

West Prince Single Hospital Concept  
Private and Public Consultations

*- Final Report -*

June 2006

**Submitted by:**

The West Prince Single Hospital Consultation Committee

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**Presented to:**

The Honourable Chester Gillan  
Minister of Health  
Government of Prince Edward Island

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The contents of the following report have been reviewed by the West Prince Health Consultation Committee. It is a final report that has been prepared and delivered specifically for the Prince Edward Island Department of Health.

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## Table of Contents

<b>Acknowledgements</b>	<b>5</b>
<b>Executive Summary</b>	<b>6</b>
<b>Introduction</b>	<b>9</b>
<b>Background</b>	<b>9</b>
<b>Project Committee Terms of Reference</b>	<b>9</b>
Background	9
Purpose	9
Objectives	10
Scope	10
Project Organization and Authority Relations	10
Chartering Authority	10
Project Sponsor	11
Project Committee	11
Membership	11
Role of the Chair	12
Deliverables	12
Decision Making	12
Resources	13
<b>Methodology</b>	<b>13</b>
The Question	13
Data Collection	13
Data Analysis	14
<b>Consultation Process</b>	<b>14</b>
<b>Private Consultations</b>	<b>15</b>
Community Hospital Staff - O'Leary (two meetings)	15
Western Hospital Staff - Alberton (two meetings)	15
Physicians and Hospital Boards	16
Community Hospital O'Leary Auxiliary and Health Foundation	18
Western Hospital Alberton Auxiliary/Foundation	18
West Prince Municipal Councils	19

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<b>Public Consultations</b>	<b>20</b>
O’Leary	20
West Point	21
Alberton	21
Tignish	22
Palmer Road	22
Bloomfield	23
<b>Presentation of Written Submissions</b>	<b>23</b>
PEI Federation of Municipalities	23
O’Leary Community Health Foundation	24
West Prince Chamber of Commerce	24
Non-Affiliated Individual Presentation	25
<b>Other Forms of Input and Public Submission</b>	<b>25</b>
<b>Thematic Analysis</b>	<b>26</b>
Maintain the Status Quo	26
Economic Impact	27
Recruitment and Retention	28
Operational Efficiencies	30
Regional Health Care Focus	30
Healthcare Workers Support For Single Hospital Concept	31
Timing	32
<b>Conclusion</b>	<b>33</b>
<b>Recommendations</b>	<b>34</b>
<b>Committee Endorsement</b>	<b>36</b>
<b>Appendix A - Consultation Presentation</b>	
<b>Appendix B - Private Consultations</b>	
<b>Appendix C - Public Consultations</b>	
<b>Appendix D - Alternative Means of Input</b>	

### **Acknowledgements**

The committee would like to thank all the residents of West Prince who attended the public meetings and/or expressed their views and opinions regarding the single hospital concept either directly at the meetings or through other means. Nearly 1,200 people took part in the consultations. The committee would also like to thank the Prince Edward Island Department of Health for supporting this consultation process which has allowed the citizens of West Prince to provide input and views into the critical issue of healthcare delivery for their area.

## **Executive Summary**

The concept of a single acute care hospital for West Prince was identified as a means to stabilize acute care services at a strategic planning session conducted by the West Prince Health Authority Board in January 2004. The meeting was attended by approximately one hundred individuals who were representatives of many areas and vocations from the West Prince area. In the November 16<sup>th</sup>, 2005 Speech from the Throne, the Government of Prince Edward Island made a commitment to provide a forum for a dialogue on the concept of a centrally located single acute care hospital with the community of West Prince. On March 20<sup>th</sup>, 2006 the Department of Health announced the formation of a committee to oversee this dialogue and appointed a committee which was supplied with Terms of Reference under which it would operate. The primary objective of the committee was to seek the views and perspectives of partners and stakeholders regarding the concept for a single new acute care hospital centrally located between the existing hospitals in West Prince and report the findings to the Minister of Health.

To obtain these views and perspectives, the committee carried out an extensive consultation process providing as many avenues as possible for individuals and groups to offer input. These avenues included; six private stakeholder meetings, six public forums, the opportunity for written and/or oral submissions, e-mails, a toll free telephone line, an informative web-site, and mail-in responses.

The core themes identified through the consultation process were:

### ***Maintaining the Status Quo:***

The Community Hospital O'Leary and Western Hospital Alberton are very close to the hearts of all West Prince residents. The view that every effort should be made to maintain them in their present roles was expressed. On the other hand, a number of participants at the private and public consultations stated that maintaining the status quo would be impossible, indicating that a prolonged attempt to do so would inevitably result in West Prince losing the services that are presently provided.

### ***Economic Impact:***

Municipal officials from Alberton and O'Leary noted that their communities would suffer a major economic loss if acute care services were removed. Growth in both municipalities has occurred, to some degree, from the development of seniors' housing. Concern that this growth would stagnate or decline with a loss of acute care services in their communities was expressed. Others indicated that the economic impact of a move to a new central acute care hospital would provide an economic boost to the region as a whole and help to provide economic stability over the long term for all communities of West Prince.

***Recruitment and Retention:***

It was noted at every meeting that the recruitment and retention of healthcare workers was one of the most important factors for maintaining viability of services. Specific areas of concern included increasing workloads, frequency of on-call schedules, work-life balance, and discrepancies in physician compensation between rural and urban areas. In addition, concerns were expressed that the College of Physicians and Surgeons upholds restrictive practices with regard to recruitment and that the Province has not placed sufficient emphasis on the recruitment of physicians and healthcare professionals.

***Operational Efficiencies:***

Participants noted that a single facility could reduce duplication in a variety of areas including overtime expenses and equipment acquisition and repairs. These efficiencies could then be used to enhance acute care services.

***Regional Healthcare Focus:***

The view was presented at most meetings that decisions should be made for the betterment of the West Prince Region, as a whole, and that any decisions made on the new concept must be dictated by the healthcare needs of the region and not be based on economic or political interests.

***Healthcare Worker Support of Concept:***

The vast majority of healthcare workers, at all levels, who spoke to the question, supported the concept as a means to stabilize health services. Many healthcare workers felt that the West Prince area would be in danger of losing acute care services unless a move was made toward a single, centrally located hospital.

***Timing:***

A consensus among those favouring the concept was that the hospital should be built as soon as possible.

**Conclusion**

The consultation process brought the following two views to the forefront: 1) a view concerning the relationship between publicly funded services and community economic development; and 2) the issue of ensuring long term viability of health services to the area. Recognizing the mandate of the West Prince Single Hospital Consultation Committee was to identify views and perspectives as they relate to the stabilization of healthcare delivery for the area, it was reasoned that the committee present the following recommendations:

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## **Recommendations**

The following recommendations are made with the understanding that a new hospital will provide all the services currently available at Community Hospital, O'Leary and Western Hospital, Alberton. It is also the understanding that both of these facilities will remain fully operational until the opening of single new acute care hospital centrally located between the existing hospitals in West Prince. A functional planning process should consider additional services which could be incorporated into the new hospital.

### Recommendation #1

Given the degree of support as expressed by the West Prince community throughout this consultation process, the West Prince Single Hospital Consultation Committee recommends that the Government of PEI establish a single new acute care hospital, centrally located between the two existing hospitals as a means to stabilize delivery of acute care services in West Prince.

### Recommendation #2

The Single Hospital Consultation Committee recommends that the Government of PEI develop a strategic plan which addresses the healthcare needs of an aging population, the need to replace Maplewood Manor, and makes the best use of existing acute care facilities in Alberton and O'Leary.

### Recommendation #3

The Single Hospital Consultation Committee recommends that Community Healthcare Clinics be maintained and enhanced within the municipalities of Alberton, O'Leary and Tignish.

