Our Story - Our Future

Progress Report
SDH 2016

May 31, 2016

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Disclaimer:

This is a Progress Report prepared by the SDH Board to provide information and be accountable and transparent to the SDH Corporation members. The material in this report has been prepared in good faith and reflects the board's best judgement in light of the information available at the time when it was prepared. The reader may interpret the information as they see fit. This document is not written for use by a third party. If a third party makes use of, relies on, or makes decisions based upon this document, these are the responsibility of such third parties. The Board in preparation of this report accepts no responsibility whatsoever for damages, if any, suffered by a third party as a result of decisions made or actions based on this report.

Acronyms;

ESC LHIN	Erie St. Clair Local Health Integrated Network
CKHA	Chatham Kent Health Alliance
MOLTHC	Ministry of Health and Long-Term Care
PGH	Public General Hospital, Chatham, Ontario
SDH	Sydenham District Hospital, Wallaceburg, Ontario
SJH	St. Joseph's Hospital, Chatham, Ontario

Chair's Message

This report is neither the beginning nor the end of our healthcare journey. This is a dynamic document which attempts to describe the struggle and 'Vision of the Sydenham District Hospital Corporation' within our community. In addition, we hope that other small rural communities who are struggling to maintain the full spectrum of health services can relate to the challenges we are facing today. This progress report will illustrate events up to May 2016. Any events after May 2016 will be included in a future revision or update report.

Pre-Alliance (1997), the Sydenham District Hospital was a one-stop shop for many of the healthcare needs of the communities that it serves. Some 25,000 people make up the catchment area of Sydenham Hospital and includes the communities of Dresden, Wallaceburg, Walpole, North Chatham-Kent, St. Clair Township and other parts of South Lambton County. The Hospital managed within its budgets and provided safe, quality and professional care to our residents and the patients who sought healthcare in our community.

In the late 1990s the Provincial Government, in an effort to save money, pushed for amalgamations of hospital corporations across the Province. In our case they forced an alliance of three hospitals - St Joseph's and Public General in Chatham and Sydenham in Wallaceburg. Three Hospital Corporations but one staff organization and one healthcare system. For many years, healthcare services continued without impact. That, however, could not and did not last. Over the years services, equipment and resources were transferred to Chatham and discontinued at Sydenham. By 2012, everything but the ER and the kitchen sink were removed.

In 2013 residents of Wallaceburg and area elected a new Board and signalled a new era in advocating for the services we need to be provided in our community and not from a distance.

The Ministry of Health and Long-Term Care, the ESC LHIN, the CKHA staff, the SDH members and most importantly our patients have entrusted us to govern with integrity, respect, professionalism and transparency. They are our stakeholders and we have always valued their input. In good faith we have attempted to meet their expectations at every step of the way.

It's Our Story and Our Future.

Chair	Sheldon Parsons
Vice-Chair	Conrad Noel
Directors:	Herb John
	Kris Lee
	George Lung
Past Chair	Jeff Wesley

Historical Timeline of Significant Events

1996	St. Joseph Hospital and Chatham Public General form Alliance
1998	Sydenham District Hospital joins Alliance mandated under the Health Services Restructuring Commission's recommendations. Tri-Board Alliance Agreement signed.
2001	CKHA moves to a single employer
2002	The Tri-Board Alliance Agreement is amended.
2006	Local Health Integrated Networks (LHIN) are formed. (Erie/St. Clair LHIN) Ministry of Health approves single CKHA accounting system
2011	Submission of SDH !magine Project to MOHLTC $77M
2012	SDH is still referred as Small Rural Hospital and reported as such by CKHA
2015	Jeff Wesley, as Chair of SDH board, presents need for ER to the MOHLTC staff in Toronto MOHLTC staff visit Sydenham Campus and inform of a $10M opportunity to build small rural emergency facility which does not need Cabinet approval.
2016	March 31 Tri-Board meeting CKHA staff propose no Emergency Department to address 1.8M deficit, SDH rejects Business Plan
	April Monte McNaughton, MPP, France Gelinas, NDP Health Critic raise questions in Queens Park in support of SDH
	April 6 PGH/SJH boards announce 'suspension' Tri-Board Alliance activities
	April 12 Elder Jean Wrightman organizes consultation with Bkejwanong First Nations
	April 19 SDH public presentation of the Vision including 24/7 Emergency Department
	April 30 538 SDH Corporation members + 1 Honorary Member 2016 to 2019
	May 18 SDH hosts meeting with potential partners on co-location
	May 19 Bev Shipley, MP Lambton-Kent-Middlesex, leads in recognition of SDH Emergency Department in House of Commons.
	May 20 Letter from MOHLTC July 2015 recognizing excellent ER at SDH (Appendix F)

What is the Role of Directors?

Hospitals such as Sydenham are a not-for-profit hospital corporation, governed according to the Public Hospitals Act, Corporations Act, each Hospital's By-laws, Tri-Board Alliance Agreement and finally by CKHA policies and procedures. The affairs of a hospital are governed by Boards of Directors.

The Sydenham District Hospital Board of Directors has a fiduciary duty to the LHIN and Ministry of Health to balance the budget. In addition, the board is also accountable to the patients, staff, and members of the corporation and public about their quality of care, service needs and long term strategic planning for the future development of community needs. Difficulties arise when boards must balance the deficit with the quality, safety and needs of patients in urban and geographically large rural areas. These difficulties are compounded when 3 boards have to work together. SJH, PGH and SDH, the three separate corporations, are in this difficult situation. The imposed amalgamation and subsequent Alliance Agreement was intended to assist the 3 corporations by giving them a framework for governance
(I.e. how to work together to achieve quality patient care).

What is the difference between an Open Board and a Closed Board?

Hospital board membership is a very controversial issue in the province and creates much debate.
It is important to note that most hospital boards in Ontario have abolished their membership model. Those who promote a closed board concept refer to the open board model as "the tyranny of the minority". Those who promote open board concept refer to "no decision about me, without me". The

Sydenham board firmly believes in a skills based open board concept, where directors are elected and where members from the local community (catchment area) may submit their names for directorship in a democratic process. Although a closed board can make decisions more easily as their directors are not under the same scrutiny and accountability as directors from open boards, the SDH board believes that the membership model is the best way to promote accountability, transparency and meaningful dialogue and to curtail an abuse of power and entitlement.

