# Submission to

# The Board of Directors of the Hamilton Niagara Haldimand Brant Local Health Integration Network

# Regarding the

# "Access to the Best Care" Plan of Hamilton Health Sciences

***September 22, 2008***

**Hans Jacobs, B.A., M.B.A**
**Marie Jacobs, B.Sc., M.B.A**

**Preamble**

Hamilton Health Sciences (HHS) management and board have developed a restructuring plan, *Access to the Best Care* (ABC), which was presented to you, the board of the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN), on August 6, 2008. We are writing to you, as the body responsible for decisions in health care resource allocation, because we are concerned both about the process HHS has used in developing the ABC plan and about the impact of the plan.

We are also concerned about your own decision-making process in regard to this matter and about the board's choice to limit the scope of the areas of the plan you will review.

We are not experts, researchers, or members of any advocacy group. We don't have access to a staff or a public relations department to provide us with information or support to press our case. We speak as clients of the health care system and as members of the public. We have prepared this submission not only to share our views, but also to petition you to make provision to listen to others' views.

Since last spring, we have been following reports in the Hamilton Spectator about the upcoming changes at MUMC. Recently, we listened to the delegations and to city councilors speaking at the Hamilton Board of Health meeting. We have also heard directly from others who are concerned about the changes. It is clear that there is a high degree of opposition to the ABC plan, particularly in the communities who perceive that they will be most affected and from some of the medical community who feel they have either not been consulted or not listened to.

We sorted through the truly confusing and contradictory information published by Hamilton Health Sciences (HHS) over the past year and prior years and, in preparation for this submission, we reviewed the decision criteria and process of the LHIN, with which we were unfamiliar.

In the submission, we have outlined our concerns and input regarding the ABC plan. These include:

- Scope and process of the HNHB LHIN in decision-making with regard to the ABC plan
- Consultation process for development of the ABC plan.
- Rationale and data support for the ABC plan
- Impact of the ABC changes in relation to the following areas:
    - Availability of Emergency Rooms and General Hospitals for Hamilton and surrounding communities
    - Accessibility of emergency care
    - Potential risks of closing or limiting an adult health care site (MUMC)
    - Impact on McMaster University students and on the medical education program
    - Urgent Care Centre concept and siting

The outcomes we are seeking are as follows:

- Firstly, that you vote to issue a "Proposed decision stopping integration "[1].
- Secondly, that you expand the areas of consideration before you to specifically include the closure of the adult hospital beds and emergency department at MUMC.
- Thirdly, that you subsequently hold a well-advertised schedule of board meetings at which you accept and invite delegations from the public and the medical community, so that you can hear their views on the plan/proposal before final decision-making.

Copies of this submission are being provided to the Minister of Health and Long Term Care, Hamilton Health Sciences, several Hamilton and Burlington councillors, several local Members of Provincial Parliament, the Hamilton Spectator, the Burlington Post, and a number of individuals.

[1] LHIN decision-making flow chart referencing the Local Health System Integration Act, Subsection 27(4)

## Context

We strongly believe that health care is a public good. To us, universal access to public health care means that the health system must:

- Provide accessible emergency services 24-7.
- Provide sufficient capacity for contingencies and health care emergencies.
- Endeavour to provide equitable services to all geographical areas and all demographic segments.
- Utilize planning data which are based on future needs, not simply an extrapolation of the past.

We acknowledge and understand that hospitals face major challenges in providing service to a growing, aging population within current funding constraints and that some issues must be addressed at the provincial level. Hopefully, the public and the health care professionals will work together to influence politicians at all levels to address the problems hospitals are facing. However, we strongly believe that removing a general hospital from the community is the wrong way to address such problems.

We recognize also that, during a now long past era of expansion, health and educational facilities were located in city cores. These buildings are now aging and far from ideally located. Now, growth is in the suburbs and facilities are further from many of their clients. HHS' plan will exacerbate this problem by closing to adults the hospital most accessible to those suburbs. While our communities have major concerns about the impact of school closure decisions, they have even greater concerns regarding the hospital closures with their attendant life-or-death issues.

