Board Report

TO: **Board of Directors**

FROM: **Lance Thurston, President and CEO**

MEETING DATE: **June 28, 2017**

SUBJECT: **Proposed Consolidation of Elective Day Surgeries: Stakeholder Feedback and Recommendations**

ORIGIN

At its meeting on February 22, 2017 the Board of Directors approved a recommendation of the President and Chief Executive Officer to inform, and receive feedback from, internal and external stakeholders on options for strengthening surgical services, notably the preferred option of consolidating all elective day surgeries at the Owen Sound Regional Hospital.

PURPOSE

The purpose of this report is to share the feedback received from stakeholders, provide analysis and comment on the issues, concerns and questions brought forward by stakeholders, and to recommend a course of action on surgical services for the Board to consider.

RECOMMENDATIONS

1. Maintain the operating room at Meaford hospital and integrate it fully into the GBHS surgical program, ensuring consistent corporate oversight and management, adherence to best practices, and consistent application of patient care pathways.

2. Immediately establish a working group of selected staff and physicians, co-chaired by the Chief of Medical Staff and the VP Patient Care and Quality, supported by dedicated project management expertise, to develop and oversee the implementation of a sensitively timed, staged and appropriately paced project work plan to:

    a. Upgrade infrastructure and equipment in the Medical Device Reprocessing Department and the Surgery Department at Owen Sound Regional Hospital, in order to maintain best practice quality standards for current and anticipated future needs, with development of a detailed renewal plan in 2017/18 and multi-year implementation commencing in 2018/19.

b. Discontinue elective day surgery at Southampton Hospital and Markdale Hospital over the course of the next 12 months. Planning will begin imminently and timelines will be confirmed through the work of the committee.

c. Develop and implement a strategy in association with the Division of Anesthesiology and the Department of Bio-Medical Engineering, to replace the fleet of anesthesia machines on a staggered basis over a 3-year period, commencing in 2018/19.

d. Mobilize efforts to fund the surgical and medical device preprocessing renewal plans through coordinated engagement with the hospital foundations, the Five Foundations Committee, and by leveraging opportunities through other funding bodies, such as the SW LHIN and Ministry of Health and Long-term Care.

3. Engage internal and external stakeholders in the facilitated development of a sustainability plan for GBHS, commencing in fiscal Q2 2017/18, which articulates and animates GBHS' stated strategic intention to be a leader in integrated rural health care. Among other things, this plan will:

a. Develop a 'Grey Bruce rural health equity lens' to be applied to all corporate policy, service and program decision-making, which reflects and supports the health needs and aspirations of the diverse Grey Bruce population, inclusive of vulnerable and marginalized communities

b. Identify strategies to strengthen the current GBHS integrated service delivery model, to ensure long-term sustainability in addressing the rural realities of Grey Bruce

c. Articulate the roles of each hospital within a strengthened integrated operating model, and the services and business development opportunities to be pursued to strengthen the resilience of each

d. Set reasonable expectations as to what communities and community partners can expect of GBHS in terms of services, service excellence, communications and engagement, and in turn what GBHS can expect of the communities and partner organizations in sustaining an integrated rural health system

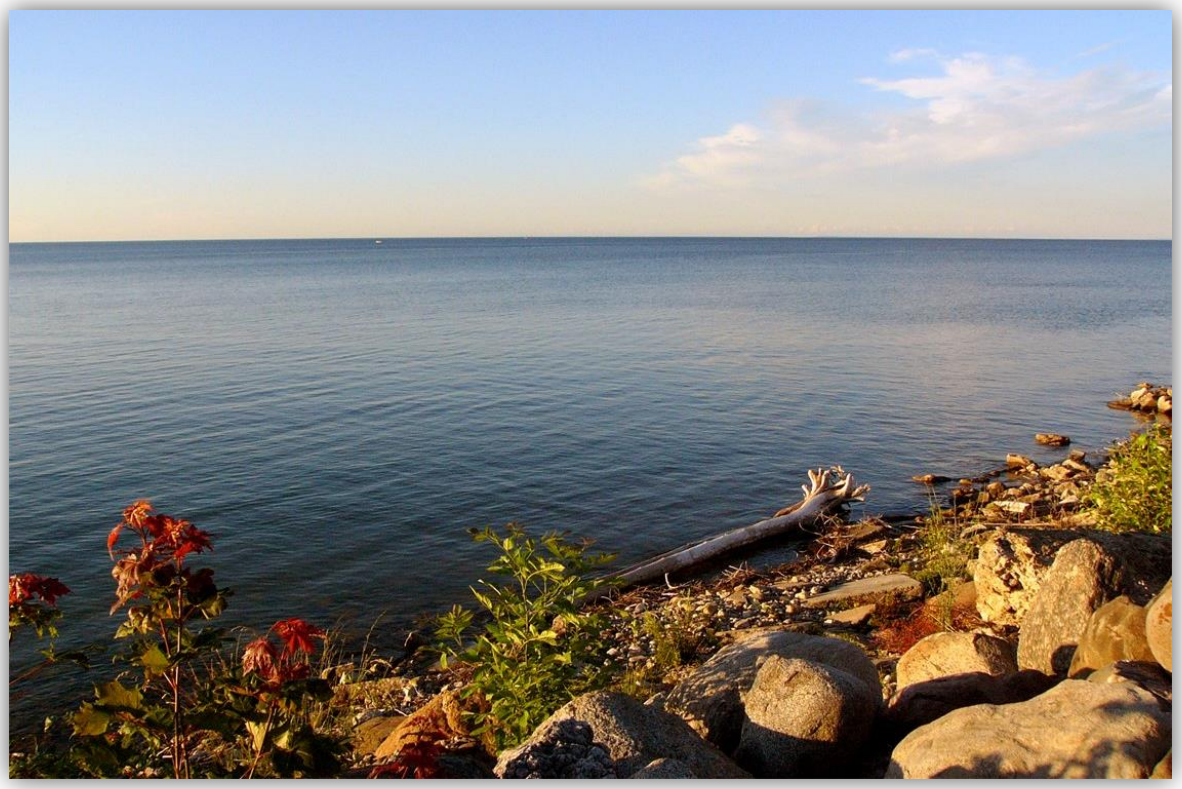
e. Establish directions and expectations for advocacy, integration, collaboration, etc.

f. Enable the development of a collaborative philanthropy plan in service of the regional and local capital and equipment needs of GBHS which, among other things, will:

- Create a consistent culture of philanthropy across GBHS and the hospital foundations (e.g. shared values, vision, goals, fund development approaches, research methods)
- Strengthen the relationships between the foundations and GBHS at the governance and administration levels
- Strengthen the interrelationships between foundations at the governance and administration levels
- Strengthen the position of GBHS as a community and regional investment
- Clarify the roles of the five hospital foundations
- Identify innovative approaches to fund development that reflect changing demographics
- Identify opportunities to leverage shared resources and expertise

4. Continue to identify and implement internal efficiency/ cost savings initiatives that maintain quality of patient care with minimal staffing disruption, consistent with the corporation's Transformation Action Plan and Back to Balance initiatives.

5. Continue to advocate, in conjunction with stakeholders and community partners, for sustainable changes to the Provincial funding model that reflect the rural realities of Grey Bruce and the unique challenges of the GBHS operating model as it may evolve over time.



EXECUTIVE SUMMARY

The Board of Directors is considering the merits of a proposal to consolidate all surgical services offered by GBHS to the Owen Sound Regional Hospital. Discontinuing elective day surgeries at the Markdale, Meaford and Southampton hospitals would result in estimated annual operating savings exceeding $500,000, and would avoid the need to spend as much as $3 million on capital equipment and infrastructure upgrades of those operating rooms over the next year or so. **(The proposal does not include endoscopy (e.g. colonoscopy), which is a diagnostic procedure performed by surgeons but not considered to be surgery**.)

To arrive at a decision that is balanced and mindful of all points of view, the Board sought feedback from internal and external stakeholders and others about the surgery proposal through an extensive and inclusive stakeholder engagement process. Many physicians, physician groups, patients and families, staff, volunteers, sector and community partners, and others offered their thoughts and opinions. The feedback has broadened the conversation beyond the compelling but narrow financial merits of the proposal, to embrace a wide range of equally compelling community-based considerations.

The majority of the feedback strongly opposed the consolidation of surgical services to the Owen Sound Regional Hospital, favouring instead the continuation of day surgery at Markdale, Meaford and Southampton hospitals. This often-passionate opposition reflects a perception that services in small towns and rural communities in Grey Bruce are being eroded. For many people, the local hospital helps define their sense of place and community wellbeing. Many people fear that losing the day surgery program at their local hospital would be the thin edge of the wedge leading irreversibly to the closure of the hospital in time.

Also heard through the engagement sessions was a plea from staff and physicians at the hospitals in Meaford, Markdale and Southampton (and by extension Lion's Head and Wiarton) to be welcomed into the corporate decision-making processes of GBHS and to help problem solve; their different perspectives respected and appreciated. A small number of other stakeholders expressed a strong desire to be independent of the corporation.

A strategic decision by GBHS in March 2017 to delay final consideration of the surgical services consolidation question, pending the outcome of the April Ontario budget, proved to be fortuitous. With an unexpected upturn in its financial position, largely due to the infusion of new provincial funding, GBHS is now able to give more weight in its decision-making to perspectives other than purely cost-savings. GBHS has a window of opportunity to refocus its energies and attention on future proofing its operating model, in pursuit of its strategic aspiration to be a leader in integrated rural health care.

In the absence of a plan articulating strategies and actions to achieve this desired future, it is difficult to assess the value of current services offered at GBHS hospitals or the merits of any

proposed changes to services or service levels. It is prudent, given this unclear context, to maintain surgery at the Meaford hospital as part of an integrated corporate surgical program. This same consideration is, unfortunately, not practical at Markdale and Southampton hospitals due to cost prohibitive infrastructure shortcomings at both facilities, and the Province's decision not to allow surgery in the new Markdale hospital.

Maintaining an elective day surgery program in two sites, Owen Sound and Meaford, will yield an estimated annual savings of $250-300,000, versus the expected $550,000 from full consolidation of surgical services. Continuation of the elective surgical service in Meaford will require capital investments of up to $800,000 over the next 2-3 years.

The stakeholder engagement process also shone the light on the increasingly urgent need to make significant capital investments in the medical device reprocessing department and the surgical program at the Owen Sound hospital over the short term. This underscores the importance of prioritizing the limited capital dollars and community fundraising capacity available to the organization.

BACKGROUND

As part of its plan to reform healthcare, drive change and rein in escalating hospital costs, the Provincial Government capped funding to the hospital sector and in 2012 introduced a new funding model to all but the smallest of hospital corporations. The principles of quality, sustainability, access to care, and integration of services across organizations are now at the heart of the Provincial health care agenda and the new funding reality for GBHS. The Province is driving an unrelenting quest for greater efficiencies and higher quality patient outcomes in a continuous service improvement cycle that has fundamentally changed how hospitals must operate in order to survive.

The new funding model has been a challenge for GBHS. With each passing year since the introduction of the new model, the organization's fiscal performance has declined significantly. Realizing the need for concerted, planned and sustained interventions to ensure the organization's financial health, the GBHS Board of Directors adopted a measured, evidence-based *Transformation Action Plan* in fiscal 2015/16. The intent of the Plan is to bring the organization back to a balanced budget position over four years, through initiatives aimed at reducing costs and increasing revenues. The Plan is available at www.gbhs.on.ca (under News & Events).

At the same time, the South West Local Health Integration Network (SW LHIN) engaged GBHS and its Grey Bruce partner hospitals (Hanover and District Hospital and South Bruce Grey Health Centre) in a review of surgical services across the region. The review, facilitated by Deloitte, sought to identify strategies to improve the efficiency and cost effectiveness of the services offered by the Grey Bruce hospitals and to define the preferred future state of surgical services in the region. As that review proceeded, it became clear to the partners that the fiscal challenges facing GBHS at that time required immediate attention. The review concluded with some high level directional recommendations, to be followed-up by the partners once GBHS had a better understanding of the direction and implications of its Transformation agenda.

Using the regional surgical services review as its point of departure, a working group of staff and physicians from all GBHS hospitals undertook a detailed analysis of the surgical offerings across the organization, with the intention of identifying opportunities for increased efficiencies and cost effectiveness, while maintaining quality of care. The working group identified five options that it felt offered varying benefits, opportunities and risks; recommending as its preferred option the consolidation of all elective day surgeries (not including endoscopies) to the Owen Sound Regional Hospital.

The GBHS Board of Directors received the findings and recommendation of the working group in early 2017 along with a report outlining a suite of initiatives that the organization would be undertaking as part of the Board-approved *Transformation Action Plan*. A Backgrounder report, which contains information about the broad issues and trends in the health system having significant bearing on the service offerings at GBHS was also received by the Board and is available at www.gbhs.on.ca (under News & Events/Surgical Services Review).

OPTIONS CONSIDERED

The GBHS Surgical Services Working Group explored and analyzed several different options, taking into consideration patient care, staffing, physician and community impacts, as well as the associated savings of each option. The review considered the ability to ensure GBHS continues to provide the same level (or better) of service to its patients while reducing operating costs. The surgical services review team developed five options for consideration, as described below. Appendix 1 provides a more detailed analysis of each option.

Option 1: Skill Mix, Savings $186K

This option proposes changing the ratio of Registered Nurses to Registered Practical Nurses within the Surgical Services program. From a labour relations perspective it is a disruptive option with a small return in operational savings in comparison to other options. This option would not reduce or consolidate the future need for OR equipment and upgrades.

Option 2: Orthopaedic Surgery in Meaford; Continue Roaming Scope Program, Savings $270K

This option proposes transferring orthopaedic surgery currently performed at Markdale to Meaford Hospital; and transferring current Ear, Nose and Throat (ENT) and Dental surgeries at Southampton to Owen Sound. The schedule of endoscopies would continue as is currently in place at all hospitals.

Option 3: Orthopaedic Surgery in Meaford, Endoscopies in Southampton, Savings $469K

This option proposes transferring orthopaedic surgery currently performed at Markdale to Meaford Hospital; transferring current Ear, Nose and Throat (ENT) and Dental surgeries from Southampton to Owen Sound; and consolidating all endoscopies at Southampton.

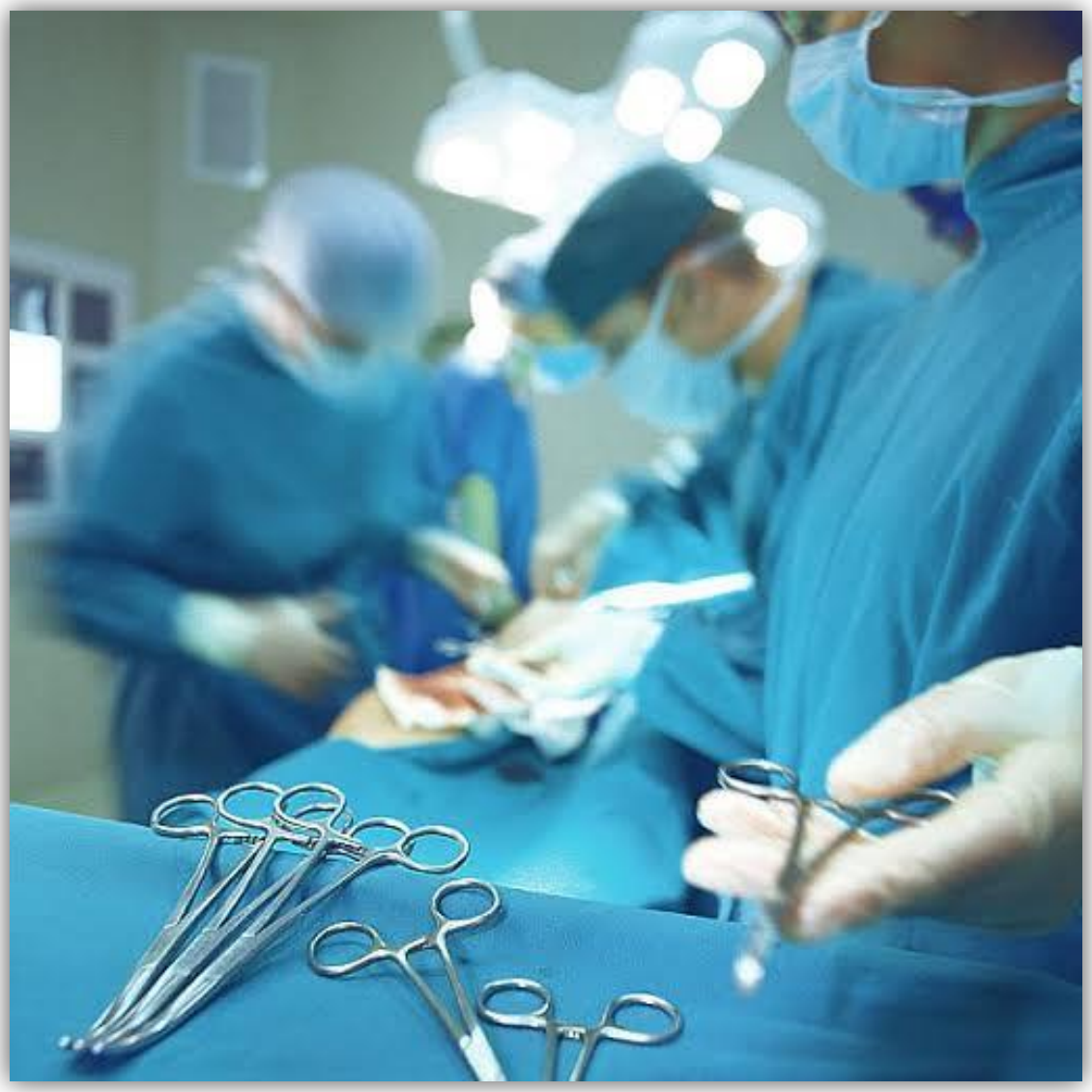
Option 4: Consolidate All Surgical Procedures in Owen Sound, Savings $456K

This option proposes the consolidation of all surgeries and all endoscopies into the Owen Sound hospital. These combined volumes exceed the current capacity of the Owen Sound surgical services infrastructure.

Option 5: Consolidate Surgical Procedures; Continue Roaming Endoscopies, Savings $550K

This option proposes consolidating all elective day surgery cases currently performed across the organization to Owen Sound and to continue the roaming endoscopy procedures offered in Southampton, Markdale, Meaford, Wiarton and Owen Sound hospitals. This option results in annual operating savings of $550K and mitigates the need to spend money on capital equipment and infrastructure upgrades at multiple sites across the corporation.

At its meeting in February 2017, the Board directed staff to continue the pursuit of internal efficiencies deemed to be low risk/ low impact to the organization and stakeholders. The Board also adopted the recommendation of staff to seek feedback from internal and external stakeholders (physicians, staff, volunteers, community partners and the public) on the option of consolidating all elective surgery in Owen Sound (Option 5 above) prior to making any decisions on changes to the surgery program.



STAKEHOLDER FEEDBACK

Over the course of February, March and April of 2017, GBHS undertook a comprehensive public information and stakeholder engagement initiative to share details of the proposed changes to elective day surgery and afford interested parties the opportunity to provide their input to the Board before it made a decision. This began with meetings with staff and physicians across the organization, an internal survey, written updates on the GBHS Intranet available to all staff and physicians, and meetings with members of the Hospital Auxiliaries and Foundations. In addition, GBHS held three community information-sharing meetings in Meaford, Saugeen Shores and Markdale, and made a public presentation, on request, to the Council for the Municipality of Meaford. News releases were distributed to the media, posted to the GBHS website and on its Facebook and Twitter accounts. Additional feedback was gathered through a dedicated phone line and email address. In total, over 600 people attended the public meetings and offered their feedback through the various means noted above.

