

Nanaimo Medical Staff Association (MSA) Presentation:



Northwest Probus Club

A Full Service Hospital

for CI/NI at NRGH

Patient's Need - A Full Service Hospital For CI/NI and New Programs

BC Government Estimates 2021:

- Population ~ 435,000 in the CI/NI and 425,000 in SI
- Oldest population in Canada in CI
- Growing faster in CI/NI than SI
- Complexity of patients is the same
- Busiest Emergency on VI at NRGH
- **Serve many vulnerable populations, 80% of First Nations, who are often remote.**
- Acute care demands will continue to increase in CI/NI!

A Full Service Hospital For CI/NI at NRGH

- Programs/Funding/Facilities – Have not matched the **Medical Need and Population Growth** in CI/NI over the last 15-20 years.
- Historical processes have not addressed this.
- Recognized by IH Administration/IH Board and Local Health Care Providers
- Result - **2017 - 5 Yr. Priority Services Development Plan**
- Identified Services/Programs needed - for CI/NI.
- NRGH is the designated full service hospital for CI/NI.

5 Year Plan for a Full Service Hospital for up Island

NANAIMO REGIONAL GENERAL HOSPITAL PRIORITY SERVICES DEVELOPMENT PLAN



August 2017



Patient Care Needs - Top 10 Programs/Priorities from the 5 Year PSP

- 1. Improve Culture, Relationship with IH administration.**
- 2. More Appropriate Care of the Critically Ill at NRGH - ICU/HAU
Increased access to Internal Medicine and Medical Specialists/Programs.**
- 3. Meet the Growing Demand for Cancer Care Services in CI/NI.**
- 4. More appropriate Care of Pediatric & Adult Mental Health Patients.**
5. Improve Access to Existing Surgical Services/New Services/Wound Care.
6. Strengthen Supports for Patients who use Substances
7. Expand Access to Rehabilitation Services at NRGH and Other Nearby Sites
8. Better meet the needs of End of Life Patients
9. Increase Local Access to Renal Services and necessary supports
10. Improve Timely Access to Proceduralists at NRGH

5 Year Priority Services Plan – MSA and IH are Committed to it

- **Good plan, data driven, with wide input.**
- **Addresses major program gaps in CI/NI. It is what patients need.**
- **Working with IHA we have made progress.**
- **First you might ask how are we under resourced and lacking in programs?**

When the plan is complete patients will have access to better care in CI/NI.

Services that will still only be provided in Victoria:

- Neurosurgery, Cardiac Surgery, Pediatric Surgery, Medical Microbiology, other Pathologic subspecialties.

Services that should be in Nanaimo but are not or are incomplete at present:

- Pediatric Psychiatry, Adult Psychiatry, General Internal Medicine, Cardiology, Gastroenterology, Oncology, Infectious disease, Hematology, Endocrinology/Pediatric Endocrinology, Geriatrics, Some Surgical subspecialties, Wound Care, Vascular Surgery.
- **We are not trying to be Victoria, but we do not have programs we should based on our population/demographic.**

Programs/Physician Resources

(Note: Most Nanaimo results = CI/NI. Not all Victoria Drs. work in hospitals)

3	Hospital size	Nephrol.	GI.	Cardiologists Cath Lab	ID.	Neuro.	Endo.
Nanaimo Total CI/NI	350-400	6.5	1 3	1/No	3	5	1
Victoria	RJH – 500 VGH – 344	7	16	26/Yes	8	15	9
Kamloops	254	3	5	6	2	4	0
Kelowna	400	4	10	14	6	9	2
Penticton	140	3	2	0	0	2	0
Trail	200	2	0	0	0	0	0
Prince George	208	3	3	1	2	3	0

Programs/Physician Resources

(Note: Most Nanaimo results = CI/NI. Not all Victoria Drs. work in hospitals)

	Ped. Psych.	Adult Psych.	Geriatrics	Resp.	Hem.	Vas Sx.	Thor Sx.	Oncologists/ Cancer Centre/ GP Oncologists	Rehab.
NRGH	2	10	1	3	1	0	0	0	4
Total CI/NI		18	3	4				No 4	
Victoria	13	82	7	10	6	7	4	40 Yes 9	10

