

## Board Report

**TO: Board of Directors**  
**FROM: Lance Thurston, President and CEO**  
**DATE: April 26, 2017**  
**SUBJECT: General Issues Update**

### ORIGIN/PURPOSE

This report is for information only. There are no recommendations.

### Schedule 1 Mental Health and Addictions Capacity Planning Committee

A Schedule 1 facility is a designated public hospital or other health facility that provides observation, care and treatment for patients experiencing mental health disorders. The Owen Sound Regional Hospital is one of six Schedule 1 facilities in the South West LHIN region. In addition, St. Joseph's Health Care operates a tertiary level mental health facility at its Parkwood campus in London.

The SWLHIN initiated the review of Schedule 1 facilities across the region a year ago. A steering committee of staff, physicians and LHIN representatives, to which I am the designated CEO lead, is mandated to:

- 1. Develop access and flow protocols for Schedule 1 Hospitals, including surge protocols, care pathways, policies, and intake tools**
- 2. Review Schedule 1 hospital mental health bed capacity and utilization using the CitiCall bed registry and historical occupancy data**
- 3. Develop recommendations to optimize existing resources within the mental health and addictions system**

Naomi Vodden, Director of Mental Health and Dr. Riswan Rafiq also participate in this initiative to represent the interests of GBHS and the rural service perspective.

Most Schedule 1 facilities across the region have been operating routinely at or above capacity for a number of years. GBHS for example, operates consistently between 105-120% capacity for its acute mental health beds. London Health Sciences, the regional hub for this service, is operating at up to 160% capacity consistently.

GBHS Owen Sound maintains 7 adult psychiatric intensive care beds (known as the PICU), 16 general adult acute beds, and 16 psycho-geriatric beds. There are no designated child and adolescent beds.

In recent weeks there has been tremendous increased pressure on the system across the south west and notably here in Grey Bruce as patients try to access acute mental health services. This is causing a significant back-up in our acute unit in Owen Sound and in turn in emergency departments across the region as patients in need of care wait to be admitted to an acute bed in a Schedule 1 facility.

The most pressing need in this area is within the child and adolescent client group. The demand for such services is, unfortunately, growing in this area. It is notable that:

- 20% of all children and adolescents may need mental health services in any given year
- 70% of all adult mental health problems have their onset in childhood or adolescence
- Suicide is the second leading cause of death among children and youth under the age of 19 yrs.
- Keystone Child, Youth and Family Services does 90-100 risk assessments in Grey Bruce emergency departments each year
- The GBHS crisis team completed 120 child and adolescent assessments in 2016
- In 2015/16 there were 46 child and adolescent mental health patients admitted to GBHS acute paediatric unit, 6 to our emergency department, 12 to our psychiatric intensive care unit, 11 to our acute mental health unit

GBHS' acute and outpatient mental health services are resources to serve an adult population primarily. It does not have dedicated child and adolescent beds or supports. The lack of child and adolescent acute mental health services and severely limited access to outpatient psychiatric services have been long-standing gaps in the service offerings in Grey Bruce. Despite that shortcoming, GBHS has strived to ensure the safety of the child and adolescent patients presenting to the hospital while staff and physicians work with peer organizations to ensure the patients are transferred in a timely manner to appropriate care settings, typically London. This process is challenging due to the distance involved between Grey Bruce and London, and because London hospitals are also reeling from service demands that outstrip available resources.

Past attempts to create sufficient capacity at Grey Bruce Health Services have not succeeded for a variety of reasons. Numerous reports, requests and approaches, dating back to 2002, have been made to the LHIN and the Ministry seeking assistance in this area. Recent surge pressures and difficulties in transferring patients to other facilities for proper care only serve to underscore the need for a renewed effort to create local capacity.

GBHS is again actively examining options to address this service gap, to determine what can be done in the immediate term to ensure the safety of children and adolescents in crisis, and to work with the LHIN and our regional partners to develop a long-term sustainable solution.

## Patients First Agenda

Dr. Eric Hoskins, Minister of Health and Long-Term Care, has taken a key step in the integration of the South West CCAC and the South West LHIN. Dr. Hoskins has issued the official “transfer order” which will permit the transfer of all assets, liabilities, rights, obligations and employees of the South West CCAC to the South West LHIN.

The transfer order for the South West CCAC and the South West LHIN will take effect on **Wednesday, May 24th, 2017**. Similar transfer orders have been issued for all other CCACs and LHINs and will take effect between May 3rd and June 21st, 2017.

The LHIN’s priority is to maintain the continuity of patient care and the continuity of care providers, including care coordination. On transition day, patients will continue to receive care from familiar faces. The same phone numbers, email addresses and websites apply to get in touch with providers to arrange care, or when contacting South West LHIN staff.

With an expanded mandate, the LHINs will have additional responsibilities in the home care, and primary care areas, as well as increasing its focus on health equity and engagement with patients and families, Indigenous and French-language health care partners.

