



Nanaimo Medical Staff Association (MSA)

A Tertiary Hospital at NRGH

MSA Roles/Goals

- ⦿ **Engage/Partner Island Health Administration (IHA) to achieve common goals:**
- ⦿ **Including Planning - Tertiary Hospital at NRGH**
- ⦿ **Engage the Community**

A Tertiary Hospital at NRGH

A Primary MSA/IH Goal

- Programs/Funding have not matched Medical Needs and Population growth in CI/NI over the last 15-20 years.
- Recognized by IHA and the IH Board
- 2017- 5 year plan for a Tertiary Hospital at NRGH was developed by IHA /Local Stakeholders

Why a Tertiary Hospital?

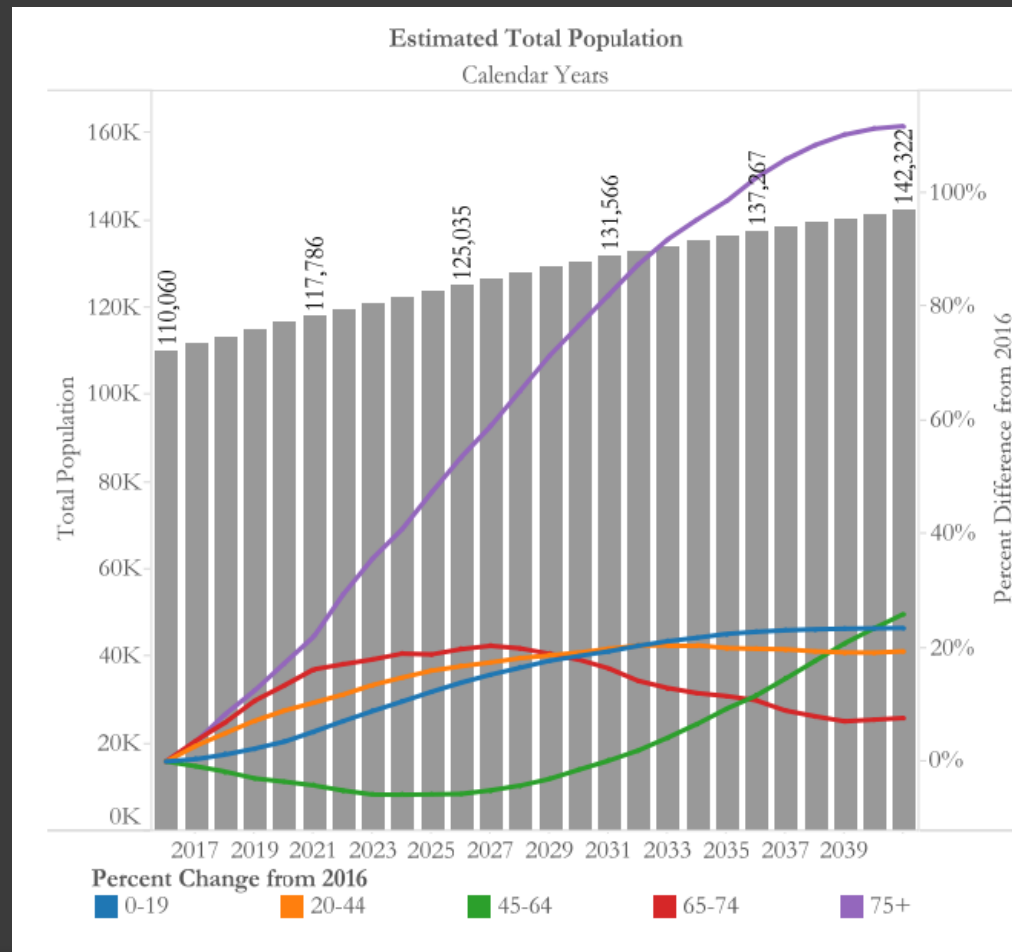
Simply - Population and Demographics

- BC Government - 2018 Population Estimates
- 422,033 CI/NI - 413,460 SI below Malahat
- Oldest population in Canada in CI
- Growing slightly faster in CI/NI
- Complexity of patients in CI/NI = to SI
- Busiest ER at NRGH
- Acute care demands will increase in CI/NI!

