health planner

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What's Inside

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Taking Action on the Mayor's Report on Homelessness

In the Fall of 1999, the Toronto Public Health Department and the Toronto District Health Council (TDHC) collaborated to initiate planning on the health initiatives identified in the Mayor's Homelessness Action Task Force report. A Homeless Health Reference Group was established to manage the process. Working groups were formed to do planning focused on improving services and health outcomes for the homeless in three areas:

- Improving discharge planning by building on best practices so that when homeless patients are discharged from hospital they are linked with appropriate follow-up services in the community;
- Initiating infirmary services where people who are homeless can recuperate when they are released from hospital; and,
- Expanding harm reduction options for people who are homeless in various settings across the city. Currently many agencies require abstinence by program participants.

There was agreement that the primary focus for these initiatives must be on action and implementation, rather than on more reports or recommendations.

The Toronto District Health Council took the lead in the discharge planning area. A Homeless Discharge Planning Working Group was formed to identify best practices in discharge planning for health provider agencies and to develop implementation strategies for incorporating these best practices in the system.

The TDHC Working Group felt that it was important to build on what was already working well within the local service system. The Group undertook consultations with the following groups:

- People who are homeless
- Hospital discharge planning staff
- CCAC staff
- Agencies serving the homeless.

Summary of Findings

At the point of discharge, the homeless are a particularly vulnerable group. Quite often, there is no one present to advocate for them, they have only temporary housing or none at all to which to go, and the options for after care are limited. A person who is homeless does not always let health care providers know this during his/her hospital interaction. Discharge planning by itself cannot address the range of factors that affect the health outcomes of people who are homeless. However, the Working Group has heard from various providers, including the discharge planners themselves, that there are some ways to improve the current situation. Potential improvements in the discharge planning area were noted quite consistently throughout the consultations. They can be looked at in terms of people, places and processes.

People:

- It is important for social workers, with their knowledge of community support systems, to be involved with the discharge of homeless patients;
- Education about homeless health needs is essential for health care providers, including those involved in hospital treatment or developing care plans for post discharge of people without homes; and,
- People who are homeless need to better supported in managing their own health care.

Places:

- The safety element is important in determining acceptability of a community agency for a homeless patient, for example youth often refuse to go to adult facilities;
- The challenge of follow up care/ home care is big when there is no stable 'home' environment; alternative care sites and modes need to be in place; and,
- Alternatives to the emergency room for primary care needs must be put in place; patients being discharged should be referred to follow up with a family physician.

Processes:

- Protocols which allow hospital staff to respond to the immediate recovery-related needs of homeless people seen for treatment are important, for example, the maintenance of a compassionate care fund for medications, and a clothing bank on site; and,
- Consistent referral processes including appropriate information, and method of communication implemented across the system will support community level follow up by the agencies receiving the discharged homeless person.

Action Being Taken

Based upon the consultations and the needs expressed by providers and the homeless, the following actions have been initiated to improve the health outcomes of people who are homeless or without a sustainable shelter.

1. Tool Kit

Information on best practices is being put into a tool kit for hospital emergency department staff when discharge planners and social workers are not available. It will then be disributed to hospitals in Toronto for pilot testing. Early in the Spring, hospital staff who have used the tool kit will be invited to provide feedback on the kit before it is finalized.

2. Information Sharing Sessions

A follow up session for hospital discharge planners and CCAC staff was held to:

- Confirm best practices identified to date, and resources available;
- Identify options to monitor implementation of best practices across the system; and,
- Identify opportunities within the Toronto health sector for continuous learning around the health needs of people who are homeless.

3. Best Practices

A presentation was made at the Ontario Hospital Association Convention in November 2000 on the

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TDHC Chair, Carole Kerbel, and Executive Director, Scott Dudgeon, introduced the discussion on Unique Health Care Models for Toronto at the AGM.

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best practices identified to date, and the resource guide. Further educational resources on best practices in discharge planning are being considered.

4. Report

A final report will be prepared which combines the information from the three working groups of the Homeless Health Reference Group.

Is there more to be done?

Issues that may affect the ability of health care providers to follow these best practices have been identified. The following questions still need to be resolved:

- What are the roles, and potential resource issues, related to community health and social service providers in follow up care for someone discharged from hospital? Are there options for providing health care follow-up to people who are homeless which have not yet been identified?
- What can be done at a system level to relieve the barriers to referral from acute care to rehabilitation when the patient has no fixed address and the post hospital scenario is not known?
- What can be done to ameliorate the situation of homelessness which develops during hospitalization, e.g. amputees who do not have accessible dwellings, mental health patients who forget to arrange for payment of their rent, or people who lose their normal shelter beds because of hospitalization and the need of the shelter to fill the bed or lose the funding?
- How can collaboration in serving the homeless be supported across the system? Who will continue to support these efforts of joint planning and implementation?