### Recommendation #4

The Single Hospital Consultation Committee recommends that the Government of PEI develop and implement a strategy for the retention and recruitment of healthcare professionals in *rural* Prince Edward Island, including enhancements to recruitment and a reduction of regulatory barriers.

## **Introduction**

This report outlines the results of private and public consultations held in April and May 2006 on the concept of a single new acute care hospital for West Prince. The mandate of the West Prince Single Hospital Consultation Committee was to consult with all stakeholders and prepare a report with recommendations for consideration by the Government of Prince Edward Island.

## **Background**

In January 2004, the West Prince Health Authority Board conducted a strategic planning session at the Rodd Mill River Resort. Individuals from throughout the West Prince area were asked to identify the needs of the Region as they pertained to healthcare and to comment on concerns and challenges. A common concern surrounding the sustainability of acute care services was identified by participants. Subsequently nine out of ten working groups working independently identified movement to one new centrally located acute care hospital as being the best means to address this challenge.

## **Project Committee Terms of Reference**

West Prince Health Hospital Consultation Process  
(March 21, 2006)

### **Background**

Western Prince County is currently served by two community hospitals, namely Community Hospital in O'Leary and Western Hospital in Alberton.

Prior to the 2005 health system restructuring, the West Prince Health Authority Board had identified the desirability of establishing a single, new, acute care hospital in West Prince, with potential benefits including enhanced operational efficiencies and improved capacity for health human resource recruitment and retention.

In the November 16, 2005 Speech from the Throne, Government made a commitment to begin a dialogue with communities and stakeholders in West Prince on a single health-care facility.

### **1. Purpose**

- a. The purpose of the Project Committee is to direct a consultation process through which communities, stakeholders, and partners are engaged in a dialogue on a single, new, acute care hospital, centrally located between the existing hospitals in West Prince.

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## 2. Objectives

- a. Throughout this project, the views and perspectives of partners and stakeholders regarding a single, new, acute care hospital, centrally located between the existing hospitals in West Prince.
- b. This process will include consultations with citizens and communities of West Prince as well as with staff, physicians, volunteers, partners and other stakeholders currently involved with Western Hospital (WH) and Community Hospital (CH).
- c. Through the consultations, participants will be:
  - i. provided with information on community health, trends and standards in healthcare service delivery, and challenges affecting the future of healthcare service delivery, and
  - ii. asked to comment on the desirability of a single, new, acute care hospital, centrally located between the existing hospitals in West Prince.

## 3. Scope

- a. The scope of this project includes solicitation and collection of views and perspectives of all stakeholders which will form the basis for a recommendation to the Department of Health on the concept of a single, new, acute care hospital in West Prince which is centrally located between the existing hospitals.
- b. The scope of the project may include:
  - i. Identification of potential roles for a single, new, acute care hospital centrally located between the existing hospitals in West Prince;
  - ii. Identification of potential roles for existing facilities which could be replaced by a new hospital.
- c. The scope of the project does not include final approval of a single, new, acute care hospital, centrally located between the existing hospitals in West Prince, identification / confirmation of building sites, final confirmation of services to be provided, or detailed functional hospital planning, however, recommendations on these matters may be included in the Committee's reports.

## 4. Project Organization and Authority Relations

- a. *Chartering Authority:*
  - i. Executive Council is the chartering authority for the project. In addition to approving the establishment of this project, Executive Council will be responsible for making resource allocation decisions in response to recommendations prepared by the Project Committee and submitted by the Minister of Health.

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- b. *Project Sponsor:*
- i. The Minister of Health is the project sponsor.
  - ii. The project sponsor will be responsible for:
    - (1) Submission to Executive Council of:
      - (a) project terms of reference, including project committee membership, organization and reporting structure, and project schedule;
      - (b) Mid term report on progress upon conclusion of the consultations;
      - (c) Final Report, including an account of activities undertaken and recommendations.
    - (2) Ratifying decisions concerning composition and organization of the project committee;
      - (a) Providing oversight to project activities;
      - (b) Ratifying allocation of project resources,
      - (c) Reviewing and approving plans, budgets, and schedules;
      - (d) Receiving progress reports and updates on both a routine and as required basis;
      - (e) Ensuring project communication and coordination with Department of Health Management;
- c. *Project Committee*
- i. A Project Committee will be established to guide the project.
  - ii. Through this project, the project committee will primarily be responsible for:
    - (1) Preparing a project schedule indicating principal milestones, deadlines, and deliverables;
    - (2) Managing resources assigned to the project by the Minister;
    - (3) Ensuring completion of work in line with schedule;
    - (4) Providing to the Minister:
      - (a) a Mid-Term report on progress upon conclusion of the consultations; and
      - (b) a Final Report, including an account of activities undertaken and public acceptance for the establishment of a single, new, acute care hospital, centrally located between the existing hospitals in West Prince. The report may also comment on potential role(s) for a single hospital and or potential role(s) for existing facilities which may be replaced if a single hospital were to be established.

*Membership:*

- (5) The Committee is to consist of twelve members (10 voting members representing the community and 2 non-voting members representing the Department of Health), composed as follows:
  - (a) Chair: Ernest Hudson, Chair of the former West Prince

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- (b) Health Board;
  - (b) Three former members of the West Prince Health Board: Barry Clohossey, Maxine Ellis, and Eva Rennie;
  - (c) The Chairs or designates of the Community Hospital Boards for Community Hospital and Western Hospital: Thelma Sweet (on behalf of Allison Ellis for a portion of the process) and Colleen Handrahan;
  - (d) Dr. Herb Dickieson; Chief of Staff Community Hospital O’Leary
  - (e) Dr. Baldev Sethi; Chief of Staff Western Hospital Alberton
  - (f) Dorothy Ellsworth; Nursing Coordinator, Western Hospital Alberton
  - (g) Cheryl Doran; Nursing Coordinator, Community Hospital O’Leary
  - (h) Cecil Villard, Director of Community Hospitals and Continuing Care and Garth Waite, Manager of Corporate Relations and Evaluation are to serve as non-voting members.
- iii. *Role of the Chair*
- (1) The Chair will report directly to the Minister of Health.
  - (2) The Chair will be responsible and accountable for coordinating project resources, ensuring completion of required activities and delivery of required products, and achieving acceptable results for the project, in line with the project proposal and approved plans, budgets and schedules.
- iv. *Deliverables:*
- (1) The Project Committee, through the Committee Chair, will provide the Minister with;
    - (a) Detailed project plans, including schedules, proposed consultation processes and support tools, for approval;
    - (b) Progress reports, for review and comment;
    - (c) Final Report, including an account of activities undertaken, findings and Recommendations.

In addition to the committee membership, outlined in the terms of reference support staff consisted of Terry Allen and Detry Carragher.

## 5. **Decision Making**

- a. Quorum: 70% of “voting” membership required to hold a meeting. 100% of “voting” membership required for consensus approval of final report.
- b. Process: Committee will make decisions by consensus.

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6. **Resources**

- a. From time to time, the Committee may receive supports and resources from the Department of Health, in addition to any stated project budget, to assist with its work.

**Methodology**

This project took a qualitative approach to data collection and analysis, using a single, standardized open ended question for gathering the views and perspectives of West Prince residents regarding the concept of single new acute care hospital. Subsequent to an extensive consultation process thematic analysis was used to identify key themes emerging from the information presented.

***The Question***

*“What are your views and perspectives regarding a single new acute care hospital centrally located between the existing hospitals in West Prince, as a means to stabilize delivery of acute care services in the area?”*

***Data collection***

Multiple options for public participation and input were provided, including a series of scheduled private and public meetings, scheduled presentations of written submissions, as well as a variety of alternative means including web site, email, fax, mail, and toll free telephone number, to ensure the broadest participation possible. The data collection period ran from April 12<sup>th</sup>, 2006 through to May 4<sup>th</sup>, 2006 (inclusive).

