TORONTO DISTRICT
HEALTH COUNCIL

LE CONSEIL RÉGIONAL
DE SANTÉ DE TORONTO

2001–2002 Annual Report

Planning for Success:

Networks of Information and Knowledge

www.tdhc.org

Effecting system-wide improvements in health…

Message from

I am pleased to report that the DHC is responding to change and the needs of stakeholders in a variety of ways. We produced 14 reports during the 2001-2002 fiscal year, representing an unprecedented level of work including consultation with stakeholders. We also devoted considerable energy to focusing the TDHC on measuring and increasing effectiveness in order to meet the challenges ahead. This has involved reorganizing work processes and structures to increase the impact of the TDHC and its work.

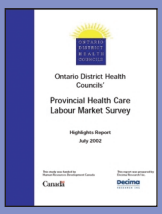
In July 2001, we held a Board Retreat to validate our Mission Statement and draft a Vision to guide the organization. Our mission is to ensure that the Minister of Health and Long-Term Care and others have good information about the community's health needs and can make decisions which result in an improved health care system … effecting system-wide improvements in health.

The TDHC committee structure has been reorganized in order to tap the knowledge

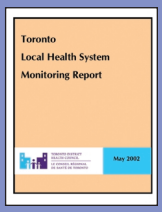
Reports Timeline

2002

Ontario District Health Councils' Provincial Health Care Labour Market Survey - (Full Report) - August 2002



Highlights Document - August 2002



Toronto Local Health System Monitoring Report - Full Report - May 2002

the Chair

and expertise of the volunteer board members, with a stronger emphasis on governance, knowledge management and profile & accountability. The TDHC has also worked to support integration of the continuum of care and services and the elimination of barriers that isolate institutions, agencies, programs and providers. Our goal is to improve access to services for the population of Toronto.

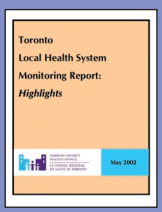
My involvement with TDHC since the landmark hospital restructuring initiative in the mid-1990s has given me the satisfaction of helping achieve leadership in moving toward better integration of the continuum of care, improved quality and outcomes, greater public satisfaction and increased accountability, performance measurement and evaluation of outcomes.

In addition to working with the MOHLTC, we are engaged with a broad range of other stakeholders concerned about determinants of health and the management, delivery and monitoring and evaluation of health services.

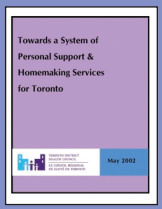
The most important indication of the TDHC's success is in our relationships with these stakeholders. It is increasingly evident that we are a credible, trusted source of data, information, knowledge and analysis regarding the health care system. However, we are also trusted, respected and valued for our ability to listen, hear what stakeholders have to say, and convey that to the Minister of Health in a meaningful way to inform policy decisions.

The TDHC, through our relationships with stakeholders – individuals and organizations - is the hub of a virtual network of knowledge, information and innovation. This network, represented mainly by committees, task forces and working groups, plays a vital role in producing and distributing knowledge about the health care system and influencing policy decisions.

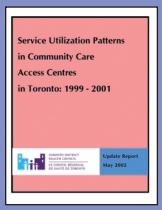
Carole Kerbel,
Chair



Highlights Document
- May 2002



Towards a System of
Personal Support &
Homemaking Services for
Toronto - May 2002



Service Utilization Patterns in
Community Care Access Centre
in Toronto: 1999 - 2001
- Update Report May 2002

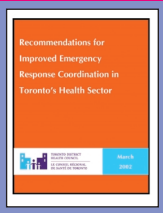
Message from

The Toronto District Health Council is a catalyst for system-wide improvements to the health system for residents of Toronto, the largest city in Canada. That system, and the challenges that it faces in ensuring equitable access to appropriate, high-quality care, have changed considerably since the health council was established in 1980. Growing recognition of the complexity of health status and health care delivery have contributed to the evolution of new approaches to planning, and to increased success in meeting these challenges. In addition to having an aging and growing population with distinctive needs, Toronto is becoming more diverse.

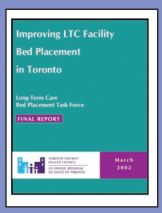
Over the past year the TDHC has been evolving to keep pace with rapid social change and plan strategically for the future in a variety of ways. Broader collaborative relationships are the underpinning of the new approach.