2018 ICU/HAU Critical Care Beds – Highest Priority – Why?

- We have Tertiary ill patients with no place to go in the hospital.
- We need the ICU, HAU Beds and CMCU to look after our ill, complicated patients.
- Total CC Beds VI - The lowest per Capita in Canada.
- **Had 7-8/100K** – Recommended standard minimum **12-15/100k**
- **CI/NI –Approved to go to 10/100K** SI Approved to go to **12/100K**

Current Status of Patient Needs and 5yr. PSP Program - 2018 - 2021

1. **Culture – Improved significantly. WIP.**
2. **a. More appropriate Care of the Critically ill**
 - New ICU Physical Structure – Opening January, 2023 – 12 CC Beds**
 - High Acuity Unit – 12 Approval next fiscal.**
2. **b. More Access to Medicine Specialists/Specialty Programs**
 - Complex Medical Care Unit for Internal Medicine – Opened early 2020**
 - Neurology Program (From 1 to 4)**
 - Infectious Disease Program (From 1 to 3)**
 - Gastroenterology Program (1 going to 2) - 3rd Endoscopy suite added.**
 - Rehabilitation Program From 2 to 4)**
3. **Psychiatry Program (2) Ped. Nurses, (2) Pediatric and (4) Adult Psychiatrists hired 2021**
4. **Meet the Growing Demand for Cancer Care Services in CI/NI – Cancer centre announced 2020. Plan?**
5. **Improve Surgical Services - Hip & Knee Clinic, Wound Care expansion funded 2021**

Made possible by joint efforts of the MSA and IHA.



Care of the Critically ill - Cardiology Services - Ongoing Work 2021-2022

- **Cardiology Services – Critical care gap in CI.**
 - Need a Full Cardiology Service and Cardiac Catheterization Laboratory
 - Biggest care gap between CI/NI and SI. Patients with heart attacks & heart disease have trouble getting the care they need, when they need it.
 - Largest population we know of without a Catheterization lab. >350,000.
 - ***Unintended result** - 2 standards of Cardiac Care on VI, sub standard in CI/NI.



Cardiology Services – Need 2 streams:

1. Non Invasive NRGH Cardiology – Overdue. Needed in place over 2 years.

- a) 5-6 Cardiologists
- b) Pacemaker Coordinator/Expanded Service
- c) Expansion of the Heart Function Clinic
- d) Cardiac Rehabilitation Program
- e) Expanding opportunities for treadmill testing - need one more treadmill
- f) A-fib Clinic
- g) 6 CCU beds – From 12 HAU beds. Costs are not prohibitive but funding and support has been limited. 8 years ago first Cardiologist came to NRGH, still 1 today. **Now is the time for an investment by HH/PHSA/MoH.**

2. Invasive Cardiology/Catheterization Lab.

- a) **PHSA set criteria.** Meeting the criteria is not an issue with our population size, age and growth.
- b) ***Need a new Patient Tower and Treatment centre for the Cath. Lab in or stand alone one.**
- c) **Cath lab at NRGH could run as an extension of Victoria's.**

Needs supported by IHA and the Island MSA Presidents.

Other Patient Care Goals – Physical/Facility Needs

2010 Report on NRGH Master Site Development Plan - VIHA

***1963 building Structurally unsafe and we cannot deliver care safely or efficiently. Functionally and Physically deficient.**

*** Grossly Inadequate and Outdated Inpatient Care Units**, Apart from the Perinatal Unit in the 2007 addition, the existing inpatient care unit designs are now over 50 years old in the original 1963 nursing tower. **They are extremely outdated in supporting and addressing today's care programs, patient safety, and infection control issues** due to the high number of multi-bedded rooms. They contain grossly undersized, totally inaccessible two fixture washrooms, sometimes shared between two rooms. The units require long staff in-flight travel distances from care stations to patients. In addition, the units have totally inadequate support space, which results in hallways that are lined with linen carts, housekeeping carts and medication carts. **These units, as configured, are not acuity-adaptable and would certainly not support a major pandemic or SARS event.** As well, due to overcrowding, it was also observed that an area once designated as a waiting room, was being used as a patient room with only a curtain across the opening, and of course no washroom.

Other Patient Care Goals - Physical/Facility Needs

2010 Report on NRGH Master Site Development Plan - VIHA

The table that follows, illustrates a qualitative rating given to each of the **Functional evaluation** criterion for NRGH. (Ratings 😊)
1=Poor, 2=Fair/Variable, 3=Good, N/A=Not Applicable): NRGH all 1 and 2.

