Chatham-Kent Health Alliance Investigation Report

FINAL REPORT

Submitted to:
The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care

Submitted by:
Bonnie Adamson
Investigator
Dated: August 8, 2016

Team:
Dr. Glenn Bartlett
Dr. Jonathan Dreyer
Dean Martin

I. BACKGROUND

Bonnie Adamson was appointed on June 8th, 2016, by the Minister of Health and Long-Term Care to “examine and report on issues related to the governance and management of Public General Hospital Society of Chatham (“PGH”), St. Joseph’s Health Services Association of Chatham (“SJH”), and Sydenham District Hospital (“SDH”) [known collectively as the "Chatham-Kent Health Alliance" (CKHA)]" (the "Alliance").

Specifically, the Investigator’s terms of reference stipulate that "the Investigator will identify new strategies and/or next steps to respond to issues identified in the investigation including a governance model or models for hospital services in both the City of Chatham and the County of Kent” as well as “investigate, evaluate and make recommendations on the quality of service, the service protocols and the capabilities of the PGH and SDH Emergency Departments and the support relationship required of the SDH Emergency Department with the PGH Emergency Department (and other surrounding Emergency Departments)”.

To assist in her investigation, Ms. Adamson sought the assistance of a team of financial, governance and medical experts, whose names and qualifications are attached to this report, along with hers. (Appendix 1.)

In the process of her investigation, Ms. Adamson and team conducted 59 interviews with more than 66 individuals both in person and on the phone. Some individuals were interviewed more than once. They also undertook extensive documentation reviews and facilities tours. (Appendix 2.)

II. FACTS AND FINDINGS

1. Pursuant to a direction of the Health Services Restructuring Commission, the Alliance Agreement entered into between PGH/SJH was amended on April 30, 1998 to include the SDH (the “Alliance Agreement”). The Alliance Agreement clearly provides that any restructuring of services or programs at SDH must comply with the Rural and Northern Healthcare Framework. The Alliance's senior administrative and senior medical leadership's clinical recommendation which would result in the closing of the SDH's Emergency Department and the PGH/SJH Board’s support of the strategy is not consistent with the Rural and Northern Healthcare Framework. As well, the process was not consistent with the Ministry of Health and Long-Term Care's (the "Ministry") and Erie St. Clair Local Health Integration Network's (“LHIN”) current expectations regarding required stakeholder engagement as required by the *Local Health System Integration Act*, 2006 (Ontario) (Section 14(6)) and the "Local Health Integration Network / Health Service Provider: 2008 Governance Resource and Toolkit for Voluntary Integration Initiatives”.

   The PGH/SJH Boards' and Alliance's senior administrative and senior medical leadership have led a process and strongly held a position regarding the replacement of the 24 hour SDH Emergency department with an Emergency

Access Centre for 16 hours a day as part of a Community HUB in downtown Wallaceburg under the leadership of the Chatham-Kent Community Health Centre. The proposed plan included consolidation of the high acuity emergency patients currently cared for in the SDH Emergency at the Chatham Emergency site which is 29 km away. This action was the *last straw* that has caused the complete irreparable breakdown with entrenched and "fundamental irreconcilable differences[1]" between on the one side, the Boards of the two Chatham Hospitals (PGH and SJH), the Alliance's senior medical and senior administrative leadership (President and Chief Executive Officer (CEO), Chief Nursing Executive, Chief Financial Officer/Chief Operating Officer and Chief of Medical Staff ("Alliance Officers"), and, on the other side, the SDH Board. This breakdown has consequently called into question the ongoing viability of the Alliance.

2. The confidential Briefing Note (14.2) dated March 29/2016 prepared by the Administration for the Alliance Board of Directors under the title of "2016/2017 Operating Plan - Proposed Business Cases" recommends the approval of three business cases, one of which is the above-mentioned change in the delivery of emergency services in CKHA. By implementing the proposed change, the SDH Emergency Department would close and *de facto*, the SDH Hospital would close. At the March 31/2016 Alliance Board meeting, the draft confidential minutes indicate that the recommendation for the change in emergency services was approved as proposed by the PGH and SJH Boards and rejected by the SDH Board. In a statement to the Alliance Board by the SDH Chair at that meeting defending their position against this plan, he stated that "the HUB will not work in Wallaceburg and that the SDH Board has been excluded in the discussion". Despite the SDH Board's position, both Chatham Boards approved the same motion and was carried unanimously. It read individually for both Boards as follows:

   "That the PGH/SJH board approves the submission of the Business Cases as presented for presentation to the LHIN as mitigating strategies to the deficit position and under our requirement to submit the 2016-2017 Hospital Annual Planning Agreement." (March 31/16 Alliance Board Minutes)

   The submission of this plan to the ESC LHIN without the agreement of the three hospitals is a breach of the Alliance Agreement which specifically provides that SDH is solely responsible for the emergency and ambulatory care programs at the Wallaceburg site (Sections 3.03 and 4.02(c)). CKHA Administration provided the Schedules attached as Appendix 3.

3. The PGH/SJH Boards issued a formal notice of dissolution to the SDH Board on May 16, 2016. The PGH/SJH Boards' intentions were also communicated to the Minister of Health and Long-Term Care, Deputy Minister and LHIN Board Chair.

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[1] PGH/SJH letter dated May 17, 2016 to Dr. Bob Bell, Deputy Minister of the Ministry of Health and Long-Term Care ("Deputy Minister"), paragraph 1 of page 1.

In response to the above notices, the Deputy Minister, in a letter to the Chatham Boards on June 3, 2016, communicated that both the LHIN and the Ministry "share the belief that all possible avenues for reconciliation should be explored before reaching any conclusion about whether dissolution is in the best interest of the community and its patients". The Deputy Minister also "respectfully request[ed] that all parties continue to act in *good faith* and use their *best efforts* to explore go forward options that do not involve an unwinding of the alliance and the termination of the agreement... In the interim I ask for your patience as we collectively work towards an arrangement that satisfies the interests of the hospital boards and *maintains the confidence of residents of Chatham-Kent in their local healthcare system*.[2]"

Despite the Deputy Minister's request, the subsequent actions taken by the PGH/SJH Boards and the Alliance Officers, including the continuing position that the Alliance Officers had been constructively dismissed by SDH clearly indicate that PGH/SJH Boards and the Alliance Officers are not acting in *good faith* nor using *best efforts* to explore all possible avenues for reconciliation. The position taken by the PGH/SJH Boards and the Alliance Officers regarding the latter's constructive dismissal and *reduction of administrative services at SDH* (May 11, 2016 letter signed by the Chairs of the two Chatham Boards) *puts the SDH's governance, operations and patients in an unprecedented and unacceptable position of risk*. To date, this issue has not been resolved.

No Alliance Board or Committee meetings have been held since the March 31/2016 meeting. Since that time SDH Board has requested reconvening an Alliance Board meeting but the PGH and SJH Boards have declined the invitation. Future Alliance Board meetings have not been organized to date. This lack of active Alliance governance presents a serious risk to the patients and families CKHA serves and to the organization.

In the Investigator's view such a position does not demonstrate *good faith* or *best efforts*, does not comply with the Alliance Agreement nor the Deputy Minister's request, nor meet the requirements of the *Public Hospitals Act* (Ontario)[3] which require hospital boards to have an administrator, chief of staff and chief nursing executive to manage the operations of the hospital and serve as ex-officio directors to assist the elected directors in discharging their oversight of the SDH's operations to ensure that, amongst other things, the patients are receiving safe care.

4. The public nature of the dispute between the Boards and Alliance Officers has resulted in a loss of confidence in the Alliance by both internal and external stakeholders. There is extensive evidence that all three Boards have actively and repeatedly utilized the public media to present their positon. Messaging in some external communication has created significant concern in the public arena.

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2 Deputy Minister of Health letter dated June 3, 2016 to PGH/SJH, paragraphs 3 and 5 of page 1 and paragraph 2 of page 2.

3 Regulation 965: Section 2(1.1) and Section 4(1).

5. The dispute in the Alliance has raised significant concerns that fundraising for the Hospitals has been negatively affected in both Chatham and Wallaceburg communities. Given the Alliance's financial and capital pressures, immediate steps must be taken to restore the communities' confidence and trust in the public hospital system.

6. The SDH Board Bylaws provide that persons may apply to become a member of the Corporation upon resolution of the Board. There are two membership categories set out in the Bylaws - one category entitles the person to be a corporate member for four years and the other category is honorary. An honorary member has full voting rights "in perpetuity unless removed by resolution of the Board[4]". This type of corporate membership is referred to as a community membership. It is noted that current best governance practice would indicate that a closed corporate membership is more effective.

