

Strategic Planning Input and Consultation Sessions

LDMH and the External Environment

Changes in the External Environment

- Significant Change Drivers:
 - New Medical Technologies
 - Shortage of Medical Professionals
 - Changes in Patient and Community Expectations
 - New Governance Structure – LHIN's

New Medical Technologies

- Increasing specialization of technology
 - PACS (digital x-rays)
 - Electronic Patient Records
- Need for hospital investment to stay competitive
- Demand for more information by providers and patients
- New opportunities for delivering services
 - Telehealth
 - Video-Health

Shortage of Medical Professionals

- Critical shortages of professionals
 - Physicians
 - Nurses
 - Allied Health
- Increasing competition amongst providers for resources
 - Increased costs for recruitment and retention

Changes in Expectations of Patients and Community

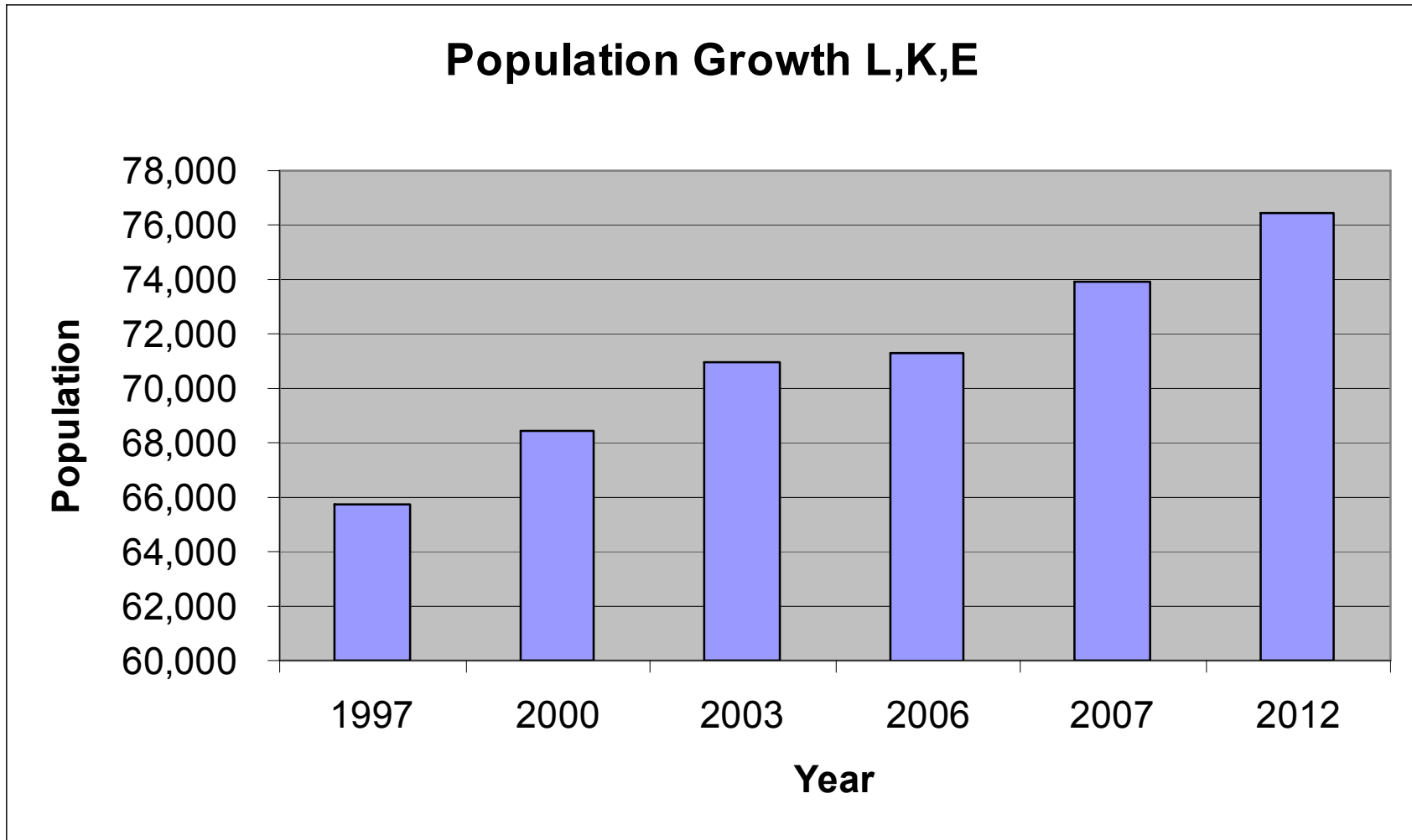
- Increasing demand for high quality services
- Expectations of new generation now using more health care (baby boom)
 - Aging at home
 - Long-Term Care

