

NEWS RELEASE

For immediate release

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Role study completed on Dauphin Regional Health Centre

Dauphin- The Parkland Regional Health Authority (PRHA) has received the final report on a four-month comprehensive role review of the Dauphin Regional Health Centre (DRHC). Led by a team of consultants, under Laurence Thompson Strategic Consulting from Saskatoon, Saskatchewan, the DRHC Role Study is a culmination of detailed site visits, internal and external interviews, and thorough research and analysis of program, service, and population health data.

The Role Study was endorsed by the PRHA Board of Directors, and was provided to Manitoba Health for information and further review. Presentations have been made to regional staff, managers and physicians.

For more information,
contact the office of the
**PARKLAND REGIONAL
HEALTH AUTHORITY**

PRHA Chief Executive Officer Kevin McKnight says a role study is the first of many stages that are involved in any major review of programs, services and capital expenditures.

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“This independent report provides us with evidence-based recommendations which will help define what services we should and are able to provide out of our region’s largest health centre. We look forward to building on the collaborative working relationships that we’ve established with all of our stakeholders and health partners to ensure the DRHC provides safe, accessible health services to our patients, residents and clients within the Parkland Region,” McKnight stated.

The Consulting Team identified five major strategies to achieve safer, more accessible and higher quality services for Parkland residents. They include:

- Establish a clear care and service model;
- Achieve regional integration of health services;
- Improve patient flow;
- Engage physicians and staff in decision-making; and
- Improve Dauphin Regional Health Centre building space and layout.

The PRHA, in consultation with Manitoba Health, will now begin to develop plans associated with the recommendations for improvement.

McKnight says as the organization strives to be open and transparent, the complete report will be available on the PRHA website January 15, 2010. However, a detailed summary version has been released and is currently posted on the PRHA’s website.

Summary report version follows

*A role review of the
Dauphin Regional Health Centre*

Final report prepared by the Consulting Team of:

Laurence Thompson Strategic Consulting

P3 Architecture

Susan Bazylewski Consulting

Dr. Paul Hayes

for the Parkland Regional Health Authority

December 11, 2009

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Summary

The challenges

Parkland Health Region is the most remote from Winnipeg of the southern agricultural health regions. The Parkland Regional Health Authority (PRHA) has been remarkably self-sufficient in providing most of the health service needs of Parkland residents. The combination of a reasonably dense rural population gives potential to support regional service enhancements, while distance from major centres means that patient-centredness requires it.

However, the population of the Parkland Health Region is not large enough to support a full range of typical regional specialist services without deliberate planning and support. At the same time long distances to other urban centres and a population of more than 40,000 people do require specialist regional services to be available within the Parkland Health Region.

To continue to develop and maintain a regional health centre, the PRHA and the Dauphin Regional Health Centre (DRHC) face challenges:

- Managers, staff and physicians must develop a clear regional role for the DRHC. A planned regional approach for how this site can best be used as a regional resource requires overcoming gaps in links between inpatient and community services and clarifying roles between this site and other sites and services within the Region.
- The community, acute, chronic and continuing care programs within the DRHC have too little linkage and integration with pre and post-hospital care or other communities' health care centres. The DRHC contains a collection of services housed within one building but functioning too much in isolation of each other and too much as an island in the Region.
- At the facility level, patients, families and staff work and access services in a building poorly organized and laid out to meet the needs of those who present at the doors.
- Confusion about the roles and accountabilities of the various managers and care providers throughout the DRHC, from front-line staff to those in leadership positions, makes problem solving difficult and creates a chaotic environment of daily crises. The overall result is a hodgepodge of services scattered throughout the building, providing varying degrees of care and service.
- All this leads to serious issues of quality of care from risk, safety, appropriateness and efficiency perspectives in some key patient care areas in the DRHC. These issues are most apparent and most acute in the Emergency Room / Outpatient Department. Here, basic safety requirements such as triage upon presentation and observation of waiting Emergency patients do not occur because of limited and poorly laid out space for these services,

The vision

The PRHA and DRHC must take deliberate steps to ensure patients receive appropriate patient and family-centred health care close to home. To accomplish this we propose strategies to move to a streamlined regional health centre that connects its services to population health needs through more regionally integrated processes and structures.

Maintaining and further developing a regional health centre requires a deliberate decision by the Parkland Health Region managers, staff and the physician group to each play their part to overcome the challenges to develop and maintain regional

services. It will also require the support of local community leaders and the Manitoba government.

