



The Core Service Role
of
Small Hospitals in Ontario

Summary Report

to

The Minister of Health and Long-Term Care

from

**The Ontario Joint Policy and Planning Committee
(JPPC)**

Multi-Site/Small Hospitals Advisory Group

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MESSAGE FROM THE CHAIR

JPPC Multi-Site/Small Hospital Advisory Group “The Core Service Role of Small Hospitals in Ontario”

It has been my privilege to chair the JPPC Multi-Site/Small Hospitals Advisory Group and, in that capacity, I am pleased to present their final report. Our work began in January 2006 in response to the request of the Honourable George Smitherman, Minister of Health and Long-term Care to investigate the unique role of small and rural sites of multi site hospitals, and to identify core services. As the Minister said *“the challenge therefore becomes for each hospital to have a celebrated mission, maybe not exactly the mission they’ve always had, but a celebrated mission nonetheless. I think helping to define core services is part and parcel of that”*.

With the able assistance of the Hay Group and JPPC staff, we carried out our work in three phases. The first phase involved exploring the current services provided by small hospitals. Building on this exploration, the advisory group discussed the core services that small hospitals can be expected to deliver to their communities in phase two. In the third and final phase of work, the advisory group investigated the potential future role of small and rural hospitals in Ontario.

Through these three phases of work, each documented in a separate report and summarized in this summary report, the advisory group has made a significant contribution to understanding the role of small hospitals in health service provision in Ontario. The advisory group is pleased, therefore, to make its findings and recommendations available to the Ministry of Health and Long-term Care to provide an overview of the current and future role of small hospitals. At the same time these findings and recommendations will be used as a basis for discussions between hospitals and Local Health Integration Networks in the context of local health services planning.

Small hospitals in Ontario now have the opportunity, through the OHA’s Small, Rural, and Northern Hospital Provincial Leadership Council, to provide leadership in further developing and implementing the concept of core services. Building on the work of the advisory group, hospitals can collectively chart the course for the future of small hospitals in Ontario, achieving a celebrated mission for each, through collaborative planning and integration at the local health system level in conjunction with LHINs.

I would like to sincerely thank the members of the advisory group for their dedicated participation in this important project, and look forward to a bright and important future for small, rural and northern hospitals in Ontario!

Yours truly,

A handwritten signature in black ink that reads 'Paul Davies'.

Paul Davies
Chair, JPPC Multi-Site/Small Hospitals Advisory Group

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The Core Service Role of Small Hospitals in Ontario

Executive Summary

Background

Subsequent to the work of the Joint Policy and Planning Committee (JPPC) on the development of a funding policy related to multi-site hospitals, the Ministry of Health and Long-Term Care (MOHLTC) asked the JPPC to continue its work by investigating the unique role of small, rural sites within multi-site hospital corporations. In preparation for this work, the JPPC and the Ontario Hospital Association (OHA) agreed that it was prudent to expand the exploration to include all small hospitals, regardless of corporate configuration.

In keeping with its unique collaborative process that fosters partnerships with providers to engage and leverage their expertise and leadership, the JPPC convened a joint Multi-Site/ Small Hospitals Advisory Group to create a forum for focused discussion on the role of small hospitals and to provide feedback to the MOHLTC. The establishment of this Advisory Group followed earlier work by the OHA that analyzed the services offered by small hospitals in rural communities as well as the previous work of the JPPC on the development of a funding policy related to multi-site hospitals. To assist in this work, the JPPC retained Hay Consultants to carry out specific analyses and facilitate the Advisory Group process.

The project has been undertaken in three distinct phases:

Phase 1 - A utilization-based review of services currently provided by small hospitals

Phase 2 - Advisory Group recommendations regarding core services, based on review and discussion of phase 1 findings

Phase 3 - A look at future opportunities for small hospitals.

For the purposes of this project, the Advisory Group defined small hospitals as those with fewer than 4,000 inpatient weighted cases per year and divided these hospitals into two groups:

- Very Small: < 1,500 Weighted Cases (62 sites)
- Small: 1,500 to 3,999 Weighted Cases (31 sites).

Of the 62 very small hospital sites, 25 are part of a multi-site corporation, as are 9 of the 31 small hospital sites. The 93 sites that are the focus of this project are distributed all across the province, some in the urban fringe, some serving rural southern Ontario, and some in relatively isolated locations in northern Ontario. Background reports on each phase are available through the JPPC.

Findings

The Advisory Group identified several key considerations to help interpret and provide context for its core service recommendations:

- A basic core of services may be different for different types of rural communities.
- Core services should be available to communities or regions – not all individual institutions should be expected to deliver all core services.
- For multi-site corporations, the corporation as a whole would be expected to provide the same core set of services to its catchment population as any of the single site small hospitals. This does not require every site within a corporation to provide the same complement of core services.
- Planning for health services must take into account the diverse health needs and different circumstances of different communities. It will require extensive discussion and consideration, through a collaborative community planning process, of the unique position of individual facilities, the available evidence in the context of Local Health Integration Network planning and the services provided by other providers serving the catchment area.

Core Service Recommendations

For the province’s smallest hospitals, with up to 1,500 weighted cases of inpatient activity, the Advisory Group recommends that core services include:

- Emergency services:
 - Emergency departments must be prepared to provide care to, or stabilize and transfer, patients entering via the emergency department;
- Medicine program with inpatient medical beds;
- Physician specialty of General/Family Practice:
 - supported by broadly-trained Nurses;
- Inpatient allied health services, such as:
 - Physiotherapy, Clinical Nutrition, Occupational Therapy, Respiratory Therapy, Speech Pathology and Pharmacy; and,
 - Tailored to meet the specific needs of the population being served; and
- Diagnostic services, such as:
 - Laboratory, Ultrasound, General Radiography and Non-invasive Cardiology.

For the group of relatively larger small hospitals, whose inpatient activity ranges from 1,500 to 4,000 weighted cases, the Advisory Group recommends that core services include all of the basic core services identified for very small hospitals above, PLUS:

- General surgery and day surgery program;
- Obstetrics program;
- Physician specialties of General Surgery and Internal Medicine; and

- The provision of Special Care Units and the ability to accommodate temporarily ventilated patients.

Potential Future Roles for Small Ontario Hospitals

With the assistance of a specially convened forum, the Advisory Group discussed the challenges that small and rural hospitals face:

- Health status - Health services researchers increasingly identify “place” or geography as a determinant of health status:
 - People in predominantly rural regions have a lower life expectancy than the Canadian average
 - Disability rates are higher in smaller communities
 - There is increased prevalence of chronic disease in smaller communities
 - “Place” particularly affects the health of the elderly.
- Access to primary care services
- Access to surgical and specialist services
- Difficulties in recruiting and retaining staff
- Fewer available community supports
- Geographically dispersed populations, providers and facilities, leading to difficulties in achieving economies of scale
- Limited planning capacity to develop networks and partnerships.

The Advisory Group identified five potential strategic directions for small hospitals to consider, in relation to these challenges:

- Enhance and extend primary care
- Expand community networks
- Expand hospital networks
- Integrate and manage primary, acute and long-term care more effectively
- Make greater use of technology

Conclusions and Next Steps

The Advisory Group is pleased to make its findings and recommendations available:

- To the Ministry of Health and Long-Term Care, to provide an overview of the current and future role of small hospitals;
- To Local Health Integration Networks, to use as a discussion point with hospitals in local health systems planning; and

- To the provinces' small hospitals, to plan current and future service provision and to be a catalyst for further discussion about the hospital of the future.

The small hospitals in Ontario, through the OHA's Small, Rural and Northern Hospitals Provincial Leadership Council, have the opportunity to provide leadership in further developing and implementing the concept of core services. Building on the work of the Advisory Group, hospitals can, collectively, chart the course for the future of small hospitals in Ontario, achieving a celebrated mission for each, through collaborative planning and integration at the local health system level, in conjunction with Local Health Integration Networks.