New Governance Structures

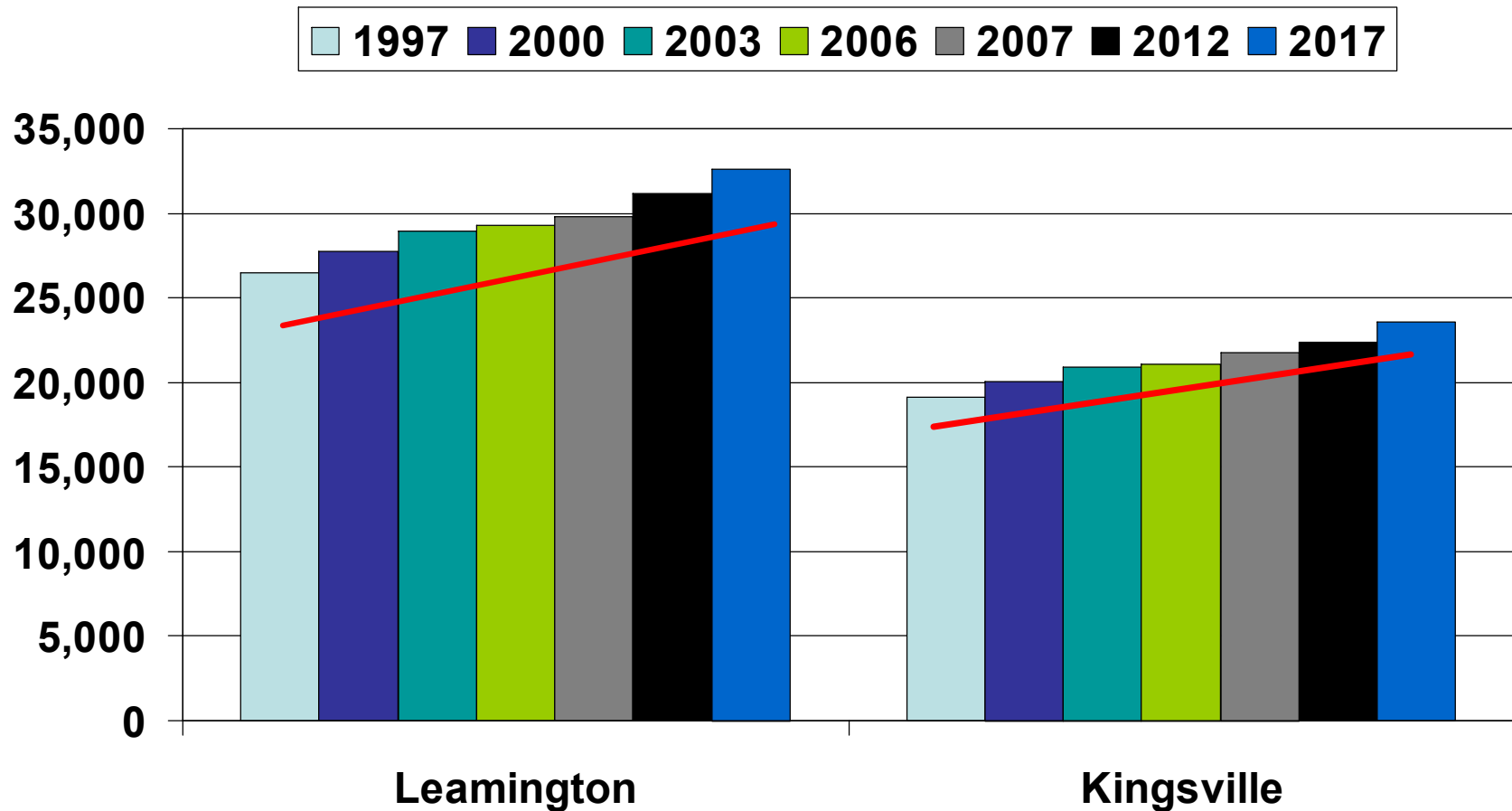
- LHIN's
 - Local Health Integration Networks (Created March 2006)
 - Assumed funding responsibilities for Health Service Providers (including hospitals) April 2007.
 - Goals:
 - Plan, fund and integrate health care services locally.
 - Challenges for rural & small hospitals
 - Sustainability
 - Regionalization
 - Balanced budget

