health planner

SPRING 2000

A PUBLICATION OF THE TORONTO DISTRICT HEALTH COUNCIL

What's Inside

For further information on topics covered in ***Health Planner***, the Toronto District Health Council is located at:

4141 Yonge Street, Suite 200
Willowdale, Ontario
M2P 2A8

Telephone (416) 222-6522
Fax (416) 222-5587

email
tdhc@tdhc.org

Website
http://www.tdhc.org

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Monitoring Health System Reform

Given the turbulence of the last few years, and given the dramatic reconfiguration of health services, it can be difficult to tell at a glance what is going on with our health system – locally or provincially. Community Care Access Centres (CCACs) are new and rapidly rising to the challenges they face, the number of hospitals have changed, roles of hospitals have changed and the activity within hospitals has changed – services formerly provided on an in-patient basis are now done on an ambulatory basis or in the community.

Are the health system reforms having the desired effect? Are there unintended consequences of the changes we have been experiencing? Funders, planners and providers have been engaged in a complex, massive change effort designed to improve the efficiency and effectiveness of the system and we need to know if these initiatives are having the desired effect or if, in the course of creating efficiencies, we have created new problems.

The Toronto District Health Council (TDHC) sees the ongoing assessment of changes in the system as a natural companion of the core task of providing the Minister of Health Long-Term Care with advice regarding the health needs of Toronto. A template has been developed to monitor the consequences of health care system reform on users of health care services in the City of Toronto. Additionally, the template is designed to capture the impact of reforms on health institutions, programs, services, and providers located in Toronto.

Building on the Health System Reform Monitoring Template, the *First Annual Toronto Health System Report Card* was produced by TDHC in late 1999. The report clearly showed both the strengths and gaps in our health system. It indicated that demand for services has continued to increase, and these demands are being met with a vastly different configuration of services - fewer hospitals, hospitals with changed role, shorter length of stay, more surgery and other procedures performed on an outpatient basis. Although Toronto has gone a long way toward meeting the Health System Restructuring Commission targets and benchmarks (e.g. reduction in hospital beds), there are still other areas in which we are far from reaching established targets.

Recently, the TDHC hosted a brainstorming session to lay the groundwork for a provincial health system monitoring tool.

Toronto's low birth weight rate and teenage pregnancy rate are high as are the numbers of infectious diseases such as tuberculosis. In addition, the report highlights the uniqueness of the sociodemographic and cultural composition of Toronto. A significant population of Toronto consists of immigrants and some of them are unable to read, write and converse in either of the official languages. The *Report Card* illustrates the health dynamics characteristic of a large, culturally diverse, urban centre.

There is reason to be concerned that the current shift of services, from institution to community services, is happening more quickly than the system is able to adapt. There are not yet enough community services in place to absorb the many and rapid changes that are occurring in our health care system. The *First Annual Toronto Health System Report Card* has been helpful in identifying systemic and Toronto-specific concerns that require further exploration.

District Health Councils have recently been given system monitoring responsibilities by the Ministry of Health and Long-Term Care. DHCs throughout Ontario see the *Health System Report Card* as a reasonable starting point for a provincial health system performance assessment initiative to be undertaken jointly. This collaborative approach would provide Councils and the Minister of Health with information on the performance of the system from a provincial as well as a local perspective. Recently, the TDHC hosted a brainstorming session to lay the groundwork for a provincial health system monitoring tool. All DHCs, Public Health Units, Health Intelligence Units in

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Toronto District Health Council

Monitoring Health System Reform

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Ontario, as well as other health related organizations such as the Ontario Hospital Association (OHA), Canadian Institute for Health Information (CIHI), Joint Planning and Policy Committee (JPPC), Institute for Clinical and Evaluative Sciences (ICES), and Faculty members at the Health Administration Department, University of Toronto, were invited to participate in this session.

Other Measurement Activity

Recently we have seen an unprecedented number of measurement and evaluation efforts coming to light. It is likely that the rapid growth in measurement activity is due to the intersection of increased uncertainty arising from multiple changes and increased demands for accountability. It should be noted that the *First Annual Toronto Health System Report Card* is unique in that it includes all sectors of health care system. Other initiatives focus on a specific sector of health care. Examples of other performance measurement initiatives include:

- Association of Canadian Teaching Hospitals/Hay Group Benchmarking Comparison (1999)
  - Measurement of the performance of Canadian hospitals relative to efficiency and quality benchmarks.
- Consensus Conference on Population Health Indicators (1999) - Canadian Institute for Health Information
  - Selection of indicators, related to comparative health status, determinants of health.