What are the rights of SDH Corporation Members?

The 2016/2019 membership cycle consists of 539 members.
The rights of SDH Corporation members are set out in the Corporations Act and the SDH By-laws:

a) elect Directors at the Annual or Special Meetings of the SDH Corporation;
b) receive the auditors' report, financial statements and management reports; appoint auditors for the SDH Corporation pursuant to the By-Law;
c) confirm, reject or amend by-law amendments pursuant to the Corporations Act and the By-Law;
d) attend Members' meetings;
e) request Special Meetings for specific agenda items, pursuant to the By-Law; and
f) seek nomination and stand for an elected position on the SDH Board.

Information related to SDH of interest to members/community at large can be found:

Chatham Kent Health Alliance	www.ckha.on.ca "Patient Care" "About – Governance"	
Local Media (alphabetical order)	CKXSFM Radio	www.ckxsfm.ca
	Sydenham Current	www.sydenhamcurrent.ca
	The Chatham Voice	www.chathamvoice.com
	Wallaceburg Courier Press (Sun Media)	www.wallaceburgcourierpress.com
Other	Save Our Sydenham Website	www.saveoursydenham.com
	Wallaceburg Health Coalition	www.ontariohealthcoaltion.ca

How are financial statements prepared and why are they confusing to understand?

At the time of the imposed Tri-Board amalgamation, percentages for CKHA were determined using Ministry of Health revenue for the 1998 fiscal year and assigned as SJH – 33.3% PGH – 50.0% SDH – 16.7%. As such, each of the Chatham and Sydenham Campuses reflect these percentage interests.

I.e. To comply with both the single accounting system and Tri-Board percentage assets, a single consolidated Alliance statement is produced and audited each year. Then each hospital corporation's yearend financial statement is presented at the Annual General Meeting in accordance with the percentage interest stated in the Alliance Agreement. It is important to note that these percentages were not used to reflect revenues to each site. For many years the SDH members have objected to this single accounting system as it lacked transparency and ignored the needs of the catchment area.

Role of First Nations as Partners (**Background information)**

Section 35 of the Canadian Constitution specifically recognizes and affirms Aboriginal Rights.

> "... in 1982 the federal government enshrined Aboriginal rights in **Section 35** of the Canadian Constitution, and in Section 25 of the Charter of Rights in Freedoms, the government further ensured that Charter rights cannot "abrogate or derogate" from Aboriginal rights."
> http://indigenousfoundations.arts.ubc.ca/home/land-rights/aboriginal-rights.html

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) Article 24, endorsed by the federal government, states that:
1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
2. Indigenous individuals have the right to the highest attainable standard in Spiritual, Physical, Mental and Social Health. States shall take all necessary steps to achieving the full realization of this right.

Under the federal *"Duty to Consult"* guidelines as affirmed and developed by the Supreme Court of Canada, Ontario's role *"Duty to consult with Aboriginal peoples in Ontario" February 1, 2016,* involves:
1. providing timely and accessible information to the Aboriginal community on the proposed project, activity or decision obtaining information on any potentially affected rights
2. listening to any concerns raised by the Aboriginal community
3. determining how to address these concerns, including attempting to avoid, minimize and/or mitigate adverse impacts on Aboriginal or treaty rights
www.ontario.ca/page/duty-consult-aboriginal-peoples-ontario

The SDH Corporation mission will reflect the above Rights of Indigenous People by acknowledging and affirming the spirit of the obligations stated above. The above information is extremely significant with respect to the contrast in demographics between communities. The increasing Bkejwanong population of 5000 (half under age 25) is approximately half the size of Wallaceburg and approximately 20% of the Sydenham Walpole St. Clair Region. As such the proposed name, Sydenham Walpole St. Clair District recognizes the spirit of the partnership and increasing demographics. In addition "Sydenham" recognizes the regions of Wallaceburg and Dresden. We feel that this name truly reflects the vision. Further, it is the position of the SDH Board that Bkejwanong members shall have representation, involvement and engagement, and not limited to, on any Board, governance committee, where decisions are made regarding the health and well-being of its community within the operation and activities.

April 12, 2016, Bkejwanong Band Council Minutes contain the following motion:

> **Moved by:** Rex Isaac **Seconded by:** Mike Dashner
> *Unanimously approved by Bkejwanong Band Council*
> *Bkejwanong Giigdo Ninwag acknowledges and commends Jean Wrightman for bringing this issue forward, and accepts and supports the request to form a Walpole Island First Nation and Wallaceburg alliance; further, that Council supports the health of all members including, but not limited to the 24-hour Emergency Department care located in Wallaceburg.*

See Attachment C & D: Letter to Minister Hoskins from Chief Miskokomon in support of SDH.

SDH Members Meeting Presentation April 19, 2016 UAW Hall Wallaceburg.

About 500 people were in attendance to hear information about the status of the hospital.
The presentation was divided into the following sections:

- Welcome
- WIFN & Honorary Membership
- Governance
- Membership
- CKHA Deficit
- Imagine Project
- Visions of Health Care (Member Recommendation)
- Question Period
- Adjournment

Governance: **(April 19, 2016 draft speaking notes for Sheldon Parsons)**

You've heard a lot recently about our governance issues in the media. To be completely candid, a lot happened prior to that date that we did not share with you. In our mind, our governance problems were resolvable, that they were a work in progress, that reasonable people would eventually understand that we were going to fulfill our fiduciary responsibilities to our members and to our communities. We weren't going to go away. We weren't going to cave to their pressures.

However, recent actions taken by the other two boards, have placed the Alliance in a precarious position. I believe we can now share with you what we have faced as a Board, what we are currently doing about it and what our plans are for the future.

I first want to acknowledge the determination and the dedication that the directors that make up your board have shown over these past two years. It hasn't been a pleasant journey. It is definitely not what public service should look like or what volunteers should have to put up with.

In spite of this, the SDH Board has taken the high road at every turn and we have done our level best to cooperate with the other boards and to represent you and our communities in the best way we could.

When this Board and our predecessor Board, took office, we were faced with antagonistic attitudes that were bordering on corporate bullying. While I could quote chapter and verse, I don't need to, because it is all set out in the official minutes of our meetings, most of which are kept confidential and not allowed to be released to the public, but it's there.

