

As a Community these are the questions that we are submitting for answers at our Town Forum that we are expecting to be announced on February 26, 2018

IERHA

- 1) This Sustainable Health Structure which was developed and implemented in Teulon some 6 years ago is **not** working and is in fact causing financial concerns for the Town of Teulon. Can you explain the structure?

The structure is based on the presumption that providers can come and go but service will continue. Attached patients will thus not be left without service. This is the reason that new patients attach to the clinic (a Home Clinic) and have a “most responsible provider”. These are the providers who are currently taking on new attachments for the clinic.

The sustainable structure is working. Seven hundred additional patients were attached to the clinic between September 2014 and March 2017 (when the NPs left). The same number of patients remained attached to the clinic at the end of September 2017 indicating that all patients who chose to remain attached to the clinic continued to receive service.

(Attachment is reported by Manitoba Health on a quarterly basis, three months after the quarter end.)
When our NPs left in March 2017, the clinic was well backed by the IERHA who provided Nurse Practitioners and Physician Assistants to help manage the work load in the clinic.

- 2) What is the reason for continuing with a structure that does not work and is causing Teulon’s decline in population?

The population of Teulon is not declining. In fact there has been a slight increase in the number of residents as per census in 2017. **These number are available from Statistics Canada at <https://goo.gl/paufZq>** – in 2017 the total was 1202, in 2012 it was 1154 and five years before that was 1024. The structure works as described above

- 3) It has been explained to many that all fully qualified Doctors and Nurse Practitioners must work under Doctor Loudon in order to work in the Teulon Clinic. Does he get paid for overseeing each patient that the DR’s and NP’s see daily? If so, is this not a double dip system costing Manitoba Health more money? Should Manitoba Health be looking into this kind of billing?

As in any organization, there is a management structure in Health Care as well.

The College of Physicians and Surgeons of Manitoba requires that any non-institutional (outside a hospital environment) medical practice must have a Medical Director. Dr Loudon is the Medical Director of the Teulon Medical Clinic.

He is not paid for patients that other providers see.

There are specific tariffs paid for the management of patients in a multidisciplinary team setting which Teulon Medical Clinic is.

Manitoba Health has been very involved in the interpretation of these tariffs, the adjudication and payment thereof.

They are thus totally aware of the billing practices.

These questions were supplied by the community and compiled for easy answering.

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- 4) Is Myron Thiessen paid to oversee all the doctors and nurse practitioners in the IERHA? If so would Teulon then be considered a triple dip system, where you have Dr. Loudon and Myron Thiessen both getting paid to oversee health care providers? Should Manitoba Health be looking into this kind of billing?

This again relates to management structure:

Dr Thiessen is employed by the IERHA as the Vice President: Primary Health Care and Chief Medical Officer. In his function as VP Primary Care, he oversees the IERHA's involvement in the Teulon Medical Clinic.

Dr Thiessen is thus (at Teulon Medical Clinic) not involved in direct patient care and does thus not bill for services.

Dr Loudon manages the day to day running of the clinic and thus oversees the function of other providers.

- 5) Do Specialists come to Teulon Hospital? If so, do they pay rent to the IERHA or Dr. Loudon Corporation?
A specialist comes to Teulon Medical Clinic. No rent is charged. Staff is provided at the cost of the clinic.

- 6) How much does IERHA pay towards the staff and operating expenses at the clinic according to the article in the Stonewall Tribune September 17-2015, where IERHA CEO Ron Van Denakker stated that IERHA will "bring to the table to support the management structure, which is an administrative position". "We will be talking about bringing dollars in to support the clinic from a supply and maintenance perspective"? How many IERHA dollars are being spent on administration, supplies and maintenance for the clinic at Teulon Hospital that is under the Dr. Loudon Corporation?

The IERHA has a business relationship with Michael Loudon Medical Corporation in a Landlord / Tenant structure. Specific deliverables are provided by each party (both parties contribute to the management structure). The purpose of this arrangement is to maintain a stable management structure that supports high quality medical service.

- 7) What is happening to the Dr. Loudon Clinic on Main St? How much is the IERHA or Foundation paying towards the upkeep on the building on Main Street?

The Main Street Clinic is Dr Loudon's personal matter. He is not receiving any support to maintain the facility.

- 8) How many patients does Doctor Loudon have?

There are currently 2200 patients attached to the clinic.

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- 9) It is understood that Dr. Loudon is Chief of Staff in both Eriksdale and Ashern. How does this work? Also, with IERHA in the process of ousting Dr. Donnelly in Arborg (similar to what happened to Dr. Pillay), will Dr. Loudon Corporation then take over Arborg as well?

Management structure again:

Dr Loudon is site Chief Medical Officer for Teulon, Ashern and Eriksdale Hospitals. This provides leadership for the physicians working out of these facilities.

Dr Loudon is not involved in Arborg.

