SUBJECT: Saanich Peninsula Hospital Operating Room Redevelopment/Electrical Upgrade –
Major Project Funding Request

ISSUE:

To address the Vancouver Island Health Authority’s (VIHA) funding request for the redevelopment of Saanich Peninsula Hospital (SPH) operating rooms (OR), and the upgrading of the electrical system to support facility expansion.

BACKGROUND:

The Saanich Peninsula Hospital opened in 1978 and is a 48-bed community hospital that primarily serves residents of Sidney, North Saanich, Central Saanich and Saanich. Since its creation, the role and scope of this hospital has changed significantly as it continues to serve an increasing number of patients.

Need for OR:

In 2007/08, SPH had 4,661 total patients and 18,580 days. Over half of these patients received surgery and the majority (87%) of these surgeries were performed on a day surgery basis. The hospital currently has two ORs and a third OR, that functioned as the former labour and delivery room and provides a smaller functional workspace than the other two ORs due to its layout.

Extensive planning and consultation by VIHA determined that the 1978 operating rooms require upgrading to comply with national standards. These upgrades will also enable VIHA to meet future demands for surgical services in the Capital Region and to support this community hospital’s integrated health services.

The OR redevelopment will include the following:

- 690 square meter addition;
- Three operating rooms to meet best-practice/industry standard, capable of accommodating the full scope of surgical services planned for SPH;
- An integrated procedures room accommodating endoscopy services and other minor procedures;
- New OR equipment.

Once complete, the ORs will provide about 50% of the future local surgical needs with elective surgery Monday to Friday. These services will be integrally linked with the Royal Jubilee Hospital (RJH) and Victoria General Hospital (VGH) for the following surgical specialties generally considered core at SPH: Gynecology, General Surgery, Orthopedics, Urology, Dental Surgery, ENT.

The VGH and RJH provide tertiary care and primary and secondary care for the Capital Region. Timely access to all services is impacted by the over capacity demands at all sites. This system pressure will continue as a result of the aging population and the projected growth of the Region. Repatriation of Saanich cases and the possible referral of other CRD residents to SPH would allow for more sustainable and appropriate access to services and would reduce system pressures.

Need for Electrical Upgrade:

The majority of the electrical system at SPH, including the main power service equipment, was installed in 1977 during construction of the acute care facility. There have been numerous additions and renovations over the intervening years impacting the electrical system. In addition, safety codes and standards have
become considerably more stringent than at the time of original construction. As a result, there are significant shortcomings in the existing electrical power system which must be remedied before facility expansion. These include:

- Inadequate capacity and electrical room space to allow expansion;
- Non-compliance with standards for patient safety and maintenance worker safety;
- Equipment at or beyond life expectancy.

The electrical upgrade must be completed in conjunction with the OR expansion to support new equipment. This upgrade is delaying expansion plans and projects in other areas of the hospital as well as some new capital equipment acquisitions.

The total capital cost of the project is estimated to be at $9.566 M\(^1\). The Saanich Peninsula Hospital Foundation (SPHF) is aggressively fundraising to support the project and have committed $5 M in funding for the overall project. The proposed funding sources are:

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding Share</th>
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<tbody>
<tr>
<td>Ministry of Health Services/VIHA (60% share approved)</td>
<td>$2.740M</td>
</tr>
<tr>
<td>Capital Regional Hospital District (CRHD) (40% requested)</td>
<td>$1.826M</td>
</tr>
<tr>
<td>Saanich Peninsula Hospital Foundation (SPHF):</td>
<td>$4.000M</td>
</tr>
<tr>
<td>- Non-equipment</td>
<td>$1.000M</td>
</tr>
<tr>
<td>- Equipment</td>
<td>$5.000M</td>
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<tr>
<td>Total</td>
<td>$9.566M</td>
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The Ministry of Health Services has approved this project and VIHA will soon be ready to tender the electrical portion of the work, subject to approval of CRHD funding. The Foundation’s commitment of $5 M of the total $9.566 M, reduces the 40% CRHD share based on a total project cost of $4.566 M.