Tensions were always present. First, they wanted us to move forward quickly and form a single corporation, effectively removing each board's veto.

We said no.

We said that we needed some assurances that the services at SDH and in our communities would not be reduced further. They thought that was unrealistic. They said we were not elected to represent our communities but we were elected to represent all of Chatham-Kent.

When new deficits were looming and we were looking at reductions to balance the books, most of the reductions were targeted at SDH. We said that we couldn't accept that. They thought that was unrealistic.

Late in November 2015, we had an Alliance meeting that was not the most pleasant to attend. Not the worst that I have ever been at, but pretty evidential that all was not well in paradise. Boards exchanged letters and then the problem simmered for a while. It was two boards against one.

Late in January 2016, we had another Alliance meeting that wasn't much better. I had the dubious pleasure of chairing that meeting and it looked like we would not be able to resolve our differences. But SDH compromised, not the other two boards, just SDH, so that we could move forward.

Late in March 2016, the problem boiled over. Proposals were presented, we knew they were coming, that targeted SDH for significant service cuts.

We said no and we used the veto that they wanted to eliminate one year earlier.

That's when the other two boards decided that they were going off on their own, the media reported that it was like they took their ball and went home. The trouble is they don't own the ball. They ignored their responsibilities under the Alliance Agreement and the Transition Protocol, agreements that had been negotiated in good faith over a number of years.

They decided to suspend all Alliance governance activities.

We received a letter to this effect. We had to fight with our administration to get our own money to get an independent lawyer to advise us. We have sought that legal advice and we have now responded.

Our plan is to go back to the table and attempt to work out all the issues that we face. The LHIN supports that action. We don't know what to expect but we'll let you know how it goes at our annual meeting in June.

You, as our membership, should know what we know, and that is, there are some serious repercussions to long term governance issues that cannot be managed by the Alliance and we hope that the other two boards understand this as well. We hope that their lawyers have made this as clear to them as our lawyers have made to us.

And, as Paul Harvey used to say: and that is the rest of the story.
We will keep you posted.

Membership: **(April 19, 2016 draft speaking notes for Conrad Noel)**

What are the benefits of becoming a SDH Corporation member?

- As a member you have the right to vote for or against any changes to the By-Laws of the SDH Corporation (By-Laws which can have a huge impact on SDH);
- As a member you have the right to attend all member meetings, ask questions and seek accountability from the SDH Board and the management staff of both SDH and the Chatham-Kent Health Alliance(CKHA);
- As a member you have the right to make your voice heard in the decision making process for SDH;
- As a member you have the right to protect what services are left of Sydenham District Hospital i.e. the emergency room at SDH;
- As a member you have the right to seek a position on the SDH Board of Directors.

To become a member of the SDH Corporation:

- You must complete the Membership Application form before April 30th;
- Pay $10.00 for a three year membership.

Budget Deficit Plan: **(April 19, 2016 draft speaking notes for Conrad Noel)**

CKHA has survived a number of these artificially created budget crises by pulling services from the Sydenham campus and collapsing these into the Chatham campus.

For the past 17 plus years, the Hospital Boards in Chatham were treating Sydenham like a corporate piggy bank. Every time they ran into trouble, they withdrew our cash, our services, our equipment, even, as some suggested, our supplies. Here are some of the cuts that SDH has endured to balance the CKHA budget: intensive care, maternity, reduced laboratory services, physiotherapy (down to 3 days a week), mammography, surgery, palliative care, pediatrics and acute care beds. Now, our emergency department is at risk of being downgraded to an Urgent Care Centre. Without an H on the building, there is no Emergency Department.
This current crisis is no different.

What is different is that SDH Board is not prepared to agree to any further reduction of services that don't make sense to us or for our service area. On April 11 2016, your SDH Board imposed an immediate and permanent (subject only to a further motion by the SDH Board to overturn it) a moratorium of any changes to service delivery at SDH which includes, but is not limited to, any changes to the availability and service delivery of emergency services located at Sydenham District Hospital.

We wonder why other hospitals within the southwest region and within our LHIN have not experienced these same reductions. Petrolia, Leamington, Newbury and Strathroy seem to have weathered these crises much better. Either their administrations have managed differently to maintain these services or CKHA has voluntarily done more than we needed to do.

When Leamington was faced with a closure of certain services, the LHIN created a way for it to be saved. We hear about other communities across the Province who have managed to maintain their services. We intend to find out why this has not been our experience.

From the reports that we received at the March 31st Alliance meeting, still cloaked in confidentiality, there is one clear message that should not be lost on anyone. Budget deficits are going to be with us for a long time. The plan that we were asked to approve didn't address the full deficit that we were facing either in the current fiscal year or over the next three fiscal years.

On this basis, SDH rejected the Budget Deficit Plan, but we are not sticking our heads in the sand and pretending that the deficit doesn't exist.

We believe there might be a "Leamington" solution. From Monday's announcement at Queen's Park, there might be a solution for the current deficit.

We believe that the classification of our Hospital is wrong and that we should be classified as a small rural Hospital where funding is based on a different set of criteria. We had that classification as late as 2012. It seems to be gone now and while we have asked, at these meetings and at Board meetings, we have not be told why. Our plan is to look deeper and we are tired of getting the run-around.

We believe that there might be opportunities to explore additional partnerships with Bluewater Health.

We will continue to work on these issues with PGH and SJ Hospital Boards within the CKHA and with the LHIN to reach mutually agreeable solutions.

Imagine Project: **(April 19, 2016 draft speaking notes for Herb John)**

When the current Board took office, we recognized that the single most important and pressing issue after the ongoing service cuts was to deal with the building condition at Sydenham.

The Imagine Project #1, filed with the LHIN and the Ministry in 2011 was in apparent limbo with no local proactive action taken for some years. The Province was apparently not in any hurry to move forward on the file. At our direction, the Imagine Task Force was re-convened and proactive steps were taken by the Board and the then current chair to approach the Ministry and lay out the problem as we saw it. A meeting was held in Toronto in 2015 and that was followed up by a tour of the building by ministry officials. Those events began a process towards finding a $10M solution to a $77M dollar problem. Along the way, we were reminded that the Imagine Project was a CKHA plan and not an SDH plan. It was, however, acknowledged throughout the planning process that the number one priority was the building condition at Sydenham.