Key Themes

The interest, time taken and effort made by the many individuals and groups, in attending meetings and providing verbal and written feedback about the surgical services proposal, is appreciated by staff and the Board of GBHS. As hoped for, the feedback has broadened the hospital's frame of reference and deepened the understanding of and appreciation for the different perspectives offered. Appendices 2 and 3 document the written and verbal questions and comments raised by stakeholders. The majority of submissions expressed concerns with or outright opposition to the transfer of day surgery from the hospitals in Markdale, Meaford and Southampton to the Owen Sound hospital. The following key themes arose in the stakeholder comments and questions:

Patient First/Quality of Care

- Existing operating rooms are efficient and provide quality care
- Patient wait times to receive surgeries will increase
- ER physicians will not have sufficient anaesthetic support at local hospitals
- Consolidation shifts the burden to patients because of increased travel time for surgery, greater risks associated with bad weather, lack of and/or costs of transportation

Staff Issues

- Job loss for healthcare workers at smaller hospitals, notably Registered Nurses

Physician Recruitment

- Loss of surgery will harm local physician recruitment efforts, and thus worsen access to local family doctors
- Closing ORs will lead to a loss of General Practitioners/Anesthetists

Community - Social, Economic Impact

- Negative impact and unnecessary hardships on patients, families and communities
- Particular hardship for the most vulnerable and marginalized in our communities
- Loss of local jobs
- Reduced hospital - related traffic would affect local businesses
- Locally funded OR equipment would be moved to Owen Sound
- Harm to local fundraising efforts as donors become disillusioned
- Concern that the multi-site corporate model does not serve local interests well

Long-Term Viability

- Closure of Operating Room equates to hospital closure
- Consolidation of surgery is first step to eroding other hospital services – what cuts are next?
- Provincial funding model is detrimental to rural Ontario hospitals
- Projected future population growth and aging population not adequately considered

Transparency of Process

- Lack of transparency around financial and clinical data used and in projected savings from consolidation
- Lack of trust in hospital administration

Suggestions

- Create specialty healthcare hubs to strengthen local hospitals to make up for loss of surgery
- Need citizens to help lobby the government to change the funding formula
- Just say no to the provincial government – do not balance the budget

DISCUSSION

The Value Proposition

The prospect of saving over $500,000 annually in operating costs and avoiding the need for up to $3 million in infrastructure and equipment upgrades, while maintaining the quality of patient care, not increasing wait times, and improving the consistency of the patient care path, is attractive to an organization in a financial tailspin. When such a compelling proposal was recommended by a working group of physicians and staff from across the organization as an option to strengthen the surgical services program at GBHS, it warranted serious consideration.

The Decision-making Framework

In arriving at decisions about new policies, initiatives or service changes, the GBHS Board of Directors and senior management team strive to meet their fiduciary responsibilities by balancing what is in the best interest of the patient (first, always), quality patient care, sustainability of investment and community impacts, as illustrated below:

Limited resources force hospitals to make choices between often competing interests. GBHS seeks first to *do no harm* to our patients and families that entrust their loved ones to our care. We strive to make informed and evidence-based resource allocation decisions in service of the 165,000 permanent residents of Grey Bruce and the over 2 million visitors and seasonal residents to the region. Decisions are rooted in shared corporate values and strategic directions that are mindful of community interests and the impacts of those decisions.

The Board of Directors adopted a values-based decision-making framework to assist in assessing the merits of proposals submitted as part of its Back to Balance efforts (see table below). Consistent with it values of openness, transparency of process and inclusiveness in decision-making, the Board sought input from internal and external stakeholders, and others affected by or interested in the decisions. This approach ensured a broad and balanced review of the opportunities and risks involved in a decision.

Back to Balance Decision-making Framework

Does the decision reflect systematic planning processes?
Is this decision sustainable?
Would this decision contribute to the long-term viability of the organization?
Does this decision reflect a systems approach (rather than protecting or entrenching a silo)?
Does this decision reflect collaboration and/or partnerships across health care settings?
Does this decision reflect or advance integrated models of care?
Is the decision based on sufficient evidence?
Does this decision include measurable outcomes?
Is an impact analysis based on sound data and best practice?
Would this decision advance health and well-being of our communities?
Does this decision contribute to the alignment of services and resources based on community needs?
Would this decision foster high quality patient-centred care?
Is there evidence that stakeholder engagement has occurred and has shaped the decision?
Is this decision consistent with the GBHS Vision, Mission and Values & ethical decision-making framework?
Is this decision consistent with the 2016-2020 GBHS Strategic Plan?
Is this decision consistent with the SW LHIN's strategic directions?
Does this decision advance the strategic interests and directions of the MOHLTC?
Is there an identified and reasonable return on investment, direct and indirect ($ and process)

Key Learnings from Stakeholder Feedback

The invaluable insights provided by stakeholders have had bearing on the recommended direction of the surgical consolidation issue. By truly listening to the feedback, a number of key learnings emerged, as discussed below.

Community Fear

Many residents and physicians of Saugeen Shores, Centre Grey, Meaford, and the Bruce Peninsula expressed deep and often vigorous opposition to the proposal to consolidate surgery at the Owen Sound Regional Hospital. This passionate opposition belies an almost visceral fear that any reduction in the range or level of services offered at the local hospital spells the inevitable demise of that hospital. Many see removal of elective day surgery as the 'thin edge of the wedge'; the first in an inevitable succession of service cuts that in time culminate to render the local hospital irrelevant and therefore expendable. This sentiment holds that hospital closure would irreparably harm the

health and wellbeing of local residents, compromise physician recruitment efforts, and seriously threaten the sustainability and future growth aspirations of the community.

This fear is not without some basis, given the cavalcade of big and small community hospitals across Canada, particularly in rural areas, that have seen their services eroded and in some instances faced closure. As a rural healthcare provider that has faced these pressures for years, GBHS understands this fear.

Small towns and rural communities are passionate about their hospitals, and for good reason. Hospitals not only serve local healthcare needs, they also serve as significant community economic and social development engines. Hospitals provide stable, well -paying jobs and inject money into the local economy from outside the region. The goods and services hospitals purchase from other businesses create additional economic value for the community; what economists call the multiplier or ripple effect. GBHS, for example, is a $500-$600 million economic engine for Grey Bruce, as noted in the Backgrounder report.

The hospital is a significant part of defining a sense of community for many residents. Like schools, a hospital is an asset that draws and retains new people and business investment. The community economic development literature strongly supports the conclusion that for any community to prosper and attract investment and new residents, (especially small towns and rural communities) it must have ready access to quality health care[1]. The literature also points out that the top four predictors of viable retirement locations (of considerable importance to Grey Bruce) are: safety; recreational facilities and opportunities; quality housing that meets the needs of retirees; and available health care.

> When a hospital is under threat or perceived to be under threat, understandably the community will react passionately in its defense.

Rural Ontario is Under Siege

The Provincial Government considers Grey Bruce rural, even population centres like Owen Sound, Blue Mountains, Meaford and Saugeen Shores. Rural Ontario, as we know it, is under siege – socially, economically and from a public policy perspective. Global economic forces that have ravaged rural communities and small towns in Ontario and Grey Bruce for decades continue unabated. Communities watch as once-vibrant manufacturing businesses close or pull up stakes to relocate elsewhere, taking with them thousands of well-paying jobs (and only in a few locations have those jobs been replaced by emerging industries like tourism, services, agriculture, or serving retirement communities).

[1] Measuring the Economic Importance of the Health Sector on a Local Economy: A Brief Literature Review and Procedures to Measure Local Impacts by Gerald A. Doeksen, Tom Johnson, Chuck Willoughby 1997

Many communities have been or are being “hollowed out”, as young people and families leave in search of work and opportunity. This leads to a cascading effect through the community as: schools close; involvement in service clubs, sports and cultural groups and many religious organizations and churches declines; service agencies, including hospitals, struggle to provide needed services within constrained budgets; and the local tax base is pressured to pay for ever growing service responsibilities.

A growing proportion of the residents who remain in rural communities are the vulnerable, tending to be older, less mobile, on limited incomes, and with complex healthcare needs. The vulnerable residents in our communities are at high risk of becoming even more marginalized as community and health services erode.

Increasing demands of a growing, aging and increasingly urbanized population, coupled with the accelerating pace of technological change, are pushing healthcare costs significantly higher year over year. This is threatening equitable resource availability across the Province, as the Ontario Government pursues a range of policy strategies to re-direct available resources to priority pressure areas, notably growing urban centres. This places rural Ontario, now with only 18% of the provincial population, and rural hospitals, at a decided disadvantage.

> Rural Ontario needs to find effective strategies to counter the pull of resources to urban areas at the expense of rural residents and communities.

Rural Realities of Grey Bruce: Health Status

GBHS exists is to serve the health care needs of Grey Bruce communities. Its services and programs should therefore reflect the rural realities of these communities. This tends not to be the case as government policies and funding restrictions do not recognize the unique challenges of rural health care in Grey Bruce. It is often stated that rural is more than the absence of urban. This truism applies directly to health and health care.

The overall health status of rural residents is lower in comparison to their urban counterparts[2], and remarkably, the health status of Grey Bruce residents is appreciably lower than the rest of rural Ontario[3]. Complex interactions between social factors, economic factors, the physical environment and individual behaviours and lifestyles determine health. Rural areas tend to have higher mortality rates and a higher proportion of residents having and reporting fair/poor health.

Young children, adolescents and seniors tend to make up a greater portion of the population in rural regions. These age groups present unique challenges to the health care systems of rural areas. Seniors, for example, are the largest consumers of health care, primarily because they are more prone to disability and disease. In terms of mental health, anxiety and depression are prevalent concerns among older adults and increasingly, our youth. Isolated and rural seniors often face barriers that impede their ability to maintain good mental health.

Studies show that the disparity in health status of rural communities in Canada is a direct function of their distance from urban centres. The distances that rural people must travel to reach appropriate and adequate health services is a concern that is expressed by many rural residents nationwide, and certainly in Grey and Bruce counties. This was a prominent theme during the stakeholder consultations.

The recruitment and retention of physicians is a significant challenge for rural communities (Grey Bruce is no exception). Personal and professional considerations (e.g., social isolation, longer hours with less support, lack of spousal employment opportunities) consistently rank as the most important factors in the location decisions of physicians.[4]

> Grey Bruce Health Services must be mindful of the realities of rural living that influence the health status of the population as it plans for and delivers services.

The Integration Advantage

The people of Grey Bruce demonstrated resilience and foresight in the 1990s when faced with the real possibility of local hospital closures as part of an Ontario government cost containment strategy. Local hospital boards banded together, creating the six-hospital Grey Bruce Health Services organization in 1998. They recognized that greater value and long-term stability was attainable by integrating systems to eliminate fragmentation and duplication of care and to optimize the types of care delivered in each location.

GBHS was organized as a 'hub and spoke' model, with the Owen Sound Regional Hospital serving as the secondary specialist referral centre or 'hub' for five small community hospitals, the 'spokes'. The main value of a hub and spoke model is in its connectivity: a uniform operating framework

[2] Statistics Canada

[3] Grey Bruce Public Health

[4] Waterloo Wellington Local Health Integration Network Rural Health Care Review Appendices January 19, 2010

across sites; shared language and standardized policy; common information technology, instruments and devices; and a more consistent standardized level of care.[5]

Over time, the GBHS organization has matured and through systems integration efforts the whole has become greater than the sum of its individual hospitals. It has earned a profile and influence across the health care system, particularly the southwest region, unattainable to medium sized or small hospitals acting individually.

The people of Grey Bruce benefit from the regional reach of many of the programs and services offered at GBHS hospitals. For example: cancer care and chemotherapy, dialysis, diabetes education, medical imaging (MRI, CT, interventional radiology, x-ray, ultrasound, electronic diagnostics), laboratory services, blood bank, information technology, surgery, internal medicine. Each of these, and others, serves the regional population and offers a level of expertise and clinical sophistication not possible in smaller and stand-alone settings.

GBHS is cited by the Ontario Hospital Association as a leading example of a cost effective integrated rural service provider. The Ministry of Health and Long-term Care has stated its support for the GBHS model. It is demonstrating its confidence in the model by stabilizing our current budget challenges and promising to implement a new funding arrangement that will better reflect the challenges of a rural integrated multi-site organization and sustain it over the long term. The South West Local Health Integration Network has stated its support for GBHS as an integration leader in the region and has been a strong voice in advocating for funding reforms to benefit GBHS.

> Befitting a regional health care organization, GBHS offers a range of services and a level of clinical expertise unattainable by stand-alone hospitals.

No Clear Path Forward

GBHS is at a disadvantage when trying to answer questions or responding to criticism, as it did during the surgical services stakeholder engagement sessions, as to the intended future of the organization and each of its hospitals, and the services offered. Apart from aspirational statements of broad strategy, GBHS does not have a clear value proposition articulated through plans for strengthening its model of care or for identifying the roles and expectations of each hospital within that model now or in the future. We are unable to articulate how the proposed change to surgical services is in keeping with our vision to be a leader in rural health care. To achieve and sustain our corporate vision, we need a plan of action.

> *"Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world."* - Japanese Proverb

[5] Rural Hospitals' Future Depends on Hub and Spoke Models, SG Medical Executive Council posted March 31, 2015

'Us vs. Them'

The tenor of the surgical services stakeholder engagement process underscores deep-rooted community and organizational fault lines running through GBHS. Notably, an 'us vs them' mentality based on hospital/community affiliation that pervades staff and physician groups across the organization. Usually guised as healthy competitive spirit or expressed as mild inter-professional frustrations, periods of stress erode the patina of comradery, weakening the operating stability of the organization and muting its performance.

You need only listen to the language used every day across the organization to hear the 'us vs them': 'they' as opposed to 'we'; or 'those people' rather than 'our colleagues'. Our small hospitals have come to be known corporately as the 'rural sites', and the Owen Sound hospital is referred in equally unflattering terms as "the mother ship".

This phenomenon is not surprising in an organization that is an amalgam of several formerly distinct organizations, each of which remains intricately entwined in service to its local community. Most amalgamated organizations, regardless of sector, experience this to varying degrees. That such strong and prevalent 'us vs them' sentiment exists twenty years after amalgamation, seems to boil down to a matter of organizational culture, or more precisely, the lack of a strong defining culture that inspires widespread support from internal and external stakeholders. Subgroups within the organization have established their own internal cultural code that is stronger than the cultural code of the broader organization. This needs to change.

Many people in the community blame amalgamation, and by extension GBHS, for the many perceived negative changes in local health care that have occurred since 1998. During the stakeholder engagement sessions, GBHS received criticism for not having transparent decision-making processes, favouring Owen Sound over other locations, and failing to provide information, such as financial data, to the community in a timely manner or at all. There is a pervasive sentiment in at least one community that, "we were better off before amalgamation than we are now" (e.g. local hospital was financially "in the black"; there were more in-patient beds and more services available locally before amalgamation). This has led to strong calls from the physicians and some residents in the community for the local hospital to de-amalgamate from GBHS.

GBHS is the steward of public funds and its use of and accounting for that money is publicly available information. Comparing the financial position of GBHS hospitals pre and post amalgamation is an exercise in frustration because the health system and its funding platforms changed too dramatically in the intervening 20 years to render meaningful comparisons. It is like comparing apples to oranges.

The Ministry and the SW LHIN have no interest in re-opening the GBHS amalgamation of 20 years ago. Therefore, it is incumbent upon the communities, physicians and GBHS to reset the public discourse with the aim of strengthening the resilience of the organization, its operating model, the

roles of each hospital within the model and their respective future business development opportunities.

GBHS and its stakeholders need to find common ground and a shared context within the evolving health care system to which the parties can relate and support. There needs to be an understanding of what we can achieve together and what is at stake if the parties fail to do so. This ought not to be a narrow "either/or" monologue (e.g. strengthen one hospital at the expense of another) but rather a broad and engaging "both/and" conversation (e.g. strong specialty services to backstop resilient and well-resourced front line primary and emergency care). The current GBHS operating model needs strengthening and better definition of vision, roles, expectations, accountabilities and community connection. The goal is to change the prevailing 'us vs them' sentiment to one of, "we".

As a starting point, the current frame of reference of the organization as a central 'urban' hospital providing support to local 'rural sites' needs to change. We must embrace the fact that the organization, in its entirety, is a regional provider of rural health care and each hospital, regardless of size, location or circumstance, has value and contributes meaningfully to the whole.

> *"A house divided against itself cannot stand."* - Abraham Lincoln

The Need for a Rural Health Equity Lens

Value, in health care, is health outcomes ***that matter to patients*** relative to the cost of achieving those outcomes. The health system rewards organizations that improve their value proposition and penalizes those that do not. GBHS, despite great effort, struggles because the rural realities of operating a six-hospital organization do not factor into its funding formula. Its fiscal position worsens as a result.

As noted earlier in this report, *rural* embodies unique population characteristics and lifestyle choices, risks, opportunities and challenges, all of which impact on population health status. Rural considerations should have weight in public policy decisions about the provision of health care services in rural areas. Yet, decision-making processes, policies and programs are more often than not tone deaf to the needs of rural populations, particularly the needs of our Indigenous communities. Resources for rural health systems, both financial and in terms of program design and reach, remain insufficient and unevenly distributed.

GBHS states in its Strategic Plan that it aspires to be a leader in the delivery of integrated rural health services. A laudable goal, but what does it mean exactly? What does it look like? How will we know if we have achieved the goal? GBHS and the communities it serves need to leverage their combined expertise and locational advantages in defining the organization's value proposition so that it delivers and sustains the range and level of service needed by the people of Grey Bruce.

The South West LHIN encourages service providers to use an ***equity lens*** in planning and decision-making. Health equity means that members of a community have opportunities to be healthy. Health inequities are differences in health that tend to be avoidable and unjust. A health equity lens as a decision-making tool helps ensure consideration of the needs of vulnerable individuals, neighbourhoods and communities when planning a program, service, initiative or policy. Questions central to this tool include:

- ✓ Could a planned program, service, initiative or policy have a negative impact on some populations or communities? If so, how can the negative/inequitable impacts be mitigated?
- ✓ How do we consider the needs of vulnerable individuals and communities?
- ✓ How will the planned program, service, initiative or policy address the social determinants of health?

Stakeholder feedback, and in particular that of the Saugeen First Nation, challenges GBHS to apply an equity lens to its policies, programs and decision-making processes.

> GBHS acknowledges and accepts that in the absence of an equity lens specific to the rural realities of Grey Bruce, it is difficult to assess the merits and impacts of service changes on our communities and on our most vulnerable residents.

The Changing Nature of Hospital Care: An Opportunity

The role of community hospitals is evolving, as growing outpatient volumes and limited-stay services overshadow and replace the traditional focus on in-patient care. The jarring realities of escalating costs and changing patient care practices in hospitals, often run at odds with community expectations of what care should be available and where. Understandably, this can set the stage for tension and conflict between the hospital board and the communities it serves, as illustrated in much of the public discourse to date over the proposed consolidation of surgical services. GBHS and its stakeholders must come together to collaboratively develop strategies that will strengthen the hospital organization, sustain its hospitals and the services they provide, thereby bringing a measure of stability to the community and enhancing its growth prospects.

New models of care are being introduced in many communities across Canada as hospitals and their stakeholders grapple with the challenges of an ever-changing healthcare landscape. A concept that is gaining momentum in many communities is the creation of community service/ healthcare hubs that bring services together in one location to meet multiple or complex needs. The Ontario Government supports the creation of such hubs.

Hubs can be vibrant centres of community life that generate sustainable economic and social benefits. A robust multi-agency/ multi-service health hub would also be an asset in attracting physicians and other health care professionals who value strong communities of practice and the

ready availability of professional support services and colleagues. Services may include primary and ambulatory care, addiction and mental health supports, chronic disease management, health promotion, community support services, care coordination services, and many others. To support community hubs across Ontario, the Province has adopted guidelines called, *Community Hubs in Ontario: A Strategic Framework and Action Plan*.

GBHS is in fact a leader in the creation of health hubs. Over the years, as in-patient bed counts declined at its hospitals, GBHS co-located complementary services within available space in its hospitals. In Owen Sound for example, physician specialist offices and clinics now occupy much of the space once dedicated to inpatient beds. Similarly, the Meaford hospital houses a range of services/agencies, including:

- Memory Clinics
- Outpatient Mental Health Services
- Community Care Access Centre Office
- Victoria Order of Nurses Office
- Day Away Senior's Program
- Flex Clinic (Care Partners – for changing dressings, etc.)
- Thames Valley Children's Centre Speech Pathology
- New Directions Addictions
- Auxiliary Gift Shop
- Meaford Hospital Foundation Office

These co-tenancy arrangements evolve over time as needs and circumstances change. There is potential and enthusiasm for even more and different synergies across various communities in Grey Bruce. Early discussions have taken place with interested parties about creating hubs in Wiarton and Lions Head that blend recreation with health care and other community services. The Meaford community has expressed interest in exploring opportunities to address its physician recruitment and retention challenges along with expanding services to a growing part-time and retiree population. Centre Grey continues to explore the idea of creating a hub or campus of care with nearby service agencies when its new hospital is completed. The South East Grey Community Health Centre has interest in exploring the possibilities.