In our 2001-2002 Operating Plan, we made a commitment to improved stakeholder relations. This was achieved through committee work and extensive consultations as the TDHC has worked to support integration of the continuum of care and services and the elimination of

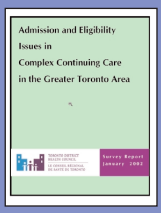
Reports Timeline



Recommendations for Improved Emergency Response Coordination in Toronto's Health Sector - March 2002



Improving LTC Facility Bed Placement in Toronto Final Report - March 2002



Admission and Eligibility Issues in Complex Continuing Care in the Greater Toronto Area - Survey Report - January 2002

the Executive Director

barriers that isolate institutions, agencies, programs and providers.

We are responding to the needs of the Ministry of Health and Long-Term Care, as well as those of the community, through initiatives based on networks, partnerships and alliances. While reports form the bulk of our work, we are also being called upon to facilitate the implementation of recommendations and strategies developed by the TDHC through input from stakeholders.

We are also raising the DHC profile to become more visible to patients, clients and consumers of health-related services in Toronto, both as a matter of accountability and to play a more significant role in the new knowledge- and information-based society that is emerging.

The development of collaborative networks – for more integrated delivery of health-related services, for planning, and for measuring and monitoring outcomes – is a trend that the TDHC has not only embraced, but fostered.

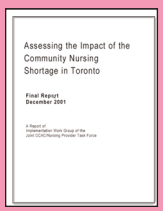
We are enhancing existing relationships, and continuously building new ones. The TDHC is seen by stakeholders as the hub of a virtual network. This network, represented by committees, task forces and working groups as well as less formal ways of exchanging information, plays a vital role in producing and distributing knowledge about the health care system and influencing policy decisions.

Planning and funding horizons for the health system are becoming broader. The TDHC is tackling issues in a more comprehensive way, in the face of the increasing complexity of health status and service delivery for the population of Canada's most populous city and region. More and more, the work of the TDHC spills over the boundaries of a given fiscal year or geographic area, and the impact may not be immediately obvious. I am confident that the impact, in terms of benefits to both the population and the system, will be increasing evident over time.

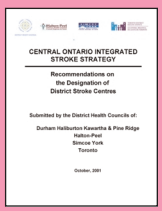
Scott Dudgeon
Executive Director

2001

Improving LTC Facility Bed Placement in Toronto Interim Report - December 2001



Assessing the Impact of the Community Nursing Shortage in Toronto - December 2001



Central Ontario Integrated Stroke Strategy: Recommendations on the Designation of District Stroke Centres - October 2001

Achievements and Accolades 2001–2002

"The ministry is pleased with Toronto DHC's leadership in ensuring the delivery of French language services to Toronto residents through the various avenues in health planning."
- April 2001

"Your work helped inform the Ministry's decision in identifying Regional Stroke Centres in Toronto and has served as an important reference point in moving us closer towards equitable access to a coordinated system of stroke services."
- September 2001

The TDHC's Mental Health Housing Study Report is "a thorough and comprehensive assessment of the current housing situation of persons with serious mental illness."
- October 2001

Referring to the Central Ontario Integrated Stroke Strategy Report: "Your cooperative regional planning will provide a strong basis for the next steps of implementation of the Ontario Stroke Strategy."
-November 2001

Implementation of strategies developed for Improving Long-Term Care Facility Bed Placement in Toronto Final Report began before the release of the report.
- March 2002

TDHC invited to provide input to the Commission on the Future of Health Care in Canada.
- April 2002

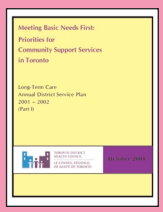
"The ministry agrees with the position that increased consistency in the CCC (Complex Continuing Care) sector will reduce alternate level of care rates in Toronto hospitals. The ministry also supports the recommendation that the TDHC facilitate further discussion with CCC hospitals to begin work together to address challenges."
- June 2002

The Council of the City of Toronto adopted a report from its Community Services Committee endorsing the comprehensive report of the TDHC's Emergency Response Coordination Committee. City Council said it would communicate its endorsement of the plan and recommendations to the Minister of Health and Long-Term Care and the Minister of Public Safety and Security.
- June 2002

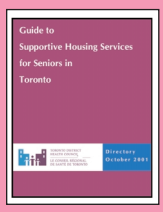
The Toronto Local Health System Monitoring Report and its companion Highlights document were commended by the MOHLTC. "Regular monitoring and asessment of changes in the health care system continue to be essential components of the ministry's agenda."
- July 2002

