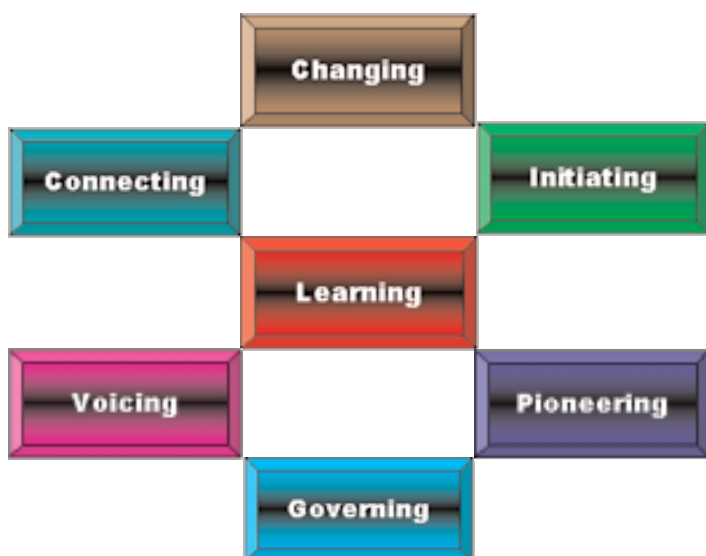


Toronto District Health Council

2002 - 2003 Annual Report: *Assessing Our Impact*



Message from our Chair



Carole Kerbel

This Annual Report marks the end of my term as Chair of the Toronto District Health Council (TDHC). It therefore seems appropriate for me to reflect on the accomplishments of the last three years, during which it has been my privilege to lead the TDHC. My relationship with the TDHC began many years ago when I was retained as the Communications Consultant throughout the TDHC's controversial two-year hospital restructuring project. However, there is nothing like direct involvement in the leadership of an organization to give one a sense of its accomplishments and positive impact.

Over the past year we have accomplished a great deal. We have been **connecting, initiating, pioneering, voicing, and changing** – all directed at effecting system-wide improvements in health on behalf of the people of Toronto. Our *Urban Health Open Space* conference is only one example of **connecting**, allowing us to reach out to those who share an interest in understanding the implications of providing care to people in a complex urban environment. This event opened new relationships, catalyzed community-building action and furthered the urban health framework agenda. Last December, we invited one hundred leaders from Toronto's community-based providers, hospitals and academia to our *Health System Think Tank* meeting to hear their advice on the most pressing health system issues and to raise awareness of our *Health System Plan Project*. Read our "*Developing a New Framework for Health Services in Toronto*" report to see how we have been planning to put this advice into action. This report sets the stage for a very ambitious planning project – redesigning Toronto's health care system to meet future needs. You will be hearing more about this in the coming months.

In the area of **initiating**, I am pleased to report that our tenacity and focus have been paying off. Not everyone agreed with us that the co-ordination of the health sector's response to emergencies was a high priority. September 11, 2001 and the ensuing concerns about potential bio-terrorism, along with major public health emergencies such as this spring's SARS outbreak have demonstrated the importance of our continued efforts in this area. Our report "*Recommendations for Improved Emergency Response Co-ordination in Toronto's Health Sector*" has been adopted by the City of Toronto as policy and has been adapted by the Ministry of Health and Long-Term Care as the template for local emergency preparedness planning.

With respect to **pioneering**, the relationship we began building with family physicians in Toronto a few years ago continues to serve as a platform for some very significant issues management. We helped government to understand that there are serious primary care access issues in Toronto. We established the *Family Physicians Toronto* group to be a voice for family doctors — a voice directed at enhancing primary care access and improving relations between hospitals and the physicians in their communities. Through this group, we were also able to support the role of family physicians in the SARS outbreak so that they could provide appropriate care to their patients during this crisis.

Voicing our opinions in public forums is something we would like to do more often. I felt privileged when I was asked to participate in the *Romanow Commission's Expert Stakeholder Panel*. I used this opportunity to speak out on behalf of urban health issues and the need to strengthen the system's capacity to deal with Toronto's key pressures of ethnic diversity, concentration of low-income residents and a growing, aging population. In the area of **changing**, we were able, finally, to establish a member-supported network focused on improving access to the full range of excellent palliative care services. We are proud to have nurtured this new network which is fully operational and self sustaining.