**ALTERNATIVES:**

1. Approve funding in the amount of $1.826 M as the CRHD 40% share for the proposed project.
2. Do not approve CRHD funding for the project and redirect VIHA to seek additional funds from the Ministry.

**FINANCIAL IMPLICATIONS:**

This project is included in the 2010 and 2011 CRHD Ten Year Capital Plan and is budgeted for in the overall CRHD budget and requisition. The approval of this project would not result in any new net increase in the overall requisition. The capacity created within the capital plan after the implementation of the 2008 Funding Options Review recommendations ensures that there is no sudden peak or drop in the overall requisition. The estimated cost, CRHD share and annual charges are summarized in Table One:

<table>
<thead>
<tr>
<th>Table 1: Preliminary Cost Estimate</th>
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<tbody>
<tr>
<td>Alternative 1 - Estimated Cost</td>
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<tr>
<td>CRHD 40% Share</td>
</tr>
<tr>
<td>Annual charge against 2010 assessed residential value ($527,364)</td>
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<tr>
<td>Annual charge per $100,000 of assessed residential value</td>
</tr>
</tbody>
</table>

\(^1\) Excludes $5 M Foundation share

\(^1\) OR Redevelopment $6.455M; Electrical Upgrade $3.111M
A $1.826 M approval would be funded from a capital borrowing bylaw for five years equating to a $2.37 annual charge against the 2010 assessed residential value of $527,364 or an annual charge of $0.45 per $100,000 of assessed residential value.

The estimated total project budget of $9.566 M is based on a detailed schematic design report completed in 2010. In the event that the Board approves this project, the $1.826 M contribution is capped, protecting the CRHD from further capital cost increases. Capital funding for any further increase would be the responsibility of VIHA.

The primary risk of not proceeding with the SPH OR/Electrical Upgrade Project is VIHA would not meet the SPH future vision developed through community consultation (Attachment One). In addition, the electrical project would negatively impact other priority projects such as the SPH Chapel project. Without CRHD’s share the project will be in jeopardy. Alternative 2 is not recommended.

SUMMARY/CONCLUSIONS:

VIHA is proceeding with a much needed capital project to redevelop the OR and upgrade the electrical system at SPH. This project is a tremendous step forward in establishing SPH as a significant community hospital for our region. As part of VIHA’s Building a Sustainable Network of Hospitals strategic priority, SPH has been identified as one of the key community hospitals that will continue to provide a personalized, caring environment and range of services to its patients for the next 30 years and beyond.

The Foundation’s $5 M fundraising for this project is commendable. The project has also received approval from the Ministry and will soon be ready for tendering. CRHD support for this project will complete the full spectrum of funding and would enable this much needed redevelopment to be initiated. Alternative 1 is recommended.

The total budget for this project is $9.566 M; the Foundation has fundraised $5 M. Of the remaining $4.566 M, VIHA is requesting CRHD’s 40% share ($1.826 M). Project completion is planned for 2012.

RECOMMENDATION:

That the Committee recommends the Capital Regional Hospital District Board:

1. Approve the Saanich Peninsula Hospital Operating Room Redevelopment/ Electrical Upgrade Project with the CRHD 40% share of $1.826 M of $4.566.

2. Approve CRD Bylaw No. 367, “Capital Regional Hospital District Capital Bylaw No. 153, 2010” for a maximum of $1,826,000, for the CRHD’s 40% share of the Saanich Peninsula Hospital Operating Room Redevelopment/Electrical Upgrade Project.

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Report Writer

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COMMENTS:
Vision for
Saanich Peninsula Hospital

Author: Aspasia Zabaras
Department: Planning and Community Engagement
Creation Date: January 2008
Last Updated: August 11, 2009
INTRODUCTION

Saanich Peninsula Hospital, opened in 1978, is a 48-bed community hospital that primarily serves residents of Sidney, North Saanich, Central Saanich and Saanich. Since its creation, the role and scope of this hospital has changed and this document outlines how SPH will evolve its role to a new vision of:

“A Community Hospital Integrated with the South Island Network of Hospitals”

This document clearly defines the role of Saanich Peninsula Hospital (SPH), to facilitate program, human resource, physician manpower and capital planning into the future. It also identifies VIHA’s commitment to continue to deliver a range of health services at SPH for the next 20 years and beyond.