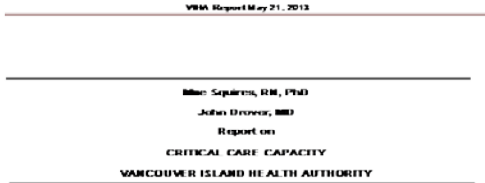
Functional Characteristic

1. Direct and Easy Routing 1
2. Horizontal Functional Zoning 2
3. Vertical Functional Zoning 1
4. Main Entry/Lobby Key Features 2
5. Appropriateness of Client Care Spaces 2
6. Appropriateness of Staff Spaces 2
7. Services Organized Cohesively 1
8. Adequacy of Storage Space 1
9. Space Utilization 2
10. Building Configuration 2
11. Facility Flexibility/Expandability 1

Facilities Maintenance and Operations identified the following regarding the Facilities **Physical Evaluation:**

- **Nursing Tower (1963) Building) has many significant physical issues, including, but not limited to: non-compliant with code in regards to seismic risk and medical gases, service elevators and sprinkler systems are beyond the end of their useful life-cycle, no separation between vital and non-vital electrical loads and has asbestos-containing materials;**

From 15 years of Reviews and Plans We Developed Our 3 Major Asks



- Report on the site visit for cardiovascular services
Vancouver Island Health Authority
- Lyell A.J. Higginson
University of Ottawa Heart Institute
Professor, Division of Medicine
University of Ottawa
- 1. Terms of Reference for the site visit:**
- To visit the Royal Jubilee Hospital and the Nanaimo Regional General Hospital June 13 to June 15 2006.
 - To analyze data and reports submitted prior to the visit and listed below.
 - Interview selected medical and administrative leaders of the Heart Health Program and Internal Medicine Program.
 - Examine cardiology services development in the central island and the development of a diagnostic and interventional cardiac catheterization laboratory at the Nanaimo Regional General Hospital.
 - Submit a report outlining non-binding recommendations regarding:
 - Cardiology services development
 - Manpower
 - Facilities development
 - The report to be submitted to:
 - Dr. J.W. Dutton
 - Dr. Niels Schwartz
 - Dr. Ruh Hujarany
- 2. Written material reviewed in order to prepare this report:**
- Heart Health Program Report, February 2006
 - Report of the PACCH sub-committee on cardiac catheterization and intervention 2005
 - Interventional Cardiac Access: Vancouver Island Health Authority Report
 - Cardiology Services meeting at NRGH, April 22, 2006 – The Business Case against the status quo.
 - Organizational Chart, Vancouver Island Health Authority, May 2005
 - Cardiac Catheterization Laboratories Procedure Report – February 2006 to March 31, 2006.
 - Heart Health Program Submission, MHA – Five year strategic plan, December 1, 2005.
 - Report to the Provincial Advisory Panel on Cardiac Health from the sub-committee on cardiac surgery.
 - CV Research Victoria – Victoria Heart Institute Foundation
 - Urgent Referral Form for cardiac catheterization, implantation.
 - Health Care in Canada 2006, A Canadian Institute for Health Information Report
 - Canadian Cardiovascular Outcomes Research Team – 4



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NANAIMO REGIONAL GENERAL HOSPITAL PRIORITY SERVICES DEVELOPMENT PLAN



August 2017



REPORT FOR
CENTRAL VANCOUVER ISLAND HEALTH REGION

OF
MEDICAL STAFF ISSUES AND
ASSOCIATED RECOMMENDATIONS

PREPARED BY
DR. DON CARLOW, M.D.
LYNROSS CONSULTING LTD.



Dr. Gordon Wood
Medical Director, Adult ICU
Island Health

June 19, 2014

Kevin Daniel
Manager, Capital Planning

Dear Daniel,

I have been asked to provide information to substantiate the need for 22 ICU/HAU beds for the Nanaimo Regional General Hospital. There are many metrics by which ICU/HAU beds are determined.

