

Responses to Questions from Presentation by E. Vandewall – Third Age Learning

Question	Response
In new patient care focus, can patients be provided with their individual cost in the system to aid in self-control?	This would be a decision by the Ontario government to provide patients with a list of OHIP charges in order to understand individual costs.
When will we actually see the funding tied to the consumer?	Funding has already shifted from 100% 'Global Based Funding' in which hospitals have received a set amount of dollars each year, to a larger portion of 'Patient Based Funding'. Currently, hospitals such as Joseph Brant Hospital receive approximately 46% of their total budget as patient based funding and when fully implemented in 2015/16, it is expected that 70% of hospital funding will be patient-based.
What will be the impact of federal cutbacks to health transfers to provinces?	This question is best answered by the Ministry of Health and Long Term Care.
In hospital, care is almost exclusively provided by nurses, what can be done to increase their effectiveness in responding to patient's needs?	Hospitals such as Joseph Brant Hospital believe that nurses are a valuable member of our care team. We engage our entire care team including nurses, physicians, allied health and support services in how we can deliver effective, quality care for our patients. Specific training and education programs have been introduced to improve patient focus within our care teams and we monitor patient satisfaction from the bedside to the boardroom.
If we are moving to patient-based funding, will there be a cap on the money a patient can use?	Patient based funding refers to a model for calculating and providing funds to health service providers – not patients. The amount of funding is set by the Ontario government through the regular budget process.

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<p>Who are the 5% using 66% of resources? Could something be done to address their problems earlier in order to avoid this huge cost?</p>	<p>These are typically high-needs, complex patients such as the frail elderly and those with multiple conditions such as heart disease, diabetes and COPD.</p> <p>Early intervention and coordinated care and management are critical to ensuring these patients avoid lengthy acute admissions. Initiatives such as Health Links have been introduced by the Ontario government to support and coordinate care for this population.</p>
<p>How do the policies of our political parties impact on the realization of these changes?</p>	<p>Health policy is set by the elected Ontario government although all proposed policies or ideas whether from political parties or other groups offer an opportunity for discussion and debate on improving quality care and outcomes for patients.</p>
<p>Are LHIN's top heavy with staff?</p>	<p>This question is best answered by either the Ministry of Health or Long Term Care or the LHIN.</p>
<p>How much of current building will be torn down or upgraded with new construction?</p>	<p>Approximately two thirds of the existing facility will be renovated as part of the Capital Redevelopment Project, with one third receiving extensive renovations, and another third will go through minor renovations and cosmetic upgrades. Major systems such as Nurse call, fire alarm, Information Communications Automation Technology (ICAT) will be updated throughout the facility.</p>
<p>Will there still be pedestrian access to Emergency from North Shore Blvd?</p>	<p>Yes indirect access to the Emergency department will be available from the North Shore Blvd, although final plans have not been confirmed as we are in the process of selecting the successful bidder who will complete this building.</p>
<p>How does the new hospital structure integrate with increased community services?</p>	<p>Joseph Brant Hospital has included stakeholders such as community partners in the design and development of new hospital structure to ensure we maximize opportunities for integration with community services in the new facility.</p>
<p>Will overruns on hospital be able to be avoided? i.e. Pier</p>	<p>Hospital projects in Ontario are now overseen by Infrastructure Ontario who provides oversight and management in coordination with the hospital in order to minimize any overruns and ensure the project is delivered on time and on budget.</p>

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<p>Where is Burlington in movement towards e-Health records and better technology? Will Joseph Brant move to being a “specialized” hospital? Or are we a generalized hospital?</p>	<p>Joseph Brant Hospital has a five-year e-Health plan and we are currently in our second year. Many of the key components of a fully electronic health record are already in place and as we implement our eHealth plan, more information will become electronic. Already available on line are laboratory results, diagnostic images and reports and typed physician notes. The next phases of our e-Health record journey will see the implementation of on-line documentation for our nurses and allied health providers, as well as scanning and archiving of any paper documentation following a patient visit. JBH is also well served by a LHIN initiative called Clinical Connect which allows authorized clinicians to view records from within a secure web portal. As part of the redevelopment project Joseph Brant Hospital held a number of visioning sessions to create a technology roadmap for the new and renovated facility. The roadmap identifies the Information, Communication and Automation Technology (ICAT) that will be utilized to support outstanding patient care and safety.</p> <p>Joseph Brant Hospital will continue to be a full-service community hospital offering surgical and medical programs in the new facility.</p>
<p>Would you please explain to me why there is an extra charge for Palliative Care beginning on Day 1 in Jo Brant Hospital? Oakville charges after 3 months. Patients require less care, less food because of being at the end of their life.</p>	<p>At Joseph Brant Hospital (JBH), we do not charge on day one (1) of a patient’s palliative stay.</p> <p>Over 97% of patients on our palliative unit have a length of stay of 21 days or less and aligned with our peer hospitals within our LHIN, JBH requires payment after 30 days of stay as part of the legislated co-payment under the complex care umbrella that addresses room and board.</p> <p>Note: JBH considers each case of payment on a compassionate basis.</p>
<p>About reducing costs of medications. Is there a body of specialists lobbying against pharmaceutical laboratories? i.e. increasing price of long-used meds and changing classic meds to be allowed to put price up (sic)</p>	<p>The pricing of medications and the business model of the pharmaceutical industry are not under the purview of Joseph Brant Hospital.</p>