   Although the SDH's membership and Board are currently aligned. The Investigator believes that the best interests of SDH will, in the long term, be better served by a corporate membership that is restricted to the SDH Board of Directors. The community's trust in such a Board will be dependent upon a robust and transparent nomination process together with a community engagement process that reflects best practices.

7. The investigation has identified that SDH's emergency volume is approximately 17000 visits per year. There are 29 rural hospitals in Ontario that have fewer visits than SDH's Emergency Department. (CIHI, 2014-2015.)

8. The rationale utilized by the Alliance Board for the clinical planning of the significant change in the current CKHA emergency system resulting in the closure of the SDH Emergency Department was noted in many documents.

   Excerpts:

   1. *"A 2 site model is not financially or clinically sustainable in today's hospital funding and health system environment." (from Briefing note (14.2) for the Alliance Board on March 31/16 meeting)*

   2. *"Consolidation of high acuity services provides increased mass and volume for specialized emergency services care requirements (i.e. endotracheal intubation) and more rapid access to specialize care to high/acuity /high risk patients." (from Briefing note 14.2)*

   3. *"Not enough volume to provide quality Emergency Service in Wallaceburg." (from PowerPoint presentation to March 31/16 Alliance In-Camera Board meeting by senior staff member)*

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[4] Sydenham District Hospital Administrative By-Law, June 23, 2016, s. 3.01(e), p. 9.

4. *"2 key fundamental principles driving change:*

    1. Volume Drives Quality; and
    2. Backup Specialized Care is Critical."

    (from PowerPoint presentation by Chief of Emergency Medicine at the Medical Advisory Committee (MAC) Press Conference to the media with Board members present on April 26/16).

The same messages were included in a press release from the CKHA Administration on April 26/16 entitled "CKHA Communication-Improving Emergency Care For Citizens of Chatham-Kent: Physician Leaders Address the Critical Issue of Quality and Patient Safety".

These planning principles were stated repeatedly during the interviews with Board members, medical staff, hospital leaders and the public media.

The investigation has found no evidence that would support any concerns regarding quality and safety of care at SDH Emergency Department. Concerns raised regarding maintenance of clinical skills is an issue for every hospital Emergency Department regardless of volume. In other centres, the issue is consistently addressed through continuing education and an organized approach to skills maintenance. The investigation team member who is currently an active experienced practitioner in both urban and rural emergency departments noted in his review that several critically ill patients were rapidly assessed, stabilized and transferred to either Chatham, Windsor or London . The patients requiring transfer to a higher level of care were managed as would have been the case in other rural hospitals in Ontario. No instances of inappropriate or inadequate care were identified. In all cases reviewed, the care met the standard required in a hospital in Ontario. The availability of increased testing and equipment at the SDH would enhance the care available. An integrated system of medical coverage between the Chatham and Wallaceburg emergency sites would promote collaboration.

The medical evaluation included 65 chart reviews, document reviews, site visit to SDH Emergency, face to face and telephone meetings with medical staff, meetings with the Medical Advisory Committee, (MAC), and the PGH and SDH hospital Boards. As well, the credentials of emergency physicians at both sites were reviewed.

The clinical planning principles which have been foundational to CKHA organizational / medical / governance decision-making and communication have been examined by emergency care physician leaders and specialists with experience in all sizes of Ontario emergency departments. The investigation found that while some aspects of these planning principles are accurate, they are oversimplified and thus, without consideration of other key enablers to ensure quality of care, they are determined to be incomplete and therefore inappropriate as presented for this context.

The PGH and SJH Boards and the Alliance leadership failed to recognize the vital role that the SDH's Emergency Department and the physicians provide to the Wallaceburg and Walpole First Nations communities and failed to work with the SDH Board to identify an acceptable model to holistically meet the communities' needs that balances access, fiscal and quality needs.