- 10) How can Dr. Loudon (according to the Mayor of Teulon who quoted in the Enterprise newspaper February 21, 2018 stating "Dr. Loudon is taking new patients") take on new patients? This is physically impossible for him to look after each of his registered patients plus the hospital patients, plus Goodwin Lodge patients, plus Chief of Staff in Eriksdale and Ashern, how is this possible and should Manitoba Health be looking into this billing? It is virtually impossible to do all this and not have burn out or cut corners risking patient safety!

This is answered in "sustainable structure".

The clinic is attaching patients with current most responsible providers being Dr Kornelsen and Aravind Pampackal NP.

- 11) Who has admitting privileges to the Hunter Memorial Hospital and Goodwin Lodge?

Any physician who has admitting privileges within the IERHA can admit to Teulon Hospital.

That physician must however be available to any patient he / she admits which requires a minimum response time.

- 12) We had two very qualified Nurse Practitioners who made it very clear that they enjoyed Teulon and were very well received: They both built a large client base of very satisfied individuals but then suddenly left without much notice. WHY?????? What is the real reason?

Although the Nurse Practitioners enjoyed Teulon, they found that the team environment was not their optimal practice and thus left. They were not the correct fit.

- 13) Do all Drs. and Nurse Practitioners that come to work at Teulon Clinic have to sign a contract under Dr. Loudon's company? If so, why???? Can we get rid of this as it is NOT working and is not in the best interest of anyone in Teulon?

Nurse Practitioners are employed by the IERHA and thus have an employment contract with the Region and fall under the Manitoba Nurses Union agreement.

Fee for service physicians working at the Clinic enter into a business agreement with the Clinic which is a signed document

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14) The Lab and X-ray department is a vital part of the Hospital and health services for people in our community. **Will it be closed?**

- Diagnostic Services Manitoba (DSM) advises that in the 2017/18 Regional Health Authorities business plans a number of rural sites were identified as candidates for clinical services changes.
- Those plans have been submitted to Manitoba Health Seniors Active Living as part of the 2018/19 budget planning work that is on-going and are a subject under consideration for Shared Health Clinical and Preventive Services Planning work.
- DSM will align its laboratory services in Teulon with the clinical services that will be delivered at that site once plans are developed and approved.
- Teulon currently provides laboratory services from 8-4 Monday to Friday and on call services after these hours.

15) Is it true that ambulance service will be cut in half in Teulon as of April 1, 2018?

With respect to EMS cuts, there are no cuts. Attached on call will formally be removed due to unpredictably of service. Once removed, service planning will improve based on scheduled services. The intent of the EMS review is to remove and replace all attached on call with full time paramedics to enhance service. Although we have not be formally notified, we are hopeful that Teulon will be approved for a second 12 hour shift therefore providing 24 x 7 service from the Teulon station.

It should also be noted that Teulon's crew station upgrade has been approved. Planning will commence in the near future.

Manitoba Health

16) How many patients is a doctor allowed to have according to Manitoba Health Standards?

Manitoba Health does not set a standard.

The College of Physicians and Surgeons of Manitoba however requires that "Members must not have excessive workload volumes"

There is no defined number.

17) It has been explained that Teulon health care is a role model for what Manitoba Health wants to do in all communities Should Manitoba Health look into the billing aspect before jumping into such a program?

Billing is negotiated between Manitoba Health and Doctors Manitoba.

This is done every 5 years and defined by the "Master Agreement"

Both parties are very aware of the process and situation in Teulon.

18) Will Manitoba Health also look at the impact this "Sustainable Health" structure has on a community because it has been implemented in Teulon for over 6 years and the decline in population indicates it is not healthy for community sustainability?

Previously answered

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- 19) Is this a concern of elected MLA as he lives in this community has family in this community, and recently his own mother left community due to lack of health care?

Since the 2016 election, the Lakeside MLA has assumed the role of Agriculture Minister. The demands require his additional presence within the city limits. Subsequently, the health of Minister's mother has been in decline therefore, he wanted to have his mother closer to his place of work where, it would provide ample opportunities for visitation.

Foundation (Teulon Hunter Health District Foundation)

- 20) The money in the foundation account was donated by the people of the community to enhance the care of patients in the HOSPITAL AND GOODWIN LODGE. Is it ethical to use this donated money to pay rent on a house and furniture, supplies, and travel? And can we have an accounting on what the foundation has spent over the last 10 months, as this is public donation dollars?

The role of the Foundation is to support all healthcare and sustainability needs within the Teulon District. This has included doctors & NP signing bonuses, top up wages, housing and equipment loans, relocation expenses, temporary housing expenses, Goodwin Lodge sunroom, renovations to clinic, palliative care & patients rooms, furniture and equipment to hospital and Goodwin Lodge rooms, education scholarships and equipment to the seniors Congregate meal program.

Over the past 3 years the foundation has spent in excess of \$40,000 modernizing the clinic and laying the foundation for the arrival of additional providers to the clinic.

The Foundations has change it's name to 'Teulon Healthcare Foundation Inc.'