The Homeless Discharge Planning Working Group has recommended that the Toronto District Health Council continue to work with health sector stakeholders and representatives of the City to resolve the questions noted above. It is anticipated that the collaborative planning which has occurred through the three working groups, (discharge planning, infirmary and harm reduction) will advance the implementation of a system response to issues around health and homelessness.

For further information on this project, please contact Lynne Lawrie or Jackie Whittingham at 222-6522 or tdhc@tdhc.org.

Telehealth Information Sessions

The Ministry of Health and Long-Term Care is implementing a telephone health advisory service in the 416 and 905 area codes beginning in February, and will eventually be providing the service province wide. Clinidata, the firm awarded the initial contract to deliver the telehealth services, has asked the TDHC to host information sessions in the first week of February. To register to attend a session, please contact Sheeraz Irani at (416) 222-6522, ext. 238.

Emergency Networks

Over the last several winters, emergency rooms in Toronto have been under increasing pressure. Ambulances were often restricted in their access to emergency departments, which put the emergency system into the media spotlight. Each year, the problem has been greatest during the winter flu season. However, last year the emergency situation seemed to be worse than in previous years.

In December of 1999, the Minister of Health and Long-Term Care (MOHLTC) announced a 23 million dollar, ten-point action plan for emergency care in Toronto and the GTA region. The plan established three emergency networks in Toronto to coordinate emergency care services of local hospitals, Toronto Ambulance and CritiCall in the Central, East and West regions.

The Networks have a number of objectives:

1. Collaborate with the other networks on provision of emergency services;
2. Improve coordination between the network hospitals, Toronto Ambulance, and CritiCall;
3. Establish a process for monitoring and reviewing clinical indicators and ambulance redirect status;
4. Identify actions to improve clinical care and system efficiency; and,
5. Make recommendations to the Ministry regarding the processes and resources necessary to support emergency services.

Although each Network has been working on solutions to emergency challenges specific to their area, they have many challenges in common. This Fall, the Networks published status reports that recommend further improvements to the system. The Chair of each Network made a presentation to the Toronto District Health Council (TDHC) at the November meeting of Council.

The following are some of the key challenges of all of the Networks:

- Human Resources Shortages;
  - High vacancy rate - especially in emergency departments and ICU
  - Competition amongst providers for scarce nursing resources
  - High costs of recruitment and retention
  - Serious human resources shortages in community partners (long-term care, home care, etc.)
- Low comparability of system data;
- Bottlenecks in ICU and medical beds;
- Inpatient beds blocked by patients waiting for alternate levels of care (eg. long-term care and rehabilitation beds not available); and
- Support in the community is not adequate. There is a need for support to primary care physicians and other care providers to reduce hospital visits and to maintain patients in the community following discharge from hospital.

> TDHC is working with MOHLTC and the Emergency Networks toward alleviating persistent problems involved in the provision of emergency services.

Significant action has already been taken. The MOHLTC action plan has begun to address some of the health system issues that affect emergency services, but the Networks found that substantial change is still required to alleviate current problems. They have made recommendations that the Networks can work on themselves, as well as recommendations to the Ministry of Health and Long-Term Care and to the community. The following are some of the key recommendations.

The Networks recommend that the MOHLTC:

- Accept the *Proposal to Improve Ambulance Access*, a collaborative effort of the three networks;
- Invest in non-acute beds; and,
- Increase community support.

It is recommended that both the MOHLTC and the Networks:

- Address human resources issues;
- Support the flu campaign; and
- Analyze the hospital, long-term care, and community service/capacity requirements for Toronto.

It is recommended that the Networks and their community partners:

- Measure and monitor the utilization, capacity and flow of emergency departments and hospitals; and
- Develop benchmarking targets for appropriate utilization of resources.

The Networks agree that some projects would be best carried out by an organization with a system perspective. The TDHC has been asked to work with the Networks and the following projects are a good match with our ongoing planning work.

The Networks propose to work with family physicians on issues such as improving access to after hours care. The TDHC is already working with family physicians and other practitioners on strengthening primary care in Toronto.

The Networks are in agreement that a centralized effort needs to be carried out around health human resources planning. The Central Ontario District Health Councils' Regional Planning Group on Health Human Resources is working on the first phase of a project identified as essential to improving the emergency situation.