9. All three Boards have demonstrated a lack of oversight regarding a serious financial deficit which has been accumulating over time and the current negative fiscal situation for the budget in its entirety. At the March 31/2016 Alliance Board meeting, an increase in the Alliance's line of credit from $8 million to $10 million was approved. The need for an increased line of credit to address day-to-day expenditures and essential future capital expenditures creates significant concern. Equally significant is the lack of a current and multi-year comprehensive remediation plan with specific identified savings in order to achieve a positive variance and achieve sustainable fiscal health. As well, an organization-wide corporate reporting system for monitoring variances is lacking. Currently at the end of July, there is no approved budget for the current fiscal year beginning April 1, 2016 and leaders are monitoring individual department expenditures based on the previous year’s budget. There is no sense of urgency and no process to address the deficit and this constitutes a lack of due diligence and accountability to the public.

10. The Boards have been complicit in administration's long pattern of decision-making regarding resource allocations that have resulted in the deterioration of SDH's physical plant and related ability to provide the program and services to its community in accordance with the Rural and Northern Healthcare Framework principles clearly set out in the Alliance Agreement.

11. Three hospital administrative organizational structure charts dated June, 2016 reflect a large number of leadership positions for a 200 bed community hospital. From the charts provided, there are approximately 50 leadership positions in total beyond the CEO position. Reduction of these positions would create significant cost savings.

12. The medical leadership organizational chart indicates that there are over 20 medical administrative roles for a medical staff of 185 members. On the chart there are Medical Directors and Senior Medical Directors. In respect to the Senior Medical Director role, there is an inconsistency in terms of numbers of positions versus number of job descriptions. The analysis of the Medical Director job descriptions shows redundancy and overlap with the Department Chiefs and Department Heads. There is no evidence of a transparent process for selection of Medical Directors. The individuals have a matrix reporting relationship to the Chief of Staff as well to the Chief Operating Officer and/or the CEO. These leaders sit on the MAC but there is no reference to them in Professional Staff Bylaws dated June 2015. These appointments have caused friction and resentment in the medical staff. The financial document entitled "Medical Leadership Stipend Summary" dated July 5, 2016 under column "Current Rates” totals $1,811,600.

Reduction in the number of roles would result in cost savings. Clarity in role definitions, accountability and selection process would enhance organizational performance.

13. The Chief of Emergency Medicine was appointed after being interviewed by a committee with no physician from the Emergency Department. This has been a contentious appointment. His schedule consists of physically being present at CKHA 4 days per month for 44 weeks per year for administrative duties.

14. The CKHA organizational culture has been frequently described by both hospital staff and medical staff to be one of fear, intimidation, distrust and an unsafe environment in which to voice their opinions without retaliation. A hierarchical and centralized decision-making management style that also lacked in transparency was also frequently described.

15. The original request for consultant information for the 3 previous years was initiated by the Investigator on June 29, 2016. Since that time, a number of reports have been received including procurement lists, a summary of reports and recommendations, multiple lists of consultant reports and most recently four binders with 41 documents. Further study is required.

III. CONCLUSION

During the history of CKHA, there have been a number of successes in Chatham-Kent. However, based on the current facts and circumstances, the Investigator has concluded that neither the PGH/SJH Boards nor the Alliance Officers have in *good faith* used their *best efforts* to explore go forward options for reconciliation before concluding that the Alliance should be dissolved. For the most part, the current Alliance Directors' differences seem irreconcilable and so deeply entrenched that the Investigator does not believe they are capable of objectively assessing any options for reconciliation. In fact, the Investigator has for the most part, concluded that the current Alliance Directors are barriers to any such solutions. The Investigator has also concluded that the potential continued benefit of an integrated hospital system, whether through a modified Alliance Agreement or through further integration, outweighs any of the individual Directors or Alliance Officers personal interests. Instead, it is clear that the interests of Chatham-Kent patients and the Alliance Hospitals must supersede the interests of the individuals who, through their actions, have lost the confidence of some key stakeholders. Lastly, in light of the fact that the SDH is currently being *de facto* operated without an Administrator, Chief Nursing Executive or Chief of Staff, the Investigator believes that a further investigation is not required and that a Supervisor should be appointed.

IT IS RECOMMENDED THAT A SUPERVISOR BE APPOINTED TO RESTORE ROBUST GOVERNANCE AND ADMINISTRATIVE/CLINICAL LEADERSHIP TO ENSURE SUSTAINABLE AND APPROPRIATE OVERSIGHT OF PATIENT CARE AND FINANCIAL MANAGEMENT.

