

December 2008

To Whom It May Concern:

In the Health and Social Services Newsletter Vol 1 No 3 December 2008 Deputy Minister Stu Whitley states "There are all kinds of change — small ones, enormous shifts, gradual and sudden. And changes that we ignore at our peril. It takes no wizardry to know that our H&SS programs are not sustainable at their present rate of growth.

Our department alone is projected to consume approximately *57% of Yukon Government spending by 2017* (up from 34% today). The just-released sustainable review measures the growing gap between what we can afford and what the future costs will be. Bottom line: we have to change the way we do business. "Successfully changing an enterprise requires wisdom, prescience, energy, persistence, communication, education, training, resources, patience, timing, and the right incentives,"

We support this statement 100% and believe that we have a significant contribution to make in ensuring the sustainability of health care in Watson Lake.

We look forward to being able to discuss the future of health care delivery in Watson Lake with you and to plan for a sustainable future that includes excellent health care delivery. We can be reached at the contacts below.

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**OUR
VISION
FOR
EXCELLENT
HEALTH CARE
DELIVERY
IN
WATSON LAKE**

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WATSON LAKE HOSPITAL AND HEALTH CENTER STAFF

OUR VISION FOR EXCELLENT HEALTH CARE DELIVERY

WATSON LAKE, YUKON

DECEMBER 2008

We truly believe that we are at a crossroads in health care delivery in our community.

We know that we have a building that needs to be replaced.

We know that there is a structure built in Watson Lake that may be used to house our community health care services.

We also know that we need to do our work differently in order to improve the efficiency and effectiveness of our service delivery.

We know that NOW is a perfect opportunity to make this change.

HEALTH NEEDS OF THE COMMUNITY

We know that the health needs of our community are changing. There is less and less of a need for inpatient acute care. Clients are either needing more services than we can offer locally and need to be sent out of the community or they can be managed at home in the community with support. We know that our population is shrinking and aging. The needs of our seniors are becoming more demanding than ever before. Community supports are lacking to allow seniors to remain at home safely and to support families caring for high needs family members. Substance abuse and mental health issues are significant in our community and are not able to be effectively managed in our current system. Chronic illnesses are having a significant impact on our community and can be much better managed with a change in health care delivery methods.

The current population of Watson Lake makes it the 3rd largest community in the territory. (Yukon Bureau of Statistics June 2008)

Dawson City is larger than Watson Lake and provides excellent comprehensive health care to their residents with a Health Center and Physicians office. We know that from a financial perspective it is less costly to run a Health Center than a 24 hour Hospital. We believe that this kind of health center facility will be easier to staff as this is the kind of work nurses wanting to move to the north are looking for and we believe that the Primary Health Care Center model will give residents better health care.

Alaska Highway improvements have decreased the number of highway related incidents seen at the hospital in the past 20 years. In reality, travel from Dawson City to Whitehorse is now longer than a trip from Watson Lake to Whitehorse and the Klondike Highway is not in as good condition as the Alaska Highway. The risks associated with highway travel place Dawson City in a greater likelihood of receiving these kinds of clients than Watson Lake. This is an excellent example of how society can make changes to affect health outside of what is usually seen as a part of the health care system.

Tourist presence in Dawson City is much greater than in Watson Lake placing higher demands on the health services to deal with this transient population.

The community of Watson Lake is struggling to cope effectively with significant mental health, substance abuse and addictions issues with the current resources.

We believe that we are at a critical turning point in our community's health care services and that we can be a model for the best health care delivery system in the Yukon and indeed rural Canada. We believe that this can be accomplished with the community and the government working together. We believe that Community Nursing remains the most appropriate place for the health care services in Watson Lake to be delivered from. Our needs are the same as the

