



29 November 2013

Regina Qu'Appelle Regional Health Authority
2180 – 23rd Avenue
Regina, Saskatchewan
S4S 0A5

Dear Members of the Board,

Re: Amalgamation of Pediatric Services at Regina General Hospital

I am writing to express my support for the proposed amalgamation of Regina Qu'Appelle Health Region's two pediatric units at Regina General Hospital. Although challenges exist with amalgamation, it is my belief that the benefits outweigh the risks and the resulting unit will better serve the children of southern Saskatchewan.

Members of the Department of Pediatrics have supported amalgamation since 2005 as explained in a document written by then acting Head of Department, Dr. Bruce Holmes (attached). In spring 2010, with the support of pediatricians, Regina Qu'Appelle Health Region completed a Pediatric Master Program Plan again recommending the amalgamation and redevelopment of pediatric services at the Regina General Hospital site. Despite these previous recommendations services remain largely unchanged and ongoing challenges to quality and safe provision of care exist. Efforts to reduce risks have been unsuccessful. Clinical staff are therefore again recommending amalgamation of pediatric services at Regina General Hospital. Given these repeated recommendations, failure to act would be a tragedy if a critical incident were to occur on the pediatric unit at Pasqua Hospital.

To elaborate, the ongoing challenges to quality and safe provision of care on the pediatric unit at Pasqua Hospital have been accentuated over the past few years by a shift in the experience level of nursing staff. This resulted in a number of concerns being raised by pediatric oncologists in late 2012. Considerable training and mentoring efforts have failed to reduce the number of concerns, or to retain experienced nurses. Junior nurses do not have adequate opportunity to establish their pediatric nursing skills prior to taking on the specialized skills related to pediatric oncology nursing. The risk this situation poses to the children we serve is demonstrated by the results of quality assurance monitoring which show an increase in adverse patient incidents (related to central vascular access, medication administration, etc.) over recent years despite fewer children on the unit.

Furthermore amalgamation not only reduces overall risk to children needing admission to hospital it also allows services to be enhanced. Children on the pediatric unit at Pasqua Hospital have been disadvantaged for a number of years by lack of supportive services such as dedicated social workers or dietitians, with such services being provided on a case-by-case basis by professionals who spend most of

their time working with adults. Children are not little adults; their needs vary not only with changes in medical condition but also with growth and development. Physical and psychological outcomes for children with significant illnesses are improved by provision of developmentally appropriate pediatric multidisciplinary services. Amalgamation will allow all children to receive services from dedicated child health professionals.

As you are aware, some parents of childhood cancer patients have expressed concern about amalgamation due to concerns that transmission of infectious illness could occur on the pediatric unit at Regina General Hospital. This risk is, in my opinion, significantly less than the risks posed by the challenges to provision of safe quality care on the pediatric unit at Pasqua Hospital described above. I say this for a number of reasons:

- (i) Appropriate infection control measures, including rigorous hand hygiene, strict isolation of children with infectious illnesses, and caring for similar patients within each nursing team, can minimize the risk of transmission of infectious illnesses. In addition the minor renovations recommended to the pediatric unit at Regina General Hospital will create additional single rooms, improving infection control practices further.
- (ii) Canada has two other centres which provide services to childhood cancer patients on a mixed general pediatric unit - Royal University Hospital in Saskatoon and Janeway Children's Health Centre in St John's.
- (iii) Although there is currently a misconception that the pediatric unit at Pasqua Hospital is a 'clean' unit, childhood cancer patients and surgical patients with infectious illnesses are admitted to the unit.
- (iv) The increased infectious risk in immunocompromised children comes largely from within their own bodies - through the gastrointestinal microbiome, and indwelling vascular access devices - and is reduced by measures such as quality pediatric nursing care and attention to oral hygiene.
- (v) The pediatric unit at Regina General Hospital already provides safe care to immunocompromised children when necessary, including those with solid organ transplantation and congenital immunodeficiency.

To finish, I am convinced that the recommendation to amalgamate pediatric services at Regina General Hospital will result in better care for the children of southern Saskatchewan. I appreciate the deliberation that you have put into this decision

Yours truly,



Dr. Juliet Soper
Pediatrician and Head, Department of Pediatrics
Regina Qu'Appelle Health Region

Enclosure

May 30, 2005

A Proposal for the Regina Children's Health Centre

At a recent meeting of the Department of Paediatrics, a commitment to unification of Paediatric services in the city of Regina was put forth for discussion. It is clear that there is agreement from all parties on this matter, along with a sense that it is long overdue. The announcement from the Children's Health Foundation of Saskatchewan that it is willing to provide several million dollars for creation of a children's hospital in our province serves to further our resolve to see this job done as soon as possible. In addition, it is understood that the administrators of the Regina Qu'Appelle Health Region have recently warmed to the idea as well. The following missive outlines our reasons for supporting the amalgamation, and a framework for its implementation.

