

Huronia District Hospital Supervisor

REPORT

May 16th, 2008

Respectfully Submitted by Dr. Kevin Smith

Background

- Supervisor of Huronia District Hospital (HDH) appointed when the Board resigned in October 2007
- Supervisor mandate: to resolve the Governance issues at HDH
- Supervisor Team conducted extensive consultations in the community and region, and opened a confidential email address to hear comments and concerns:
 - Received approximately 75 emails before April 28th, 2008 (see post-April 28th feedback below)
 - Met with internal and external hospital stakeholders including physicians, hospital managers and staff, members of the PGH Board, former members of the HDH Board, Huronia Hospitals Foundation, Union groups, the Ontario Health Coalition, Elected Officials, Community Partners including the LHIN, and others
 - Held two Town Hall meetings (one in Penetanguishene, one in Midland)
 - Received and responded to mail correspondence and telephone calls

Findings

- Supervisor Team heard of the great confidence and pride the citizens of the communities have about their hospitals, and of the great achievements of the North Simcoe Hospital Alliance (NSHA) as a leader in integration of services

The great majority of the community is requesting a solution that fulfills the following four criteria:

- 1) Maintains or enhances local governance of healthcare
- 2) Realizes a permanent alternative to the Alliance to ensure hospital mergers do not have to be revisited in future
- 3) Ensures hospital services are maintained, and no loss of services result in the community
- 4) Finds a way to continue the Catholic healthcare mission and the legacy of its founders, the Grey Sisters of the Immaculate Conception

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Proposal

With these three points in mind I am submitting the following proposal which includes health system partners other than HDH:

- a) To join the current HDH and PGH into a single entity that would be governed by a single, secular board of directors from the community and managed by a single Chief Executive Officer, continuing the sites and services currently offered
- b) To use a Community Based Nominating Group to select Board members for the secular hospital based upon skill and ability. It is expected that that the membership of the Board will also reflect geographic and socio-linguistic communities
- c) To divest the Mental Health Centre Penetanguishene (MHCP) regional programs to the Catholic Board of the current PGH, who would then govern the regional mental health facility, permitting the continued mission, vision and values of faith based health care
- d) To engage the Centre for Addiction and Mental Health (CAMH) in the governance and management of provincial maximum secure programs, currently housed in the Oak Ridge building, and have CAMH be a significant partner in the future redevelopment of Oak Ridge working with PGH
- e) To ensure a strong relationship with respect to maximum secure forensic services and the local communities through a Community Advisory Committee to CAMH

I believe this is the only proposal that fulfills the four criteria listed above.

The following details the Final State of the community's healthcare facilities if the Proposal is implemented by Government:

Proposed Final State of Hospitals

1) HDH and PGH

- Joined as single corporate entity, with two sites
- Providing all services of the previously separate hospitals, in the same locations
- Governed and managed by a single, secular Board chosen by a Community Based Nominating Group
- Managed by a single CEO
- Membership of the Board will also reflect geographic, cultural and socio-linguistic communities'

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2) MHCP

- Divested to Catholic Board of community members that previously governed PGH
- Becomes a Catholic Mental Health Hospital serving the region

3) Provincial Maximum Secure Programs Oak Ridge Building

- Divested to CAMH, who will govern and manage the programs
- Community Advisory Committee to advise CAMH of community issues
- CAMH and Catholic Board of former PGH to collaborate on redevelopment of Oak Ridge

Feedback – April 28th to May 9th

Between making the proposal public on April 28th and May 9th I have received 51 emails and 16 phone messages. There was also coverage in the local media.

Based on this feedback I ultimately feel that the proposal is viable and has on the whole been accepted by the community.

Acceptance of the proposal was evident in local media coverage:

- 1) The Medical Staff of HDH/PGH were vocally supportive of the proposal in the media
- 2) Locally elected officials were vocally supportive of the proposal in the media
- 3) Provincially elected officials were vocally supportive of the proposal in the media
- 4) The Citizen's for a Secular HDH group were vocally supportive of the proposal in the media, with reservations about elected Boards
- 5) The Ontario Health Coalition group were vocally supportive of the proposal in the media, with reservations about elected Boards

Other individuals/groups wrote in to express their support of the proposal. Some thought that:

- 1) The proposal appropriately addresses the community's 4 criteria (see 'Findings' above)
- 2) The proposal adequately addressed the community's concerns about regional governance

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- 3) The proposal puts to rest many long-standing conflicts
- 4) The proposal will create stability, making it easier to attract and retain healthcare professionals to the region
- 5) The proposal will encourage more integration and better patient care
- 6) The proposal strengthens community governance with the addition of a Board for MHCP and a Community Advisory Group to CAMH
- 7) The proposal is a win-win for all groups in the community
- 8) The proposal as it relates to MHCP continues a strong Catholic tradition in Mental Health in Ontario
- 9) The proposal is excellent in ensuring a secular hospital to serve the region without loss of services
- 10) The governance of the region's hospitals is appropriately left in the hands of Board members with the right skills and abilities, not elected members
- 11) The proposal will enable hospital management and staff to focus on key health system issues including patient care and patient safety, and quality of worklife for staff
- 12) The proposal will allow the region's hospitals to be better represented at regional and provincial tables

While supportive of the recommendations, the following issues of process/transparency were identified. Some individuals expressed the following views with respect to implementation:

- 1) Details regarding the finances of both HDH and PGH, and the impact of the proposal on these finances, should be made clear to the community
- 2) No funding for hospitals should leave the community's healthcare facilities
- 3) Ownership of all sites should remain in public hands, and that no money leaves the community or be signed over to other groups
- 4) Details about ownership of the PGH site and the MHCP site in the proposed model should be made public
- 5) Leadership from HDH/PGH should not move into leadership positions at MHCP without appropriate due diligence by the Board
- 6) The proposed Board at MHCP (i.e. the former PGH Board) must reflect new constituents and stakeholders
- 7) Acute Care beds at MHCP should be integrated into the region's acute care system; integration should be pursued to ensure patients receive care for physical and mental health as appropriate
- 8) Additional transparency should be pursued by the region's hospitals, and in decision making
- 9) All facilities should examine administrative efficiencies and clinical collaborations
- 10) The process of Naming the new hospital corporation should include community input
- 11) The region's Boards should have some reflection of the Gay/LBTG community
- 12) Safeguards should be in place to ensure voluntary participation only in research projects conducted at Oak Ridge

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This is not to suggest that there are not dissenting voices, with some individuals and groups having very strong negative feelings. These are summarized below:

- 1) Boards should be elected by the corporation membership rather than appointed by a community selection committee
- 2) No changes should be made to hospital governance in the region
- 3) Catholic values will have a negative effect on patient care provided at MHCP
- 4) The existing PGH hospital will be marginalized in the larger proposed structure; with its positive culture and performance damaged; or simply, that it should remain Catholic
- 5) Abortion or end-of-life issues need to be handled in a way that is respectful to the Catholic traditions of the region
- 6) CAMH management and Governance of Oakridge will mean loss of access to the region for Max Secure beds
- 7) CAMH management and Governance of Oakridge will harm existing integration of Oakridge and Regional Mental Health programs
- 8) Considerable operational challenges for the MHCP divestment and the ongoing mental health service provision will arise as a result of the model
- 9) More engagement / consultation with Aboriginal organizations and consumers on the proposal is needed
- 10) Some aboriginal mental health consumers feel anguish related to faith-based institutions and will not be well served in the new model

Original signed by

Dr. Kevin Smith
HDH Supervisor
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