other rural communities. We deliver all the same services that are delivered in all the Health Centers in all the other rural Yukon communities. We are at this time simply bound by out of date job and building titles. We also require the support that is provided to us by Community Nursing as we function in a very similar way to all the other rural health care facilities. We require the physical and human resources that exist within the Community Nursing umbrella to operate efficiently. When we are short staffed they can access a pool of nurses to assist us. When our equipment fails we can access a loaner as they have worked hard to maintain consistency among facilities. Our staff are able to move freely between the Health Center and the Hospital assisting with staff shortages and workload issues not possible under 2 employers. We are also able to support the growth and development of our nurses within Community Nursing and to use our facility and operations as a place of training and mentorship for other rural nurses needing educational support. Our nurses have gone on to seek additional training and to continue their employment within Community Nursing providing nursing services to other rural Yukon communities. Temporary assignments are another advantage allowing skilled and knowledgeable staff to assist within other areas of the organization.

THE YUKON HEALTH CARE REVIEW AND HOW IT FITS

The Yukon Health Care Review

PATHWAY #1 – PERSONAL AND COLLECTIVE RESPONSIBILITY

Yukoners must increasingly take responsibility for their own personal well-being, and their utilization of health care services, in order to reduce their collective burden on the health care system.

Governments accordingly must work in conjunction with individuals by offering appropriate and cost effective education, support services, interventions, and when necessary deterrents needed to make more healthy life style choices, and appropriate changes in service utilization. Changes that improve individual well-being are long-term investments to the health care system; however it is acknowledged that their benefits may not have an immediate impact on health outcomes or health care costs. Changes in service utilization can have more immediate impacts, but may take some time to take hold.

Expand public health promotion awareness and marketing campaigns and offer education programs in the areas where Yukoners are at the greatest health risk, and where evidence demonstrates that they are effective programs. These areas of greatest risk include the prevention of accidents and injury, excessive alcohol usage, tobacco cessation and obesity.

A strong focus on primary health care and health promotion and education is integral to the future health of the Yukon. This can not effectively be achieved in an acute care based method of health care and we believe we are strategically placed to have a positive impact on these health issues and others by focusing our health care delivery methods on a Primary Health Care model. Significant impacts in these areas are also not made in a fee for service medical focused health care system such as is in existence now.

The Yukon Health Care Review

PATHWAY #6 – INSTITUTIONAL GOVERNANCE STRUCTURES

Changes in institutional governance structures should only be considered if it is determined to be highly likely that the change will lead to both an improvement in the alignment in the delivery of health care services, and improved cost efficiency and effectiveness in the service delivery.

(a) Yukon Hospital Corporation – Watson Lake General Hospital

The government should examine if the transfer of Watson Lake Cottage Hospital to the control of Yukon Hospital Corporation will improve the

alignment of responsibility for acute care service delivery in the Yukon and in doing so also improve the effectiveness and efficiency of these services.

The key points here are EXAMINE – IMPROVE ALIGNMENT – IMPROVE EFFECTIVENESS AND EFFICIENCY. There have to be critical studies made first to determine if these criteria can be met. We do not believe that if the appropriate studies are carried out it will be determined that the transfer of the Watson Lake Hospital to the Yukon Hospital Corporation will meet these criteria. Most importantly we do not believe it will improve health care delivery and community health outcomes.

We are not against change. We simply want to make the change that is best for our community. Over time we have worked hard to be flexible to meet the changing needs of the community within our local control. Our “hospital” is simply four walls in which we deliver a wide range of health services to our community. We believe that now is the time to assess completely what the best health services for our community that are sustainable over time are.

Over the past 20 years we have moved from a medical model of health care delivery in Watson Lake to one that supports the vision of Primary Health Care for our community. This shift in philosophy and practise is supported in the Romanow Report of 2002 “Building on Values – The future of Health Care in Canada” and in ongoing health research that supports the development of efficient and cost effective health care for communities.

According to Mr. Romanow on page 17 of his report

More troubling is the notion that somehow our health care system is on “auto-pilot” and immune to change. I believe this is fundamentally inconsistent with the ingenuity and innovation that has for so long defined the Canadian way. It is baseless and false. Governments can make informed choices about how and where to invest; they are not powerless to change current spending trajectories. Better management practices, more agile and collaborative institutions and a stronger focus on prevention can generate significant savings.