We have a very high regard for physicians and other medical professionals, whom we believe to be hard-working and caring. We do not doubt that most of those involved in the ABC plan do indeed want to provide the best care. However, leaders can become very invested in their own visions. Their own paradigms and assumptions may leave them oblivious to other points of view

Unless there is a shared vision, organizational change is unlikely to be successful. There is a wealth of organizational development literature[2] which cites the benefit of employee and stakeholder involvement and points out the follies of 'top down' changes and the difficulty of implementing them. Indeed, the HNHB LHIN literature[3] echoes these values. Works by recent authors[4] demonstrate that, under the right circumstances, groups of ordinary people can consistently make better decisions than the experts.

Many of us who work or have worked in either the public or private sector have at one time or another been left to pick up the pieces of senior management's grand schemes, when the CEO moves on. We do not want this to be the case in Hamilton. Nor do we want to be told that we "agreed", when we were only "advised" or we agreed in the context of incomplete or skewed information.

[2] Please contact us if you do not have access to such literature.
[3] Appendix A, *Our Commitment to You: Community Engagement for Health Care Planning and Decision-making*, HNHB LHIN, March 2006
[4] e.g., *The Wisdom of Crowds*; Surowiecki, J.; Anchor Books; 2004, 2005

**Scope and process of the Hamilton Haldimand Niagara Brant LHIN in decision-making with regard to the Access to Best Care plan**

We understand that the LHIN is responsible for health-care resource allocation decisions in consultation with and based on the needs of people and providers in the communities. We have reviewed your own literature which is replete with references to working with and listening to the community; e.g.,

> *"LHINs are specifically mandated to engage people and providers in their communities about their needs and priorities"*[5].

We were therefore genuinely mystified when informed by the LHIN office that you do not accept delegations at your board meetings. Given that you have the authority to make critical decisions relating to health care service in the community, we find this troubling.

By comparison, our local board of education, regional government, and even subcommittees of the regional government accept delegations from the community and provide guidelines for doing so. Indeed, prior to taking important decisions such as those relating to school closures, our local school board schedules additional meetings specifically designed to hear from the public.

It is incomprehensible why, with adult emergency services and in-patient care at McMaster University Medical Centre (MUMC) at stake, a board would refuse to let members of the community address it. Only when the public is allowed to make a presentation to a board *in public* (in front of other community members and the press) can they know for certain that their views have been heard. Without providing such opportunities, an organization cannot claim that it is transparent in its decision-making or accountable to its constituencies – nor will it gain the community's trust or confidence.

Also, by choosing to limit the scope of your deliberations to the urgent care centre and bed transfers, the LHIN board has applied a selective interpretation of its mandate, which appears to contravene the spirit of, if not the letter of, its enabling legislation. Your implicit go-ahead has given tacit permission for HHS to begin implementing changes. A favourable decision from you on the remainder of the ABC plan would merely be the last supporting leg pulled out from under MUMC adult care.

We understand that hospital organizations with multiple sites need the flexibility to shift services among sites without getting permission for each change. However when the number of shifted beds leaves *zero* beds at a facility[6] and closes an emergency ward, we believe that this must be viewed as a de facto hospital closure. Accordingly, we believe that it is essential for you to include these aspects of the ABC plan in your deliberations.

The frustration of the public with both HHS' and your process is evident. As one Spectator letter writer[7] put it, it is "a done deal". He went on to note that "Residents who have approximately half of their taxes going to support our health-care system have a right to a clear public consultative process when major changes to their health care are proposed". We strongly agree. Given HHS' failure to conduct such a process, only the LHIN can now do so.

We are not questioning the LNHB LHIN board's *right* to make decisions, but pointing out what we believe to be your *obligation* to do much more to ensure that the community is heard on all aspects of the ABC plan.

We add our voices to those of Hamilton city councillors. On behalf of the city and constituents, Hamilton city council voted unanimously on September 10, 2008 to ask you to consult the public further before you decide. Also, a majority of councillors supported keeping the adult emergency room (ER) open.