Participants in the brainstorming session discussed what needs to be in place to make health system monitoring happen.

- The Hospital Report '99: Ontario Hospital Association/University of Toronto (1999)
  - A balanced scorecard view of Ontario hospital performance relative to clinical utilization and outcomes, patient satisfaction, financial condition and system integration and change.
- Report on the Health Status of the Residents of Ontario (February 2000) - Public Health Research, Education and Development Program
  - Regional variation in the social environment, health status with respect to chronic disease, injury behaviours, family health, mental health and infectious diseases.

The Health Services Restructuring Commission, as its final advice to the Ministry of Health and Long-Term Care, will be proposing a mechanism for the ongoing assessment of health system performance relative to system restructuring objectives. This initiative appears to be consistent with the objectives of the provincial DHCs' health system monitoring project. The District Health Councils of Ontario are looking forward to clarifying performance trends from a system perspective through their collective efforts in the creation of a provincial health system monitor.

For further information on the TDHC *Health System Report Card*, please see our Website at www.tdhc.org, or call Mandana Vahabi at (416) 222-6522, ext. 236 or Cynthia Damba at ext. 283.

DHC Review

District Health Councils (DHCs) and their stakeholders across the province are taking part in a program review of DHCs by the Ministry of Health and Long-Term Care (MOHLTC). The purpose of the review is to:

- Assess the effectiveness of the DHCs;
- Assess the efficiency of DHCs; and
- Determine how the DHCs uniquely add value to clients/stakeholders.

"The program review is focusing on the DHC's unique role in health planning in Ontario," says Marion Emo, Executive Director of the Hamilton-Wentworth DHC and a participant in the Advisory Group to the Ministry review made up of DHC Chairs, Executive Directors and stakeholders. "As part of our contribution, the DHCs are giving the MOHLTC Steering Committee examples of where we've been most effective." DHCs have had success in brokering contentious issues, proactive monitoring and evaluation of their local health system, creating partnerships, identifying local needs and providing effective community planning, and as a catalyst in solving complex system issues.

The DHCs provide a safe and neutral table where planning participants are able to call on the people with the most expertise in the field and, using a consultative approach, create positive plans together. The inclusive DHC process for developing recommendations promotes buy-in from stakeholders. Effective planners bring a range of skills and tools that enable them to facilitate discussion and achieve consensus on issues where there may have been dissonance. DHCs also use evidence to provide defensible advice to the Minister. The correct use and interpretation of evidence has resulted in the DHCs being viewed as an honest broker.

Each DHC has contributed to the health of its community and beyond. The Toronto District Health Council (TDHC) has created:

- A needs-impact based planning model – a tool to help planners and funders of the health system base decisions on the incorporation of evidence on the needs of the population and the ability of the population to benefit from health strategies.
- A hospital restructuring plan that was widely supported by the Toronto hospitals and formed the basis for the Health Services Restructuring Commission's decisions.
- A health system reform monitoring template to evaluate whether our health services are continuing to meet the needs of the population that uses the Toronto health system. The method has resulted in the *Health System Report Card* which has received provincial and national attention and is being adapted for use across the province.
- A plan for a preschool speech and language services system which involved bringing together Ministries and service providers in health, community and social services and education and training to promote early identification and intervention, increased involvement by parents, and improved linkages between sectors.

Many of our stakeholders have been asked to complete a survey asking where DHCs have added value to their communities and what projects they most need to be tackling next. Some upcoming Toronto District Health Council projects are mentioned on page four of *Health Planner*. "The review has given us the opportunity to highlight the unique contributions made by the dedicated volunteers and staff of the DHCs across the province.", says TDHC chair, Ilsa Blidner. "Please feel free to contact us at tdhc@tdhc.org to give us your thoughts on the value of DHC planning."

TDHC Executive

Council would like to introduce it's executive group for the year 2000. From left to right are: Robert Dobson, Treasurer; Scott Dudgeon, Executive Director; Gilles Barbeau, Vice-Chair; and Ilsa Blidner, Chair of Council.