We certainly have been living up to our goal of effecting system-wide improvements in health. None of these accomplishments could have happened without the commitment and participation of Council Members and the hard work and professionalism of the TDHC staff. I especially wish to thank the hundreds of physicians, nurses, health care providers and leaders of provider organizations who have given up their valuable time to work with us to design these improvements. I am honoured to have worked with you as Chair of Toronto District Health Council.

As I reflect on the role of DHCs generally, I am more impressed than ever at the consistently high quality of objective health planning advice available to government, on an incredibly wide range of important issues...all provided in a most cost effective manner...at a funding level that has not been adjusted in several years. Imagine what great things DHCs could do if they were funded appropriately. It is my hope that government learns to support this valuable source of locally-based objective advice at a level commensurate with its tremendous value.

My final comment must be Toronto focused. We are a great city but we have major health care issues that need to be recognized. We can no longer wait for solutions that have been tried in other places and then adapted to Toronto. From a planning perspective, the TDHC must continue to work to find solutions for Toronto's health care problems. As Council members we must find ways to bring our collective knowledge, wisdom and intelligence to the table to effect change. Our voices must be heard as policy is being considered, before changes are implemented. This is our challenge...this is our opportunity.

A handwritten signature in cursive script, reading "Charles Finkel". The signature is written in dark ink and is positioned in the lower right quadrant of the page.

Message from our Executive Director



Scott Dudgeon

Many activities have that magical moment of connection. It's that exact spot where - when the right forces come together - impact is maximized. In tennis and golf, we refer to this moment as the *sweet spot*. Even health planning has these moments, as we at the TDHC found last December at our *Creating Convergence Think Tank*. We brought together 100 leaders from all health provider sectors and asked their advice on the most pressing health system issues facing Toronto. This event was also used to generate enthusiasm and momentum for our *Health System Plan* project to create a comprehensive Health Services Plan for Toronto.

Although facing many issues and challenges, the *Think Tank* participants clearly stated that addressing the current fragmentation of the health system is the most pressing priority. We also heard that the way to deal with this issue in Toronto, is to identify how best to support the co-ordination of care across multiple settings and organizations; to facilitate co-ordination with appropriate technology; and to create a structure that aligns the system through a planning/allocation/decision-making structure. Much of this and other feedback from the *Creating Convergence Think Tank*, formed the basis for *Phase 1* of our *Health System Plan Project*. Our findings from this first phase are summarized in our report, *Developing a New Framework for Health Services in Toronto*.

Another of those magical moments of connection was the presentation by Dr. Catherine Zahn, *Chief Operating Officer, Western Division of UHN*; Dr. Chris Wallace, *Chief of Neurosurgery, UHN, and Co-Chair of our Access to Neurosurgery Committee* and Dr. James Rutka, *Chair, Department of Neurosurgery, University of Toronto and Chief of Neurosurgery, Hospital for Sick Children*. The Minister of Health and Long-Term Care had asked us to investigate how to improve access to neurosurgery in Toronto. Senior Health Planner Sonia Jacobs assembled the right minds - senior management of the three hospitals providing neurosurgery, along with chiefs of neurosurgery from each hospital and the academic head of neurosurgery at the University of Toronto. Sonia provided them with a sound planning process and the data required for clarifying this thinking and accessing their wisdom. Three experts told our Council in very compelling language, the factors impeding access to neurosurgery and the necessary steps to correct the situation. This message was delivered with such conviction, that Council earnestly endorsed the "Access to Neurosurgery" report and its recommendations.

The convergence of health service expertise from the field and our staff's expert planning is characteristic of the Toronto District Health Council. This formula helped us make great progress on such issues as Child Health Services, Complex Continuing Care, Seniors and Long Term Care, Health Human Resources, French Language Services and Homelessness. On these and other initiatives, we rely for our successes on highly professional staff and our access to the best and brightest health care minds in the country - with which Toronto is richly endowed. These experts volunteer many hours for the sole purpose of improving the system that is so important to them. When it all comes together in that magical moment of connection, this is very rewarding. The TDHC has successfully turned these connections into winning results - the winners being Toronto residents and the results being system-wide improvements in health.