It is our Board's view that the process we set in place was sidelined by other outside pressures that were not of our or CKHA's making. The Budget Deficit Crisis which is a direct result of the ongoing underfunding of health care by the provincial and federal governments was and continues to be principle among these outside pressures.

The result is that the project proposal that is being presented tonight does not look anything like the request that SDH made. We asked for a report on what a $10M solution would look like. We did not ask for a further dilution and abandonment of services that is represented within the current proposal. You should know that our Board has consistently asked to be involved in the process of reviewing plans and in contributing to the discussion of these issues. We also have indicated that we need to be at the table when discussions about a new governance structure for the co-location of services are taking place. We have been rebuffed at every turn.

We looked at the proposal and identified what we can accept and what we cannot accept.
We can agree to the following principles:
• we need to develop a new facility and at the appropriate time de-commission the current building as a hospital
• we will agree to co-locate with other healthcare providers and integrate services to create a onestop-shop for healthcare
• we will consider additional destination protocols so that ambulances take patients directly to the right location for the right treatment
• we believe that the facility should be led by an MD
• we need an ER
• we need a helipad

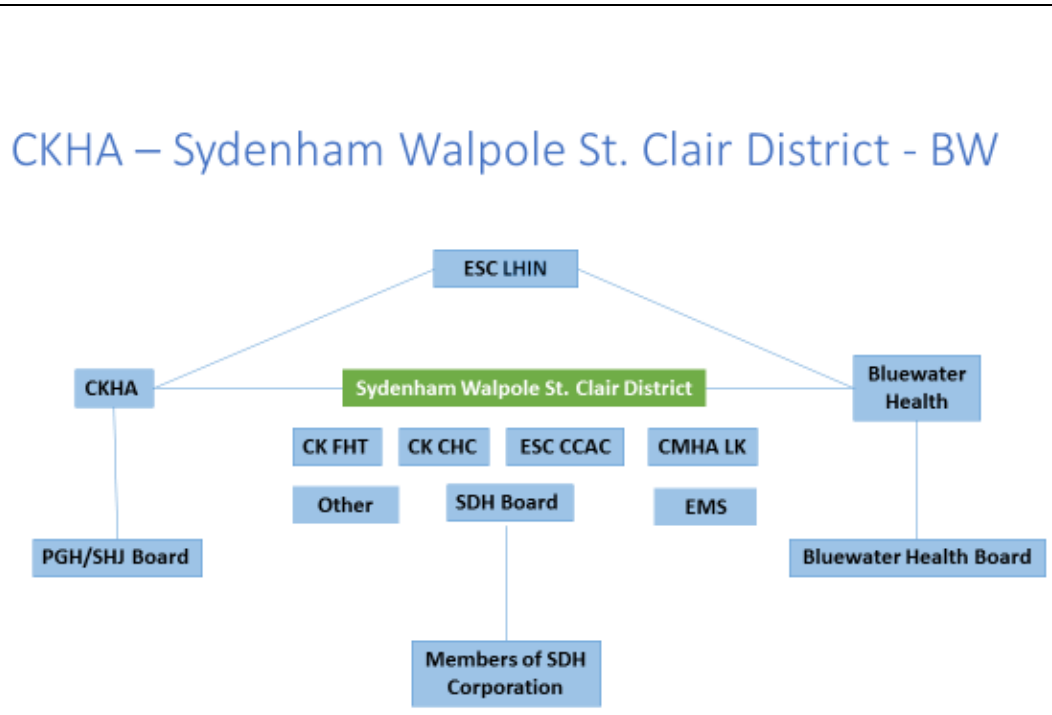
On this basis, we rejected the Imagine Project #2 but indicated and pledged to work with others to develop a concept and a plan that will meet the above principles and achieve the effectiveness and efficiency of delivery of healthcare services that we, the LHIN and the Province is hoping to establish. We are presenting the core principles of that plan tonight for your consideration and hope that you will approve it and give us the authority to speak on your behalf.

April 19, 2016 UAW Hall Wallaceburg 5pm meeting with 500 attendees voiced their support.

Photo courtesy of Sydenham Current.

Vision of Health Care (Member Recommendation)

Sydenham District Hospital A small rural hospital We are a very small rural hospital serving our communities • North Kent County • Wallaceburg • Dresden • Walpole Island First Nations • St. Clair Township • South Lambton County Sydenham Walpole St. Clair District	Small Rural & Northern Hospitals receive special treatment in the grand scheme of funding health care. There are sources of dollars and other considerations that are not available to the rest of hospitals.



We are suggesting a new organizational structure for health care in our region. SDH and its healthcare providers are in a partnership network, associated with both the CKHA and Bluewater Health healthcare providers and patients. There is one patient and one door to integrated access. The District we serve is **Sydenham – Walpole – St. Clair.** It would form a "Campus of Care".

SDH Vision for Our Future

- An integrated health care delivery system
- Co-location with other health service providers
- 24/7 Emergency Department
- Professional staffing including Physicians, Nurses, Nurse Practitioners
- All necessary ancillary services for the ED (eg. Ambulatory Diagnostic & Laboratory)
- Helipad
- Combination of medicine and observation beds
- Maintain ability to accommodate Sarnia/Chatham overflow
- Governance under SDH Board (continued Corporate Membership)
- A facility that will allow for future expansion in a site to be determined

Going forward with a positive outlook the Board has adopted the following points in developing our plan for the hospital.

Be it resolved that the SDH Corporation Members recommend that the SDH Board use the vision presented on April 19, 2016 as the framework for the development of the future of health care in the Sydenham Walpole St. Clair District.

Unanimous support

Appendix A: Comments submitted during April 19, 2016 meeting:

<u>Please Note:</u> This is a list of comments submitted from the public. The information does not necessarily reflect accuracy or the position of SDH board.

Hospital/ER are not only crucial to our community but also vital to any economic growth in our area.

Blind female 43. No transportation to Chatham. Have utilized SDH on numerous occasions due to life-threatening situations.

27 year old mother wonders what would happen in winter if/when Highway 40 is closed.

Mother of 3 soon to be 4, small business owner, child with severe peanut allergy, too small (16 months) for an epi-pen. Need to be within 5 to 10 minutes of ER. Husband diagnosed with cancer 3 years ago at age 29. Have used the hospital for many emergencies and will need to in the future.

