

Questions and Answers

What is the definition of a small, rural and northern 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 Ontario Hospital Association (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.

How many small, rural and northern hospitals are there in Ontario?

There are currently 91 small, rural and northern hospital sites in 74 hospital corporations in Ontario.

What are the unique challenges facing small, rural and northern hospitals?

Small, rural and northern hospitals face a unique set of challenges in delivering health care services to the communities they serve including:

- Geographical remoteness & isolation;
- Low density populations – few economies of scale to be gained;
- Demographics – aging population and special needs populations;
- Lack of physicians (including specialists), nurses and other health care providers;
- Reduced access to medical and other professional health care services;
- Limited or no alternatives to essential services; and
- Decreased availability of community-based services and non-acute care resources

What are “Core Services” and why are they important to small, rural and northern hospitals?

Core services are defined as the minimum set of services generally necessary in all hospitals in Ontario. The identification of core services is not intended to define all of the services provided by a given facility, but just the minimum set of services. The identification of core services is important to small, rural and northern hospitals because it ensures that all hospitals provide their catchment population with a minimum set of services.

What is the Core Service Report?

The Core Service Report is a report that is currently being prepared by the Multi-site/Small Hospital Advisory Group, under the leadership of the Joint Policy and Planning Committee (JPPC), with representation from the OHA, Ministry of Health and Long-Term Care and hospitals. There are three phases of the Core Service Report. The first phase explores the existing service utilization provided by small hospitals. This culminated in the report, *The Core Service Role of Small Hospitals in Ontario – Phase One: An Exploration of the Current Services*. The second report builds on the work of phase one and provides rationale for the recommended core services of small hospitals. Both reports should be released in the summer of 2006. The

final report will build on the work of the first two reports, and will explore the future role of small hospitals within the Ontario health care system.

What are the Local Health Integrated Networks (LHINs) and what role will they play with small, rural and northern hospitals?

The LHINs are not-for-profit corporations that will be responsible for planning, integrating and funding local health services in 14 different geographic areas of the province. Each LHIN has engaged their small, rural and northern hospitals within their areas to determine the health service priorities in order to improve access to services and to ensure services are integrated and coordinated within each area.

Small, rural and northern hospitals will continue to have a distinct role in the delivery of comprehensive and integrated care within a LHIN framework

Is it more costly to run a small hospital?

Small hospitals face a number of challenges by virtue of their size, geographical location, remoteness, lack of community resources and the health of their catchment population. These factors may result in increased costs for the hospitals as they are unable to take advantage of economies of scale.

Despite the low volumes or sporadic demand, small hospitals must offer all essential services because it is the sole provider of health care service in a community. Since the hospital must maintain a minimum staffing level for safety reasons, the hospital incurs costs due to the low volumes to operate programs.

Some hospitals do not provide Obstetrics or Surgery. Is it true then that these hospitals are no more than a “Band-Aid Station”?

No. Small, rural and northern hospitals are the backbone of health care delivery in small and rural communities, and providers of a broad range of services including:

- Comprehensive primary and selected in-patient services
- Selected secondary services
- In-patient surgery and day surgery
- Out-patient and diagnostic services
- Long-term care services
- Level 1 emergency services and ambulance services
- Community outreach and health promotion

Why do rural and northern hospitals have difficulty recruiting and retaining Physicians and other Health Care Professionals?

Access to physicians and health care professionals has been a critical and perennial issue in most rural and northern communities across Ontario – and in other provinces. The problem ranges from not having enough permanent physicians in a community, to not being able to

cover emergency-on-call services due to a limited number of specialists. Physicians working within small and rural hospitals are also typically required to sustain a broad scope of practice in order to meet the demands of their communities. This is compounded by difficulties in accessing specialists or having sufficient support staff and appropriate medical equipment available.

In order to address these issues, there have been many strategies initiated over the years by the Ministry of Health and Long-Term Care. These initiatives include an increase in medical school enrolment, the creation of 150 Family Health Teams and the development of a comprehensive nursing strategy.

What is the difference between a Family Health Team and a small, rural and northern hospital?

A Family Health Team is an approach to primary health care that brings together different health care providers to coordinate care for the patient. Designed to give doctors support from other complementary professionals, most Family Health Teams consist of doctors, nurses, nurse practitioners and other health care professionals who work collaboratively in an outpatient or clinic setting, utilizing their experience and skills so that patients receive the best care, as close to home as possible.

As well, while a Family Health Team may offer diagnostic and/or lab services to their patients - most do not - nor do they provide emergency services, all of which is provided in a small, rural and northern hospital.

Are small, rural and northern hospitals more than just providers of health care services to their communities?

Yes. Small hospitals are essential providers of both health and social services for their communities. For example, in small communities, the hospital may be a provider of homecare, VON, Meals on Wheels and other social and community services.

Also well, small hospitals are often the economic drivers of their communities and one of the biggest and most important employers in their communities.

What steps can our communities take to ensure the physical structures of our hospitals are up-to-date and able to serve the emerging medical needs of our community?

The capital needs of small, rural and northern hospitals remain a priority for the OHA. As part of its commitment, it recently compiled an inventory of all capital projects for small hospitals.

The Government of Ontario has recently announced that it will assume 90 percent of the eligible construction costs for hospital projects. Under this new policy, hospitals will be responsible for only 10 percent of construction costs, as well as the costs associated with the purchase of new and replacement equipment. These new developments will certainly make it easier for hospitals and their communities to raise the funds necessary to begin and complete much-needed hospital renewal projects.