

NORTH EAST LOCAL HEALTH INTEGRATION NETWORK

**REGIONAL CALL SCHEDULE PROJECT
GENERAL SURGEONS**

TELECONFERENCE: 1-877-323-2005, ID: 3393770#
Monday March 7th, 2011 – 7am to 8am

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| <p><u>Participants:</u> Dr. Isser Dubinsky, Hay Group/NE LHIN Monique Rocheleau, NE LHIN Dr. Tim Zmijowskyj, NE LHIN Dr. Dennis Hunt, Parry Sound District Hospital Dr. Dave Lamont, North Bay General Hospital Dr. Margaret Paul, North Bay General Hospital Dr. Richard Benedict, Sudbury Regional Hospital Dr. Rachele Paradis, Sudbury Regional Hospital Dr. Eric Labelle, Timmins and District Hospital Harry Voogjarv, Timmins and District Hospital Dr. Joe Reich, Sault Area Hospital</p> | | |
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| Agenda Item | Discussion | Action |
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| Welcome & Introductions | Welcome to all participants. | |
| Review & Approval of Agenda | Approved. | |
| Current State - # of surgeons currently in practice - # of current coverage patterns - Anticipated | The current staffing of general surgeons in the hospitals participating in call was reviewed. Parry Sound Parry Sound has two full-time and 2 part-time surgeons, and has a completely covered one in four call schedule. There is, however, an anticipated decrease to two full-time surgeons in the next year or two, which will lead to difficulties with the call schedule. It is anticipated that the two remaining surgeons will continue to | |

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| <p>changes (new recruits/departures) - Transfers (in/out) - Available supports (beds/ OR time)</p> | <p>provide one in four call, leading to two uncovered nights out of every four.</p> <p>Once the availability of surgeons diminishes, anaesthesia coverage will concomitantly decrease if there is no surgeon on call.</p> <p>North Bay</p> <p>The center has five full-time general surgeons, and currently provides seamless coverage, with each surgeon taking call one night in five.</p> <p>Sudbury Regional Hospital</p> <p>This facility currently has 10 general surgeons, and anticipates that two surgeons will depart before the summer, resulting in 1 in 8 call. Another general surgeon may leave, resulting in call frequency increasing to 1 in 7. The center is currently recruiting additional surgeons, and hopes to increase the census of surgeons to 10</p> <p>Timmins and District Hospital</p> <p>This hospital has two full-time surgeons, and has recruited a third, but this individual will not start until the summer of 2012. The center does maintain seamless call by using locum coverage, with the full-time surgeons covering 1 in 3 nights, and the locum also doing one in three nights.</p> <p>Sault Ste. Marie</p> <p>Sault Ste. Marie has four full-time general surgeons, and one surgeon who does a combined vascular surgery/general surgery practice. The center is covered 24/7, with occasional augmentation by locums. There are no anticipated changes in the near future, although one surgeon is 66 years of age he does not plan on retiring in the future.</p> | |
| <p>Standards of Care - Physician to</p> | <p>Infrastructure</p> | |

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| <p>physician contact - Lab results, DI</p> | <p>The hospitals in Parry Sound and North Bay report no problems accessing operating rooms or inpatient beds.</p> <p>In Sudbury, intensive care units are often full, resulting in difficulties accommodating patients after surgical procedures should they need care in the ICU. In general, the hospital is also experiencing bed shortages. Operating room closures have been reported as occurring secondary to the inability to move patients out of either the day surgery or postanesthetic care unit.</p> <p>The hospital also reports problems recruiting both surgeons and nursing staff secondary to issues of "overwork".</p> <p>Sault Ste. Marie has been successful recruiting other surgical specialties, with resultant increasing pressure on surgical beds. The ICU in Sault Ste. Marie has recently been made a "closed" unit, but is reliant on locum tenens for coverage.</p> <p>A significant issue in this center is access to endoscopy, with waits of four to six months. Endoscopic procedures are conducted both in the hospital and at the Group Health Centre, but the hospital facility only operates four days a week, and inpatient urgent endoscopies often displace elective endoscopic procedures.</p> <p>In Timmins, high volumes of orthopedic surgery, particularly out of hours, poses access issues for general surgery patients who need urgent and emergent procedures.</p> <p>Additionally, elective time is seen as increasingly difficult to access, as the hospital has decreased to three operating rooms versus its previous four. There is also a shortage of nursing staff in the intensive care unit.</p> | |
| <p>Standards for Transfers - Criteria for transfers - Quality of transfers</p> | <p>Surgical Transfers</p> <p>In the 2009/2010 a year, there were 195 interfacility ambulance transfers of patients who live in the NE LHIN.</p> | |

