



*May 2007*

**A Report to the  
City of Greater Sudbury  
Mayor and Council**

***Hôpital régional de Sudbury Regional Hospital***



# Local Health Integration Networks



- Most fundamental change we will see within our health care system is the creation of LHINs
- 14 networks have been established across the province
- LHINs will create a health system that is better integrated, coordinated and more responsive to patients and the communities they serve



# Local Health Integration Networks



- LHINs assumed responsibility and control for planning, funding and integrating health services in their local areas April 1<sup>st</sup>
- LHINs to oversee nearly \$21 billion of the health care budget
- LHINs will actively encourage public involvement in local decision-making





# Wait Time Strategy



- Wait Time Strategy to increase access and reduce wait times for surgery and tests
- Wait Time focuses on five key areas:
  - cancer surgery
  - cardiac procedures
  - cataract surgery
  - hip and knee replacements
  - MRI and CT exams



# Wait Time Strategy



- Great strides in reducing wait times for cancer and cataract surgeries, cardiac procedures, as well as MRI scans
- Work still needs to be done to shorten wait times for hip and knee surgeries
- Hospital received close to \$5M from the government to perform over 5,000 additional medical procedures this year



# Family Health Teams



- Family Health Team to offer accessible front-line health care to local residents
- Brings together doctors, nurses, nurse practitioners and other health care professionals
- Partnership includes hospital, local family physicians, City of Greater Sudbury, NOSM and other community groups



# Family Health Teams



- Family Health Team will focus on education and disease prevention
- Over the coming months, we will see the establishment of the multi-site team
- Sudbury and Val Caron first of the sites to be established





# Hospital System Pressures



- Hospital often most visible symptom of a community's health system shortcomings
- ED overcrowding and long wait times linked to gaps in primary and community care systems
- Problems more acute in the north due to regional challenges





# ALC Impact on Hospital



- ALC impacts entire system's ability to provide care
- ALC = patients who need some form of assistance outside of the hospital
- While ALC patients wait in hospital for community services, daily operations of the hospital can be affected



# System of Care



- Need cohesive system of care – from health & wellness and disease prevention, to acute, long-term and palliative care
- Work is underway with Health Care Expert Panel, Northeast LHIN Roundtables and participation in local pilot projects



# Construction Project



- EllisDon Corporation selected to complete one-site hospital
- Construction started March 2007 with groundbreaking ceremony







## Benefits to One-Site



- Single site will combine staff / physician expertise and skills
- Economic spin-offs from large construction project
- 80% local construction labour
- Local suppliers and material
- Incentive in recruitment and retention efforts





# AFP Strategy



- Private sector assumes financial risk if project is not completed on time, on budget
- Hospital remains publicly owned and operated
- Release of construction costs expected soon
- Value for money audit to be released in the next few months



# Challenges



- Aging hospital buildings and outdated equipment
- Ensure medical equipment keeps pace with new technology
- Current medical equipment need is over \$55 million
- Goal is to have equipment purchased for one-site hospital



# Future Health Care Needs



- Phase II construction project will have capacity for additional floors
- Province to create 96 long-term care beds by 2010/11
- LHINs to bring system-wide health care planning
- NOSM presents tremendous research opportunities



*Building a better health care  
system in the North.*