Collaborate with CKHA and Bluewater Health but remain independent.

Grandson is a paramedic and worried that people will die because winter conditions on Hwy 40 make it very difficult to get to Chatham. People in extreme distress may die during the time lengthened trip.

Senior, live in Port Lambton, recently moved here, one reason being there was hospital close by.

January 14, 2016 I was rushed to SDH – couldn't breathe. With Quick response at SDH I was rushed to Chatham. Blood clots but no ICU rooms available at that time. Put me in Emergency until one was available later that night. I would be dead if it wasn't for SDH. When I was stabilized they were short on rooms again for me to recover in Chatham after ICU.

As a young adult (26) looking to build the viability of Wallaceburg and small communities. This initiative is extremely important for attracting families & young people. The investment in our health care will outweigh the loss of viability over the long term.

Male, mid 20's, Lambton-Wallaceburg and area is a large geographic area requiring full hospital & health care services. A further downgrading of SDH services would drastically reduce public health. There should never be a need to reduce health services. Such services should only be growing.

Acute case management plan is completely unacceptable to go to Chatham/Windsor as these are the most time sensitive. Must have service close by. Chatham ER is not as efficient as Wallaceburg. Keep us informed and involved. I am a business owner in Wallaceburg and a cardiac patient.

I vote Vision #2 (i.e. SDH). Great good vision for SDH.

We need an ER Hospital in Wallaceburg to save lives. It only makes sense.

How many Wallaceburg hospitals could we have built with Ontario Gas plants scandal at $230 million!! Who exactly is irresponsible and unrealistic?

Senior living in Wallaceburg for 60 years and dismayed to see SDH dismantled and left to deteriorate.

Please don't take away the community board. This is how health care started with Tommy Douglas.

Thank you for standing up for us. We will keep fighting so keep fighting for us. Yah democracy!!! Great work, don't quit.

Already have a specialist (ObGyn) in Sarnia because it was going to take months in Chatham but only 2 weeks in Sarnia. Because I have a car, I have better service. Why deal with Chatham at all.

Parents are getting older and will not be able to drive much longer.

Spouse middle age diabetic.

SJH Board should no longer be allowed to vote on anything regarding SDH as they are a nursing home. No longer as hospital. The SJH & PGH boards should no longer be combined.

Support the idea of re-establishing SDH as a rural hospital. Legally separate from CKHA.

By re-inventing ourselves we will create a strong presence in the community.

Need to get rid of amalgamation and CEO of CKHA.

As a senior I need ER attention.

I need to be treated as a human being, a patient – not just a number.

Wait times at SDH less than in Chatham.

The SDH can be more useable if CKHA stops stealing stuff.

Save our hospital please. We deserve care within our community.

With you all the way with your Plan.

Wallaceburg been my home for 70 and it's a great place to raise a family. I would not have moved here without a hospital being present. My feeling has not changed.

47 year old female, lived in Wallaceburg 29 years, 3 adult children, RN for CKHA, worked in ER, Pediatrics, Lab & Diagnostics, surgery – have depended on SDH, had C-section 1994 – need fully functioning Lab & Diagnostics Department.

Support 24/7 ER, IP Beds & full diagnostics properly staffed.

Retired RN from SDH, 33 years operating room, alone M/N for years & supervisor of all shifts as well. Requested another RN instead of calling for help. High morale existed throughout all hospital departments. Currently farmer, mother of 5, grandmother of 13, great grandmother. Husband deceased. Chatham is 25 miles away from the farm.

I feel if hospital can cut administration cost we would be better off.

Too many people suggesting what to do in many useless meetings. I worked in SDH and can't believe we ran it with 3 or 4 administrators. Hospital in Chatham runs with 30% administrators. This is a problem we have had since amalgamation. I feel it is too late to save our hospital. We have been torn to pieces. Good luck SDH board.

Would love to see current location be seriously considered as the location of the new facility. Helipad already in place, dispatch facility as well, ample room for the new facility and parking.

Senior worries about distance to Chatham and Sarnia as dependence on drivers a problem.

Will sign up as a member tonight.

Appreciate Monte McNaughton's interests.

Appreciate Walpole support.

Noticed more younger people at this meeting.

As a member I pledge all my support for all proposals as a 24/7 hospital.

SDH saved my life in 2008.

Senior has attended many meetings but for the first time I feel good about a meeting. Happy to hear about your vision & endorse it.

Thought for a long time we should integrate with Bluewater Health.

Good luck to all of us.

If the ER were not there when my grandson (name listed) was in a very bad accident in November, he would not have made it to Chatham alive.

Senior retired, widowed since 2015, anxious for the future of our seniors regarding access and means of transport to our hospitals. Access to heated pools for therapy for the many people who have had a joint replacement and limb/joint surgeries. My husband's (name listed) life had been saved by excellent doctors and staff at SDH 20 years ago.

Advocacy to outside parties is as equally important as having the community being behind you.

We need to convince the LHIN, Ministry of Health and sitting governments.

Get rid of Wynne.

Boost health care funding both at provincial & federal levels.

Mother to ER with breathing problems. Did not want any machines so ER doctor gave her meds to make her comfortable. Finally after 8 hours later they found her a bed upstairs. She passed comfortably in 24 hours of being admitted. If she had to be moved anywhere, it would not have been so peaceful for all of us in the family who were with her.

Working nurses in hospital in London offered $15 000 pay increase plus $2500 moving allowance to come work at CKHA hospital.

Appendix B: Questions from the Floor April 19, 2016

Please Note: *The following questions arose from the floor during the April 19, 2016 meeting. As this is a progress report, some answers may be incomplete or not answered, either because the answer is unavailable or works in progress. The answers will be updated when they become available.*

1. *Patients First December 17, 2015 Minister of Health Hoskins wants comments about this document. What is SDH board position on this document?* **We support this document.**

2. *Are your committees aware of 2 documents that exist, "Medicine Chest" and "Border Fund"?*
The SDH board will be working with the LHIN on all funding sources. In addition, a request will be made to Walpole Island Band Council to appoint a director for 2016. With their assistance we will investigate funding sources with respect to aboriginal health care needs for the catchment area.