## Broadband

GBHS is a member of the South West Integrated Fibre Technology (SWIFT) initiative. SWIFT is a forward-looking, financially sustainable plan to help the south west region (including Grey Bruce) connect, compete and keep pace in a digital world by building a holistic, ultra-high-speed fibre optic network across the region. Spearheaded by community and businesses leaders across southwestern Ontario, Caledon, and Niagara Region, SWIFT will build a network for everyone, by connecting over 350 communities across 41,286 km<sup>2</sup> and offering up to 1 Gbps access for \$100/month.

The project was initiated by the Western Ontario Wardens’ Caucus (WOWC), with leadership from Grey County, in 2011. Additional partners quickly joined, including the City of Orillia, the Town of Caledon, the Region of Niagara, Grey Bruce Health Services, and Georgian College. In 2016, SWIFT received \$180 million in funding support from the federal and provincial governments.

Of note, the SWIFT Board of Directors includes Bill Van Wyck as Secretary and MaryLynn West-Moines, President and CEO of Georgian College, as Treasurer. Lance Thurston is a member of the SWIFT advisory committee and Ryan Gonsalves is a member of the technical working group.

Why is this important for our patients and GBHS? Evidence shows that telehealth reduces hospital admissions by 25 percent and overall length of stay by 59 percent, as patients are able to access care, information and diagnostic services from home. As a hospital, GBHS is dependent on a fibre connection arranged through eHealth Ontario and provided through

Hydro 1 Networks and Bell. We will benefit from access to competitively priced fibre connectivity and operating redundancy to all of our facilities that the SWIFT project will enable. The link below provides a handy infographic.



## First Nations Outreach

Collectively, the Chippewas of Nawash Unceded First Nation and the Saugeen First Nation are referred to as Saugeen Ojibway Nation Territories. GBHS provides service to these communities principally through its hospitals in Wiarton, Southampton and Owen Sound, and in partnership with the Southwest Ontario Aboriginal Health Access Centre. GBHS has enjoyed solid working relationships with both communities and has undertaken many initiatives over the years to better serve their needs, including those that are listed on the attached appendix.

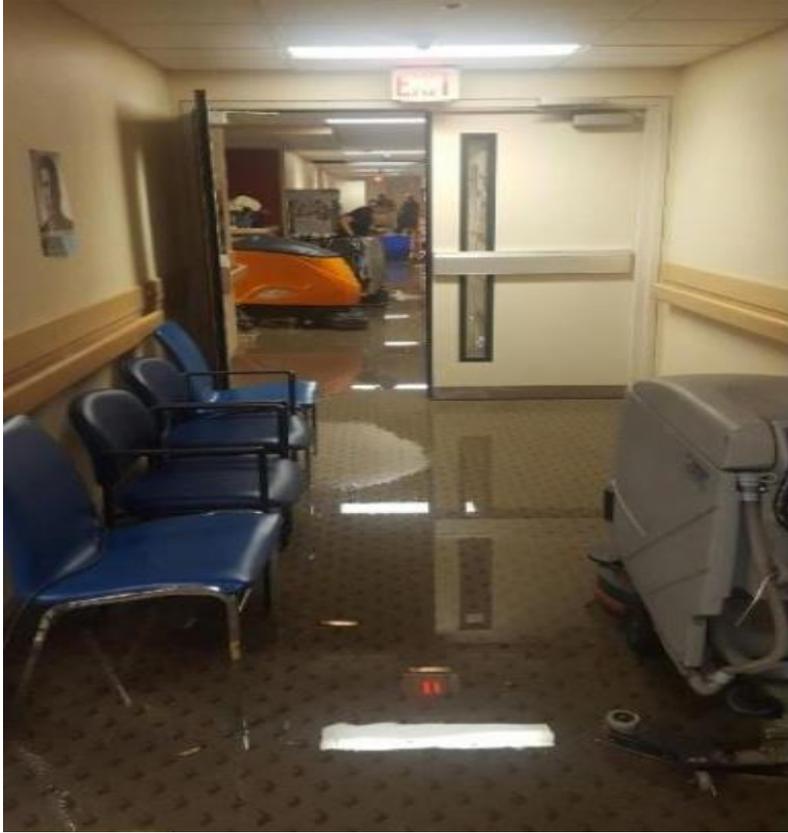
With guidance and encouragement from the SW LHIN through its strategic focus on service planning for Indigenous Peoples, GBHS is taking concerted steps to seize opportunities to build on our successes to better serve these communities. On April 20 2017 Judy Shearer and Lance Thurston initiated the conversation with representative of the Health Clinic at the Chippewas of Nawash in Neyaashiinigmiing (also known locally as Cape Croker). We were well received, and the conversation was very productive. We will be meeting again shortly with representatives of the Saugeen First Nation and our rural hospitals to develop a road map forward.