The nature of a given hub and the range of services it offers will be unique to the needs of each community, the availability of partners, service development opportunities, and of course local creativity.

A long-term plan for each hospital, as part of an integrated corporate plan, would offer guidance as to expectations, physical space availability and limitations, and appropriate partnership opportunities. Such plans and partnerships would provide a measure of certainty and local resilience in the face of changing circumstances and adjustments to hospital services and programs over time.

Community Relations

Five hospital foundations and six auxiliaries support GBHS by fundraising for hospital infrastructure and equipment needs. This financial support is an irreplaceable asset to GBHS and its communities, without which there would be no hospitals.

The foundations have a proven record of accomplishment in providing necessary capital funds to their local hospitals. In recent years the foundations have been called on by GBHS to jointly raise funds for large regional level services and equipment (for example, the MRI, CT scan, the new oncology unit, interventional radiology and surgery) or corporate initiatives from which all hospitals ultimately benefit (for example the annual flooring replacement program). It is challenging for local hospital foundations, outside of the Owen Sound Regional Hospital Foundation, to raise monies locally for capital items not physically located in the local hospital.

Our communities are coming to understand and appreciate that the regional services and programs, although perhaps located in Owen Sound, are in fact services vital to the health and wellbeing of residents and visitors to the local communities. The prospect of consolidating day surgery at the Owen Sound Regional Hospital, however, challenges this emerging collaborative spirit. Some local hospital foundation members find themselves caught up in the local debate and torn by local loyalties.

One of the risks assessed by GBHS in this review is the potential negative impact the proposed changes to surgical services may have on local fundraising. While such a reaction may be understandable at an emotional level, it is decidedly unfair to the foundation members, potentially damaging to the valued and necessary relationship between GBHS and the local communities, and not in service of the healthcare needs of the region.

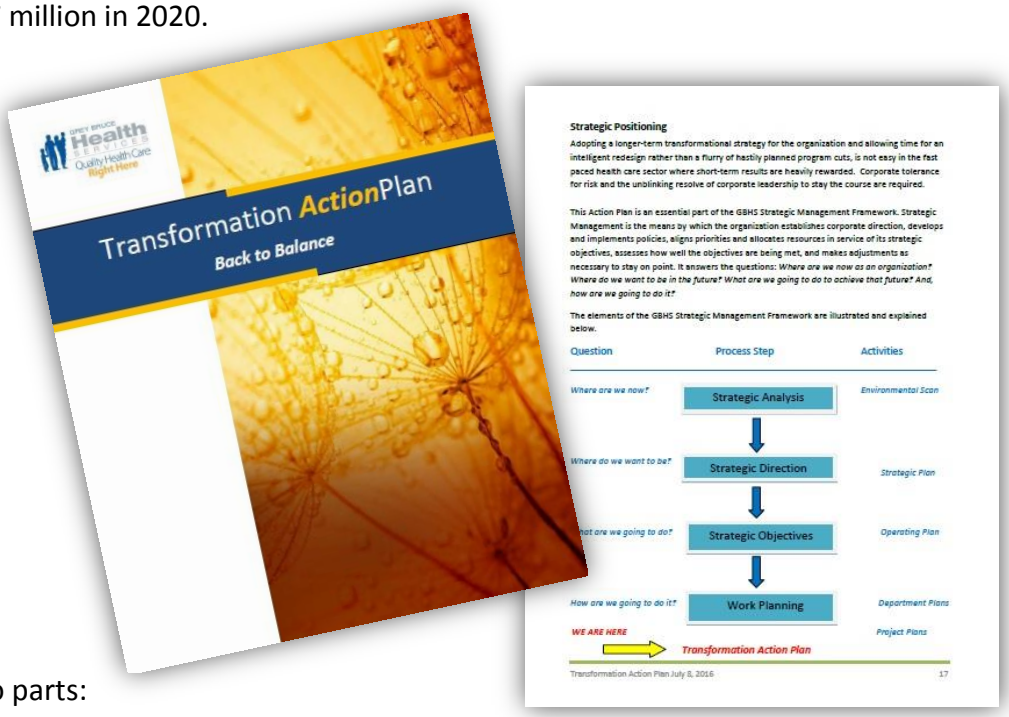
There is a need to strengthen the resilience of the GBHS/hospital foundations inter-relationships. Continued collaboration through a strengthened Five Foundations Committee and the collective efforts around adopting and enhancing legacy-giving capabilities are a good start.

> Collaboration between hospital foundations in developing a robust and integrated approach to philanthropy in service of the regional and local capital needs of GBHS is an essential part of any plan to future-proof the organization and its hospitals.

Changing Fiscal Context: A Sea Change of Opportunity

The Board of Directors approved a Transformation Action Plan in 2016 setting a course for the organization to balance its operating budget by fiscal year 2019/20, based on initial projected

year-end deficits for the organization of $4.5 million in 2016/17, $6.9 million in 2017/18 and approaching $17 million in 2020.



The Plan has two parts:

1) **Advocacy**

   Advocating with the Ministry of Health and the SW LHIN for changes to the hospital funding formula to reflect the operating realities of a six-site hospital organization serving an expansive and slow growth rural region; and

2) **Savings**

   Finding operating savings through reduced costs and increased revenues. The initial list of potential internal efficiencies totals about $1.2 million, business revenue enhancements in excess of $2 million and the potential of over $500,000 in savings by consolidating all surgical services at Owen Sound Regional Hospital.

The Board acknowledged in early 2016/17 that even with the implementation of the approved savings initiatives and other in-year budget adjustments taking effect, GBHS could expect adjusted operating budget losses of about $2 million for that year and $ 6.5 million for the 2017/18 year. The organization entered the 2017/18 fiscal year therefore, with a laser-focus on finding more savings. This was the mindset of the corporation as it considered possible changes to the delivery of surgical services. This changed significantly in April 2017 with the following Provincial announcements/actions:

1) The GBHS annual base funding allocation from the province was adjusted at fiscal year-end for the 2016/17 budget year and ongoing, with the infusion of $2.5 million of pressure funding, eliminating the projected year end operating deficit for 2016/17;

2) As part of the 2017 Ontario Budget, GBHS secured $2.5 million in net new funding, some of it a base funding adjustment that will carry forward to subsequent years, some of it tied to performance of additional Quality Based Procedures (e.g. hips and knees, cataract surgery) and part of it being one-time pressure funding; and finally,

3) The promise of a new funding model for GBHS (to be announced later this year) that will address long-standing concerns that the formula does not reflect the multi-site nature of the organization and penalizes it for serving a slow growth rural region

This is a financial 'sea change' for GBHS. The additional budgeted provincial revenue enables the organization to refocus more of its time and attention to the future and strengthening of its unique model of integrated rural healthcare. The need to find opportunities to improve the efficiency and effectiveness of services and programs continues, but it is no longer the organization's sole focus.

> The recent fiscal easing creates a window of opportunity that enables GBHS to reflect on the consolidation of surgical services within a broader context of community considerations, as it seeks to address its longer-term sustainability.

Creating a Sustainability Plan

The following questions arose repeatedly during the stakeholder engagement process:

- Is the current operating model the right model?
- What is the vision for GBHS as an organization and for each of its hospitals?
- What services should be offered at each hospital?
- What service changes are expected in the future?
- What are the business development opportunities for each hospital?
- How can the removal of surgical service from an area that is growing, with underserved health needs, particularly among vulnerable and marginalized persons be justified?
- Is the change to surgical services the first in a line of successive changes over time?
- How will GBHS relate to other hospitals in the Grey Bruce area?

As outlined in its strategic plan, GBHS aspires to be a leader in rural health care, delivering needed quality services and programs to the communities it serves, as close to home as possible. The strategic plan does not, however, provide any guidance as to what that goal may actually look like on the ground, how to achieve it, and perhaps most importantly, how to sustain it over time.

> GBHS needs a detailed directional plan to clearly articulate, activate and sustain its stated aspiration to be a leader in rural health care.

Guiding Principles

Organizing principles to guide the development and implementation of a sustainability plan include the following:

- **Community Engagement:** To encourage transparency and accountability a community's residents, health providers and other local stakeholders are active participants

- **Flexible Planning and Delivery:** The planning and delivery of services is responsive to community needs, balancing that need with, among other things, quality, critical mass and access considerations

- **Value:** Hospitals and the concentration of health professionals within communities are assets that improve the overall efficiency and cost-effectiveness of health care systems

- **Integration:** Work across traditional health care and inter-sectoral silos to enable coordination of planning, access and delivery,

- **Equity:** Improve equitable availability and access to culturally sensitive services and programs

- **Innovation:** Be open to explore innovative models of care delivery

- **Evidence-Based:** Decisions are evidence-based

- **Sustainability:** Nurture community strengths and assets to meet population needs and organizational aspirations without compromising the ability of future generations to meet their needs

- **Rural:** 'Rural' is not just the absence of 'urban'

Elements of a Sustainability Plan

A sustainability plan should, among other things:

- Articulate the value proposition of GBHS as a rural service provider

- Define a rural equity lens authentic to Grey Bruce

- Establish clear roles and accountabilities for all hospitals within a strengthened corporate organizational model

- Determine the overall scope and most appropriate balance of services delivered now and opportunities for potential business growth at each hospital in the future

- Leverage hospitals as integrated service hubs, incorporating the unique needs, aspirations, expectations and attributes of the local community

- Identify opportunities to collaborate with federal, provincial, county, and local governments and agencies

- Create and maintain a risk management framework to prepare for unexpected events, such as the loss of a partner or changes in government policies/programs

- Leverage emerging technologies through the use of electronic health records, information systems and telemedicine to enhance and expand the access to services enabled through these networks

- Develop measures and metrics to assess the value proposition of GBHS and each of its hospitals

Timing

To accommodate meaningful consultation with stakeholders across Grey Bruce, the development of a sustainability plan as outlined above requires in the order of 9-12 months.

Infrastructure and Equipment Renewal

The need for investment and reinvestment in the infrastructure and equipment at GBHS is insatiable across all hospitals and all program areas. Finding ways to ease that burden and prioritize investment, while still maintaining quality services, is an ongoing challenge for the organization and its funding partners. The arguments for priority investment within the surgical services and medical device reprocessing programs are compelling. Identified needs total in excess of $15 million across all hospitals over the next 5-10 years.

A driving force behind the recommendation to consolidate surgery at Owen Sound is the imminent need to invest upwards of $3 million to upgrade the operating rooms in Markdale, Meaford and Southampton. The state of the infrastructure and equipment at each hospital has significant bearing on the path forward. The needs and circumstances of each hospital vary considerably and therefore warrant a differential approach. The chart below identifies the capital costs by hospital.

Capital Need	Total	ME	MA*	SO	Comments
Anaesthesia Gas Machines	$650K	$216K	$216K	$216K	End of life Dec 2019
C-Arm Replacement and Lead-lined walls	$300K	$300K			Current C-Arm purchased in 2007. Average life span is 10-12 years. Standards for lead lined walls have changed from 1/16th to 1/8th inch. Application to the Ministry is required to assess if renovation is required (potential additional cost of $500K not included).
HVAC Replacement to meet OR and MDRD standards	$1.5M			$1.5M	In addition to HVAC costs that are already part of the hospital ER/Lab rebuild project
Washer/ Disinfector	$304K	$152K		$152K	Units are 14 years old and too small to meet current needs
Sterilizer	$110K	$55K		$55K	the current units are 29 years old
Instrument containers	$40K	$40K			A new fleet of containers would be required in keeping with standards.
Reverse Osmosis	$180K	$60K	$60K	$60K	Required for the final rinse cycle in the W/D and Cart Washer. It removes impurities on each piece of equipment in this process. Required to meet standard. (OS currently has this system)
TOTALS	**$3.1M**	**$823K**	**$276K**	**$1.98M**	

* Only short-term capital identified, as new hospital build will not require MDRD equipment.
Ma = Markdale; Me = Meaford; SO = Southampton

Markdale Hospital

The Ontario Government approved plans to replace the current Markdale Hospital, notionally in 2020/21. The new facility does not include an operating room. A working group of selected physicians and staff will oversee the change process necessary to transfer the surgical volumes from Markdale at a time and in a manner that is appropriate. Notionally, this is expected in 2018/19.

Southampton Hospital

The current air handling system does not meet health standards for running an operating room or medical device-reprocessing unit reliably. Air handling and humidity control concerns create significant ongoing challenges to maintaining the required safe and sterile environment for these procedures and processes. Trying to maintain a surgical program under such conditions increases the risk to patients and the corporation. When we fail to meet the environmental standards, we cancel surgeries.

The contingency planning required to offset, manage or work around these shortcomings are increasingly onerous. Required upgrades to the infrastructure and equipment to comply with industry standards are cost prohibitive, estimated at about $2 million.

A working group of selected physicians and staff will oversee the transfer the surgical cases from Southampton in 2017/18 fiscal year.

Meaford Hospital

Elective day surgery will continue at the Meaford hospital. While the merits of service consolidation are compelling, there are, as discussed in this report, differing perspectives that warrant deeper consideration as part of the suggested corporate sustainability planning process.

The physical plant of the Meaford operating room is in good shape with no extraordinary concerns noted to maintain compliance with evolving safety standards. Optimizing the capabilities of that resource as an integrated part of the corporate surgical program is a prudent step for the organization at this time. The GBHS capital program will address the infrastructure and instrument needs of the facility with heavy reliance on local fundraising through the hospital foundation.

Owen Sound Hospital

Significant infrastructure renewal and equipment replacement is required within the Owen Sound surgical department irrespective of the decision made on consolidating surgical services. The need for improvements to surgical space and equipment, particularly day surgery and recovery areas, has been noted for many years. Developing an engineering/architectural report in 2017/18 will enable detailed planning to set priorities, stage and time the renovations, and identify available funding sources. The estimated investment needed exceeds $15 million over ten years.

A report earlier this year identified the need to replace equipment and refurbish infrastructure within the medical device-reprocessing department (MDRD). The department cleans and sterilizes re-useable medical/surgical equipment in all GBHS hospitals and other facilities in the area. A multi-year plan is needed to identify fully and address the infrastructure and equipment needs in order to maintain compliance with quality standards. The overall cost of upgrades is in the order of $ 1 -2 million in the short term. This function is central to many other functions in the hospital and is a priority for the 2017/18 capital budget.

Anesthesiology

A notable cost factor in the surgical services discussion is the need to replace all anesthesia machines across the organization within the next few years. The Chief of Anesthesiology has noted that the current fleet of machines, purchased 19 years ago and now well past the recommended replacement date, continues to enjoy excellent quality performance. Unfortunately, replacement parts are no longer available from the manufacturer, so replacement is required.

The cost to replace the fleet is about $2 million. To ease this capital demand on the organization, the Anesthesiology Department in consultation with the Bio-Medical Engineering Department suggests staging the replacement of the machines over a 3-year time span. Using parts from units removed from service to maintain the older machines still in service will stage the replacement of the fleet. This also makes future replacement cycles less financially onerous.

CONCLUSION

The GBHS Board of Directors and its staff, as stewards of the public trust, are responsible for making informed decisions that are in the best interests of the corporation, having regard for all relevant considerations including the impact of decisions on patients and their families, the public, and other affected stakeholders. The competing expectations of quality care, process efficiency, responsive service, ready access to care, fairness and equity, and provider morale add challenge and complexity to exercising this responsibility. Accepting that challenge and embracing the rich diversity of perspectives offered by our stakeholders, resulted in a more balanced examination of the proposal to consolidate surgical services.

If the organization is intent on realizing its aspiration to be an acknowledged leader in integrated rural health care, it must navigate the organizational and community challenges that surfaced in the course of this review. The absence of a cogent plan that identifies strategies to serve the needs of Grey Bruce in a responsive, responsible and sustainable manner mutes the compelling business case to consolidate surgical services. Creating such a plan is the next step in advancing the GBHS strategic agenda; the necessary context for assessing the merits of service delivery and any substantive service or service level changes.

Maintaining the status quo of service offerings across all hospitals in GBHS would be preferred while the organization develops a sustainability plan. It is not practical to do so however, in the case of surgical services. The Provincial decision not to allow surgery in the new Markdale hospital and the prohibitive capital investment required at both the Markdale and Southampton operating rooms precludes retaining surgical services at either hospital beyond the short term. On balance, continuing elective day surgery at Meaford hospital is prudent.

Adjusting the surgical offerings at GBHS to just two hospitals, Owen Sound and Meaford, will yield annual operating savings of about $300,000. Capital investment required at Meaford will be in the order of $800,000 over the next year or two. At the same time, the organization must get on with addressing the pressing capital needs of the surgical and the medical device reprocessing departments at the Owen Sound hospital, two functional areas that are mission critical to the entire GBHS organization.

Adopting nimble strategies to future-proof itself against ever-changing local needs, regional obligations and Provincial demands will enable GBHS and the communities of Grey Bruce to face the future together with a greater sense of confidence and optimism.

Lance Thurston
President and Chief Executive Officer June 19, 2017

APPENDIX 1

OPTION 1	Skill Mix – Change Ratio of Registered Nurses and Registered Practical Nurses to Reduce Staffing Costs
Savings	**$186K**
Summary of Analysis	This is a disruptive option from a labour relations perspective and would involve layoffs for each RN position that in turn would be replaced by an RPN. Scope of job assignments and responsibilities would be impacted in some instances. There is a small return in operational savings in comparison to other options. This option would not reduce or consolidate future need for OR equipment and upgrades.
Community Impact	This option continues the delivery of surgical services in the current model at all sites. General surgeons who participate in the roaming scope program would continue to deliver endoscopy services at each site ensuring specialist presence at the rural sites on a weekly basis.
Physician Impact	The nursing support for physicians would change from that of an RN to an RPN in some instances.
Staffing Impact	This option results in a disruption to staff impacted by the bumping, layoffs and labour discussions required to initiate this change.

Option 1 Proposed Staffing Changes

Staffing	Owen Sound	Meaford	Markdale	Southampton	Wiarton
Current	17 RN 7 RPN 4.5 ORSA	4.6 RN .5 RPN	3.3 RN .3 RPN	Casual RNs 0 RPN	Casual RNs
Proposed	No Change	- 1RN +1 RPN	-1 RN +1 RPN	Casual RN/RPN	Casual RN/RPN

Operational Impact

The cost to operate the rural ORs is $1.9M. The option to change the skill mix reduces the operating costs to $1.7M. The net savings of these changes are reflected in the proposed operating budget below with a net savings of $186K.

Option 1 Proposed Operating* Budget Changes

Expenses OR Dept	Owen Sound	Meaford	Markdale	Southampton	Wiarton	Sub Total
Current	$10M	816K	659K	291K	92K	**$11.9M**
Proposed	$10M	736K	579K	278K	79K	**$11.7M**

***operating costs include staffing and supplies**

Service Impact	There is no service impact.

OPTION 2 Consolidate Orthopaedic Surgery in Meaford; Continue with Roaming Scope Program

Savings	**$270K**
Summary of Analysis	This option proposes consolidating orthopaedic surgery currently performed at the rural hospitals in the Meaford Hospital; and maintains a schedule of endoscopies at all current sites (Southampton, Markdale, Meaford, Wiarton and Owen Sound). The operational savings are approximately 50% of that achieved through a full consolidation and would require GBHS to equip and maintain two OR sites.
Community Impact	The elective day surgery volumes would be enhanced at the Meaford Hospital. Communities will continue to have access to the general surgeons who are part of the roaming endoscopy program; ensuring specialists' presence at the rural sites is maintained on a weekly basis. 80% of patients having endoscopy at any one of the rural ORs are from the immediate local area. This will not change with the consolidation of elective day surgery procedures. The analysis of patients coming for all other operative procedures demonstrates the opposite: most day surgery patients (80%) now travel outside of their home community for day surgery.
Physician Impact	The GPA model is maintained at the Meaford Hospital. The current orthopaedic OR blocks from the Markdale Hospital will be split between the Meaford and OS site to ensure the current block allocation is maintained. The current dental and ENT OR blocks from the Southampton Hospital will transfer to OS. An OR block will be maintained for an orthopaedic surgeon from Collingwood who currently has OR time in Meaford. An endo block in Meaford which is currently offered to a general surgeon from Collingwood will be maintained. A lack of investment in capital and infrastructure at the regional hospital in Owen Sound will make GBHS less attractive to recruit new surgeons and anaesthesiologists.
Staffing Impact	

Option 2 Proposed Staffing Changes

Staffing	Owen Sound	Meaford	Markdale	Southampton	Wiarton
Current	17 RN 7 RPN 4.5 ORSA	4.6 RN .5 RPN	3.3RN .3 RPN	Casual	Casual
Proposed	+ 1 RPN +.5RN 1 ORSA 1 Ortho Tech 1 DI Tech	+ 2 RPN, 1 ORSA	Reduced to Casual Hours	Reduced Casual Hours	No Change

Operational Impact

Skill mix changes and consolidation of rural elective day surgery into Meaford results in a net savings of $270K.

