

General Q's and A's: Release of the Core Service Report

1. Why conduct a study on core services at small hospitals?

The Ministry of Health and Long-Term Care asked the Joint Policy and Planning Committee (JPPC) to examine services at small hospitals to determine the best way to ensure patients have access to the health services they need. The JPPC convened an Advisory Group to create a forum for focused discussion on the role of small hospitals and to provide feedback to the Ministry.

Small hospitals face distinct challenges with respect to recruiting and retaining health professionals, treating residents from geographically-dispersed communities and serving patients that are, on average, less healthy than those in more urban areas.

2. How was the study conducted?

The project was undertaken in three distinct phases. Phase 1 was a utilization-based review of services currently offered by small hospitals. During Phase 2, the Advisory Group made recommendations regarding core services based on the findings in Phase 1. The third phase was a look at future opportunities for small hospitals.

3. What were the findings?

The report explored the absolutely central role that small hospitals play in delivering health care in small and rural communities, and catalogued the services currently offered in Ontario's small hospitals.

The advisory group identified several key considerations to help interpret and provide context for its core service recommendations:

- A basic core of services may be different for different types of rural communities.
- Core services should be available to communities or regions – not all individual institutions should be expected to deliver all core services.
- Multi-site corporations as a whole would be expected to provide the same core set of services to its catchment population as any of the single site small hospitals. This does not require every site within a corporation to provide the same complement of core services.
- Planning for health services must take into account the diverse health needs and different circumstances for different communities. It will require extensive discussion and consideration, through a collaborative community planning process, of the unique position of individual facilities, the available evidence in

the context of Local Health Integration Network (LHIN) planning and the services provided by other providers serving the catchment area.

4. What did the report recommend with respect to core services at small hospitals?

The report provides thought leadership on what services could be offered, and what role can and should be played, by small hospitals in the years ahead.

For the province's smallest hospitals, with up to 1,500 weighted cases of inpatient activity, the Advisory Group recommends that core services include:

- Emergency services:
 - Emergency departments must be prepared to provide care to, or stabilize and transfer, patients entering via the emergency department;
- Medicine program with inpatient medical beds;
- Physician specialty of General/Family Practice:
 - Supported by broadly-trained nurses;
- Inpatient allied health services, such as:
 - Physiotherapy, clinical nutrition, occupational therapy, respiratory therapy, speech pathology, pharmacy; and,
 - Tailored to meet the specific needs of the population being served; and,
- Diagnostic services, such as:
 - Laboratory, ultrasound, general radiography and non-invasive cardiology.

For the group of relatively larger small hospitals, whose inpatient activity ranges from 1,500 to 4,000 weighted cases, the Advisory Group recommends that core services include all of the basic core services identified for very small hospitals above, plus:

- General surgery and day surgery program;
- Obstetrics program;
- Physician specialties of General Surgery and Internal Medicine; and
- The provision of Special Care Units and the ability to accommodate temporarily ventilated patients.

5. What do these findings and recommendations mean?

This report found that, although they face distinct challenges, small and rural hospitals play an absolutely central role in the delivering health care to Ontarians.

The report is very positive about the future of small hospitals. Anyone who claims otherwise is engaging in irresponsible make-believe and fear-mongering.

Its findings are also consistent with supportive comments made in support of small and rural hospitals by Minister Smitherman and the government of Ontario. Indeed, at a conference on May 25, 2006, Minister Smitherman spoke very clearly and at length about the value of small hospitals and their "bright future".

6. How will this report impact my hospital and the services we provide?

The report gives small hospitals a foundation on which to plan the current and future delivery of services and can act as a catalyst for further discussion about the hospital of the future.

Through the OHA's Small Rural and Northern Hospitals Provincial Leadership Council, small hospitals have the opportunity to provide leadership in further developing and implementing the concept of core services. Hospitals can collectively chart the course of the future of small hospitals through collaborative planning and integration at the local health system level in conjunction with LHINs.

7. Who was involved in the study?

The Advisory Group for the study was organized through the JPPC, and included representation from the OHA and the senior leadership of small hospitals. Hay Consultants carried out specific analysis and facilitated the advisory group process.

8. Why has it taken so long for this report to be released?

The report underwent a three-party review and approval process by members from the OHA, the Ministry of Health and Long-Term Care and the JPPC. This is standard procedure for a report of this scope and it was released soon after this process concluded.

9. What is a small hospital?

A hospital is defined as small, rural and/or northern-based on a number of different factors such as hospital size, isolation and geographic location. Since the OHA determines hospital size by inpatient weighted cases, the definition of small hospital is a hospital with less than or equal to 4000 weighted cases. Defining the concept of rural is more challenging, encompassing a number of components including, but not limited to, population size and density, geographic and professional isolation, and lifestyle factors.

Very small hospitals are defined as sites that handle less than 1,500 weighted cases per year. Of the 62 very small hospital sites, 25 are part of a multi-site corporation.

10. Where can I find this report?

The Core Service Role of Hospitals in Ontario report is available at www.jppc.org.