Benefits of Consolidation:

1. More efficient delivery of hospital care. At present there are 26 designated Paediatric beds at the Regina General Hospital (ward 4F) and 12 at the Pasqua Hospital (ward 5D). Because of the availability of certain services only at the RGH, Paediatricians tend to prefer admission of their patients, particularly the more acutely ill ones, at that hospital. These services include the Paediatric ICU, Neonatal ICU, Newborn Nursery, Paediatric Surgery service, Neurosurgery service, and Paediatric Respiratory Therapy. As well, house staff members (JURSI's and residents) are assigned only to the RGH. For each Paediatrician, eliminating a trip or two per day (minimum) between hospitals would allow more time to review cases, provide counselling, and teach the resident trainees.
2. Improved Nursing care. The present situation results in the Children's ward nurses at the Pasqua Hospital caring for smaller numbers of children with (usually) lower acuity of illness than their counterparts at the RGH. This has led to a disparity of nursing skills between the two units, problem that would be addressed by amalgamation of the two sites.
3. Improved medical education. Ward consolidation would provide our trainees with additional 50 % in numbers of patients to which they could be exposed. As well, the time spent interacting directly with the attending Paediatricians would be increased accordingly.
4. Better care for Paediatric Oncology inpatients. Most cancer therapy is now provided as outpatient services at the Allan Blair Clinic, located at the Pasqua Hospital. The need for inpatient oncology service has declined over the past two decades, with patients now requiring such service only when quite ill, or needing surgical care. For both of these requirements, care is better provided at the RGH, due to the availability of the services listed above, as well as better access to the paediatricians themselves.

5. Lower costs. Medical and nursing equipment costs would be lower, with no further need for duplication of equipment between the two hospital sites. Sharing of services between two wards in the same building would be easier as well. These include Pharmacy and Dietary workers, Nurse Educators, Nursing Administrative personnel, Child Life Therapists, and other ancillary services.
6. Better chance to recruit new Paediatricians. With three of our seven Paediatricians presently nearing retirement age, our manpower situation is critical. Young, newly graduated Paediatricians need to be recruited to maintain our present level of care and our education program. Having a defined Children's Health Centre is seen as indispensable when trying to attract potential candidates, and competing against larger centers that are understaffed as well.
7. Better fundraising potential. The Hospitals of Regina Foundation currently provides significant amount of funding for various equipment costs in the Regina Qu'Appelle Health Region. These funds need to be directed for specific purposes, and the formation of a Children's Health Centre would allow for more effective advertising to the general public about the needs of our Paediatric population.
8. Improved Paediatric outpatient care. Our present Outpatient Department is seriously lacking in space, equipment, oxygen and suction availability, and isolation facilities. Office space is cramped and inefficient. The large amount of space available on ward 4A, which as been undeveloped since its creation, would afford a solution to these problems, in addition to allowing for a Children's Health Centre to be developed in a single location.

Vision for Implementation:

1. All Paediatric inpatient and outpatient services, with the exception of Neonatal inpatient and Oncology outpatient services, will be located on the 4th floor of the Regina General Hospital.
2. Ward 4E will be reclaimed by the Paediatric Department, and reconfigured to an inpatient ward, as in the past.
3. Once the 4F service has moved to 4E, the 4F ward will be renovated, and subsequently the Pasqua Hospital inpatient service relocated to 4F.
4. Ward 4A will be developed into a Paediatric Outpatient Department, replacing the present one located on the main floor. The Paediatric Surgery Department would necessarily be relocated to 4A, including offices for the Paediatric Surgeons, Outpatient Nurse Coordinator, and Outpatient Secretary. Also included in the space on 4A will be offices for the Paediatric Nursing Manager, Paediatric Nurse Educator, Dietician, Social Worker and Child Life Worker. An office for the Head of the Department of Paediatrics, and a small library/study room for use of the Paediatricians are also recommended.

5. The two inpatient wards will consist of single-patient isolation rooms, rather than shared rooms. This will eliminate the present time-consuming practice of moving patients from room to room as needed for isolation purposes. Ten years ago there was a proposal for two 25-bed wards to be fashioned on the present sites of 4E and 4F, which indicates that there is room for this number to be accommodated. Although this is higher than our present allotment of 38 Paediatric beds, we should retain the ability to expand our numbers in times of crisis and epidemics. We propose that room for a total of 45-50 beds be created, no matter what the final decision is regarding funding for nursing staff requirements.

In summary, our proposal for a new Children's Health Centre is feasible in the short term, beneficial to all parties concerned with children's health, and frankly quite necessary if we are to maintain appropriate provision of tertiary care services for Paediatrics in the Regina Qu'Appelle Health Region in the future. Considering the offer from the Children's Health Foundation, the time is right for implementation of this project. We trust this will be taken into consideration as soon as possible, and await your feedback.

Yours sincerely,

Dr. S. B. Holmes
Acting Head of the Department of Paediatrics
Regina Qu'Appelle Health Region