## Old Plumbing

A water pipe on the 7<sup>th</sup> floor of the Owen Sound Hospital was the source of significant water damage the evening of April 20<sup>th</sup>. The leak was isolated quickly and has been repaired. Despite the amazingly fast and thorough response of our staff teams, there has been considerable water damage to a number of rooms on the 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> floors.

We opened unrated beds to accommodate the relocation of 9 medical and surgical patients. The Sleep Lab was also impacted, and was closed for a period of time. See the picture below taken at about 3:00 a.m. on April 21<sup>st</sup>. Impact on hospital operations was limited despite the occupancy level of beds being very high at the time.

The Incident Management Team was called into action to assist in coordinating efforts across departments. Major kudos to all staff who responded promptly and professionally to address the challenges – with the safety and comfort of our patients first and foremost! The extent of the damage and the amount of time it will take to recover is not known at the time of writing.



Respectfully submitted,

Lance Thurston, CEO

## APPENDIX

### GBHS - Engaging Our Indigenous Populations

A list of programs / services that GBHS has set up or is working on introducing, to address the unique needs of the indigenous populations of Saugeen First Nation and Chippewas of Nawash:

- MetaPhi alcohol and addictions project expansion to Wiarton and Southampton
- SON inclusion in strategic planning engagement: community consultation/focus group sessions for development of our Strategic Plan included representation from several First Nations Communities.
- Aboriginal Navigator position: Wiarton site utilizes the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) Aboriginal Navigator for their indigenous patients.
- GBHS promotes on its website the services of the Aboriginal Patient Navigator
- Offer Cultural Competency Course to Hospital leaders and staff (online). Upwards of 100 staff have taken this course to date
- SOAHAC is engaged at both the Med-Surg unit and the ER in Southampton. A representative from this group attends Southampton inpatient rounds occasionally.
- Hospital has a smudging policy
- Patient Relations receives calls from time to time, where callers are voicing concerns about health issues that have underlying prejudicial issues. The responses / follow-up in these instances are always worked on with SOAHAC.
- The Adult and Paediatric Diabetes Team are connected with both First Nations communities. We recently received notice that the LHIN plans to increase our base Paediatric Diabetes budget. One of the objectives of the increase is to continue support for First Nations communities for the identification of children with TYPE Two Diabetes or at risk.
- Members of our Diabetes Team provide onsite individual and group education in respect to Diabetes Management:
  - RN & RD – twice a month clinics at Saugeen First Nations
  - RN, RD & NP – once a month clinics at Chippewas of Nawash
  - RD – ½ day per month at SOAHAC in Owen Sound
- In addition to regular clinics, we have attended Health Fairs when invited, and special group activities and screening – when requested; typically by the Health Rep in each First Nation

community. One example was screening of children at Chippewas of Nawash several years ago for Type 2 Diabetes.

- The Diabetes teams that travel out to the First Nations communities are also located in the adjacent hospitals (Warton and Southampton) so patients from these communities have the option of seeing their Diabetes Educator either at their health centre or at their local hospital. We have worked with the patient navigator from SOAHAC in order to support patients who were struggling with diabetes management.
- Children with diabetes are connected to our Paediatric team, including the Paediatricians practicing at GBHS in Owen Sound.
- The entire Diabetes team is in the process of completing the online Cultural Safety Training. We are 90% complete with this training. Prior to this program, we did have two presentations by Guy Hagar in Cultural Competency at our team meetings and Lynda Hoffmeyer and members of our team servicing this population have attended LHIN education events when offered in the past. We were fortunate to recruit an RD with experience in diabetes care at Moose Factory and she provides support to SOAHAC.
- In Mental Health most of our work is done with Chippewas of Nawash as the SON falls is served by the Shoreline Mental Health Team.
- Mental Health has presented on numerous occasions to both First Nations. Sessions have been held on opiates and alcohol. Naomi Vodden, Mark Weston and our mental health pharmacist Marc Vacheresse have done various presentations. We currently have a request in to do another session. We have worked to arrange a nurse to attend Cape Croker regularly in order to provide replacement therapy to patients as there are many daily trips to Owen Sound occurring, but we have not been successful with this.
- Currently we have two nurses that have built good connections with the staff at Nawash health centre. We continue to send them weekly to build relationships and see clients involved in our outpatient mental health programs.
- Mental Health has an arrangement with our team office in Warton to arrange transportation for clients that live on the Cape to attend counselling in Warton.
- 80 % of Mental Health staff has completed the LHIN provided Indigenous Cultural Training with many staff taking the more advanced level training.
- Our Spiritual Care Manager, Dwight Biggs, has been working with the Patient Navigator from SOAHAC (Marnie Speck) to ensure our multi-faith chapel is inclusive of Indigenous spiritual values.

- We provide Mammography & Bone densitometry examinations for the women from the Saugeen First Nation. We provide lunch, crafts in between examinations, and offer presentations on Mammography, the Ontario Breast Screening program and Bone Densitometry