Scheduled stakeholder and public meetings followed a standardized format. Each session began with a presentation providing an overview of the current state of healthcare service delivery in West Prince (Appendix A), followed by a facilitated discussion wherein participants were asked to respond to the question. Detailed notes were taken at each meeting and all proceedings were recorded for future reference in order to ensure accuracy. Additional observations which could provide context to support analysis (e.g. general tone of each consultation session / individual presentation) were also recorded.

Scheduled presentations of written submissions followed a different format from the private and public meetings. Presenters were provided a time allotment to make their presentations to the committee and to engage in further discussion with the committee. In addition to accepting written reports as presented, detailed notes for each session were taken and all proceedings were recorded for future reference in order to ensure accuracy. Additional observations which could provide context to support analysis (e.g. general tone of each consultation session / individual presentation) were also recorded.

For all other methods of submission (telephone, e-mail, fax, voice mail, web-site, mail), the

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information was transcribed as required into a written format, and compiled.

### ***Data Analysis***

All responses to the question, whether presented at a meeting or communicated through any of the other means available, were compiled and analysed to identify principal themes and patterns. Views and perspectives repeated on more than one occasion by the same individual or group were not given additional weight.

The approach reflected both the complexity of the issue, as well as recognition that any potential change to hospital services in West Prince would hold a variety of implications for respondents throughout the area. This approach provided an opportunity for groups and individuals to identify and express their views and opinions on the concept of a single, new, centrally located acute care hospital. The approach was not intended to produce numerical results, such as those associated with a voting process. Rather, this process provided a means to identify principal issues and strengths associated with the concept from the perspective of citizens and stakeholders. On the basis of these findings, recommendation(s) were to be formulated by the project committee for submission to the Department of Health on the concept of a single, new, acute care hospital in West Prince to be centrally located between the existing hospitals.

### **Consultation Process**

The West Prince Single Hospital Consultation committee held sessions from April 12<sup>th</sup>, 2006 through to May 4<sup>th</sup>, 2006 (inclusively). Meetings held with private stakeholders have been outlined in Appendix B.

Subsequent to the private meetings, the committee held an additional six consultation sessions in various areas throughout West Prince to ensure all residents of West Prince were given the opportunity to provide input on the concept of a single new acute care hospital for the West Prince area. Locations and attendance numbers have been highlighted in Appendix C. In total 961 people attended.

In addition, the opportunity to give an oral presentation to the committee was made available on May 3<sup>rd</sup> and May 4<sup>th</sup>, 2006 at the Rodd Mill River Resort. Four presentations were received, three from groups- the PEI Federation of Municipalities, O'Leary Community Health Foundation, and West Prince Chamber of Commerce - and one non-affiliated individual presentation.

Finally, to ensure those who were unable to attend the consultation sessions and/or felt uncomfortable speaking in public were given an opportunity to make their views known, additional means of providing input into this concept were made available through a dedicated toll-free number, facsimile, consultation session hand-out/form, e-mail, mailing address and website. The total number of people accessing these other forms of providing input was 109. A further breakdown of the frequency each modality was used has been noted in Appendix D.

### **Private Consultations**

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Private consultations were held with the following groups: Community Hospital Staff- O’Leary (two meetings); Western Hospital Staff- Alberton (two meetings); Physicians and Hospital Boards; Community Hospital O’Leary Auxiliary and Health Foundation; Western Hospital Auxiliary/Foundation and West Prince Municipal Councils.

The following is a brief synopsis of the major themes, concerns, and perspectives from each of the private sessions.

***Community Hospital Staff -O’Leary***

Forty-staff attended one of two consultation sessions held on April 12<sup>th</sup> at the Community Hospital. Staff who voiced their opinions were in favour of the concept of a single new acute care hospital as a means of addressing ongoing staff shortages and improving efficiency of administrative and clinical workload.

*“I’ve been working in the diagnostic area now for the past 30 years and can see our workloads steadily, steadily increasing. With one hospital there would be plenty of opportunities that we could have evening coverage, weekend coverage... we are very, very limited in our casuals...”*

There was a common theme that the public may benefit from information on the roles and responsibilities of healthcare professionals in relation to the current work environment.

*“...I think the community needs to be aware of what we do. The community also needs to know how we can improve healthcare, not economics. We aren’t going to be able to maintain what we are offering now.”*

***Western Hospital Staff - Alberton***

Thirty-five healthcare workers attended one of two consultations held on April 19<sup>th</sup> at Western Hospital. In general, staff supported the concept of amalgamating human resources into a single new acute care hospital as a means of stabilizing delivery of services for the public and improving hospital efficiencies.

*“I have worked here since 1971... I believe it would be easier if you had one housekeeping staff, one laundry staff, and it would be easier to control patient diets/health and to keep it consistent in one hospital.”*

*“I’ve worked at Western Hospital and Community Hospital for 14 years. I survived through the days of regionalization and the*

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*problems that came with that and am in each hospital five days a week with my days split. I know exactly the stresses it puts on staff to be under resourced in the area where you work.... I look forward to the day if there could be one hospital. I also lived through the days where we fought over which hospital that would be and I only support this question if doesn't pit one community against another and that it's a new single hospital with the services that we presently provide. I know it would make my day as a pharmacist much better and I see it as an opportunity where there wouldn't be job losses and we, as a department, could offer all sorts of services and assistance to nurses, physicians and patients that we are not able to offer right now. I realize there are different opinions on both sides but I, and the people in my department, whole-heartedly support this concept."*

*"We are now trying to run two hospitals, 24 hours a day, with six physicians. We are one physician short of a crisis at each hospital. And this happens a lot of times during the year. The public doesn't hear about it every time but many times per year we come close to having to shut each of the hospitals; six or seven times a year. If we had one hospital we could pool the resources and doctors. It would alleviate the pressure, and the public needs to be informed of the [current] situation."*

Others at the meeting had questions regarding the discrepancies in pay for rural/urban physicians, potential location for a new hospital, services to be offered, and the time frame for construction.

*"It might be easier to recruit physicians if we were on par with other areas for their pay scale and on-call pay."*

### ***Physicians and Hospital Boards***

Ten Western Hospital and Community Hospital Physicians and Board representatives were in attendance for a combined private consultation session. It was noted that in April 2004, all active physicians in West Prince endorsed a written statement supporting the concept of a single new acute care hospital centrally located between the two existing acute care hospitals. On January 18<sup>th</sup>, 2006 all permanent physicians of West Prince voted unanimously for a resolution supporting the concept of a single new acute care hospital. Support for the concept was conditional on the new single hospital being centrally located between the existing acute care hospitals and services being maintained or enhanced from current levels. The resolution states:

*"West Prince physicians support the concept of single new*

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*hospital located between Western and Community Hospitals with both existing facilities remaining fully operational until the opening of the new hospital.”*

There was a general consensus that the concept would allow on-call physicians to be assigned specifically to the emergency department 24/7, allowing those physicians not on-call to be available to patients at their respective community clinics. Physicians reiterated, throughout private and public consultation sessions, the critical role community clinics play in providing primary healthcare services to the public and that vacancies in permanent physician positions over recent years has changed the delivery of healthcare services. By attracting more physicians to the area and having them more readily available at their offices, the public would be more inclined to use the services of community clinics for primary and non-urgent healthcare needs.

*“I think that the primary care begins with office medicine. That is where you do the risk and modification, you treat diabetes, you control cholesterol, and you actually do a lot of things to keep people out of the emergency department. And if you are not in the office to do that, if you have to work a 12 or 24 hour shift [at the hospital and away from the community clinic/office] well then you have lost one day already from your office, and then you’re probably going to lose a whole work day the next day. And the people that were going to go to see you at your office need to go somewhere, so they’ll end up in emergency as well.”*

*“I think its time we have a single hospital for the 14,000 people. I don’t think it will hurt our communities. We need ER doctors because Dr. Hansen and Dr. Dickieson can’t handle it [by themselves]. They’re in one day and the next day they’re doing paperwork. I think it’s time [for a new single hospital] and the quicker, the better.”*

The following viewpoint was also made on the current and future availability of health human resources.

