

Executive Limitations Monitoring Report EL-10 Significant Service Changes

Lake of the Woods District Hospital

March 2017

Board policy is indicated in bold typeface throughout.

I hereby present my monitoring report on the Executive Limitations Policy EL-10 “**Significant Service Changes**” according to the schedule set out. I certify that the information contained in this report is true, and represents reasonable achievement of all aspects of the policy unless specifically stated otherwise.

Signed  CEO Date February 24, 2017

The CEO shall not make extensive changes in services without appropriate consultation.

CEO Interpretation (no change):

I interpret “extensive changes in services” to mean LWDH clinical program or service changes, where such changes are not identified in the Board approved Hospital Annual Planning Submission (HAPS/HSAA) or Community programs MSAA-CAPS and:

- which cost in excess of \$200,000 (approximately 0.5% of the hospital's operating budget) or
- which result in an anticipated reduction in a clinical service or program volume of at least 25% or more in the fiscal year

The LHIN HAPS/HSAA process requires “extensive consultations” with stakeholders (other health care providers in NW Ontario, LHIN's, boards, union and non-unionized staff, medical and professional staff etc.), therefore only extensive service changes not contemplated in the approved HAPS/HSAA/MSAA/CAPS submissions would require further consultation. Minor changes that may occur mid-year due to unforeseen circumstances such as staffing shortages or vacancies, equipment breakdowns, medical staff departures, and flu outbreaks would not trigger a requirement for another round of consultations unless they are “extensive” as defined above.

I interpret “appropriate consultation” to mean discussed with the senior management team, established hospital advisory committees (where appropriate), the hospital Board of Directors, affected unions, affected managers, affected external health care organizations, medical and other professional staff (where appropriate).

Evidence: **Compliant**

For the 2016 / 2017 fiscal year, the CEO has not made any extensive changes in services as per the Significant Service Changes Policy.

Further, without limiting the scope of the above statement by the following list, the CEO shall not:

1. Make the following changes without prior Board approval:

CEO Interpretation (no change):

I interpret “Board approval” to mean a board motion or Board direction as recorded in the approved Board minutes.

- **Changes in the essential nature of a facility or service.**

CEO Interpretation (no change):

I interpret “changes in the essential nature of a facility or service” to mean that any existing service that would be devolved, reorganized, changed in mandate, or transferred to another organization.

Evidence: **Compliant**

For the 2016 / 2017 fiscal year, the CEO has not made changes in the essential nature of a facility or service as per the Significant Service Changes Policy.

- **Change in service that is anticipated to have a major positive/negative impact on a community.**

CEO Interpretation (no change):

I interpret “anticipated to have a major negative impact on a community” to mean loss of a clinical service within the overall community or a reduction in patient service volume of more than 25% in the fiscal year.

The loss or significant reduction of a clinical service could result in a financial and/or emotional hardship for our referral community as it would require them to travel to Winnipeg, Thunder Bay, or to some other major centre for care. It could also be assumed that having to seek care in other communities would negatively impact the amount of family/friend support that would be available to the patient. Additionally, through planned change or reform, a clinical service may be provided by another organization requiring the hospital to no longer provide that service.

Evidence: **Compliant**

There were no clinical program or services changes made in 2016 / 2017 that resulted in a reduction of 25% or more in service/program volumes to the community.

2. Fail to consult with affected stakeholders when determining the appropriateness of means for achieving the Board’s Ends.

CEO Interpretation (no change):

I interpret this limitation to mean that stakeholder consultations need only occur when contemplating “extensive changes in services” as interpreted previously in this monitoring report. Additionally I interpret “with affected stakeholders” to mean - discuss with the senior management team, established hospital advisory committees (where appropriate), the hospital Board of Directors, affected unions, affected managers, affected external health care organizations, affected medical and other professional staff. Consultation can be in the form of letters, memos and e-mails requesting input or feed-back, meetings, video conferences or phone conversations with affected stakeholders or feedback resulting from circulated minutes of meetings or other documents.

Evidence: **Compliant**

There were no clinical program or services changes made in 2016 / 17 that resulted in a reduction of 25% or more in service/program volumes.

2.1. Fail to meet with stakeholders prior to implementing changes in levels of service to the public.

CEO Interpretation (no change):

I interpret the preceding limitation to mean that I would invite, meet, inform, and discuss with interested organizations, groups, or individuals any proposed or planned significant reduction in clinical program or service levels of LWDH greater than 25% prior to implementing the changes. Increases in service levels would not apply unless negative consequences could result.

Evidence: Compliant

There were no clinical program or services changes made in 2016 / 17 with a cost greater than \$200,000 or that resulted in a reduction of 25% or more in service/program volumes.

2.2 Fail to consult with the affected communities regarding potential uses for facilities which are no longer required for their current purposes.

CEO Interpretation (change):

I interpret the above limitations to mean that adjacent property owners, the city planning department, and potential local non-profit health care agencies working within the LWDH's primary catchment area would be asked for their opinion on surplus building space owned by LWDH for which we have no use and wish to lease or sell.

Surplus hospital buildings may be of interest to other health related non-profit organizations, however local property owners and city planning officials would be concerned that "complementary" services only be permitted to purchase property and buildings.

Evidence: Compliant

There were no significant service changes made during the 2016 / 17 fiscal year regarding potential uses for facilities which were no longer required for their current purposes.