The Core Service Role of Small Hospitals in Ontario

1. Introduction

Subsequent to the work of the Joint Policy and Planning Committee (JPPC) on the development of a funding policy related to multi-site hospitals, the Ministry of Health and Long-Term Care (MOHLTC) asked the JPPC to continue its work by investigating the unique role of small, rural sites within multi-site hospital corporations. In preparation for this work, the JPPC and the Ontario Hospital Association (OHA) agreed that it was prudent to expand the exploration to include all small hospitals, regardless of corporate configuration.

“The challenge, therefore, becomes for each hospital to have a celebrated mission, maybe not exactly the mission they’ve always had but a celebrated mission nonetheless. I think that helping to define core services is part and parcel of that.”

- The Honourable George Smitherman, Minister of Health and Long-Term Care for Ontario

The JPPC was established to work at the interface between the government and hospitals, through the OHA, using a unique collaborative process that fosters partnerships with providers to engage and leverage their expertise and leadership. This process involves knowledgeable stakeholders in key policy and planning initiatives on which the MOHLTC seeks expert input or provider validation, providing a neutral meeting ground to pursue selected collaborative/partnership initiatives.

In keeping with this process, the JPPC convened a joint Multi-Site/Small Hospitals Advisory Group to create a forum for focused discussion on the role of small hospitals and to provide feedback to the MOHLTC. The establishment of this Advisory Group followed earlier work by the OHA that analyzed the services offered by small hospitals in rural communities as well as the previous work of the JPPC on the development of a funding policy related to multi-site hospitals. To assist in this work, the JPPC retained Hay Consultants to carry out specific analyses and facilitate the Advisory Group process. The membership of the Advisory Group can be found in Appendix 1.

2. Three Phases of Work

The project has been undertaken in three distinct phases. The Advisory Group began its deliberations by exploring the current services provided by small hospitals. This exploration culminated in the report *The Core Service Role of Small Hospitals in Ontario – Phase 1: An Exploration of the Current Services*. Appendix 3 summarizes the results of this work in tabular form.

Building on this exploration, the Advisory Group discussed the core services that small hospitals can be expected to deliver to their communities. These discussions resulted in the report *The Core Service Role of Small Hospitals in Ontario – Phase 2: Recommended Core Services*.

In the third and final phase of work, the Advisory Group investigated the potential future role of small and rural hospitals in Ontario. *The Core Service Role of Small Hospitals in Ontario – Phase 3: The Future* summarizes these discussions.

<p style="text-align: center;">Three Phases of Work</p> <p><i>Phase 1</i> - A utilization-based review of services currently provided by small hospitals</p> <p><i>Phase 2</i> - Advisory Group recommendations regarding core services, based on review and discussion of Phase 1 findings</p> <p><i>Phase 3</i> - A look at future opportunities for small hospitals</p>

Each of these three background reports is available through the JPPC. More specifically, the objectives and methodologies for each of the three phases are outlined below:

Phase 1: An Exploration of Current Services

Objectives:

- Examine range and volume of services provided by small hospitals;
- Identify impacts of factors such as multi-site status, size, and isolation on services;
- Identify services commonly found in small hospitals in Ontario; and
- Provide input to the Advisory Group to determine recommended core services of small hospitals in Ontario.

Methodology:

- Analysis of Canadian Institute for Health Information(CIHI) 2004-05 hospital utilization data, identifying patterns of service provision across small hospitals in Ontario
- Environmental scan and literature review, focusing on small hospitals, core services, and rural health.

Phase 2: Recommended Core Services

Objectives:

- Summarize the recommended basic core service role of all small hospitals in Ontario;
- Identify the additional core service role for the group of relatively larger small hospitals; and
- Identify site-specific core services which will need to be taken into consideration when planning the services for a particular catchment population.

Methodology:

- Advisory Group review and facilitation of discussion of results of Phase 1.

Phase 3: The Future

Objectives:

- Provide the rural health and health care context for the core service recommendations from Phase 2; and
- Stimulate discussion about the opportunities for small and rural hospitals to build upon the core services approach and uniquely contribute to a true health care system in rural Ontario by considering their potential roles as part of that larger system.

Methodology:

- Discussion forum with invited speakers and other stakeholders to generate themes related to future opportunities.

3. Small Hospitals in Ontario

For the purposes of this project, the Advisory Group defined small hospitals as those with fewer than 4,000 inpatient weighted cases per year. Further, the Advisory Group divided these hospitals into two groups, as follows:

- Very Small: < 1,500 Weighted Cases (62 sites)
- Small: 1,500 to 3,999 Weighted Cases (31 sites)

Of the 62 very small hospital sites, 25 are part of a multi-site corporation, as are 9 of the 31 small hospital sites. Appendix 2 provides a list of the hospitals and their respective inpatient weighted caseload, based on 2004-05 data.

The 93 sites that are the focus of this project are distributed all across the province, some in the urban fringe, some serving rural southern Ontario, and some in relatively isolated locations in northern Ontario.

Map 1 shows the location of the hospitals.



4. The Core Services of Small Hospitals

4.1 Context to Recommendations

As a context to its recommendations, the Advisory Group identified several key considerations to help interpret the core service recommendations.

First, the Advisory Group recognized that a basic core of services may be different for different types of rural communities. This highlights the importance of recognizing that “rural Ontario” is not a single, homogeneous population. As stated by the Romanow Commission, “diversity is a characteristic of Canada and it applies to smaller communities just as it does to the largest cities. Some rural communities are relatively close to major urban centres while others are not. Some are located in large agricultural regions, while others are coastal communities or located in the remotest regions of Canada’s north” (Government of Canada, 2002).

Second, core services should be available to communities or regions – not all individual institutions should be expected to deliver all core services. The emphasis is on access to services by the population, not on provision of the services by institutions. To be responsive to the diversity of the rural communities, the core service approach is not as straightforward as a single menu of hospital services. The recommended core services are appropriate to be provided by small hospitals to the community in which they serve, but not necessarily by all small hospitals within a particular community.

The third consideration follows from the second, but is focused on multi-site corporations. Typically, the multi-site corporations that have been included in this study have an aggregate volume, when all sites are considered, of greater than 1,500 weighted cases. The Advisory Group has considered these corporations as equivalent to the single site small hospitals with greater than 1,500 weighted cases. The corporation as a whole would be expected to provide the same core set of services to its catchment population as any of the single site small hospitals. This does not require every site within a corporation to provide the same complement of core services.

Finally, planning for health services must take into account the diverse health needs and different circumstances of different communities. The identification of specific core services will require extensive discussion and consideration of the unique position of individual facilities, the available evidence in the context of Local Health Integration Network planning and the services provided by other providers serving the catchment area. In particular, the overall role of each small hospital should be defined through a collaborative community planning process that explicitly considers the following:

- The population need for care as defined through the LHIN planning process;

- Access to the particular service by the catchment population, including consideration of the isolation of the population being served, and the complete range of services available to the catchment population;
- The capacity to provide the service; and
- Available evidence on sustainable volumes, quality of care, and patient safety.

With these considerations in mind, the following represents the Advisory Group's recommendations for core services for small hospitals in Ontario.

4.2 Core Service Recommendations

For the province's smallest hospitals, with up to 1,500 weighted cases of inpatient activity, core services include:

- Emergency services:
 - Emergency departments must be prepared to provide care to, or stabilize and transfer, patients entering via the emergency department;
- Medicine program with inpatient medical beds;
- Physician specialty of General/Family Practice:
 - supported by broadly-trained Nurses;
- Inpatient allied health services, such as:
 - Physiotherapy, Clinical Nutrition, Occupational Therapy, Respiratory Therapy, Speech Pathology and Pharmacy; and,
 - Tailored to meet the specific needs of the population being served; and
- Diagnostic services, such as:
 - Laboratory, Ultrasound, General Radiography and Non-invasive Cardiology.