*“We’ve gone through manpower shortages and we’ve come through. There is light at the end of the tunnel. There are more medical students in the system. It takes 6 years before you can put someone into a practice. There will be more graduates looking for*

*work. If we can weather this storm through another two or three*

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*years and through these conditions, then you are going to be able to attract people whether there is a double hospital situation or a single hospital situation. It can be resolved if we can survive this crisis for another couple of years.”*

***Community Hospital O’Leary Auxiliary and Health Foundation***

Twenty individuals attended the Community Hospital O’Leary Auxiliary and Health Foundation session. The majority in attendance favoured the concept of a single new acute care hospital for the West Prince area. A few indicated that the decision to build a new hospital or keep existing facilities should be based on the best interests of the public’s healthcare needs and not be determined by political interests.

*“...I hope the people involved make a healthcare decision, not a political one”*

*“...we made the mistake of building two hospitals years ago. Let’s not do that again!”*

One individual compared the amalgamation of healthcare services to that of the amalgamation of educational services for the area:

*“The single high school wasn’t a bad idea and neither is the hospital.”*

Others in the group were looking for clarification on logistics (e.g. services and number of beds) and questioned whether the construction of a new hospital would attract permanent physicians to the West Prince area.

***Western Hospital (Alberton) Auxiliary/Foundation***

Fifteen representatives from the Western Hospital Auxiliary/Foundation attended a private consultation session held on April 18<sup>th</sup>. Many in attendance viewed the concept of a single new acute care hospital with scepticism while others supported the concept. Concerns centred around the potential impact the closure of Western Hospital would have on the community of Alberton. They asked why the province would move away from the two existing hospitals.

*“Why move away from the existing hospitals when they are only 12-14 years old and serving the communities well?”*

The Western Hospital Auxiliary/Foundation were concerned about the potential negative impact a hospital closure would have on the community of Alberton and the growing senior citizen

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population.

*“The growth in apartments for seniors is based on the fact that the hospital is here. If you go to Bloomfield, we’ll lose everything we’ve got in our community and I hope this is given some consideration.”*

Comments from the group in favour of the concept expressed concerns that if the single hospital concept was not supported, West Prince would not have access to any acute care services (i.e., emergency, outpatient services, acute care beds).

*“...if we don’t go with one hospital I think we’re in serious trouble.”*

### **West Prince Municipal Councils**

The 11 attendees at the April 18<sup>th</sup> meeting were members of the three respective community councils; Tignish, O’Leary and Alberton. Leaders of all three councils expressed their opposition to the building of a new single acute care hospital to replace the hospitals in Alberton and O’Leary. The reason for their opposition centred on the loss of the facilities from their communities and the anticipated economic loss. This ranged from the loss of the tax base to the potential loss of businesses in the communities. Alberton and O’Leary also expressed concerns for their growing senior citizen population.

*“I think we need to look at where our communities were built around, and that was our hospitals. For some reason, like you see with the Bloomfield area, the government wants to take our communities, slowly wear us down, and bring us into the other incorporated areas.*

*“I think this is more about keeping our communities together. Seniors move here because they are close to the hospitals, drug stores, and co-op. This one hospital decision is going to tear us apart even more.”*

*“Should we build a hospital between those two hospitals just to solve the problems that they each are facing? The real problem is the doctor and nurse shortage and building a new hospital is not the way to address this problem. There’s no problem with the services. There are major economic factors behind this as well.*

*There are consequences for taking these hospitals out of the communities.”*

Some questioned the provincial government's efforts in recruiting physicians for the West Prince area citing red tape and discrepancies in pay scales as roadblocks to recruitment success.

*“we need the government to loosen up the rules at the College of Physicians – that’s the problem. Skilled, experienced doctors who have worked in the Maritimes and in Newfoundland are having to be retested and have papers redone to come and work here. That’s not welcoming, that is a gate of resistance.”*

*“also notice the pay scale difference between rural and city doctors. Less pay is quite a disincentive to come out and work in rural areas.”*

Throughout the private and public consultation sessions, municipal council leaders questioned the validity of the West Prince Single Hospital Consultation Committee, suggesting that many on the committee were biased and in favour of the concept of a new single acute care hospital centrally located between the two existing hospitals. Never the less, municipal leaders participated throughout the process.

### **Public Consultations**

The following summaries are intended to represent the general tone of the public consultation sessions.

#### ***O’Leary (April 20<sup>th</sup>, 2006)***

A large crowd of over 200 people attended the O’Leary consultation session. There was some opposition to the concept. Other participants indicated they required additional information to make a decision. A view expressed by many speakers was that acute care health services could not continue in its present state and that a willingness prevailed to look at this concept, especially if it alleviated the pressure on healthcare workers, and if the quality of overall services was not eroded.

Representatives of all three municipal councils spoke against the concept citing reasons such as economic impact and loss of services in their communities. West Prince healthcare workers expressed their support for a new single acute care hospital indicating potential improvements to operational efficiencies, and as a possible means to address staff shortages.

Common messages from this session included:

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- Support for a single new acute care hospital as a means to reduce strain on healthcare workers (by pooling resources);
  - A means to attract and retain healthcare workers by addressing the changing demands of individuals entering the medical profession (ie. more enticing work schedule);
  - Concerns about the validity of the consultation process and issue of Government being uninformed of physician vacancy;
  - Clarification on what will happen to existing facilities; and
  - Need to work together as a community to identify the best option of healthcare delivery, move forward rather than the status quo, and make a healthcare decision rather than a political decision.

***West Point (April 24<sup>th</sup>, 2006)***

A group of just less than a hundred attended the West Point consultation session. Based on the presentation of the current crisis in health human resources, most supported the new single acute care hospital concept. The few who had opposing views called for improved efforts made in terms of recruitment, and the estimated millions of dollars for a new hospital could be better spent on the present facilities. The public recognized and applauded the dedication and commitment of healthcare workers.

Common messages from this session included:

- New hospital is a means to address the staffing shortage;
- Construction of two hospitals was a poor decision. Do what is right for future generations;
- Base decision on facts rather than emotion and ensure that decision is not based on politics;
- General understanding and appreciation for the current strain on healthcare workers;
- Need to invest more into recruitment of new healthcare workers rather than develop new hospital. A possible means of recruitment would be better financial incentives for physicians.

***Alberton (April 25<sup>th</sup>, 2006)***

Over 300 people attended the Alberton consultation session. Of all the public meetings, participants at this meeting voiced the strongest opposition to the concept. It should be noted; however, that there was also support for the concept. Once again, West Prince healthcare workers expressed their support for a new single acute care hospital indicating potential improvements to operational efficiencies and as a possible means to address staff shortages.

Participants opposed to the concept spoke to the issue of economic loss and expressed their concern that the loss of the present hospital would undermine economic plans to present Alberton as a retirement community. It was indicated that seniors move to a community to be close to the hospital. Participants at the meeting also questioned the quality/effort of physician recruitment. There were

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questions regarding the allocation of financial resources towards a new hospital versus investing those funds into rural physician and nurse recruitment strategies.

Those in favour of the new single acute care hospital concept spoke about the plight of healthcare workers and suggested that local communities work together as a “West Prince community” rather than at individual municipal levels to address their specific needs.

