Summary of Community Engagement on the PECMH Redevelopment
October 2014

Background

In late-August 2014, representatives of the project partners and other health care organizations developed a draft future vision for PECMH during a full-day planning session. The redevelopment partners then conducted community engagement in October 2014 to test if the draft vision would meet community needs, in addition to providing an opportunity for people to receive an update on the planning process and ask questions.

Engagement Process

Based on the high level of draft vision, the Advisory Committee members agreed that a series of focus groups would be the most appropriate engagement vehicle at this point in the process. Participants were hand selected for the focus groups and included a mix of community members, caregivers, staff and volunteers, from all geographic areas of PEC.

Three, two-hour focus groups were held with a total of 24 participants. The draft vision (attached) was provided as pre-reading in order to maximize the amount of time for feedback. The discussion was centered around five key questions:

1. Reflecting on the draft vision, what else would you need from your local health system and the hospital system to support your future health care needs?
2. Imagine it is 10 years into the future. How will people describe the Prince Edward County health care system and the role of PECMH as one part of that system?
3. How should your community health system adjust to accommodate the needs of the elderly and people with chronic diseases? What would PECMH's role be in this?
4. What do you see as the role of the health care system versus the role of family and loved ones helping to provide care?
5. Are there any other questions or concerns that you feel need to be addressed as the health care partners plan for a new hospital in Prince Edward County?

In addition, QHC provided an update on the PECMH redevelopment and draft vision during an October 2014 meeting of the Advisory Council of QHC. The 40 attendees represented the municipalities, foundations, auxiliaries and members at large from the entire QHC region, in addition to the QHC Board of Directors and management team. They provided input on essentially the same five questions as above.

The draft vision will also be communicated to the PEC community and other stakeholders through the next bi-monthly project newsletter, to be distributed in early November.

Other Communications Activities

These focus groups are in addition to the activities that have been occurring over the past six months at the "inform" end of the community engagement spectrum. These information tools have included the media launch, bi-monthly newsletters and updates provided through the local media outlets.

Next Steps
A summary of feedback will be provided to all focus group participants with the option to provide further input. The key themes outlined below will be discussed by the planning group to help determine adjustments needed to the business case or future planning.

Partners have committed to continue to ensure there are opportunities for any organizations or individuals in the PEC community to provide their input at appropriate points in the process. This will continue to be used to shape project plans whenever possible.

Summary of Engagement Themes
Below is a summary of the key themes we heard from participants in both the focus groups and QHC Advisory Council meeting.

Overall Vision

- Strong support for the overall vision for the future of PEC health care services, as described in the two-page summary. Particularly the focus on the entire spectrum of health services and support agencies with the goal of keeping people supported in their homes as much as possible.
- Understanding that the partners are still at the conceptual stage and that this is a 10-15 year plan.
- Support for limiting the services that are available in the hospital, provided that those services would then be available through another group in the community. Bigger goal is to ensure patients are receiving care when needed.
- Suggestion that QHC ensures the business case is directly aligned to the directives in the recent mandate letter from Premier Wynn to Minister Hoskins.

Care transitions between agencies

- Strong desire for health care providers to focus on transitions in care ("need to mobilize the entire system to make it as efficient as the traffic circle"). Numerous concerns and stories about home care services not being available when needed.
- Want health care partners to have stronger collaboration, dialogue and joint planning, even some joint governance. This would all be supported by a co-location model.
- Enhanced connectivity between care providers and ensuring everyone (patients, family members and care providers) knows what services are available in the community.
- Multiple requests for a navigator function for patients and families, referred to as "a combination of tour guide, coach and translator". This function would need to be able to cross over into the social services as well.
- Lack of social services in PEC is seen as a problem that has multiple impacts on the health care system. "Need to support the most vulnerable in the community… proactively targeting them to decrease admission and emergency visits."

Prince Edward Family Health Team (PEFHT)

- Support for the PEFHT and the breadth of services already provided to patients. Recognition that the FHT is a unique strength to the PEC health system and support for the FHT acting as the main coordinator of care for PEC patients.
- Concerns about ensuring all PEC residents have access to local services, not just those rostered with the Prince Edward Family Health Team. The FHT is already taking steps to correct this potential for a "two-tiered" system locally.
- Ensure the future hospital, FHT and other agencies are physically close together, preferably co-located.

Funding

- For the proposed vision to be successful there must be proper funding in place, flowing to the right care provider organization (i.e., community support and home care agencies need to be adequately funded).
- Feeling that the system is too slow to respond to innovations and that funding is not going to new programs that can provide more efficient care (e.g., Hospital@Home), which creates a risk of these programs being stopped.