Replacement of Current Critical Care Beds
As you know the proposal calls for 12 ICU beds and 10 HAU (stepdown) beds. The 12 ICU beds are required to replace the current 10 ICU beds. An extra 2 beds are needed to meet surges in ICU demand that periodically occur now requiring ICU patients to be managed in the PAR. In addition, it is expected that ICU demand will increase in the next 10-15 years due to an increase in population and the elderly (60% of ICU patients are greater than 60 years of age) and the additional 2 ICU beds will be needed to manage this future increased demand.
The proposed 10 HAU beds will replace 3 CCU beds and 3 post-surgical stepdown beds that are currently in operation. Dr. Mann, Medical Director for Heart Health, has estimated that the Cardiology program in Nanaimo will require 4 of these HAU beds (an increase of one bed from the current 3 CCU beds). It is generally acknowledged by physicians and nurses in Nanaimo that there are seriously ill patients cared for on the wards in Nanaimo who need a step up in their care and that the 3 additional HAU beds will be required to meet this need.

Comparison With Other Hospitals in BC
The table below shows the ICU/HAU beds in other BC hospitals in Fraser and Interior Health and the current and proposed beds in Nanaimo. In addition I have included the figures for the two new Northern Hospitals in LH.
The figures do not include Community Care Beds for any of the institutions. For an accurate comparison, I have removed 4 beds from the HAU bed complement in the Nanaimo



Based on the 5 yr. PS and Master Site Plans – Our 3 Major Asks

1. A New Patient Tower/Treatment Centre

- Address deficiencies/space needs **1963** building and for new programs.

2. Cardiac Services /Catheterization Lab in the New Patient Tower

- Cardiology Main Critical Care gap in CI/NI

3. Expand Cancer Services in a Cancer Center

- Substandard access. Commitment by Premier 2028. Plan – Coming?

- ***** Asking the MoH and MLA's to allow IH to submit a business case and planning letter for the new tower and Cath Lab.



➤ ***New Facility - Patient tower (+) Diagnostic/Treatment Centre**

➤ **Will improve care in all areas!**

➤ **Includes:**

➤ **New Patient Tower ~ 500 Beds minimum**

➤ **Catheterization Lab/Cardiac Services**

➤ **Expansions of Pathology and Radiology departments**

➤ **Ambulatory care, Clinic areas, Office Space**

➤ **More OR's**

➤ **Space for future expansion - Critical**

➤ **Need supported by IHA**

Our 3 Major Asks are Supported By

- *** IHA, City and Council, Regional District, MLA's, MP's, RDN Mayor's and Councils, MSA's all across the island**
- **Business and Community Groups, First Nations, Hospital Foundation, VIU**
- **Many individuals in Community**

MSA Working with Island Health and MoH

- **We are not focusing on the past, but on positive solutions going forward.**
- **Our goal, work to achieve a proper standard of care in CI/NI.**
- **Positive changes are on the horizon as a result of our work together.**
- **The new programs, people and resources with the new hospital and Cancer Centre will elevate the standard, level and available of care in CI/NI.**
- **Primary care reform - Separate critical initiative. Province wide. We support this. Improve standard, quality, access, coordination, timeliness, compassion in care.**

Full Service Hospital - Benefits are Many!

- **Patients will get the proper care, at the proper time, from the proper people, in the right place.**
- **Positive economic impact in Nanaimo as well as the Central and North Island as a whole.**
- **Future MEDICAL/TECHNICAL Schools possible at VIU.**
- **Correct the historical inequity in resources and care in CI/NI that impact vulnerable populations up island everyday.**

What do we need?

- **We need a new Patient Treatment and Diagnostic Tower with Cardiac Services and a Cancer Centre for the people of CI/NI. Overdue.**
- **We are asking the MoH to commit to these now, so they are built by 2028?.**
- **An advocacy group has formed and is readying for action.**
- **Now we need your support!**

What can you do?

Talk to everyone about the plan and our patient care and facility needs.

Be our **Voice!** Make our plan your plan!

We need the voice of the People of CI/NI to make this happen!

Write to your MLA, the Minister of Health and the Premier.

Be ready to support a community campaign when called on.

Full Service Hospital for CI/NI - Conclusion

- **We lack Equity and Access to patient care and facilities in CI/NI.**
- **Our families deserve this healthcare, already provided to other families on VI and in BC!**
- **It is about fairness for Central/North Island Patients!**
- **Together we can bring a full service Hospital and Cancer Center to NRGH**

Its Our Turn!