We are ingenious.

We are innovative.

We can make informed decisions about our health care program delivery.

We are not powerless.

As YTG Health and Social Services employees we take great pride in doing our best and making a difference in our community.

Our desire to shift focus from a medical model of health care delivery to a Primary Health Care focus was first supported by the transfer of the facility from the Federal Government Medical Services Branch to the Yukon Territorial

Government in 1997. The control of the facility by the YTG Department of Health and Social Services has allowed us to move away from the narrow vision of acute care services and focus on the needs of our community. The Public Health Unit and the Hospital were amalgamated under one supervisor to allow greater collaboration in care delivery. With time the Home Care Nursing program also came under Community Nursing allowing one organization to focus and streamline programs ranging from prevention and health promotion to acute care services, supporting those at home with acute and chronic illness and end of life care. While this program now lies within Continuing Care the staff still work for YTG and are part of a collaborative team. A need was recognized for respite and palliative care services in the community and we were able to adapt our program delivery to offer these services. More and more the “hospital” has moved away from a narrow acute care focus to a comprehensive approach to delivering the kind of care that our community needs.

The World Health Organization defines Primary Health Care as:

‘ essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic development of the community.’

http://www.who.int/topics/primary_health_care/en/ December 10th 2009

We can not imagine anyone who would not desire this kind of health care for their community.

The Yukon Health Care Review

PATHWAY #4 – HEALTH CARE DELIVERY MODELS

The government should proactively encourage the expansion of collaborative (or team-based multidisciplinary) primary health care delivery model where it can be demonstrated that the model will work with chronic care patients and/or in clinical models, in an effort to ensure better and accelerated access to primary care in a more appropriate and more cost effective manner.

Collaborative care in a Primary Health Care setting is supported by the Yukon Health Review of September 2008. It is one of the recommendations of the report. We believe that now is the right time to take Watson Lake in to the next phase of Health Care delivery. We can be a model for health care delivery in the territory – on the cutting edge of health care. We do not need a hospital to accomplish this. In fact the current model of health care delivery is not providing residents with the best care possible. The narrow acute care focus of a hospital is outdated and not sustainable.

Yukon government must select health care delivery models that will improve patient outcomes and provide an appropriate range of services at the same or lower cost as the present health care delivery model. Alternative and creative delivery models are needed to maximize the cost effective/efficient deployment of scarce and sometimes shrinking health human resources if the Yukon Health Care system is to be sustained at current levels.

As Yukoners, Watson Lake residents and taxpayers we believe that it is essential to critically evaluate the way we are delivering health care services in Watson Lake. No longer can we justify the costs associated with running a hospital and acute care focused health system. The needs of the people can be better met at a significantly less cost to the people. We have evidence all over the territory that the health care needs of rural Yukoners are being met using this model of health care delivery. The population of Dawson City is larger than Watson Lake and it has efficient and effective health care service. A community the size of Watson Lake can not sustain the kind of human resources that are required to run a hospital. It is no longer necessary for the government to provide the financial resources for this kind of a facility, Trying to maintain this kind of staffing and service is unnecessary as our usage is declining over time to a point where we can no longer justify our current hospital based existence. A Primary Health Care system includes using a greater variety of health care providers with varied scopes and skills and not relying on a system where the burden is on one or two professional groups with narrow scopes.

The government should encourage all the Yukon public health care providers to develop a plan to improve communication and collaboration that leads to better service delivery integration where it is evident that existing service “silos” are creating barriers to service delivery.

We believe that the existing silos in Watson Lake are creating barriers to client service. The private practice medical clinic has not been effectively participatory in the changes occurring in health care delivery models. The Diabetes Collaborative care program is not accessible to Watson Lake residents due to lack of engagement by the medical clinic in the program as the primary care provider. Participation in the HPV research project has also been denied Watson Lake residents as the medical clinic has not engaged in the process. This fee for service driven medical system is not the appropriate mechanism for the majority of the Health Care needs of Watson Lake. This is not to say that a medical presence is not required or desired. What is needed is a collaborative team that works together recognizing each others strengths to deliver health care. This can be best achieved in a team based collaborative care setting with all health care professionals working under one roof.