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[5] p. 6, Appendix A, *Our Commitment to You: Community Engagement For Health Care Planning & Decision-Making,* HNHB LHIN, March 2006

[6] All adult in-patient beds at MUMC, with the exception of maternity

[7] Letter to the editor of the Hamilton Spectator by R. Payne, published Sept. 17, 2008

In reflecting on the following requests, we ask that you truly,

> *"Focus on the people who use health care, and for whom the health care system is designed"*

and recognize that*:*

> *"citizens are knowledgeable about their needs, experience and satisfaction with health care."*[8]

Also, if any of you does not feel certain you can be appropriately objective because of your own connections with HHS or personal 'investment' in the plan, please recuse yourself from this decision.

To ensure, then, that you are aware of the feelings of your community directly, and not through the filter of the Hamilton Health Sciences corporation, and that you include all essential aspects of integration into your decision-making, we request that, at your meeting of September 29, 2008 you:

- Issue a "Proposed decision stopping integration "[9]. (If we understand the LHIN decision flowchart correctly, this allows the LHIN the option, at a later time, of either issuing a final decision stopping integration or of not issuing such a decision.)
- Expand the areas of consideration before you to include the closure of the adult hospital beds and emergency department at MUMC.
- Subsequently hold a well-advertised schedule of board meetings at which you accept and invite delegations from the public and the medical community, so that you can hear their views on the plan/proposal before final decision-making.

[8] Appendix A, *Our Commitment to You: Community Engagement for Health Care Planning and Decision-making*, HNHB LHIN, March 2006, p. 9

[9] LHIN decision-making flow chart referencing the Local Health System Integration Act, Subsection 27(4)

**Hamilton Health Sciences' Access to the Best Care Plan:**
**Communication, Consultation, and Implementation**

We first became aware that there would be significant changes at McMaster University Medical Centre (MUMC) (the closure of adult ER) only in mid-April, 2008, through an article in the Hamilton Spectator. It was only later, in conversation with some MUMC employees that we learned of the closure of in-patient adult care as well. It is clear that we were not alone in our lack of knowledge. Even as late as last week, the councillor for rural west Flamborough stated that the majority of his community is (still) unaware[10].

Since then, we have been trying to understand what the HHS changes will mean to us and our family and friends in Ancaster, Dundas, Flamborough, and Westdale. These include vulnerable and elderly people, who very recently relied on MUMC for accessible emergency care.

Doctors, nurses, other health care professionals, and the general public all have important information and perspectives to contribute to the discussion and decisions on health care needs and services. We believe that these have not adequately been taken into account by HHS in developing its ABC plan.

The Hamilton Health Sciences video shown at the recent Hamilton Board of Health meeting featured several medical staff speaking eloquently about the benefits of the ABC plan. However, we have read in the media or heard at meetings another perspective on the issues. Several doctors have publicly stated that the wider medical community was never consulted at all. Some doctors have had to resort to writing to the newspaper to make their disagreement known. We have been personally told by some MUMC staff that they were presented with the ABC plan as a 'fait accompli' and told that the public was in favour of it.

If HHS claims that the community is in agreement with its plans, we believe that it is because of the manner in which any questions were posed to the community. One can obtain any answer one wants with skilful posing of a question. Facile statements made by speakers in support of the ABC plan[11] claiming people say they want to go to the "best" care instead of the nearest, is a case in point (How near is the best care? How good is the nearest care? And how far is too far when a life is at stake?). Such statements are, in any case, unsubstantiated.

How can HHS continue to claim that citizens are in agreement when we repeatedly read statements such as "Emphatically, everyone who has spoken to us has said anything less than a full service, 24-7 emergency department is unsatisfactory."[12] and when a majority of Hamilton councillors oppose the restructuring plan?[13]

We think it unlikely, for example, that anyone else believes, as HHS' CEO, Mr. Murray Martin, does, that "In an ideal world, Hamilton would be served by two big hospitals, one on the mountain and one below"[14]. Such statements demonstrate that Mr. Martin is completely out of touch with the community and that he believes only he knows what is best for us.

And it is not appropriate to assume that the community is merely opposed to change or totally stuck on the status quo, as Mr. Martin has claimed[15]. It is more likely that they are opposed to ***these*** changes.