Common messages from this session included:

- Develop better recruitment strategies;
- Nurse Practitioners be allowed to work in the area;
- Statements that a new hospital will not aid in the attraction, recruitment and retention of new physicians;
- Concerns about economic impact. Western Hospital is the biggest employer and it has led to growth in the community (including growth in the senior population);
- Clarification on what will happen to existing facilities;
- Be progressive and build a new hospital. Make healthcare decision, not a political decision;
- Have one facility or risk losing both;
- Listen to healthcare workers and recognize the strain on current staff.

***Tignish (April 26<sup>th</sup>, 2006)***

One hundred and forty six people attended the Tignish consultation session. Considerable support for the concept was expressed at this meeting. The opposing views focussed on economic impact as previously stated by municipal councils, and the need to invest money in recruitment of healthcare workers.

Common messages from this session included:

- An urgent need to move forward with a single hospital as a means to address healthcare worker shortages and burnout;
- The return of nurse practitioners as a means to address healthcare worker shortages;
- Better recruitment strategies;
- Increase compensation packages for rural physicians;
- The need for the communities of West Prince to work together; and
- Take into consideration the needs and concerns as expressed by healthcare workers.

***Palmer Road (April 27<sup>th</sup>, 2006)***

Seventy-one people attended the Palmer Road consultation session. This consultation was conducted with simultaneous translation provided in both English and French. The participants at the session expressed gratitude for the dedication and commitment of local physicians and healthcare workers. Concern was expressed over the future state of existing hospitals and healthcare for the area if the

concept did not go forward. It was also suggested that funds for a new hospital could be better utilized for recruitment and retention strategies.

Common messages from this session included:

- Take into consideration the needs and concerns as expressed by healthcare workers;
- Further clarification regarding future use of existing facilities;
- Funds could be better utilized for recruitment and retention initiatives; and
- The need for the communities of West Prince to work together.

***Bloomfield (May 4<sup>th</sup>, 2006)***

One hundred and twenty-four people attended the Bloomfield consultation session. This was the last of the series of public consultations. The public provided overwhelming support for the concept of a single new acute care hospital for West Prince. Those with concerns wanted more detailed information regarding the proposed concept.

Common messages from this session included:

- A need for the communities of West Prince to work together to sustain healthcare delivery for all of the region;
- A need for more details to make an informed decision;
- A new hospital will provide a means to assist in the recruitment of new physicians;
- A decision by government to establish a single new acute care hospital for the area in either existing facility would be unacceptable to the general public and create unresolvable conflict.

**Presentation of Written Submissions**

The public was invited to present written submissions to the West Prince Single Hospital Consultation Committee on May 3<sup>rd</sup> and May 4<sup>th</sup> at the Rodd Mill River Resort. Highlights of the presentations are as follows:

***PEI Federation of Municipalities***

The PEI Federation of Municipalities' intent was not to express opinions related to the concept of one hospital to serve West Prince versus two hospitals, but rather to demonstrate the importance of the location of a new hospital, if one is constructed. At the 2004 PEI Federation of Municipalities annual meeting, municipal leaders from across the province adopted a resolution that directly relates to the construction of such a hospital. The resolution called upon the Government of PEI to eliminate development by the provincial government outside of municipal limits, unless exceptional circumstances prevented such development from reasonably occurring within the boundaries of a municipality. The PEI Federation of Municipalities expressed concerns that continuing development in unincorporated areas erodes the fiscal capacity of municipalities and that these types of

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development are contrary to principles and objectives identified in the General Land Use Policy of the Government of Prince Edward Island.

### ***O’Leary Community Health Foundation***

In 2004, the O’Leary Community Health Foundation informed West Prince Health that their organization neither supported nor opposed the concept of a single hospital for West Prince. Since 2004, they have re-examined their position and support the concept of a single hospital with the following conditions: 1) that it be situated between the two existing hospitals; 2) that it has at least the same number of acute care beds as the existing hospitals; and 3) that there is no reduction from the services which are currently offered in West Prince.

The O’Leary Community Health Foundation had taken into consideration the following factors and observations:

- *Current duplication of equipment and replacement costs between the two facilities.* The group indicated that there would be increased use of equipment if it was housed in one hospital rather than two separate facilities. Another point of interest was that the foundation would have a larger area to canvass for future equipment needs.
- *Recruitment of physicians and nurses would be easier by offering a better on-call schedule and better shift schedule.* As a consequence, amalgamating staff would reduce overtime costs and such funds could be allocated to extend lab and x-ray hours.
- *A centrally located hospital could provide all of the services that are currently offered at two separate centres.*

### ***West Prince Chamber of Commerce***

The West Prince Chamber of Commerce provided conditional support on the concept of a single acute care hospital for West Prince in stating the following:

- *Support for one health hospital.* Two hospitals for the region do not make economical sense. The region is struggling to keep existing services in both hospitals, due to low staffing and resources.
- *Extended Services / Health Centers.* The Chamber would support one Healthcare Hospital provided that: there is the equivalent of existing services in the new hospital, plus new extended services such as CT scans, day surgeries etc.; health centres or clinics be located in the surrounding communities to alleviate pressure off one hospital; and seniors be taken into consideration.
- *Existing facilities become Manors.* The region has an aging population which translates into an increased need for elderly and senior care facilities.
- *Healthcare Future Plan for West Prince.* The top priority for the West Prince Chamber of Commerce was to see a plan for the future of the existing facilities and a 5/10/20 year plan for the proposed single healthcare hospital. The business community wants to see the government’s long term plan for West Prince.

### ***Non-Affiliated Individual Presentation***

The individual wanted to present the Project Committee with a proposed concept of constructing a Mill River Hospital Zone. Within this Hospital Zone would be Doctor's residences, medical clinics, medical research institutes, senior condominiums, and hospital staff rental housing. The individual indicated that this would be an economic growth asset for all of West Prince.

### **Other Forms of Input and Public Submission**

West Prince residents and stakeholders were presented with several other means of providing input into the concept of a single new acute care hospital. One hundred and nine responses were received through either a dedicated toll-free number, the website, mail, forms, email and fax. A number of residents took advantage of these methods as did a number of former physicians and present administrative hospital staff. Most respondents were in support of the concept. A small group of individuals were either opposed or undecided. Those indicating they were undecided expressed the need for more details on the proposed plan.

“Sustaining two hospitals less than twelve miles apart is not practical and not doable”

“It is the only solution to address staffing needs and the resources necessary to provide healthcare services in the area”

“Some people want to keep things the way they are for the wrong reasons”

“Why aren't all doctors paid the same?”

“People in favour of this at the meeting seem to be neglecting to, and sometimes even refusing to look at the negative economic impact such a facility would have on our tiny local communities”

#### Common messages:

- Support for the concept of one hospital as a means to reduce strain on current healthcare workers;
- Negative economic impact if communities were to lose existing hospitals;
- Evolution of healthcare delivery in rural/urban areas and implications on physician recruitment;
- Maintain existing facilities;
- Provide better financial incentives for recruiting and retaining physicians to the area;

- Where previously support was for hospitals in each location, now views indicate that a single hospital would be the best means of stabilizing acute care services for the West Prince region.
- Need to ensure that other areas of healthcare are taken into consideration in the planning process if a new hospital were to be developed (ie. palliative care, hearing, chronic debilitating diseases)

### **Thematic Analysis**

Thematic analysis was employed to identify recurring themes in the views and perspective provided through the various avenues. These are as follows:

#### ***Maintain the Status Quo***

The residents of West Prince have an emotional attachment to the present hospitals and a concern was expressed that this aspect would be lost if a new hospital were built. It was suggested that Western Hospital and Community Hospital should continue to operate as they currently exist and that funds allocated for a new hospital be used to enhance or upgrade existing facilities and/or be put toward recruitment and retention of healthcare professionals. The opposing view was that the status quo could not be maintained in the long term.