3. *Why can some tests not be done in Wallaceburg when we have the machines? (2 people) This person was asked to provide staff with details. Colin said he will get an answer.*
Answered by CKHA staff:
It is not possible to know which test this question is referring to. As explained in the past, some Diagnostic Imaging tests (ultrasounds) are better done when a Radiologist can be on site to directly participate in collecting the best images. This may have been the case.

4. *How can we not have an ER?* **We agree.**

5. *a. Why are there 3 boards when there are only 2 hospitals? (3 people)*
SJH had their own hospital across the Thames River from PGH. But amalgamation was imposed on the hospitals in CK. SJH sold their building and moved into a new wing at PGH. They now reside on one site and one building but SJH wing retains their religious concepts as part of governance ethics. As well, SJH has its own board which is dedicated to faith based principles.
b. Why is it not a 50/50 split?
The Sydenham 16.7% is part of the legal agreement signed April 30, 1998 and it is binding.

6. *Why does Wallaceburg always get the cuts and why doesn't PGH look for internal inefficiencies? Since almost everything is taken out of SDH, any further cuts are devastating.*
Any cuts to internal inefficiencies at PGH have less impact on services than at SDH. E.g. If obstetrics was ever cut, PGH/SJH would start to feel the pain that SDH has been feeling for the past 10 years.

7. *What plans are in place to get Tri-Board to talk and move on governance? (2 people)*
The SDH board made a request to the other 2 boards to meet May 26 (a 2015 prescheduled meeting date) to conduct normal hospital business without governance issues. SDH received notices from SJH and PGH that they did not have a quorum. SDH has consistently but unsuccessfully made requests to meet.

8. *Why did we amalgamate? (2 people)*
We were forced to join with Chatham Public General and St. Joseph's Hospital by the Ontario government in 1997 as part of the provincial government's amalgamation plans. It was seen as a cost saving measure.

9. *Will SDH board come back to Wallaceburg residents and guarantee nothing is done until residents know and why? Will Wallaceburg assure the public they will come back and have people talk about what should be included in the Vision before they affirm it?*
We are committed to keep our members and community informed.

10. *What are the cost saving to CKHA if Wallaceburg ER closes? (2 people) Will there still be a deficit for CKHA?*
There would be a savings but it would not erase the total deficit. With that said, we want to focus on the vision and move forward.

11. *Can we look into "Funding Medicine Chest"?*
This was made into a motion and passed unanimously.

12. *Explain the horrendous cost to ER visits? E.g. $5200/visit*
How are the costs accounted for to visit the ER and how much are they?
Answered by CKHA staff:
The cost of each ED visit varies with the number of tests or procedures that are done as well as the need for consultation and admission or transfer. There is not a set ED visit cost. The $5,200 cost being referred to is the 'cost per weighted case'. This is a term used to describe the approximate cost of a most complex ED case one could imagine e.g., a multi-system trauma casualty with a full resuscitation and all the lab tests, diagnostics, expensive medications, and staff costs all rolled in. Even this 1 case may not make up a full weighted case. We know that almost all of the other ED visits are not that complex so a Ministry calculation is made about adding up all of the other visits to determine how many similar weighted cases there were. CKHA ED is funded for 2459 weighted cases at $5,288 per case. All of these fully weighted cases add up to approximately $13 million dollars in funding. The actual cost of operating two sites is over $17 million dollars with an ongoing shortfall of approximately 4 million dollars, year after year. Because of the generally lower acuity of Sydenham ED cases, it takes many more visits to make up 1 fully weighted case.

13. *Who do we believe, the MOH who said on the news ER will not be closed, SDH vision has an ER and yet Jeff has a CKHA business plan that does not include an ER?(2 questions)*
We understand why this is confusing. Unfortunately, we have not been given an explanation.

14. *Can you let us know when CK council meeting is scheduled so all of us can go to the council meeting?*
Monday, June 27 at 6pm Chatham Civic Centre but please check with Councillors Jeff Wesley and Carmen McGregor for confirmation.

15. *Can you quit lying to us and stealing our equipment?*
Unfortunately, this type of sentiment is heard quite often. We can only say that with the SDH vision, we hope to be able to regain the trust that has been lost.

16. *Why is the administrative cost so high? We are second highest in the report?*
Answered by CKHA staff:
Chatham-Kent Health Alliance is not the second highest administrative costs in the province. In the 2014/2015 fiscal year which will be released shortly by CIHI, our administrative costs have reduced from 8.6% to 7% and our own 15/16 information shows a further reduction in that fiscal year to 5.6% - or a 20% reduction in one year alone. Our costs are in the middle of the pack with the other hospitals in Ontario.

17. *Why do we not have CKHA demote some staff? Why do we not have 1/3 of the equipment?*
Directors do not become involved in staff issues. Under the Alliance Agreement SDH share is 16.7% of CKHA (which includes SDH, PGH, and SJH).

18. *Question to Colin Patey: Have you been advocating for new vision that SDH board has?*
Answer unavailable.

20. *When does the Vision start? (2)*
With the passing of a motion by the SDH board, it starts tonight. Unanimously approved.

The following questions were presented in <u>writing</u> April 19, 2016. (C)

C1. *Is Mr. Patey still our CEO? It would appear that if he attended Walpole Island Band Council meeting and the LHIN meetings to forth SJH/PGH proposal then, he would have a conflict of interest in representing SDH Vision? Can he be trusted to promote SDH positions to the MOH/LHIN?*
Clarification: Mr. Patey did not attend the meeting with Walpole Island Band Council. The answers to the other questions are not available at this time.

C2. *Is there time for citizens to put forth more items on the Vision list or those bullets presented the "be all and end all"?*
Suggestions and ideas are welcome as there may be important things that we failed to consider, especially those that do not have additional costs. We compiled the list based on what the Ministry of Health considers acceptable for small rural hospitals. We also have tried to be reasonable in our request based on the types of physicians that we can attract into the community. For example, we do not meet the criteria for the number of births per year required to attract an obstetrician or support obstetrics.

C3. *It would appear that the new facility would:*
a. be built on the hospital site
b. be built on new land in Wallaceburg (purchased, donated)
c. be part of an existing facility renovated for all users.
Would you hold a referendum style vote as to which option is best for the community (with the SDH board preference)?
We are not sure about the "referendum" and we would have to discuss this strategy with the LHIN and MOHLTC. However, we are in favour of presenting the various site options with their pros and cons. Some of this would depend on the views of the partners, as the Ministry is stressing an integrated approach (i.e. co-location as a criteria for approval).