Population Profile

Population Growth LKE

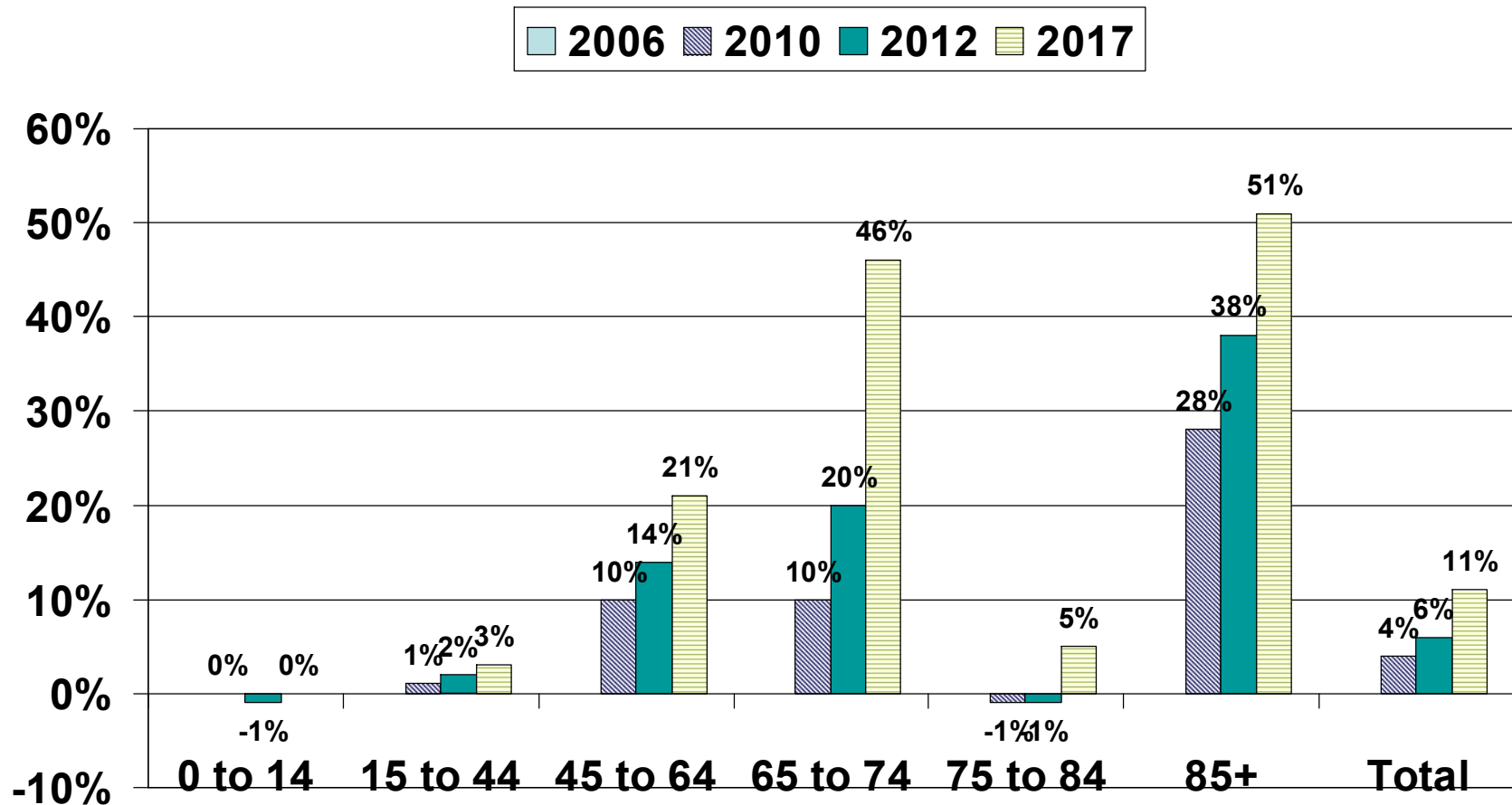


Key Market Population estimated and projected*



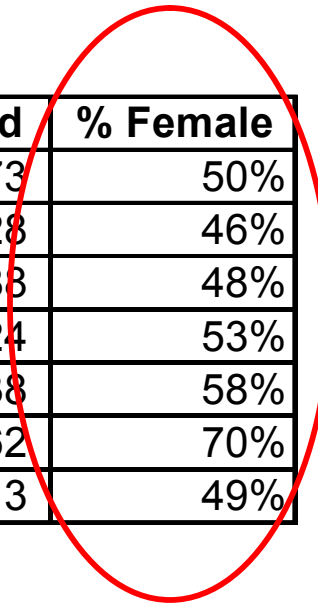
*Statistics Canada estimates and ESC LHIN projections

L,K,E Projected Population Percentage change from 2006



L,K,E Population Estimate, 2006

Age Groups	Female	Male	Combined	% Female
0 to 14	6,306	6,367	12,673	50%
15 to 44	13,945	16,183	30,128	46%
45 to 64	8,854	9,734	18,588	48%
65 to 74	2,648	2,376	5,024	53%
75 to 84	2,097	1,541	3,638	58%
85+	879	383	1,262	70%
Combined	34,729	36,584	71,313	49%



Annual Deaths to L,K,E Residents

Five year Average (2000 to 2004)

Primary/Underlying Cause	Female	Male	Combined	% of All Deaths
Atherosclerotic Heart Disease	18	21	39	8.8%
Malignant Neoplasm Of Bronchus Or Lung, Unspecified	15	23	38	8.5%
Acute Myocardial Infarction, Unspecified	14	18	32	7.1%
Generalized And Unspecified Atherosclerosis	15	7	23	5.1%
Chronic Ischaemic Heart Disease, Unspecified	8	12	20	4.5%
Stroke, Not Specified As Haemorrhage Or Infarction	11	6	17	3.8%
Chronic Obstructive Pulmonary Disease, Unspecified	5	7	12	2.6%
Malignant Neoplasm Of Colon, Unspecified	6	4	10	2.3%
Malignant Neoplasm Of Breast, Unspecified	9	0	9	2.1%
Malignant Neoplasm Of Pancreas, Unspecified	4	3	7	1.6%
Malignant Neoplasm Of Prostate	-	7	7	1.5%
Congestive Heart Failure	4	2	7	1.5%
Unspecified Diabetes Mellitus Without Complications	4	2	7	1.5%
Unspecified Dementia	5	2	7	1.5%
Malignant Neoplasm Without Specification Of Site	3	3	6	1.4%
Pneumonia, Unspecified	3	3	6	1.3%
Other	93	109	201	45%
Total	217	230	447	100%

Community Needs Assessment

- Given the aging of the population, the group aged 65 – 85 will be the highest users of healthcare services in our catchment area. There will be a need for “sub-acute” but “high-primary” services by this population group.
- Heart disease will be the most significant reason for the use of healthcare services in our facility and region followed by respiratory illnesses, stroke and cancer care.
- As a result of the incident of Chronic Diseases in the population there will be an increased need for a coordinated “case management” methodology to manage these patient groups both in and out of hospital.

Community Needs Assessment

- The needs of the “young” seniors (ie: retirement population) will drive future health services. This group will be highly reliant on diagnostic / outpatient services. There will also be an increased demand from this group for access to more of their patient information.
- The elderly population group will have needs for geriatric care. Palliative and end-of-life care will also be a key and important requirement
- Because of the lack of primary care services available in the catchment area, the hospital will continue to be a significant provider of primary care.
- There will be a general demand for more information and an increasing continuity of care which will accelerate the need for greater investments and reliance on e-health.

