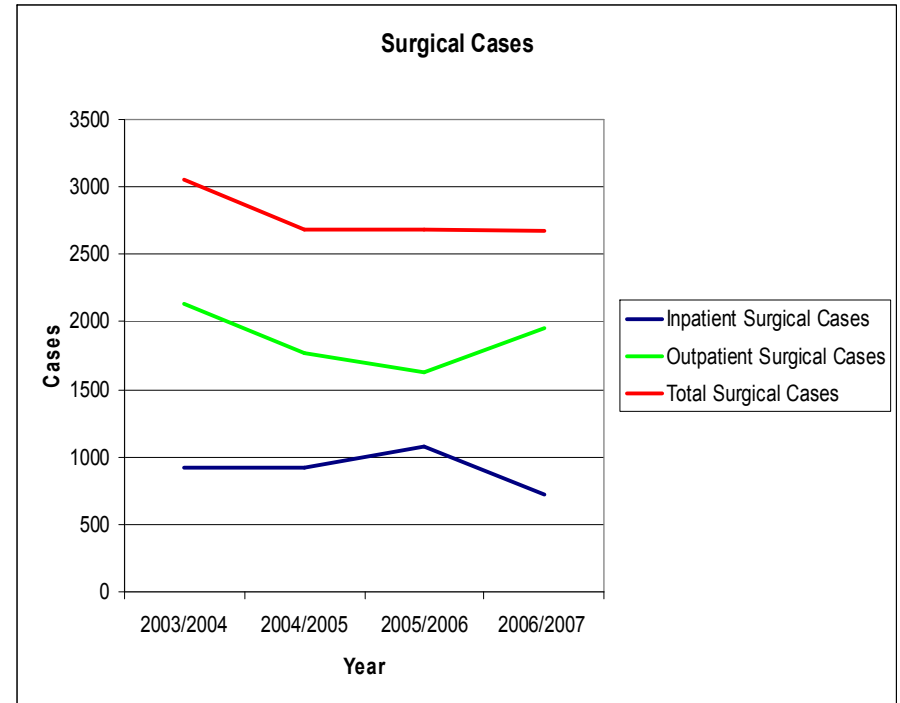
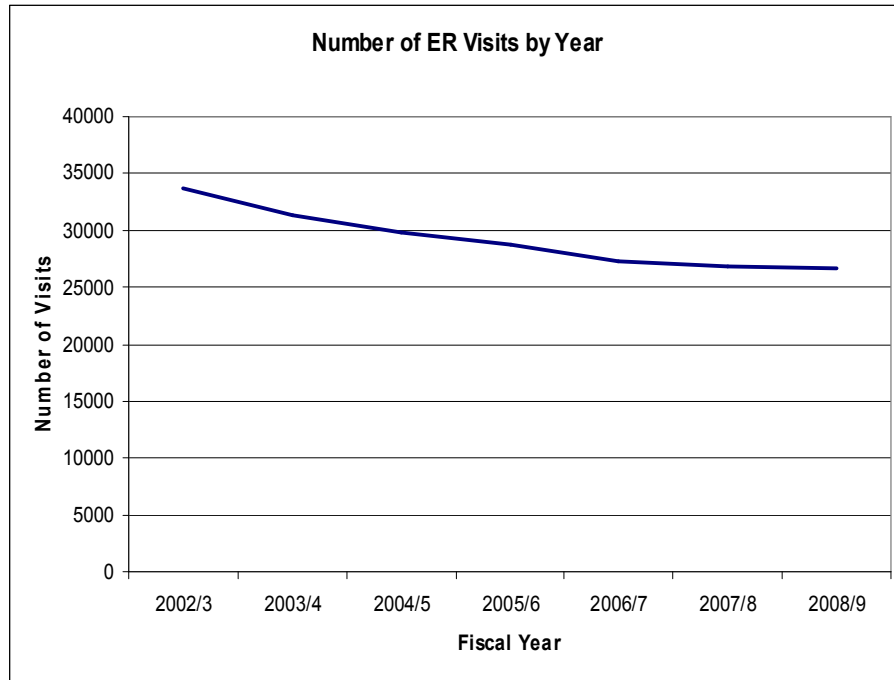
How did we get here – Changing Needs