Appendix 1

BONNIE ADAMSON

BScN, MScN (Admin.), CHE, FCCHL, FACHE®

For over sixteen years, Ms. Adamson held the President and Chief Executive role in Ontario rural, community and academic hospital environments. In 2014, Mrs. Adamson retired from the President and CEO role at London Health Sciences Centre. From 2002 until joining LHSC in October 2010, Bonnie was President and CEO at North York General Hospital, a multi-site community teaching hospital in Toronto. During her tenure, she led the organization through the SARS epidemic in 2003, and built a sustained learning culture of innovation and continuous quality improvement. From 1998 to 2002, Bonnie was appointed President and CEO of the Huron Perth Hospitals Partnership, an innovative eight hospital network in Southwestern Ontario.

Ms. Adamson demonstrated throughout her career a strategic leadership style and capacity to build strong followership, nurture lasting collaborative relationships, lead multiple innovation and health system integration initiatives, demonstrate a passion for leadership, and quality improvement, partner innovatively with the private sector and mobilize human and financial capital. Outcomes included significant transformational changes, a widespread reputation for mentoring/coaching leaders at all stages of development and measurable bottom-line results.

Throughout her career, Bonnie held a number of academic appointments at the University of Toronto and Western University. As well, she earned the designation of Fellow with both the Canadian College of Health Leaders and the American College of Healthcare Executives. For over a decade, she served as a surveyor with Accreditation Canada and held numerous governance leadership roles at the local, provincial and national level. In addition, she authored numerous publications and served as a local, national and international speaker.

Ms. Adamson has been formally recognized with several notable awards, including Honorary Life Member Award (2015),and Chairman's Award for Distinguished Service (2011) from the Canadian College of Health Leaders, and was named one of the Top 100 Most Powerful Women in Canada by the Women's Executive Network in 2012.

Bonnie holds a Master of Science degree in Nursing Administration from the University of Western Ontario and a Bachelor of Science degree in Nursing from the University of Toronto.

Currently, Ms Adamson is a member of the Cancer Care Ontario Board and the Hospitals of Ontario Pension Plan Board. As well, she holds an Adjunct Assistant Professor role at Health Sciences Faculty, Western University.

JONATHAN F. DREYER

BSc., MD, CM, FRCPC

Dr. Dreyer is an experienced leader in emergency medicine in both clinical and academic settings. Since July, 2001, he has been a Professor in Western University's Department of Medicine, Emergency Medicine Division, and prior to that was an Assistant Professor and then Associate Professor at Western, beginning in July, 1984.

He was an instructor and then Assistant Professor at Baltimore's Johns Hopkins University Department of Emergency Medicine from 1982-1984.

As a clinician, Dr. Dreyer was Chief of Emergency Medicine at London Health Sciences Centre from April 1996 to June 2001, Chief of Emergency Medicine at London's Victoria Hospital from July 1988 to March 1996 and Associate Director, Department of Emergency Medicine at Johns Hopkins from 1983 to 1984.

He has been Chief of Staff at Four Counties Health Services in Newbury since 2002 and remains on staff at Victoria Hospital/London Health Sciences Centre, St. Joseph's Healthcare London, Alexandra Hospital in Ingersoll, Grey Bruce Regional Hospitals, Hanover and District Hospital, Strathroy Middlesex General Hospital, Clinton Public Hospital and North Hastings Hospital in Bancroft.

He is a member of the Canadian Association of Emergency Physicians, the Society for Academic Emergency Medicine and the Ontario Medical Association, (OMA). His numerous roles at the OMA have included chairing the Section on Emergency Medicine. As well, he has chaired or taken a leadership role in conferences on emergency medicine in Vancouver, Toronto, London, England and Baltimore, USA.

Dr. Dreyer's expertise as a consultant has been sought by the Office of the Chief Coroner of Ontario, St. Joseph's Hospital, Toronto; Sunnybrook Health Sciences, Toronto; the Niagara Health System, and the College of Physicians and Surgeons of Ontario.

He has been involved in disaster planning in London and emergency service delivery planning throughout southwestern Ontario.

Dr. Dreyer's accomplishments as an innovator include introducing a new service of advanced life support prehospital care to the Thames Valley Ambulance service in London, Ontario. This included curriculum review and revision, course oversight and active participation in the teaching an examination of paramedic students, as well as ongoing overall medical accountability for the program.

He shares credit as an author of 44 publications in refereed journals, 90 abstracts published and presented at conferences and meetings and 53 abstracts and publications reviewed by a number of expert study groups including Ontario Pre-Hospital Advanced Life Support, (OPALS) and Canadian CT Head and Cervical Spine, (CCC).