Option 2 Proposed Operating Budget Changes

Expenses OR Dept	Owen Sound	Meaford	Markdale	Southampton	Wiarton	Sub Total
Current	$10M	816K	659K	291K	92K	**$11.9M**
Proposed	$10.4M	991K	92	92K	92K	**$11.65M**

***operating costs include staffing and supplies**

Service Impact

There is no plan to reduce the type or volume of cases; only relocate where they are offered. The surgical cases performed at the rural sites are elective day surgery cases only (no admissions to inpatient beds typically). All same day admission surgical cases, including all hips and knees, are done at the Owen Sound site and admitted to an inpatient bed.

Endoscopies are not a surgical procedure, can be done in a properly equipped procedure room and do not require a fully functional OR. Keeping endoscopies at the rural sites serves to maintain a surgical presence at these sites both for the procedures and related clinics. This option provides for 2 endoscopy days a week in Meaford and 3 days a week in Markdale, Southampton and Wiarton.

The proposal to consolidate orthopaedic surgeries into Meaford and Owen Sound as well as all other elective day surgery procedures into Owen Sound will not have an impact on GBHS' wait time.

The following chart illustrates the surgical case volumes proposed to transfer to the Meaford Hospital. Elective day surgery volumes would increase at the Meaford site to 12-14 per day from 6-7.

Option 2 Proposed Elective Day Surgery & Endoscopy Volumes

Site	**Owen Sound**	**Meaford**	**Markdale**	**Southampton**	**Wiarton**	**Total**
Current Volumes (includes emergent and endoscopy	12,350	1,076	710	577	523	15,236
Proposed Volumes*	12,603	1,497	289	324	523	15,236
Net Change	+253	+421	-421	-253	0	0

*The proposed volume is reflective of rural elective orthopaedic day surgeries being consolidated in Meaford, dental and ENT cases currently performed in Southampton being transferred to Owen Sound and continuation of the roaming endoscopy program.

OPTION 3	Consolidate Orthopaedic Surgery in Meaford and Endoscopies in Southampton
Savings	**$469K**
Summary of Analysis	This option proposes consolidating orthopaedic surgery currently performed at the rural hospitals to Meaford Hospital and consolidating endoscopies at the Southampton Hospital. As in option 2, this option requires GBHS to equip and maintain two OR sites. The dental and ENT surgeries currently performed in Southampton would be consolidated in Owen Sound. This options still results in disruption and a transfer of services. The Meaford hospital is maintained in its current state. This option requires patients to travel to Owen Sound or Southampton for their endoscopy procedures.
Community Impact	Elective Day Surgery volumes would be increased at the Meaford Hospital and endoscopy volumes would be increased at the Southampton Hospital. The impact on the Markdale Hospital is consistent with Option 2. In addition, this option would require patients to travel for endoscopies. Current data suggests approximately 80% of patients are accessing their local hospitals for endoscopies at present.
Physician Impact	The physician impact is consistent with Option 2; however, an endo block in Meaford that is currently offered to a general surgeon from Collingwood will not be maintained in this option. This option does not maintain a general surgeon presence at all sites and would remove a significant volume of patients from Wiarton.
Staffing Impact	

Option 3 Proposed Staffing Changes

Staffing	Owen Sound	Meaford	Markdale	Southampton	Wiarton
Current	17 RN 7 RPN 4.5 ORSA	4.6 RN .5 RPN	3.3 RN .3 RPN	Casual	Casual
Proposed	+1 RPN +.5RN	+ 2 RPN, +1 ORSA	No OR Staff	+1 RN +2RPN	No OR Staff

Operational Impact

The option to consolidate rural elective day in Meaford along with the skill mix changes reduces the operating costs to $1.5M. The net savings of these changes are reflected in the proposed operating budget below with a net savings of $469K.

Option 3 Proposed Operating Budget Changes

Expenses OR Dept	Owen Sound	Meaford	Markdale	Southampton	Wiarton	Sub Total
Current	$10M	816K	659K	291K	92K	**$11.9M**
Proposed	$10.1M	991K	0	560	0	**$11.65M**

***operating costs include staffing and supplies**

Service Impact

The service impact is consistent with Option 2. This option centralizes endoscopies in Owen Sound and Southampton and does not maintain a general surgeon presence at the other rural sites.

The following chart illustrates the surgical case volumes proposed to transfer to the Meaford Hospital. Elective day surgery volumes would increase at the Meaford site to 6-8 per day from 4-6. Southampton's endoscopy volumes would increase at the Southampton site to 1750 annually from 325. Centralizing endoscopy to one site will reduce the annual transport costs of $13K per year that are associated with the roaming scope program.

Option 3 Proposed Elective Day Surgery & Endoscopy Volumes

Site	**Owen Sound**	**Meaford**	**Markdale**	**Southampton**	**Wiarton**	**Total**
Current Volumes (includes emergent and endoscopy	12,350	1,076	710	577	523	15,236
Proposed Volumes*	12,603	900	0	1,733	0	15,236
Net Change	+253	-176	-710	+1,156	-523	0

*The proposed volume is reflective of rural elective orthopaedic day surgeries being consolidated in Meaford, dental and ENT cases currently performed in Southampton being transferred to Owen Sound and rural endoscopies being consolidated in Southampton.

OPTION 4	Consolidate All Surgical Services and Endoscopy in Owen Sound
Savings	**$456K**
Summary of Analysis	This option proposes consolidating all elective day surgery cases and all endoscopies currently performed at the rural sites into the Owen Sound Hospital. It requires the most significant level of disruption and transfer of services of all of the options.
Community Impact	The community impact is consistent with Options 2 and 5, although notably more significant with the removal of the endoscopy program from the rural sites.
Physician Impact	The physician impact is consistent with Options 2 and 5. This option does not maintain a general surgeon presence at all sites.
Staffing Impact	

Option 4 Proposed Staffing Changes

Staffing	Owen Sound	Meaford	Markdale	Southampton	Wiarton
Current	17 RN 7 RPN 4.5 ORSA	4.6 RN .5 RPN	3.3 RN .3 RPN	Casual	Casual
Proposed	+ 2RPN +.5RN 1 ORSA 1 Ortho Tech 1 DI Tech	No OR staff	No OR staff	No OR Staff	No OR staff

Operational Impact

The Owen Sound Surgical Services program costs $10M to operate. The cost to operate the rural surgical program is $1.9M. The proposed changes to elective day surgeries at the rural sites would remove this operational cost entirely. A transfer of costs would be required in FTE and surgical supplies to the Owen Sound program. The net savings of these changes are reflected in the proposed operating budget below with a net savings of $456K.

Option 4 Proposed Operating Budget Changes

Expenses OR Dept	Owen Sound	Meaford	Markdale	Southampton	Wiarton	Sub Total
Current	$10M	816K	659K	291K	92K	**$11.9M**
Proposed	$11.45	0	0	0	0	**$11.45M**

***operating costs include staffing and supplies**

Service Impact

The service impact is consistent with Option 2. Patients will still have access to the endoscopy program, but will be required to travel outside of their local community for this service.

There are currently 40-70 surgical cases performed and managed at the Owen Sound Hospital per day depending on complexity; this includes approximately 10 endoscopy procedures a day. The following chart illustrates the surgical case volumes proposed to transfer to the Owen Sound Hospital. The Owen Sound Hospital currently runs 5-6 OR rooms. There is currently not capacity in Owen Sound to take on the extra endoscopy volume. Significant structural upgrades would be required to accommodate the extra volume. An additional room will be opened to accommodate the increase in volume. The cost to run the additional operating room is incorporated in the net savings.

Option 4 Proposed Elective Day Surgery & Endoscopy Volumes

Site	**Owen Sound**	**Meaford**	**Markdale**	**Southampton**	**Wiarton**	**Total**
Current Volumes (includes emergent and endoscopy	12,350	1076	710	577	523	15,236
Proposed Volumes*	15,236	0	0	0	0	15,236
Net Change	+2,886	-1,076	-710	-577	-523	0

*The proposed volume is reflective of all elective day surgeries and endoscopies consolidated in Owen Sound.

OPTION 5	Consolidate Surgical Procedures in Owen Sound; Continue with Roaming Scope Program
Savings	**$550K**
Summary of Analysis	This option proposes consolidating all elective day surgery cases currently performed at the rural sites to Owen Sound and to continue the endoscopy procedures offered in Southampton, Markdale, Meaford, Wiarton and Owen Sound hospitals. This option results in annual operating savings of $550K and mitigates the need to spend money on capital equipment and infrastructure upgrades at multiple sites across the corporation.
Community Impact	The community impact is consistent with Option 2. This option may receive strong opposition to removing the OR service from the rural sites. It is seen as the thin edge of the wedge in terms of possible future service cuts and facility closure. Hospitals are economic engines (jobs and spending) that communities covet; any change in service is seen as a threat to the continued livelihood of the hospital. It is argued that the absence of a surgical service will detract from rural physician recruitment efforts.
Physician Impact	The compensation for rural GPA model will be impacted (2 in Markdale, 1 in Meaford, 1 in Southampton). A full-time Anaesthesiologist will need to be recruited to the Owen Sound Hospital. The consolidation plan has been discussed with those Owen Sound surgeons who currently have OR blocks at the rural sites; there is no issue with moving these blocks to Owen Sound. It is noted there has been opposing views from physician groups regarding this option and is documented in the feedback section of this report (Appendix 2). There is an orthopaedic surgeon from Collingwood who currently has OR time in Meaford and will be offered an OR block in Owen Sound. An endoscopy block in Meaford which is currently offered to a general surgeon from Collingwood will continue in the current schedule. A lack of investment in capital and infrastructure at the regional hospital in Owen Sound will make GBHS less attractive to recruit new surgeons and anaesthesiologists.

Staffing Impact

This option will result in a combined reduction of 8 RN positions. There will also be a reduction of hours for some casual RNs at the Southampton site and it is expected that there will be some reduction in hours of ancillary positions that support the current ORs. The Owen Sound OR would increase in FTE.

Option 5 Proposed Staffing Changes

Staffing	Owen Sound	Meaford	Markdale	Southampton	Wiarton
Current	17 RN 7 RPN 4.5 ORSA	4.6 RN .5 RPN	3.3 RN .3 RPN	Casual	Casual
Proposed	+ 2RPN +.5RN 1 ORSA 1 Ortho Tech 1 DI Tech	Reduced to casual staff	Reduced to casual staff	Reduced Casual Hours	No Change

Operational Impact

The Owen Sound Surgical Services program costs $10M to operate. The cost to operate the rural ORs is $1.9M. The proposed changes to elective day surgeries at the rural sites reduces the operating costs to $460K. A transfer of costs of $800K would be required in FTE and the transfer of surgical supplies to the Owen Sound program. The net savings of these changes are reflected in the proposed operating budget below with a net savings of $550K.

Operating Budgets for 2016/2017

Expenses OR Dept	Owen Sound	Meaford	Markdale	Southampton	Wiarton	Sub Total
Current	$10M	816K	659K	291K	92K	**$11.9M**
Proposed	$10.8M	184K	92K	92K	92K	**$11.3M**

***operating costs include staffing and supplies**

Service Impact

The service impact is consistent with Option 2.

The proposal to consolidate all surgical cases to the Owen Sound OR will not have an impact on GBHS' wait time.

There are currently 40-70 surgical cases performed and managed at the Owen Sound Hospital per day depending on complexity; this includes approximately 10 endoscopy procedures a day. The following chart illustrates the surgical case volumes proposed to transfer to the Owen Sound Hospital. The Owen Sound Hospital currently runs 5-6 OR rooms. An additional room will be opened to accommodate the increase in volume. The cost to run the additional operating room is incorporated in the net savings.

Option 5 Proposed Elective Day Surgery & Endoscopy Volumes

Site	**Owen Sound**	**Meaford**	**Markdale**	**Southampton**	**Wiarton**	**Total**
Current Volumes (includes emergent and endoscopy	12,350	1076	710	577	523	15,236
Proposed Volumes*	13,503	597	289	324	523	15,236
Net Change	+1,153	-497	-421	-253	0	0

*The proposed volume is reflective of elective day surgeries being consolidated in Owen Sound and endoscopy procedures remaining at the rural sites.

APPENDIX 2

SUMMARY OF STAKEHOLDER FEEDBACK

2.1 Printed, Electronic Media Coverage

Media coverage of the recommendation to consolidate the day surgery program was extensive and prolonged, beginning with stories in both the Meaford Independent and the Meaford Express on November 23, 2016.

A list of all media coverage is below. Hyperlinks are active as of April 13, 2017.

Title	Outlet	Date
GBHS announces plans to balance budget	Meaford Express	Jun/26/16
Meaford hospital could lose operating room	Meaford Express	Nov/23/16
Challenges Ahead For GBHS	Meaford Independent	Nov/23/16
GBHS facing major budget woes	Owen Sound Sun Times	Nov/27/16
Surgeries under the microscope	Owen Sound Sun Times	Nov/27/16
Potential Loss of Operating Room at Meaford Hospital Cause for Concern	The Meaford Independent	Nov/29/16
We deserve an explanation about health care funding cuts	Meaford Express	Dec/8/16
Deficit decisions loom at GBHS	Owen Sound Sun Times	Jan 3/17
Concern Growing Over Future of Meaford's Operating Room	The Meaford Independent	Jan/3/17
Council Asking That Hospital Petitions be Forwarded to Minister of Health & Long Term Care	The Meaford Independent	Jan/5/17
Surgery petition raises concerns	Owen Sound Sun Times	Jan/5/17
No Immediate Closure of Rural Operating Rooms	Bayshore Broadcasting	Jan/5/17
Operating rooms not scheduled to close in Grey Bruce	CTVnews.ca	Jan/6/17
Meaford Hospital Petition Circulating	Bayshore Broadcasting	Jan/6/17
Provincial changes funding model that will affect rural hospitals	Saugeen Times	Jan/6/17

Ministry knows GBHS concerns	Owen Sound Sun Times	Jan/8/17
Province hits rural areas on hospitals, land use	Owen Sound Sun Times	Jan/9/17
Meaford doctors concerned for hospital's future	Meaford Express	Jan/9/17
GBHS hopes for funding formula change	Meaford Express	Jan/11/17
Reader Recalls Movement to Save Meaford's Hospital in the 90s	The Meaford Independent	Jan/11/17
Meaford Hospital Must be Protected	Meaford Express	Jan/12/17
Regarding the Hospital – It's Appropriate to be Concerned, But it's Also Important to be Concerned About the Right Things	The Meaford Independent	Jan/13/17
GBHS board delays decision on cuts	Owen Sound Sun Times	Jan/18/17
GBHS to host public sessions this spring	Saugeen Times	Jan/18/17
GBHS to Host Community Engagement Sessions This Spring	The Medford Independent	Jan/19/17
GBHS delays decision on hospital cuts	Meaford Express	Jan/19/17
Don't underestimate threat to Meaford Hospital	Meaford Express	Jan/20/17
Meaford Council Calls on Province to Address Funding Formula For GBHS Hospitals	The Meaford Independent	Feb/8/17
GBHS seeks feedback on surgery consolidation	Sun Times	Feb/27/17
Consolidation of Surgical Program Supported in Owen Sound	Blackburn News	
Day Surgeries may be moved in Grey Bruce	Bayshore Broadcasting	Feb/28/17
GBHS trying to balance the books 'have your say'	Saugeen Times	Mar/1/17
GBHS Seeks Public Input on Consolidation of Surgical Services as they Try to Balance Budget	The Meaford Independent	Mar/1/17
Day surgery may leave Meaford Hospital for Owen Sound	Meaford Express	Mar/3/17
Meaford Hospital gets top marks	Meaford Express	Mar/6/17
Concern About Proposed Consolidation of Surgical Services	The Meaford Independent	Mar/6/17

Meaford holding special meeting for hospital presentation	Meaford Express	Mar/8/17
GBHS President Explains Budget	Rogers TV – Politically Speaking	Mar 8/17
GBHS CEO to Visit Council on March 13	The Meaford Independent	Mar/8/17
Meaford residents hear proposal to move day surgeries	CTVnews.ca	Mar/13/17
Meaford council concerned OR consolidation the 'thin edge'	Meaford Express	Mar/13/17
Meaford council expresses concerns about OR consolidation	Owen Sound Sun Times	Mar/13/17
Meaford Council special hospital meeting	Bayshore Broadcasting	Mar/13/17
GBHS outlines surgery plan	Owen Sound Sun Times	Mar/14/17
Meaford Hospital Surgery Move May Save Money	Bayshore Broadcasting	Mar/14/17
GBHS CEO Makes Case for Consolidation of Surgical Services, Council Says Not So Fast	The Meaford Independent	Mar/14/17
Mayor Right to Insist on Public Meeting on Hospital Issue	The Meaford Independent	Mar/16/17
Meaford Mayor Still Skeptical Over Fate of Hospital	Blackburn News	Mar/16/17
Government asked to address Grey-Bruce Hospital concerns	Jim Wilson, MPP website	Mar/21/17
GBHS to Host Public Meeting on Proposed Changes to Surgical Services	The Meaford Independent	Mar/23/17
GBHS hosting information session in Meaford	Meaford Express	Mar/26/17
Meaford's Chief of Medical Staff is worried	Bayshore Broadcasting	Mar/30/17
Meaford residents: OR cut at hospital not acceptable	Meaford Express	Mar/30/17
Hospital Board 'Under Gun' Imposed by Province	The Meaford Independent	Apr/4/17
GBHS Between a Rock and a Hard Place	The Meaford Independent	Apr 4/17
Public Meeting on Hospital Lab and ER	Bayshore Broadcasting	Apr/5/17
GBHS Funding Crisis Another Example of Neglect of Rural Communities	The Meaford Independent	Apr/6/17
Reconciling a future $17 million deficit a hot topic at Southampton meeting	Saugeen Shore Hub	Apr/6/17

Concerns and questions at Saugeen Memorial Hospital Meeting	Shoreline Beacon	Apr/6/17
GBHS Day Surgeries Consolidation Proposal Explained	Blackburn News	Apr/6/17
Decision on day surgery consolidation should be put on hold	Meaford Express	Apr/6/17
GBHS Updates on Southampton Hospital	Saugeen Shores	Apr/6/17
The Corporation of the Town of Saugeen Shores – Notice of Motion	Saugeen Shores Council	Apr/10/17
Saugeen Shores rallies for local hospital	Bayshore Broadcasting	Apr/11/17
Taking a stand when it comes to health care	Saugeen Times	Apr/11/17
Meaford Council opposes Hospital cuts	Bayshore Broadcasting	Apr/11/17
Saugeen Shores opposes health care cuts	Shoreline Beacon	Apr/12/17
Meaford Council Motion Recommends Alternatives to Consolidation be Explored	The Meaford Independent	Apr/13/17
GBHS public meeting in Markdale April 19	Owen Sound Sun Times	Apr/13/17

2.2 Internal and External Engagement Initiatives

The following is a list of all internal and external engagement sessions initiated after the GBHS Board made its recommendation to engage with stakeholders on the potential of consolidating the surgical program at the Owen Sound Regional Hospital.