Our current hospital based system of health care delivery relies heavily on physician support as we do not have advanced practice nurses in the hospital setting. While we rely heavily on them we have no control over how they do their business or provide service. The lack of contractual relationships with physicians or a medical director presence puts staff and clients at risk. Formalizing this structure within the current organization is required. This could be addressed by salaried physicians on staff as is happening in other Yukon communities or by formalized working relationships in a new health care delivery system.

The nurses currently working in Watson Lake and those who have come before us have been calling for a change in the current methods of health care delivery for 10+ years. We recognize that with the current health care delivery set up in Watson Lake we are not being full partners and using our skills and resources to the maximum to benefit clients. We see the need for health promotion, health education, counseling and support, capacity building but have limited influence to change the way health care is delivered as we are not the primary health care provider or a member of a collaborative community based health care team. We are seen in a narrow focus as acute care hospital nurses despite our interest and ability to participate more fully in client care.

Our vision of excellent health care delivery for Watson Lake supports the recent Yukon Health Care Review published September 2008.

The statements regarding the aligning of the Watson Lake Hospital with the Yukon Hospital Corporation are:

The government should examine if the transfer of Watson Lake Cottage Hospital to the control of Yukon Hospital Corporation will improve the alignment of responsibility for acute care service delivery in the Yukon and in doing so also improve the effectiveness and efficiency of these services.

We do not believe that a transfer of Watson Lake Hospital to the Yukon Hospital Corporation will improve effectiveness or efficiency of services. We believe that a change in the way we deliver services will do both of these things and in addition will give better health care to the residents of Watson Lake. A Primary Health Care facility is well supported in the Yukon Health Review, the Romanow Report and by the WHO.

HEALTH HUMAN RESOURCES

The Yukon Health Care Review PATHWAY #7 – HEALTH HUMAN RESOURCES

Creative ways are needed to attract and retain physicians, nurses, and other health practitioners, in addition to the current recruitment and retention programs offered by the Yukon government. Health human resources will continue to be a scarce commodity over the next decade and consequently, staffing shortages mean that employers must do as much as they can to support and retain their current health care employees by offering attractive health work environments and good job satisfaction. As the workforce ages the cost of inaction on these fronts could be substantial to the health care system.

We know that staffing of both nurses and doctors is a challenge for our community and it is no different than any other rural community in Canada. It is not a case of “build it and they will come”. We are struggling to keep our current facility staffed and changes need to be made to ensure that we have the staff to deliver the services in a way that is sustainable from a human resources perspective.

Attention needs to be paid to attracting the right kind of nurses and doctors and to keeping them in the community. The new generation of nurses is generally not a generation looking for employment in small rural communities. The lure of the north is not what it used to be so employers and communities need to work together to be creative to meet their health care service needs.

The current system of organization under community nursing supports the recruitment and retention of nurses and the program delivery that we feel best meets our community needs:

- Mobility within the organization – even within our work unit staff can move between the Hospital and the Health Center to assist when needed and get educational / training / professional development opportunities
- Job opportunities within the organization – advancement to other nursing jobs within YTG even in our own community is attractive
- On the job training that is career enhancing within the organization – experience in Watson Lake is relevant to work in another rural Yukon community and gives staff mobility and the ability to assist other communities in times of need
- Community Nursing has a large pool of staff to draw from in times of staff shortage and a variety of nurses with varied job titles but who perform similar work. We have relied heavily on this pool of nurses to maintain staffing levels over the past few years.

- General Duty Nurses are a rare breed and hard to come by whereas Primary Health Care nurses such as are used in all the other rural Yukon communities are more plentiful and a large pool are present within the YTG system

We can not speak to what can be done to attract doctors as this is outside our area of knowledge and experience however it is likely that some of them are similar to those for nurses.