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[10] Councillor Robert Pasuta, quoted in the Hamilton Spectator article, *Appointed body to rule on McMaster ER plan*, Sept. 12, 2008
[11] e.g., Dr. Kevin Smith of St. Josephs' speaking at the Sept. 8, 2008 Hamilton Board of Health meeting
[12] Councillor Russ Powers, quoted in the Hamilton Spectator article, *Residents oppose plan to restrict Mac ER*, April 15, 2008
[13] See Hamilton Council minutes of Sept. 10, 2008
[14] *One plan, Two sides*; Hamilton Spectator, June 30, 2008
[15] Ibid

As one physician[16] stated at the Hamilton Board of Health meeting on September 8, 2008, one normally starts with a problem statement, then invites stakeholders to help generate options and solutions. HHS' process was the antithesis of such a truly collaborative process. The presenting physician and others[17] have pointed out that there were many other feasible solutions for a number of the issues HHS cite as the rationale for the ABC plan.

HHS' lack of genuine consultation with affected communities and the wider medical community leads us to conclude that HHS believes community input to be of no value.

Instead of understanding that a more collaborative, inclusive process would likely have generated a stronger plan, a smoother implementation, and a more satisfied community, HHS just seems to think that, if it does a better "selling" job, the public will be more likely to "buy".

Unfortunately, the implicit and explicit (in terms of public statements to this effect) assumption of HHS' process is that the public is just not smart enough to understand and that we just need to be "educated"[18]. We find this attitude condescending, paternalistic, offensive, and just plain wrong! We do not accept that, like a child who doesn't get it, we just need to have it explained one more time. A more likely case is that people do indeed understand but that, for valid reasons, they just might not agree!

It has been claimed that lack of genuine consultation is a pattern on the part of HHS. Recent evidence of this is the Hamilton Spectator report[19] in which the Hamilton Professional Fire Fighters Association said that HHS had not advised them that the hyperbaric chambers (for which the firefighters in the area had raised about one million dollars) were under review. Another example is the recent announcement of the closure of the west-end fertility clinic, which seemed to come as a surprise to all involved.

As can be seen by the residents' groups which have sprung up in opposition, many citizens feel that they were not listened to or, indeed, that they were misled. As an example of the latter, west mountain citizens were told that an urgent care centre would be sited there. Proof of their claim is found in the February 2008 edition of HHS' publication, *insider*, which stated:

> *"A new urgent care centre in the most rapidly growing part of our community: We are* ***firmly committed to building a new urgent care centre on Hamilton's southwest mountain****. We have initiated discussions with our emergency physicians and our new family health teams and everyone's in agreement – our community needs this facility."*

Now, we read that the urgent care facility will be in west Hamilton. How can the public trust anything they are told by HHS?

Throughout, the HHS' information process has been long on propaganda and short on details, the final ABC plan being an example of this. HHS' other publications, full of 'corporate-speak' ("leveraging our performance"[20]), do little to truly inform the public. "Realignment" and "Restructuring" are just buzzwords that mask the truth of reduced accessibility and services to the community.

Our perception is that HHS public statements regarding the ABC plan have been calculated to reduce public confidence in MUMC by diminishing its profile and questioning the quality of adult care there. Mr. Martin has stated that, instead of to MUMC, he would ask the ambulance to take him to the Hamilton General Hospital, "where great health care has gone".[21] This leaves the public to assume that great health care cannot, or in the future, will not, be found at any other Hamilton hospital – certainly not MUMC from which HHS keep telling us to travel further down the road in order to receive better care!

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[16] Dr. Bob James
[17] e.g., Letter to the editor by Dr. T. Mitchell, published in the Hamilton Spectator, May 1, 2008
[18] *Residents oppose plan to restrict Mac ER*, Hamilton Spectator, April 15, 2008
[19] *Burn chambers under review*, Hamilton Spectator, August 27, 2008
[20] HHS Strategic Priorities and Initiatives for 2006-2007
[21] *Residents oppose plan to restrict Mac ER*, Hamilton Spectator, April 15, 2008

**Rationale and Data Support for the ABC plan**

The few publicized statistics supporting the changes are incomplete and unconvincing, rife with flawed assumptions. These data do not pass scrutiny and make a mockery of "evidence-based decision-making". Some examples follow.

