Lloydminster & District

Healthcare Advisory Council

2025 Priority Issues

Our goal is seamless health delivery in Lloydminster and surrounding communities

1. Mental Health Stabilization beds

2. Cross-border medical file information transfer

3. Recruitment/ Retention of a wide spectrum of medical staff.

4. Upgrade special care unit to full Intensive Care Unit

5. Support and advocate for Palliative care and Hospice located outside of Lloydminster Hospital

6. Restore spiritual space in Lloydminster Hospital

7. Appropriate Chemotherapy space

8. Permanent MRI unit

9. Dedicated Pediatric Unit

10. Additional operating rooms

11. Continuing and special care spaces

12. Hospital renovation / expansion

Many service items in this list will require the completion of the Health Services Assessment study, scheduled to completed end of 2025

Items completed or underway and being monitored

1. Update and renew the Alberta-Saskatchewan Memorandum of Agreement (MOU) re-signed in July 2021 with five-year term. Provinces to review document by July 2025 for Amendment renewal in 2026

2. Lloydminster Bi-Provincial Health Services Committee now meets a minimum of twice yearly. Ministers have committed to additional on site/face to face meetings in Lloydminster.

3. EMS services were expected to be provided by one Contractor ( Medavie ) in 2023 who is established in both Provinces and will add one additional unit to local service. Arbitration must start over and may take another year to 2026 to complete the process

4. Kidney Dialysis Relocation with increased seats was expected to be completed and operating by the end of 2023. Consultant review confirmed Prairie North Plaza not acceptable location caused delays, resulting in project completion by late 2025.

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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. Mental health stabilization beds**

Why: The past three 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 has been completed confirming 12+ years of service shortfall in the community.

Status: Monitor the process and advocate for operational funding including a request for an RCMP PACT team. *Note that Saskatchewan has not paid any money for RCMP service in Lloydminster for over 12 years*

**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. Yet five years later the situation remains unchanged with fingers pointed at regulators and privacy commissioners in both provinces. Implementing hospital electronic charting and public/private lab result access for healthcare staff on both sides of the border is a key priority.

*Recommend Consultant be retained to provide review of all processes and proposed solutions.*

**3. 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. The recent (December 2022) Saskatchewan Provincial Auditor report restates the importance of this issue.

Status LDHAC to request increased reporting and seek community member to develop welcome and support to medical professionals and their families.

**4. 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. Lack of this critical service prevents certain procedures from being performed locally and requires air or ground transfer to bigger centres in many cases.

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. On an interim basis funds for two beds should be transferred from North Battleford to Lloydminster.

Status: Saskatchewan had placed Lloydminster on lowest priority tier 3, missing Federal Government funding on this issue post COVID.

**5. Community based palliative care and hospice**

Why: A small set of rooms on the acute medical floor at Lloydminster Hospital provide the only dedicated and palliative care space in the area. It is very difficult to provide an appropriate end- of-life environment for patients and their families in a busy and chronically overstretched hospital designed to manage a population of 15,000.

What: A committed local group have developed plans for a stand-alone facility that would provide an incalculable increase in quality to residents in the last stage of their live. A well supported capital campaign is part of the overall plan.

Status: Advocate for required operational funding and monitor the process with interest on the 2025

Assessment study.

**6. Restore spiritual space in Lloydminster Hospital**

Why: Dedicated spiritual space provides a place for patients, families and staff to gather and meet their spiritual needs at a difficult time in life. The space also provides a quiet spot for reflection and as needed for private discussion by families and medical staff. The former chapel space was absorbed into medical space in a prior renovation and is no longer available.

What: A dedicated multi-faith and multi-cultural space needs to be restored. An expanded space would allow formal prayer for a variety of faiths and should accommodate culturally appropriate events such as smudging.

Status: LDHAC had not been clearly apprised to developments.

**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 windowless former ground floor meeting space next to the cafeteria in early 2021.

What: A comfortable space outside the hospital environment or a cheerful environment within is vital to the mental health of these patients

Status: With Dialysis moving out of the hospital maybe internal opportunities to advocate.

**8. 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: Request Health Assessment Consultant to review data on needs for this area serving 150, 000 persons.

**9. 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 s pace 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

**10. Additional operating rooms**

Why: Lloydminster Hospital currently has two operating rooms with a smaller limited service 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 two additional operating room needs to occur.

Status: Issue reconfirmed with planning required, with Health Consultant.

**11. 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 a medical transition / rehabilitation unit and additional Level 4 care beds are needed. One facility alone reports a waitlist of over 100 persons for their available beds. Even with a goal of shifting senior care to emphasize remaining in their homes, additional beds will be required to service the region, particularly by Saskatchewan whose residents occupy up to 30% of Alberta funded spaces.

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: With a steadily greying population both provinces need to plan together to address the replacement of the 50 bed Jubilee Home with an increase in the total number of beds

**12. 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 15,000 plus local surrounding area and operates at 120% of capacity.

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 2013 needs assessment confirmed the conclusions underpinning the 2007 plan. 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.

In 2024, a large power generator was installed and commissioned and the replacement of two elevators to be completed in 2025.

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 make coordinated regional long-term capital planning a major priority. It is commonly expected the 2025 Health Services Assessment to identify several shortfalls in the region.

It will be crucial, both provinces and their regions population recognize that improvements and expansions must move forward.

The following items have been completed

or are underway and being monitored

**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 agreement was signed July 12,2021 and focuses on new infrastructure projects, continuing care funding, mental health services and dialysis expansion and relocation. The agreement has a five-year term and to be reviewed one year prior to expiry by both Authorities.

**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. Recent commitments to the mayor were yearly Lloydminster meetings by both ministries, face to face.

Status: Meetings are occurring on a twice a year basis.

**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, contracting with Medavie-West for ALS services. Steps are underway to replace the current Saskatchewan side provider, awaiting Arbitration review. Service has been much improved since arrival of Medavie.

**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 were 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: Consultants review of Prairie North Plaza resulted in a decision to utilize Community Health Facility near the Lloydminster Hospital. Project expected to be completed by 2025