Internal Meetings

Feb 27	GBHS Unions, Corporate Leadership Council
Feb 27	Memo to all GBHS Staff, physicians, volunteers
Feb 28	Owen Sound Regional Hospital Foundation meeting
Mar 1	Five Foundations Meeting
Mar 2	Markdale Interdepartmental staff meeting
Mar 7	Corporate Medical Advisory Committee, Owen Sound
Mar 13	Meaford all staff meeting
Mar 14	Meaford Medical staff meeting, Meaford OR staff meeting
Mar 15	Saugeen Memorial Hospital Foundation
Mar 17	Tours of Meaford and Owen Sound ORs by MPPs Bill Walker and Jim Wilson
Mar 20	Meaford Foundation and Auxiliary Executive joint meeting, Wiarton Medical staff mtg., Southampton medical staff mtg.
Mar 21	Southampton staff
Mar 27	Bruce Peninsula Health Services Foundation
Mar 28	Lion's Head Medical Staff meeting
April 10	Meaford Interdepartmental Staff meeting
May 3	Meeting with Owen Sound Chief of OR, Chief of Anesthesia, OS surgeons

External Meetings/Communications

Municipality of Meaford

The Council of the Municipality of Meaford has discussed the proposal to consolidate elective day surgery several times, and have passed two resolutions related to the Meaford Hospital.

Nov. 21/16	CEO presents financial update to Meaford Council, with options for balancing budget
Jan. 4/17	Meaford Hospital Petition – Send to Minister of Health & Long Term Care
Feb. 6/17	Meaford Council Resolution, "Primary Health Care" calling on GBHS to maintain the surgery program at the Meaford Hospital
Mar 13/17	Meaford Council special meeting with presentation from L. Thurston Approx. 200 attendees

April 11 Meaford Councils passes a motion recommending that GBHS consider alternatives to consolidation, specifically that the rural elective day surgery program be consolidated in Meaford, and that the endoscopy program continue in both Meaford and Southampton.

'Save the Meaford Hospital' Petition

A number of petitions were distributed in the Meaford area asking people to register their opposition the removal of the surgery program from the Meaford Hospital. Petitions forwarded to GBHS had 313 signatures.

Town of Saugeen Shores

April 10 The Town of Saugeen Shores passed a resolution opposing the consolidation of elective day surgery.

Owen Sound Investment Group

March 14 Meeting with Blue Water Angel Investors Group

Public Information Sessions (attended by approx. 445 people)

March 28 Meaford Hospital Community Information Session, Meaford Arena
Approximately 325 attendees

April 5 Southampton Hospital Community Information Session, The Plex, Port Elgin
Approximately 40 attendees

April 19 Markdale Hospital Community Information Session, Markdale United Church Approximately 80 attendees

News Releases, Advisories (available at www.gbhs.on.ca)

Feb. 27 GBHS Continues on Journey to Balance Budget,
March 22 GBHS Hosting Hospital Information Session in Meaford
April 11 Markdale Hospital Information Session
March 28 Southampton Hospital Information Session

2.3 Social Media Engagement

Facebook Posts	Date	Impressions*
Markdale Hospital Information Session Reminder	April 17	1,688
Southampton Hospital Information Session Reminder	April 5	255
Southampton Hospital Information Session Info	March 29	551
Meaford Hospital Information Session Reminder	March 28	119
Meaford Hospital Information Session Info	March 21	2,663
	TOTAL=	**5,276**

Twitter Posts	Date	Impressions*
GBHS President & CEO, @thurston_lance, provides update on new #CentreGreyHospital project	Apr 19	324
About to kick off Centre Grey Hospital Info Session @ #AnnesleyUnitedChurch in #Markdale	Apr 19	305
Markdale Hospital Information Session is being held this Wed., April 19 from 7-8:30 p.m. All welcome. http://ow.ly/WoDp30aV8bG	Apr 17	318
GBHS is hosting a public info session on Wed. Apr. 19 from 7-8:30 p.m. @ Annesley United Church in #Markdale: http://ow.ly/pyiT30aM66m	Apr 11	331
Community members engage with #GBHS during Q&A @ #Southampton Hospital Information Session.	Apr 5	450
GBHS representatives present expansion project updates & potential changes to surgery program @ #Southampton Hospital Info Session	Apr 5	441
Reminder - GBHS is hosting a Southampton Hospital info session tonight, 7-8:30 p.m. @ the Plex in #PortElgin: http://ow.ly/Akts30aB88v	Apr 5	993
Community members participate in Q&A period @ #Meaford Information Session.	Mar 28	631
Judy Shearer, GBHS, VP Clinical Services & Chief Nursing Exec, speaks to the many community services & programs offered @ Meaford Hospital.	Mar 28	569
GBHS President & CEO addresses full house of attendees @ #Meaford Hospital Information Session.	Mar 28	502
Reminder - GBHS is hosting a public info session tonight, 7-8:30 p.m. @ #Meaford Community Centre. Full details: http://ow.ly/DGD730aI3pI	Mar 28	427
GBHS is hosting an Information Session in #Meaford on Tues, March 28, from 7-8:30 p.m. @ Community Centre.	Mar 21	525
	TOTAL=	**5,816**

*Impressions – Number of times the post was viewed

2.4 Prepared Q & A

Developed in response to questions from staff, public, during consultation sessions

1. Will changes to the surgical program limit the operating room hours for individual surgeons? Is there a concern the surgeons may leave due to lack of operating room time?

   The review of the surgical services program was undertaken by a working group made up of the Chief of Staff, the Chief of Surgery, other physicians (surgeons, anesthetists, GPAs, GPs) and senior staff from across the Corporation. All sites were represented through the process at the staff and physician level.

   The working group determined that consolidation of surgery would lead to an additional 6-8 elective day surgery cases per day in Owen Sound. Currently, there are approximately 40-70 surgeries run through 5-6 ORs per day in Owen Sound, and if consolidation moves forward we would run 7 ORs per day to accommodate this increase in volume. Surgeons with OR blocks in Meaford, Markdale and Southampton will be offered blocks in Owen Sound.

2. What is the proportion of administrators to clinical staff and how does it compare to other Ontario hospitals?

   GBHS has a management contingent of about 65 positions, which is about 4% of the total 1600 staff across the organization. That is lean compared to most similar sized organizations. A recent review resulted in a number of reductions in our management structure. For example, we reduced the Executive Team by one position this year by not replacing a retirement. We also just underwent a realignment of portfolios of a number of our senior staff, resulting in a reduction of additional management positions.

3. How many operating rooms are there at the Owen Sound hospital?

   There are 9 ORs and 1 procedure room for endoscopes.

4. What is the equipment required for functional ORs and endoscopies vs. equipment required for elective surgeries?

   Currently Endoscopy is done at all GBHS sites excluding Lion's Head. Our fleet of endoscopes that support both the Owen Sound and our rural sites are relatively new - the rural fleet of scopes was purchased in 2014 and travels between Meaford, Markdale, Southampton and Wiarton. The Owen Sound fleet was purchased in 2016.

There are very stringent regulations that must be followed in terms of preventative maintenance to support an Endoscopy program. At GBHS we meet all of these requirements, we have a service contract with our scope vendor and any scopes that require service are sent out for repair with loaner equipment supplied to ensure we are able to continue business as usual.

5. Will there be staff increases in Owen Sound to accommodate increased day surgeries? And if so where are the cost savings? Where are the rural OR staff expected to work?

   An anesthetist and 4 FTE staffing positions will be created at Owen Sound to accommodate this increased volume. Up to eight staffing positions will be affected across the rural sites with some opportunity for early retirements, attrition and the potential for movement to our other GBHS hospitals. The estimated annual savings of $550K is achieved through the staffing of OR blocks.

6. If elective surgery is removed from the other hospitals, how long will the wait times be?

   Throughout the surgical services review process, we have been careful to ensure that we can continue to provide the best quality care with the best outcomes for patients. Wait times will not be affected by the consolidation. Owen Sound runs 5-6 Operating Rooms per day out of the nine ORs we have in Owen Sound. We will run an additional operating room on a regular basis to handle the 6-8 additional elective surgery cases per day arising from the consolidation.

   More complex (non-elective) surgeries and those requiring an admission to an inpatient bed, such as hip and knee for example, are always done in Owen Sound. Anytime a patient requires an overnight stay in hospital after surgery, they are treated in Owen Sound. The proposal we are currently considering relates to elective day surgery - so the patient is treated same day and released. These tend to be more minor surgeries.

7. Is the need for oral surgery time being considered if it not available in Southampton?

   We have looked at the dental cases done in our OR in Southampton. Dentists do many of the same procedures in our hospitals that they can also offer in their dentist offices, with the exception of the more complicated cases. For these procedures that must be done in an operating room, for which there are no other options, we will have room in Owen Sound. We agree the oral surgery wait times are long.

8. I heard the surgical review study was conducted by a consultant – did their report specifically recommend consolidation of ***all*** surgical procedures from all sites? Was the final report from the consultant vetted through all participants – including Meaford physician and staff?

   The LHIN partially funded a study of surgical services in Grey Bruce that involved all hospital corporations in the two counties. The firm of Deloitte was hired to do that work and summarized its findings and recommendations in a report that was sent to the LHIN and the boards of the participating hospitals. In that review a number of options and opportunities were explored to improve the provision of surgical services across the region, many involved relocating services between facilities in different configurations. It was agreed that GBHS had issues related to its funding that required immediate attention and that before proceeding with some of the larger county-wide systems issues GBHS would tackle its internal issues, which we have been doing. That study report was the starting point for the internal review.

   A number of physicians participated in this review, which took place over several months. This included some of the physicians from Meaford, the Chief of Surgery, the Chief of Anesthesiology, a general surgeon who is also a GBHS Board member, and our GBHS Chief of Medical Staff.

   Please keep in mind that we are only considering the re-location of elective day surgery – not endoscopy. Endoscopy procedures will continue in Meaford, which will maintain a presence of general surgeons at the Meaford Hospital. Approximately 600 mostly local residents get an endoscopy procedure done in the Meaford Hospital every year, and this will not change.

9. Has a study been conducted on the efficiencies and standards of care of Meaford Hospital? Have areas suggesting improvements been identified and communicated to them? And do they pertain to surgical procedures? Or to patient care throughout all departments?

   There has not been a third party study of the magnitude of the Deloitte study conducted, however we have undertaken a number of reviews internally by management and staff to assess our services. We also undertook a benchmarking review of our hospitals compared to other similar hospitals to get a sense of our opportunities. That review clearly demonstrated that GBHS' hospitals benchmark well. The conclusions of that study are included in the backgrounder report available on our website.

10. It could be anticipated that folks from Thornbury area would not travel to Owen Sound site for voluntary day surgeries or that clinic visits would not happen without the surgeon at the Meaford site. Has the financial impact been considered including the loss of revenue by procedures moving from the Meaford site to Collingwood?

    Yes this has been factored into the staff consideration of the proposed model. Further, surgeons will be encouraged to continue with their clinics at the rural sites to offer pre and post-surgical consultations and visits closer to home where possible.

11. If elective day surgeries are consolidated in Owen Sound, how will the OR be staffed? Will there be new positions created?

    If the recommendation to consolidate elective day surgeries at the Owen Sound Hospital moves forward, we anticipate the need to create an additional 1-2 RPN positions, with a mix to be determined of FT Regular and Part Time positions.

    There will also be an additional OR Suite Attendant hired to support turn over times /transports, and a Diagnostic Imaging Technician position will be added to support orthopedic elective day surgery. We are also assessing the potential for hiring an FT MDRD Tech to support ordering supplies and equipment for the OR.

12. Will there be opportunities for OR staff at the sites to transfer?

    We work closely with our Union partners to mitigate job loss. As per the Collective Agreement, RNs at the rural sites will have the opportunity to exercise their bumping rights.

13. With the potential for continuing the roaming scope program, can you clarify which staff will actually support the program? In addition to the tech that now travels to the sites with the endoscopy equipment, what other staff will support the roaming scope program?

    The staffing model for the roaming scope program has not yet been established. This decision will include input from staff and managers at the rural sites. At this time, there are no plans to change the days of the week when the scopes are offered at the sites.

14. There was some discussion about the capital equipment needs at the Meaford Hospital if the elective day surgery program is consolidated. For example, staff in Meaford felt that the anesthetic gas machine would still be needed for scopes so

therefore would still need to be maintained/purchased/upgraded. So where are the savings?

There is no need for an anesthesia machine to support endoscopy at the rural sites. Endoscopies are performed in Wiarton without an anesthesia machine and they do a similar volume of scopes per year as Meaford. The roaming endoscopy is currently supported by the Department of Anesthesia, and we do not anticipate a change in this model. There is an anesthesia machine in the OS endoscopy room to support high risk patients requiring an endoscopy. These patients are scheduled in OS, not in the rural sites.

15. Staff in Meaford had questions about the data and assumptions used to arrive at the recommendation to consolidate all elective day surgeries in Owen Sound. Without seeing the data, staff questioned the ability of the Owen Sound OR to handle additional volumes from the sites if consolidation moves forward.

    Data from case volumes came directly from Surginet based on actual completed cases at all sites. This information was reviewed block by block. This data indicates that consolidation of elective day surgery would add an additional 6-8 cases per day in Owen Sound.

    Job shadowing opportunities can be provided if staff would like an opportunity to see the work flow in the Owen Sound Operating Rooms.

16. Meaford staff wanted to know why option 3 from the surgical services review was not pursued. This option involved consolidating all rural elective surgeries in Meaford and all rural endoscopies in Southampton.

    There were several reasons why Option 3 was not pursued. The surgeons involved in the surgical services review felt strongly about keeping a presence of the surgeons at the rural sites by continuing with the roaming scope program in its current format at all five hospitals.

    Data from the endoscopy program indicated that endoscopy patients have this procedure done in their local hospital, whereas the data from the day surgery program demonstrated the opposite. Most patients (close to 80%) are travelling for day surgery. Therefore, maintaining the endoscopy program at all five sites will serve the needs of local residents.

    Maintaining day surgery in two sites (Meaford and Owen Sound) reduces both capital and operating efficiencies gained from consolidation. With two day surgery programs,

capital funds will be used to duplicate purchases of expensive operating room equipment in two locations. From an operating standpoint, $550,000 can be reduced annually through consolidation. Over a the four years it will take to return GBHS to a balanced financial position, this annual operating savings represents a total of $2.2 million.

Part of the rationale for consolidation is to standardize care by serving surgery patients in one location. In addition to a standardized approach, an increased volume of patients at one site that already does 88% of surgery allows for greater efficiencies in purchasing and tracking of supplies.

17. How does the Owen Sound OR staff feel about taking on extra day surgeries from the sites?

    The Managers of both the OR and PACU/DS in OS have discussed the surgical services review and the proposed changes with their respective staff. Staffing in the unit will be adjusted to accommodate peak workflows. Staff is aware that new positions will be created, and we will work closely with staff if the consolidation option moves forward.

18. Could some of the laid off OR nurses at the rural sites be employed as the roaming scope team, to move with the scopes and the tech?

    The model for the roaming scope program has not yet been defined. The model will be discussed by the rural leadership team if this recommendation moves forward.

19. Have impacts on other departments been assessed – such as pharmacy, lab, MDRD, environmental services, etc.? There is a sense that there will be a ripple across the rural sites as a result of lower volumes and activities related to the potential relocation of day surgery.

    The impacts on all other departments is being considered, and factored into cost savings. This work will continue if consolidation is approved. MDRD will be done in Owen Sound – sterile equipment will be delivered daily.

20. Has the impact on transportation costs been factored in? There is a sense that there will be added costs to transport patients between facilities for diagnostics in advance of day surgery at OS.

    The patients who will be coming to the OS OR are day surgery cases from the rural sites. There is minimal need for diagnostic testing. In an effort to reduce over testing,

GBHS is promoting the 'Choosing Wisely" approach being adopted across the healthcare sector.

21. What will happen to all of the space in the Meaford OR? It can't all be used for scopes.

    Use of this space will be decided by the rural leadership team once a decision is made about the surgical services program. Endoscopies will continue at the sites, and the best location for that service will be reviewed as needed.

22. Collingwood will be building a new hospital further to the east. Has the potential for Collingwood area residents to come to Meaford for day surgery been assessed? Collingwood is already very busy, and the proposed new location to the east, plus new growth in the Blue Mountains area, may drive more traffic towards Meaford.

    The new Collingwood hospital is still many years away, and additional volumes are hard to predict. OR block allocation needs to be fluid as both technology and populations change. We have seen definite changes over the past 10 years in surgery due to enhanced screening programs i.e. OBSP, C-R, and prostate screening. There has been a decreased demand for surgical intervention; patients have treatment choices available to them other than surgery.

2.4 Summary of Stakeholder Feedback from Community Information Sessions

The following questions and comments were raised by attendees at the Meaford, Port Elgin, and Markdale community information sessions.

Meaford Public Information Session – Tuesday March 28, 2017

Meaford Arena, approximately 325 people (19 questions/ comments)

1. Concern that this decision would lead to closure of the hospital. We won't be able to recruit doctors. Why don't we open another ER in Meaford? The Foundation can raise the money needed to keep surgery in Meaford.

2. Has been a Foundation member for 9 years. Worked on the MRI campaign and the current $11.4 M campaign. Stressed the need to work together, and the need to think outside the box for solutions. Doctors coming out of school now do not necessarily want OR time – they do want to have a team to work with them – they want physio, dieticians, counsellors, etc. We need general practitioners who want to be part of this community. We do need Class A surgeons in Owen Sound. Did you know that a hip and knee protocol first adopted in Owen Sound has spread across Ontario? We have good surgeons. Can we be leading edge with other challenges facing our communities? Dementia specialists? Palliative care specialists? Anything to think outside of the box.

3. Concerned about losing jobs. Are we losing potential new residents because of this? (unclear if he meant medical residents or new medical grads). How can we help you fight collectively to get where we need to be to avoid this discussion again next year? Many people moving here for retirement. The province has been downloading care; shouldn't they be uploading more services? What can we do?

4. This hospital has been reduced since amalgamation. We have had many cuts over the years. There will be no GP anesthetist if this change happens. We only have 1 now, and that is Dr. Wong, who has been doing that service for 3? Years. No OR means we won't be able to recruit a GP anesthetist and we need that support in our ER. We need support for those times we cannot transport people due to weather.

5. I have been here for 20 years. Thanks to Lance Thurston and to the Administration for the work they have been doing. I am concerned that closure of the OR means less ambulatory care. We have more physicians coming here because of the OR to see people. For example, what about diagnostic imaging? Will DI be next? 10 years ago we had more OR time. Will DI be next? We have the overflow from the surgeries in Owen Sound. Historically, Meaford and Collingwood have had a strong allegiance thanks to Drs. McCall and Akinyele. Hopefully that continues. Our OR is in good shape. It should

be used here. Surgeries could come here to Meaford. We need our GP Anesthetist. We need them to help train us. The funding numbers have changed – it was $100 -100K, and now moving our OR to OS means saving $710K? What happened since last week when we heard it would save $100K? We need to think outside the box if the funding formula won't change. Should we become a separate hospital from GBHS? Could we be a specialty centre for Owen Sound? It is time for the community members to get involved. The community has ideas and this needs to come from the bottom up.

6. What about the wait times? My wife had cataract surgery and had to wait from February until December for her surgery. Are you telling me that this change won't impact wait times? And you will need a new anesthetist if you make this change?

7. You talk about opening up new ORs in Owen Sound. Why haven't these ORs been opened to deal with these wait times? I think people come here because they like the good care they get in day surgery. What about this study you did on elective day surgery? How much did this study cost? I am sick of expensive studies.

8. Thank you for your support and care of our people on the Meaford Military base. I am here because I am concerned, as is my commanding officer, about this withdrawal of service. I think this will be a concern if we don't have day surgery in Meaford.

9. There is an issue with trust. Whether it is the hospital board, or the school board, we don't have the trust. And as every cook knows, fat floats to the top. We have never heard of a wage cut at the top. Eliminate 1/3 of the people at the LHINs, cut the bureaucracy, and maybe there will be enough to care for the children.

10. Twenty years ago we were told amalgamation of the hospitals would save us money but taxes still went up. You didn't show us tonight you could for sure save us money. There are positive and negative changes in how much you could save us. On another note, my family doctor is now in Burlington. He used to be here. Funny how things turn out.

11. Trust – again. We raised money for the MRI machine and we here in may not be in Meaford? We had equipment in Meaford, and I heard that Owen Sound came in and looked at it and said "Oh, we like that" and they took it.

12. People are here today because they are spiritual beings. We have spiritual needs for care of the whole person, not just physical care. Amalgamation of services is hardly ever cheaper. What if there was a major disaster in this area? Would we be able to respond? How do we get people at Queen's Park to listen? Should we take an ambulance to Queen's Park? God bless you, this is not an easy job.