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| <p>- Repatriation</p> | <p>The majority of these patients were transferred to the Timmins hospital, which received 50 transfers, largely from hospitals in the surrounding geographic area including Anson, Cochrane, Hearst, and Kapuskasing. The Sudbury Hospital received 30 transfers, of which 12 originated in Manitoulin, and 5 in Espanola.</p> <p>The North Bay Hospital received 34 transfers of which 20 came from the West Nipissing Hospital.</p> <p>Approximately 50 patients were transferred out of the LHIN to Toronto hospitals.</p> <p>Currently, each of the hospitals in the LHIN appears to have a "core" cohort of hospitals that look to them for the provision of out of hours surgical transfers. Sault Ste. Marie received the bulk of its transfers from the Algoma region. Sudbury's coverage area seems to extend from Parry Sound to Sturgeon Falls Hearst and Blind River, with occasional transfers from Sault Ste. Marie. When necessary, Sudbury will transfer patients to southern Ontario with the use of Criticall.</p> <p>North Bay also appears to serve a "mini-region", receiving patients primarily from Mattawa, Temiskaming, Sturgeon Falls and Burk's Falls.</p> <p>Parry Sound receives very few inbound transfers, and relies on Toronto-based hospitals for transfers out.</p> <p>In Timmins, 60 to 65% of the elective volume of patients live in the Timmins area.</p> <p>In general, the quality of documentation (including histories, physicals, lab work and x-rays), resuscitation, and communication that accompanies transfers is felt to be of high quality.</p> <p>One issue that has arisen is the incompatibility of hospital computer systems in the LHIN, resulting in the fact that some CT scans are not downloadable, and patients have to be given a disc.</p> <p>Another (infrequent) problem is that some patients may be sent for "investigations"</p> | |
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from one center to another and then found to have a surgical problem, which is left to the receiving hospital to manage.

Finally, the Sudbury Hospital reports receiving some patient transfers for the management of their variceal bleeds and/or ERCP, but as the endoscopy service is not fully covered with surgeons or gastroenterologists with the training to perform the necessary intervention, the definitive management of the patient may become problematic.

Of note, it was recorded that owing to long wait times being experienced in the Sudbury emergency department, patients who live in Sudbury appear to seek emergency department care in Espanola or Sturgeon Falls, and subsequently require transfer back to Sudbury for definitive therapy.

In general, Parry Sound receives few transfers, and only transfers patient out, usually secondary to their high risk for anaesthesia or the need for intensive care postoperatively.

Sudbury reports difficulties with long-distance transfers causing long time lags between when transfer is initiated to when it is completed, with patients often arriving when the subsequent surgeon is on call. Additionally, there are significant ambulance offload pressures in the emergency department of the Sudbury hospital, making it difficult to offload patients. Finally, those patients felt to need transfer to a major center such as Toronto may take days before their transfer is completed.

Timmins Hospital also reported that transfers may take up to 24 hours to be completed after the time of initial contact between the referring physician and surgeon.

North Bay did not express any serious problems with transfers, other than the fact that on occasion patients are transferred without the receiving surgeon receiving the "full picture" of the patient's illness.

Sault Ste. Marie reported that their largest problem with transfers is transferring

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| | patients out. In their opinion, Criticall is not working well, and nor is Ornge. | |
| Regional/Mini Regional Call Schedule | <p>Regional/Mini Regional Call</p> <p>Those in North Bay feel that they are already serving as a referral center for a “mini region”. They also experience difficulties accessing images from other hospitals information technology systems, and occasionally feel that the quality of pre-transfer evaluation and workup may be deficient. It is possible, given these circumstances, that the quality of the transfer process could be improved by using telemedicine or other technology.</p> <p>The surgical group in Sudbury feel that they often can and do assist other centers to manage those patients who do not need immediate access to surgical care (e.g. cholecystitis, small bowel obstruction, pancreatitis).</p> <p>Timmins has noticed that many transfers have been initiated by a hospitalist, rather than a surgeon in another community. Oftentimes, it is because the surgeon in the other community has placed "limits" on their scope of practice, placing an unfair burden on surgeons in Timmins.</p> | |
| Next Steps | At the suggestion of the chair, it was decided that a subsequent meeting of this group will be convened to further address opportunities to enhance further the timeliness of access to after-hours care, perhaps by consideration of designation of mini regions of responsibility. It is also suggested that the involvement of surgeons in the smaller hospitals not present on this teleconference would help elucidate and clarify this approach. | |
| Date & Time of next meeting / Adjournment | To be determined. | |