C4. *a. How committed to the "one stop fits all" style facility is the SDH Board? I ask only because:*
i. community health team still fundraising $200 000 for their office space may not be favourable in moving out (or the citizens who already contributed may be thoroughly ticked off)
ii. mental health and CHC already spent "big bucks" to renovate a very old grocery store to suit their needs.
Will they be able to tap into more government money? Would they then be the controlling partner and the SDH board would have another "Tri-Board situation" where they are no longer equal partners?
With a good governance model and lessons learned from the Tri-Board experience, we can create a governance model which will prevent the dysfunctions from the current situation. We are hopeful that the partners who are part of the "old grocery store" building will join our new facility.

b. *Will the citizens of the SDH catchment be financially able to produce their share of the total expense?* **Our community has always pulled through in the past. We believe we can in the future.**

C5. *Will the LHIN or MOH accept anything less than an integrated type of facility? I.e. How likely are we to get any money if it is only an ER?* **We do not know at this point.**

C6. *Given the animosity alluded to among the members of the Tri-Board,*
a. how do you propose to have any agreement on any of the boards (the bullets are definitely what SDH members want but none are what SJH/PGH would consider)?
Since we understand that these types of relationships need all parties to work together, we can only try to the best of our ability. Unfortunately, based on their repeated conduct and their persistent disregard for the rules and procedures in the Alliance Agreement, among other things, we believe the PGH/SJH boards are attempting to make the further operation of the Alliance impossible.

b. *since the above is a given, which of the vision bullets does the SDH see as expendable?* **None.**

c. *How does the SDH Board plan to break this news to the members?*
We intend to inform our members, good news or bad. The ultimate decision lies with the Ministry of Health.

C7. *I've heard from numerous sources, (doctors, members of health committees) that SDH is gone and Urgent Care or Walk-in Clinic is the proper step to take (most concluded that there is nothing wrong with either facility as long as they are manned with the appropriate staff). Who or what generated these opinions? How does the SDH board propose to deal with these types of opinions?*
We respect the various opinions, even when we disagree. The directors are hearing resounding support for the continuation of our hospital. We will continue to listen to and to respect all opinions from the catchment area.

C8. *I also heard that the Chatham campus has been designated as a Regional Hospital. How does this impact the desire by the SDH board to reapply for Small Rural Hospital status? (We are after all part of a Tri-Board)* **Answer pending.**

C9. *Is there a possibility of deriving federal monies for the SDH vision from/through Walpole Island?*
Answer pending.

C10. *As a heart patient with appointments in London (and implants done in London) will I automatically be sent to Windsor from Wallaceburg/Chatham? Could I request London where I am part of on-going studies?*
Answered by CKHA staff:
Yes, the patient may stay connected with the team in London – if London is able to accept the patient. Sometimes they are away or over capacity and cannot accept referrals (even if they are known to the service) and in that case the patient would be sent to the nearest available facility that could meet their needs.

C11. *If an arbitrator is assigned to fix the dysfunction within the Tri-Board how much authority will he/she have regarding Vision and the bullets presented at the meeting? (Can the arbitrator reject the SDH vision?)* **Answer pending.**

C12. *Can we do our own study on the mileage from home to Windsor?*
Wallaceburg will always be longer distance to Windsor than Chatham. The real question is, is it better to give immediate emergency treatment in the closest facility before being shipped by ambulance/helicopter to Windsor. We trust our ER physicians to make those life-saving decisions.

C13. *Used ER recently and sat 4 hours. Why so long is there a reason ER waits are so long?*
Patients are assessed on an acuity scale. As such, some patients will get priority in the line. Unfortunately it is not a first come first serve basis.

C14. *If they have an ER Department in Wallaceburg, will there be a new building?*
A new building is required as it has to meet the MOHLTC building code standards for patient safety, ventilation, air exchange, energy efficiency etc.

C15. *We don't need a new fancy ER. We ER 24/7 and diagnostics. What if we sponsor and improvement e.g. Sponsor a window, sponsor for paint, sponsor upkeep.*
Unfortunately, the repairs are more extensive than paint and caulking. For example, ceilings and walls would have to be gutted which would entail asbestos removal (extremely labour intensive and costly).

C16. *Will the SDH board provide information about the SDH vision to the staff of the Community Living Wallaceburg? We need to be able to provide this information to the 700+ families we support. People we support need this hospital because they have a difficult time accessing Chatham due to anxiety and other disabilities. Travel to Chatham causes undo stress.*
We agree that the needs of the families from Community Living are best served by having a local ER.

C17. *Will the comment cards be read?*
Absolutely. They will be submitted into our report. Unfortunately, we may not be able to answer all the questions, because we just don't know and have not been given answers to everything that we have asked. But we will keep trying.

C18. *Why deal with Chatham at all? Can we move a couple of CCAC nurses to the new facility? My husband needed diabetic wound care and had to drive to Chatham 2 times per week. And all of the nurses who treated him were from Wallaceburg.*
Answered by CKHA staff:
CCAC activities are operated exclusively by CCAC – and other than accepting referrals, the work is not at all related to the Hospital.

Appendix C: Presentation to Honorary Member Jean Wrightman

Photo: courtesy of Sydenham Current
Left: Sheldon Parsons, SDH chair, Jean Wrightman, Herb John, SDH director

Presentation of the first SDH Honorary Membership to Jean Wrightman, April 19, 2016

Appendix D: Letter from Chief Miskokomon to Minister Hoskins

The Council of Three Fires

May 4, 2016

Dr. Eric Hoskins
Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Dr. Hoskins,

As the elected Chief of Bkejwanong Territory (Walpole Island First Nation), I am writing to request your support in maintaining 24-hour emergency care at the Sydenham District Hospital (SDH). The hospital provides our 5,000 members with professional healthcare providers, ancillary services, observation beds, and emergency services 15 minutes from our rural community. It has recently come to our attention that the hospital may face closure.

The Chatham-Kent Health Alliance shared their capital plan us last month, and we were alarmed to find out that they have partnered with the Chatham Kent CHC and CMHA to propose a "community hub" that would replace the hospital services. They have developed these plans without support or involvement from the local SDH board of directors, and they have only recently engaged our First Nation.