13. Our LHIN is large, from the tip of the Bruce to the top of Lake Huron. And we are up against, what? 200 hospitals? We should get the LHIN to split our area.

14. I am relatively new to the area. I was attracted to the community spirit here and the good health care. I wanted to get involved. I filled in my application to be on the Community Advisory Committee and after a very long time I heard that I was approved. I went to one meeting in Meaford and I found it very informative. I couldn't attend the next meeting, and I RSVP'd and I never heard back from anyone, ever. I have been in the Meaford hospital twice this week. We've heard about a number of issues that are still "TBD" re. the amount to be saved. Why is this? Is this decision really a fait accompli? How can you say you will make a decision by next week when you still have slides that say "TBD"?

15. I am new to the area. Moved here two years ago, and am a former CFO. I have listened to the doctors speak tonight, and to the Base member, and the material presented tonight only shows the positive comments – not the other side of the discussion – nothing about the loss of services. What about the downloading of the cost of travel to Owen Sound for the patients, especially the increased risk in getting patients to Owen Sound in winter. Sounds like death by 100 cuts. There must be other options – you are only saving $500k. You say you've had this funding issue since 2013- so not a strategic issue. You won't fix your financial situation by this one item. You need to go back to the LHIN to get this fixed.

16. I take your word that this is not a fait accompli. If surgical services have to go, then what can be moved back to Meaford? Surgery is a major equipment-intensive program, I understand this. I understand that need to keep this in Owen Sound, but what else can we return to Meaford? And not just Meaford, but all of the rural sites? We want them all to stay vibrant, so maybe we can look at ways to build the sites with other services.

17. What persuasion will we have with the Board of Directors, and what can we say that will influence this decision. My sister attends the Markham Stouffville hospital. She was visiting me recently had to visit the ER in Meaford. She said it was more like a hotel than a hospital. Oh my, she talked about the great care she received in Meaford. And I love our hospital too. It provides great care.

18. Our shores are taken up by greedy developers. What about taxes? Can we tax these developers and use the money for the Meaford Hospital? Just a few percentage points dedicated to health care from people building big houses here from the City. This would be a good revenue stream for all rural areas.

19. I have questions about the funding formula. What if we change the government? This is the Thin Edge of the Wedge. We can't look into the future, but maybe we can have a new vision. By centralizing in Owen Sound – you will add a few more administrative people, nurses, doctors, and you will need some more office space. So maybe you can relocate some of the services in your Owen Sound hospital and bring them to Meaford, Markdale and Southampton to make room for these new staff you are going to need in Owen Sound.

Additional questions from the Mayor of Meaford on behalf of the Municipality of Meaford – March 6, 2017

1. What assumptions were made underlying the analysis leading to the recommendation to consolidate surgical procedures; i.e. community growth potential, ageing population requiring increased primary care and surgical options; options to address available capacity?

2. How do these changes meet the provincial policy: "patient centred care close to home"?

3. I can understand that increasing day surgeries in a facility that has inpatient capacity is a more preferred route from a revenue generation perspective, however, bigger is not necessarily better in terms of patient care, which might be more patient-centred in smaller facilities like Meaford that, too, has capacity and proven efficiencies?

4. Is there an operating deficit for the Meaford site?

5. Is there a gap in revenue/expenditures that could be addressed to address our capacity and would that keep the operating room functioning?

6. Is there an opportunity to strengthen Meaford site with increased programming in areas such as: rehab, specifically cardiac rehab; palliative care; the day away program; specialized day surgeries such as arthroscopy, maybe cataract surgeries?

7. Would you please identify the overall budget for GBHS with the subsets for each site on the first slide?

8. On page 19 of your presentation you suggest that "lack of infrastructure investment at Owen Sound may hinder recruitment of new surgeons and anesthetists". You had indicated in previous answers that doctors at Owen Sound do not feel an operating theatre is important to recruiting physicians to rural communities.

9. On page 8 of "The Journey" option 4 shows a savings of $456K by consolidating all elective surgeries and endoscopes in Owen Sound while option 5 which continues with

roaming endoscopy programs at all four sites shows a greater savings? How can this work?

10. If endoscopies are more cost effective in smaller locations would this not be true for small elective surgeries as well?

11. Could more robust scheduling of in-patient surgical procedures in Owen Sound respond sufficiently to excess capacity?

12. General surgeons "will be encouraged" to continue their clinics... Could this be stronger, i.e., "required" to continue their clinics.

13. With elective surgery, patients have the option of going to Collingwood for example, how will not having these clinics generate revenue for GBHS?

14. An empty OR facility is a waste - what will the Meaford site look like after October 2017?

15. Is it the intention to remove all surgical equipment from Meaford site?

Southampton Public Information Session - April 5, 2017

The Plex, Rotary Hall, Port Elgin – Approximately 40 people (14 Questions/comments)

1. What is the sustainability of the (Surgical Services/Back to Balance plan)? Will implementation of these initiatives bring the organization back "into the black" for the immediate future? Or, do you foresee that further changes will be needed, say in the next 5 years (to save costs)?

2. When looking carefully at numbers I see that 2.5% of all surgeries at GBHS occur in Southampton – I am interested to know if Southampton cases cost more (to perform) than their 2.5% of the total surgical services budget, at this point?

3. Requesting confirmation on numbers; in the presentation it is noted that one-third (27%) of people having Day Surgery in Southampton are from this area – Saugeen Shores / Saugeen First Nations. Where are the other two-thirds coming from? And, how many people from this area are going to Owen Sound for surgeries?

4. I am the physician who will not be working if this change to Surgical Services occurs. Stated that patients travel to Southampton for surgery from Markdale, Collingwood, Wingham, Owen Sound, and from up the peninsula.

5. Specialized surgeries are offered in Southampton. If these (types of cases) cannot readily be done elsewhere I do not see this as something that should disappear. Can you speak to that? Will the specialized service continue to exist?

6. There is a cost to running an OR in Southampton and that is understandable. Can you tell me what the exact number (amount of savings) will be on efficiencies? Do we need to find/save $17M (total deficit) with this one/particular initiative? Will there be additional community sessions to determine next steps to resolve remaining $15 million deficit?

7. Hearing this presentation, it seems that the province wants to give money to those organizations that are efficient or are working on becoming more efficient. If we don't move forward with Surgical Services consolidation what will happen?

8. Expressed concern with capital needs described in the presentation, saying the OR in Southampton does not have lead walls now (implying these are not needed). Identified the HVAC system for the OR as the same one used for the entire West Wing of the Hospital and the Foundation covers capital costs, not the Hospital. As for sterilization equipment, it is functional, still covered under a service contract, and costs to maintain deemed low. The Southampton OR has always been operating "in the black". Asked for an explanation of how much money will actually be saved at the Southampton site in particular.

9. If we can achieve these savings - $550K – relatively easily with quality level of care maintained in Owen Sound, why hasn't this been done before to achieve these efficiencies?

10. Projected growth of community in near future is 5,000 people. Do the current changes to Day Surgery take into account the projected growth in population for the area over the next 5- 10 years?

11. Understand the difficult decision GBHS and its Board are facing; asked that the Executive Team and Board members take a long hard look at the heart of Southampton Hospital, its community, patients, and the level of care provided. Shared that Southampton residents "love our Hospital" and asked if the wait times for children's dental surgeries will be increased.

12. I understand the logic of consolidating surgery into Owen Sound however this will not address the larger / total $17M debt. Worried this will lead to "death by 1,000 cuts" in future. What can we (local residents) do to address the greater problem which is a

(flawed) funding formula? How can we get politicians to change/reverse their position?

13. As you take information back to the Board, (I give you one thought) and that is to resist making change because of being squeezed by the funding formula.

14. Please help me to understand how there are 9 ORs in Owen Sound and yet only 5-6 are being used regularly. What is the cost to open up the other 3-4? Are they being maintained? What, if any, are the infrastructure / upgrade costs for those rooms? Local residents and community clubs have helped to raise funds previously for equipment and renovations in Southampton.

Markdale Public Information Session - April 19, 2017

Annesley United Church – Approximately 80 people (25 Questions/comments)

1. Is there a contingency plan if the Owen Sound operating room is shut down because of an outbreak like SARS?

2. I've heard the Owen Sound hospital has high rates of infection, higher than the other hospitals. Will consolidation only increase the rate of infections in the surgery department?

3. What happens when there is no one to do emergency surgery at the Markdale Hospital?

4. This community has raised a lot of money for the new hospital. If you cut surgery, don't expect future donations.

5. Why do people travel to other sites for surgery? Do you know why they do that?

6. How much capacity is there in the surgery in Owen Sound?

7. We have to recognize that health care is going to be developed/delivered in a new manner, and we have to get on board with that and support our hospital.

8. Can the ER handle 2 heart attacks? Our population is aging, and will we have the

capacity if two people with heart attacks come in at the same time?

9. We've been waiting many years for the new hospital. Why is it taking so long?

10. If the construction doesn't start till 2019, the cost will go up. How much will it be then?

11. What will be cut next? The government keeps asking for cuts when they don't balance their own budget.

12. Is the new Hospital now on the capital list - is this new? And does that mean it will really happen?

13. We are rural Ontario. We need to be loud and we need to be heard, and we need to vote.

14. Maybe we need a visit from the Health Minister. Maybe that would help us.

16. We need to remember the importance of community and of our municipal voice. We need to take opportunities to partner and to work together.

17. How do the ER physicians feel about not having an OR?

18. Can our ER doctors do OR procedures? Do they have those skills?

19. Whatever you do, it should be about the patient.

20. Physician recruitment- have we considered impact?

21. What happens to the OR equipment in Markdale and at the rural sites if we move the surgical program?

22. What kind of sterilization will we have in the new hospital if it doesn't have an OR?

23. What happens if there is a mass accident- would you need more equipment for back up? Have you thought about that has you consider moving equipment out of Markdale?

25. I have been through many amalgamations - and I have never seen one yet that saves money.

2.5 Questions/Comments Received through Back2Balance@gbhs.on.ca – Dedicated Email Account

February – April 2017 (32 emails)

1. I have concerns that changes to the surgical program may limit the operating room hours for individual surgeons. Is there concern that the surgeons may leave due to lack of operating room time? I know this has happened here in the past, and I am concerned that it will happen again. I did look through some of the emails that were sent around about restructuring of the administrative staff. It does appear that there is an inordinate number of staff that are involved in management. Is there some way that some of the cuts could be made there rather than in clinical staff? I would be curious to know how our proportion of administrators to clinical staff compares to other hospitals in Ontario.

2. Many of the OR staff say that much of the OR equipment has to be maintained in order to continue with endoscopy procedures. The recent memo stated that removing elective surgeries from rural sites would save on "imminent" equipment costs. From your memo and updates, I gather that your team has worked really hard to clarify the realities of situations like these. Also, there was a brief sentence about attrition. Does this mean that the Owen Sound surgery staff has many downtimes due to lack of surgical bookings? Or will the surgeries happen earlier and later in the day?

3. Has there been any thought given to time durations and delays for treatments from negative results.

4. It seems that once again money is the bottom line to all "services" that the hospitals can or want to provide. As we have heard or read before, services decline and salaries rise. We cannot continue to opt out of services to rural communities. Paisley's great program had to close for want of money, now the assistance at home program with help from Paramedics has "run out of money" and you are planning to close the ORs because of a lack of funds!

   You can save 3 million by not replacing outdated equipment and surgical systems plus other infrastructure if you close the units! When these units were built, did no one know that the equipment, surgical systems and infrastructure would need to be maintained, updated and replaced? Did no one think to add some money's to the budget reserves just in case there was a necessity to do so? It seems like a lack of foresight and planning is the problem we are continuing to face daily. How sad that as a senior who contributed willingly to local and rural development has to be denied the benefits that were supposed to "be there" for our "golden days". I would like to think that there are people in responsible positions who would have the empathy to suggest the bottom line is not money, but rather the will to do "the right thing" and provide needed services. Getting out of the red, does not ease a body's pain, nor cure a person's agony. Hospitals are in the compassionate care business and if money is everything, then it would be better that those in charge look for a new profession.

5. As these are elective and not urgent, I support consolidation at the Owen Sound hospital. 22% from surrounding areas does not justify the expense of convenience for these elective surgeries. I know it is all about optics, but it only takes 24 minutes from Meaford; 32 minutes from Markdale; 36 minutes from Southampton to the Owen Sound hospital (Google Maps). Try doing that in Hamilton, Toronto, London/Woodstock. It may be a "long" drive but it is a "short/equivalent" time. Go for the elective surgeries in Owen Sound!

6. I know from experience that oral surgery wait times are very long if they were not able to do them in Southampton. Some patients require OS surgery time due to existing medical conditions.

7. Mr. Thurston; We, as a family, do support the consolidation of surgery in the OS site. The cost savings will, indeed, help in the decreasing of the "debt load" in our system. Also, I believe that consolidation of the proposed replacement hospital for Markdale WITH the Community Health Center would also save the GBHS further.

   As a long-time resident of the area and a long-time volunteer in the Health System in Ontario I encourage you to seriously consider these brave options.

8. I have significant concerns regarding the proposed changes in surgical services, listed below are just a few.

   I have lived in Meaford since 2002 and have made numerous donations to the operation of Meaford hospital. Like myself, there are many members of the community who have donated to requests for equipment and support for this vital facility in Meaford. Over the years, I and many of my neighbours, have attended this facility - not out of choice but out of need. It is always busy whenever I am there, just last week I was there for a Bone Scan on a Friday afternoon; during my time there (1 hour) 2 ski accidents arrived, also several people came for their appointments. I go for monthly appointments and am always amazed by the frequency of others who are at the hospital.

   Recently I needed to make an appointment for a Bone Scan. I called scheduling at Meaford hospital and was told I needed to call Owen Sound hospital to arrange a visit (to Meaford hospital). When I phoned Owen Sound I was told I needed to fax a copy of the doctor's requisition to them before a date could be assigned. If I did this they would then schedule a visit to Meaford for me. When I asked if I should follow up to get a date I was told you will have to call Meaford! Surely, cumbersome procedures like this take time and extra personnel costs. Is this an example of streamlining?

   I understand that the bottom line is important to business and that cost overruns should not be tolerated. However, it is the "soft" costs that appear in this case to have been pushed aside. The volume of services to seniors, the number of families that require attention as well as the many "marginal" folk who come in for help is extremely important to this community. Alternative medical help is at least an

additional half hour drive away (in good weather) and for many this proves to be a challenge.

I hope this budgetary plan can be adjusted to reflect the concerns of many, I know of people who feel anxious about what the future holds for them if the proposed changes go ahead. Forward thinking is needed, not only for the dollars involved but for the affect it has on the local community. Please, please look carefully and consider our future.

9. Concern about infection rates if surgery is consolidated to one site. Physician recruitment will be challenging. One step closer to closing hospital. Patients will have to drive farther and will decide to drive to Collingwood for services. Go after provincial government for more funding.

10. 100% in agreement with closing surgical units at rural sites. Keep money in one strong hospital. Consolidate services. Foolish to build new hospital in Markdale.

11. Thank you for forwarding your news release to me about the planned Meaford surgery moves.

    I feel we must go on record, though, to say that North East Grey Health Clinics believe it is absolutely the wrong thing to do for our community.

    As you know we are in a terrible state as far as family physician availability is concerned. Having a fully functioning hospital has always been one of the advantages we could offer in our recruitment efforts. We recruited one doctor 5 years ago who did not want to do ER but did want to do operation assist work. This recruitment probably would not have happened, had we not had surgeries in our hospital.

    Now I have heard from another physician, who we have been actively recruiting, that he will no longer consider Meaford as a place for his family practice, as his interest in anesthesia will not be sufficiently satisfied with the planned removal of surgeries.

    What can GBHS do to replace this loss? I thought the province mantra was "Patient first". It sounds to me more like "money first". The removal of surgeries may not significantly impact our local folk requiring those surgeries, since it seems that the Owen Sound hospital can absorb the load. However, the impact goes way beyond this consideration. One needs to put a price on availability of family physicians. This price must be considered in off-setting the potential gain in your current plan.

    To add to this frustrating situation, a number of residents have commented that they are not happy that they donated to community funded medical buildings, but then are denied the family doctor that the building promised. They clearly say that they have been let down and will not ever donate again. This could also, obviously, impact future hospital donations.

Please re-consider this plan. If not, you are seriously impacting recruitment efforts, and our community would need to know what plans GBHS has to offset them.

12. As a municipality of Meaford resident since 1979 and a senior, I have seen many changes. No one likes change especially in my backyard. People signing Petitions circulating in area are based on emotional not practical thought in my opinion. With current global and local economic changes we cannot sustain the way we want it to be or always was. I support surgeries to be done in Owen Sound. Meaford, Markdale, Southampton should support the community in Emergency, chronic condition support Clinic or non-emergencies. I am annoyed when someone goes to emergency with an ingrown toe nail or a condition they have had for a week but not convenient to make a doctors appt. I also think the family doctor, although grateful to have one, is also outdated. Clinics can give 24/7 care with doctors, nurse practitioners and other medical staff available. Consolidate. I refer to another article in Feb. 28th Sun Times issue by Mike Householder Associated Press. 'Bridging the gap...occupational therapy students in residence at senior's residence for 18 months.' What hands on experience! Win-win. This kind of out of the box thinking is what is needed to make the necessary changes to sustain health care. Thank you for taking the time to read my opinion.

13. I am very disappointed with the suggestion of cancelling all surgeries at the Southampton Hospital. The reason I donate my hard earned money to the Southampton Hospital every year is so that when I need minor surgery such as a colonoscopy I can have it 10 minutes from my house at the Southampton Hospital and not have to travel to Owen Sound unfortunately if that is not possible then I may have to rethink where I donate my money.

14. Please find attached 3 petitions to keep the surgeries at the Meaford Site of Grey Bruce Health Services. Our family has had various day surgeries at the Meaford site and has found the services there a benefit to our community. The distance to travel to Owen Sound and the additional wait time experienced there certainly make for a very long and tired day. With both Gary & I dealing with allowing aging parents trying to remain in their own home, the Meaford Site allows us to deliver them to their appointments for day surgeries, carry on with our work day and pick them up at the stated time. The extra travel to Owen Sound would certainly encumber this happening. Given the close proximity of the Meaford site to the various ski resorts within The Blue Mountains will certainly increase the numbers of visits to the Meaford hospital site. The wait times in Collingwood are just too long.

    In closing, our experiences in Meaford have certainly been over and up the services in Owen Sound and feel that these day surgeries should remain at the Meaford site and close to home!

15. I do not disagree with the centralization of surgical services to the Owen Sound location, as long as there are sufficient surgeons available to perform these procedures in a timely manner. Many local residents fear that the radiology and lab services are the next "to go", and these concerns require addressing.

I believe you need far more meaningful cost reduction initiatives to achieve your budgetary goals, even if you obtain partial funding relief from the Ministry. You already know you will not get all of the relief you seek.

Overhead costs must be reduced. The "branch" hospitals have a surfeit of administration personnel, doing tasks which automatically in many cases, create partial duplications or unnecessary/redundant additional tasks to those already administered in Owen Sound. A number of employees at the branch locations have a tough time finding enough to do for their entire work shifts. You can drastically cut the number of administrative jobs at the branch locations without sacrificing operational efficiency; in fact you would likely improve it. You might get away from such anomalies as having clients have to pay their bills at the busiest workstation in a hospital, (registration), while a workstation that used to handle these bill payments is underutilized.

I know you will not particularly like comparisons to the private sector, but a manufacturing entity with several branch locations does not staff those branch locations with layers of supervision and management...such responsibilities stay at head office, and a single branch manager has a sufficient size staff to conduct branch operations only. When specialized input is required, (i.e.: HR or IT matters) such input is provided by the head office, either in person, or increasingly, by video link.
You have an opportunity to phase in privatized cleaning (at least at all branch locations) as was started a year ago in London. The elimination of surgical services at the smaller hospitals actually removes the most critical cleaning areas: Pre-op, OR and ICU. Yes, you will hear screams about rampant "super bugs" from the unions, but this is a smoke screen.

Everyone knows that even a freshly sanitized door handle is rendered theoretically unsafe as soon as the first unwashed hand touches it.

