

Hamilton Health Sciences' Access to the Best Care Plan: A One-Year Review

The launch of the Access to the Best Care plan by Hamilton Health Sciences on Jan. 15, 2008, has resulted in significant feedback, both positive and negative, during its communications rollout over the past year. Despite these discussions significant concerns remain regarding the plan and its effects on the health care of the citizens of Hamilton and surrounding areas.

After one year of involvement as engaged citizens, we conclude that there is no process in place to provide public oversight of decisions made to transfer or modify services within hospital organizations. As a result, the closing of McMaster University Medical Centre's emergency department to adults can be made by the unelected board of HHS. The public, who fund the system with roughly half of the tax revenues of the province, have no say in how these monies are spent.

One would assume that such oversight would come from the Local Health Integration Network for our region. Certainly the media continue to report that the LHIN has approved the ABC plan.

However, it is important for the public to realize that the LHIN restricted their decision-making process only to approving the "integrations" of the HHS plan, which were narrowly defined as the creation of an urgent-care centre and transfer of beds between HHS and St. Joseph's Hospital. The decision to close the emergency department at MUMC to adults was left entirely to the HHS board.

While there are some obvious benefits in the ABC plan related to physician recruitment and specialist-based needs, whether the plan in fact will provide the best care for citizens is debatable. Our concern here, however, is whether the current decision-making process for hospitals, which contains no public oversight, runs the risk of misusing public funds. We will outline a few process concerns and short-term actions that we believe need to be addressed to ensure patients access to the best care.

1. Access to HHS board of directors' minutes: As recently as September 2007, four months before the ABC plan was launched, the HHS website continued to communicate that the expansion of the MUMC emergency department would contain separate areas for children and adult patients. The abrupt shift in this plan four months later naturally led the community to request a review of the minutes where these discussions took place in order to be able to better understand the issues considered by the board when making this decision. Unfortunately HHS deems these minutes confidential, and they are unavailable to the public. We believe that if such major decisions are made concerning our tax monies, with no oversight from the provincial government, board minutes giving the background to these decisions should be made public.

2. Geographic and transportation issues: West-end residents are virtually "landlocked" from downtown hospitals, with main points of entry to downtown being Main Street West and Aberdeen Avenue. Any disruptions caused by weather or traffic would have a marked impact on the time needed to reach adult emergency departments, resulting in unnecessary negative outcomes, including death. HHS has suggested that one way to address any geographical bottlenecks would be to stabilize critically ill adults at the MUMC pediatric emergency department. However, pediatric emergency physicians do not have the training to treat adults. Will the current HHS emergency physicians have to continue staffing the MUMC emergency department indefinitely?

HHS and Hamilton Emergency Medical Services should undertake a review of the frequency of these occurrences to determine the extent of possible negative outcomes. We understand that the city is making contingency plans to minimize disruption of critical services during impending repairs to the Main Street West bridge.

These types of studies should be completed to provide HHS's administration with evidence-based

data to guide their planning before they move forward.

3. Ambulance effectiveness and patient safety: Hamilton EMS (paramedics and ambulances) are a key component in the delivery system of health care to residents of the west end. With closure of the adult emergency department, fewer ambulances will be readily available in West Hamilton; coupled with the extra 10-15 minutes of travel time, this has the potential to compromise patient safety. It seems reasonable that the farther you are away from an emergency department, the more negative the patient outcome may be. Proponents of the ABC plan do not feel this is the case, but thus far they have not provided evidence-based support for their position.

Hamilton EMS were not consulted by HHS at any time prior to the announcement of the ABC plan. Now an external consultant hired by the city is reviewing the impact of the ABC proposal on EMS and patient services. It is unfortunate that this was not ordered and completed prior to the launch of the ABC plan.

4. "Cost shifting": To offset some of the problems described previously, extra ambulances and paramedics will be required. Based on initial estimates it will cost at least an extra \$1,500,000.00 annually once the ABC plan is up and running. Some estimates based on an assumption of a small increase in usage of EMS project costs as high as \$8 million. The community should be aware that these extra costs will be shifted directly to municipal taxes and paid by all Hamiltonians.

Again, a major process concern is that HHS did not discuss these costs with the city before the launch of the ABC plan. It is hoped that the study currently underway by the city will give more data to measure the impact on our tax base

6. LHIN function: The regional Local Health Integration Networks were created to oversee health-care funding. There is an obligation but no specific method(s) mandated to consult with stakeholders, that is, providers and consumers. For this reason the unelected LHIN boards can determine the type and amount of public consultation they deem necessary for each project they review. It appears that the amount of evidence they require to support the value of any given project is also variable. In HHS's presentation of the ABC plan to our local LHIN, there was such a striking lack of evidence supporting its aims, and such a profound lack of proper process, that one member of the LHIN board, Stephen Birch, PhD, a renowned authority on the economic evaluation of health interventions, resigned following the board's approval of the ABC proposal.

Just as the public has no mechanism to dispute decisions made by hospital boards, so also there is no mechanism to challenge LHIN decisions. Those who fund the health-care system have essentially no say in those decisions. The province needs to develop clear public-consultation processes for Ontario's LHINs.

7. ABC plan modification process needs to be made clearer: HHS launched the ABC plan to its front-line health-care providers with virtually no prior input from them. The process must provide for ample review and modification from such groups. The very public revolt (Hamilton Spectator, Dec. 11, 2008) by the obstetrician-gynecologists who are pivotal to the role envisioned for MUMC in the ABC plan is a drastic example of practical matters that should have been addressed prior to HHS finalizing the plan. As far as we know, HHS has shown no desire to modify or improve the ABC plan but intends to forge ahead "steadfastly sticking to the restructuring plan." A clear process that takes into consideration concerns of the community and front-line health-care providers needs to be developed, with a recognition that, should enough concerns be raised that have no easy solution, the plan as structured may be untenable.

SUMMARY

It should be reiterated that community support for the expansion of health-care services for children at the McMaster Children's Hospital is strong despite the poorly planned and presented

ABC plan. Modifications to this specific plan are needed now so that it truly will provide access to the best care. Equally as important is for the province to make structural corrections to the functioning of LHINs and local hospital boards to make them more transparent and accountable to taxpayers and more inclusive of the expertise of their own health-care workers.