OUTLOOK 2020

- Strategic Planning initiated **July 2007**
- **Process included:**
 - **Quantitative - Comprehensive data review of:**
 - Core Programs and Services - ER, Medicine, ICU, Surgery, Obstetrics
 - Market Share Data
 - Population Profile and Demographics
 - **Qualitative - Engagement / Consultation with:**
 - All clinical teams and services
 - MAC / Medical Staff
 - Hospital / Health care partners in Essex County
 - LHIN leadership team
 - Community Leaders
 - Community Telephone Survey

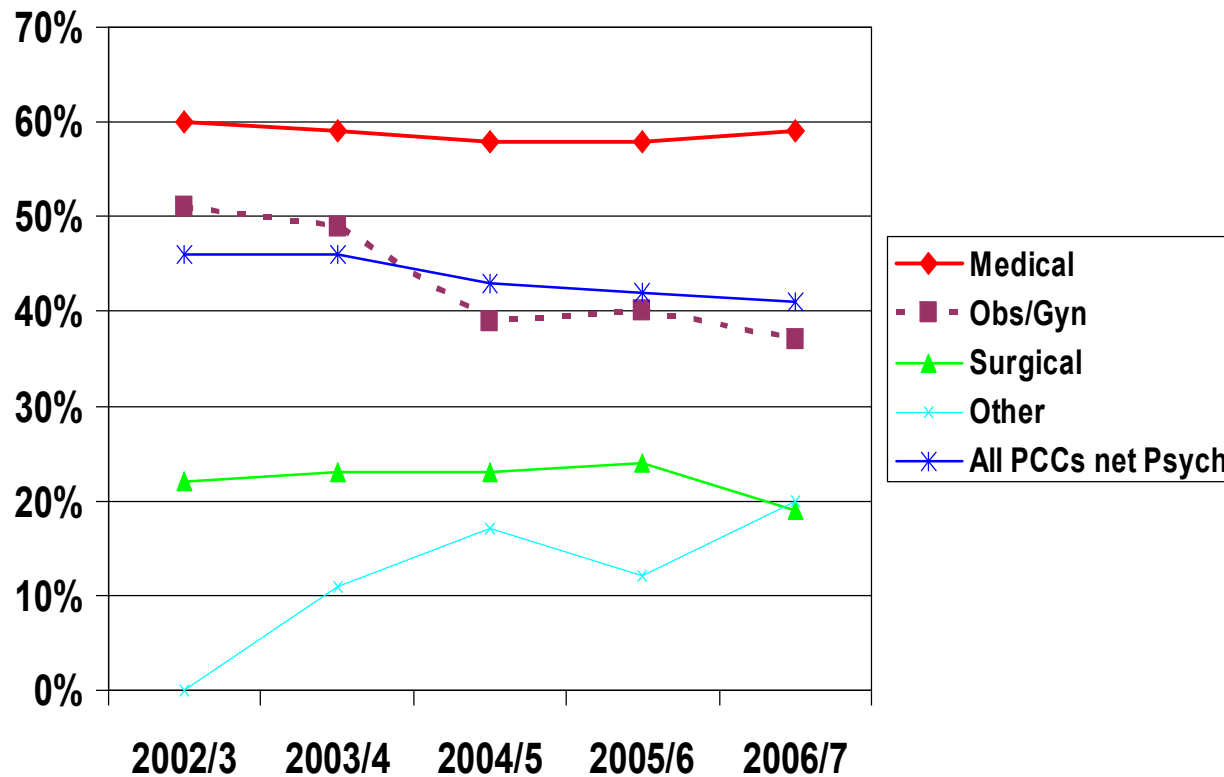
What we know



- We have declined in overall ER visits
- We have declined slightly in surgical cases, the majority of our cases (80%) are now being completed as outpatient cases

What we Know

LDMH Market Share by Service / Program



Market Share:

