

Special Delivery

By Amanda Street

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Four hundred fifteen, that was the number of deliveries at West Lincoln Memorial Hospital when Dr. Nwachukwu Nwebube arrived in 2005.

Since April of this year, Dr. Nwebube and Dr. Tina Gai, the hospital's two around-the-clock obstetricians, have delivered more than 200 babies. Half of the 483 babies born at the hospital since April were delivered by obstetrician gynecologists, 25 per cent were delivered by family physicians while the remaining 25 per cent were delivered by midwives.

It's a model that works at WLMH, said Dr. Nwebube, chief of obstetrics. It's also a model that has led the maternal child program at WLMH to become a benchmark in the province, as defined by the Executive Report of the Ontario Maternity Care Expert Panel in a 2006 report.

"We have a multidisciplinary model of care here at West Lincoln," said Dr. Nwebube. "We have family physicians, midwives and obstetricians who deliver babies. It's a unique system that works really well at the hospital."

Niagara Midwifery Practice midwives have been delivering babies at WLMH for 12 years. The multi-disciplinary approach at the hospital makes the experience a welcoming one, said Pilar Chapman, head midwife at WLMH.

At WLMH midwives are able to practice to their full capability, said Chapman.

"At West Lincoln, midwives can work to the full scope," she said. "We can be the primary caregiver during delivery and there is a real sense of a team approach at the hospital."

Since 2004, the birth rate at WLMH has increased by 53 per cent. In 2008, 788 babies were delivered at the hospital, a 15 per cent or 96 birth increase over the previous year. More than 350 of those births were from mothers living outside of west Niagara, which equates to 45 per cent of the babies born at WLMH, said CEO David Bird.

The hospital is projecting 850 deliveries at WLMH this year, said Bird.

"Each year we see more and more babies born at West Lincoln," he said. "I don't see a reason for that to change."

Bird attributes the hospital's reputation, a high patient satisfaction rate and its flexible delivery options for the rise in births.

The provincial average for overall patient satisfaction within an obstetrics ward is between 73 and 74 per cent. Over the past two years, WLMH has fluctuated in rank between the high 80s and low 90s and rated as the highest performer six times between 2007 and 2009. In 2008 the hospital's obstetric unit was top in the province for patient satisfaction.

"We have a good model of care here," Bird said. "It's well integrated, we have good obstetricians,

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safe care and women want to come here to have their babies. We have seen that by the number of women who give birth here from outside the area.”

First-time mom Jessica Bristol gave birth to a seven-pound 10-ounce baby boy, she and husband Robert named Ryland, at WLMH on Oct. 26. Being new to parenting, Bristol said the nursing staff helped her adjust to her new role as mom.

“It was absolutely wonderful,” she said while snuggling her infant son in her arms. “They (the nurses) were so helpful with everything, they really took the time to help me adjust. It was such an awesome experience.”

Bristol was able to stay at the hospital for two days following Ryland’s birth, an opportunity new moms wouldn’t have in a larger facility, Dr. Nwebube said.

The chief of obstetrics credits the great experience new mothers have at the hospital to the excellent nursing staff. “We really have a wonderful nursing staff here,” he said. “They really do an excellent job taking care of the patients. It’s not just a job for them, they really do care for the patients.”

Even after new moms leave the hospital, the nurses are available to them, Dr. Nwebube said. The nurses at WLMH run a newborn and maternal assessment centre for moms needing a little help with breast feeding and other facets of motherhood. “It’s just another example of the great nurses we have here. They really go the extra mile for their patients.”

The increased number of births has done nothing to increase the amount of funding that is doled out to WLMH each year from the Local Health Integration Network. It applied for additional funding last year but was turned down by the LHIN.

Its base funding is lower than the provincial average, yet the hospital delivers patient care at a rate \$1,100, or 19 per cent, less than the provincial average of \$4,926 making it the third most efficient hospital in Ontario.

For 2009-10 the hospital received a 2.5 per cent base funding increase, or \$492,000, the HNHB LHIN average was 2.73 per cent. This year’s increase is down from the increase in 2007-08, which was 2.92 per cent.