Senior-Friendly care

- Strong support for focusing on providing senior-friendly care, possibly through an Acute Care for Seniors Unit.
- Needs to be senior friendly resources and training for staff. Also specific education for staff in how to appropriately deal with people with disabilities.
- When designing the building, ensure there is a committee of users from an accessibility standpoint.

Hospital-Based Services

- Range of feedback on the specific services that should be provided through the new hospital, although general consensus that it should be in line with the current services ("wide range of high-quality services in diagnostics, emergency and inpatient beds").
- A few requests for greater access to rehabilitation services so that post-surgical patients could be brought back to the community and families could be more involved in care and rehab therapy.
- Also specific requests for respite beds and a helicopter pad.

Transportation

- Transportation is a common concern, particularly the expense and ability of people to access services outside of PEC. Overall message is to retain common services in PEC as much as possible and provide access to transportation when travel is necessary (e.g., volunteer drivers).
- Ensuring the FHT has a wide variety of visiting specialist clinics once or twice per month would save on transportation costs and stress on patients.
- As much as possible, services should "go to the patient".

Family Support

- The entire system needs to better support families to avoid caregiver burnout. ("CCAC is excellent but families can't even listen when they are so stressed.")
- Importance of communication with the family, comprehensive planning and discharge teaching to ease the stress and ensure caregivers are appropriately caring for their loved one after discharge. ("Discharging doctors make dangerous assumptions about abilities and proximity of family and friends to care for people.")
- New hospital should have space available for families to stay with the elderly patient and learn how to care for them before they are discharged. Also request for a family room where people can recoup away from the bedside and connect with others in similar situations.
- Need to maintain a large number of volunteers to help support families and patients, especially where family members are not available. ("Need to appreciate that a lot of people who live in the County don't have their kids close by to help.")

Community Education

- Need to change the thinking in the public about the evolving role of the hospital, particularly in a smaller, rural community ("need to get across what we can afford and what the community needs as resources").
- The majority of the public doesn't yet understand the benefits of shorter hospital stays and the need for patients to be mobilized. Set expectations with the patients and families from the time of admission so people aren't surprised about a quick discharge.
- Educate people about the need to have conversations about long-term care long before it reaches the crisis point ("conversation should be at the kitchen table, not at the hospital bed").
- Get people to reach out for support "before they hit the wall" so that the community agencies can better help them to cope.
- Community needs to better understand the trade-off between access and quality (e.g., health care professionals needing to perform a certain number of procedures in order to maintain their expertise).
- Importance of strong community support in order for a new hospital to be funded and built.

Health care professionals

- Continue to expand the role of all health care professionals (e.g., pharmacists).
- Need more cross-training of staff between providers and more volunteer education.
- Ensure we can continue to attract and keep young physicians and other health care professionals. This would be supported by developing PEC into a "hub for innovation".
- Role of the volunteer is seen as crucial to maintaining the system and supporting patients and families.

Role of technology

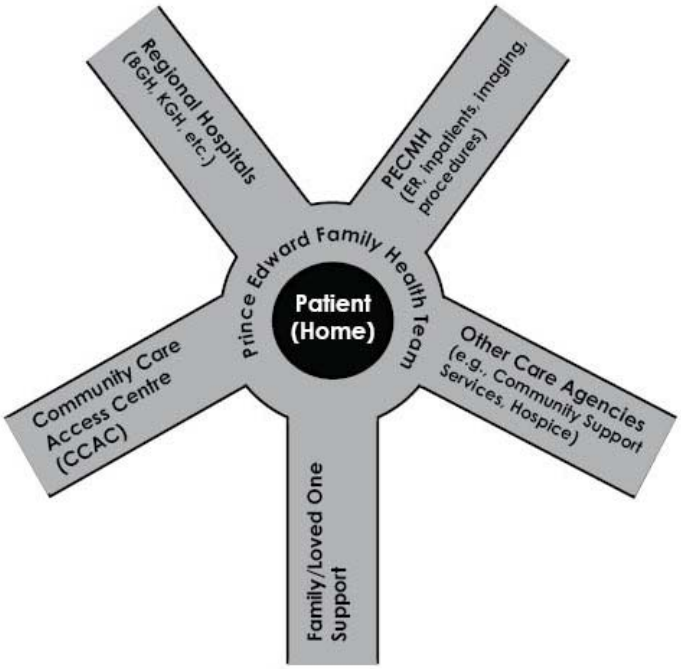
- Need to be flexible in our planning to adapt to technological advances.
- Think about ways we could use future technology for discharge teaching and support (e.g., ipad sent home with patients, lab work available at home); and to reduce the need for patients to travel (e.g., better use of OTN for specialist consultation and portable diagnostic equipment). Hope that as the technology becomes less expensive, it may be possible to expand diagnostic services.
- More integrated electronic health record will be a key enabler.
- Ensure there is WIFI in the hospital for patients to communicate with their family members. Also easier-to-use phone system for patients.