Closing the SDH would mean our members would have to be transported from Walpole Island to the General Public Hospital in Chatham. Although the Health Alliance describes this as a 40-minute drive from Wallaceburg, the drive from Walpole Island to General Public can be well over an hour from various rural residences across the islands that make up Walpole Island First Nation. Add to this our present lack of EMS services on Walpole Island, and an emergency trip to Chatham would mean a very long wait for acute care services.

Our population is growing exponentially—half of our members are under the age of 25. SDH is located in Wallaceburg, an unincorporated town of 10,000 that has faced numerous cuts to services in part because of a stagnant population. Yet our population continues to grow. The province's roles and responsibilities are rapidly expanding when it comes to First Nations, and we ask for your cooperation and partnership as we examine options for maintaining an emergency department in Wallaceburg.

Yours Sincerely,

Dan Miskokomon, Chief

R.R. #3, WALPOLE ISLAND, ONTARIO N8A 4K9 • TEL: (519) 627-1481 • FAX: (519) 627-0440

Appendix E:
Letter from Monte McNaughton, MPP Lambton Kent Middlesex to Minister Hoskins

Ontario
LEGISLATIVE
ASSEMBLY

Monte McNaughton, MPP
Lambton-Kent-Middlesex

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April 21, 2016

The Hon. Dr Eric Hoskins, O.C., MPP
Minister of Health and Long Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto ON
M7A 2C4

Dear Minister, Minister Hoskins,

This letter is meant to provide you with information arising from the public meeting of the Sydenham District Hospital Corporation which I attended on April 19th in Wallaceburg. Local newspapers report that five hundred concerned citizens attended the meeting.

The SDH board reported that the governance structure of the Chatham-Kent Health Alliance (CKHA) has broken down. As the issue was presented, because the SDH contingent of the "tri-board" would not consent to the administration's proposed plan to deal with a budget deficit by closing the ER facilities in Wallaceburg the remaining two-thirds of the "tri-board" voted to suspend activities of the CKHA. There are also questions of the authority of the CKHA administration to present the deficit reduction plan to the LHIN without the approval of the SDH board.

The SDH board would like to see the restoration of their status as a "small rural hospital" and would propose that the catchment area of the Sydenham District Hospital be recognized as a sub-district of the SW LHIN under the name "Sydenham Walpole St. Clair District." The SDH board would welcome the return of a working relationship with the CKHA but one that would be based on the recognition of their distinct status.

Appendix E: cont'd

As minimum necessary medical services for Wallaceburg the SDH board, with the support of the Walpole Island First Nation band council, and with the unanimous support of last night's meeting, proposes an emergency department open "round the clock" staffed by physicians, nurses and nurse practitioners, and all necessary ancillary services appertaining to the emergency department (diagnostics and laboratory), and with medical and observation beds. The SDH board proposes a co-location with other health service providers (mental health and addictions services, and with the Chatham-Kent Community Health Centre.)

In the event of a continued relationship with the CKHA the SDH board would wish to be guaranteed the continuation of its own governance mechanism, namely with Corporation membership from the community, and with an openly elected board of directors.

Minister, I understand fully that your duties and responsibilities prevented you from accompanying me to Wallaceburg for the recent exciting and positive SDH meeting. I would ask instead that at a future date you would meet with me, the Chair and the board of SDH either in Wallaceburg or at Queen's Park.

Yours sincerely,

Monte McNaughton MPP
Lambton-Kent-Middlesex

Thank you for your time in this important matter for the Wallaceburg and Walpole Island community.

Appendix F: MOHLTC 2015 recognition of outstanding ER services at SDH. The SDH board was unaware of this letter until May 2016 and found it by accident.

Ministry of Health and Long-Term Care

Executive Director
Health System Funding and Quality

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Ontario

HLTC5865IT-2015-125

JUL 2 8 2015

Mr. Colin Patey
President and Chief Executive Officer
Chatham-Kent Health Alliance - Sydenham Campus
325 Margaret Avenue
Wallaceburg ON N8A 2A7

Dear Mr. Patey:

Re: Outstanding Emergency Department Performance at Chatham-Kent Health Alliance - Sydenham Campus

On behalf of the Ministry of Health and Long-Term Care, we are pleased to recognize the outstanding Emergency Department (ED) performance that has been achieved at Chatham-Kent Health Alliance - Sydenham Campus. Your hospital has shown the greatest improvement in the 90th percentile ED Length of Stay (LOS) for all patients within the Very-Low Volume Community Hospital Group in 2014 compared to the previous year.

As part of the Minister's Action Plan for Health Care, putting patients first is at the core of health system transformation. In alignment with the principles of Health System Funding Reform, we are looking to build on successes and further improve the quality of care for the patient.

Chatham-Kent Health Alliance - Sydenham Campus's performance improved by 10 per cent compared to its performance in 2013. By continuously reducing the time people spend in the ED, your hospital is supporting Ontario's Action Plan for Health Care by ensuring that the people of Ontario receive faster access to the right care. The outstanding ED performance of Chatham-Kent Health Alliance - Sydenham Campus also supports the Erie St. Clair Local Health Integration Network (LHIN) in achieving its Ministry-LHIN Performance Agreement targets. Thank you for your commitment to reducing provincial wait times and improving emergency care for the people of Ontario.

.../2

Appendix F: cont'd

Mr. Colin Patey

Your Emergency Room/Alternate Level of Care (ER/ALC) LHIN Performance Lead, Laurie Zimmer, will continue to have ongoing discussions with you regarding how the strategi that contributed to this achievement can be leveraged to help improve ED performance at oth hospitals across the province.

Wishing you continued success in 2015.

Sincerely,

Melissa Farrell
Executive Director
Health System Funding and Quality

c: Ms. Laurie Zimmer, ER/ALC LHIN Performance Lead, Erie St. Clair LHIN
Dr. David Ng, ED LHIN Lead, Erie St. Clair LHIN
Mr. Gary Switzer, Chief Executive Officer, Erie St. Clair LHIN
Dr. Martin Girash, Board Chair, Erie St. Clair LHIN
Mr. Paul Weese, Board Chair, Chatham-Kent Health Alliance - Sydenham Campus