- HHS uses statistics such as "25% of ER visitors are children"[22] to support the need for the increased children's ER service. This statistic should come as no surprise, since approximately 25% of Ontario residents are 19 or under[23]. Such "Logic" leaves one in disbelief and assumes a high level of gullibility on the part of the population. We *will* notice that the remaining 75% of ER visitors are adults!
- HHS closed the Chedoke Urgent Care Centre for lack of "financial viability" (14,000 patients vs. the benchmark of 30,000). ***All*** of the adult patients who come to MUMC's ER (24,126), then, would be insufficient to make the proposed west-end Urgent Care Centre "financially viable" using HHS' criterion[24].
- And, did vast numbers of the population shift in three months, for example, to justify HHS' decision to change the planned location of its urgent care centre from the west mountain to Westdale?
- Closing an adult ER in favour of a pediatric ER is not supported by demographic trends ("Over the past decade, emergency department use has increased among the elderly and decreased among children"[25]), especially when emergency pediatric services will continue to be available at all other hospitals.

McMaster's Management Science program teaches many models for optimization in siting facilities. What models were used in making the "business case" for MUMC's closure to adults and the siting of the Urgent Care Centre? If we are just going to look at a map, one might just as well conclude that the west mountain and also Waterdown are other equally appropriate sites for urgent care centres while keeping MUMC ER open, especially if we were to use the public interest as a guide.

Qualitative and experiential data which the public and wider medical community can provide are a vital adjunct to quantitative data in decision-making, but do not seem to have played a key role in the ABC plan.

And where, for example, does the public find answers to questions such as the following?

- What is the expected change/increase in morbidity and mortality which will result from the closure of adult ER and in-patient services at MUMC? (The increased travel time so readily dismissed by Mr. Martin must certainly have *some* impact on these data)
- How have the expected growth in population and demographic trends in the suburban areas been factored into the planning?
- Were the needs of adult out-of-region patients at McMaster and other Hamilton hospitals considered in the decision?
- HHS has employed arguments such as financially viability[26] to determine whether it should open or close urgent care centres. Has it used such measures to determine if a stand-alone children's hospital at MUMC is indeed feasible on its own?
- What is the justification, either on a financial basis or a service basis, for closing down already existing emergency facilities and replacing them with newly-renovated/expanded facilities in the same area which provide a lower level of service?
- Are recent discussions about closing the hyperbaric chambers in the burn unit at Hamilton General Hospital and the announcement of the closure of the fertility clinic in West Hamilton [27] last-minute add-ons to try to make an apparently expensive plan more affordable?

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[22] *One in four ER patients is a child*; Hamilton Spectator; April 25, 2008
[23] Census data from Statistics Canada
[24] As quoted in the article, *Pushing and pulling over urgent care*, Hamilton Spectator, Aug. 25, 2008
[25] *Emergency Department Services in Ontario 1993 - 2000*, Institute for Clinical Evaluative Sciences, p.11
[26] See footnote 24
[27] See Hamilton Spectator articles, *Burn Chambers under review (*August 27, 2008) and *Fertility clinic MDs to go it alone* (August 26, 2008)

**Provision of Emergency Rooms and General Hospitals**

Each of St. Joseph's and HHS hospitals has one or more specialties for which it is the centre not only for Hamilton, but for surrounding areas as well. It appeared that HHS had a near optimal level of specialization prior to the ABC plan. Will further specialization improve or compromise service for the adult public? We fear the latter and have seen no evidence to support the need for increased specialization.

According to HHS itself[28], the population age 60 or over is the fastest growing segment of the population. Yet this is the very segment which is being disadvantaged through the ABC plan, with the loss of adult in-patient and emergency care at MUMC. MUMC has become the default home to the older patient with a number of chronic disorders (e.g., diabetes, gastrointestinal issues, etc.). It was not very long ago that HHS recognized this need and announced that it would add gerontology nurses to the MUMC Emergency Department.[29] MUMC is home to a number of specialties relevant to this group; e.g., Digestive Disorders. With the rehabilitation clinic closing as well, again the most vulnerable elder patients will have to go further and to multiple sites for their care.