LDMH and the Internal Environment

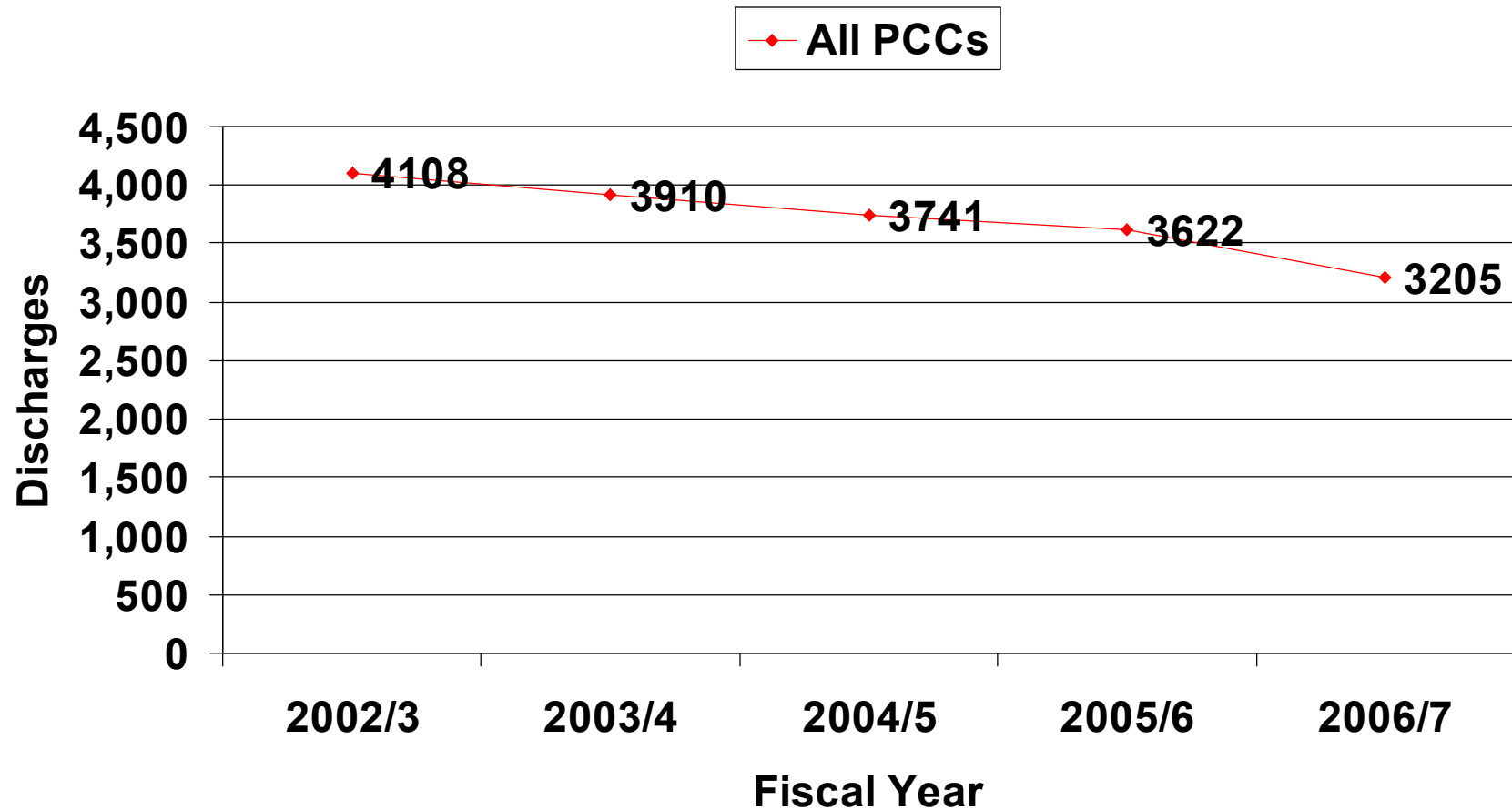
Current State Service Review

- Obstetrics and Gynecology
- Surgery
- IP Medicine
- ICU
- Emergency

ACUTE MEDICINE

LDMH

Inpatient Discharges by Fiscal Year



LDMH InPatient Utilization all Patients

Sorted by 2006/7 volume

Patient Care Cluster	2002/3	2003/4	2004/5	2005/6	2006/7	% 2006/7
Cardiology	694	701	647	628	624	19%
Obstetrics	666	586	459	444	362	11%
Pulmonary	349	423	387	364	354	11%
Neonatology	554	474	409	390	332	10%
Gastro/Hepatobiliary	355	350	385	337	297	9%
General Surgery	312	299	357	366	256	8%
General Medicine	210	213	242	219	243	8%
Neurology	164	105	124	138	118	4%
Gynaecology	166	167	144	142	110	3%
Oncology	95	77	86	77	76	2%
Orthopaedics	72	81	81	78	64	2%
Trauma	96	71	68	71	55	2%
Endocrinology	95	72	56	60	55	2%
Psychiatry	55	57	44	57	53	2%
Nephrology	38	41	48	49	51	2%
Haematology	56	61	84	56	49	2%
Urology	60	56	45	62	40	1%
Rheumatology	10	12	14	14	13	0%
Vascular Surgery	4	9	7	13	13	0%
Ungroupable	-	-	1	4	9	0%
Plastic Surgery	4	4	5	8	7	0%
Dermatology	9	7	5	9	5	0%
Otolaryngology	35	30	30	24	5	0%
Rehabilitation	3	6	2	1	5	0%
Cardio/ Thoracic	4	1	7	6	4	0%
Not Generally Hospitalized	-	5	3	3	3	0%
Neurosurgery	-	-	-	-	1	0%
Ophthalmology	1	1	1	2	1	0%
Dental/Oral Surgery	1	1	-	-	-	0%
All PCCs	4,108	3,910	3,741	3,622	3,205	100%

LDMH General Medicine

Days of Care

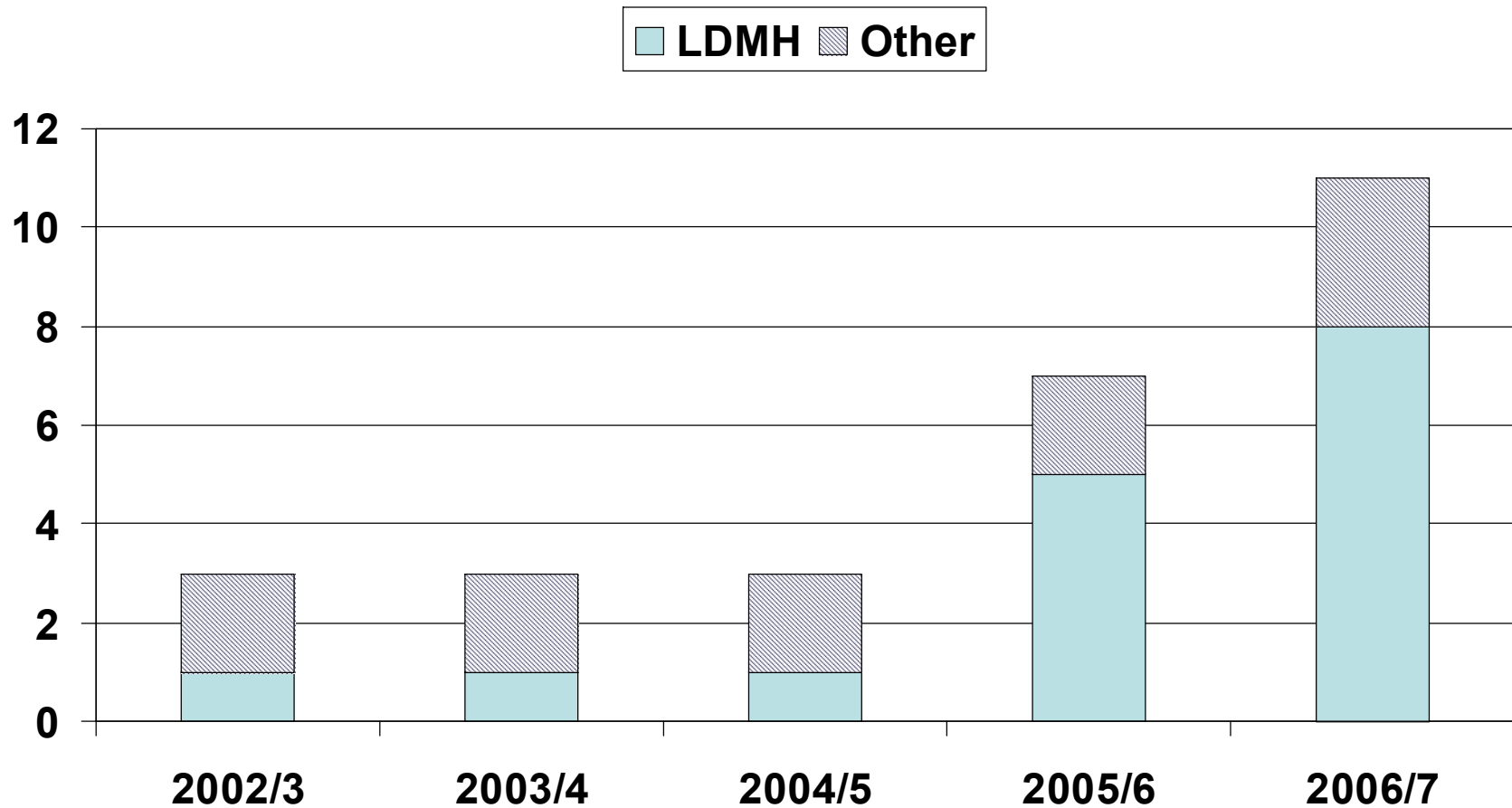
Age Groups	2002/3	2003/4	2004/5	2005/6	2006/7
7 to 19	12	21	12	3	11
20 to 44	804	855	688	828	869
45 to 64	1,666	2,053	2,118	2,126	1,919
65 to 74	2,058	2,184	2,280	2,649	2,824
75 to 84	3,530	3,255	3,765	4,503	4,778
85+	2,280	2,314	2,203	2,880	3,244
All Ages	10,350	10,682	11,066	12,989	13,645