From our experience some changes to the current situation that can assist in attracting and keeping professionals in the community are:

- Reliable and flexible daycare
- High quality public education
- Opportunities for spousal employment

Watson Lake Hospital Usage Statistics	2007	2008
Total Inpatient days stay - Acute	934	985
Total inpatient days stay - Respite	189	158
Average occupancy %	25%	26%
Average occupancy - patients per day	3.0	3.1
Total acute inpatient days stay that were for social reasons	109	103
Total respite and social days stay	298	261
Respite and social days stay shared between # of clients	5	7
** now deceased	#1 ** 87 respite 8 acute	#1 ** 12 respite
With improved home support and community based services may of these	#2 ** 79 respite 80 acute	#2 ** 68 respite 75 acute
admissions would not have been required	#3 ** 3 respite	#3 ** 33 respite
	#4 19 respite and 21 acute	#4 30 respite 9 acute
	#5 ** 1 respite	#5 ** 6 respite 19 acute
		#6 6 respite
		#7 3 respite
Total number acute admissions	374	346
Total number of acute clients - individuals	228	213
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Watson Lake Hospital Usage Statistics continued	2007	2008
Average length of stay acute admissions (not including social admissions)	2.2 days	2.5 days
Acute admissions for social reasons	16	11
Number of 1 day stays	56.9% n = 213	54.3 % n = 188
Number of 1 day stays that were not medevacs	32.3% n = 121	27.1 % n = 94
Number of 2 day stays	15.5% n = 58	14.4 % n = 50
1 and 2 day stays can easily be managed in the community with improved supports		
Number of patients with stays over 2 days	27.5 % n = 103	31.2 % n = 108
Long stay clients for isolation (2008 only) patients		4
Long stay clients for isolation (2008 only) days stay		111
Number of patients with stays over 2 days less the social admissions	23.2% n = 87	
Number of patients with stays over 2 days less the social and isolation admissions		30.0 % n = 104
Number of clients left against medical advice	8.0 % n = 30	5.8 % n = 20
Number of medevacs (included in 1 days stay as well)	92	94
Number of admissions with primary diagnosis alcohol intoxication or withdrawal	22.1 % n = 83	17.0 % n = 59
Number of acute admissions with primary diagnosis mental health related issues	10.9% n = 41	7.5 % n = 26

Updated January 13, 2009 – 2008 stats to Dec 31st – please disregard previous version dated December 2008

OUR DREAM FACILITY - WATSON LAKE PRIMARY HEALTH CARE CENTRE

Monday – Friday 8 am – 6 pm

Nurses on first call after hours for emergency services

Primary Health Care service delivery addressing prevention, promotion, chronic care, acute care and treatment services

Amalgamate services all under one roof to improve access – single point of entry

Include Social Services as YTG agency

Invite LFN CHR to work out of the building

Invite Many Rivers to work out of the building

Invite any other appropriate agencies to work out of the building

Utilize the rural Primary Care Paramedics for program support when they are not otherwise occupied.

Personnel

Nurse in Charge

Facility manager

Reception for building – 1

Administrative support – including telehealth, staff housing, NIHB travel, clinic booking - 2

Janitorial and Housekeeping support – amount depends on size of buildings and duties

4 Advanced scope nurses – such as Rural Primary Health Care Nurses as are currently working in communities throughout Yukon and/or Nurse Practitioners depending on legislation and human resources – providing Primary Health Care – emergency services and such programs as well woman and well man clinics and assisting with collaborative care programs – chronic disease management – we have one nurse already trained to this level working in Watson Lake and the other staff are willing and interested to make this change in their careers.

2 Community Health Nurses – maternal child, school health, community development, education, communicable disease – current staffing remains but expand scope to provide full range of sexual health diagnosis and treatment Improve the ability to provide services in the area of smoking cessation, reducing obesity, preventing injuries and accidents etc

Lab and xray services – maintain current on site testing and links to Whitehorse General Hospital and southern labs

Addictions Counselor – improve the current visiting service by providing a community based counselor to address the significant community addictions issues – Yukon rates for addictions issues are well above the national norms and

this is an area identified for action in the Yukon First Nations Health Promotion Spring School 2007 and an area of need for Watson Lake.