BACKGROUND

“Building a Sustainable Network of Hospitals" was identified as a strategic priority in VIHA’s Five-Year Strategic Plan. It was determined that a critical first step in developing a hospital network is to focus on community hospitals. Community hospitals have an essential role in the health authority, providing medical, surgical, rehabilitation, convalescent as well as palliative care to patients close to their home. Each of these facilities plays a significant role within the community.

Saanich Peninsula Hospital (SPH) is one of VIHA’s Five community Hospitals along with Cowichan District Hospital (CDH), West Coast General Hospital (WCGH), Campbell River and District General Hospital (CRDGH), and St. Joseph's General Hospital (SJGH). A Community Hospitals Review was initiated in 2007 which resulted in the creation of a strategic framework for community hospitals to facilitate operational decisions as well as program, human resource, physician manpower and capital planning (refer to Appendix A for the set of principles that help define roles and guide service delivery and the bundle of services that could reasonably be provided in community hospitals).

Based on the review, it was found that the classification and management of SPH continues to be as a community hospital but when compared to the other community hospitals it is functioning very differently. This was also articulated in a vision document submitted from the Saanich Peninsula physicians and community to VIHA Administration in the spring 2007. Because of its’ unique location\(^1\) in close proximity to Victoria General Hospital (VGH) and Royal Jubilee Hospital (RJH), SPH has been developed more as part of the South Island network of hospitals and less as a more independent community hospital serving local needs. However, SPH does not clearly function in either of these roles in a comprehensive manner. Not having a clearly defined role has negatively affected morale at SPH. The positive workplace environment has been deteriorating, potentially impacting program sustainability and retention of staff and physicians.

In the fall of 2007 and spring of 2008, a number of collaborative planning meetings were held involving SPH physicians, the site administrator, planning, community hospitals and surgery portfolios and other clinical services and programs to begin to review the existing service profile and analysis of SPH and develop a shared vision for the future. The emerging vision was created in January 2008 then shared with the staff and physicians at SPH as well as interanlly with VIHA’s Integrated Health Services Portfolios. Their feedback was incorporated and is reflected in this final vision document.

\(^1\) Saanich Peninsula Hospital is a 48-bed hospital which is located 20 kilometers from the Victoria General Hospital (368 beds) and 25 kilometers from the Royal Jubilee Hospital (412 beds).
PROFILE OF SPH

Saanich Peninsula Hospital has 38 acute care beds, 10 palliative care beds and 143 residential care beds. In 2007/08, there were 4,661 total patients and 18,580 days. Over half of these patients received surgery and the majority (87%) of these surgeries were performed on a day surgery basis. SPH is largely supported by 33 General Practitioners, with 1-2 specialists in each specialty and emergency room physicians share Emergency Department coverage.

The Patients at SPH (in 2007/08):