16. I would like to express my thanks to you and all the members of the board of GBHS in regards to the work you are doing to try to balance the budget. This is an overwhelming job and one that includes making very difficult decisions. While I do not like to see the Meaford Site lose its Surgery, I do accept that financially it makes sense to coordinate all surgeries in the one site.

    However, we need to keep our hospital sustainable for the foreseeable future and feel very strongly that the option to close our OR should be accompanied by some options of developing other programs which could include Palliative Care; Rehab Programs; Dialysis; extending some diagnostic tests to include Echocardiograms and Mammography. Meaford is a retirement community and therefore has a growing need for health care.

17. Closing the one OR is not an issue for me BUT the hospital must remain open for urgent care and community based rehab. This site is perfect for those having joint replacements done to rehab and do physio. This is an old population and the commute

to Owen Sound for daily physio is impossible. Having the ER for urgent care is also a must and I think most of the population knows that transferring to Owen Sound is a reality. I have gone thru this process before, it hurts, but as long as staffing levels remain and increase in Owen Sound, RN, RPN, then good health care.

18. I am surprised to receive your Feb. 27, 2017 Back to Balance Update. Your decision has already been made! The memo and meetings are just polite window-dressings to make it appear that you care. The only thing that matters to you is money. The hardships of patients are always secondary. Your position is evaluated on how much money you save, not on common sense feelings of patients.

    Yes you can probably do all operations in Owen Sound, however, we the elderly will now have to make several trips to get the job done. Trips to OS to see the doctor, trips for pre-op, trips for follow-up care etc. It is hard enough for some to even get to our local hospital, let alone to Owen Sound. Just more burden on the elderly.

    I have personally invested thousands of dollars into the Markdale hospital fiasco. Elimination of surgical operations there will likely mean another delay and scale back of those plans. So much for the state-of-the-art hospital Markdale was promised when you were glad to take our money.

19. My husband and I are both concerned about the potential closing of the Meaford Hospital. Already Collingwood hospital is overstretched and Owen Sound is an hour plus away from Thornbury. These are communities of retired people who have sudden health issues. This creates a lot of worry and stress. If it is a question of money we have planned to give a substantial donation in our wills. How can the community contribute to keep this appreciated service going? Let us work together as a community.

20. Why can we not start cutting at top and save as when Lance was in Meaford there was a lot of his staff with him and would be getting paid for travel and meal allowance and public was not allowed to ask questions so why did we have to pay for all those extra people. It was the same when they closed laundry at Meaford they were working overtime in Owen Sound to keep caught up with wages being time and a half for many hours and many employees.

21. I have always donated to the Meaford hospital in memory of a loved one or friend that has passed away. If I don't have a guarantee that it stays in our hospital I will not donate again. I have donated a lot of money over the years for upgrades to MGH. Wait times are bad enough at OS, any I have never had a problem with my hospital and wait time. I remember the campaign a long time ago was "Save our Hospital" now "Leave our Hospital Alone".

22. I was pleased to read about the hospital finally starting to find a way to save money. Healthcare spends far too much tax money offering substandard services that can easily be done in larger centers. You should cut deeper the services offered at these tiny useless hospitals. I also wonder why the equipment at Owen Sound hospital need

replacing so frequently, one would think that some of that x-ray equipment would last as longer if it was maintained hell I don't go out and buy a new tractor every ten years because it's not as new as my neighbours, I maintain it!

23. I attended the meeting last night in Meaford and as a result, read the 53 pages in your "Regional Report". The report is very concise and well written. I cannot think of any area that you have lover looked, in terms of cost saving.

    I think that one of the continuing problems you will face is; convincing the distinct population base of the six areas that GBHS serves, to think globally. The questions from the audience all revert to "our" hospital, we do not think regionally.

    There is an elephant in the room; and it is the perception that the Owen Sound Hospital keeps getting the larger portion of grants to the detriment of the others.

    This appears to be a historical problem, talking to the neighbours. I have only lived in Meaford since 2002.

    So, in terms of thinking outside of the box; the GBHS has 6 hospitals/buildings all in working order. I am assuming that some of them have extra rooms/space that can be repurposed. What other soft sciences, could be attracted to the extra space? Would rehab operations be a fit, alcohol, drug use, mental issues, medical training. Can you lease out offices to local Doctors? You have an inside pharmacy in Owen Sound, would any independent pharmacy want to lease space at any or all 6 locations. i.e.; Canadian Tire just signed a long term deal to build numerous service stations on all of the 400 series of highways. The long term lease would have to be a minimum of 20+ years, with annual adjustment clauses. What is the value of having a captured a marketing opportunity to 160,000 people?

    My background is having owned and operated an insurance brokerage for 40 years in Toronto. The Insurance industry introduced the concept of having "preferred repair shops" that you as a client could use to repair your damaged automobile. The reason they did this was to manage their costs, and develop a standard of repair and service to their customer base. If a particular repair shop did not maintain that standard, they lost the contract. Their client also has the option of dealing with "their chosen" repair shop. If the repair work was not done to their satisfaction, then they would call their insurance broker or Insurance Company complain and expect "us" to help resolve the situation. We had our hands tied as we had no input in the original decision.

    I also think the section of the report that details the regional disparities of Grey/Bruce against the rest of Ontario, should be emphasized that is an eye opener. A higher percentage of alcohol use, broken bones, joints, grey hairs, etc.

    In closing, I trust you will not be offended with my suggestions.

24. First thank you - funding for hospitals is always contentious but having been in healthcare I know that most decisions are made for the best care for people in the region.

    I would like to make a suggestion. Since hospital restructuring we have slowly seen many aspects of that report implemented - much slower but still many recommendations proved to be needed. I think the problem for small rural sites/hospitals is they have no stated role/mandate. Gone are the days where hospitals could do everything. Best practices should be driving care. So where is their role? Who should small hospitals be serving? What expertise does a rural site offer?

    Rural sites know their communities - patients and potential patients. Care in rural sites should be dictated by community needs. What are the best practices that can be well done in rural situations? What are the common needs in all communities that make a hospital worthwhile and viable?

    Here is an example: Meaford

    What is the community picture for Meaford? Large senior and retirement population; families with children; LTC Centre; Group homes(5) and independent living for individuals with developmental disabilities; Land Forces Base; significant number of individuals low income; significant population with mental health challenges; influx of tourists in summer.

    What are the needs of these populations? Does the hospital offer appropriate services deemed by community population needs? Where are the gaps? What are the opportunities to offer services? What specialized training is needed?

    I truly believe the Ministry and the LHINs need to define basic services offered at all hospitals especially rural hospitals. The next step after the definition of basic services is to match service to community need and populations. I think we need to better promote shared services that support us all like the Community Stroke Team, Rehabilitation Unit, Oncology, for example. Unfortunately there is still the "them and us" mentality.

    I think the most wasteful part of healthcare is the budget process. The man hours are enormous - have you ever sat at a meeting and calculated the cost by the people at the meeting. If the Ministry of Health looked at the basics for certain size hospitals and then justified other services by population need in the area maybe funding would be predictable and the process more efficient and less costly. There should also be funding for innovation with the proviso that good ideas are shared.

    The fact that we are back to save our hospital rallies is sad and disheartening. We should be doing better. Maybe Grey Bruce is where it can start.

25. With all due respect for the efforts of Lance Thurston and the Grey Bruce Health Services Board to mitigate the impact of the Ontario government's current funding

formula, we believe this will destroy the health care system in Meaford and result in the closure of the hospital.

Looking to the past, GBHS was a well-managed organization with surpluses until the funding formula was changed to the benefit of urban areas at the expense again of the rural hospitals.

Perhaps high density and centralization are suitable for the urban areas, but in Grey Bruce where the road closures because of the weather conditions is a regular occurrence in the winter, a 20 minute drive to a central facility is not possible.
It is short sighted to reduce services now when the number of seniors moving to the area for retirement is increasing as they will put more demands on the medical services.

It discourages doctors from setting up practice here. This is a problem since there is a shortage.

At the public meeting in Meaford on March 28th, our local doctors spoke of the safety risks associated with a limited facility and expressed grave concerns for the future. Also, a representative from the biggest employer in Meaford, the Canadian Land Forces Base, spoke of their concern regarding the impact on their operations and their staff who live in Meaford.

We retired to Meaford from Mississauga in 2009 and the infrastructure, including the hospital was definitely one of the factors in our decision. There is a strong sense of community here, shown by the fundraising and the work by volunteers to support the hospital.

We thank you for considering our opinions.

26. I am a resident of Meaford. My husband and I attended your information session Tuesday night. You asked for input from the community so I am offering you our thoughts and suggestions. I thought several people offered valuable feedback and excellent advice during the meeting. I truly hope you do give significant thought and consideration to those ideas. The comments I found especially interesting and of great concern, were the ones expressed by our local doctors regarding the safety of their ER patients if you were to close the operating room. The impact on resources available to them in the ER will have a detrimental effect on their ability to offer safe medical care. People's lives could be jeopardized. I think it would be most prudent for you to consult and listen to the advice of your health care professionals working in the community and hospital.

    How do you reconcile these potential risks to patients with your claim that Patient Care is your Number 1 priority? When I consider their concerns, it appears that balancing your budget is your number one priority and not quality care.

As I listened to several people speak to the excellent condition of our operating room in Meaford and the expenses involved in opening up additional operating rooms and services in the O.S. Hospital, it occurred to me that perhaps an option would be to leave Meaford open and shut down the operating rooms in the other hospitals that require very expensive retrofitting such as Southampton. Have you examined the possibility of consolidating day surgeries to just Owen Sound and Meaford?

I know that the other hospital communities would share our concern about the long term effect of closing their operating rooms. I am sure they are also asking themselves if "this is the thin edge of the wedge" to use your quote.

David Glass made an excellent suggestion that you examine what services you could move from the Owen Sound Hospital out to the regional hospitals to support their long term viability. You mentioned an excellent model you have in the Wiarton hospital that introduced new services and carved out a niche. I strongly encourage considering supporting the regional hospitals by down loading services/clinics to them from Owen Sound to help compensate for the closing of their operating rooms.

Another suggestion for augmenting services here in Meaford, is to open a cancer treatment centre in the Meaford hospital. Given the demographics of our area, the unfortunate reality is that the need for cancer treatment services will continue to grow in the Grey/Bruce area through time.

My final and most emphatic point is that this "cost reducing" exercise that you have undertaken draws focus and energy away from the root of the problem. As you said yourself, the funding formula does not work for rural Ontario.

Changing the funding formula should be the entire focus of your Board's activities.

It should not be trying to work within a broken system.

A very clear message should be sent that you cannot offer quality care to Rural Ontarians through this formula. A more critical activity than worrying about carving out Half a million dollars from your budget, would be to organize all the rural networks across Ontario to demand changes to the formula. As you witnessed from the turnout at the meeting, local citizens would gladly join you in this fight. You could garner wide spread support across the province. I would suggest that this be your position -if this formula continues, health care will become a crisis in rural Ontario.

It is time for a funding formula that works. Changes must be made.

Please know that you have many supporters in Meaford who recognize your challenges and who would be willing to work with you to focus government attention on the key issue.

We will watch and wait with guarded optimism.

27. Though I admit to not knowing the numbers in terms of fiscal efficiency, I have been assured they exist. Quality of care is more difficult to measure.

    One anecdote comes to mind. Some years ago obstetrics was practiced in many of the same small hospitals in Grey and Bruce that we are presently discussing. In fact in the 70s I delivered babies in Southampton! I think it was in the 90s that there was a preventable fetal death that originated in *(xx*). A recommendation made at inquest (*related to that incident*) required 24/7 surgical coverage for all obstetrical units. That resulted in "centralizing of Obstetrical Services" throughout Ontario!

    Centralizing surgical services is just as political but less "black and white". On the other hand it would be a shame if a similar catastrophe was required in order to drive a change which we all know is completely justified in terms of both quality and efficiency.

    Please, "Do The Right Thing". Make the tough decision. We will all be winners in the long run.

28. I attended the information session in Markdale this week.

    I agreed with most of points raised by Lance. However, it wasn't that long ago that "Care Closer to Home" was the motto and distributing services to Markdale, Meaford etc. was seen as the strategy to maintain the viability of those hospitals. Now, it seems that the viability of these hospitals is more as an access point to emergency care, DI and lab and maybe some outpatient programming. I'm actually fine with this. I was glad to see that endoscopy is still going to be done at Markdale. I think providing local access to that important cancer screening service is good.

    I think partnering with local primary care (I appreciate the locums or itinerant GPs who help cover the ER and care for residents in this area) but I mean the primary care clinicians who carry a roster of local residents is key to our community's health and well-being. Providing and maintaining access to a range of chronic disease prevention and management (including mental health) is where we need help. I think the current and future hospital fulfills a critical role in triaging urgent/emergent needs and coordinating with either secondary/tertiary care in Owen Sound or second/tertiary care in K-W, Toronto, Hamilton or London. I expect that role to continue.

    While I thought some of the comments and questions from the audience on Wednesday ranged between doomsday and far-fetched, there is a legitimate concern with wait times. I do have some concerns with the capacity at Owen Sound to manage increased volumes. Not in the peri-operative program but more in the supporting services. Will registration be able to handle increased volumes? Will lab/DI (as necessary) be able to keep up? Will ambulatory care (pre op, follow up) be able to keep up with volumes? Will health records (transcription, medical records, release of information) be able to keep up? I think it would not look good if in a few years if Owen Sound asked for help with renovation/expansion due to increased pressures

when only a few years earlier some of the demand was delivered in 4 neighbouring sites.

Thank you for considering my comments and continued success in reviewing/applying evidence to support the delivery of services provided to our communities.

29. I just read the April 19th memo.

    I really appreciate all the work your team is doing and can't begin to comprehend the stress involved when having to make these difficult, challenging decisions.

    From the many rumors I have heard, one in particular stood out: That making Meaford the ortho center was not only recommended by 3rd party consultants but also would results in cost savings only short by ~80, 000 compared with moving electives to Owen Sound.

    I think this idea holds a lot of potential, because we have so much room in Meaford that could be better utilized.

    Also, the Toronto spread is coming. Collingwood, Thornbury are growing with the influx, both permanent and seasonal. I truly believe Meaford will be a bustling place and possibly a great source of donors in the future.

30. I sent this letter to the minister of health and also to our local LHIN; I am sending it to you because it fully states my thoughts on the matter.

    I wish to endorse the position of the Municipal Council of Meaford in their opposition to closure of elective surgery at our local hospital.

    My reasons are as follows:

    After struggling for many years with the loss of manufacturing in Meaford, we are seeing growth again as a retirement town.

    This retirement community values highly the proximity of the hospital with all that implies, and to chip away at its services will be to deter people from retiring here, (I am one of those), and perhaps encourage some to move away.

    Attracting doctors to our town is challenging enough without making it even more difficult.
    Even if elective surgery were to be moved to Owen Sound, there is still a cost involved, i.e. the maintenance of an O.R. and the staffing thereof, but it has yet to be revealed what the cost differential would be.

    We are told there would be an overall cost savings of $550,000 which embraces Southampton, Markdale, Meaford and Wiarton, but there is a noticeable lack of transparency and specifics as to where these savings are achieved.

Whenever there is an amalgamation we are always told that it is interest of cost efficiency, but in all my years in business, and just by observation, I have yet to witness any savings – ever, but something is always lost - usually quality of service.

Finally. The Meaford Hospital is a valuable resource going forward, and will become more and more valuable as time goes on.

This is not the moment to start reducing its effectiveness. Surely this is the time to start capitalizing on what it has to offer.

Why can we not assume some of the burden presently borne by other health institutions in the area, and have some of their overload transferred here?

I would request a hold on any decision until a more in-depth study can be done both pro and con.

31. I attended the public meeting in Markdale regarding the proposed changes to take all day surgeries to the Owen Sound site.

    I feel this will adversely affect patient care because the wait times will become longer and longer. I understand there might be some efficiencies found in the Owen Sound process but I am not hopeful about that. The stat that 70+ percent of patients not coming from the Markdale catchment tells me that Owen Sound wait times are already lengthy enough and patients appreciate the option of surgery at Markdale to speed things along. I feel that the option for day surgeries of all types should remain available in Markdale.

    In the article in Grey Bruce This Week about the same type of meeting in Southampton – the question about the $17M shortfall was raised. “Mr. Goldsmith said they could have been told to balance their books immediately … “Several years ago the people of Markdale were told their hospital was going to be closed within 5 years unless funds were raised for a new hospital. After the capital campaign was successful and no new hospital appeared – it was explained that the hospital could have been closed if the province had deemed it unsafe.

    I understand the need to balance your budget but I don’t agree that rerouting all the day surgeries to Owen Sound is the best way to achieve this. This will only cause more difficulties for local patients in all areas affected. Perhaps instead of looking at the easiest method which affects RN’s, X-ray techs and janitorial staff – take a look at the top of your organization. I don’t know how many on the GBHS Board and in the administration areas of all the hospital sites are on the “Sunshine List” but I’m certain there are several. In a spirit of solidarity – perhaps all those folks on the “Sunshine List” could donate back some funds ($5,000 to $10,000 each?) to cover the shortfall without affecting patient care or staff. Somehow things look a little different when they affect your own pocket.

Please leave day surgeries in Markdale. Thank you for this opportunity to make my opinion known.

32. We are writing to express our support for the motion made on April 10, 2017 by the Municipality of Meaford Council favouring the continuation of the elective day surgery services at Meaford Hospital. We are concerned that this is just the beginning of deteriorating services.

    Furthermore, the funding formula for the health services established by this government in favour of the urban areas at the expense of the rural communities must be changed. Under the former formula, Meaford Hospital was in a surplus position, reflecting the fact that it was well organized and managed.

2.6 Transcription of Questions/Comments Received through Dedicated Phone Line

February – April 2017 (4 calls)

1. I am opposed to taking all of the day surgeries from the ORs in the outlying hospitals such as Meaford and Southampton into Owen Sound. I think it is good to have more than one sight. You can have infections and other problems arise at the Owen Sound site and they might be happy to have another sight. It's also going to be more difficult for Meaford to do doctor recruitment and the skills of the nurses will be less if they are not going to be working in the OR if there isn't an OR in Meaford. Is this just another step towards closing the hospital? This is what was feared when all the boards amalgamated that everything would be moved to Owen Sound. This appears to be part of the process. People will have to drive further and rather than drive to Owen Sound they may drive to Collingwood and there may be fewer resources available to the Owen Sound and surrounding area. If they take more away from Meaford then there will be more people now going to Collingwood for their services. Many people already have to go to Collingwood to find a doctor and doctor recruitment will be more difficult. If these surgeries aren't continued in Meaford. I think they should go after the provincial government to get more funding rather than closing down rural Ontario.

2. I am calling regarding an article in the Owen Sound paper regarding GBHS OR changes. I am 100% in agreement with closing these surgical units of those three hospitals. To me your money has to be concentrated into one strong hospital and that is Owen Sound hospital. I have had one surgery in Owen Sound and two in Markdale and my second experience in Markdale was not real good. People were trying to get out of there by 4:00 because that was the end of their shift and I was left one of the last ones on surgery and didn't have a good experience with recovery. Anyway to me you have to consolidate services. It's foolish to me that

we're spending $50 million of provincial money to build a new hospital in Markdale. I guess that's about all I have to say.

3. I'm very concerned about the closing of the operating room in the Meaford hospital. I checked the day before yesterday with Martha Richards the Manager of the hospital. I was wondering how many times our operating room is used during the week and she said there's 15-20 operations done each week and the operating room is used every day 5 days a week by 7 different doctors. I think that validates having that operating room staying open. I do not think it should be closed. I truly believe that I know that you do not have all of the funding, but you closing some of the hospitals and closing the operating rooms are doing a great disservice to the people in the rural area. I know personally, myself, my husband has arthritis in his hands and last fall we had to go to Toronto five times to have an operation on his hands. We are retired and this cost us over $1000. This January we found that Dr. McCall in Meaford is now doing, it is a new surgery that he is now doing it here in Meaford so he was now able to have his right hand done and it was so much easier. We live in Meaford and it was just a matter of running up to the hospital and back and it was so convenient for us and plus we did not have all of that expenditure of money for which we could ill afford. These are the types of the things that by you closing the hospital OR and only having it open in Owen Sound it is going to hurt a lot of people. Also the Meaford hospital funds I was told has enough money to buy a new anaesthetic machine and probably the washer disinfector sterilization machine that is needed for the operating room to keep it up-to-date. It is wonderful that doctors come from different areas and see people here. It saves the retired people so much trouble and worry. So I do hope that you will consider keeping our hospital open, our operating room open. Every time you close something it is a nail in the coffin and I know one day down the road if this keeps happening you will be wanting to close all of the hospitals. I absolutely disagree with this. I think they are well needed. And somehow even if you don't get the funding you need to cut back on some services at Grey Bruce Regional Hospital and keep the smaller ones open. I also think you have some darn good salaries there at the top of the board and perhaps some of those could be cut to help out. I know you don't like that, but I honestly do believe that. Thank you.

