

Lloydminster & District
Health Advisory Council
Priority Issues

Our goal is seamless health delivery in Lloydminster and surrounding communities. Each province has different standards and funding that makes delivering equitable service a challenge

1. Update and renew the Alberta-Saskatchewan Memorandum of Agreement (MOU)

Why: In 2014 both provinces signed an agreement to better coordinate services. This agreement needs to be renewed and new targets set.

Status: A renewed MOU agreement was signed July 12, 2021. The resulting service agreement focuses on new infrastructure projects, continuing care funding, mental health services and dialysis expansion and relocation

2. Change laws and regulations to allow seamless cross-border sharing of health information

Why: Sharing of information across the border between health care professionals is covered by two different sets of laws. Hospital staff use paper charts, information is hand carried between physician offices and even simple things such as vaccination records require work-arounds.

Status: In December 2020 Alberta changed their laws and regulations to allow Saskatchewan access. Implementing hospital electronic charting with access to healthcare staff on both sides of the border must become a priority.

3. Regularly scheduled meetings of the Bi-Provincial Health Services Committee

Why: Under the 2014/2021 MOU the Committee serves as the key working group for coordinating seamless delivery. Meetings need to be scheduled at least three times a year and not put off. The Chair of the Lloydminster and District Health Advisory Council (LDHAC) has a seat at the Bi-Provincial Committee.

Status: Requested

4. Recruitment and Retention of Health Care staff

Why: Finding and keeping healthcare staff is a challenge. Issues such as dual licensing for physicians are being addressed but areas such as pay rates, practice standards and childcare for 24/7 staff need review. Regular exit interviews need to be done at all levels to find why people leave and what needs to be done to keep healthcare workers in Lloydminster. There has been discussion about lack of empathy and management to review and provide training where needed.

Status: Requested

5. Ambulance service that meets current community needs

Why: Until late summer 2021 ambulance service was delivered by a single Saskatchewan private contractor. The number of ambulances, crew qualifications and medical protocols, and the growing demand for patient transfers to other centres has been discussed for a decade. Lloydminster as a regional centre has fewer resources than surrounding communities with smaller populations

What: Lloydminster needs at least two Advanced Life Support units available 24/7 with proper backup. A dedicated weekday transfer service should be considered to handle non-emergency transfers

Status: Alberta Health Services has taken control of service to the Alberta side effective August 20, 2021. SHA currently is monitoring EMS contractor for the Saskatchewan side. Both parties can share resources at this time.

6. Relocation of Kidney Dialysis space

Why: A five chair renal dialysis program is offered at Lloydminster Hospital managed by the Northern Alberta Renal Program. Increased chairs in a patient friendly space is needed to meet growing demand in the area.

What: Alberta confirmed the relocation to Prairie North Plaza on May 18, 2021, with \$4.25 million budget that will grow treatment capacity to six chairs with space provided for an additional three chairs

Status: Monitor the process. Leasing discussions underway.

7. New Chemotherapy space

Why: A community cancer centre has operated at the Lloydminster Hospital for over 30 years. It was relocated from the medical floor to a former ground floor meeting space in early 2021.

What: A comfortable space outside the hospital environment with a plan for medical aid if required is needed. Planning underway for a new space with budget for the operating costs is underway.

Status: Monitor the process

8. Mental health treatment space

Why: The past two years have emphasized the need for access to mental health services. Residents of Lloydminster have no local in-patient mental health treatment – closest are Edmonton or North Battleford. A dedicated space with drop-in and residential treatment is badly needed in the community.

What: A proposal for a ten bed residential space has been developed and costed and a gap-analysis study and final report should be available in late 2021 Alberta

Status: Monitor the process and advocate for operational funding and space allocation.

9. Permanent MRI unit

Why: Medical imaging using MRI scanners is an important part of medical diagnosis and treatment. Lloydminster shares access to a mobile MRI unit with several other communities on a five week rotation. When the mobile unit caught fire in fall 2020 the wait time for scans increased. Even with the mobile unit many procedures require transfer to Edmonton or Saskatoon when they could be done in Lloydminster.