- Majority (71%) of the total patients are from the Local Health Area (LHA) 63: Saanich, with 14% from Greater Victoria, 6% from the Gulf Islands and 5% from Sooke.
- The inpatient weighted cases at SPH is 2917.5 which is the lowest amongst all the community hospitals.
- Of the 2,039 inpatient admissions, 70% were aged 65 and older.
- There were 2,996 surgeries performed, 374 were on an inpatient basis and they stayed 1,504 days which is 4 days on average per patient.
- Overall, 3% (62 cases) of the inpatient admissions needed an alternate level of care (ALC) once their acute care needs were met. In total, they stayed 2,947 days as ALC which is 47.5 days each on average. This means that all year, 16% of the beds (8 beds) had ALC patients.
- On average, patients at SPH stay 9.1 days which is one of the longest lengths of stay compared to other VIHA hospitals and hospitals throughout the province.
- For typical cases, the average length of stay (4.6 days) was shorter than what was expected (5.0 days)
- The top 5 diagnosis chapters of inpatient admissions include:
  1. Diseases of the digestive system (375 Cases)
  2. Diseases of the respiratory system (239 Cases)
  3. Factors influencing health status and contact with health services (239 Cases)
  4. Diseases of the circulatory system (236 Cases)
  5. Diseases of the genitourinary system (228 Cases)
- The top cases that had the longest lengths of stay include: (See Figure 1):
  1. Palliative Care (140 cases)
  2. Dementia (28)
  3. Convalescence (55 cases)
  4. Chronic Obstructive Pulmonary Disease (COPD) (88 cases)
  5. Heart Failure without cardiac catheter (70 cases)
  6. Viral Unspecified Pneumonia (95 cases)
  7. General Symptom/Sign (37 cases)
  8. Organic Mental disorder (12 cases)
  9. Enteritis (76 cases)
  10. Lower urinary tract infection (54 cases)

The average ages of these cases ranged from 66-87 years and these cases accounted for more than half of the inpatient days at SPH in 2007/08.
THE NEED FOR CHANGE

Population Considerations
Future service delivery at SPH will take into consideration the unique attributes of the population of Saanich. Currently, the 75+ and 85+ population as a proportion of the population in Saanich is the highest in VIHA along with Qualicum: 13% are 75+ and 4.0% are 85+. In the next five years (2009-2014), the 75+ population is expected to grow by 6% (which is slightly lower than VIHA’s 7%) for a total of 8,847. The 85+ population is expected to grow by 16% (compared to only 10% for VIHA) for a total of 3,200. During this same time frame, the younger population cohort aged 54 and under is expected to decrease by 3.5% (over 1,200 people).

Not only is Saanich comprised of a growing seniors population, it also has a significant Aboriginal population with three reserves located within the area. Both of these specific populations would benefit from having local access to services that are targeted to meet their needs.

Local Needs Being Met Elsewhere
Residents living in the Saanich Local Health Area have better use of hospitals (144.19) compared to BC residents overall (161.27) and this is also one of the lowest standardized rates compared to other communities across VIHA, except for Greater Victoria has the lowest (140.76).

Based on initial inpatient analysis conducted by levels of care using 2006/07 data, SPH only met 46% of primary care needs and 21% of secondary care inpatient needs of local residents which is the lowest compared to all other community hospitals (refer to Figure 2). It is expected that a community hospital would meet 80-85% of primary care needs and 70% of secondary care needs.

\[1\] BC STATS PEOPLE 33 Revised
Residents living in Local Health Area (LHA) 63 - Saanich use VGH and RJH to meet their basic inpatient primary and secondary care needs much more than would be expected. Half of Saanich’s primary inpatient needs and three quarters of the their secondary inpatient needs are met at either of those two hospitals. The lower proportions of local care needs being met at SPH are likely a result of a number of factors such as: historical program and policy decisions such as psychiatry, pregnancy and labour, and pediatrics only being provided at the tertiary sites; and the large geographic catchment boundary of Local Health Area (LHA) 63: Saanich. A more detailed analysis of the data was conducted to explore these factors:

- When removing the psychiatry and obstetric cases from the dataset, SPH meets 51% of the primary care needs of local residents compared to the 41% when all cases were included.
- Further analysis by postal codes indicates that where these cases live within LHA 63 also has an impact on hospital use. The postal codes of LHA 63 cases were grouped into four geographic areas: Sidney, North Saanich, Central Saanich and Saanich.
- Cases living in the south part of LHA 63 - Saanich area only get 10% of their primary care needs met at SPH while the other three areas get 60-75% of their primary care needs met at SPH. These south LHA 63 residents likely use VGH because of their closer proximity and were removed from the potential catchment population for SPH.
- Redefining the potential catchment services and population to exclude childbirth, psychiatry and the more appropriate geographic area resulted in SPH serving 64% of local primary care needs and 33% of the local secondary needs (Figure 3). The remaining cases go to RJH and VGH for services.
- In reviewing the case mix groups for the cases, the majority of the primary cases and half of the secondary cases could be provided for at SPH. The repatriation of these cases to SPH from VGH and RJH could result in a redefined target of 76% of the local primary needs and 50% local secondary inpatient needs met at SPH.
Timely Access and Reduced System Pressure
The VGH and RJH provide tertiary care for the whole health authority as well as primary and secondary care for South Island residents. Timely access to all services is impacted by the over capacity currently experienced at all sites. This system pressure will likely continue as a result of the current age of the population and projected growth in the elderly population. Repatriation of Saanich cases and the possible referral of other South Island residents to SPH would allow for more sustainable and appropriate access to services and reduce system pressures.

Capital Investment Opportunity
The Saanich Peninsula Hospital Foundation is currently fundraising to upgrade the existing surgical suite at SPH to have 3 operating rooms, an endoscopy room, Post Anesthetic Recovery area and a new sterilization room that meet current standards. This capital investment provides the capacity and opportunity for enhanced surgical programs at SPH.
VISION FOR SPH
The vision for the Saanich Peninsula Hospital (SPH) is:

“a community hospital integrated with the South Island Hospital Network”.

While functioning as a community hospital, the role and bundle of services proposed for SPH will differ from other community hospitals due to its proximity to the VGH and RJH. SPH will be a renewed community hospital that will continue to provide a personalized, caring environment to its patients for the next 30 years. It will play a vital role in meeting local needs and still support and be supported in partnerships with our tertiary facilities. The vision sees this family practice based hospital continuing to providing acute care while serving as the hub of a comprehensive array of health services so residents needs could be met at one location. This site will have the following integrated services:

- Strengthened acute care services without intensive care unit;
- Primary health care and chronic disease management programs;
- Non-acute mental health services;
- A campus of care for seniors;
- Population health and Aboriginal health programs;
- End of life care.

The foundation of this vision is to:

- Meet most of the needs of local residents for basic primary and secondary care locally at SPH;

Residents of the Saanich Peninsula and surrounding area will be able to get most their basic health needs met locally with access to the tertiary site for more complex care requirements. Services provided at SPH will generally be elective and will not require intensive care (ICU) support. To ensure quality, this requires the development of a formal process for critical care patients and how to handle complications when they emerge.

**Primary Health Care**
SPH will integrate enhanced primary health care and chronic disease management programs to ensure residents stay healthy, prevent injury, get better, manage illness or disease, and cope with the end-of-life. A comprehensive primary health care system relieves pressure on other parts of the health care system and provides more appropriate services to residents. SPH will provide an ideal setting for a Primary Health Team that involves groups of care providers formally working together to provide the best support to complex, high needs patients and their family physicians. This will help recruit and retain family physicians and ensure there are sufficient number of family physicians that can accept the anticipated increase in new patients.

Diagnostic and Laboratory Services will continue to be provided at SPH and will require optimization of existing resources in order to meet new demand with the anticipated increase in local patients.

**Mental Health and Addiction Services**
Mental Health and Addiction Services clients would be better served with a non-acute crisis/observation capacity at SPH. This service requires a strong medical link to manage co-morbidities of clients, with most psychiatric admissions continuing to be at RJH.

**Emergency Services**
Emergency Services at SPH will continue to be provided on a 24/7 basis by emergency room physicians and family physicians. It will be at a level IV trauma due to the proximity to VGH and RJH. Due to lack of ICU and variations in specialty coverage in the evenings and weekends, to ensure quality, this requires the transfer of some patients to RJH and the development of a formal process for critical care patients and how to handle complications when they emerge.

**Specialty Services**

SPH will provide about 75% of basic inpatient medical needs of local residents for diagnosis such as: simple pneumonia, digestive diseases, heart failure, arrhythmia, chest pain, etc. While family physicians will remain the most responsible physician, ongoing service models for the delivery of supporting medical specialty services need to be developed for:

- GI
- Respirology
- Nephrology
- Oncology
- General Internal Medicine
- Endocrinology

Outpatient pediatric services including dental surgery will continue at SPH, while labour and delivery and pediatric admissions will continue to be at VGH.