Expected population growth of 11.25% by 2027

Faster than remainder of VI – 10.5%

Age 75 + expected to double from 10% to 17.9% of population



5 year Plan for NRGH Towards a Tertiary Hospital

NANAIMO REGIONAL GENERAL HOSPITAL PRIORITY SERVICES DEVELOPMENT PLAN



August 2017

Priorities in the 5 year Services Plan

- ◎ **1. Improve Culture and Relationships at NRGH**
- ◎ **2(a). More Appropriate Care for Critically ill Patients, including a new physical infrastructure for the ICU, a High Acuity Unit and CMCU.**
- ◎ **2(b). Improve Access to General Internal Medicine and Medicine Sub-specialties, including Gastroenterology and Cardiology and Neurology Services.**
- ◎ **3. Provide Appropriate Care for Pediatric Mental Health Patients. Strengthen Care for Adolescent MH Patients in the Emergency Department and on Ward.**
- ◎ **4. Meet Growing Demand for Cancer Care Services on VI.**
- ◎ **5. Improve Access to Existing Surgical Services/New Services/Wound Care**
- ◎ **6. Expand Access to Rehabilitation Services at NRGH and Other Nearby Sites**
- ◎ **7. Better meet the needs of End of life patients**
- ◎ **8. Strengthen Supports for Patients who use Substances**
- ◎ **9. Increase Local Access to Renal Services and necessary supports**
- ◎ **10. Improve Timely Access to Proceduralists at NRGH**

- ◎ 1. Culture and Relationships are improving at NRGH!
- ◎ 1. Highest Medical priority is to Provide More Appropriate Medical Care for Critically Ill Patients
 - ◎ 1A. New Intensive Care Unit - Funded! Sited/2021!
 - ◎ 1B. High Acuity Unit. (HAU)
 - ◎ Critical Care Reports of 2013/2014:
 - ◎ 1C. Access to Medical Specialists/Subspecialists
Cardiology, Neurology and Gastroenterology (GI)
Largest hospital in Canada without GI!

What is a High Acuity Unit - HAU?

- Place for very ill patients - 1 step from ICU.
- Heart attacks, Strokes, Infections, Bleeds etc.
- **HAU** provides a place for the proper care of these patients, by the proper specialized staff.
- 10 beds – Have space - Need operating funding
- Working with IHA
- **HAU - A game changer for care at NRGH!**

Priority Subspecialty Medical Programs

- ◎ **Gastroenterology** – NRGH Foundation – 1.5 million for an Endoscopy Suite – IHA coordinating and will provide operating funding
- ◎ **Cardiology** –
 - ◎ Noninvasive - NRGH Foundation - 2.0 million echocardiology renovation underway via IHA coordinating. 4th Cardiologist?
 - ◎ Invasive – Cardiac Cath. Lab. Need to start planning now. MSA has sponsored a data gathering project toward this.

Other Priority Services in the 5 year Plan

2. **Pediatric Mental Health Services** – Critical need
Proper Care for Adolescents with MH issues proper areas - Pediatric Ward and ER. IHA is assisting.
3. **Cancer Clinic** Overwhelming demand.
3 years ago – 22 patients per/day.
Today 34/day >50% increase. IHA is assisting.
New Building/Funding.

5 year plan

- ◎ **Need a new patient Tower to optimize these** programs/care. Needed now!
- ◎ Need to start planning now to begin building in 5 years
- ◎ **Key**** Almost all the programs we need can be up and running before this. Need Operating Dollars

One Full Tertiary Care Program at NRGH – Renal Services

- Dialysis unit at NRGH - Sept 2010
- We care for >225 dialysis patients
- >45% of dialysis patients on VI
- With these patients and our aging population the acuity and complexity of patients has increased requiring more resources and new types of care

Hospital Resources

- Not just increased complexity but increased number of these patients referred to NRGH.
- 7 years ago NRGH had 228 acute care beds
- Today - 345 acute care beds
- ~ 400 patients daily - 40-80 over census/day !

Programs/Physician resources

(Most Nanaimo results include CI/NI. Not all Victoria Drs work in hospitals)

	Hospital size	Dialysis pts	Neph	GI	Cardiology PCI	I D	Neuro	End o
Nanaimo	345	220	6	0- NRGH 3-UI	3/No	2	3	1
Victoria	RJH 500 VGH 344	290	7	16	26/Yes	8	15	9
Kamloops	254	140	3	5	6	2	4	0
Kelowna	400	160	4	10	14	6	9	2
Penticton	140	80	3	2	0	0	2	0
Trail	200	70	2	0	0	0	0	0
Prince G	208	190	3	3	1	2	3	0

Programs/Physician resources

(Most Nanaimo results include CI/NI. Not all Victoria Drs work in hospitals)

	Ped. Psych.	Adult Psych.	Geriatrics	Resp	Hem .	Vasc Sx.	Chest Sx.	Oncology /Cancer Centre	Rehab
Nanaimo	1	6-NRGH 12 - CI/NI	1-NRGH 2-UI	3 1-UI	1	0	0	0/No	2
Victoria	10	>75	7	10	6	7	4	40/Yes	6

5 year Plan for NRGH – A Tertiary Hospital

Conclusion

Equity and Access to Tertiary programs is what we lack above the Malahat. **As Patients and Taxpayers we** deserve this.

The 5 year plan helps achieve this.

“Working together” we can bring a Tertiary level hospital to NRGH, for the benefit of all patients in Central and North Island.