as Bed-Eq @ 90%

Age Groups	2002/3	2003/4	2004/5	2005/6	2006/7
7 to 19	0.0	0.1	0.0	0.0	0.0
20 to 44	2.4	2.6	2.1	2.5	2.6
45 to 64	5.1	6.2	6.4	6.5	5.8
65 to 74	6.3	6.6	6.9	8.1	8.6
75 to 84	10.7	9.9	11.5	13.7	14.5
85+	6.9	7.0	6.7	8.8	9.9
All Ages	31.5	32.5	33.7	39.5	41.5

ALC Bed-Eq @90% L,K,E Residents



ICU / SPECIAL CARE UNITS

Special Care Units - Utilization

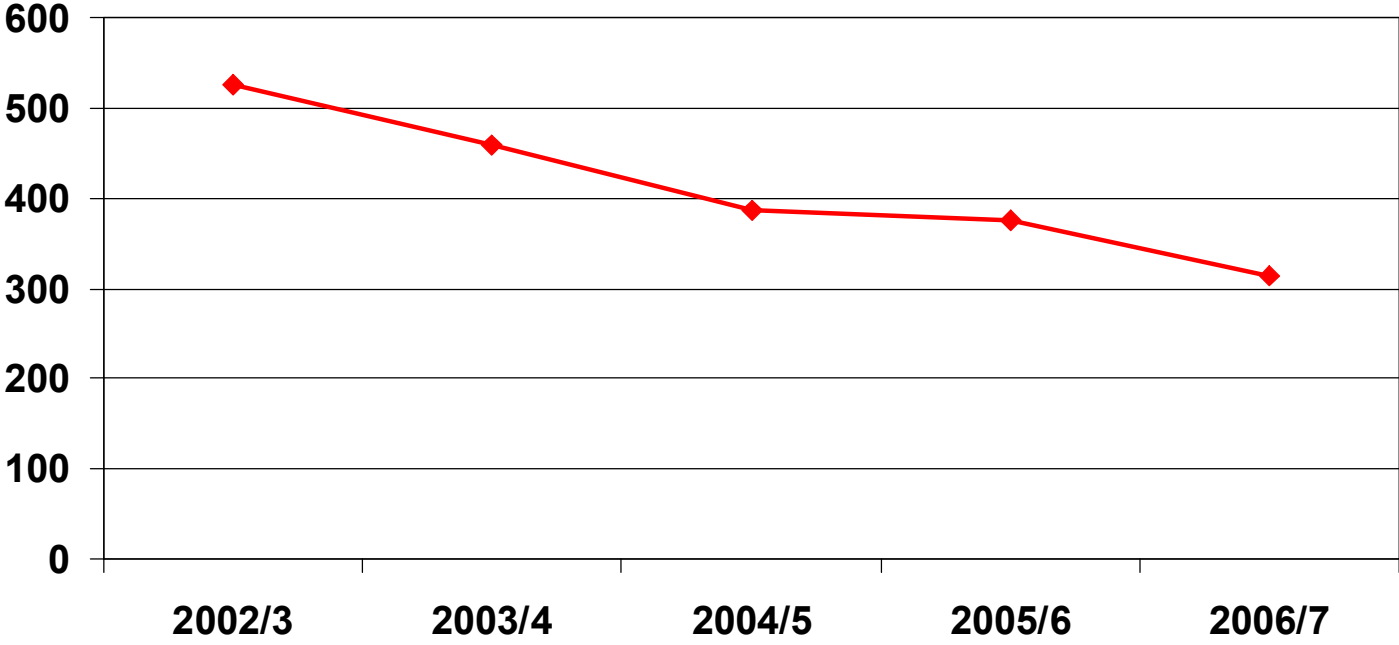
LDMH Special Care Units Discharges

MCC	2002/3	2003/4	2004/5	2005/6	2006/7
NERVOUS SYSTEM	11	7	11	14	12
EAR, NOSE, MOUTH AND THROAT	1	0	2	0	0
RESPIRATORY SYSTEM	28	46	28	39	47
CIRCULATORY SYSTEM	207	183	169	179	147
DIGESTIVE SYSTEM	36	30	51	34	36
HEPATOBIILIARY SYSTEM AND PANCREAS	2	2	8	8	9
MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	0	2	5	2	1
SKIN, SUBCUTANEOUS TISSUE AND BREAST	1	0	2	0	0
ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS	7	10	2	7	7
KIDNEY AND URINARY TRACT	3	2	9	10	8
FEMALE REPRODUCTIVE SYSTEM	3	1	3	1	2
PREGNANCY AND CHILDBIRTH	1	4	1	2	1
BLOOD AND BLOOD-FORMING ORGANS	2	0	2	3	4
LYMPHOMA, LEUKAEMIA, OR UNSPECIFIED SITE NEOPLASMS	2	1	0	1	2
MULTISYSTEMIC OR UNSPECIFIED SITE INFECTIONS	3	11	18	9	13
MENTAL DISEASES AND DISORDERS	4	1	1	1	5
INJURY, POISONING, AND TOXIC EFFECTS OF DRUGS	35	15	23	21	23
OTHER REASONS FOR HOSPITALIZATION	0	1	5	0	0
SIGNIFICANT TRAUMA	5	4	3	5	4
UNGROUPABLE DATA	0	0	0	3	0
Combined	351	320	343	339	321