*“There is nothing wrong with our hospital. We should keep our hospitals where they are because that is what has drawn people to our community.”*

*“We need to find a way that we can satisfy and sustain the workforce currently at the two hospitals, keep the two hospitals functional, and discover what would be best in a single new hospital.”*

*“... I couldn't see the town of Alberton – after losing a hospital – giving \$50,000 or \$100,000\$ to a hospital in Bloomfield.”*

*“...why not put the money into enhancing the two existing hospitals rather than building a new one?”*

*“...it's such a big issue for every community, but you have to understand that there has been so much hard work up here and support for our hospitals.”*

*“ We must face the realities and prepare to adjust to the changes taking place in our times”*

***Economic Impact***

On several occasions it was stated, in particular by Municipal leaders, that acute care hospitals are the backbone of economic stability for the communities of Alberton and O’Leary. Concerns expressed were that residents and businesses will migrate out of the local communities and therefore exacerbate the problem of an eroding tax base for the municipalities. Alberton has also strategically linked its economic future to a growing senior citizen market and fears that, should the Western Hospital close, it will negatively impact its positioning and population growth. O’Leary Community Council held a similar position.

*“.....Closing Western Hospital will leave the town without its largest employer and generator of traffic and economic activity. It will make it difficult to attract new residents and maintain its current infrastructure and services.”*

*“.....there is a danger of eroding the tax base for municipalities and incorporated communities. They depend on this to maintain municipal services including fire protection, recreation activities...it would be harder to sustain existing sewer and water systems.”*

Concerns were expressed that the commercial and industrial development for West Prince is mostly centred in the Bloomfield area rather than in an incorporated area. The speculation of building a new single acute care hospital in the Bloomfield area is perceived as a further detriment to the growth of the business and residential communities in the other municipalities.

Concerns were also expressed that monetary investments and volunteer efforts would be lost if the existing hospitals closed and a new hospital was built in an unincorporated community. Others presented views that a new hospital could have positive economic advantages for the West Prince area:

*“I know that economically I will not change where I buy my groceries and my gas. I also won’t move from Northport to be closer to the hospital...”*

*“...love to see every community have their own thing but times are different and if we don’t change we may lose everything....I’d say*

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*90% of the residents in West Prince don't live in an incorporated area but we do support the rinks and hospitals etc..."*

### **Recruitment and Retention**

The subject of recruitment and retention of healthcare workers was discussed at all consultation sessions. Opinions on this subject were varied and numerous.

Healthcare workers from both the Western Hospital and Community Hospital O'Leary support the concept and expressed concerns about the future state of healthcare service delivery. Specific benefits which would result from the concept are:

- Attract and retain new and existing healthcare workers by producing an enticing and conducive work environment;
- Reduce overtime hours and staff burnout by ensuring enough staff to cover vacations, sick leave, bereavement and professional development leave; and
- Prevent departmental closures as some areas (ie. Physiotherapy, Diagnostic, Laboratory) are currently staffed by one individual in each hospital. Parallel to this, some staff are currently employed at both hospitals and split their time between the two facilities to accommodate the needs of the patients.

Some comments received from healthcare workers included:

*"I'm an employee of both hospitals....I can speak on behalf of my whole department.....we need to be progressive and look to the future. It's all about delivering quality care and I think this is the way to do it."*

*"Few physicians now want to come to an area where there are [only] three or four physicians on the call schedule"*

Residents applauded the dedication and commitment that healthcare workers have made to protect the hospitals from impending closures. Some recognized the struggles in recruiting healthcare workers in the current environment. A general understanding emerged that most physicians would not be interested in a work environment that included an on-call schedule of 1:2 or 1:3.

*"....I challenge people to put an ad in the paper and see if people want to work 80 hours a week and another ad in for 40 hours per week. People don't have to work that way and they shouldn't."*

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*“...if the healthcare workers are saying this is a good move than we should listen to them and trust them.”*

*“It would take four physicians to replace the two who are now working 80 hours a week.”*

A few individuals made statements regarding recognition of credentials, standards, and allocation of healthcare providers:

*“...we would like to encourage the healthcare providers in West Prince to accept and encourage without bias new healthcare professionals who are fully educated and trained in their fields such as Nurse Practitioners, Physician Assistants, etc.. These individuals could be valuable in assisting with the workload but most importantly in providing specific care to patients that physicians do not have the time to provide.”*

*“...we need to focus on the clinics and preventative care before people will go to the ER. If we have to leave our clinic for one day those people still have to see a physician and they may go to the ER. Maybe what we need is doctors dedicated exclusively to the ER and others for the clinics.”*

*“The Society of Rural Physicians of Canada discussed having a physician do no more than one in five call.....pilots and truck drivers have such standards.....”*

A number of individuals expressed frustration with the current recruitment process for attracting physicians to the West Prince area. Suggestions for recruitment included larger compensation packages, incentives to Island medical students, signing bonuses for physicians, and the need for the Provincial Government to improve its marketing efforts to promote employment opportunities within the healthcare sector.

*“Why is the government not interested in finding the 5<sup>th</sup> doctor for O’Leary. They approved it but how much is the recruiter doing to find the doctor.”*

*“If we are having problems now to get doctors and nurses to run both hospitals, and we build a new one, are we going to have problems filling up spots at the new hospital?”*

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*“...we need the government to loosen up the rules of the College of Physicians – that’s the problem. Skilled, experienced doctors who have worked in the Maritimes and in Newfoundland are having to be retested and have papers redone to come and work here. That’s not welcoming, that is a gate of resistance.”*

### ***Operational Efficiencies***

The West Prince Single Hospital Consultation Committee received numerous perspectives and input from private and public stakeholders regarding the allocation and use of hospital resources. It was suggested that by amalgamating the two hospitals a significant cost savings could be realized by having a new centrally located acute care hospital. The savings would come in the form of reduced overtime expenses and reduced duplication in medical/diagnostic equipment acquisition and repairs. Funds saved by the increased operational efficiencies could be used to enhance services.

*“The healthcare budget is growing and it’s crazy to have duplication in services, capital expenses etc.”*

*“...it seems wasteful to be purchasing duplicate equipment for two hospitals when those funds could be better allocated towards other areas of service delivery”*

*“One emergency department would be easier and [it would be] less expensive to keep staff with doctors and nurses”*

### ***Regional Healthcare Focus***

A number of people in both private and public sessions expressed the opinion that any decisions regarding the issue of a single new acute care hospital should be made purely from a regional community health perspective and must not be politically motivated. Again, these comments were usually based on a concept considering the total healthcare needs of West Prince, and not specific to communities within the area.

*“I attended the strategic planning session at Rodds a while ago and I still agree that we need one hospital. Healthcare workers are overworked. I sense that at some of the meetings politics are involved but this is a healthcare issue, not a political one. The schedules are horrendous for doctors. People, get involved! Thirty-two years ago the Co-op health was built without government assistance. We don’t need the government to do everything.”*

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*“The biggest roadblocks are our communities. The reasons are always boiled down to money. The municipalities are concerned about tax breaks. I’ve seen other communities amalgamate. Why haven’t we considered amalgamating the communities into one area called West Prince.”*

*“... I think we really made a mistake when we built the two hospitals several years ago, but it’s not too late to correct that problem because the government has generously decided to look at the issue once again.”*

*“It is not dividing communities as I see it, its bringing the communities together, one hospital”*

*“There are people who also live outside of O’Leary and Alberton and their opinions count as well. I think a healthcare decision needs to be made for the 14,000 people in West Prince, not just those living in municipal areas.”*

### ***Healthcare Worker Support for the Single Hospital Concept***

One of the strongest themes throughout the public and private consultation sessions was the significant support from healthcare workers for the concept of a single new acute care hospital. Many cited the potential efficiencies and use of physical resources a single hospital would create. Additionally, they indicated that combining human resources under one hospital would alleviate staff burnout and improve recruitment and retention of healthcare workers.