Recommended Core Services: All Small Hospitals

- **Emergency services**
- **Medicine program with inpatient medical beds**
- **Physician specialty of General/Family Practice**
- **Inpatient allied health services**
- **Diagnostic services**

For the group of relatively larger small hospitals, whose inpatient activity ranges from 1,500 to 4,000 weighted cases, core services include all of the basic core services identified for very small hospitals above, PLUS:

- General surgery and day surgery program;
- Obstetrics program;
- Physician specialties of General Surgery and Internal Medicine; and
- The provision of Special Care Units and the ability to accommodate temporarily ventilated patients.

Emergency Services

Essentially all acute small hospital corporations in Ontario provide emergency services.¹ The emergency department provides a significant core service to the communities served by small hospitals, while it is also an important core function of small hospitals. Currently, between 61 per cent and 73 per cent of all admissions to small hospitals in Ontario occur through the emergency department.

Further, the emergency departments of small hospitals support the primary care and ambulatory clinic activities of the small hospitals. Between 23 per cent and 32 per cent of the visits to the emergency departments of small hospitals are considered non-urgent as compared to between 5 per cent and 11 per cent in larger facilities. This finding has strong implications for considering the primary care role that small hospitals may provide for their communities, in conjunction and/or integrated with local Family Health Teams.

The Advisory Group also discussed the role of emergency services in relation to community expectations. The Advisory Group felt that public and community expectations of the “hospital” designation require the ability to deliver some level of emergency services. In most instances, particularly where distance is an issue, this will be on a 24 hours/day, 7 days/week basis. At a minimum, hospitals must be prepared to provide care for, or stabilize and transfer, patients entering via the emergency department. This assumes the availability of inpatient medical beds.

Despite the human resource challenges associated with maintaining an emergency service, it is an essential component of the infrastructure of all hospitals. It necessarily includes the ability to diagnose, stabilize and accommodate a patient for observation. It therefore includes, at a minimum:

- Physician availability/on-call;
- Staff trained in advanced cardiac life support (ACLS);
- Electrocardiogram testing and monitoring;
- Availability of laboratory testing;
- General diagnostic radiography; and
- Ultrasound.

Recommended Additional Core Services for Larger Small Hospitals:

- **General Surgery and Day Surgery**
- **Obstetrics**
- **Physician specialties of General Surgery and Internal Medicine**
- **Provision of Special Care Units and the ability to accommodate temporarily ventilated patients**

¹ While all hospital corporations provide emergency services, there are a few instances where not every hospital site within multi-site hospital corporations provide ER services.

Acute Care Inpatient Medical Beds

The Advisory Group recognizes that the availability of a complete emergency service requires the ability to admit patients. An inpatient bed complement is, therefore, an essential core service of any hospital. Currently every hospital identified in this project has MOHLTC-designated acute care inpatient beds, ranging from 3 to 75 beds² per hospital.

There is a strong focus on medical activity in both the small and very small hospitals – 83 per cent of very small and 63 per cent of small hospital inpatient cases are medical.

General Practitioners/Family Physicians

The Advisory Group recognizes that the availability of broadly experienced General Practitioners, supported by broadly trained nurses, is a core requirement in all small and very small hospitals. The General Practitioner/Family Physician (GP/FP) is the Most Responsible Physician (MRP) for 96 per cent of all inpatient cases in very small hospitals, and 75 per cent of small hospital inpatient cases.

Allied Health Services

Allied health services are considered as a necessary support to inpatient core services. The particular type and level of service required will depend upon the specific medical needs of the patients being cared for within a facility.

Virtually all small and very small hospital sites report the availability of physiotherapy services, while other allied health services are less uniformly available and may be provided on a part-time basis.

The Advisory Group has identified allied health services, tailored to the needs of the catchment population being served, as basic core services to be provided by all hospitals in Ontario.

Diagnostic Support Services

Diagnostic services are recognized as important in supporting basic inpatient and emergency department activity. Data limitations, however, make it difficult to analyze the extent to which specific diagnostic services are available. The Advisory Group has recommended that all hospitals should provide or have access to the following core services:

² Based upon reported beds staffed and in operation as of December 2004.

- Laboratory services including biochemistry, haematology and specimen collection activities;
- General diagnostic radiography and ultrasound; and
- Electrocardiogram testing and monitoring.

General Surgery (for larger small hospitals)

Surgical services, both inpatient and ambulatory, are a recommended core activity of small hospitals with greater than 1,500 weighted cases. All small hospitals above 1,500 weighted cases currently provide both inpatient and ambulatory surgery, compared to only 42 per cent of the very small hospitals.

Physician Specialty of General Surgery (for larger small hospitals)

The availability of General Surgeons acting as MRP coincides with the availability of surgical services. The specialty of general surgery should be available as part of the core services of small hospitals with greater than 1,500 weighted cases.

While CIHI data does not support analysis of the anaesthesia role in small hospitals (GP anaesthetists vs. anaesthetists), anaesthesia capacity is clearly required in small hospitals to support general surgery.

Obstetrics (for larger small hospitals)

The Advisory Group recommends that obstetrical services be considered a core activity for small hospitals in Ontario with greater than 1,500 weighted cases. The Advisory Group observed that 83 per cent of small hospitals in Ontario with greater than 1,500 weighted cases currently provide obstetrics services.

A key concern is the distance that a patient must travel to receive obstetrical care. Currently, all small hospitals with greater than 1,500 weighted cases that are more than one hour driving time from the closest non-small hospital provide obstetrical services. Since the provision of obstetrical services is linked to distance to the closest non-small hospital, some small hospitals may collaboratively agree to focus obstetrics in one site to increase critical mass, thus providing appropriate access to obstetrical care.

Access to Physician Specialty of General Internal Medicine (for larger small hospitals)

The Advisory Group observed that internal medicine specialists are not available in all small hospital facilities. Only 53 per cent of hospitals over 1,500 weighted cases have internists acting as MRP.

The Advisory Group, however, recognizes the value of access to the specialty of Internal Medicine in support of the General Practitioner/Family Physician coverage of inpatient medical services. As a result, the Advisory Group recommends that, as hospital inpatient volumes increase beyond 1,500 weighted cases, consideration be given to how that support can be made available.

Special Care Units (for larger small hospitals)

From the analysis completed in the first phase of its work, the Advisory Group noted that 97 per cent of the small hospitals in Ontario with greater than 1,500 weighted cases report Special Care Unit days. Identifying these days as “Special Care Unit” suggests only a level of care different from a standard inpatient medical bed, not necessarily intensive care with 24/7 staffing and monitoring on a regular basis. As an example, the high demand for cardiology services suggests that small hospitals should have the ability to provide cardiac monitoring for diagnosis and assessment.

Ability to Accommodate Temporarily Ventilated Patients (for larger small hospitals)

Small hospitals need to consider having the capacity to provide temporary ventilation. This may be required in emergent situations to ensure that patients can be appropriately stabilized and transferred, or post-operatively, for otherwise stable patients who may be at risk during transport.

The Advisory Group noted that 87 per cent of small hospitals currently report at least one ventilated case.

Additional Site-Specific Core Services (for larger small hospitals)

Ambulatory general and specialty clinics are currently provided by a majority of small hospitals in Ontario. Unfortunately, the reporting of this activity provides few details regarding the specific types of clinic activities. The ambulatory clinics available as a component of hospital services need to be considered in the context of community needs and the availability of community services.

Similarly, the current level of activity associated with outpatient allied health services is difficult to ascertain from the available data. The level of outpatient allied health support required in a community will vary and suggests a need for locally coordinated health system planning. Planning should take into account the specific ambulatory clinics being provided by the local hospital as well as those services available in the community and through primary care providers.

5. Potential Future Roles for Small Ontario Hospitals:

Having identified the current core services found in small hospitals in Ontario (Phase 1) and made recommendations for establishing core services (Phase 2), in Phase 3 of its work the Advisory Group investigated the potential future role of small and rural hospitals in Ontario.

Defining core services provides a foundation on which to build but does not consider the future opportunities for small and rural hospitals to contribute to a true health care system or outline their potential role as part of that larger system. While the Advisory Group has started from the hospital perspective, their deliberations concentrated on the larger health system context and opportunities to address the unique health care needs of rural and northern communities.