Surely, robbing MUMC of its adult inpatient and emergency care will leave a hollowed-out organization and compromise its ability to provide the obstetric and outpatient care that will remain.

According to the ABC plan, MUMC will "care for more outpatients than ever before" (p. 6). Servicing more outpatients increases the potential for more emergencies. Emergency care will obviously not be available for these day patients or day surgery patients, and it will also not be available for MUMC's maternity patients. This means more ambulance transport from hospital to hospital, exposing patients to additional risk.

We are concerned that the plan will see an exodus of specialists from the Hamilton hospital system. Will the adult/all ages specialists currently sited at Mac remain there for day patients only, doing additional commuting back and forth to other Hamilton hospitals, when they can move to full-service hospitals in other jurisdictions?

From the community perspective, there seems to be a consensus that Hamilton needs all of its general hospitals, including MUMC, to continue to function as general hospitals, complete with ERs – for reasons of demographics, accessibility, and contingency (discussed later). It defies understanding why we would need fewer hospitals now that the population is much larger and older than when MUMC was built.

[28] HHS' publication: *insider* , vol. 6, #2 - Feb. 2008
[29] HHS' publication: *insider* , vol. 2, #6 – July 2004

**Accessibility of Emergency Care**

As concepts, "Access" and "Best Care" need to be considered not just together, but also separately. Anyone familiar with Hamilton traffic will know that travel to another hospital from MUMC, even by ambulance, will take *at least* 12 - 15 minutes under favourable conditions. If your appendix were rupturing or you had another medical emergency, you need the swiftest access to hospital medical care.

As in other areas of service, it seems that, once again, those in areas amalgamated into the City of Hamilton are the most affected and can look forward to even longer ambulance rides.

It does not appear that the traffic problems or 'gridlock' either in Hamilton or the Golden Horseshoe are going to improve anytime soon. Because of safety concerns, some communities are now requiring their fire trucks to obey the speed limits! The implications of this happening with ambulances are dire.

As noted previously, HHS has claimed that the public would prefer to go further for "Better Care". But how much further? Would we send *all* cardiac patients by ambulance to Ottawa if that were the site of the best cardiac program or *every child* to "Sick Kids" in Toronto so that they could have access to the best children's hospital in the country? Of course not.

Even with the quality care paramedics provide, time cannot readily be discounted in many emergency situations. In an emergency, proximity to a hospital is vital. Keeping McMaster as an ER and full-service hospital makes intuitive sense, as it is the only Hamilton hospital quickly accessible by a major highway route and the closest hospital to the largest growing population centres. Indeed this is the precise argument used by HHS for determining west Hamilton as the site of its planned urgent care centre.[30]

**Contingency**

The recent outbreaks of C. Difficile at Joseph Brant, the Hamilton General Hospital, and St. Joseph's hospital demonstrate the folly of eliminating any standard basic services such as emergency rooms and beds for adults from any hospital. In situations such as hospital-acquired infections, SARS or other outbreaks, disasters, and physically blocked access to any site, we may find rooms, wards, floors, and even entire hospitals closed to patients.

It is difficult enough, given hospitals' financial constraints, to build in *any* slack capacity for contingencies; however, *choosing* to remove a site from the mix defies understanding.

With a university campus, a nuclear reactor, major industry, and an airport within its boundaries, Hamilton has good reason to maintain as many emergency sites as possible.

[30] *Access to the Best Care* Plan, p. 11

**McMaster Children's Hospital and McMaster University Medical Centre**

MUMC newsletters from the past several years have promoted MUMC as a hospital for **families** - with specialized services and facilities for children, but a hospital that served the whole family. Within a few months, this philosophy has been tossed out the window. Apparently, families no longer include parents and grandpa!

Strategies may change, but "visions" are usually long-term - not HHS', apparently.

