



Summary

CLINICAL SERVICES PLAN

PHASE 1: DEVELOPMENT OF PRIMARY
HEALTH CARE SERVICES





Summary

Vitalité Health Network has been making considerable efforts for a number of years to improve its operational performance. Its Regional Health and Business Plan 2015-2018 signals its intention to place greater emphasis on the improvement of resource and service utilization through fundamental realignment of the health care system and service organization and delivery. This realignment will involve the **development of alternatives to hospitalization** that will tailor care delivery and follow-up to the population's evolving health care needs and improve the system's efficiency.

In the summer of 2015, the Department of Health asked the management of Vitalité Health Network to evaluate the repercussions of two service reduction scenarios involving three community hospital facilities, namely the Lamèque Hospital and Community Health Centre, the Stella-Maris-de-Kent Hospital, and the Hôtel-Dieu Saint-Joseph de Saint-Quentin.

Examining these scenarios led Vitalité Health Network to propose a third scenario encompassing all of the Network's hospital facilities, which was deemed preferable for the Network as well as the population. This scenario consists of closing 99 hospital beds and reinvesting a portion of the resulting savings in primary health care in order to improve access to local services – delivered in the community or in the home – and make the hospital system a last resort rather than the entry point for the vast majority of people requiring health care. **Under this scenario, hospital beds will be closed in the Network's four zones based on target hospitalization rates standardized to the age structure of the populations served.** Preliminary financial analyses indicate that at completion, this scenario will generate annual savings of \$9.8 million. Vitalité Health Network is proposing to reinvest half of this sum, or \$4.7 million, in primary health care services.

This alternative scenario to the scenarios proposed by the Department of Health forms the backdrop to the Clinical Services Plan developed by Vitalité Health Network. **This plan is based on the vision of a network of tiered services focused on primary health care, with a marked emphasis on ambulatory and community-based care as well as on home-based care and services.** Phase 1 of this plan, which is the subject of this document, specifically addresses the development of primary health care services. In phase 2, the Clinical Services Plan will contain approaches and measures related to specialized and ultra-specialized services, research, and teaching. It could also contain proposals related to the medical structure and to the planning of medical and professional human resources.

Phase 1 of the Clinical Services Plan is based on an analysis of the acute care hospitalization patterns of the population served by Vitalité Health Network. This analysis indicates that the Network's hospitalization rates, particularly in the three northern zones, exceed those of Horizon Health Network and of most of the other Canadian provinces. It also indicates that a significant portion of the Network's acute care bed complement is being used inappropriately, for purposes other than acute care, due to inefficiencies in clinical and hospital practices and to insufficient availability of community resources and services (e.g. nursing homes spaces, home-based care). **According to this analysis, the number of "poorly utilized" or "avoidable" acute care beds would vary between 177 and 216.** The targeted closure of 99 beds proposed by Vitalité Health Network therefore appears both reasonable and feasible without major risk to the population, provided that timely, sufficient, and satisfactory investments are made in alternatives to hospitalization.

The Clinical Services Plan contains optimization solutions supporting the implementation of two major strategies designed to transform and modernize services, namely the expansion of alternatives to hospitalization and the reduction of use of hospitalization and of length of stay. With respect to the first strategy, the priority optimization solutions will centre on strengthening the Extra-Mural Program, ambulatory care services, and community-based services. With respect to the second strategy, the Network will focus on better managing hospital care episodes and improving the continuums of care and services for the various clienteles (e.g. chronic illnesses, seniors, mental health).



Since variations exist in the population's needs from one health zone to another and one community to another and in the nature of the services available both locally and regionally, **Vitalité Health Network's Clinical Services Plan – Phase 1 foresees the development of action plans in each of the four zones.** The general approach will consist of targeting the alternatives to hospitalization most likely to generate the desired results in each community and of phasing these in while capitalizing on opportunities that arise and on our partnerships with communities. The first step in the process will, however, involve compiling a comprehensive and accurate profile of the services available in each zone and their use by the population and determining the priorities to be developed based on the results of this analysis. The Network's timeline to complete Phase 1 of its Clinical Services Plan is 12 to 18 months.

In short, **the Clinical Services Plan developed by Vitalité Health Network is designed to meet the population's health needs more effectively.** Based on a trend analysis of illnesses and care delivery modes elsewhere in Canada and around the world, the system remains centred on delivering hospital-based services while the primary health care services delivered in the community or in the home remain underdeveloped in relation to the increase in chronic illnesses and the rapid aging of the population.