Restructuring Health and Hospital Services: The Ontario Experience

Mark Rochon
CEO, Toronto Rehabilitation Institute (1998 – present)
Conditions for Hospital Service Restructuring

1. Hospitals were in too much competition

2. Specialty hospitals should be affiliated with general hospitals

3. Hospitals were poorly distributed

Report of the Select Committee of The House of Lords on the Metropolitan Hospitals (1892)
Reforms urged in use of solitary in federal prisons

A new study released in Ottawa on Wednesday calls for changes in the use of solitary confinement in federal prisons, saying it is a "serious and urgent" problem that needs to be addressed.

The report, "Solitary Confinement in Federal Prisons: A Call for Reform," said the use of solitary confinement has increased in recent years and that the practice is "too widespread" and "too long-lasting.

The study was commissioned by the Canadian Prison Reform Coalition, which is made up of more than 50 organizations and individuals concerned with prisoner rights.

The report, which is based on a review of existing research and data, says the use of solitary confinement in federal prisons has increased from 18,000 in 2000 to 34,000 in 2010.

The study also found that the average length of solitary confinement has increased from 10 days in 2000 to 30 days in 2010.

The study recommends changes such as limiting the use of solitary confinement to no more than 24 hours, reducing the length of solitary confinement to no more than 30 days, and providing access to educational and recreational activities.

The study also calls for the introduction of more programs to help prisoners transition back into society, such as job training and education programs.

The study's authors say the changes are necessary to "reduce the harm caused by solitary confinement" and to "improve the overall well-being of prisoners.

The study was released at a press conference in Ottawa on Wednesday, where the authors were joined by representatives from the Canadian Prison Reform Coalition.

The conference was attended by members of the media and interested parties, and the authors took questions from the audience.

The study's authors said they hope the recommendations will be implemented by the federal government and other agencies.

"We believe that the changes we recommend are necessary to reduce the harm caused by solitary confinement and to improve the overall well-being of prisoners," said one of the authors.

"We hope that the federal government and other agencies will take our recommendations seriously and work to implement them."
Labor angry as Ontario accepts 200,000 out of work

Ontario's decision can hurt employment will be felt

The decision by the Ontario government to accept

The president of the Ontario Federation of Labor, Bill

The Ontario Federation of Labor, which represents

The social assistance for the unemployed in Ontario, John

Bill told the Hamilton-Wentworth Labour Council that

Bill said that President Barry Mecklenburg was

HOSPITAL'S ONE-YEAR FIGHT ENDS IN VICTORY

Taxes raised on smokes, cars to create jobs

Taxes raised on smokes, cars to create jobs

By ALAN FERGUSON

Two prime targets

PQ is an 'enemy' Trudeau tells West

PQ is an 'enemy' Trudeau tells West

PUT CLOCK AHEAD ON SUNDAY

1.50 a cent a pack

3 cents a can more

CHSARF FCARSS

Rehabilitation saves life.
Today’s Wyre Forest result

Richard Taylor (Health Concern).......................... 28,487
David Lock (Labour)........................................... 10,857
Mark Simpson (Conservative).............................. 9,350
James Millington (UK Independence).................... 368

● MAJORITY: 17,630 ● TURNOUT: 68%

DOCTOR
IN THE
HOUSE

Stunning victory for hospital campaigner

THE district is waking up to the staggering news - health campaigner Dr Richard Taylor has obliterated the opposition in a landslide victory in Wyre Forest.

Only hours ago the retired hospital consultant reported an unprecedented run to become the first independent to be elected MP as a local issue in the modern era.

By CHIEF REPORTER

WBE REALITY

won the seat for the first time in a generation.

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Only hours ago the retired hospital consultant reported an unprecedented run to become the first independent to be elected MP as a local issue in the modern era.

Dr Taylor, who spent years as a doctor in Wyre Forest, is now set to take on the role of MP for the seat.

The Wyre Forest District Council has now declared the seat for the first time in a generation.

