

Service alignment update

Two years ago, after a great deal of consultation and deliberation, Saskatoon Health Region approved a model for distribution of acute care services among Saskatoon City Hospital (SCH), Royal University Hospital (RUH) and St. Paul's Hospital (SPH). The realignment of services is intended to improve access and quality of care and enhance our teaching and research mission. It will help us achieve our strategic direction of building a more sustainable and integrated health system, by reducing duplication of services, optimizing scarce human resources and standardizing and improving how we deliver care.

Our planning considered current and future utilization of services, demographic changes and the efficiency of our care relative to other health regions. Our consultation with 16 Clinical Program Groups composed of SHR staff and physicians resulted in the development of several alignment options. All of the options projected the need for additional space, beds and other resources to meet the need of a growing and aging population. Analysis of these costs and the impact of the many changes on patients and staff were factored into our final decision.

Details of our service alignment model have been communicated on many occasions to SHR staff and physicians. Basically, the plan defines the future roles of our three urban hospitals. Saskatoon City Hospital will continue to provide inpatient rehabilitation and geriatric services and medically complex care for patients who need to be in hospital but have completed the acute phase of their care (for example, following strokes or major orthopaedic surgery). SCH will also be the centre for most ambulatory care and day surgery. This means SCH will be an extremely busy hospital, as more and more care is provided on an ambulatory and day surgery basis. All of the SCH operating theatres will be in full use and there will be a wide range of diagnostic services.

SPH and RUH will be the two sites for inpatient acute care, including surgery requiring hospital admission, medical beds, critical care, emergency departments and related diagnostic and support services. RUH is the future site

for both the new mental health facility and the new maternal child centre (which will include a new and expanded Emergency Department).

This plan will be implemented over 5-10 years. Some service changes can be done sooner, while the timing of other changes will depend on government approval and funding for new construction (such as our maternal child centre) or renovated space (for example, to add more beds at SPH). We need time to design more efficient and patient-centred ambulatory care. We need to explore leading practices in complex medical care and incorporate those into our plans for SCH. We need to enhance parking capacity at all three sites.

We are committed to working closely with the affected staff, physicians and unions in implementing these changes. Over the past year, we completed the first phase of service alignment by concentrating pre-scheduled orthopaedic surgery at SCH and trauma orthopaedic surgery at RUH. We consolidated general surgery at RUH and SPH. We learned a great deal during the planning and implantation of these changes and benefited from the advice and expertise of the many staff involved in delivering these services and related support services.

We also initiated planning for ambulatory care. A consulting firm, Corpus Sanchez, is helping us identify leading practices and opportunities to transform the way we deliver ambulatory care. This planning requires a great deal more work.

In 2008/09, we will implement the next phase of our service alignment. Discussions are being initiated with staff and physicians to consolidate adult critical care at SPH and RUH. This means that the ICU at SCH will merge with and relocate to the ICU at SPH. At this point we do not know the timelines for these changes and there are many details to be sorted out regarding how the care will be provided and the implications for the involved staff.

There are many reasons for moving forward on a two-site critical care model at this time. We need to add more critical care beds to meet the needs of our pa-



tients. Our plans include adding three critical care beds at RUH and increasing capacity at SPH, where we already have available space to expand in the existing ICU.

By adding beds on these sites we will reduce the number of critically ill patients currently being transported from RUH and SPH to SCH. Since realignment of orthopaedic and general surgery, more than three-quarters of the ICU patients at SCH have come from the other two hospitals. We need to put the critical care beds where patients need them most.

We have a shortage of critical care nurses and can best use these valuable staff by clustering them in two, not three, locations. There will be many operational efficiencies by running fewer, larger units. This will help us standardize our care practices to ensure safer care and better patient outcomes.

Until we make other changes to the distribution of medical and surgical services, we will maintain the Progressive Care Unit at SCH.

We will also explore adding additional observation beds at RUH and SPH to meet the needs of patients who require higher levels of care but do not need to be in an ICU.

Over the next year, we will continue to work with the Department of Surgery and other staff regarding consolidation of other surgical services on fewer sites.

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Funding to enhance training, equipment

The provincial government is providing Saskatoon Health Region with more than \$4.7 million for safety equipment and training and improvements to hospital surgical equipment.

"Our government's first priority is the safety and security of patients and staff," said Saskatoon Sutherland MLA Joceline Schriemer.

"We recognize the pressing need for new equipment in the facilities," she said.

Saskatoon Northwest MLA Serge LeClerc said the investment will be valuable for people who work in health-care facilities.

"New safety equipment will reduce on-the-job injuries, which is especially important when you consider the staffing challenges faced by health regions," he said.

The funding is part of \$18 million being distributed to all health regions.

Jackie Mann, Vice-President of Acute Care, Saskatoon Health Region, said the funding allows the Region to focus on two of its priorities: quality patient care and safety for health-care workers. She said \$1.9 million will be used to purchase new and replacement hospital operating room equipment.

"Equipment will be purchased for all three hospitals in Saskatoon and will include such items as video equipment, monitors and technology to aid in surgical procedures.

"A new microscope for patients undergoing neurosurgery as well as new anesthetic gas machines required for patients undergoing anaesthesia are some of the key investments for our operating room," said Mann.



From left: Saskatoon Sutherland MLA Joceline Schriemer, Saskatoon Northwest MLA Serge LeClerc, Director of Worksafe and Employee Wellness Shelly McFadden and Vice-President of Acute Care Jackie Mann

"In addition, I'm very pleased to say that with some of this new technology, we'll be able to support improved teaching and learning for our students as well."

Another \$1.4 million will be dedicated to long-term care, including the purchase of more than 500 beds for Parkridge Centre in Saskatoon and rural facilities in Lanigan, Cudworth, Wynyard, Strasbourg, Watrous, Nokomis, Wadena, Watson and Humboldt.

"This important investment helps us meet the needs of both our urban and rural populations," said Mann.

She said \$2.7 million will go toward equipment that will enhance staff safety, ensuring employees have the tools they need to perform their work safely. The

Region will invest in lifts and bariatric equipment.

Health Minister Don McMorris has also announced \$718,000 in funding for 12 projects recommended by health professionals. The funding is part of the \$6-million Health Workforce Employee Retention Program, which supports grassroots initiatives designed to help keep health employees working in Saskatchewan's health-care system.

Saskatoon Health Region will receive \$75,000 for a regional dietitian to consult with and support dietitians working in rural areas.

The Region will also receive \$70,033 for developing a personal safety training program for community-based health-care workers.

Continued: 'This is complex work'

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We will continue to examine ways to streamline the delivery of ambulatory care, better coordinate diagnostic tests and clinic visits, optimize interdisciplinary care and use technology to provide exceptional ambulatory care services. We are also planning for further consolidation of patients awaiting long-term care, at the SCH site.

I realize that many of these changes may be stressful for the staff involved. You have many important questions about how it will affect you, personally and professionally. At this stage, we do not have all the answers. But we are committed to work with you and many others to realign our services in ways which are consistent with our overall plan, while improving the quality of our care and efficiency of our health

system. This is complex work and change is never easy. By working together we will get it right, for our patients and our community.

Maura Davies

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Saskatoon Health Region