"I'm looking forward to working with a proactive Council and taking on the challenges of bringing together various sectors to achieve a system of health services," says Ms. Blidner. "We are building Council's capacity to engage all stakeholders in developing needed policy recommendations for the Toronto community."

For information on our members of Council, please see our Website at www.tdhc.org. Our members can be reached at tdhc@tdhc.org.

A Coordinated Stroke Strategy

Stroke is a leading cause of death in Canada. About 50,000 Canadians suffer a stroke each year and 60% of survivors have some disability. Close to 300,000 Canadians are stroke survivors. The direct and indirect costs of stroke to our national medical system are estimated to be about $2.5 billion a year – about $1 billion a year in Ontario alone. The number of strokes is projected to increase as the Canadian population ages, unless significant improvements in prevention and treatment are made.

The TDHC, in its capacity to plan local health systems, has brought together a Work Group of representatives from the continuum of stoke services to develop a coordinated approach to stroke care in Toronto. The continuum ranges from health promotion, pre-hospital, acute care, complex continuing care, rehabilitation, long-term care to community reintegration and risk factor management. The Group is Co-Chaired by Dr. Sandra Black, Neurologist, Sunnybrook and Women's College Health Sciences Center, and Mr. James Westcott, TDHC Council Member.

The TDHC Work Group will build on the provincial work of the HSFO *Coordinated Stroke Strategy* pilot sites and current Ministry of Health and Long-Term Care initiatives, and identify (and act on, where appropriate) implications for Toronto's health services providers and the public. At the same time, the TDHC will facilitate communication among stroke service providers for the purposes of knowledge development and collaboration.

An initial report from the TDHC Stroke Strategy Work Group will identify current gaps in the system and recommendations for improvement. It is intended that a number of the recommendations will be achievable through the goodwill and desire of agencies in regional clusters within Toronto to work together. The Work Group is planning to facilitate coordination among a variety of partners through regionally-based focus groups over the summer months.

For further information on this project, please contact Heather Dawson, Senior Health Planner at (416) 222-6522, ext. 241, hdawson@tdhc.org, or Sarah McClennan, Epidemiologist at (416) 222-6522, ext. 248, smcclennan@tdhc.org.

Integration Project

The Toronto District Health Council (TDHC) has conducted a Community Integration Project to help inform the Health Services Restructuring Commission's(HSRC's) advice on achieving greater coordination in the health service system. It is one of six such projects from across the province.

The HSRC's Community Integration Initiative supported communities where health service providers are voluntarily working together to achieve greater integration and coordination of services. Particular attention was placed on the development of vertically integrated systems, defined as: *"a formal organizational arrangement among at least three health care provider organizations that provides or supports the delivery of health care services, each offering a different set of services or different level of care, that is established for the delivery of health care on a cooperative basis in a particular region"*. This initiative will form part of the HSRC's final advice to the Minister of Health and Long-Term Care at the end of March 2000.

The TDHC Project focused on seven longstanding Networks that meet the HSRC definition. The Networks have a common goal to work with their partners to achieve improved coordination of, and access to, programs and services for the residents of their communities. They are achieving success through sharing of information and resources and accomplishing what could not be achieved by the individual agencies on their own.

The Networks pull together consumers and providers from a wide variety of health and social service agencies: Community Health Centres, public health, physicians, Community Care Access Centres, hospitals and long-term-care facilities. They have gained experience in establishing partnerships, maintaining relationships, overcoming barriers, and achieving integration in action. The unique lessons that have been learned by the Networks are described in a TDHC report that was submitted to the HSRC in December. In addition, recommendations were provided for the development of policy initiatives that will enhance the ability of communities across the province to further develop vertically integrated systems.

The final project report will be available from TDHC for broad circulation at the end of March. To request a copy of this report, please contact Karen Davis-Dove at (416) 222-6522, ext. 229, or kdavisdove@tdhc.org.

For further information on the project contact Heather Dawson at (416) 222-6522, ext. 241, or hdawson@tdhc.org.