The Consulting Team identified five major strategies to achieve more accessible and higher quality services for Parkland residents:

1. Establish a clear care and service model;
2. Achieve regional integration of health services;
3. Improve patient flow;
4. Engage physicians and staff in decision-making; and
5. Improve Dauphin Regional Health Centre building space and layout.

Within the report we lay out short, medium and long-term steps within each of these five strategies to put them into action to achieve the vision. These include the following key activities, in sequence. Details, including timelines, are described within the report.

Implementation steps

Foundational decision-making

- PRHA senior leadership approves strategic directions.
- PRHA Board endorses strategic directions.
- PRHA senior leadership takes strategic directions to Regional physician Medical Advisory Committee for input and endorsement.
- Manitoba Health endorses strategic directions and provides commitment in principal to capital and operating funding required.

1. Establish a clear care and service model

- Board establishes End policy and reporting requirements for patient-centredness of services.
- Senior management develops care framework for patient-centred services, in consultation with staff and physicians.
- Privacy, family, access and cultural needs of patients are identified.
- Patient centred needs are incorporated into service and construction plans.
- Patient-centred care is monitored by Board, senior leadership.

2. Achieve regional integration

- Map out plan for establishment of regional programs in services not yet regionalized (acute care, support services) in consultation with communities, staff and physicians.
- Obtain and re-allocate resources to ensure adequate community program staffing and infrastructure for new regional programs.
- Implement regionalized programs in sequence (including programs such as Critical Care, Mother and Child Care, Surgery, Rehabilitation, Internal Medicine).

3. Improve patient flow

- Develop plan for DRHC bed management system, starting with Medicine.
- Roll out bed management system region-wide, program by program.
- Develop community services, relationships as required, program by program.

4. Engage physicians and staff in decision making

- Fill Medical Vice-president position (done).

- Revive Regional Medical Advisory Council (done).
- Obtain physician commitment to co-leadership model for programs.
- Plan program, leadership structure.
- Implement co-leadership structure.

5. Improve DRHC building space and layout

- Obtain capital commitment from Manitoba Health for scope of ER / OPD building / renovations.
- Plan ER / OPD construction, other space renovations, within capital commitment; (conceptual plans are presented in the report).
- Implement ER / OPD construction, space renovations.

Recommended Regional Centre service configuration

The service configuration for the DRHC that the Consulting Team recommends includes:

- **Medicine**
 - General Internal Medicine: 16 dedicated beds (including four for Palliative Care); beds are not used for patients awaiting placement in long-term care. (This is the current staffed complement of the Internal Medicine unit at DRHC.)
 - Palliative Care: integrated program with enhanced home care and four inpatient beds, included in the general Internal Medicine complement above;
 - Critical Care: four-bed Special Care Unit with 24-hour coverage, linked to specialist support in a tertiary centre; these beds are in addition to those in general Internal Medicine;
- Rehabilitation: eight inpatient beds (not included in the General Internal Medicine bed count above);
- Diagnostics: 24-hour access to advanced diagnostics (CT scan);
- Emergency: dedicated rebuilt or newly built Emergency unit; remove Outpatient procedures from Emergency;
- Outpatient: dedicated newly built Outpatient area separate from Emergency, to include scheduled procedures, Hemodialysis, endoscopy suite, Chemotherapy, and visiting specialists;
- **Surgery:**
 - twelve dedicated inpatient beds (current complement);
 - two ORs;
 - use of rural facilities (especially Swan River) for minor procedures with itinerant surgeon from Dauphin;
 - endoscopies transferred to new Outpatient unit;
 - maintain visiting surgery program in Urology;
 - develop visiting surgery in areas such as Ophthalmology and Gynecology;
 - increase use of day surgery with improvements in waiting and recovery area and increased home care follow-up;
- Pediatrics: two beds; location should be pragmatic, as there is no ideal location;

- Maternity: four beds, with integrated Maternal Child program, improved pre and post natal care, early maternal discharge program, and reduced C-section rate; and
- Psychiatry: same bed configuration, with improved bed management and links to community services, development of improved transition housing.

A last word

Inaction will mean that Dauphin Regional Health Centre will regress to be simply a large community hospital. Obtaining specialist services then will require travel to Winnipeg, Yorkton or Brandon. Success will mean that Parkland residents will continue to have access to a wide range of health services close to home.

The last major renovations to the DRHC were in 1998. The updating of DRHC to its evolving regional mandate requires immediate attention to renovating the Emergency Room, Outpatient and reception areas of the DRHC.