

Building Health Care in PEC

PROJECT PARTNERS



PECMH receives small and rural hospital funding

The Ministry of Health and Long-Term Care has confirmed that Quinte Health Care Prince Edward County Memorial Hospital (PECMH) will receive \$205,000 through the Small and Rural Hospital Transformation Fund.

"We are thrilled to receive this funding for PECMH and will use it towards projects at the hospital that can improve the patient experience," said Mary Care Egberts, President & CEO.

The funding is available to small Ontario hospitals that are at least 30 minutes from a larger hospital. Although PECMH had previously been turned down for this funding, the LHIN, QHC and local community were able to successfully advocate the MOHLTC to reverse its original decision.

"Prince Edward County Memorial Hospital will be using this support to improve the patient experience, and it's an example of how our government is putting patients first. I want to thank the South East LHIN and the local community for their hard work on this project," said Dr. Eric Hoskins, Minister of Health and Long-Term Care.

The funding must be used for pre-approved, one-time projects that meet certain criteria. This includes technology to improve the quality and safety of services for patients or information sharing between health

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***Dr. Eric Hoskins,
Minister of Health***

care providers. QHC cannot direct the funding to hire staff or operate additional beds.

There were a total of seven projects approved by the South East Local Health Integration to be directed to this funding at PECMH. For example:

- An IT system that would allow all patients coming into the ER with chronic obstructive pulmonary disease (COPD) to be automatically linked to a COPD nurse in the Prince Edward Family Health Team for follow up by automatic referral.
- Installing a patient "wander guard" system that allows staff to improve patient safety for cognitively impaired patients. These electronic bands are worn by patients to trigger an alarm if they move close to a stairwell or exit.
- A wireless phone system so that patient call bells are sent directly to their nurse carrying a wireless device.

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FAQ: Where are we in the planning process to build a new PECMH?

All the project partners, including Quinte Health Care and the South East Local Health Integration Network (SELHIN), remain committed to completing the new hospital business case and meeting all the milestones of the Ministry of Health and Long-Term Care (MOHLTC) approval process to build a new hospital in the County.

The pre-capital submission is the first step in the lengthy approval process to build a new hospital, and this document was submitted to the MOHLTC in January following SELHIN board approval.

The Project Partners will work on finalizing the Stage 1 Business Case that can be submitted to the MOHLTC. Ministry approval will be required to proceed to the next step in the process.

In the business case that is under development, the hospital would include a 24-hour emergency department, inpatient beds, diagnostic services and space for ambulatory (outpatient) clinics and procedures. Since the redevelopment planning is still in the early stages, details such as the number of inpatient beds or the location of the hospital have not yet been determined.

Supporting patients to be able to return home first

QHC recently reached a new record of only 18 patients waiting for long term care in QHC hospitals. This compares to 51 patients in December 2012 waiting for long term care.

Patients who are deemed to need an alternate level of care (ALC) are medically stable and no longer require the acute level of care offered within the hospital, but still require health care support in place to be safely discharged. Sometimes this can result in a lengthy wait in hospital.

However, thanks to a collaborative approach to discharge planning among physicians, staff and the Community Care Access Centre, patients can avoid this extended stay in hospital by having support arranged in the community so they can go home. This is the basis of the 'Home First' philosophy.

"The team uses the concept of 'slowing down to hurry up', allowing patients the opportunity to improve; to stabilize medically and cognitively and for therapies to do their great work in helping patients improve their



functionality," said Katherine Stansfield, VP & Chief Nursing Executive. "Evidence tells us that it is in the best interest of our patients for many reasons to be discharged back home before making decisions about their long-term needs."

Data from our area shows that more than half of Home First clients choose to remain at home after discharge, which allows others to access these valuable long-term care beds.

"It takes a team working alongside patients and families to support the transition of our patients to the community," said Ms. Stansfield.