The Advisory Group, with the assistance of the discussion forum participants, discussed the challenges that small and rural hospitals face and, in this section, present a number of opportunities for dealing with those challenges in new and innovative ways.

5.1 Challenges Facing Small and Rural Hospitals

The Advisory Group identified a number of challenges that small and rural hospitals face:

- Health status - Health services researchers increasingly identify “place” or geography as a determinant of health status:
 - People in predominantly rural regions have a lower life expectancy than the Canadian average
 - Disability rates are higher in smaller communities
 - There is increased prevalence of chronic disease in smaller communities
 - “Place” particularly affects the health of the elderly.
- Access to primary care services
- Access to surgical and specialist services
- Difficulties in recruiting and retaining staff
- Fewer available community supports
- Geographically dispersed populations, providers and facilities, leading to difficulties in achieving economies of scale
- Limited planning capacity to develop networks and partnerships.

In order to strengthen their role within their own communities and within the health system, small hospitals should address these and other challenges in innovative ways. This will mean that small hospitals will need to:

- take a broader health system perspective, considering both health and health care services in undertaking their planning work, with Local Health Integration Networks;

- take a leadership role in recruiting well-trained, experienced “generalist” practitioners who “specialize” in delivering high quality care in rural communities; and,
- consider providing a more diversified set of services by developing stronger linkages with other institutions and provider groups, viewing them as strategic partners and not competitors.

The Advisory Group identified five potential strategic directions for small hospitals to consider in relation to these challenges:

- Enhance and extend primary care
- Expand community networks
- Expand hospital networks
- Integrate and manage primary, acute and long-term care more effectively
- Make greater use of technology

The next section of this report discusses these five strategic directions in more detail.

5.2 Enhance and Extend Primary Care

Lack of access to primary care is not unique to rural populations. However, given the challenges noted above, these issues are especially significant for them. Taking a strategic approach to achieve comprehensive primary care has great potential for small and rural hospitals to improve the health status of rural communities by reducing the necessity for other levels of care, while at the same time contributing to reduced system costs.

The Advisory Group has identified a four-pronged strategy for small and rural hospitals to enhance and expand primary health care in their communities:

- partner with integrated, multi-disciplinary, primary health care teams
- shift care boundaries
- attract and keep general practitioners
- lead in supporting coordinated, seamless, integrated approaches to care.

Partner with integrated, multi-disciplinary primary health care teams

The populations in rural communities need a wide range of services, appropriate to their needs. These services include family practitioners, nurse practitioners, registered nurses and other health professionals such as midwives, dietitians, social workers, health educators, etc. Integrated, multi-disciplinary primary health care teams are an effective way to deliver primary health care services to rural populations. Family Health Teams (FHT), Community Health Centres (CHC) and Aboriginal Health Access Centres (AHAC) are examples of how this approach is already in place and working well in many Ontario communities.

In some situations it may be practical for primary care providers and a hospital to jointly hire particular professionals, and/or co-locate facilities. These linkages would:

- enhance service continuity
- facilitate recruitment and increase job satisfaction
- foster closer links between primary and acute care
- help contain costs by allowing health care providers in smaller communities to share the cost of infrastructure and support services (e.g. human resource management, scheduling, accommodation, etc.)
- provide more diversified services
- provide more support for core inpatient medical services and emergency room coverage.

In Ontario communities like Espanola and Dryden, locating FHTs inside or near the hospital works well. Both the FHT and the hospital can use the hospital's diagnostic and therapeutic services and support outpatient, emergency and inpatient services.

Shift care boundaries

Rural communities around the world are experiencing shortages in health care personnel, particularly in primary care. Shifting the boundary for care that GPs and specialists provide in the community is one approach to addressing these concerns. In Scotland, the National Health Service is expanding the services that can be safely made available in rural towns and villages. This involves exploring extended roles for General Practitioners and for other members of rural health care teams (Scottish NHS, 2005).

Rural GPs value their generalist skills. In small practices in Scotland, GPs are being encouraged to develop extended roles. GPs with a special interest (GPwSI) in areas like dermatology, ENT, and ophthalmology will provide pre-operative work and post-operative follow-up in local communities. In some communities, GPs are encouraged to develop skills in emergency medicine, minor surgery, palliative care and care of the elderly.

Closer to home, in Ontario, referral and follow-up guidelines for Emergency and Outpatients recognize the important role of GPs in rural communities in providing ongoing clinical care.

Attracting and keeping general practitioners

Providing an attractive and conducive environment for “specialists in generalization” is both an opportunity and a challenge for small hospitals. Small communities struggle to retain and attract generalists. The Advisory Group found that all of the small hospitals it reviewed have general practitioners who act as MRP. However, the proportion of “office-only” general practitioners and family physicians is rising, while the proportion of GPs willing to take on other aspects of care such as home visits, ER call, in-hospital coverage, obstetrics, anaesthesia and nursing home coverage is falling (Chan, 2002).

Small hospitals must play a key role in supporting GPs/FPs within the community and take a lead role in their recruitment.

This kind of generalist coverage is critical for small hospitals and needs to be addressed. Small hospitals must play a key role in supporting GPs/FPs within the community and take a lead role in their recruitment.

Lead in supporting coordinated, seamless, integrated approaches to care

The recruitment challenges that small and rural hospitals face put them in a unique position to take a leadership role in supporting the development of a more coordinated, seamless and integrated approach to care — one that breaks down traditional professional silos.

There is compelling evidence that suggests nurses, nurse practitioners, nutritionists, physiotherapists and other health care professionals, working with primary care physicians, can improve patient management and care, especially related to chronic illness (CHSRF, 2005). For many professionals, the unique opportunity to work to their full scope of practice in a collegial team setting that focuses on a reasonably well-defined population is an attractive option. The populations they serve will benefit from easier access to more comprehensive care, often in one visit, by providers with an understanding of the mix of services that the community needs.

5.3 Expand Community Networks

Seamless continuity of care is not limited to primary care and hospital settings. Hospitals are increasingly seen as one part of the health system — not *the* system. To improve their viability, small and rural hospitals need to define where they fit as part of the large health care system. This has the potential to create tremendous possibilities and the potential to be the most important component of the rural health care system.

To achieve this, the Advisory Group encourages small and rural health hospitals to change how they view themselves and how others see them — moving from places where people go when they get sick to places that provide services to their communities. They will need to be:

- strategic partners with, not competitors of, community service providers
- catalysts to develop local access points for health, not just health care, by providing support to community-based health care and social service providers, community agencies, volunteer associations and human service organizations in their catchment area.

Proactively working to develop community networks and relationships with multiple providers and patients offers great potential for benefiting hospitals, providers and their communities by:

- providing a way to solidify missions, goals, and objectives for health care delivery systems
- defining the direct role of the small hospital
- delineating the roles of the other networked providers
- formalizing the relationships that provide access to these services
- enhancing communications for more seamless care.

Again, building on the team approach and moving beyond primary care, the Advisory Group sees benefits for small and rural hospitals in proactively extending into their communities and working with home and community service providers.

There are a variety of ways that hospitals can support other providers: knowledgeable health professionals, leadership, resources, space and in-kind support (Dihoff & Spade, 2006). Many Ontario communities are successfully using this approach. In Espanola, for example, the General Hospital is the hub for Seniors' Apartments, Assisted Living, Nursing Home, Emergency Health Services, the local Family Health Team and other services.

Continued advances in treatments, medications and technology, trends for early discharge from hospital, the aging population and the growing number of old-old seniors will increase the demand for home care services. Closer arrangements with, and support of, Community Care Access Centres by small and rural hospitals will provide improved patient care and hospital benefits.

There is strong evidence that home care both enhances the quality of life for clients and is a cost-effective alternative to recovery in hospital or residential long-term care. In British Columbia, a comparison of clients who received housekeeping home support services and those who had their services cut found that clients who no longer received this service cost the health system significantly more and had higher mortality rates (Hollander & Tessaro, 2001).