*“I’m a healthcare worker who has worked in both hospitals for 30 years. This is on our minds 24/7 as front line staff. We’ve all thought about this and we’re concerned about the future of healthcare for residents.”*

*“I have worked here for 31 years. I have watched how the doctors and nurses struggle. I support one hospital, and I fear that if we don’t go for one than we may lose both facilities.”*

A locum physician provided the following insight into the state of healthcare:

*“ Presently in West Prince we have two facilities with two independent medical staff, each trying to stay above board. This is difficult today and I suspect if things are not to change, this will be virtually impossible in the future.”*

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This point was reiterated by a former permanent physician of West Prince:

*“We would suggest that if the residents of West Prince do not agree with the concept of one hospital, that eventually there will not be hospital care in West Prince due to a lack of human and financial resources”*

**Timing**

Those who were in favour of the concept expressed that the sooner a new single acute care hospital was built, the better. They stated that too much time was being wasted with consultations when a new single hospital was the right way to go and they feared that the present health system would collapse before the new hospital could be opened.

*“How fast is the government willing to move? I’m afraid if we don’t build soon we will be in serious crisis mode and may have to close either of the hospitals because of staff shortages.”*

*“We need to grab this opportunity while we have it and build one central hospital ASAP”*

*“my view is that I’m afraid if we don’t go with the one hospital, that we will be in serious trouble without a single hospital in the future.”*

*“ Lets get one hospital and go from there, as soon as possible”*

*“I think we have to do something and we have to do it now”*

## **Conclusion**

Four out of six private consultations held with stakeholders revealed strong support for the single, centrally located acute care hospital concept. Of all the private sessions, only the municipal councils voiced complete opposition for the concept. Although they expressed an overall lack of support for the consultation process and the composition of the committee, they participated fully in the dialogue.

The public consultations were comprised of those who supported the concept, others who were against the concept, and a group that wanted more information before coming to a conclusion on the question. Public forums in West Point and Bloomfield showed strong support for the concept of a single, new, acute care hospital centrally located between the two existing hospitals. Consultations held in Tignish and Palmer Road also showed support for the concept, however a number of questions were raised. There was conditional support at the O’Leary meeting while participants at the Alberton meeting expressed the greatest opposition.

Three of the four written submissions voiced conditional support for the concept. The submission from the Federation of Municipalities was not to voice an opinion on one hospital versus two, but rather that the location should be in an incorporated municipality. Views obtained by means of electronic and postal submissions showed that most respondents were in support of the concept.

The West Prince Single Hospital Consultation Committee conducted a total of thirteen private and public consultations and provided opportunities for community input through a variety of mediums. Through these consultations the committee heard a number of reoccurring themes. They included:

- Maintain status quo
- Economic impact
- Recruitment and retention
- Operational efficiencies
- Regional healthcare focus
- Healthcare worker support for the concept
- Timing

In summary, two distinct positions emerged:

1. The Municipal Councils of Alberton, O’Leary and Tignish were strongly opposed to the concept. The strongest level of opposition to the concept at a public meeting was in Alberton.
  - Opposition to the concept was stated principally in relation to terms of economic impact to incorporated municipalities.

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- Additionally, there were questions about whether the concept would resolve or adequately address the underlying issues affecting long term viability of healthcare in the area.
2. Areas where support for the concept was strongest included: staff (including medical staff), hospital boards, Community Hospital O’Leary Auxiliary and Health Foundation, and community meetings outside of Alberton. In O’Leary there was conditional support of the concept. Support for the concept was stated in terms of:
- Ensuring long term stability of acute healthcare services for the region of West Prince.
  - Reducing strain on healthcare workers and improving overall efficiency of the staffing and service delivery model;
  - Enhancing ability to recruit and retain healthcare professionals.

Recognizing that the mandate of the West Prince Single Hospital Consultation Committee was to identify the views and perspectives as they relate to the stabilization of healthcare delivery for the area, the committee present the following recommendations:

### **Recommendations**

The following recommendations are made with the understanding that a new hospital will provide all the services currently available at Community Hospital O’Leary and Western Hospital Alberton. It is also the understanding that both of these facilities will remain fully operational until the opening of new single acute care hospital centrally located between the existing hospitals in West Prince. A functional planning process should consider additional services which could be incorporated in the new hospital.

#### **Recommendation #1**

Given the degree of support as expressed by the West Prince community throughout this consultation process, the West Prince Single Hospital Consultation Committee recommends that the Government of PEI establish a single, new, acute care hospital, centrally located between the two existing hospitals as a means to stabilize delivery of acute healthcare services in West Prince.

#### **Recommendation #2**

The Single Hospital Consultation Committee recommends that the Government of PEI develop a strategic plan which addresses the healthcare needs of an aging population, the need to replace Maplewood Manor, and makes the best use of existing acute care facilities in Alberton and O’Leary.

**Recommendation #3**

The Single Hospital Consultation Committee recommends that Community Healthcare Clinics be maintained and enhanced within the municipalities of Alberton, O'Leary and Tignish.

**Recommendation #4**

The Single Hospital Consultation Committee recommends that the Government of PEI develop and implement a strategy for the retention and recruitment of healthcare professionals in **rural** Prince Edward Island, including enhancements to recruitment and a reduction of regulatory barriers.

**West Prince Single Hospital Consultation  
Committee Endorsement**

We, the West Prince Single Hospital Consultation Committee, endorse this report and associated recommendations dated June 19, 2006.

Ernest Hudson \_\_\_\_\_

Dr. Herb Dickieson \_\_\_\_\_

Dr. Baldev Sethi \_\_\_\_\_

Eva Rennie \_\_\_\_\_

Allison Ellis \_\_\_\_\_

Cheryl Doran \_\_\_\_\_

Dorothy Ellsworth \_\_\_\_\_

Maxine Ellis \_\_\_\_\_

Barry Clohossey \_\_\_\_\_

Colleen Handrahan \_\_\_\_\_

**Appendix A**  
West Prince Single Hospital Consultation Presentation

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## Consultation on a Single Acute Care Hospital for West Prince

Ernest Hudson, Chair  
Single Facility Consultation  
Committee

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## Meeting Agenda

- Call to order
- Background & Overview
- Presentations
  - The Givens
  - Immediate & Future Challenges for West Prince Hospitals
  - The Physician Perspective
  - The Nursing Perspective
- Facilitated Discussion
  - We want to hear from you!
- Closing remarks
- Adjournment

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## Consultation Project Committee

- Project Committee assigned by the Minister of Health
- Membership:
  - Chair: Ernest Hudson, Chair of the former West Prince Health Board;
  - Barry Clohossey
  - Maxine Ellis
  - Eva Rennie
  - Allison Ellis
  - Colleen Handrahan
  - Dr. Herb Dickieson
  - Dr. Baldev Sethi;
  - Dorothy Ellsworth;
  - Cheryl Doran;
  - Cecil Villard - Non-Voting Member (Department of Health)
  - Garth Waite - Non-Voting Member (Department of Health)

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## Background

- Ongoing staff recruitment and retention challenges
- 2003: Severe Operational Challenges
- 2004: WPH Board Strategic Planning
- Fall 2005: Throne Speech
- Spring 2006: Current Consultation

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## Current Consultation

- Government tasked the Project Committee to undertake a consultation;
- The Committee is responsible for collecting the views and perspectives of partners & stakeholders and providing a report to government;
- The committee recruited professional support staff to ensure a credible, inclusive and objective process and to prepare a report of findings which accurately expresses the views and perspectives presented through the process. (Terry Allen & Detry Carragher)

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## Project Objective

- Objective:  
To consult with partners and stakeholders to determine their views and perspectives regarding a single, new, acute care hospital, centrally located between the existing hospitals in West Prince.