DR. GLENN BARTLETT

Dr. Bartlett recently retired as Executive Director of the Windsor Essex Community Health Centre. A graduate of the University of Toronto's Faculty of Medicine, he received his surgical training in Toronto and Houston, Texas. A general surgeon with special interest in head and neck oncology, and a passion for patient and family-centred care, he has held senior health leadership roles in Ontario and Saskatchewan, including executive roles in hospital and community based care, as well as academic health sciences centre settings. Dr. Bartlett has served as Chief of Staff and Vice-President Medical Affairs at Toronto East General; Vice-President and Chief Operating Officer at Victoria Hospital, London; Vice-President, Medical at Saskatoon Health District; President and CEO, Regina Health District; Executive Director, Exeter Hospital and Executive Director of the Grand Bend Community Health Centre.

DEAN MARTIN

B.Admin., MHA, CMA, CHE

Senior Vice President, Corporate Services and Chief Financial Officer
Trillium Health Partners

Dean Martin is Senior Vice President of Corporate Services and Chief Financial Officer at Trillium Health Partners. Dean joined Trillium Health Partners in January 2014.

Prior to this role, Dean was the Vice President of Finance; CFO & CIO at North York General Hospital. He was the executive lead for “E-Care” winning multiple awards for the implementation of an electronic health record including the 3M Healthcare Quality Team Award.

He has served as Vice President, Finance and Support Services/Chief Financial Officer at the Centre for Addiction and Mental Health (CAMH). His career in health-care financial leadership has included positions at Cambridge Memorial Hospital, Trillium Health Centre, the Ministry of Health and Long-Term Care and the Central Vancouver Island Health Authority in British Columbia.

Dean holds a Master's Degree in Health Administration from the University of Ottawa as well as a Bachelor of Business Administration from Brock University. He is also a Certified Healthcare Executive (CHE) and a Certified Management Accountant (CMA).

Appendix 2

CHATHAM-KENT HEALTH ALLIANCE

INVESTIGATION TEAM

RESOURCE MATERIALS

ACCREDITATION CANADA REPORT - 2013
ALLIANCE AGREEMENTS / SCHEDULES – VERSIONS 1996 THROUGH 2002
ANNUAL GENERAL MEETINGS
ANNUAL REPORTS
AUDITED FINANCIAL STATEMENTS
BOARDS MEETING MINUTES
BRIEFING NOTES - INTERNAL AND EXTERNAL TO CKHA
BY-LAWS : PUBLIC GENERAL HOSPITAL / ST. JOSEPH'S HOSPITAL / SYDENHAM DISTRICT HOSPITAL / PROFESSIONAL STAFF BY-LAW
CAPITAL PLANS
CHRONOLOGY – SYDENHAM DISTRICT HOSPITAL -2009-2015
COMMITTEES / COUNCILS
CONSULTANTS – PROCUREMENT / REPORTS & RECOMMENDATIONS
CONTRACTS
CORRESPONDENCE – MAY 2009 – JUNE 2016
EMAILS – INTERNAL AND EXTERNAL TO CKHA
EMERGENCY DEPARTMENTS - ONTARIO HOSPITALS (CACS) – CANADIAN INSTITUTE FOR HEALTH INFORMATION (CIHI) – 2014 - 2015
EMERGENCY DEPARTMENT DATA
EMERGENCY MARKET SHARE DATA
FINANCIAL DOCUMENTS
FACILITY ASSESSMENT REVIEWS
FUNDING SMALL HOSPITALS IN ONTARIO (HSFR) / PLAN – STAGE 1 – FINAL REPORT / RECOMMENDATIONS
INTEGRATED HEALTH SERVICE PLAN4 – ESC LHIN – 2016-2019
INTEGRATED OPERATING PLAN/BUSINESS CASES – 2016/17
JOB DESCRIPTIONS / ROLES & RESPONSIBILITIES
LOCAL HEALTH INTEGRATION NETWORKS - GOVERNANCE RESOURCE & TOOLKIT FOR VOLUNTARY INTEGRATION – DECEMBER 2008
MEDIA - NEWS RELEASES / CLIPPINGS
MEDICAL ADVISORY COMMITTEE AND POLICIES
MEDICAL RECORDS FOR CKHA PATIENTS
MORBIDITY & MORTALITY REVIEWS
ORGANIZATIONAL CHARTS
PATIENT FIRST DOCUMENTS
POLICIES – BOARD AND HOSPITAL
PUBLIC HOSPITALS ACT - R.S.O. - 1990
QUALITY IMPROVEMENT PLANS (QIP)