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Antecedents to Change

The Health Care Environment Pre-HSRC

- Changing practice and technology
- Reduced inpatient bed capacity
- Need for capital investment/renewal
- Incremental, unplanned change in early 1990’s
- Significant public government debt and deficits
- Growing financial pressures on hospitals and other health sectors
- Local DHC reports recommending change
Changing Practice & Technology

Beds Staffed and in Operation

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Changing Practice & Technology

Comparison of Surgical Activity and Acute Separations: 1989/90 and 1995/96

Source: MoH, Institutional Services Branch
Change in Hospital Employment (FTE)
Circumstances when HSRC was created

- New government elected on a change agenda
- Recognition of the need for change but “zealous” desire to protect the status quo
- Reasonable DHC hospital restructuring reports but no vehicle to implement
- Lack of appreciation for what HSRC would be doing
- 1994/95 Government of Ontario operating deficit $10.2 billion on revenues of $46 billion or 22%
- Government of Ontario accumulated debt increased from $39.3 billion in 1989/90 to $90.4 billion in 1994/95 or 32% of provincial GDP
- Government of Canada net debt 74% of GDP
- Debt service cost exceeded payments to hospitals
“I think it will be a clash between the political will and the administrative won’t”

Jonathan Lynn & Anthony Jay
Yes Prime Minister
vol. 2 (1987)
Why was the HSRC needed?

- Growing financial pressures
- Lack of clear accountability (or lack of governance-in-common)
- Inability/difficulty of local communities to determine their own fate
- Need to “de-politicize” decisions
- General recognition within the industry that change was necessary (as long as it was someone else)
Authority

Under Section 6 (Public Hospitals Act):

- the Minister can direct a hospital to close, amalgamate
- the Minister can direct a hospital to provide specified services or cease to provide specified services
- the Minister can make any other direction to a hospital that he considers in the public interest to do so
- hospital board shall ensure that a direction is carried out and is deemed to have unrestricted power to carry out a direction
- Minister’s powers under s. 6 sunset after 4 years
Delegation of Authority

‘Unique’ delegation of powers based on legislative change(s)...

“An independent body at arm’s length from the Government, empowered to develop, establish and maintain an effective and adequate health care system...”

(Savings and Restructuring Act, Amendments to the Ministry of Health Act included in Schedule F)
HSRC

Mandate

To make binding decisions on the restructuring of hospitals

To provide advice/recommendations to government
  ▪ on restructuring other elements of the health services system, including advice about reinvestment

To create an integrated, coordinated health services system
  ▪ services of high quality
  ▪ access to necessary services
  ▪ affordable
HSRC

Overall Approach

- Restructuring of hospitals in major municipalities (largest 8 communities comprising 65% of allocations to hospitals)

- Restructuring of hospitals elsewhere in Ontario

- Recommendations on restructuring other sectors/elements of the “system”

- Development of vision of a health services ‘system’ & development of a ‘strategic plan’ to achieve the vision
HSRC

Process

 DHC reports reviewed local input invited

 HSRC establishes restructuring options and makes a decision on ‘best’ option

 Notices of Intention to Issue Directions issued and delivered to the affected institutions, together with reasons for the decisions. 30 day Notice period inviting representations to the Notices from any hospital and/or any other person or organization

 HSRC considers representations, undertakes additional analysis (as required) and issues final Directions

 If decisions not ‘carried out’ HSRC to notify the Minister
“Parallel Activities” addressed by HSRC to Support the Restructuring Mandate

1. Vision of the future system/context for change
2. Reinvestment guidelines
3. Northern/rural restructuring
4. Costing methodology to estimate savings
5. Governance
6. Human resources
7. Medical human resources
8. Policy advice on implementation
9. Policy advice on other system change
Communication Strategy

- Pre and post decision media engagement
- Consultation with key influencers
- Purchased advertising
- Media and briefings for politicians
- Communication materials for providers
IMPORTANT INFORMATION ABOUT BUILDING A BETTER HEALTH SYSTEM IN SAULT STE. MARIE.

Why are changes being made?
Ontario's health centers are experiencing rapid change in order to keep up with patient needs. That is why the Greater Sault Health Care Corporation (GSCHC) was established.

We are seeing, among other changes, a growing need for health services. We are facing challenges in the health care system, such as a rise in the number of patients and an increase in the cost of health care. These changes are necessitated by the needs of the community.