Further data and analysis are required around hospital, long-term care, complex continuing care, rehabilitation and community services capacity and funding requirements. It is recommended that the TDHC work in partnership with the Emergency Networks to conduct this work.

The Networks recommend that the MOHLTC consider a continued and expanded role for the Emergency Networks. The West Emergency Network report suggests sharing and implementation of best process of care practices with impact on Emergency Departments, and links with other existing Networks, e.g. Stroke Network and Rehabilitation Network. The TDHC is supportive of this recommendation and is already doing planning work with the Stroke and Rehabilitation Networks. (See articles in *Health Planner*.)

The TDHC is working with the MOHLTC and the Emergency Networks toward alleviating some of the persistent problems involved in the provision of emergency services. For further information on this initiative, please contact Sonia Jacobs at (416) 222-6522, ext. 241, or sjacobs@tdhc.org.

Introducing our Membership

The Toronto District Health Council would like to introduce two long-standing members of the Council and to welcome a new member to its planning table:

Margaret Weiers, journalist and author, worked for newspapers in Regina and Toronto. For 28 years, she was on the staff of The Toronto Star, as reporter, feature writer and member of the editorial board. She also had a brief diplomatic career with the Canadian foreign service in Ottawa and New York. Her book, *Envoys Extraordinary: Women of the Canadian Foreign Service*, was published in Toronto by Dundurn Press in 1995. Mrs. Weiers is a member of the Toronto Heliconian Club, the Media Club of Canada, the Canadian Research Institute for the Advancement of Women, and a former vice-president of Extend-a-Family, Etobicoke. Mrs. Weiers joined Council in 1998 and has been a member of the Issues and Priorities Committee. "It is my hope that the Toronto District Health Council, with its meticulously researched reports reflecting a thorough knowledge of Toronto's health-care needs, can succeed in persuading the Ontario government to implement recommendations designed to improve the city's health care system and the quality of life of all its citizens."

James Westcott, OMC, was president of James W. Westcott and Associates Ltd., an executive search and assessment firm. Now retired, Mr. Westcott is a director of Turning Point Youth Services and DAREArts Foundation. He is a past president of the Canadian Council of Christians and Jews, and a former director of the Humber River Regional Hospital Foundation. He is a member of the Toronto Symphony Advisory Council, the Development Committees of Orchestras Canada and the Advisory Council of the Baker Centre. Mr. Westcott joined Council in 1998 and has served on the Volunteer Recruitment and Support Committee, the Corporate Services Committee, the Stroke Strategy Work Group and the Addictions Task Force. In 1998, he received the Ontario Medal for Good Citizenship for his volunteerism. "My interest in Council stems from its position as an honest broker that strives for objectivity and facts rather than opinion in planning for health services."

Canon, The Rev. Dr. Jack R. Roberts is the newest member of Council. He is past chair of the Continuing Education Council - Toronto School of Theology and he was the Regional Dean of Scarborough from 1985 to 1993. Canon Roberts was chair of the Scarborough Inter-Faith Council as well as serving as chair of several Diocesan Committees. He was a member of the Board of Governors of Seneca College, Centennial Hospital and the Toronto Community Planning Council. He was recently appointed to the Expert Panel on Homelessness that will oversee the federal Community Partnership Grants for Ontario. Canon Roberts has been awarded the Scarborough Race Relations Committee Certificate of Recognition and the Scarborough Citizen Award for Community Development. "I look forward to working with the TDHC toward an accessible health system for even the most difficult to reach citizens, such as people who are homeless."

TDHC Panel Discusses Unique Health Care Models for Toronto

Unique health care models that address the specific needs of the Toronto community were the subject of a panel discussion hosted by the TDHC at its annual meeting. Four panelists addressed the audience of Council volunteers and staff, health care providers, and representatives from the Ministry of Health and Long-Term Care: **Dr. Vivek Goel**, Chair, Faculty of Health Administration, University of Toronto; **Mary MacLeod**, Manager, Telecare Project, Ministry of Health and Long-Term Care; **Wendy Nelson**, Vice-President Patient Services, Trillium Health Centre; **Dr. Lynn Wilson**, Chief, Department of Family and Community Medicine, St. Joseph's Health Centre. The panel was moderated by **Linda Jackson**, Member, Toronto District Health Council, Executive Director, The Anne Johnston Health Station.

Mary MacLeod presented the features of the Telehealth Ontario program that the Minister of Health and Long-Term Care announced in November. Access to these services is scheduled to begin mid-February 2001 for the Greater Toronto Area. It is anticipated that the service will be available across the province by the end of 2001.

