

May 30, 2017

## **Open Letter to Media**

### **Re: Information related to SAH**

I have been following the various news reports of the past couple of weeks with both interest and disappointment. The disappointment comes from the standpoint of the reporting and those spreading the messages not being based in fact or complete context but rather what would seem to be political posturing.

I do understand that in a political campaign it is normal that facts get twisted or presented in a way that best represents ones' own platform and I also am the first to say that we still have room to improve as a hospital and as a health system. That said, I feel that I owe it to the physicians, staff, and volunteers at SAH who work tirelessly to deliver exceptional care day in and day out, to present fuller context for some of the (mis)information that has been published.

There have been assertions that the reason why Sault Area Hospital received a larger share of funding across the Northeast is to attempt to sway the Sault Ste. Marie by-election. Hospital funding allocations are based on a provincial funding model as part of Health System Funding Reform. Based on this model, the funding we are now receiving is a result of our operations in 2015-2016, driven by better hospital performance, higher volumes, and acuity of patients, not political gamesmanship.

I have also read a number of assertions that SAH wait times are unacceptably long and are the result of government action and policy. This inaccurately paints a picture of the Sault Ste. Marie experience being significantly worse than other parts of the province. Although it is true that hospitals have gone many years without any funding increases and this has required a change to how services are delivered, the people of SAH have done everything they can to minimize the impact on residents of Sault Ste. Marie and Algoma. We would all want shorter wait times whenever possible and our staff, physicians and volunteers look for opportunities to improve every day because of their deep conviction to providing exceptional care.

Our wait times in Emergency, if you are not admitted to hospital, average 2.7 hours which is better than the provincial norm by 0.8 hours. This places us 12<sup>th</sup> out of 73 comparator hospitals. I would highlight that 90% of the 57,000 visits to the Emergency are not admitted to hospital.

In 2016/2017, the wait time for hip replacements was an average of 65 days, compared to the NE LHIN at 85 and the province at 108. Similarly, for knee replacements over the same period, our patients waited an average of 82 days, while those in the NE LHIN waited 93 days and those in the province waited 121 days. Last fiscal year, the average wait time for a CT scan was 15 days, as compared to 16 days for the NE LHIN and 14 days for the provincial average. Our wait time performance with MRIs was an average of 22 days, as compared to 37 days for the NE LHIN and 45 for the provincial average.

As with any organization, we also have opportunity for further improvement. Over the past year we have focussed on improving the time it takes from arrival at the Emergency Department to being admitted to an inpatient bed and our cancer surgery wait times.

We have made significant strides in both areas. With regard to the time it takes to go from arrival in the emergency department to an inpatient bed (10% of patients who come to the ED) we reduced this time from 23 hours on average to just over 14 hours on average and we continue our efforts to drive this time down. This has moved us from 71<sup>st</sup> to 35<sup>th</sup> among our comparators. We definitely have more to do here and we are confident that we will see even more improvement in the year ahead. With regard to cancer surgeries, we now meet provincially established wait time targets 89% of the time, a significant improvement from below 60% a few years ago. This performance also places us ahead of the provincial performance.

It is true that the wait times in our community to access a long-term care bed are quite long. As of April, 605 people in Algoma are waiting for their initial long-term care home placement. With an average of 24 people moving to long-term care per month, the wait can average more than 2 years. This results in higher numbers of Alternate Level of Care patients staying in hospital which contributes to overcapacity and longer wait times for those needing admission to hospital. We have, and will continue to look for opportunities within our own walls to reduce ALC rates and to advocate for appropriate resources and capacity in the community.

We have been working closely with the Ministry of Health and Long-Term Care, the Cardiac Care Network, other hospitals, and others to bring more services closer to home so that people do not have to travel out of town for the care they need when it can be safely delivered here. Similar to our success with bringing radiation treatment closer to home I am confident that we will see success on this front.

It is unfortunate that our recent funding allotment has become the source of political debate, instead of the reason to celebrate as this funding will ultimately benefit patient care. The political process, our community's by-election, and the current challenges that face health care (local and beyond) are all important. It is equally important, however, to not undermine the significant progress that our people have made and to recognize them for the tireless work they do every day.

I would like to extend my personal thanks to our community for their continued support and to our staff, physicians and volunteers who are passionate about improving the lives of those we serve.



Ron Gagnon  
President & CEO  
Sault Area Hospital