MUMC is the centre for high-risk births and preemies, we understand. After ABC, mothers will presumably be separated from their babies and sent to another hospital if both need continued hospitalization after the birth. This seems an unfair and needlessly traumatic situation and not at all in the interests of families or quality maternity care.

The ABC plan talks about the need for a dedicated Children's Hospital. The general public does not appear to accept the premise that there is a problem with continuing the current 'hospital within a hospital' concept for the children's hospital while maintaining adult services at MUMC.

The public has been told repeatedly that "Hamilton is the only large community without a children's hospital".[31] However, we are sure that there *is* a children's hospital at MUMC. It has a name (McMaster Children's Hospital): it has a President (Peter Steer): there is a sign to that effect: and both MUMC and the McMaster Children's Hospital are marked on the HHS' and LHIN's websites hospital maps. The truth is that a hospital is not equivalent to a building. Hamilton already has a well-respected children's hospital.

Many times, HHS has stated that children "deserve"[32] this hospital. This is not an argument, but a marketing slogan, designed to engage our sincere care and emotions for children, so we will forget that, as previously stated, there already is a children's hospital in Hamilton.

Such statements seem designed to portray opponents of this plan as being against the improvement of services for children. Nothing could be further from the truth If there is a need for increased beds and services for children, no doubt the entire community would rally behind a plan to fund-raise or petition the province to fund these beds and services.

However, "ensure McMaster Children's Hospital is soon the second largest children's hospital in Ontario"[33] is a *political* goal, not a *service* goal. With our proximity to Toronto, London might be able to make a better argument that it is the city which merits the "honour" of having second largest children's hospital!

There are general hospitals in the immediate area of The Hospital for Sick Children in Toronto to which adults have access. This is not the case in Hamilton. Having MUMC adult beds and ER closed means that a large facility may go underutilized. Meanwhile, adults will travel further in life-and-death situations; possibly to facilities with overflowing emergency rooms and no available beds, since there will apparently be no increase in adult beds.

[31] And were told so once again at the Hamilton Board of Health meeting on Sept. 8, 2008
[32] Ibid
[33] A frequently stated 'goal' first noticed in HHS' *insider* newsletter, Vol. 1, #5, Feb. 2003

**Impact on Surrounding Communities**

Because of their size and specialties, Hamilton hospitals serve a community some distance beyond Hamilton.

Living in Burlington, we belong to a community whose hospital is not a member of any region's health group, although it falls under the auspices of the HNWB LHIN.

While issues at Joseph Brant hospital have been widely discussed in the media, we believe that it is highly inappropriate for the CEO of one hospital organization to reflect on the performance of another hospital organization. Mr. Martin, also a Burlington resident, is on record as saying that he would tell an ambulance in which he was a patient to bypass Burlington's hospital in favour of the Hamilton General Hospital "where great health care has gone"[34].

Many of us rely on medical facilities and specialists to the east and west of us. Depending on the nature of the medical emergency, our ambulances already take some Burlington patients to Hamilton hospitals.

Despite our proximity and the potential impact on our community, we have seen no HHS advertisement about the upcoming changes in our local newspaper, the Burlington Post.

**Impact on the McMaster University Campus**

We encourage you to consider the McMaster University campus itself. McMaster has 19,500 full-time students and 7500 staff.[35]

Many of these people are on campus for the majority of the year and a large part of the day. 60%[36] of students are from out-of-town and some are resident on campus. While they are not "Hamiltonians", their critical health needs must be serviced by Hamilton hospitals.

McMaster University is a small city with all the potential health emergencies such a complex campus implies. We all hope that there will be no serious athletic injuries, lab accidents, nuclear accidents, or campus shootings, but this university "city" must be considered in hospital service planning. With a hospital literally on site, one cannot fathom why care would be removed from the proximity of this large community.

The ABC plan does not state the potential impact on the medical education program at McMaster, for which MUMC is a teaching site. The loss of the opportunity for medical faculty and their students to make "rounds" in a full-service hospital right on campus will surely be felt.