“We’ve tried to accommodate the increase in costs by becoming more efficient,” said Bird, pointing out that cuts to service have not been made. Some of those efficiencies include a management services agreement with Hamilton Health Sciences and the West Haldimand Medical Centre, of which Bird is also CEO. A number of hospital staff also work between the two hospitals, Bird said. “We have a mentality of trying to provide the highest quality of care at the least expense.”

Juanita Gledhill, chair of the Hamilton Niagara Haldimand Brant Local Health Integration Network, the body created by the province to direct health care spending in different regions across the province, said the obstetrics ward, along with other services at WLMH, will be reviewed as part of the new hospital project. The LHIN is in the final stages of completing its Clinical Services Plan, which will give the agency a picture of current and future health care needs and services. The plan will help the LHIN decide on the size and scope of services delivered by the local hospital.

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“(Obstetrics) is one of the things we need to look at when talking about the services for the new facility,” Gledhill told The News at a recent open house held by the LHIN. “When budgeting, we need to look at the size and scope of the department now as well as future projections.”

A recent third party review of the hospital carried out by consultant Nan Brooks recommends WLMH work with the LHIN and Ministry of Health and Long Term Care to secure funds for the increase in volumes in the obstetrics unit. Brooks said the department is “a victim of its own success.”

“The hospital board is managing its budgetary pressures in the face of increased patient volumes in ER and obstetrics and ever-rising health care costs. We also do so with the reality that not only has WLMH’s share of funding from our LHIN decreased, but so has the HNHB LHIN’s share of provincial health care dollars,” WLMH board chair Robert Whitenect stated in the board’s summary of the Brooks report. “The board views the increasing funding gaps caused by the under-funding ... as, in effect, penalizing the hospital for its efficiency and the popularity and success of its health services. On one hand, the new hospital will allow our staff to achieve new efficiencies that we cannot realize in the current facility. However, given that a new hospital building will likely further increase the popularity of our programs and services, we will need to give serious thought to new means of revenue and seek a restoration of our fair share of provincial funding.”

There are 11 beds in the obstetrics and gynecology ward, two labour and delivery beds, two assessment beds and the remainder are split between postpartum and gynecology. On a recent Saturday, six women came to WLMH in labour, four delivered within a half hour of each other, Dr. Nwebube said.

The labour and delivery ward was designed to handle roughly 300 births a year, Dr. Nwebube said, a number the hospital outgrew more than a decade ago.

“There is a deep need for a new hospital,” Dr. Nwebube said. “There is no way to get around that. We are operating at double the capacity.”

“The high and increasing numbers of families coming from outside the hospital’s catchment area to have their babies delivered at WLMH is a testament to the obstetrics staff and to our multi-disciplinary model of care ... In fact, if our program were operated on an average cost per case basis with the 788 births last year, this LHIN would have spent roughly \$1 million more to provide the care. So, ours is a model obstetrics program in a most cost-effective manner and we see great value in evolving and expanding it in the years to come in the new hospital.” Whitenect stated in the report.

The new hospital will feature additional beds in the obstetrics ward and will be strategically placed near complementary services, such as an operating room in case of emergency C-section, said Bird. Currently patients are wheeled to an elevator down the hall and then to the opposite side of the hospital, said Bird.

“The new hospital will not only bring us into an up-to-date facility, but it will really allow us to expand and streamline the program,” Dr. Nwebube said. “It will only enhance our obstetrics department.”

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Once the LHIN finalizes its Clinical Services Plan it will begin reviewing the hospital's programs and services plan for the new building, which outlines the size and scope of services to be offered at the new facility. Once the LHIN approves the plan it will be forwarded to the Ministry of Health and Long Term Care for approval.

A shovel was originally set to go in the ground this past July, but Infrastructure Ontario, a crown agency reporting to the province's Ministry of Public and Infrastructure Renewal, rescheduled project timelines for all design, build, finance and maintain health care projects that had not yet gone to tender, delaying the new WLMH project by one year.

A shovel date of summer 2011 has been set by the Ministry of Infrastructure, and the LHIN recently assured the community that shovel date remains on schedule.

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