TDHC in the Community

Staff and volunteers of the Toronto District Health Council are often out in the community learning from consultations and taking part in conferences and events. Here are some recent examples:

- In December, Scott Dudgeon, Executive Director, participated in a Canadian Urban Institute panel discussion on the role of municipalities in hospital planning and funding. The focus of the presentation was on the need to consider the interdependency of big cities and their suburbs and the need to regard their infrastructure and institutions, including hospitals, as metropolitan or regional resources.
- Linnea Humphrey and Cori Ross, staff of the Y2K Project, did numerous presentations to health and social service agencies on emergency preparedness planning during the course of the project. Ms. Ross also made presentations on Y2K contingency planning at two Ontario Hospital Association Conferences as well as presenting Outcomes of the Urban Experience to the MOH Health Sector Year 2000 Project and District Health Councils Debriefing on February 1st.
- Fern Teplitsky, a Senior Planner working on Long-Term-Care Planning, has recently given presentations at York University, the Bernard Betel Centre for Creative Living, and at the University of Toronto, Community Medicine Program.
- Jacqueline Whittingham will be making a poster presentation, *A Preliminary Examination of the Costs of Caring for Children with Complex Care Needs*, at the Beyond 2000: Healthy Tomorrows for Children and Youth Conference in Ottawa on June 16th.
- Heather Dawson, Senior Planner, will be moderating a panel discussion entitled, *Community Accountability through Integrated Networks of Health Providers in Toronto*, at the National Healthcare Leadership Conference and Exhibition in Ottawa, June 18th-20st.

Other stroke information and initiatives

National Focus

At the national level, the Health Canada approval of the use of tissue-plasminogen activator (tPA) for acute stroke sets a new standard for care. This drug works by dissolving blood clots and restoring blood flow. The drug allows some stroke victims to escape disability if their stroke is caused by a blood clot and they receive the drug within three hours of their first symptoms. Hospitals in Toronto are at varying levels of ability to provide persons who present in the emergency department with access to tPA. To determine if the patient is a candidate for tPA, a CT scan of the head must be performed. For hospitals this means that there must be 24 hour access to a CT scanner, and generally, a neurologist must be on-call 24 hours to the emergency room.

Provincial Focus

The Ministry of Health and Long-Term Care and the Heart and Stroke Foundation of Ontario (HSFO) have established a Joint Working Group to develop recommendations for the Ministry on the policy framework needed for good stroke care. Committees of the Working Group are looking at a variety of issues including emergency service and acute care, rehabilitation and health promotion and prevention. It is anticipated that recommendations will be directed to the Minister of Health and Long–term Care later this spring.

Another provincial effort is the Coordinated Stroke Strategy of the HSFO. The goal is to ensure equitable access for all Ontarians to the best possible stroke care. Specifically, the Coordinated Stroke Strategy is a three year systems change pilot project involving four sites in Ontario. The sites will develop and test an approach to organized stroke care across the continuum of care. The four sites are South West, South East, Central West, and Toronto West/Peel. Leadership is provided by: London Health Sciences Centre; Hamilton Health Sciences Corporation; and Queen's University Care Delivery Network. Leadership for the West GTA pilot is provided by a community-based consortium of institutions and community organizations including Humber River Regional Hospital, St. Joseph's Health Centre, Trillium Health Centre, West Park Hospital, William Ostler Health Centre, COTA and the CCACs for this area.

Local Initiatives

In addition to the West GTA Coordinated Stroke Strategy pilot, other localized groups of community agencies, long-term-care facilities, home care provider groups and hospitals are beginning to meet and to plan for improved approaches to the delivery of a broad range of services in their various communities.

In Brief

Children with Long-Term-Care Needs Project

The TDHC Children with Long-Term-Care Needs Project is now complete, ending a four year period of planning for this population. The focus of phase I of the project was to develop a plan for a coordinated and integrated service delivery system for children with long-term-care needs in Toronto. The work of the Phase I Project Work Group culminated in the development of eighteen recommendations which are contained in the report, *A Strategic Plan for Children with Long-Term-Care Needs in Metro*. The focus of phase II has been on promoting the recommendations and on collecting financial data on a smaller sub-group whose needs are very high and very costly - children with complex care needs. The final report of the Phase II Project Work Group, *Advancing the Agenda for Families of Children with Complex Care Needs in Toronto*, is now available.

As the project comes to a close, members of the Phase ll Project Work Group have observed positive changes in the way services for children with long-term-care needs are being delivered in Toronto. Parent members report experiencing increased satisfaction with the services they receive through Community Care Access Centres' Child and Family Services and are optimistic about the new initiatives underway through the Office of Integrated Services for Children, Ministries of Health and Long-Term Care, and Community and Social Services.