Condensed Financials

Assets:

Current Assets	108,003.00
Capital Assets	29,256.00
Total Assets	137,259.00

Liabilities:

Current Liabilities	107,023.00
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Net Assets:

Invested in capital assets	29,256.00
Balance of funds	980.00
Total Net Assets	30,236.00

Statement of Operations:

Year ended March 31, 2003	
Revenue Advances - MOHLTC	2,223,622.00
Other	6,493.00
Total Revenues	2,230,115.00

Expenditures:

Salaries and Benefits	1,574,643.00
Office Accommodation	260,236.00
Amortization of capital assets	9,168.00
Other supplies and expenses	386,997.00
Minor capital and one-time expenditures	0.00
Total Expenditures	2,231,044.00

Excess of revenue over expenditures	(929.00)
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A Year of Impact : 2002 -

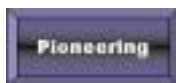


Health System Planning Committee

Health Human Resources Project



Survey of TDHC Stakeholders



Toronto Local Health System Monitoring Report(Full Report)

Rising Tide of End Stage Renal Disease in Toronto Report

The Price of Success: Adults with Thalassemia and Sickle Cell
Disease and the Transition from Paediatric to Adult Care Report

Issues and Opportunities for a Multi-Sector Approach to
Child Health in Toronto Report

Ontario Hospital Association and Ontario District Health Councils
Release Combined Labour Market Survey

2003 TDHC Accomplishments



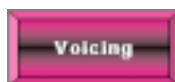
New Board Meeting Evaluation Process
Stakeholder Relations and Communications Plan
Mission/Vision/Values adopted



Toronto Palliative Care Network becomes independent



Homelessness Workshop
Creating Convergence ThinkTank
Francophone Forum on Access to Mental Health
and Addiction Services



Submission to the Romanow Commission on the
Future of Healthcare in Canada

What our stakeholders said

"I would like to recognize the leadership role the Toronto District Health Council has taken in identifying some of the barriers that exist for our clients.

This work is generating interest both nationally and internationally. Thank you so much for your hard work and dedication in identifying some of the concerns the homeless face."

*Mr. Art Manuel
Program Director - Annex
Harm Reduction
Co-ordinator of Health
Services at Seaton House*

"Your efforts and collaboration... [and]...your support are very dear to the CMSC and I would like to take this opportunity to highlight you. Without a doubt your support will be most valuable and critical in the objectives that await the CMSC in 2002."

*Jean-Gilles Pelletier,
Executive Director,
Centre médico-social communautaire*

"On behalf of the Toronto-Peel Mental Health Implementation Task Force, I would like to thank you for all the support you have provided to the Task Force over the past two years.....Our report would not be what it is without the contributions that ...the District Health Council made throughout this lengthy and sometimes challenging process."

*Michael Wilson,
Chair, Toronto-Peel Mental Health
Implementation Task Force*

"The commitment of the Toronto District Health Council to improving care in our region, and specifically to strengthening the role of family physicians, has been exemplary."

*Dr. David G. White
Chief Program Medical Director
North York General
Hospital*

"Thanks to the Toronto District Health Council's successful initiatives and support, the Toronto Palliative Care Network has developed and matured and left its original home."

*Ms. Judy Filman & Mr.
Frank Wagner
Chair and Vice-Chair,
Toronto Palliative Care
Network*

"I just wanted to thank you once again for your efforts in helping St. Mike's get appointed by the Ministry in becoming a Regional Stroke Center."

*Neville H. Bayer, M.D.
Neurologist, St. Michael's Hospital*



TORONTO DISTRICT
HEALTH COUNCIL
LE CONSEIL RÉGIONAL
DE SANTÉ DE TORONTO

www.tdhc.org

...Effecting system-wide improvements in health

...Améliorer l'ensemble du système de santé