5.4 Expand Hospital Networks

A number of stakeholders have argued that the role of small and rural hospitals is inescapably tied to the viability and sustainability of surgical and other specialty services. Yet, as the Advisory Group has seen, small hospitals face many pressures when it comes to these services, such as:

- few economies of scope and scale
- geographic distances
- poor coordination between hospitals in providing timely access to specialists and related supporting services
- regionalization and consolidation of hospital services
- supply issues
- the decline in inpatient acute care services, especially those with a narrowly defined acute focus
- the inability to access specialist physician care
- the patients' need to travel for specialist care, diagnostic and treatment services, particularly when multiple appointments are needed.

Extending their networks to other hospitals and to their communities may assist small and rural hospitals to address these challenges.

Strengthening existing, or building new, affiliations with an urban multi-hospital system has the potential to give small and rural hospitals the resources and technical assistance they need to continue current service delivery in their community and provide services that otherwise would not be available to patients unless they travelled. Examples of the services that can be provided on this basis include:

- dialysis (in Sioux Lookout, Pembroke, Grand River and North Wellington)
- itinerant surgeons and specialists
- satellite chemotherapy
- visiting clinics and specialists.

Being part of this kind of network does require the small hospital to have a certain level of infrastructure (e.g., pharmacy for chemotherapy, physiotherapy for orthopaedic surgery).

The experience of the Dryden Regional Health Centre demonstrates how well this approach can work. The hospital took advantage of its unused capacity, its infrastructure (for PACS, Telemedicine, Diagnostics and Rehabilitation Services) and its alignment with the government's wait list priorities to expand its acute operations by offering additional secondary care services that its local population needs. It is now able to provide surgery (through visiting surgeons) in the areas of obstetrics and gynaecology, orthopaedics (consultation, arthroscopy and total knee replacement), ENT, outpatient chemotherapy, medicine (through visiting specialists) in the areas of paediatrics, rheumatology and telemedicine specialist consultations.

So positive has been Dryden's experience that it is now looking into adding more services, including CT, hip replacement, cancer surgery, expanded diagnostics and breast screening.

Other similar approaches in Northwestern Ontario include a regional knee replacement program (Fort Frances and Kenora), cataract surgery (Kenora), ENT surgery (Sioux Lookout), dialysis services (Kenora, Fort Frances and Sioux Lookout), a chemotherapy program (Fort Frances and Kenora) and pathology/radiology services (Kenora). There are mobile specialty services in the Northwest including the Eye Van and the Breast Screening Van.

5.5 Integrate and Manage Primary, Acute and Long-Term Care More Effectively

The trend towards earlier hospital discharge and reduced access to long-term and home care creates gaps in the system. Many small and rural Ontario hospitals are working with their community partners to better integrate and manage primary, acute and long-term care services. They share clinical and administrative resources for acute and post-acute care. This approach has the potential to address long-standing problems of limited access to long-term care services and provide numerous efficiencies for all of the providers.

Diversification into long-term care and other post-acute services such as rehabilitation may provide similar advantages to those associated with expanded secondary care services. The ability to share administration as well as clinical resources across both acute and post-acute care can lead to numerous efficiencies. As a result many small and rural facilities throughout the province have diversified in this direction, collocating or integrating services with Long-Term Care Homes, Seniors' Apartments and Assisted Living and/or through the introduction of complex continuing care and rehabilitation units.

5.6. Make Greater Use of Technology

Advancing e-health is a significant component of the Ontario government's transformation agenda. E-health will facilitate and provide improved patient flow, standardization of care processes, and greater knowledge sharing among all health care professionals. This ability to share information along the continuum of care through technology is especially important in addressing the needs of small and rural communities.

Technology support will be critical in assisting small hospitals to address the challenges facing them in new and innovative ways. For example, the PACS and Telemedicine infrastructures were key to the Dryden Regional Health Centre's successful expansion of its secondary care services.

E-Visits

It is predicted that E-visits will have a positive affect on physician productivity and the physician-patient interface. Certainly, telehealth approaches are an important tool for delivering health services to rural areas. The Office of Health and the Information Highway at Health Canada is promoting telehealth as a way to offer fairer distribution of health resources and to connect patients and health care providers who are separated by geographic distance.

There is the potential to supplement the skills and abilities of existing rural health practitioners to deal with issues that would otherwise require patients to travel out of the community to access care (Kirby, 2001). The Ontario government recently reported that telemedicine has supported over 16,000 clinical consultations to more than 12,000 people in rural and northern communities (Government of Ontario, 2006B).

The American College of Physicians has recognized the potential: “there is a wide spectrum of non-urgent patient conditions that could be effectively managed without the time and expense of an office visit, through a carefully structured e-consult system focused on established patients, which gathers all the information necessary to render an informed medical decision, with the added benefits of automatically documenting the patient-physician encounter while protecting patient confidentiality” (American College of Physicians 2003).

Appropriately designed technologies are anticipated to:

- dramatically improve the quality of care through fewer clinical encounters and handoffs between providers and the immediate availability of patient information
- expedite patient triage
- increase efficiency
- link clinical services across organizational and professional boundaries
- reserve physician office and clinic visits for those patients that truly need face-to-face care
- standardize medical responses.

Drug Information Systems

There is a large and increasing body of evidence on the benefits of electronic drug information systems for reducing medication errors. Drug information systems will allow providers to share the patient’s drug history and identify any contraindicated medication combinations. These types of improvements will reduce adverse drug events (ADEs) that result in hundreds of thousands of physician visits, emergency room visits and hospital admissions.

In addition to reducing adverse drug events, a drug information system may lead to better clinical decisions, outcomes and quality of care, decreased mortality and morbidity by:

- having access to the patient's complete Medication Profile and related treatment history
- improved patient adherence
- improved use of appropriate therapies
- better disease management
- the potential to link prescribing practice to evidence-based clinical guidelines.

Much greater progress is still required to realize the full potential of e-health. The potential, however to transcend geographic barriers, streamline patient flow, eliminate inefficiencies and reduce medical errors will mean putting greater emphasis on developing and implementing promising technologies.

6. Conclusions and Next Steps

All over Ontario, small and rural hospitals are finding creative ways to provide health care services to their communities in the face of unique challenges.

In its work, the Advisory Group has identified a recommended set of core services for small hospitals to consider in making decisions about the services they provide, consistent with their communities' distinct characteristics, geography and population needs.

For the province's smallest hospitals, with up to 1,500 weighted cases of inpatient activity, core services include:

- Emergency services:
 - Emergency departments must be prepared to provide care to, or stabilize and transfer, patients entering via the emergency department;
- Medicine program with inpatient medical beds;
- Physician specialty of General/Family Practice:
 - supported by broadly-trained Nurses;
- Inpatient allied health services, such as:
 - Physiotherapy, Clinical Nutrition, Occupational Therapy, Respiratory Therapy, Speech Pathology and Pharmacy; and,
 - Tailored to meet the specific needs of the population being served; and
- Diagnostic services, such as:
 - Laboratory, Ultrasound, General Radiography and Non-invasive Cardiology.

For the group of relatively larger small hospitals, whose inpatient activity ranges from 1,500 to 4,000 weighted cases, core services include all of the basic core services identified for very small hospitals above, PLUS:

- General surgery and day surgery program;
- Obstetrics program;
- Physician specialties of General Surgery and Internal Medicine; and
- The provision of Special Care Units and the ability to accommodate temporarily ventilated patients.

The Advisory Group has also identified five potential strategic directions that it believes will help small hospitals to maintain, sustain and, where appropriate, expand their core services, serving their communities and contributing to the strength of the health care system. Expanded primary care, expanded community and inter-hospital networks and linkages along with information technology have great potential for finding new and innovative ways to provide services to populations living in small and rural communities.

The Advisory Group is pleased to make its findings and recommendations available:

- To the Ministry of Health and Long-Term Care, to provide an overview of the current and future role of small hospitals;
- To Local Health Integration Networks, to use as a discussion point with hospitals in local health systems planning; and
- To the provinces' small hospitals, to plan current and future service provision and to be a catalyst for further discussion about the hospital of the future.