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## The Process

- Scheduled Meetings with staff, physicians, auxiliaries, foundations, volunteers & Municipal leaders (April 12-19, 2006);
- Scheduled Public Meetings (April 20-May 2, 2006)
- Presentation of written submissions (May 3-4, 2006)

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## In Addition to Meetings...

### Contact us

- Phone: (toll Free) 1-866 441-7744
- Website: [www.wphealthconsult.com](http://www.wphealthconsult.com)
- Email: [wpconsult@isn.net](mailto:wpconsult@isn.net)
- Fax: (902) 892-1919
- Canada Post: [West Prince Hospital Consultation, c/o Future Learning, Suite 23, 25 Queen St., Charlottetown, PE. C1A 4A2](#)

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## The Question

- **What are your views and perspectives regarding a single new acute care hospital, centrally located between the existing hospitals in West Prince, as a means to stabilize delivery of acute care services in the area?**

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## The Givens

A Department of Health Perspective

Cecil Villard, Director of  
Rural Community Hospitals and  
Long-term Care

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## The Givens

- **Government is committed to maintaining rural hospitals;**
- **Stability:** The purpose of this process is to try to stabilize health services in West Prince;
- **No reduction in services:** Services currently delivered will continue to be delivered in a single facility
- **Possible enhancements:** Planning and construction of a new hospital may allow some enhancements reflecting evolving trends, standards and practices

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## Stabilization: What does that mean

- 10 permanent doctors
- Stable nursing staff
- 24/7 ER/OPD
- Full lab & Diagnostic services
- Retention of present services
- Ability to more easily recruit and retain health care professionals

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### Stabilizing the System – *Work To Date*

- Commitment to rural hospitals
  - Boards
  - Consultation on single facility
- HHR Recruitment and Retention
  - Nursing recruitment / Retention
  - Physician Recruitment
- Nurse Practitioner Legislation
- Family Health Centers / Primary Care Redesign

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### In Summary

- Commitment to rural hospitals and their stability;
- Commitment to maintaining existing services, recognizing that standards and practices are evolving;
- Successful recruitment and retention of health professionals is critical to stabilizing services;
- Providing services through a single acute care hospital could help address staff workload / work life issues and improve recruitment;

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### Facts

Information - West Prince Hospitals  
 Current and Future Challenges  
 Affecting Health Care

John Martin, Administrator CHO  
 Marlene Bolger, Administrator WH

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## Hospital Services in West Prince

- 24 Hour Emergency Triage/Treatment
  - Total ER/OPD Visits: 21,225
  - ER/OPD visits -Resus+Emergent+Urgent: 529
- 40 Inpatient Beds: 37 Medical + 3 palliative care bed
  - Total Number of Admissions: 1559
  - Total Inpatient Days: 10,328
  - ALOS: 6.5 Days
- Outpatient/Ambulatory Services
  - Laboratory; Radiology; Pharmacy; Physiotherapy; Clinical Nutrition Services, etc.
- Visiting Services/Specialists
  - Out-patient Specialists Clinics: 2593

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## The Immediate Challenge: **Health Human Resources (HHR)**

- Rural communities across Canada face challenges recruiting and retaining health professionals;
- Rural P.E.I. is not unique;
- Rural P.E.I. is competing with the rest of Canada for all health human resources: doctors, nurses, x-ray tech's, lab tech's, etc.
- Recruitment & retention of health professionals is a major issue for stability of rural health care on P.E.I.

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## A Single Hospital

Physician Perspective

Dr. Sethi, Chief of Medical Staff, WH  
Dr. Dickieson, Chief of Medical Staff, CHO

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### Resolution from West Prince Physicians

- West Prince physicians support the concept of a single new central hospital located between Western and Community Hospitals with both existing facilities remaining fully operational until the opening of the new hospital(January 18, 2006).
- Support is conditional on services being maintained or enhanced from current level.

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### Rationale for one Hospital

- West Prince has a compliment of 10 physicians.
- Only six positions are currently filled permanently.
  - Potential to decrease wait times for primary care (office visits)
  - Potential to decrease volumes in Emergency Department as a result of enhanced primary care.
- A single Hospital could:
  - Facilitate recruitment and retention of physicians/staff
  - Bring physicians under one roof to provide 24 hour coverage for in-patients and the Emergency Department.
  - Foster continuing educational opportunities for physicians - and other health care personnel.
- Physicians to continue their current practices in the community clinics.
- With advancements in the health field, greater opportunity for incorporating new technologies.

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### A Single Hospital

#### Nursing Perspective

Cheryl Doran, Nursing Coordinator, CHO  
 Dorothy Ellsworth, Nursing Coordinator, WH

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## Current Vacancies

- Although vacancies do not currently exist in the other health care professions (LPN's, Laboratory and Radiology personnel, Pharmacists, Physio and Occupational Therapists, Dietitians, and others) An adequate casual base does not exist to cover sickness, vacations, etc., this results in overtime and subsequent fatigue.
- Staff required to be on call often have a 1:3 or 1:2 schedule (i.e. lab and x- ray, pharmacy)
- Nursing Complement
  - 12.95 FTE's at CHO
  - 15.2 FTE's at WH

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- 3.55 FTE's (full-time equivalents) are currently vacant which consist of a combination of full time and part time nurses.
- These FTE's currently mean 8 RN's short between the two hospitals
- In a 24/7 environment this means that 11.8 shifts per week or the equivalent of two 8 hour shifts per day are not covered.
- This includes weekend shifts and holidays that are extremely hard to fill.
- Vacancies result in overtime and cancelled vacations in an environment where no casual staff exists.

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## Retirement Planning

- Registered Nurses Eligible for retirement in the next three to five years:
  - 6.1 FTE's eligible for retirement.
  - This means that approximately 21% of RN's could retire over the next 3-5 years.
  - The loss of experienced staff means:
    - A loss of nurses who have the ability to manage high patient care.*
    - Mentoring and retention of the next generation of nursing by providing clinical support, knowledge, and leadership.*

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## Balance of Work Life and Home

- High level of overtime to cover minimum amount of hours required to provide in-patient & emergency care.
- Extra staffing required to compensate for sick time, compassionate leaves, etc., which often results in staff having to come in to work on their days off as we do not have a casual pool.
- Current vacancies and anticipated vacancies result in administration having to reluctantly deny staff vacations.
- This all leads to staff becoming increasingly fatigued and frustrated with the work environment. Staff hate to answer the phone.

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## Facilitated Discussion

Future Learning Inc. & CrossPath

(Terry Allen & Detry Carragher)

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## The Question

- What are your views and perspectives regarding a single new acute care hospital, centrally located between the existing hospitals in West Prince, as a means to stabilize delivery of acute care services in the area?

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**Appendix B**

Private stakeholder consultations and attendance.

<b>Stakeholder</b>	<b>Attendance</b>
Community Hospital O'Leary Staff/LTC	40
Community Hospital O'Leary Auxiliary/Foundation	20
Joint Physicians and Hospital Boards	10
Municipal Councils	11
Western Hospital Staff/LTC	35
Western Hospital Auxiliary/Foundation/Volunteers	15

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**Appendix C**

Location and number attending public consultation sessions.

<b>Location</b>	<b>Attendance</b>
O'Leary Lion's Club	214
West Point Harbourside	99
Alberton Community Centre	307
Tignish Royal Canadian Legion	146
Palmer Road Hall (Simultaneous French Translation)	71
Bloomfield-St. Anthony's Hall	124
<b>TOTAL</b>	<b>961</b>

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**Appendix D**

Other methods of providing input into the single new acute care hospital concept.

	<b>Feedback Received</b>
Forms, faxes, e-mails, letters	74
Toll-free number	29
Website postings	6