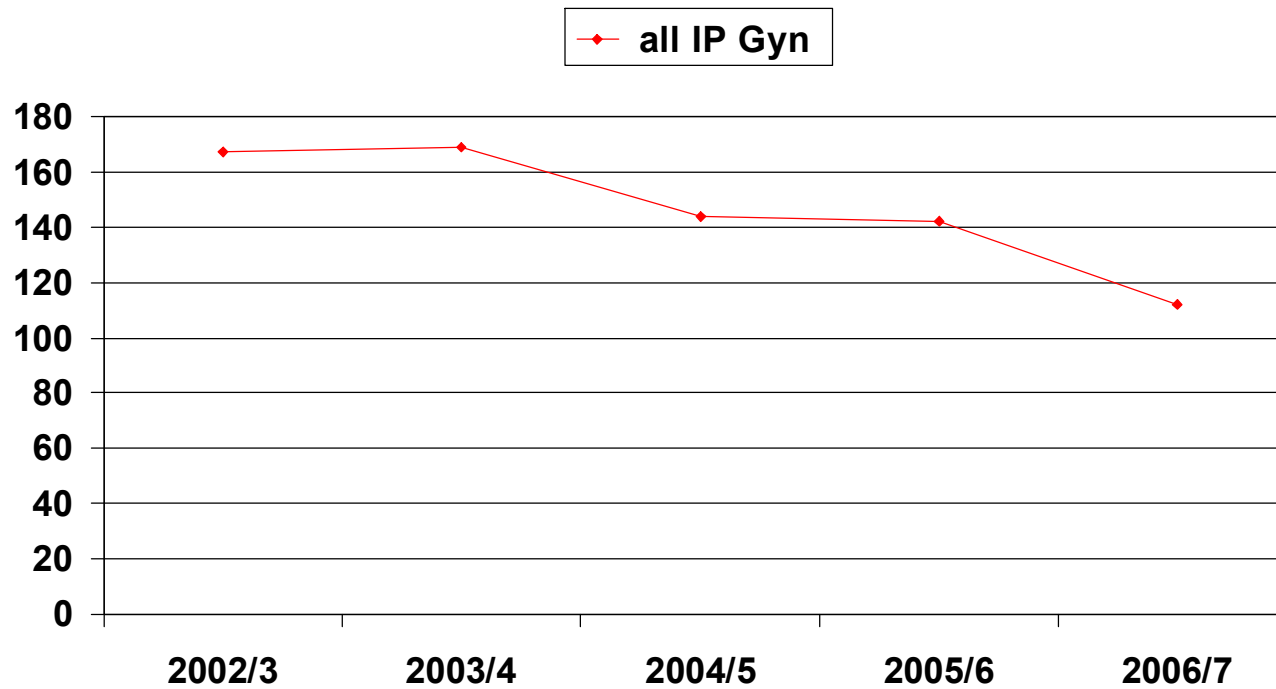
OBSTETRICS & GYNECOLOGY

LDMH Deliveries

◆ Deliveries



LDMH Gynecology IP Cases



SURGERY

Surgical Volumes

	2003/2004	2004/2005	2005/2006	2006/2007
Inpatient Surgical Cases	919	918	1,071	724
Outpatient Surgical Cases	2,134	1,772	1,619	1,949
Total Surgical Cases	3,053	2,690	2,690	2,673

LDMH Day Procedures

sorted by 2006/7 procedures

Main Provider	2003/4	2004/5	2005/6	2006/7	% 2006/7
General Surgeon	945	1,210	1,209	1,284	65%
Obstetrics/Gynecologist	352	380	368	299	15%
Oral Surgeon	86	125	130	144	7%
Orthopaedic Surgeon	-	-	6	94	5%
Anaesthesiologist	-	-	-	60	3%
Emergency Medicine	2	-	9	53	3%
Plastic Surgeon	-	-	21	47	2%
Family Practitioner	-	2	-	2	0%
Internist	-	-	-	1	0%
Urologist	106	-	-	-	0%
Combined	1,491	1,717	1,743	1,984	100%