- Focus services to reflect the needs of an aging population as well as Aboriginal population including elder friendly facility and enhanced ambulatory/outpatient care such as integrated primary healthcare, chronic disease management, specialty clinics and geriatric assessment. With aging population – don’t just focus on illnesses, need to build in wellness programs i.e. the maturing driver and nutrition supports with a pick up of meals at the site to provide connection with seniors..including Marianne stuff.

- Enhance SPH’s role as a teaching facility for physicians, nursing and allied health professionals as this facility is uniquely situated to be the hospital of the near future - given the demographics of the area is that of Canada 10 years from now. By aligning services to reflect the needs of an aging population, it could be a model academic program for training of health care professionals for the demands they are going to be facing in their professional careers;

- Enhance surgical capacity to meet local needs and some additional South Island needs once the Operating Room enhancement has been completed. This may involve having a limited number (3-4 max) of rotating specialists at SPH to support the proposed local surgeon and also impart subspecialty care/training. After factoring potential repatriation of local cases, the 3 Operating rooms are anticipated to be used between 2.5 - 2.7 at a 90% occupancy. SPH will provide about 50% of local surgical needs with elective surgery Monday to Friday. These services will be integrally linked with the two larger facilities for the following surgical specialties generally considered core at SPH:
- Gynecology
- Urology
- General Surgery
- Dental Surgery
- Orthopedics
- ENT

- Ongoing discussions are underway on how ophthalmology procedures would continue to be delivered in the South Island. It is anticipated that a local specialist would continue to provide assessments and consultations in the Saanich Peninsula community. Although, plastics was not considered a core service, it would continue to be provided at SPH;

- Where feasible, surgical services would be provided using an integrated surgeon model which includes a locally based specialist integrated with the South Island specialty division, who is supported by general practitioners and a multidisciplinary team;

By Achieving this Vision

- Elderly residents who have a hospital encounter will be assessed by a specialized geriatrics team and will go home with a care plan that will utilize community resources and maintain their health

- Residents will continue to have their family physicians follow every aspect of their care, whether it be in their homes, in hospital or in residential care services

- Families with babies and children would access the public health unit for the immunization and preventative services and get diagnostic services or nutrition supports at the hospital if they need it.

- Patients who received a specialized service at the RJH and VGH would be able to return to SPH to convalesce near their family and friends
The profile of services at the SPH campus of health care:

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Profile</th>
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<tbody>
<tr>
<td><strong>Hospital Services:</strong></td>
<td></td>
</tr>
<tr>
<td>● Emergency Care</td>
<td>Trauma Level IV on a 24/7 basis staffed by Family and Emergency trained physicians</td>
</tr>
<tr>
<td>● Diagnostics</td>
<td>Laboratory, Radiology,…</td>
</tr>
</tbody>
</table>
| ● Ambulatory Care and Clinics | ● Physiotherapy  
● Nutritionist  
● … |
| ● Medicine | ● Acute medical services provided by family physicians in consultation with specialists as required  
● Palliative Care Unit |
| ● Specialty Services | |
| Seniors Services | ● Residential Care and Supportive Living Services  
● Seniors At Risk Integrated Network including falls prevention clinic  
● GEMS team  
● Stroke Care…  
● Name of place on the site that provide Adult daycare etc…  
● Other Community Programs that support maintaining health of seniors in the community including meal programs, particularly for those living alone. |
| Mental Health and Addictions Services | ● |
| Primary Health Care and Population Health | ● An integrated primary health care network that is client centred and focused on supporting local family physician practice and multi-disciplinary care |
| Academics | ● Expansion of the Island Medical Program  
● Focus on enhancing education and practice opportunities for family medicine |

The vision for the Saanich Peninsula Hospital (SPH) is a community hospital integrated with the South Island Hospital Network. The principles for community hospital service delivery will be met, however because of the proximity to the VGH and RJH the bundle of services proposed for SPH will differ from other community hospitals.

