

Frequently Asked Questions – OUTLOOK 2020

How many layoffs?

- Restructuring of the front line staff is now completed through this process the following positions were restructured including:
 - 5 therapy staff were reduced
 - 11 Lay-off notices were provided to RN's (5 Full-Time and 6 Part-Time)
 - 4 Lay-off notices to RPN's
- As we have worked through the process throughout the last few months all opportunities to take advantage of early retirements and vacancies that are available in other departments the job loss is projected to be very minimal and very few of the affected staff will actually be leaving the building. Job loss is something we don't take lightly and we have been working very collaboratively with the unions as we work through this process. In addition, the management team is being reviewed to ensure we have the appropriate management structure in place as we reduce services within the hospital.

Is this just the beginning of more cuts?

- It is certainly our hope to prevent loss of services for the hospital, but in order for LDMH to be sustainable we must deliver services differently.
- The provincial healthcare system is in a period of immense change and transition and with the current economic situation in the country and province future funding is uncertain at this time. The Outlook 2020 plan is all about making LDMH a relevant, sustainable hospital but that may mean the services we can and will provide might have to change.

Will the hospital eventually close?

- We certainly do not see that happening. By transforming LDMH into an “Acute-Hub” this provides an opportunity for LDMH to forge out its “niche” in the system and in the community.
- It was important that the Emergency Department remain a core and central service to the community and by focusing on our strengths including internal medicine and medical surgical services this plan is building a strong, sustainable future for LDMH.

Are we being taken over by the Windsor hospitals? How does integration with LDMH help us? Does Windsor have the capacity to “integrate”?

- Integration is not about one hospital taking over or merging with another, it is about designing a system that is more sustainable, reducing duplication in the system and providing LDMH and its patients with greater access to care and expertise.
- Every jurisdiction in the country is planning health services across regions. In the programs where integration planning has been initiated we are looking at designing the system to serve the patients of Windsor and Essex County more efficiently and looking at the capacity of the whole system.

Will women still be able to have babies at LDMH?

- Yes, the obstetrical unit will be locating to the 2nd floor, with full birth and c-section services available.
- Because of the low volume (approximately 315 births / year) having this unit isolated on the first floor is extremely inefficient, we need to be able to share the staffing resources more effectively.

Were the staff and physicians consulted through this process?

- During the strategic planning process staff has been involved at various points along the way. There were a number of focus group sessions held with departments and care teams to review cost saving initiative ideas and some of the information found in the data analysis. There were also general staff meetings to review the strategic planning materials. Physicians have also been consulted through meetings and consultation sessions through the Medical Advisory Committee and Medical Staff meetings.

How did you consult with the community?

- In the Spring of 2008 a number of community focus group sessions were held with invited community representatives (leaders of service and social clubs). A meeting with both the Kingsville and Leamington Town Councils was also held at which time our strategic plan findings were reviewed.
- In the Fall of 2008 a community telephone survey was completed where 300 residents were surveyed about their opinion on the hospital and its services.

What happens if I need rehab?

- We have never provided high acuity rehabilitation services, the majority of patients who have strokes, total joint replacements and other orthopedic circumstances are being and will continue to be provided inpatient rehabilitation in Windsor at the Malden Park campus for residents of the county who require that level of service. Patients who can be appropriately and safely served at LDMH will continue to come here in either our Medical or Complex Continuing Care services. We will continue to provide some physio and occupational therapy to our inpatients and focus on the rehabilitation needs of all our patients admitted to the hospital.
- For patients who require out-patient rehabilitation LDMH will continue its relationship with CBI at the Kinsmen centre and there are a number of private clinics available in the Leamington and Kingsville communities.

Will these changes mean longer waiting lists?

- It is not anticipated that waiting lists will increase at LDMH for our services. Depending on the number of admission wait times in the Emergency department may increase; however, we are working on plans to avoid this from happening during busy times.
- Over the last number of months the hospital has invested in and completed a number of projects aimed at improving the flow of patients throughout the hospital.

Will our emergency eventually face closure like some other small community hospitals?

- The HAY group study recommended that LDMH continue to provide a full-service Emergency Department for at least 5 years; however, long-term sustainability of any service is threatened by changing community and population needs. The final Small Community Hospital ED study is expected to be received by the LHIN Board in June 2009. For more information on the study visit: www.eriestclairlhin.on.ca.
- Changes to the delivery of primary care services may also more effectively meet the care needs of many patients currently utilizing the Emergency Department; however, by concentrating on transforming into an acute care hub and integrating programs and services with the larger hospitals we are trying to assure the future sustainability of LDMH.

How did the hospital suddenly incur a \$2M deficit when we were always able to balance the budget?

- Funding increases that have been lower than inflation in the last three years. The hospital has been receiving funding increases in the 2.5% range, inflation and hospital costs have been increasing at the 4-5% range. We also have new costs that we haven't had in the past including costs for new CT scanner, e-health technology systems, recruitment and retention of staff and physicians and increasing costs for utilities and drugs.
- LDMH has run deficits in the last 2 years and we have been able to use our reserves and working capital but that is not sustainable for the long-term.

I heard that management positions have been added? Is LDMH top heavy? What about management will it be looked at and cut or is this only staff?

- Management will not be exempt from the review. The restructuring of services will be completed first and management structures and roles will be reviewed as part of the implementation plan.
- In addition, the Board Officers are planning how to best fill the CEO position, and will be making informed decisions as they move through that process.

Why can't we just advocate to the government for more money?

- We no longer get our money directly from the government. It provides funds to the Local Health Integration Network (LHIN) which then flows money to the hospitals. The LHIN has a responsibility to balance their budgets and we have a responsibility to use this money as effectively and efficiently as possible. In the current economic climate resources for social services and publicly funded agencies will be limited; we need to be responsible with how we spend our health care dollars.

Will this prevent us from recruiting more doctors to our community?

- Absolutely not. In fact, we have been tremendously successful over the past 18 months with our physician recruitment. There continues to be strong interest in our hospital from new physicians and those who are already here are committed to staying. Our success has been driven by a coordinated community approach through a physician retention and recruitment committee that

includes volunteers from the community, the Hospital Board and the Foundation Board. It makes sense to bring everyone together in this effort.

Doesn't eliminating beds mean less quality of service? How can you eliminate so many beds?

- Hospitals are not funded by the number of beds we have, we are funded based on our patient days and visits. Because of the changes in way medicine is being delivered there is a much less need for hospital beds in order to provide high quality hospital services. In making these decisions we looked at our occupancy rates, projected number of patient days and we are confident that we can work with the remaining number of beds to accommodate the required patient days.
- As an illustration, 3 years ago the hospital had 88 beds in operation. If we would have staffed those 88 beds the occupancy rate of the hospital would have been 65%, this is significantly over resourcing the hospital given the patient volume.
- In the ICU as an example, the occupancy rate is only 60%, with a large number of those days being filled by patients who do not necessarily require ICU-level care.
- The reduction in the number of beds has been happening gradually over time and while we are concerned about times during the year when spikes will happen (ie: flu season), we are working on improving our internal processes to make sure our patients flow in and out the hospital as effectively as possible, the reality is we have to balance our ability to provide high quality services and the financial resources we have available to us.

How can I help the hospital?

- Become informed about what's happening at the hospital. Change is not all bad, Outlook 2020 is not all about loss; we are strategically investing in the areas like the Emergency Department, Ambulatory Care and the Surgical Program. There is lots of information available on the website at www.learningtonhospital.com.