RURAL AND NORTHERN FRAMEWORK - 1997
RURAL EMERGENT HEALTH CARE – ESC LHIN - 2009
RURAL HEALTH HUBS FRAMEWORK FOR ONTARIO - 2015
STRATEGIC PLAN – 2014-2017

Appendix 3

SCHEDULES TO ALLIANCE AGREEMENT

SCHEDULE G/4.2(c)

Note to Reader : Schedule G/4.2(c) was provided to the Investigator "blank". It is the Investigator's conclusion that based on the original schedules attached to the Alliance Agreement (Original Schedules"), in the absence of any clear provisions to the contrary, SDH is still "solely responsible for the programs and services set out in the Original Schedules which include "emergency" and "ambulatory care". The Alliance Agreement also provided that any changes to SDH's responsibilities for its programs and services would be evaluated in light of the "Rural and Northern Healthcare Framework."

NOTE

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Schedules 4.2(a) – 4.2(d)

On a transitional basis, many of the programs and services continue to be provided under the sponsorship of two or all parties to this Agreement (with the exception of Excluded Services which are provided solely under the sponsorship of PGH and SDH). This will continue until such time as the restructuring of the Chatham-Kent Health Alliance has been completed as directed by the Health Services Restructuring Commission, including:

- implementation of HSRC directives regarding allocation of services;
- relocation of the St. Joseph's Hospital to a newly constructed building at the Emma Street site;
- finalization of the role of Sydenham District Hospital per the Rural & Northern Health Care Reform Guidelines

See Attached "Programs/Service by Sponsoring Institution – Present - Dated 04/07/98".

PROGRAMS/SERVICE BY SPONSORING INSTITUTION - Present

Programs and Services	Existing PGC	SJC	Sydenham
Medical Program			
▪ Inpatient Beds	X	X	X
▪ ICU	X	X	X
▪ Dialysis		X	
▪ Diabetic Education		X	X (outreach)
▪ Medical Day Care		X	X
▪ Palliative Care	X	X	
▪ Cardio-respiratory	X	X (some)	X
Surgical Program			
▪ OR/Recovery	X	X	X
▪ Inpatient beds	X	X	X
▪ Day surgery	X	X	X
▪ Pre-admit		X	X
Women & Children's			
▪ Birthing rooms	X		X
▪ C Section room	X		X
▪ Paediatrics	X		X
▪ Sexual Assault	X		
▪ OBSP		X (w/diagnostics)	
Rehab & Continuing Care			
▪ Chronic care beds	X		X
▪ Rehab beds	X		
▪ Rehab Support Services	X		
▪ Physio	X	X	X
▪ Private Rehab/COMP	X (Rehab)		X (COMP)
Mental Health Services			
▪ Inpatient Unit	X	X	
▪ Outpatient Unit	X	X	
▪ KCAP	X	X	
▪ Community Outreach	X	X	"Service" in Wallaceburg
Emergency & Ambulatory Care			
▪ Emergency	X		X
▪ Ambulatory Care		X	X
▪ Cancer Clinic	X		
Diagnostic Services			
▪ X-ray	X	X	X
▪ CT		X	
▪ Mammography		X	X
▪ Laboratory	X		X
Other Support			
▪ Pharmacy	X		X
▪ Materiels/ SPD	X	X (some)	X
▪ Finance	X		
▪ Human Resources/OH&S	X (OH&S)	X (HR)	
▪ Education, Library		X	X
▪ Engineering, Maintenance	X	X	X
▪ Food Services	X (some)	X	X
▪ Housekeeping	X	X	X
▪ Administration	X	X (VP)	X (VP)
▪ Health Records, Communications	X	X	X
▪ Information Systems	X	X	
▪ French Language Services Office		X	
▪ QM/Mission Effectiveness	X		
▪ Pastoral Care		X	

Subject to: Building design and configuration; role of SDH per Rural & Northern Reform Guide; and, Implementation of HSRC directions regarding allocation of services.

04/08/98