**What Services Will Be Provided?**

- Most basic in-patient and out-patient needs for residents of Saanich including:
  - About 75% of basic medical admissions for local residents for diagnosis such as: simple pneumonia, digestive diseases, heart failure, arrhythmia, chest pain, etc.
  - Outpatient services focused on enhanced primary healthcare, chronic disease management, specialty clinics and geriatric assessment.
  - Labour and delivery and pediatric admissions will continue to be at VGH and most psychiatric admissions will continue to be at RJH.
- Elective surgery Monday to Friday and 24/7 emergency surgery as required depending on manpower, meeting about 50% of local surgical needs. In most cases, it would be provided by a local anchor specialist, who is supported by general practitioners and a multidisciplinary team. These services will be integrally linked with the two larger facilities, with integrated call coverage and quality processes.

- Services provided at SPH will generally be elective and will not require intensive care (ICU) support.

- SPH’s role as a teaching facility for physicians, nursing and allied health professionals will be enhanced. The facility is uniquely situated to be the hospital of the near future - given the demographics of the area is Canada 10 years from now. By aligning services to reflect the needs of an aging population, it could be a model academic program for training of health care professionals for the demands they are going to be facing in their professional careers.

- The proposed evolution of the service delivery model for SPH is shown below in Figure 4:
  - The foundation of the model is meeting the needs of local residents for basic primary and secondary care. This could result in approximately 15-20 more acute beds being required at SPH.
  - Once the foundation Operating Room enhancement is achieved, SPH may also provide enhanced surgical capacity to meet South Island needs. This may involve having a limited number (3-4 max) of rotating specialists at SPH to locally support the anchor surgeon and also impart subspecialty care/training. This enhanced capacity will support the volumes and sustainability of this model.
**How Will Services Be Provided?**

- In-patient care will be provided by General Practitioners, health professionals and locally based specialists who are an active part of the South Island specialty divisions.

- Where feasible, secondary care will be delivered through dedicated specialist(s) located at SPH or within the local community, who are integrated with department specialties. This will provide general support for vacation, attending conferences, and learning and development of new skills to serve the local community well in the longer term. It is anticipated that this proposed model will vary by specialty (e.g. some specialties could have a single dedicated surgeon while others could have a few dedicated surgeons rotating at SPH).

- The dedicated specialists will:
  - be a full member of South Island quality activities and standards and monthly division meetings;
  - be integrated/in rotations with each division at the Tertiary sites to ensure quality and volumes to maintain skill sets (surgeon specific). This may entail being a part of the call roster for VGH/RJH and avoidance of practicing in isolation, allowing peer assessment on a day to day basis;
  - be integrated with community quality processes;
  - have an office based in the local SPH community.

- The SPH Medical Advisory Committee will take an active role in the recruitment of new medical manpower.

- Quality processes will be coordinated through the South Island divisions as well as in an integrated manner through the SPH Quality Committee.

- The on-call burden is not anticipated to be significant, given the patient selections and planning of cases. It is anticipated that the anchor surgeon will be on-call during the week (as is the case currently for general surgery and gynecology). On weekends, the patient may be transported to VGH or RJH if the specialist is not available and care needs change.

- Call rotations will be worked out for each division in a manner that meets the needs of both the anchor surgeon and the Division. It is expected that call will be available for weekends, vacation and CME.
coverage.