TDHC thanked by MOHLTC for facilitating discussions regarding the role of lead trauma hospitals in Ontario. The facilitation and leadership skills were described as "crucial to the successful accomplishment of [the] objective to build consensus on the key elements necessary for an effective and sustainable trauma program."
- July 2002

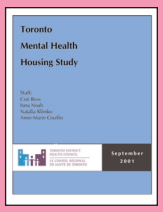
Reports Timeline



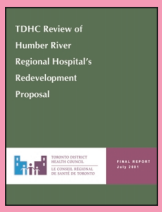
Meeting Basic Needs First: Priorities for Community Support Services in Toronto - October 2001



Guide to Supportive Housing Services for Seniors in Toronto - October 2001



Toronto Mental Health Housing Study - September 2001



Review of the Humber River Regional Hospital's Redevelopment Proposal - July 2001

Condensed Financials

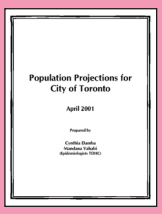
Year ended March 31, 2002

	2002
Assets:	
Current assets	764,096.00
Capital assets	31,165.00
	795,261.00
Liabilities and Net Assets:	
Current liabilities	**151,106.00**
Net assets:	
Invested in capital assets	31,165.00
Balance of funds	612,990.00
	795,261.00
Statement of Operations:	
Year ended March 31, 2002	
Revenue Advances - Ministry of Health & LTC	2,223,622.00
Other	13,047.00
	2,236,669.00
Expenditures:	
Salaries & Benefits	1,592,552.00
Office Accommodation	231,455.00
Amortization of capital assets	10,516.00
Other supplies and expenses	373,805.00
Minor capital & one time expenses	23,794.00
	2,232,122.00
Excess of revenue over expenditures	4,547.00

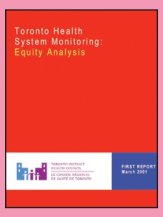
Audited by KPMG LLP, Chartered Accountants

French Language Health Services Update for Toronto - June 2001

Review of Hospital Operating Plans 2001-02 - May 2001



Population Projections for City of Toronto - April 2001



Population Projections for City of Toronto - April 2001

What's New 2002-2003

The Ministry of Health and Long-Term Care has asked the TDHC for advice on priority areas in nine program areas: Hospitals; Addictions and Mental Health; Long-Term Care; Palliative Care; Child Health; Health Data/Local Health System Monitoring; French Language Services; Proposal Reviews (Independent Health Facilities); and Health Human Resources

Many of the projects build on previous TDHC work and relationships with stakeholders. Priorities include:

- Preparing a regional dialysis plan to help deal with the growing incidence of this condition;
- Coordinating and supporting the development of a multi-sectoral child health plan for the Toronto region;
- Facilitating the development of a regional stroke centre model for Toronto;
- Conducting an assessment of neurosurgery and vascular surgery access and coordination in Toronto, and recommending mechanisms for improvement;
- Examining changes in patient referral patterns resulting from hospital restructuring;
- Continuing support to the Toronto/Peel Mental Health Implementation Task Force;
- Developing a Long-Term Care District Service Plan that provides a three- to five-year critical path with targets and priorities for LTC services in Toronto; and
- Updating the French Language Services plan for Toronto.

There are also 10 community-initiated planning priorities. These include:

- Working with a broad-based committee to review the current capacity and configuration of health services in Toronto, project the impact of technological and system changes to the year 2008, and identify options for meeting the future needs of Toronto's population;
- Creating a forum that can offer joint resolution for stakeholders of a broad range of problems and issues related to Complex Continuing Care, including variations in admission criteria and uneven access to specialty programs;
- Completing the second year of the TDHC Seniors Project, we will improve health outcomes for seniors through improved understanding about effective transitions between different levels and types of care, and identify effective models and best practices for delivery of services, particularly for at-risk neighbourhoods;
- Sharing expertise about health information with planners in hospitals, CCACs, CHCs and other organizations to assist in development of community profiles;
- Following up on a TDHC report on primary care, we will work with Family Physicians Toronto, in collaboration with acute care hospitals and Community Care Access Centres, to improve the continuity of care between hospitals and community-based care; and
- Following up on a TDHC report on tuberculosis, we have been asked to participate on the Toronto Public Health TB Subcommittee looking at issues related to both immigration and homelessness. The TDHC has also been asked to participate on a TB committee established through West Park and St. Michael's hospitals.