The small hospitals in Ontario, through the OHA's Small, Rural and Northern Hospitals Provincial Leadership Council, have the opportunity to provide leadership in further developing and implementing the concept of core services. Building on the work of the Advisory Group, hospitals can, collectively, chart the course for the future of small hospitals in Ontario, achieving a celebrated mission for each, through collaborative planning and integration at the local health system level, in conjunction with Local Health Integration Networks.

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Appendices

Appendix 1: Advisory Group Membership

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Appendix 2: Small Hospital Sites

Very Small Hospitals

Site Name	Location	Corp Name	IP RIW
Almonte General Hospital	Mississippi Mills	Almonte General Hospital	1,068
Anson General Hospital	Iroquois Falls	Anson General Hospital	802
Arnprior & District Memorial Hosp.(The)	Arnprior	Arnprior & District Memorial Hosp.(The)	1,463
Atikokan General Hospital	Atikokan	Atikokan General Hospital	424
Bingham Memorial Hospital	Black River-Matheson	Bingham Memorial Hospital	441
Blind River Dist Hlth Ctr/Pavillon Sante	Blind River	Blind River Dist Hlth Ctr/Pavillon Sante	639
Bluewater Health-Petrolia Site	Petrolia	Bluewater Health	924
Campbellford Memorial Hospital	Trent Hills	Campbellford Memorial Hospital	1,422
Carleton Place And District Mem Hospital	Carleton Place	Carleton Place And District Mem Hospital	1,028
Sydenham District Hospital	Chatham-Kent	Chatham-Kent Health Care Alliance	1,474
Deep River And District Hospital	Deep River	Deep River And District Hospital	566
Englehart And District Hospital	Englehart	Englehart And District Hospital	429
Espanola General Hospital	Espanola	Espanola General Hospital	708
Four Counties Health Services Corp	Newbury	Four Counties Health Services Corp	533
Geraldton District Hospital	Greenstone	Geraldton District Hospital	762
Glengarry Memorial Hospital	Glengarry North	Glengarry Memorial Hospital	775
Grey Bruce Health Services-Markdale	Markdale	Grey Bruce Health Services	947
Grey Bruce Health Services-Meaford	Meaford	Grey Bruce Health Services	1,398
Grey Bruce Health Services-Wiarton	Wiarton	Grey Bruce Health Services	994
Grey Bruce Health Services-Southampton	Saugeen Shores	Grey Bruce Health Services	673
Haldimand War Memorial Hospital	Haldimand County	Haldimand War Memorial Hospital	1,071
Haliburton Highlands Hlth Serv Corp-Mind	Minden Mills	Haliburton Highlands Hlth Serv Corp	646
Hanover And District Hospital	Hanover	Hanover And District Hospital	1,300
Hornepayne Community Hospital	Hornepayne	Hornepayne Community Hospital	280
Clinton Public Hospital	Huron Central	Huron-Perth Health Care Alliance	684
Seaforth Community Hospital	Huron East	Huron-Perth Health Care Alliance	435
St Marys Memorial Hospital	St. Marys	Huron-Perth Health Care Alliance	666
Kemptville District Hospital	Grenville North	Kemptville District Hospital	1,285
Lady Dunn Health Centre	Michipicoten	Lady Dunn Health Centre	409

The Core Service Role of Small Hospitals in Ontario

Site Name	Location	Corp Name	IP RIW
Lady Minto Hospital (The)	Cochrane	Lady Minto Hospital (The)	684
Lennox And Addington County Gen Hospital	Greater Napanee	Lennox And Addington County Gen Hospita	1,496
Listowel Memorial Hospital	Perth North	Listowel Memorial Hospital	1,162
Manitoulin Health Centre	Manitoulin Ne & Isl	Manitoulin Health Centre	717
Manitoulin Health Centre-Mindemoya Unit	Manitoulin Central	Manitoulin Health Centre	645
Manitouwadge General Hospital	Manitouwadge	Manitouwadge General Hospital	127
Markham Stouffville Hosp-Uxbridge Site	Uxbridge	Markham Stouffville Hospital	902
Mattawa General Hospital	Mattawa	Mattawa General Hospital	451
Mc Causland Hospital	Terrace Bay	Mc Causland Hospital	337
Niagara Health System-Douglas Mem Fort E	Fort Erie	Niagara Health System	1,378
Niagara Health System-Niag-On-The-Lake S	Niagara-On-The-Lake	Niagara Health System	422
Nipigon District Memorial Hospital	Nipigon	Nipigon District Memorial Hospital	576
North Wellington Hlth Care Corp-Mount F	Wellington North	North Wellington Hlth Care Corp	773
North Wellington Hlth Care Corp-Palmers	Minto	North Wellington Hlth Care Corp	702
Notre Dame Hospital	Hearst	Notre Dame Hospital	874
Quinte Healthcare Corporation-Bancroft	Bancroft	Quinte Healthcare Corporation	446
Quinte Healthcare Corporation-Picton	Prince Edward County	Quinte Healthcare Corporation	1,298
Red Lake Marg Cochenour Mem Hosp (The)	Red Lake	Red Lake Marg Cochenour Mem Hosp (The)	623
Riverside Health Care Fac Inc-Emo Site	Emo	Riverside Health Care Fac Inc	114
Riverside Hlth Care Fac Inc-Rainy River	Rainy River	Riverside Health Care Fac Inc	137
Services De Sante De Chapleau Hlth Serv	Chapleau	Services De Sante De Chapleau Hlth Serv	413
Smooth Rock Falls Hospital	Smooth Rock Falls	Smooth Rock Falls Hospital	479
South Bruce Grey Health Centre-Chesley	Arran-Elderslie	South Bruce Grey Health Centre	506
South Bruce Grey Health Centre-Durham	Grey West	South Bruce Grey Health Centre	558
South Bruce Grey Health Centre-Walkerton	Brockton	South Bruce Grey Health Centre	1,317
South Bruce Grey Health Ctr-Kincardine	Kincardine	South Bruce Grey Health Centre	1,335
South Huron Hospital	Huron South	South Huron Hospital	746
St Francis Memorial Hospital	Madawaska Valley	St Francis Memorial Hospital	616
West Haldimand General Hospital	Haldimand County	West Haldimand General Hospital	1,157
West Nipissing General Hospital	Nipissing West	West Nipissing General Hospital	1,123
Wilson Memorial General Hospital	Marathon	Wilson Memorial General Hospital	400
Wingham And District Hospital	Huron North	Wingham And District Hospital	1,146

Small Hospitals

Site Name	Location	Corp Name	IP RIW
Alexandra Hospital	Ingersoll	Alexandra Hospital	1,554
Alexandra Marine And General Hospital	Goderich	Alexandra Marine And General Hospital	1,900
Dryden Regional Health Centre	Dryden	Dryden Regional Health Centre	1,710
Groves Memorial Community Hospital	Centre Wellington	Groves Memorial Community Hospital	1,991
Halton Healthcare Services Corp-Georgetown	Halton Hills	Halton Healthcare Services Corp	2,020
Halton Healthcare Services Corp-Milton	Milton	Halton Healthcare Services Corp	2,621
Hawkesbury And District General Hospital	Hawkesbury	Hawkesbury And District General Hospital	2,758
Huntsville District Memorial Hospital	Huntsville	Huntsville District Memorial Hospital	2,694
Kirkland And District Hospital	Kirkland Lake	Kirkland And District Hospital	1,614
Lake-Of-The-Woods District Hospital	Kenora	Lake-Of-The-Woods District Hospital	2,497
Lakeridge Health Corporation-Bowmanville	Clarington	Lakeridge Health Corporation	3,290
Lakeridge Health Corporation-Port Perry	Scugog	Lakeridge Health Corporation	1,657
Leamington District Memorial Hospital	Leamington	Leamington District Memorial Hospital	3,395
Niagara Health System-Port Colborne Site	Port Colborne	Niagara Health System	1,664
Perth & Smiths Falls Dist-Perth Site	Perth	Perth & Smiths Falls Dist	2,203
Perth & Smiths Falls Dist-Smiths Falls S	Smiths Falls	Perth & Smiths Falls Dist	2,233
Quinte Healthcare Corporation-Trenton	Quinte West	Quinte Healthcare Corporation	2,043
Renfrew Victoria Hospital	Renfrew	Renfrew Victoria Hospital	2,199