For further information, or a copy of the phase II report, please contact Jackie Whittingham at (416) 222-6522, ext.274, or jwhittingham@tdhc.org.

Forum on Ambulatory Care Centres

In June of 1999, the TDHC released the report, *Ambulatory Care Centres: The Evolution of Five Sites in Toronto*. It highlighted the development of four free-standing Ambulatory Care Centres (ACCs) that will become part of Toronto's landscape as a result of Health Services Restructuring Commission directives, and a fifth ACC that will operate as part of a hospital facility as a result of the closure of Doctor's Hospital.

The Ambulatory Care Centres are located at:

- North York Branson site of North York General Hospital
- Sherbourne Health Centre
- Queensway site of Trillium Health Centre
- Women's College site of Sunnybrook and Women's College Health Sciences Centre
- University Health Network, Toronto Western Hospital site

A forum has been planned for the morning of Thursday, April 27, 2000 for representatives from the Toronto ACCs to provide an update on development to date. The forum is intended to foster discussion around the provision of ambulatory care services in Toronto and how the ACCs fit into the current milieu. The relationship with hospitals, Community Care Access Centres, Community Health Centres and other primary care providers will be explored. Issues facilitating or impeding the development of the ACCs, as well as opportunities for the future, will be presented.

Speakers include:

Lucy Brun, Author of *Ambulatory Care Planning: Changing the Focus of Care,* will present **examples from other jurisdictions**; and

Kevin Smith, Executive Director, St. Joseph's Hospital, Hamilton ACC will provide an **overview of the development of the ACC in Hamilton**.

To register for the forum contact Karen Davis-Dove at 222-6522, ext. 229, or kdavis-dove@tdhc.org.

For more information contact Heather Dawson at 222-6522, ext. 241, or hdawson@tdhc.org.

Long-Term-Care Multi-Year Plan for Toronto

The Long-Term-Care Task Force of the Toronto District Health Council recently released its Multi-Year Plan for Long-Term-Care Services in Toronto. The report, *A Call to Action*, identifies current challenges experienced by long-term-care stakeholders in Toronto, and suggests four strategic recommendations (and corresponding action plans) to address these challenges. In addition, over forty recommendations are made to enhance services for long-term-care populations across Toronto. *A Call to Action* is the first in a series of three reports that comprise the TDHC's Multi-Year Plan 2000-2003. The other two documents are: *Long-Term-Care Populations in Toronto* (February 2000) which describes and analyzes the utilization of long-term-care services by eleven distinct population groups and, a *TDHC Long-Term-Care Retrospective* (February 2000) which provides an analysis of changes - to policies, services and funding - in the long-term-care sector in Toronto, in relation to TDHC and Health Services Restructuring Commission advice.

For further information on these reports, please contact Fern Teplitsky, Senior Health Planner at fteplitsky@tdhc.org.

Primary Care Project Update

The TDHC Primary Care Committee released a consultation document to key stakeholders in January. It looked at issues of system capacity to deliver primary medical care, the costs of the primary care services, how to better understand needs for primary medical care in Toronto, and how to improve the linkage between primary medical care and other parts of the care continuum such as hospitals, specialist services and home care. The document also posed some questions to facilitate feedback.

The Steering Committee has received considerable feedback from stakeholders which will inform the Committee members as they prepare their final report to go to Council in May.

For further information on this project please contact Lynne Lawrie at (416) 222-6522, ext. 226, or llawrie@tdhc.org, or Karen Atkin at ext. 239, or katkin@tdhc.org.

Palliative Care Project Update

The TDHC is monitoring developments emerging from its Palliative Care Project since the release of it's document, *A Model for the Delivery of Palliative Services in the City of Toronto*, in July of 1999. Currently, the model is being reviewed by a group of palliative care managers from Community Care Access Centres throughout Toronto who are committed to implementing the report in a staged manner.

TDHC invites your feedback on the Multi-Year Plan

A Consultation will be taking place on:

Friday, April 7th
from 11a.m. to 2 p.m.

(Refreshments will be served.)

Please call Karen Davis-Dove at 222-6522, ext. 229, to register. As space is limited, we request that only one person from an agency/group register for a session.