4. I am wanting to make some suggestions about the Meaford site. I am wanting to know what will happen to the Meaford staff if there are these cut backs. We already noticed that there have been some people taken out of their positions here now and either moved or asked to leave, we're just not sure. And I want to comment that saving $500,000 when you're going to spend four times that amount to update an Owen Sound OR doesn't make sense to me. And if we don't have our hospital facilities what will seniors do? How will they get the attention

they need if they can't travel to Owen Sound. How do we attract doctors to our area if we have to travel to Owen Sound to see doctors and there are no doctors taking new patients in Owen Sound? Because we have been trying to get a doctor for months now. With the long waits in Owen Sound, what will happen to people who need surgery and need it sooner rather than later. Also the long waits in emerge in Owen Sound. We know people who have waited five hours to be seen over there in emerge and it just doesn't make sense to have things taken away from Meaford when we have all the wait time in Owen Sound. What about the people at the tank range who come into our little hospital to be seen. Will they have to have their own equipment at the tank range now so that they can deal with these things because they certainly couldn't have the long waits that Owen Sound has. This week you cut our lab hours and our x-ray hours. This has affected people who are working in these facilities and the end result – what's the end result? It just makes it harder for people to get there in the times when they're both open. And the other comment I have is that this is really hard on not only the seniors but the people who work there and the prospect of our town to have doctors and a good little town to live in. We hope that these comments will get addressed perhaps Tuesday night at the Meaford meeting. Please consider these things.

5. I want to make it known that my husband and I do not agree with the closing of the day surgery in the Markdale Hospital. This hospital is very important to us.

6. I am calling to register my disagreement with taking the day surgeries out of Markdale Hospital. I want it registered that we do not agree with taking the day surgery out of the Markdale hospital.

2.7 Correspondence received by the GBHS Board of Directors

Letter from GBHS Rural Site Chiefs to the South West Local Health Integration Network

To: Michael Barrett
CEO, South West LHIN

From: The Meaford and area Medical Society
All family physicians in Meaford and Thornbury

Mr Barrett,

We, the family physicians of Meaford and Thornbury area are writing this letter to share wiht you our deep concerns regarding the potential closure of 3 rural hospital surgical sites at Grey Bruce Health Services (GBHS), particularly the Meaford site. This is reportedly in an effort to save roughly 500,000 dollars per year to the GBHS corporation. This is a first wave of cuts within a proposed 5-year "Back to Balance" plan.

The Ministry of Health (MOH) funding formula is not fair to a model such as GBHS as there are various costs within this amalgamated structure that are not part of 1 large hospital, for example, the transportation costs between the rural sites and Owen Sound for diagnostic services, consultations and patient transfers, etc. We feel strongly about the roles of community hospitals in central rural Ontario spanned across a wide and challenging geographical area that is the Grey-Bruce peninsula. Each community hospital has different needs that are not met efficiently in a corporate manner of "one size fits all" for decisions for funding of things such as nursing, diagnostic services, clerical, janitorial staff, capital equipment allocation, etc.

The residents of Meaford, the Town of the Blue Mountains (which contains Thornbury) and the surrounding area need and deserve access to health care close to home. The potential loss of the Meaford operating room would deprive these residents of access to critical care close to home. The proposition has already reduced the communities' ability to recruit physicians to the area. In addition, it will result in job losses and have an overall negative impact on our local economy, in an area that has been growing over the past decade first in the Town of the Blue Mountains and now in Meaford. The years of underfunding under an amalgamated formula have resulted in cuts to patient care, resulting in fewer and fewer services to this growing area. Almost 3000 citizens of Meaford, Thornbury and The town of the Blue Mountains have signed a petition to the provincial government that we, the physicians, have written on their behalf in order to fight for continued local access to health care. We are concerned about the vulnerable people such as the elderly, the underprivileged and the lonely individuals and how these changes will affect them.

We believe that the roles and responsibilities of the rural hospitals need to be reconsidered and viewed as truly "community" hospital hubs where multiple health care services are offered under the same roof. There is a need for increased decision making at the rural site level in order to improve efficiency and health care delivery closer to home as per the "Patient First: Health Care Plan". Cutting our surgeries and leaving only the roaming endoscopies is the last straw, and we are not willing to give up. A deamalgamated structure may be required to keep these smaller hospitals going. Our concerns are mirrored by the report on Health System Efficiency in Canada from April 2014, see attached.
This is how we see the proposed changes as decided by the surgical review by GBHS will affect us. Please do not endorse this plan if it is brought to you, and help us fund our hospitals to keep them vibrant and meaningful.

Sincerely,

Issa Benissa MD
Alexandra Collins MD
Naomi Klages MD
Timothy Remillard MD
Nathalie Sauriol MD
James Wong MD

Letter from Rural Site Chiefs to GBHS Board, March 28, 2017

Dear Mr. Thurston and Board of Directors,

Members of the Rural Medical Staff held a teleconferenced meeting on February 27, and we met again on Tuesday March 28th by OTN. Much of our time was devoted to discussions surrounding *Back to Balance*. We are cognizant of the financial implications of the new funding formula applied to GBHS, with its apparent lack of recognition of the nature of our multi-site organization - small and medium-sized rural hospitals along with a regional referral centre in Owen Sound, all delivering quite comprehensive care to a large rural region. We recognize the tremendous amount of work that both you and the board have done over the past year. It is obvious that the organization is concerned about patient care and is sincerely trying to mitigate the effects of budget cuts. We have appreciated your updates, and the local visits are especially helpful. We know that you are advocating for all of our sites when you represent us at the LHIN and Ministry meetings.

At this time, we feel there is an urgent need to improve our knowledge of what must be considered should our budget continue to fall so short of our fiscal realities as a collective. We are all well aware of the financial impact overall cited in hospital and news bulletins. It takes no imagination to consider the drastic actions potentially required if our budget does not change. However it seems that some staff & physicians are more 'in the know' than others - we are sorry to say that there have been various and ongoing comments made that have made it difficult to feel that rural docs/hospitals are apprised to the same extent that other physicians/staff in our corporation may be.

We are of the opinion that there is a critical time period where physicians and patients can advocate for GBHS and we must not miss opportunities to make a difference both locally and at a provincial level. Fundamentally - and this is a critical concept - in our communities local physicians and nurses are seen as local patient and community advocates and we take these roles very seriously.

Our request of you and the board is to clearly communicate to the rural physicians and the community the scope of the challenges facing GBHS by sharing the full range of possibilities that will be explored should the worst become reality. Additionally, each of the Rural Site Chiefs is requesting again to be given a full understanding of their own hospital budgets. We believe that the LHIN and the Government may not increase GBHS funding sufficient to keep us whole. Our concern is that direction may be given to GBHS on what to do and those directions will have to be carried out on an expedited basis.

Sudden significant changes without adequate warning and knowledge will no doubt lead to community anger, possibly directed at GBHS itself.

Thank you for the update received late March with clear financials therein. We can see the impact of the implemented 'wave' initiatives, and the results of the Surgical Services Review are already reverberating through our community of physicians, into towns and legislature. Our eyes are on the massive cuts we realize will follow if we fail to secure significant restoration to our funding. *It is our assertion that keeping our collective heads above water requires immediate communication of all potential cuts currently being considered by the administration.* Without this information, the true strength of a community-based hospital is sapped as the physicians, many staff and community are not given the opportunity to contribute to budget discourse nor can they advocate for their publicly owned hospitals.

We look forward to hearing from you and invite you to join us at a future Rural Medical Staff Meeting, typically on the fourth Tuesday evening of the month.

Sincerely,

Chiefs of Rural Sites
Dr. Jon Thomas
Dr. Elaine Blau, President of the Rural Medical Staff
Dr. Nathalie Sauriol
Dr. Dan Lothstein
Dr. Harvey Winfield
Dr. Tara Somerville

Letter to the Board from the Meaford/ Thornbury Medical Staff, April 17, 2017

We would like to clarify a few facts to the board members of Grey Bruce Health Services regarding the costs and presumed improved efficiencies included in the presentation by GBHS administration that are inaccurate.

1. Cost of physicians in the rural sites: physicians at rural sites are self-employed and paid through the Ministry of Health and Long Term Care. The only cost is to the site Chiefs – which is 13,000$/year/chief (X 5). This cost has been in their budget for years.

2. $810,000$ to upgrade the heating/cooling and sterilization systems at all 4 sites is inaccurate. One of the sites has not been having operative cases for a few years. At another site, the stated cost includes a total rebuilding rather than the specific surgical area only. Yet, another site has had all of its upgrades done 2 years ago. In addition, renovations of these kinds are usually funded by our foundations which are donations from the local community.

3. Numbers of surgical cut cases in rural sites: In Meaford specifically, prior to amalgamation and for a few years after, Meaford was doing approximately 1000 cut surgical cases and operating full days. Operating room nurses in Meaford were as efficient within the structure they were working in. That is, their nursing scope spanned between OR services, ER services and medical/surgical floor services as well. Salaries of a nurse do not change depending on their scope of practice. Their salaries were not affected as much as their scope of practice within a corporate structure. Change in scope of practice does NOT equal less efficiency. Also, the full surgical days were cut by half by GBHS amalgamated structure over 10 years ago to presumably save costs according to their financial formula used. This does not transpire as improved health care efficiency. Presently we are doing 1100 cases in the operating room with only 500 operative cases. In other words, the number of surgical cut cases in our rural site was dramatically lowered by the GBHS administration that now uses the low % of numbers of cut cases as argument for rural site inefficiencies. Also, as board members, you understand that cutting OR rural sites will make the rural hospitals more redundant and increase the argument later to cut further services and ultimately lead to several rural sites closure.

4. Percentage of operations performed on local citizens: Meaford operating room has been used gradually more over the years as a satellite operating room site for Owen Sound specialists to do their surgical cases they have not been able to be accommodated in Owen Sound. It is certainly not because of lack of local patients who would benefit more from having local surgeries. Very importantly, is that GBHS administration *has not allowed surgeons and specialists* outside the corporation to care for our patients. This makes sense in a corporate structure, but does not make sense in terms of efficient use of the rural Meaford hospital site nor as a whole for local patients 'access to care. Surgeons outside of the GBHS Corporation for several years have expressed keen interest to provide services in Meaford. Our foundation through local donations, would undoubtedly use local donations to upgrade capital equipment necessitated by surgeons to perform their surgeries.

5. Portrayed inefficiencies of surgical staff at rural sites: The glaring stat that was given to consultants was that 4 nurses are needed to run the operating room at rural sites. However, at the biggest site that is Owen Sound, it has been portrayed that only 2 nurses are needed compared to 4. This stat is inaccurate as it does not count their staff in the recovery room, in the day surgery waiting area, transport staff, cleaning staff and floating staff to cover each other for breaks.

6. Proposed increase in surgical cut cases in Owen Sound to "equate" the numbers of surgeries done at rural sites: GBHS administration promises that there will be no decrease in number of surgical cases done in Grey Bruce at large by opening 2 operating rooms in Owen Sound to compensate for the operating site closures at the 3 rural sites. Administration has told Meaford citizens that the surgical cuts in Meaford "will still maintain quality of care and still maintain that patient-first focus" as requested by the LHIN. However, even if the numbers of surgical cases were to be maintained by centralizing them to Owen Sound, the quality of care and patient-first focus by definition will be less. The citizens 'access to the surgeries is diminished just by sheer view of distance, geographical and climate challenges we have in Central Ontario. This is a centralization service proposal, not a patient first geared proposal.

7. Fundamental questions: There are fundamental questions that have not and cannot be answered with the proposed surgical suite closures at sites.
   - How will you/we know if and how much money is truly saved in the short and long term?
   - How will surgical numbers be verified? e.g. That there will be no decrease in service?
   - How will we know that wait times won't be increased in the short and long term?
   - How do/will they measure outcomes and value for money?
   - Of other concern: why is it that Mr. Thurston answered to one of the Meaford counselors on March 13th, 2017 that whether the funding formula had changed or not several months ago, there was a plan of surgical rural site closures anyway?

8. Health System Efficiency: This is the most important point to grasp. We need to look at the global picture that GBHS executive and GBHS Board members have to understand as do the LHINs and the Ministry of Health when these decisions are being made. The Canadian Institute of Health Information (CIHI) developed in the mid-1990's, is a non-profit organization aimed at finding and providing objective measurements of health performance in order to help in the decision making of stakeholders at various levels. They are looking at value for money, improve health status of Canadians and improve health system responsiveness. Family physicians and GP anesthetists have great value for money in their respective regions. Together, along with other health allied professionals, have the best ability to be involved in all aspects of a patient continuum of care (from office setting, hospital setting and nursing home setting). They also have a key role in the reduction in potential years of life lost (PYLL) through preventive care such as smoking cessation, obesity prevention and management, etc. The one dimensional hospital budget saving does not account for this more comprehensive understanding of health care provision in general and particularly in our area in general.

9. "Death by a thousand cuts": It is clear to us that surgical closure at rural sites is a *further* step towards eventual death of rural hospital sites [and rural communities]. As stated previously, this will lead to the erosion of GP anesthetists in the rural sites who provide

preventive care in their medical offices (as family doctors as well), emergency and surgical care in their local hospital. That local patient experience and earned patient respect is a not financially qualified in the proposed financial cuts. Neither is the impact of the loss of family physician recruitments in those communities and the communities 'economy.

10. "Meaford operating room inefficiencies: It has been brought up that one of the inefficiencies of Meaford hospital is that there are no joint replacements being done in Meaford and no overnight stays that go along with them. In fact, these were done up to less than 5 years ago by an orthopedic surgeon who does not practice in Owen Sound but rather in 2 rural GBHS sites. He has been around much longer than the GBHS Corporation and has provided care to local and regional residents for decades. All the orthopedic equipment was funded by the Meaford Foundation. All capital equipment purchase is done through Foundations, not from the GBHS Ministry Funding.

11. There have been mentions that only elective surgeries are done in Meaford (and rural sites). That is incorrect. In fact, there have been at least 2 clear lives saved in Meaford because of an opened and available operating room. These young individuals would not have otherwise survived. Before GBHS administration decreased the surgical hours of operations and types of surgeries in Meaford. Prior to this, there were countless hip fractures and complex fractures looked after in Meaford, general surgeries and urological surgeries cut cases. *The rural sites inefficiencies have happened through centralization of services and decisions in Owen Sound for which no clear data on performance, outcome measurement and value for money for residents has been clearly demonstrated.*

12. Roles of rural hospital sites – as rural community "hubs": Rural sites need to be rethought of benefits for the communities it serves. Be it Lion's Head, Southampton, Port Elgin and Wiarton with their wide geographical and remote areas that boom during the summers. Each site has family doctors that provide comprehensive care to their respective areas and population they serve. Their hospital needs and efficiencies cannot be compared to the central Owen Sound secondary care center.

Why surgical closure at rural sites is a further step beyond others in previous years is demonstrated by centralization of decision making by Owen Sound administrators working in a medium or large corporate structure. Long-time physicians in Meaford can easily attest that there has been increasing inefficiencies in rural sites since the amalgamation and centralization of decision making. For example: since the centralization of operating room bookings in Meaford, the OR has been more inefficient at providing cut cases numbers. There have been significantly more days when the OR is not being used because one surgeon is away and not being replaced. Also, there have been inefficiencies in the maintenance of equipment. For example: we have 2 sterilizers in Meaford. The only functional one is 20 years old and on a contract. It has run over 25, 000 times. In the past few years, there have been countless call backs (for months it has been up to 3X per week!) for temporary fixes. In the meanwhile, the other sterilizer in the same room is 10 years old with lots of time left for use and has done only 6000 runs in 10 years as it has not been fixed to date! Yet that would be only 5000$ and 1 day of labour. Also, there have been numerous inefficiencies in centrally purchasing and using capital equipment. Central purchasing does not mean more savings, as small hospitals have the same savings as larger hospitals or hospital corporations as the buying power is regional-based and not hospital-based. For e.g.: Meaford didn't need new IV poles, yet they were

purchased centrally for Owen Sound particularly, and other sites that may or may not have needed them at this time.

In fact in the 1990's when hospital amalgamations were in vogue, savings were thought to be great by saving administrative staff and salaries, in addition to improving buying powers by larger "hospital corporations". The latter is not right as stated above. The former has not been proven. In fact, it would be interesting if the salaries of the previous 6 CEOs and CFOs of each of the rural sites were adjusted to 2016 and compared to the current combined salaries of the CEO, CFO and VPs that are costing to the larger corporation with more employees below them. Please refer to "The Merger Decade: What have we learned from Canadian health care mergers in the 1990s" from the Canadian Health Services Research Foundation, published in March 2000.

IN CONCLUSION, we have attempted to demonstrate that surgical closures at 3 rural sites do not equate financial efficiency in this one-dimensional calculation, nor does it equate "same" patient care and health of residents in the Grey Bruce area. The inherited risks of these closures far outweigh the extended benefits of such services in view of its innumerable implications to the residents in those communities and the Grey Bruce community as a whole. The proposal also does not align with the vision of the SWLHIN nor the Patient First Act under the Health Minister Eric Hoskins as stated on their respective website. Please see each of their website on pages 5 and 6.

Sincerely yours,

Meaford and Thornbury Physicians

CC: Dr. H. Winfield
Dr. Elaine Blau
CEO, Grey Bruce Health Services

Letter to GBHS Board from Saugeen First Nation, May 5, 2017

To Whom It May Concern;

Saugeen First Nation #29 (SFN) is concerned with the Grey Bruce Health Service (GBHS) assessment for the merits of consolidating elective day surgeries currently performed at the Markdale, Meaford, and Southampton hospitals into the surgical program at the Owen Sound Hospital.

SFN also understands as part of the assessment that the GBHS Board of Directors has directed their staff to inform community stakeholders and to report back with stakeholder feedback in late April. As a community whose members access these services at the identified sites, once again, we, as legitimate stakeholders are left to feel as an afterthought, or not considered, in such processes.

SFN also understand that the Town of Saugeen Shores, another stakeholder, has an express interest given their contribution of $200,000.00 in funding towards the expansion and renovation of the Hospital facility.

SFN is firm in its belief that the proposed elimination of nearly 253 annual elective surgeries at the Saugeen Memorial Hospital, representing 2.0% of all elective surgeries performed by GBHS, will have a negative impact and impose unnecessary hardships on patients, families, and on the community as a whole.

Further, forcing people to leave their community for these elective surgeries will inherently degrade the quality of care received by those patients. Transportation is already an issue that SFN has brought forward with the SW LHIN, and to force our constituency to endure additional hardship is untenable, given the mandate of the client-centered care.

Any reductions in the level of service provided at the GBHS- Southampton site at the very moment at which the facility is undergoing a community supported expansion and renovation is an affront to every community being served by this facility.

Lastly, SFN leadership has spoken directly to SW LHIN regarding the systemic racism and unwarranted services bias that has been exhibited towards SFN members through the GBHS. Chipping away at these services constitutes a further denigration of the health services for our membership, one of the most vulnerable populations in the Grey-Bruce region, which is highly intolerable.

Therefore, SFN is opposed to any changes where our community has neither been consulted nor accommodated regarding these proposed service changes.

Finally, SFN actively encourages the GBHS to lobby for changes to the provincial funding formula to account for the special nature of our regional health care system.

Yours Truly,

Chief Lester Anoquot
Saugeen First Nation #29

Cc: Lori Van Opstal, CEO, South West LHIN
Ontario Minister of Health & Long Term Care Lisa Thompson MPP, Huron Bruce
Bill Walker MPP, Bruce-Grey, Owen Sound
Jane Philpott, Federal Minister of Health
Luke Charbonneau, Deputy Mayor, Saugeen Shores

APPENDIX 3

IMAGE CREDITS

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