The Core Service Role of Small Hospitals in Ontario

Site Name	Location	Corp Name	IP RIW
Riverside Hlth Care Fac Inc-Laverendrye	Fort Frances	Riverside Health Care Fac Inc	1,795
Sensenbrenner Hospital (The)	Kapuskasing	Sensenbrenner Hospital (The)	1,621
South Muskoka Memorial Hospital	Bracebridge	South Muskoka Memorial Hospital	2,988
St Joseph's General Hospital	Elliot Lake	St Joseph's General Hospital	2,320
Stevenson Memorial Hospital Alliston	New Tecumseth	Stevenson Memorial Hospital Alliston	1,669
Strathroy Middlesex General Hospital	Strathroy-Caradoc	Strathroy Middlesex General Hospital	2,725
Temiskaming Hospital	New Liskeard	Temiskaming Hospital	2,400
The Northumberland Health Care Corp	Cobourg	The Northumberland Health Care Corp	3,612
Tillsonburg District Memorial Hospital	Tillsonburg	Tillsonburg District Memorial Hospital	2,017
West Lincoln Memorial Hospital	Grimsby	West Lincoln Memorial Hospital	2,662
West Parry Sound Health Centre	Parry Sound	West Parry Sound Health Centre	2,410
Winchester District Memorial Hospital	Dundas North	Winchester District Memorial Hospital	2,605

Appendix 3: Services in Ontario Hospitals as of March 31, 2005

Site Name	Corporation Name	Size Group	# Sites	Hospital Site Currently Provides Service On Site?												
				ED	FP/GP as MRP	Inpatient Surgery	General Surgeon	Day Surgery	Obstetrics	Special Care Unit	Lab	PT	Ultra Sound	Radiography	Clinical Nutrition	Occup. Therapy
Alexandra Hospital	Alexandra Hospital	Small	Single	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Alexandra Marine And General Hospital	Alexandra Marine And General Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Almonte General Hospital	Almonte General Hospital	Very Small	Single	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes
Anson General Hospital	Anson General Hospital	Very Small	Single	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No
Arnprior & District Memorial Hosp.(The)	Arnprior & District Memorial Hosp.(The)	Very Small	Single	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
Atikokan General Hospital	Atikokan General Hospital	Very Small	Single	Yes	Yes	No	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Bingham Memorial Hospital	Bingham Memorial Hospital	Very Small	Single	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No
Blind River Dist Hlth Ctr/Pavillon Sante	Blind River Dist Hlth Ctr/Pavillon Sante	Very Small	Single	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Bluewater Health-Petrolia Site	Bluewater Health	Very Small	Multi	Yes	Yes	Yes	No	Yes	No	Yes	NA	NA	NA	NA	NA	NA
Campbellford Memorial Hospital	Campbellford Memorial Hospital	Very Small	Single	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No
Carleton Place And District Mem Hospital	Carleton Place And District Mem Hospital	Very Small	Single	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No

Site Name	Corporation Name	Size Group	# Sites	Hospital Site Currently Provides Service On Site?													
				ED	FP/GP as MRP	Inpatient Surgery	General Surgeon	Day Surgery	Obstetrics	Special Care Unit	Lab	PT	Ultra Sound	Radiography	Clinical Nutrition	Occup. Therapy	
Sydenham District Hospital	Chatham-Kent Health Care Alliance	Very Small	Multi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	NA	NA	NA	NA	NA
Deep River And District Hospital	Deep River And District Hospital	Very Small	Single	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Dryden Regional Health Centre	Dryden Regional Health Centre	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Englehart And District Hospital	Englehart And District Hospital	Very Small	Single	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes
Espanola General Hospital	Espanola General Hospital	Very Small	Single	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Four Counties Health Services Corp	Four Counties Health Services Corp	Very Small	Single	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes	Yes	No	No	No
Geraldton District Hospital	Geraldton District Hospital	Very Small	Single	Yes	Yes	No	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Glengarry Memorial Hospital	Glengarry Memorial Hospital	Very Small	Single	Yes	Yes	No	No	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes	No
Grey Bruce Health Services-Markdale	Grey Bruce Health Services	Very Small	Multi	Yes	Yes	Yes	No	Yes	Yes	No	NA	NA	NA	NA	NA	NA	NA
Grey Bruce Health Services-Meaford	Grey Bruce Health Services	Very Small	Multi	Yes	Yes	Yes	No	Yes	No	Yes	NA	NA	NA	NA	NA	NA	NA
Grey Bruce Health Services-Southampton	Grey Bruce Health Services	Very Small	Multi	Yes	Yes	No	No	Yes	No	No	NA	NA	NA	NA	NA	NA	NA
Grey Bruce Health Services-Wiarton	Grey Bruce Health Services	Very Small	Multi	Yes	Yes	No	No	Yes	Yes	No	NA	NA	NA	NA	NA	NA	NA

Site Name	Corporation Name	Size Group	# Sites	Hospital Site Currently Provides Service On Site?												
				ED	FP/GP as MRP	Inpatient Surgery	General Surgeon	Day Surgery	Obstetrics	Special Care Unit	Lab	PT	Ultra Sound	Radiography	Clinical Nutrition	Occup. Therapy
Groves Memorial Community Hospital	Groves Memorial Community Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Haldimand War Memorial Hospital	Haldimand War Memorial Hospital	Very Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Haliburton Highlands Hlth Serv Corp-Mind	Haliburton Highlands Hlth Serv Corp	Very Small	Multi	Yes	Yes	No	No	No	Yes	No	NA	NA	NA	NA	NA	NA
Halton Healthcare Services Corp-Georgetown	Halton Healthcare Services Corp	Small	Multi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	NA	NA	NA	NA	NA
Halton Healthcare Services Corp-Milton	Halton Healthcare Services Corp	Small	Multi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	NA	NA	NA	NA	NA
Hanover And District Hospital	Hanover And District Hospital	Very Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Hawkesbury And District General Hospital	Hawkesbury And District General Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hornepayne Community Hospital	Hornepayne Community Hospital	Very Small	Single	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	No	No
Huntsville District Memorial Hospital	Huntsville District Memorial Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Clinton Public Hospital	Huron-Perth Health Care Alliance	Very Small	Multi	Yes	Yes	Yes	No	Yes	Yes	Yes	NA	NA	NA	NA	NA	NA
Seaforth Community Hospital	Huron-Perth Health Care Alliance	Very Small	Multi	Yes	Yes	No	No	No	No	Yes	NA	NA	NA	NA	NA	NA
St Marys Memorial Hospital	Huron-Perth Health Care Alliance	Very Small	Multi	Yes	Yes	No	No	Yes	No	No	NA	NA	NA	NA	NA	NA

Site Name	Corporation Name	Size Group	# Sites	Hospital Site Currently Provides Service On Site?												
				ED	FP/GP as MRP	Inpatient Surgery	General Surgeon	Day Surgery	Obstetrics	Special Care Unit	Lab	PT	Ultra Sound	Radiography	Clinical Nutrition	Occup. Therapy
Kemptville District Hospital	Kemptville District Hospital	Very Small	Single	Yes	Yes	No	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No
Kirkland And District Hospital	Kirkland And District Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lady Dunn Health Centre	Lady Dunn Health Centre	Very Small	Single	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No
Lady Minto Hospital (The)	Lady Minto Hospital (The)	Very Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Lake-Of-The-Woods District Hospital	Lake-Of-The-Woods District Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lakeridge Health Corporation-Bowmanville	Lakeridge Health Corporation	Small	Multi	Yes	Yes	Yes	Yes	Yes	No	Yes	NA	NA	NA	NA	NA	NA
Lakeridge Health Corporation-Port Perry	Lakeridge Health Corporation	Small	Multi	Yes	Yes	Yes	Yes	Yes	Yes	No	NA	NA	NA	NA	NA	NA
Leamington District Memorial Hospital	Leamington District Memorial Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Lennox And Addington County Gen Hospital	Lennox And Addington County Gen Hospital	Very Small	Single	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Listowel Memorial Hospital	Listowel Memorial Hospital	Very Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Manitoulin Health Centre	Manitoulin Health Centre	Very Small	Multi	Yes	Yes	No	No	Yes	Yes	No	NA	NA	NA	NA	NA	NA
Manitoulin Health Centre-Mindemoya Unit	Manitoulin Health Centre	Very Small	Multi	Yes	Yes	No	No	No	No	No	NA	NA	NA	NA	NA	NA

