LETTER-TO-THE-EDITOR
FOR IMMEDIATE USE

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Dear WDMH Communities

I have received a number of calls about the interview with Dr. Robert Cushman that was recently published in *The Chesterville Record*.

Dr. Cushman, the CEO of the Champlain LHIN. was responding to questions about the Eastern Counties Hospital Clinical Services Distribution review that the Champlain LHIN is leading. This review, which involves the five hospitals in Eastern Counties, will result in recommendations to the LHIN Board and also the local hospital boards, about the geographical distribution of hospital services for Eastern Counties. The services that are included in the scope of the review include emergency; medicine; surgery, which are referred to as the core services to sustain an emergency department and also mental health which is a priority for our Ministry of Health and Long-Term Care.

Winchester District Memorial Hospital undertook a similar review in 2006 in preparation for final recommendations about the capital plan. That plan resulted in the recently opened new acute care facility and a planned opening for the renovated wing in November 2009. At the time of the services review in 2006, the hospital engaged in a very broad consultation process which included our neighbouring hospitals; community organizations, the Ottawa hospitals and the University or Ottawa and local colleges. The Board chose the services that would be delivered at the new and renovated facility as well as those that would require careful connectivity with other hospitals including those in Ottawa.

The message delivered during the 2006 planning process was very clear then and it is still clear as we move through this new process - Winchester District Memorial Hospital supports the delivery of services that are based on the needs of the populations, and wherever possible, the delivery of those services as close to home communities as possible. At the same time, this community hospital did not and cannot ignore the realities of funding models which are predominately based on a “high volume, low cost” construct that is often not advantageous for rural hospitals. This fact has been presented in many provincial and national studies. Perhaps the most powerful message is presented in the Romanow Report November 2002, Chapter 7.

The Board at the Winchester District Memorial Hospital has taken a very aggressive approach in planning for the future and considered the two concepts presented by Dr. Cushman during his interview. The first concept relates to “niche programs”. This usually relates to a hospital service that can be offered to a broader population so as to produce a volume of activity that results in low cost, high patient satisfaction and exceptional patient outcomes. In larger hospitals, this could be a surgical program such as orthopaedics, cardiac etc.

When considering “niche” programs in hospitals that have to take care of a broad array of services for their communities, the “niche” programs may take on a broader definition. For example, WDMH has identified chronic care as one of its “niches”. This decision was made by the Board because of the nature of the population served by the hospital i.e. middle age and elder people requiring services such as cancer; dialysis, diabetes and eye care. This broader scope of service has been enhanced in the new hospital. For example, diagnostic or radiology services offer examinations that are most often required by a more mature population: CT, bone mineral density, digital mammography etc. Surgery services for breast and colon cancer address 50% of the cancer types in such a population. Winchester is one of the few hospitals outside a large city that offers breast sparing sentinel node surgery for breast cancer.

There was also a decision to identify obstetrics as a “niche” as the hospital offered one of the most successful integrated nursing/family medicine/midwifery and specialty programs in the province. This decision was made despite the fact that a “high volume—low cost” model might not support such a move at the time. But information for other hospitals demonstrated that 600-800 deliveries were going outside their local communities. The decision to double this program was supported by regional players at the time and we are trending towards a 20% increase in the first year.

The second concept that Dr. Cushman and the WDMH Board agree upon is the opening of boundaries by all hospitals and the realignment of services so that care close to home is carefully considered. For rural communities, this will mean serving a broader geographical base. This is not new for our hospital. We will always serve the people in North and South Dundas, North and South Stormont, Russell, Edwardsburgh/Cardinal, Osgoode. We also serve people in Cornwall, Embrun, Kemptville and soon Findlay Creek in Ottawa South, with particular emphasis on obstetrics and cancer care. Our new hospital has the capacity to continue with this practice while at the same time serve the unique needs of our local communities. This is referred to as “fairness and balance” as we also draw upon other community and specialty hospitals, e.g. Kemptville for arthroscopy (knee surgery) as well as multiple high specialty services e.g. radiation therapy at The Ottawa Hospital.

The Board looks forward to the opportunity to review the recommendations that will be produced through the Eastern Counties review process and remains engaged so that the unique needs of our rural populations are reflected.

Regards,

Trudy Reid
Chief Executive Officer