

A Proposal
for
Integrated, Community-Based
Health Care
in
Prince Edward County

HSRC Final Report March 2000

“ The HSRC would have preferred to deal initially with restructuring of the primary care and community services system as a first order of business, rather than beginning with the restructuring of hospitals. In other words, it would have made more sense to begin restructuring (creation) of a genuine health services system at its front end, rather than with the ‘institutions of last resort’.”

Duncan Sinclair

The Challenge

- County Demographics
- The Challenge of Sustainability

65+	PEC	SE LHIN	ONT
2009	22.3%	17.7%	13.6%
2016	27.1%	20.6%	15.6%

The Opportunity: Foundations

- The County and Health Care
- Primary Care Services
(FP's & NP's)
- Development of Integrated Primary Care Practice by PEFHT
Mental Health, CDM, Palliative Care, Population Health (child & youth)
- Information Systems and Pilot projects
Common Electronic Medical Record (EMR) system
Telehealth Projects
Training of medical professionals
- Demonstration Project Potential

Building on the Foundations

- Emerging Integrated Healthcare Models
 - Primary Care at the centre
 - Rural Health
- “Economies of Scope” rather than “Economies of Scale”
 - Specialized services will remain vital supports
 - Technology is shifting
 - Information is critical: an “evidence based” system
- Comprehensive Care Management at the community level
 - Through the Patient/Practitioner relationship
 - A continuous plan of care (from prevention to palliation)

Proposal

1. Establish a “Prince Edward Health Care Alliance” to plan/support integration
 - Board composed of all providers (community and regional)
 - Undertake evidence based operational planning within LHIN planning framework
 - Operate facilities and common services
2. Assemble a fully integrated information system
3. Adopt a Central “Campus” Approach
 - Importance of common locations for service and collaborative practice (eg case management)
 - **Locate new PEFHT Facility on current Picton hospital site**
 - Two satellite locations (Wellington and North County)
4. Gradually re-develop hospital building as part of a multi-purpose site
 - All essential QHC (& KGH) services to remain
 - Renovate surplus facilities for emerging community health care needs
5. Strengthen links with regional providers for access to specialized services
6. Develop Partnerships for training, testing and operational research in rural health delivery

Next Steps

- Public Engagement
 - Providers & Community
 - Seek input
 - Build understanding and Support
- Proposal Approval
 - LHIN
 - Ontario Government
 - Location of new PEFHT Facility
- Preparation of a Business Plan
 - Three Stages:
 1. PEFHT Facility Planning
 2. Development of a Business Plan Outline
 3. Completion of a full scale business plan

Components of a Business Plan

1. **Campus Facilities Development**
2. **Information Systems Development**
 - Capacity and Demand
3. **PEHSA Governance**
 - Organization and Roles
4. **Financial Resources and Accountability**
5. **Research and Development**
 - Partnerships for Operational Research & Training
 - Community Economic Development connections
6. **Community Relationships**
7. **Proof-of-Concept Project(s)**
 - e.g. End of Life Care ?

Working with QHC

- We believe that QHC must continue to play a vital role in the delivery of health care services in this community.
- We want to work in active partnership with QHC in building the PEHSA model
 - Most urgently in making land available for the new primary care facility
- In the meantime: “Above all, do no harm”

Existing Picton Site