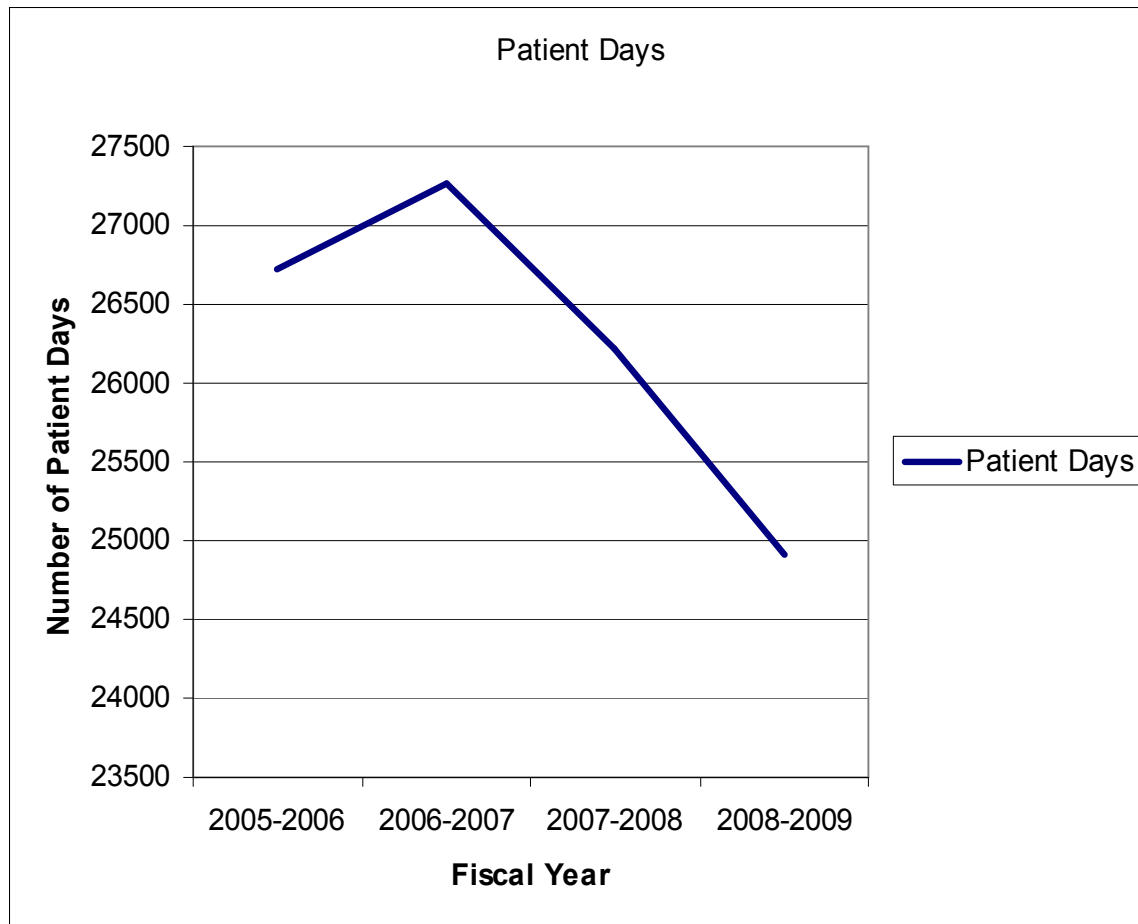
We are maintaining in:

- Medicine
- Surgery

We are loosing in:

- OB/GYN

What we Know

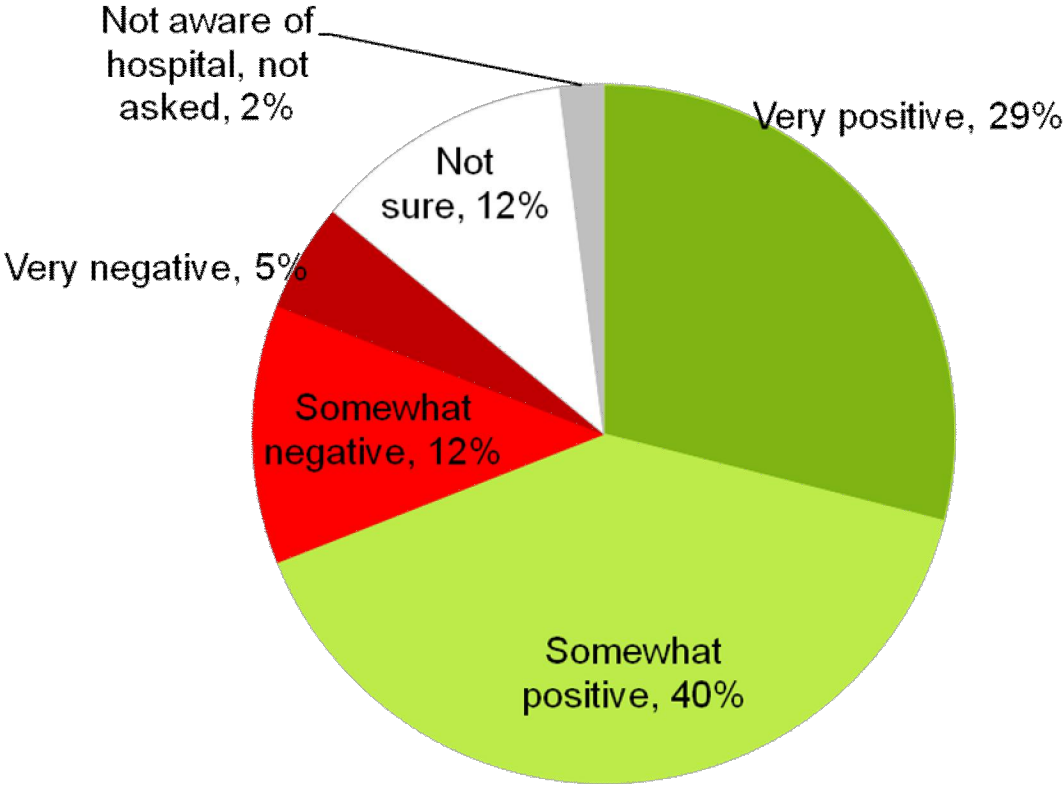


The steady decline in patient days result in:

- Decreased need for hospital beds
- Inefficiency in staffing patterns
- Shifting ability of other providers:
 - Larger Hospitals
 - Long-Term Care
 - Aging at Home

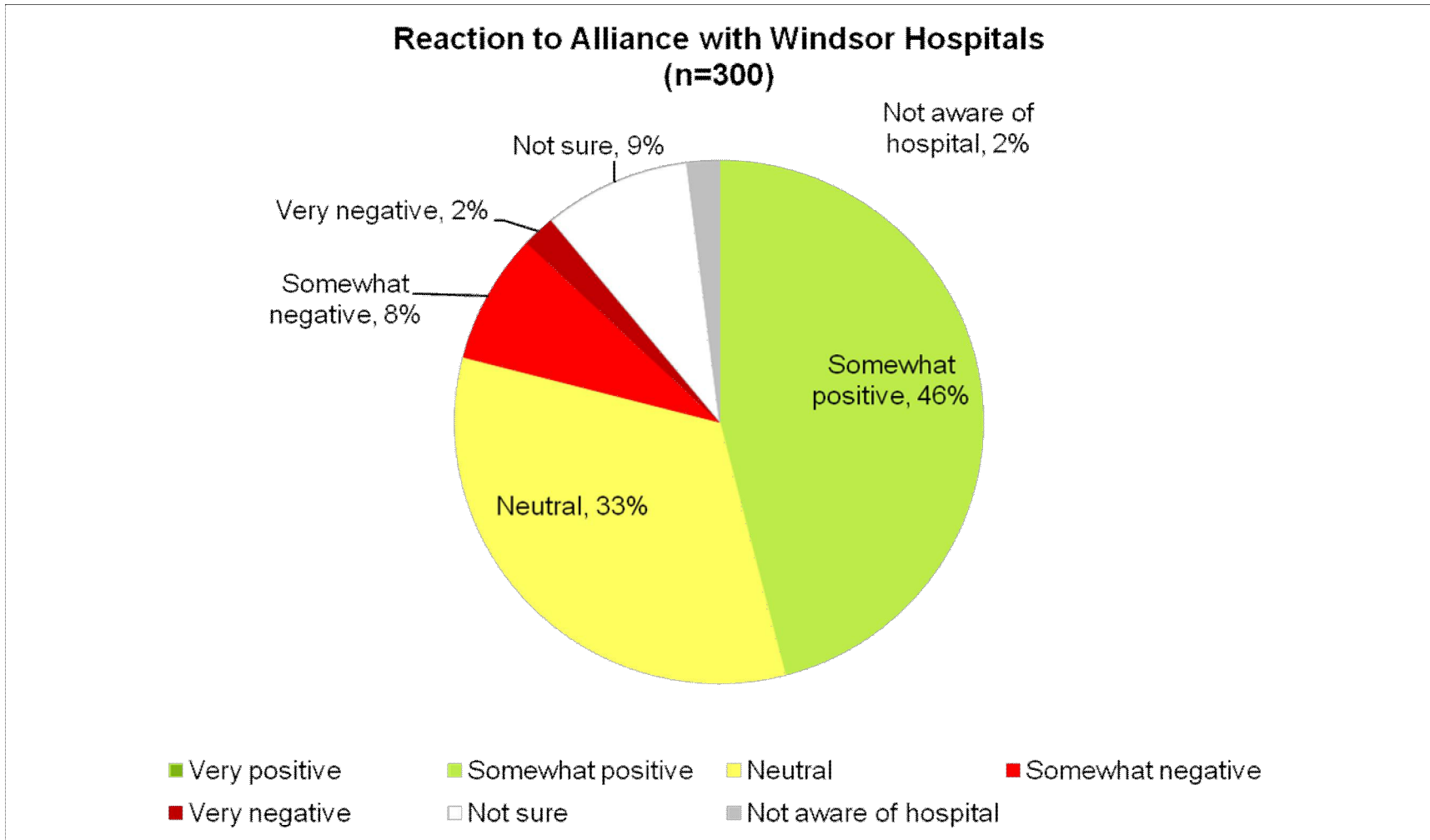
What we heard?