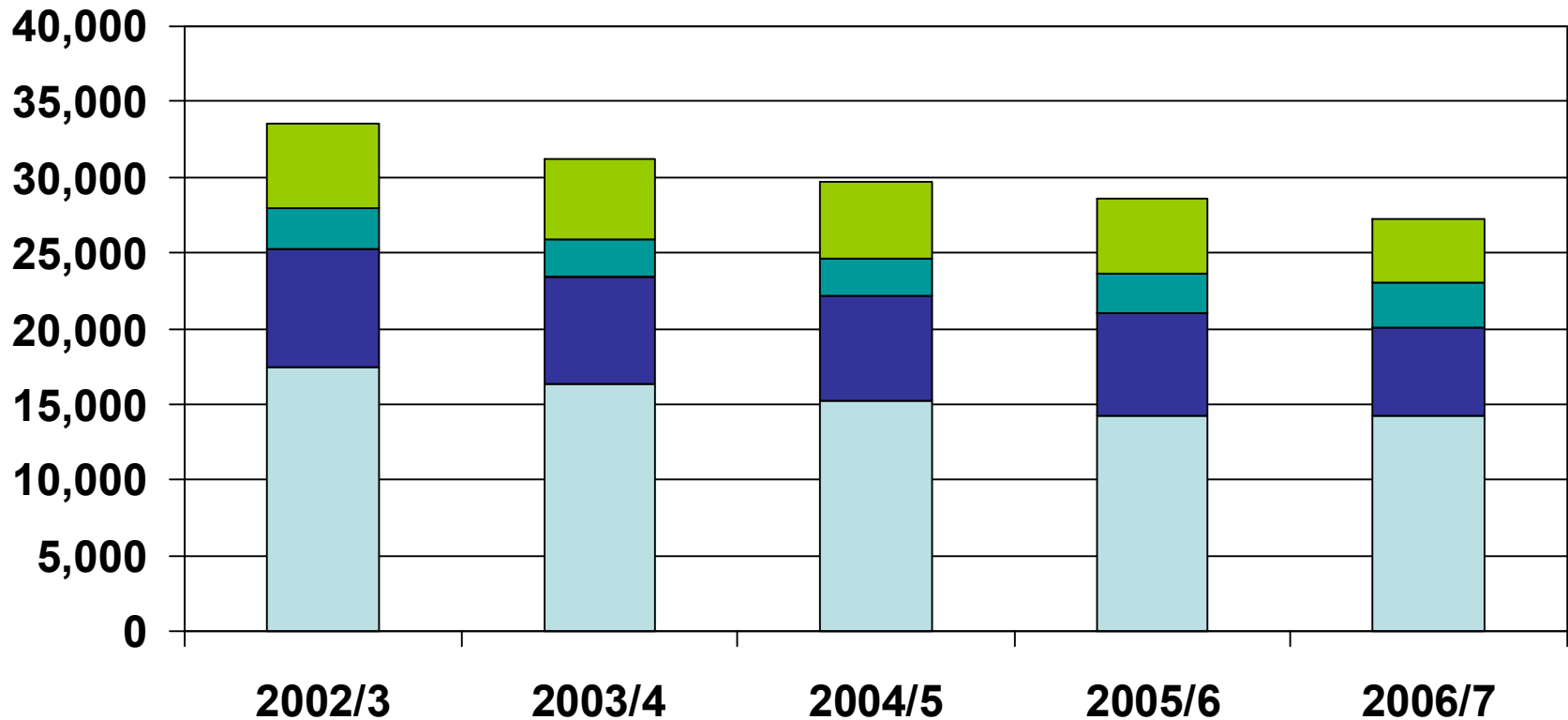
percent change from 2003/4

Main Provider	2003/4	2004/5	2005/6	2006/7
General Surgeon	0%	28%	28%	36%
Obstetrics/Gynecologist	0%	8%	5%	-15%
Oral Surgeon	0%	45%	51%	67%

EMERGENCY DEPARTMENT

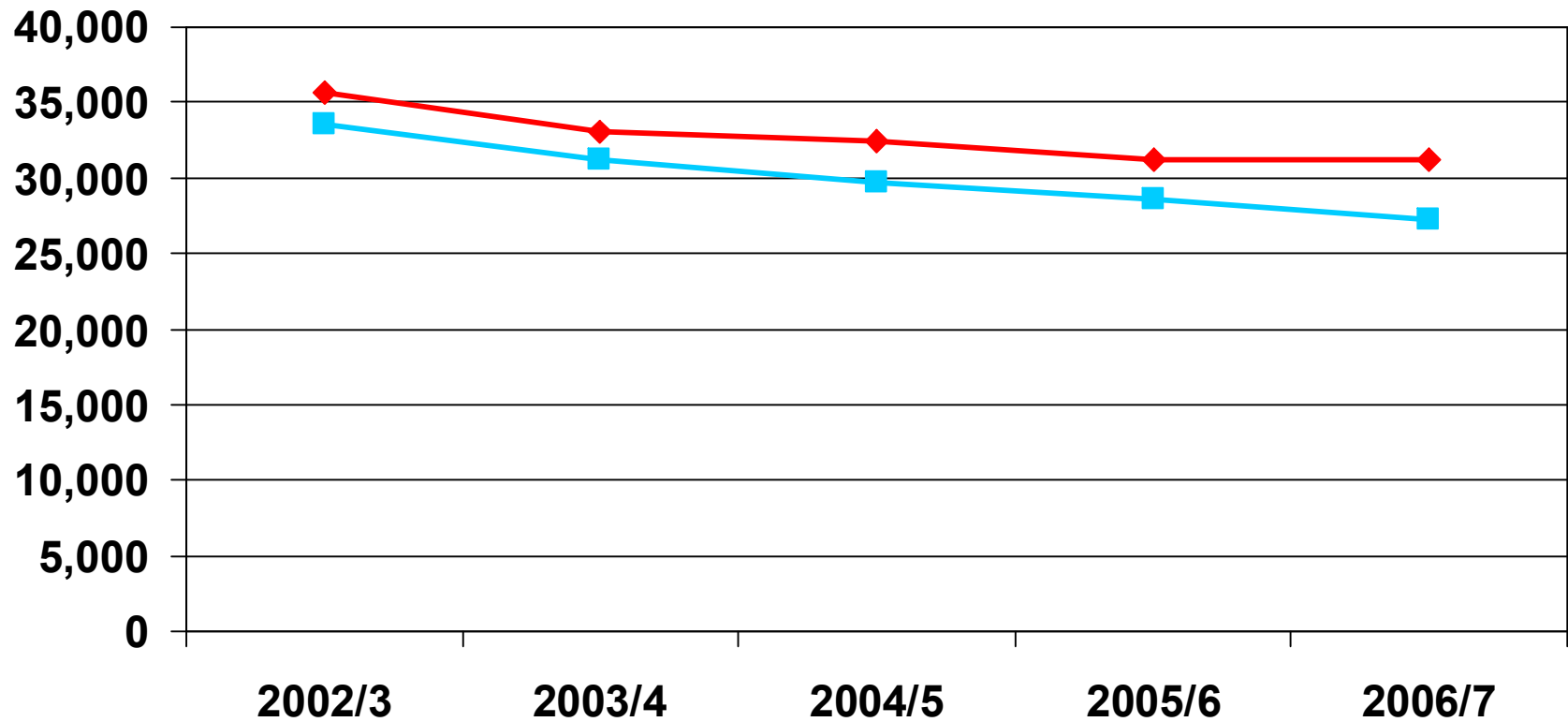
LDMH ER Utilization

LEAMINGTON KINGSVILLE ESSEX other



ER Visits

—◆— LKE Residents —■— LDMH Visits



LDMH ER Visits By Triage Level

Triage Level	2002/3	2003/4	2004/5	2005/6	2006/7
RESUSCITATION/LIFE THREATENING	80	79	57	83	63
EMERGENT/POTENTIALLY LIFE-THREATENING	1,073	909	898	1,017	755
URGENT/POTENTIALLY SERIOUS	4,071	4,075	4,139	5,024	4,907
LESS-URGENT/SEMI-URGENT	11,539	11,628	11,810	12,798	12,942
NON-URGENT	16,999	14,631	12,974	9,786	8,669
combined	33,762	31,322	29,878	28,708	27,336