Mental Health Counselor and existing support workers – increase mental health support to the community from a visiting service to permanent presence. This is an area identified for action in the Yukon First Nations Health Promotion Spring School 2007 and an area of need for Watson Lake.

Physician services – in community or visiting – provide call or not depending on their interest/desire – some degree of administrative support will be required for physicians

Child Development Center – worker currently uses an office in the building – maintain this relationship

The Yukon Health Care Review

PATHWAY #4 – HEALTH CARE DELIVERY MODELS

Locally available specialist services, provided either through resident specialists or visiting specialists, as appropriate and possible, should be expanded where it can be demonstrated that they are likely to improve Yukoners access to these physician specialists' services and it is cost effective and feasible to do so.

As is congruent with the Yukon Health Review:

Visiting specialists working out of the building as part of a collaborative team

Psychiatrist - existing

Pediatrician – existing

Physiotherapy - existing

Occupational Therapy – existing

Child Development Center – existing

CATS – continue and improve existing relationship

Optometrist - existing

Dentist – currently visits community in a separate facility

First Nations Health – traditional healing

Other specialists as may be indicated/possible

CONTINUING CARE

Continuing Care Program proposal to support Primary Health Care model

2 Home Care nurses – currently working with Continuing Care and this relationship should continue – this is an increase of staffing from one nurse to two nurses to support more residents remaining at home and increase services to weekends and after hours.

The Yukon Health Care Review

PATHWAY #3 – HEALTH PROGRAMS AND SERVICES

The government should develop a comprehensive long range plan to increase residential long-term beds at Thomson Centre or a new facility(ies) to ensure that plans are in place for future expansion needs. Raising the residential long-term bed rates, as suggested elsewhere in this report may also have the benefit of leveling the playing field. This scenario would allow private or not-for-profit suppliers of long-term beds to enter the market; thereby alleviating some future pressures on government for lower level care beds.

Long term care – explore feasibility of multi level long term care in community with 24 hour care by nurses aids/ LPNs (similar to McDonald Lodge but staffed to accept a higher level of care) – Nursing support by Home Care nurses and PHC nurses as required – once it can be determined that there is still a need after increased supports through Continuing Care programming are provided to keep people at home as long as possible.

Respite and Palliative care bed X 1 – available in the LTC building as needed (or if this is not possible the PHC building) – weekly nursing support as needed for case management – staff with nurses aids/ LPN's 24 hours

Increase in home respite care offerings and options

Provide Home Care nursing after hours and on weekends for acute and palliative care clients

Investigate a Home IV therapy program

The Yukon Health Care Review

PATHWAY #4 – HEALTH CARE DELIVERY MODELS

Where projections indicate a future demand, the government should continue to invest in expanded home care, community support programs, and supported/assisted living. Intervention and care at this level is proven to keep individuals out of the acute care and facility based

long-term care system and in doing so provides a better level of appropriate services at a lower cost.

In application of the Yukon Health Review Pathway #4 Health Care Delivery Models we strongly feel that with investment in this area clients in Watson Lake can be better managed in the community without the need for an inpatient based – hospital type service. This is much more cost effective than running a 24 hour facility.

There are interested and able residents in the community who with training could easily fill the roles needed to provide home support if positions were made attractive to them – not AOC positions but permanent positions – and some training was provided. The current issues of inequity between first nation and non first nation clients needs to be addressed. Currently first nation clients are not receiving the same quality and reliability of home support care as the workers are not available within the First Nation government structure.

BUDGET COMPARISON FOR COSTING AND USAGE PURPOSES

WATSON LAKE

Watson Lake Hospital and Health Centre Budget / year (approximate)
O&M and salaries = ~ \$2.25 million

Number of medevacs / year (approximate) - 90
Population – 1500
permanent staff - 20

DAWSON CITY

Dawson City Health Centre Budget / year (approximate)
O&M and salaries = ~ \$1 million

Number of medevacs / year (approximate) - 60
Population – 1900
permanent staff – 8