A New Model of Health Care in Prince Edward County: Summary

The Prince Edward Family Health Team (PEFHT), Quinte Health Care (QHC) and community health care partners have been working together to plan for the future of health care services in Prince Edward County. Our goal is to create a more efficient health care system that is responsive to the changing needs of PEC residents.

Future Prince Edward County Health System

Our vision for the future system looks a lot like a traffic circle with care centered around the patient who is supported effectively and can remain at home. The Family Health Team works with the patient and their family as they travel down different roads. At any point along their journey these roads are easily accessible, intersect efficiently and lead back to supporting the individual in their home. Care will continue to be coordinated by the Family Health Team who will use care maps to wrap care around each individual and their needs.



What this would look like to patients

- Residents have access to a range of health care services and appropriate supports, close to home.
- Care is better coordinated and standardized across the system, improving quality and safety.
- There is even greater collaboration between the hospital and Family Health Team to support the diagnosis, treatment and management of chronic diseases.
- Geriatric outreach teams and improved access to mental health services are priorities.
- Physicians, nurses and other health care professionals across the agencies are familiar with the patients and their conditions, needs and preferences.
- There are shared electronic medical records between care providers to enhance the continuity and quality of care.
- Duplication of services and testing are minimized.
- Health care partners have common processes for intake, assessment and referrals, which make it easier to coordinate services.
- The system is easier to navigate for the patients, including better coordination of appointments and a more consistent, comprehensive care plan.
- Health care partners continue to build on the success of coordinated programs such as Hospital@Home and Cardiac Rehab. These programs help to prevent unnecessary hospital admissions and better coordinate the handover of care following a hospital stay.
- There is a continued partnership with Queen's University for inter-professional education in a rural health care environment.

Our vision for the PEC Health System would be to provide: easier access to a wide-range of primary care services close-to-home; improved patient satisfaction; a healthier community; and greater efficiency and sustainability of the system.

What this means for the future of PECMH

As part of this vision, the partners are planning for a new hospital building that will be part of a health care "campus" alongside a new Family Health Team building. The campus would provide access to a wide range of primary care services in one location – family physicians, nurse practitioners, outpatient clinics, an emergency room, inpatient beds and community support services – creating a more efficient system of care that is responsive to the needs of patients and their families.

The new QHC Prince Edward County Memorial Hospital (PECMH) would continue to have an important role in health care delivery in PEC by providing:

- 24 hour emergency room services, staffed by nurses and physicians.
- Inpatient care for patients who can be supported by physicians from the Prince Edward Family Health Team.
- A robust range of diagnostic services.
- Outpatient procedures that are required on an ongoing basis by significant number of people in the community.
- Efficient access to the other QHC hospitals in Belleville, Trenton and to hospitals in Kingston for treatment of more severe conditions or conditions that require specialized inpatient care, such as mental health, rehabilitation care, etc. (Currently, PEC residents use PECMH for 74% of their emergency room care, but only 31% of their inpatient care.)

PECMH will continue to be there for patients needing acute hospital care. Other health care agencies and providers will be increasingly able to manage all but the most complex cases in a community setting. When an individual requires an inpatient hospital stay, the goal will be to support them to return home as soon as possible. This is important because we know people recover faster and maintain their functionality better when prolonged hospital stays are avoided.

Why Change Health Care in PEC?

Health care systems are evolving all over the developed world, primarily driven by three factors:

- Improved methods of delivering care, thanks to ongoing research and new technology.
- An aging population and increased number of people living with chronic diseases, such as diabetes, dementia and heart/lung conditions. The percentage of people in PEC over 75 years of age will grow from being 12% of the population in 2015 to more than 25% of the population in 2036. However, the overall population growth remains very modest.
- Shrinking financial resources. Health care currently accounts for 42% of every program dollar spent in Ontario. We need to find ways to make more efficient use of tax dollars.

Why build a new hospital?

The current hospital was built more than 50 years ago and does not meet today's standards for building codes, infection control or delivering hospital based care. It is only about 10% cheaper to redevelop an older hospital building, rather than building new, and we would lose out on many of the benefits of a newly designed hospital building, such as bathrooms in every patient room.