Site Name	Corporation Name	Size Group	# Sites	Hospital Site Currently Provides Service On Site?													
				ED	FP/GP as MRP	Inpatient Surgery	General Surgeon	Day Surgery	Obstetrics	Special Care Unit	Lab	PT	Ultra Sound	Radiography	Clinical Nutrition	Occup. Therapy	
Manitouwadge General Hospital	Manitouwadge General Hospital	Very Small	Single	Yes	Yes	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No
Markham Stouffville Hosp-Uxbridge Site	Markham Stouffville Hospital	Very Small	Multi	Yes	Yes	Yes	No	Yes	No	No	No	NA	NA	NA	NA	NA	NA
Mattawa General Hospital	Mattawa General Hospital	Very Small	Single	Yes	Yes	No	No	No	No	No	No	Yes	No	Yes	Yes	Yes	No
Mc Causland Hospital	Mc Causland Hospital	Very Small	Single	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No
Niagara Health System-Douglas Mem Fort E	Niagara Health System	Very Small	Multi	Yes	Yes	Yes	No	Yes	No	Yes	NA	NA	NA	NA	NA	NA	NA
Niagara Health System-Niag-On-The-Lake S	Niagara Health System	Very Small	Multi	No	Yes	No	No	No	No	No	NA	NA	NA	NA	NA	NA	NA
Niagara Health System-Port Colborne Site	Niagara Health System	Small	Multi	Yes	Yes	Yes	No	Yes	No	Yes	NA	NA	NA	NA	NA	NA	NA
Nipigon District Memorial Hospital	Nipigon District Memorial Hospital	Very Small	Single	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
North Wellington Hlth Care Corp-Mount F	North Wellington Hlth Care Corp	Very Small	Multi	Yes	Yes	Yes	No	Yes	Yes	Yes	NA	NA	NA	NA	NA	NA	NA
North Wellington Hlth Care Corp-Palmers	North Wellington Hlth Care Corp	Very Small	Multi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	NA	NA	NA	NA	NA	NA
Notre Dame Hospital	Notre Dame Hospital	Very Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No
Perth & Smiths Falls Dist-Perth Site	Perth & Smiths Falls Dist	Small	Multi	Yes	Yes	Yes	Yes	Yes	No	Yes	NA	NA	NA	NA	NA	NA	NA

Site Name	Corporation Name	Size Group	# Sites	Hospital Site Currently Provides Service On Site?													
				ED	FP/GP as MRP	Inpatient Surgery	General Surgeon	Day Surgery	Obstetrics	Special Care Unit	Lab	PT	Ultra Sound	Radiography	Clinical Nutrition	Occup. Therapy	
Perth & Smiths Falls Dist-Smiths Falls S	Perth & Smiths Falls Dist	Small	Multi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	NA	NA	NA	NA	NA
Quinte Healthcare Corporation-Bancroft	Quinte Healthcare Corporation	Very Small	Multi	Yes	Yes	No	No	No	No	No	No	NA	NA	NA	NA	NA	NA
Quinte Healthcare Corporation-Picton	Quinte Healthcare Corporation	Very Small	Multi	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	NA	NA	NA	NA	NA	NA
Quinte Healthcare Corporation-Trenton	Quinte Healthcare Corporation	Small	Multi	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	NA	NA	NA	NA	NA	NA
Red Lake Marg Cochenour Mem Hosp (The)	Red Lake Marg Cochenour Mem Hosp (The)	Very Small	Single	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No
Renfrew Victoria Hospital	Renfrew Victoria Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Riverside Health Care Fac Inc-Emo Site	Riverside Health Care Fac Inc	Very Small	Multi	Yes	Yes	No	No	No	No	No	No	NA	NA	NA	NA	NA	NA
Riverside Hlth Care Fac Inc-Laverendrye	Riverside Health Care Fac Inc	Small	Multi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA	NA	NA	NA	NA	NA
Riverside Hlth Care Fac Inc-Rainy River	Riverside Health Care Fac Inc	Very Small	Multi	Yes	Yes	No	No	No	No	No	No	NA	NA	NA	NA	NA	NA
Sensenbrenner Hospital (The)	Sensenbrenner Hospital (The)	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Services De Sante De Chapleau Hlth Serv	Services De Sante De Chapleau Hlth Serv	Very Small	Single	Yes	Yes	No	No	Yes	No	No	No	Yes	No	Yes	Yes	No	No
Smooth Rock Falls Hospital	Smooth Rock Falls Hospital	Very Small	Single	Yes	Yes	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes

Site Name	Corporation Name	Size Group	# Sites	Hospital Site Currently Provides Service On Site?													
				ED	FP/GP as MRP	Inpatient Surgery	General Surgeon	Day Surgery	Obstetrics	Special Care Unit	Lab	PT	Ultra Sound	Radiography	Clinical Nutrition	Occup. Therapy	
South Bruce Grey Health Centre-Chesley	South Bruce Grey Health Centre	Very Small	Multi	Yes	Yes	No	No	No	No	No	No	NA	NA	NA	NA	NA	NA
South Bruce Grey Health Centre-Durham	South Bruce Grey Health Centre	Very Small	Multi	Yes	Yes	No	No	No	No	No	No	NA	NA	NA	NA	NA	NA
South Bruce Grey Health Centre-Walkerton	South Bruce Grey Health Centre	Very Small	Multi	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	NA	NA	NA	NA	NA	NA
South Bruce Grey Health Ctr-Kincardine	South Bruce Grey Health Centre	Very Small	Multi	Yes	Yes	Yes	No	Yes	No	Yes	NA	NA	NA	NA	NA	NA	NA
South Huron Hospital	South Huron Hospital	Very Small	Single	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No
South Muskoka Memorial Hospital	South Muskoka Memorial Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
St Francis Memorial Hospital	St Francis Memorial Hospital	Very Small	Single	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	No
St Joseph's General Hospital	St Joseph's General Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Stevenson Memorial Hospital Alliston	Stevenson Memorial Hospital Alliston	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Strathroy Middlesex General Hospital	Strathroy Middlesex General Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Temiskaming Hospital	Temiskaming Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
The Northumberland Health Care Corp	The Northumberland Health Care Corp	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes

Site Name	Corporation Name	Size Group	# Sites	Hospital Site Currently Provides Service On Site?												
				ED	FP/GP as MRP	Inpatient Surgery	General Surgeon	Day Surgery	Obstetrics	Special Care Unit	Lab	PT	Ultra Sound	Radiography	Clinical Nutrition	Occup. Therapy
Tillsonburg District Memorial Hospital	Tillsonburg District Memorial Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes
West Haldimand General Hospital	West Haldimand General Hospital	Very Small	Single	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No
West Lincoln Memorial Hospital	West Lincoln Memorial Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
West Nipissing General Hospital	West Nipissing General Hospital	Very Small	Single	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
West Parry Sound Health Centre	West Parry Sound Health Centre	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wilson Memorial General Hospital	Wilson Memorial General Hospital	Very Small	Single	Yes	Yes	No	No	No	Yes	No	Yes	Yes	Yes	Yes	No	No
Winchester District Memorial Hospital	Winchester District Memorial Hospital	Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Wingham And District Hospital	Wingham And District Hospital	Very Small	Single	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

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