Overall Impression of Leamington District Memorial Hospital
(n=300)



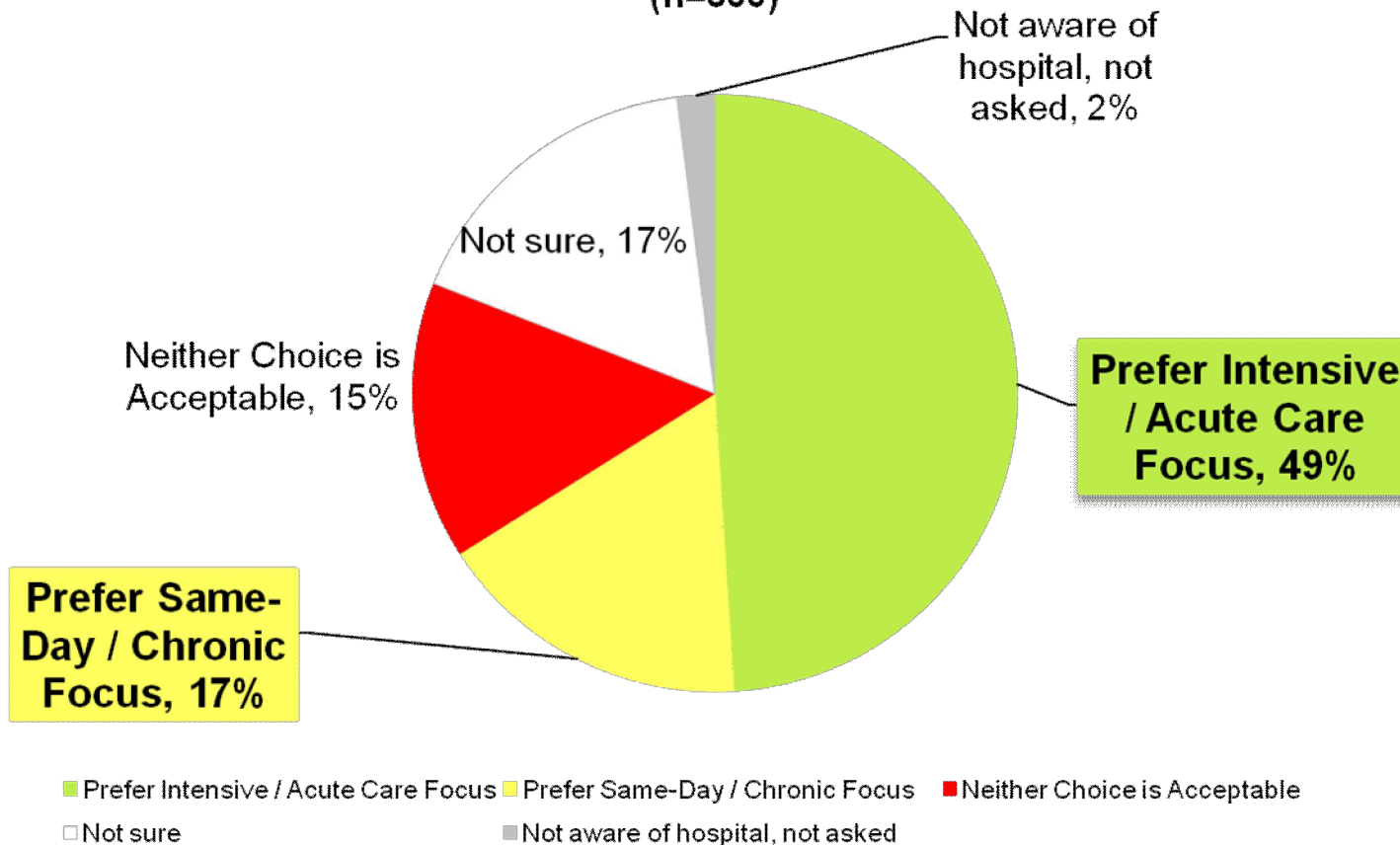
■ Very positive ■ Somewhat positive ■ Somewhat negative ■ Very negative □ Not sure ■ Not aware of hospital, not asked