Elected Officials

- 21) Promises were made by the Province and IERHA that we would get additions to Goodwin Lodge. What is the status on this? Is the hospital the intended additions to Goodwin Lodge????

Currently, the only commitments related to Goodwin Lodge are for Safety and Security projects. There are no major capital projects planned or under review by MHSAL related to this facility.

Requests for any capital or Safety and Security projects come to the Department from the associated regional health authority (Interlake-Eastern Regional Health Authority/IERHA). The Goodwin Lodge has historical status in the Department and continues to receive these investments. The IERHA 2017/18 and 2018/19 Health Plan submissions did not include the Goodwin Lodge as a potential capital project. The following Safety and Security projects are actively underway.

- 2016/17 – Fire Protection Sprinklers - \$1,500,000
- 2017/18 – Exterior Door Exit Landing Pads – Part of a larger project with other facilities in region - \$135,000
- 2017/18 – Electrical Upgrade – Part of project with Hunter Memorial Hospital and Pine Falls Health Centre - \$340,000

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22) **Issue:** “When a patient transfers into palliative care, what structured assessments are followed to inform this decision”?

Response:

- The decision to transition an individual to palliative or end-of-life care is determined by a health care practitioner based on an assessment of the specific care needs of the individual. Factors that are taken into consideration often include the diagnosis of a life-limiting illness, where the focus of care is shifted toward comfort and support.
- Each region has a palliative care program and is responsible for developing admission criteria and managing and delivering services; however, individuals do not need to be registered with the program to receive palliative/end-of-life care. Palliative/end-of-life care is available in any care setting, including the home, in a palliative care unit (in a hospital or acute care setting) or in a hospice, a personal care home (PCH) or any other health care facility. Direct palliative care services in the community are provided through home care in some regional health authorities.
- The Government of Manitoba website provides a list of frequently asked questions regarding palliative care services, and includes the contact information for the palliative care program within each region. Manitobans are encouraged to contact the individuals listed on the website to obtain more information regarding palliative care services within their region:

https://www.gov.mb.ca/health/palliative_care.html

23) **Issue:** Dr. Pouvey Pillay who practiced at the Teulon Medical Clinic for over 14 years had his license suspended in 2016. Numerous constituents have noted he will not release personal files whereby, constituents could transfer their medical history to a new doctor. What are the legalities surrounding personal health information and physicians? Can the doctor be charged for withholding this information?

Response: CPSM (College of Physicians & Surgeons Manitoba)

(MLA’s Office has contacted) the CPSM and this individual is still registered with the CPSM so I have asked the CPSM if they would be willing to address this issue with the physician. I have not heard back from them. Physicians are trustees under PHIA and required to provide to patients a copy of their health record upon request and payment of a reasonable fee (if the physician wishes to charge a fee) and as such constituents should be advised to file a complaint with the Ombudsman if they are not being provided with this access as that is the remedy provided for under PHIA for such issues.

<https://www.ombudsman.mb.ca/complaints/make-a-complaint.html>

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- 24) Is the Town Council not concerned about all the people that must leave the community to Doctor in Stonewall, Winnipeg, or Selkirk? This is taking money out of the community and has been for many years. What is the Town Council doing about this

The goal of the Teulon Council is to promote the community as a place for people to want to live. To those ends we continue to advertise and in general promote the Town whenever practical. We will note that the population of the Town as reported by Statistics Canada show our population is now at 1,201 the highest ever population count. We will also note that the number of attached patients to the medical clinic is now at 2,200. We will continue to work with the community, Clinic, IERHA and province to increase the number of Health care providers and services.

- 25) Is Town Council aware that our population has been diminishing due to no access to doctors or health care over the last 2 years (possibly more but significantly over the last 2 years)? if you are aware of this, why has nothing been done?

Town Council as a whole and individually have concerns regarding the state of health care, which is why we have undertaken have a constructive relationship[with all our partners and surrounding municipalities to stabilize our healthcare in Teulon and to find solutions that will work for the long term and not short term fixes.

The Town as long established home building incentives and promoted the town including radio and publications. We review our options each year and will do so again through the budget process.

- 26) Is Town Council aware that the hospital is one of the biggest employers in Teulon? So doing nothing to save it is despicable for elected officials including the MLA.

The Hospital has always been a major employer and that is why the Town has been at the table since the beginning and we will not walk away. Healthcare is a provincial responsibility, but Council understands the vital importance our hospital and staff are to the well-being of the community. The Hospital continues to function and we look forward to working with all levels of government, IERHA to increase Healthcare options for the community.

- 27) **This message is for Bert Campbell (Mayor of Teulon) in reference to the article in the Enterprise newspaper February 21, 2018**

- a. How many hours can a truck driver operate safely before he or she becomes an issue of public safety? **we can operate 70 hours every seven days with a 34 hour reset or 120 hours every 14 days with a 48 hour reset.**
- b. Does it not stand to reason that Dr. Loudon is a risk to patient safety due to his enormous work load and yet you state that he is now signing on more patients, does this make sense regarding people's lives? **Previously answered**