

Strong Voice - Strong Hospital

BRIEFING NOTE to:	DATE: April 1, 2019
HONOURABLE Todd Smith	
Minister of Economic Development, Job Creation and Trade, Government House Leader	
MPP Daryl Kramp, Caucus Chair, Standing Committee on General Government	A COLORED AND A
HONOURABLE Christine Elliott Minister of Health & Long Term Care	

	IT WOULD COST \$0 TO OPEN A CHRONIC KIDNEY DISEASE CENTRE (WITH
ISSUL.	DIALYSIS) <u>TODAY</u> AT TRENTON MEMORIAL HOSPITAL

A unit at TMH would require 5-10,000 sq. ft. In Spring 2017 Quinte Health Care identified vacant space (and some under-utilized space) equal to 5120 sq.ft. all in one hallway adjacent to the Emergency Department and Medical Reprocessing area. The main area identified is currently empty 5 days out of 7 and also houses the Diabetes education department. Costs to start up would be negligible and over 200 patients could be receiving multi-disciplinary kidney care.

LHIN	Comparative Cities	Population 2014	Prevalent Patients 2014	Dialysis patients / 100K pop'n	Dialysis patients corrected to 150K pop'n
Central East	Peterborough	116570	293	251	377
North Simcoe	Barrie Collingwood Orillia	422175	389	92	138
North West	Kenora Thunder Bay	232135	278	120	180
North East	Sudbury	160275	290	181	272
	North Bay	50396	65	130	195
	Sault St Marie	73368	102	139	209
	Timmons	43165	36	84	126

Comparable urban centers to Belleville/Quinte West/Brighton have on **average 214 dialysis** patients per 150K populations. The Belleville/Quinte West/Brighton catchment area of approximately 150K currently only has capacity for **90 patients** dialysis patients.

### **Recommendations:**

- 1. An immediate opening of a CKD Multidisciplinary Clinic at TMH;
- 2. Develop home-hemodialysis and peritoneal dialysis care center at TMH;
- 3. Create a back-up/hemodialysis in-center for patients who can't do home dialysis, at TMH.

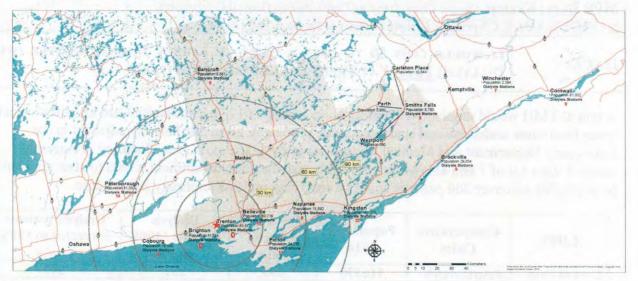
# Efforts to-date:

- · OurTMH representatives have met with staff of QHC, ORN, SE/LHIN, KGH and MPP Todd Smith
- QW Council met with Hon. Christine Elliott
- Mayor of QW met with Premier Ford

#### BACKGROUND

3651 Letters of support have been received to-date identifying 634 Constituents living with Diabetes (leading cause of kidney disease in Canada) and more than 63 on Dialysis in Quinte West/Brighton.

- Quinte West is the only urban center of 8 in the SE LHIN without dialysis care. Our Dialysis patients are forced to drive outside the area (to Cobourg, Kingston, Oshawa, Peterborough).
- Residents in Quinte West/Brighton (QW/B) are disadvantaged by the current access to CKD Care: geographically, socio-economically, by lack of access to primary care (TMH has the 6<sup>th</sup> highest percentage of patients of its 39 peer hospitals), lack of affordable – flexible transportation and no Kidney Care Close to Home.
- Vehicles/day passing thru Belleville have increased from 45,000 to 48,000. Transport truck accidents have increased, 2017 was the deadliest on Ontario roads in 5 years, and more accidents occur on 4 lanes vs. 6 lanes. Patients traveling from Trenton to Kingston pass three Accident Zone areas east or west.



### Costs/Cost Savings/Funding:

The TMH Foundation is committed to funding the redevelopment in partnership with the MoH and funding the equipment needed to set up a clinic at Trenton Memorial Hospital.

Areas of Concern	<b>Government Savings</b>
Additional Leasing and expansion costs at Belleville satellite estimated \$6 million cost, CKD at TMH = less than \$2.5 million	Ø \$3.5 million +
<ul> <li>A Chronic Kidney Disease Centre can:</li> <li>reduce Hospital visits and Hospitalization</li> <li>can increase Kidney Transplants</li> <li>increase number of satellite dialysis patients to home dialysis (reducing costs from \$107,000 pp to \$56,000pp)</li> <li>promote home dialysis and reduce other dialysis related costs</li> </ul>	Ø \$1,000 pp/day Ø up to \$80,000 pp Ø up to \$51,000 pp Ø
Fransportation costs will be reduced or eliminated from public nursing homes, prisons and group homes for patients	Ø up to \$3,000 pp Ø to \$25,000 pp/yr
Welfare, Disability and Social Service costs for patients unable to work, due to dialysis or kidney disease or refusing dialysis treatment	Ø Increase Tax Base
Pre-dialysis education can save lives and promote tax paying citizens (both patients and care givers) to support the economy	Ø Increase Tax Base

# WHAT DO WE NEED TO DO - TO GET MoHLC COMMITMENT