What: Cost information on the mobile service is needed to build a business case to see if a permanent MRI unit can return to Lloydminster cutting wait times and the need for transfers.

Status: Monitor the process

10. Dedicated Pediatric Unit

Why: Lloydminster is a growing community with many young families. No current dedicated beds for children and youth are available in Lloydminster Hospital, young patients are mixed in with adults.

What: With three pediatricians in our community a dedicated 6 bed space for children, possibly using space currently used for dialysis, chemotherapy and palliative care could be created. This would improve in-patient service for families and help retain key specialists.

Status: Issue identified with planning to occur

11. Additional operating room

Why: Lloydminster Hospital currently has two operating rooms with a third one dedicated to maternity use. In 2007 the need for two additional operating rooms was identified with the increase of specialist procedures being done in the community. The 2007 study also identified problems with existing spaces and the need to expand the available space.

What: Planning for at least one additional operating room needs to occur.

Status: Issue reconfirmed with planning required.

12. Upgrade special care unit to full Intensive Care Unit

Why: Lloydminster Hospital has a special care unit on the third floor of the hospital. It provides care for up to four critically ill patients who do not require ventilation. The closest ICU facilities are North Battleford (3 beds) and Edmonton.

What: As a regional hospital the existing special care unit should be upgraded to Intensive Care with plans for 6-10 beds. The 2007 Master Plan identified and confirmed this need.

Status: Issue reconfirmed with planning required.

13. Continuing and special care spaces

Why: The need for additional long term care beds has been repeatedly identified as a high priority by the community. Special spaces such as a dedicated palliative care / hospice facility, a medical transition / rehabilitation unit and additional Level 4 care beds are needed. One facility alone reports a wait-list of over 100 persons for their available beds.

What: With Jubilee Home reaching end of life as a building an opportunity exists to add a new multi-level facility that can provide additional beds and some of the special spaces identified above.

Status: A community study on a non-hospital palliative care / hospice facility is underway; both provinces need to plan together to address the replacement of Jubilee Home with an increase in the total number of beds

14. Hospital renovation / expansion

Why: Lloydminster Hospital opened in 1986 and has been reconfigured to adapt to changing knowledge and new technologies. Strong local support has led to the introduction of items such as CT scanning and a helipad adjacent to the hospital but the building has not changed significantly since it was designed for a population of 16,000 plus local surrounding area.

A major facility plan in 2007 called for the designation of Lloydminster Hospital as a Regional Referral Hospital serving a city of over 30,000 with a total service area of 75,000. A plan was developed to increase from 60 to over 100 beds. Significant expansion was projected with many of the issues identified earlier in our priority list incorporated into the plan. Depending on expansion options selected the cost was projected at \$140 million with construction of phase one completed by 2012.

A 2014 Alberta Health Services study found the facility in generally good condition but noted major systems such as roofs, heating and cooling, boilers and water lines and interior lighting all would be in need of replacement by the early 2020s.

What: Lloydminster Hospital requires upgrades and expansion or possible replacement. The facility 2007 study needs to be repeated and updated and a long term capital plan for the city and region put in place.

Status: Advocate the Bi-Provincial Health Services Committee to make coordinated regional long-term capital planning a major priority.

15. ER Hospital Preference, Discharge Practices and Hospital Wait Times

Why: Over a long period, area residents have shown preference to going to Maidstone Hospital or Vermilion Hospital due to the constant long wait times and/or level of care received in the Lloydminster Regional Hospital.

In some instances patients are discharged back to their Long Term care facilities where by the patients' health has deteriorated and is beyond the care facilities capabilities. The Hospital Physicians are not always informing the Care Facility of treatment that was provided and sometimes with no notice of patient returning to the facility.

What: In part, improving patient access and support to file complaints will clarify items to be addressed.

Status: Bi-Provincial Health Services Committee have been apprised of issues.