Planning change carefully, one step at a time
On October 1, 2019, the Greater Sault Health Care Corporation (GSCHC) was established. The GSCHC is responsible for planning and implementing changes to the health care system to meet the needs of the community.

Preserving the best health care
Ontario's health care system is one of the best in the world. We want to keep it that way. By investing in technology and education, we can ensure that our health care remains top-notch.

More coordination for better services
The GSCHC has implemented a plan to improve coordination between health care providers, making it easier for patients to access the services they need.

More services for the elderly
The GSCHC has also implemented plans to provide better services for the elderly, including more support for long-term care and home care.

Building a better health system for Ontario
During the next three years, the Greater Sault Health Care Corporation will be implementing changes to the health care system in Sault Ste. Marie.

Enhancing local health services
The Greater Sault Health Care Corporation will be implementing changes to local health services, including the provision of more services at the local level.

French language services will be strengthened
The GSCHC has also implemented plans to strengthen French language services in Sault Ste. Marie.

We have more information available
If you would like more information about the changes being made to the health care system in Sault Ste. Marie, please contact the Greater Sault Health Care Corporation.

Building a better health system
The Greater Sault Health Care Corporation is committed to improving the health care system in Sault Ste. Marie. We are working hard to ensure that our community has access to the services it needs.

HEALTH SERVICES RESTRUCTURING COMMISSION

CHSRF FCAS RCF

Rehabilitation saves life.
Consequences and Reflections of HSRC’s Work
Consequences of HSRC’s Work

Structural Change

- Amalgamation of 44 hospitals to form 14 new organizations
- Takeover of 4 hospitals by other hospital corporations
- Directed closure of 33 public, 6 private and 6 psychiatric hospital sites – 27 of public hospitals closed
- Now 150 hospital corporations, down from 225 in 1989-90
- Creation of 14 JEC’s to provide shared governance to multiple organizations
- Creation of 18 rural/northern hospital networks
- Establishment of a variety of regional and/or provincial networks (child health, rehab, FLS)
Reflections on the Process of Restructuring

- There was an informed audience (insiders) across the province that recognized that health system change was essential and that difficult decisions had to be made.
- Many communities had the desire and willingness to embrace change to prepare better for the future. However, many inherently resist change and the loss of power/prestige.
- Deficient data and information to plan for health services.
- Rebalancing of health services through reinvestment in community services such as home care and long term care is essential.
- Strong, consistent leadership is needed at the provincial/central level to steer health system reform.
Political Accommodations

- Withdrawal in 1999 of Direction making authority
- Rural & Northern Health Policy
- Reversal of some directions
Lessons Learned
What Worked

- Broke status quo mould – served as a catalyst of change
- Relied on local advice about what was possible – avoided one size fits all solutions
- Process – reduced risk of “wrong” decisions
- Resisted lobbying and political influence
- Persuaded government to invest in long term care and home care
- Labour re-adjustment strategies
- Stimulated large scale reinvestment in capital
- Move from autonomy to interdependence amongst providers
Lessons Learned

What Didn’t Work

- No coordination in communication from government about need for a system and need to spend money wisely
- Delay in investment decisions
- Decision making and reality of the political calendar
- Leaving most policy advice development to phase II
- Failure to persuade government to move forward with IT investments
- Some hospital boards should have been replaced
- Government should have coordinated its budget reductions with restructuring
- Process got in the way of timely decision
- Lack of local presence to respond to media/public concerns
Lessons Learned

About Conditions for Change

- HSRC as a visible and powerful force for change
- Need to communicate the purpose of change
- Persistence – length of HSRC mandate
- Burning platform vs. everything ablaze
- Involvement of community leaders
Lessons Learned
About Arms Length Agencies

- Effective means of making urgent decisions
- Delegating decision making authority does not diminish political accountability
- Who our friends were
Eventually Murray took the job—but his friends never did speak to him again.
Major System Changes
Post HSRC

- Development of primary care organizations *alternatives to F.F.S.*
- Focus on wait time reductions
- Accountability Agreements
- E-health
- Local Health Integration Networks
- Excellent Care for All Act
- Move to service based funding
QUESTIONS?