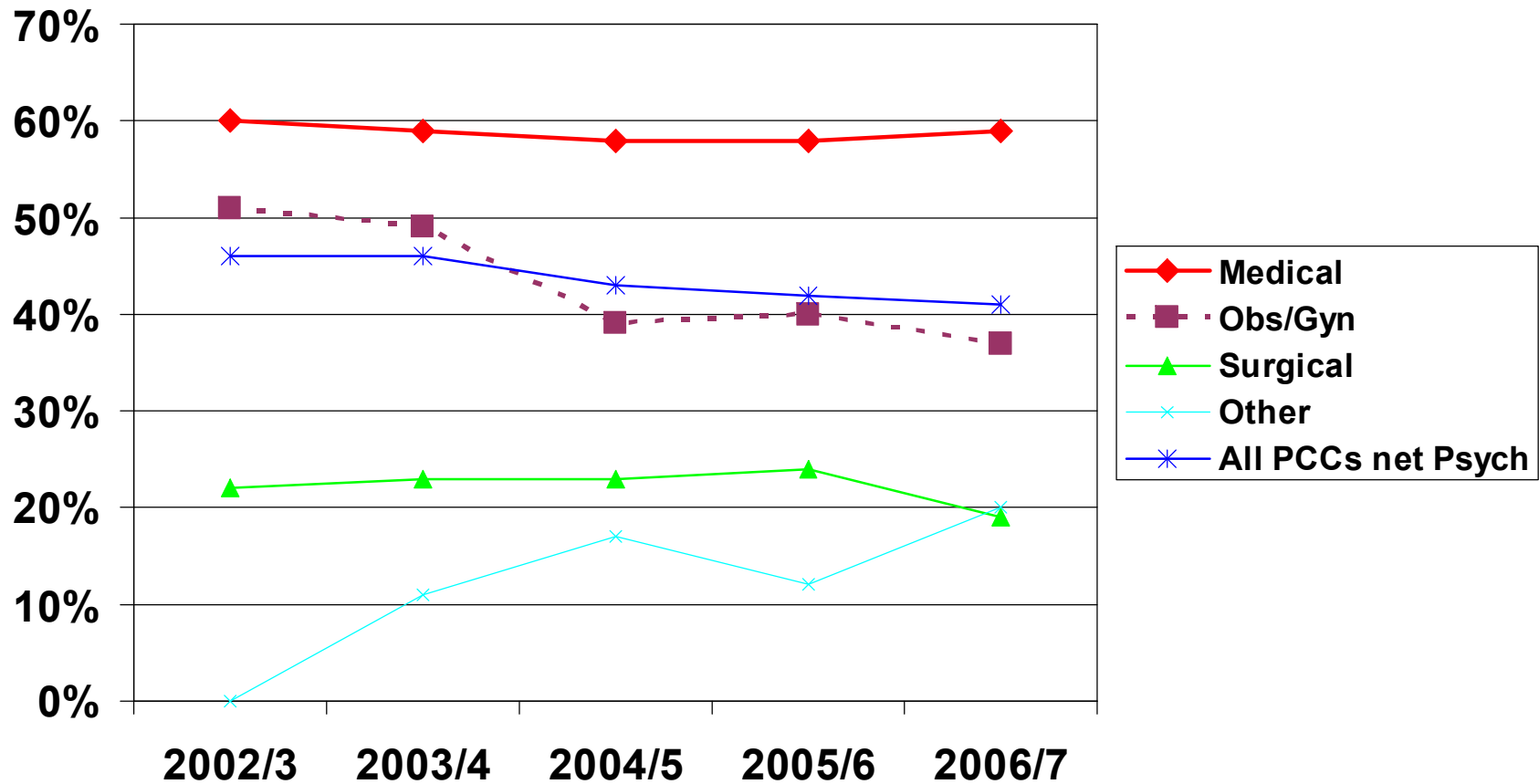
LDMH ER Visits By Triage Level

as percent of combined

Triage Level	2002/3	2003/4	2004/5	2005/6	2006/7
RESUSCITATION/LIFE THREATENING	0.2%	0.3%	0.2%	0.3%	0.2%
EMERGENT/POTENTIALLY LIFE-THREATENING	3.2%	2.9%	3.0%	3.5%	2.8%
URGENT/POTENTIALLY SERIOUS	12%	13%	14%	18%	18%
LESS-URGENT/SEMI-URGENT	34%	37%	40%	45%	47%
NON-URGENT	50%	47%	43%	34%	32%
combined	100%	100%	100%	100%	100%

Market Share Analysis

LDMH Market Share of L,K,E



Market Share of L,K,E Residents

*All Patient Care Clusters Net Psychiatry
Discharges*

Hospital	2002/3	2003/4	2004/5	2005/6	2006/7
LDMH	3,376	3,233	3,054	2,937	2,701
Windsor	3,282	3,143	3,368	3,257	3,228
Other	677	712	758	735	635
Total	7,335	7,088	7,180	6,929	6,564

Market Share of L,K,E Residents

*All Patient Care Clusters Net Psychiatry
as percent of all sites*

Hospital	2002/3	2003/4	2004/5	2005/6	2006/7
LDMH	46%	46%	43%	42%	41%
Windsor	45%	44%	47%	47%	49%
Other	9%	10%	11%	11%	10%
Total	100%	100%	100%	100%	100%

Summary

- Hospital services are changing
 - Decline in cases in all core service areas but anticipating a period of expansion.
 - Changing market share for traditional core services.
- Patient needs are changing
 - Aging population with
 - More outpatient services
 - Specific “medical” services
 - More primary care needs
 - Greater incidence of chronic diseases.

Next Steps

- Questions?