[34] Refer to footnote 20
[35] www.mcmaster.ca
[36] Ibid

**Urgent Care Concept and Siting**

Properly planned, staffed, equipped, "packaged", sited, and publicized Urgent Care Centres have the potential to relieve the overload at hospital emergency rooms or keep them from having to expand in times of population growth by dealing with medical situations which are not life-threatening but require prompt attention. The proliferation of readily available walk-in clinics has in itself helped reduce the emergency room load. But walk-in clinics and urgent care centres are supplements to, not replacements for, emergency rooms.

HHS has already closed one Urgent Care Centre (at the Chedoke site). Given that experience, the community can feel no confidence that the new Urgent Care Centre, wherever it is opened, will continue operation.

It is ludicrous to accept the premise that the proposed Urgent Care Centre will draw people who, for example, live close to the General Hospital, because these people believe that they will have a shorter wait time there. People do not go to urgent care centres in ambulances, which means that some of the most disadvantaged people in the city would have to take a long bus ride to get to the west end. Common sense dictates that most people would prefer to go to the closest location where they can get the care they need, particularly if that is a hospital.

Until urgent care centres become well-established in the area, some people will not know the difference between "urgency" and "emergency". (Indeed, in some languages, there is only one word for both and this may be an issue for our diverse community.) When the general public isn't sure, then, to be safe they will go to hospital emergency rooms. Even the Hamilton Spectator seemed confused about the concept. Its August 26 article on the fertility clinic closure stated, "HHS plans to open an *emergency* centre in the clinic's location".

Also, the layperson really doesn't know if his pain is "urgency" or "emergency". If one isn't sure or if the Urgent Care Centre is closed he/she will go to an emergency room. Even with severe issues, many people will drive themselves to emergency, or have a family member drive them, rather than calling an ambulance. For those who utilize MUMC, after ABC is implemented that drive will be longer.

If, overnight, neither an emergency room nor urgent care centre is readily available, an equally dangerous situation is that people will try to wait until the next morning because they don't want to be "a bother" to their families. This may be particularly true of the elder population.

The apparent success of St. Joseph's Urgent Care Centre in the east end may be attributable to the "campus concept" where a number of other health services are offered. Appropriate packaging, e.g., with a walk-in clinic, diagnostic services, and physicians' offices, could make urgent care sites both more "financially viable" and more well-known to the community. It is our understanding that the local medical community and general public have many ideas in this regard. We suggest that HHS and the LHIN plan collaboratively with the public and medical community to design urgent care service models appropriate for Hamilton.

But, most importantly, an urgent care centre is not equivalent to a hospital emergency room in terms of the service it provides and the hours during which it is accessible. Urgent Care Centres are generally closed up to 12 hours on weekdays and up to 16 hours on weekends and holidays and, of course, have no facility to which they can admit patients who require continuing care.

It is clear that we cannot equate one emergency room with one urgent care centre, as the ABC plan appears to.

**Conclusion**

In summary, we believe that there is ample reason for you to issue a proposed decision stopping integration and to undertake further consultation and discussion with the public, medical community, and Hamilton Health Sciences in the context of your mandate. We expect that the result will be a better quality decision and a more satisfied community.

It is a pity that the content, process, and execution of the ABC plan is at such odds with HHS' stated Strategic Goal, "We meet or exceed communities' expectations".[37]

Respectfully submitted,

Hans Jacobs, B.A., M.B.A.
Marie Jacobs, B.Sc., M.B.A.

*About Hans and Marie Jacobs*

*We are both retired, Hans from the private sector and Marie from education.*

*We both hold Master of Business Administration degrees from McMaster University, one specializing in Organizational Behaviour and the other in Management Science.*

*Hans has lived in Indonesia and Holland as well, but we are both long-time Hamilton area residents. Over the past forty years, we have lived in east Hamilton, rural Niagara near Binbrook, and in Burlington, where we currently reside.*

*We believe that universal access to health care, education, and social services is the foundation of a democratic, humane, equitable, and prosperous society.*

*We have provided our contact information to your office and would be pleased to speak with you or answer any questions that you have of us.*

[37] See *HHS Strategy Map* at www.hamiltonhealthsciences.ca