**NEXT STEPS**

The next steps in the planning process are to:

1. Communicate the vision and consult with key program areas on how best to implement as well as timing;
2. Based on the consultation as well as the data analysis, determine the details of how the vision will be implemented. This will result in the development of the future scope of services for Saanich Peninsula Hospital and how they will be delivered for each of the following:

**Meeting Basic Primary and Secondary Care Needs of Saanich Peninsula Residents**

- Meet with Specialty Division Heads to further explore implementation of the integrated anchor specialist model. This model is currently in place at SPH for Gynecology; General Surgery has expressed interest in applying this model and revision of the existing orthopedic model would be needed to apply this model.
- Evaluate the current Orthopedic service delivery model to ensure that key learnings of what did/did not work are addressed in the future service delivery model.
- Further analyses of potential repatriation of cases and development of strategies to change current access and referral patterns.
- Further analysis of day procedure/ambulatory cases. Optimize modeling of current orthopedic clinic space to be used for multidisciplinary clinics.
- Community Needs Assessment to target program and service planning to meet the needs of the local community population e.g. geriatric care.

**Enhanced Surgical and Medical Capacity for South Island Residents**

- Optimization modeling of surgical capacity potential with the new operating rooms that will determine what capacity will be assumed by repatriating Saanich cases from VGH and RJH and what capacity will allow for other South Island cases.
- Explore the potential of meeting future volume expectations for hips and knee at SPH.

**Role as an Academic Centre**

- Apply a quality improvement design to future service delivery models;
- Partner with academic institutions to enhance role as an Academic Centre and identify resources needed.

3. Develop a Master Site Plan; and
4. Complete a Detailed Implementation Plan.
APPENDIX A

The Review process began internally to align and integrate community hospital planning within VIHA. A draft set of principles and bundle of services were developed. The following are the seven principles developed:

1. Quality and Safety
   Services are safe and mitigate risks, personnel are qualified and demonstrably competent, and decisions are based on evidence. The services meet the needs of the intended recipients within a reasonable standard of care and level of risk.

2. Sustainability
   Service Sustainability
   Services and programs do not become obsolete in the foreseeable future, and that the service delivery model is flexible enough to respond to changing needs and circumstances. This includes assessing whether qualified staff can be recruited and retained.

   Financial Sustainability
   Service delivery models are cost effective so we can provide access to a broad range of quality services in a continuous manner to as many people as possible.

3. Access
   Reasonable and fair geographic access to services is achieved, and need governs where services are located and how services and benefits are distributed.

4. Clinical Interdependencies
   Those services or programs that are linked (either by location or function) or “dependent” upon one another to function optimally.

5. Public Acceptability
   The public is informed about the issues and has been given the opportunity to provide input and feedback to the proposed actions, which has been given due consideration by VIHA. Ideally they are in agreement with the proposed action.

6. Integration
   Service planning and delivery is integrated and focuses on building better working relationships across the system and working collaboratively as a “team” to meet the needs of the client.

7. Unique Attributes
   Recognition that the specific profile of an individual community hospital will vary by location, population need, proximity to other health services and the surrounding geographic area, (i.e., a one-size fits all approach cannot work).

In analyzing the draft principles as well as the current service delivery of community hospitals, the following were identified as a “reasonable bundle of services” which could be expected at a community hospital (See Appendix B for Current Profile of Community Hospitals). It is recognized that the specific profile of an individual community hospital will vary by location, population need and the surrounding area.

- **Specialty Services**
  For 24/7 service delivery, 3-5 physicians in each of the core specialty services as defined by the Ministry of Health. Core Specialties include: General Surgery, Internal Medicine, Anesthesia, Obstetrics/ Gynecology, Pediatrics, Psychiatry and Orthopedics.

- **ICU Beds**

- **Emergency Department**
  Primary level of trauma services with dedicated Emergency Room Physicians.
• **Diagnostics**  
  A full laboratory, ultrasound, x-ray, pathology and CT scanning capacity.

In addition to these services, community hospitals should have:
  - surgical volumes ≥ 4,000 per year;
  - greater than 80-85% of Local Health Area (LHA) residents’ primary inpatient care needs provided locally; and
  - greater than or equal to 70% of residents’ secondary inpatient care needs provided locally.

An initial assessment of each community hospital revealed that there is variation in services among them. Planning over the next year would be focused on the two hospitals that were the most unique: SPH and WCGH. Initial focus is on SPH and once complete, planning for WCGH will commence.