What we heard?



What we heard?

Preference for LDMH to Focus on Same-Day & Chronic Versus Intensive & Acute Care Services (n=300)



What we know

Status Quo Is Not Sustainable

LDMH must change it's role in the system in order to be a relevant, sustainable strong hospital

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Evaluation Criteria to examine services:

1. **Community Needs**

- How does the service align with future community needs / population demographics

2. **Accessibility**

- Other providers? Impact on partner organizations or regional service delivery opportunity?

3. **Alignment**

- Does the program or service align with LHIN / MOHLTC objectives or programs

4. **Sustainability**

- Critical Mass - volumes, staff, quality and patient safety, financial sustainability

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VISION for 2020:
“LDMH will transform itself into an ACUTE CARE HUB”

Key Strategic Directions:

- **Ensure Quality and Sustainability of Services**

- Future service provision sustainability must ensure quality and patient safety

- **Integration of Programs and Services is essential**

- 24-Hour Emergency Service is the front door with all other services linked to the appropriate provider

- Outpatient service focus linked to regional services

- Diagnostics and technology to enable sustainability and quality

Integration Planning – Ensuring Sustainability

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- Models Considered

Day Hospital	Community - Service Based	Acute Care Hub
<ul style="list-style-type: none"> • All outpatient services • 12 hour operation only • No urgent / emergent care • Regional Program delivery model • Requires full merger of hospital with one or both hospitals 	<ul style="list-style-type: none"> • Urgent Care Centre • Long-Term / CCC Beds • General medical services • Hold and transfer all acute patients • Outpatient surgical program • Repatriated patients from Windor for CCC/ALC • Satellite Clinics 	<ul style="list-style-type: none"> • 24-hour ER • Acute Care Beds • Outpatient surgical program • Ambulatory Care program / clinics • Focus on specific medical conditions <ul style="list-style-type: none"> -Cardiac -Respiratory -Gastrointestinal

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- **Why?**

- Integration of services with larger partners provides greater opportunity for sustainability and access to expertise
- Higher quality / safer services for the community by focusing on high volume services.
- Emergency department is the “front-door” of the hospital and is required to strengthen LDMH’s role as an “acute-care hospital”.
- LDMH becomes “hub” of the system by focusing on ambulatory / outpatient services that align with regional program models. Better access to care for community and patients.

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Health care integration generally means:

the bringing together of inputs, delivery, management and organization of services as a way to improve access, quality, user satisfaction and efficiency.

Goals:

- **Provide better access to expertise and specialist care**
- **Ensure high quality patient services by having LDMH focus on higher volume cases**
- **Reduce duplication across the system and control cost escalation**
- **Matches service capacity to meet the community's needs**
- **Coordinates and integrates care across the continuum**

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Integration Benefits to Health Care Consumers:

- Consumers want “one-stop” shopping
- Consumers want treatment choices and options
- Consumers want greater choice of providers
- Consumers want timely access to health services
- Consumers want reassurance that the care they are receiving is high quality
- Consumers want better information to make their own health care decisions

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- Change is not all about loss
- Strategic Investments in:
 - Emergency Department
 - Ambulatory / Outpatient Care (Dialysis)
 - Surgical Services - outpatient, specialist integration

Questions

For More information:

www.leamingtonhospital.com

www.eriestclairhin.on.ca