Dr. Lynn Wilson described the innovative care partnerships being formed to address the challenging inner city setting at St. Joseph's Health Centre in southwest Toronto. Some of the unique primary care initiatives include physician house calls to care for housebound seniors, shared mental health care between specialists and family physicians, palliative care service and, beginning in November, an after hours clinic.

Wendy Nelson discussed how ambulatory care centres are completing the continuum of care in Toronto. Trillium Health Centre, Etobicoke Site, offers specific services that do not require an in-patient bed but that may require technology available on site. Benefits of ambulatory care include: lower overall health care costs, enhanced customer satisfaction, less pressure on in-patient and emergency health services and, linked with a hospital as well as local family physicians, it fills the continuum of care between hospital and community.

Dr. Vivek Goel commented on how Toronto's aging population and the availability of new technology mean that the health system must look for new models of care. The three initiatives are all in accord with the vision articulated at the First Ministers' meeting in September last year, as they speak to access, quality and containing costs.

"Toronto faces significant challenges to health planning as a result of this city's dense urban environment with significant cultural, linguistic and demographic diversities," says Chair, Carole Kerbel. "It was encouraging to hear that some of these unique health care models are already being implemented to meet these challenges."

Current Primary Care Initiative

These initiatives fit with the TDHC's recent report recommending solutions and strategies to address issues of access to care. The TDHC is currently working with family physicians who have formed a group to advance and strengthen primary medical care in the Toronto area. Family Physicians Toronto is comprised of the Chiefs of the Departments of Family and Community Medicine of Toronto area hospitals. The TDHC has been asked to participate as an associate member of the group. Other associate members include representatives from the Ontario Medical Association, the Coalition of Family Medicine and the Ontario College of Family Physicians.

Dr. Philip Ellison, Family Physician in Chief, University Health Network, has been selected as Chair of the group and Dr. Yoel Abells, Chief of Family Medicine at Humber River Regional, will be Vice-Chair. "Family Physicians Toronto will advance the health issues and concerns facing the population(s) of Toronto, as seen through their family physicians," says Dr. Ellison.

"This group is a unique partnership which will ensure the family physician voice continues to be fundamental to health system planning in Toronto," says Dr. Val Rachlis, who chaired the TDHC primary care project last year.

The group will be meeting at the end of January to determine the priority action areas for the next year. For further information on Family Physicians Toronto, please contact Lynne Lawrie, Director of Planning, at (416) 222-6522, llawrie@tdhc.org; or Dr. Philip Ellison, (416) 603-5515, philip.ellison@uhn.on.ca.

Stroke Strategy

The Toronto District Health Council has released the report, *Creating a Coordinated Stroke Strategy for Toronto*. Stroke is the fourth leading cause of death, and the leading cause of disability in Canada. Current statistics for Toronto estimate that approximately 5976 strokes may occur this year. Implementation of the recommendations in this report will lead to equitable access to a coordinated continuum of stroke care for the citizens of Toronto.

An organized approach to stroke care delivery along a continuum of care improves health outcomes," says Dr. Sandra Black, Chair of the TDHC Stroke Strategy Work Group. "This report recommends a coordinated continuum of care ranging from health promotion, pre-hospital, acute care and rehabilitation, to community reintegration and risk factor management."

For further information on this project, or to obtain a copy of the report, please contact Sonia Jacobs at (416) 222-6522, ext. 241 or sjacobs@tdhc.org.

In Brief

GTA Rehabilitation Network

The GTA Rehabilitation Network was established to bring together hospitals and community agencies engaged in rehabilitation, the District Health Council and the academic sector. The vision of the Network is to create an integrated rehabilitation system that is responsive to clients and their families and achieves equitable and timely access to quality services at the right time in the right place.

The TDHC is currently working with the Network on an analysis of information received from member organizations concerning inventory of services, and issues of access and coordination. Strategies will be implemented to address the issues identified. The survey also includes care pathways information and patient satisfaction surveys in use across Network organizations. A full report of survey results is expected to be completed in March.

On February 7, 2001, the Network is sponsoring a one-day research conference. The day is intended to bring researchers together and share research activity and findings related to rehabilitation. On that day a summary of a report of rehabilitation research activity across the GTA, gathered in a recent survey, will be provided. Further information about the conference can be obtained from Details Healthcare Conferences (416) 516-6678.

Health Human Resources Planning

Four Central Ontario District Health Councils - Durham-Kawartha-Pine Ridge, Halton-Peel, Simcoe-York, and Toronto District Health Councils which constitute the Central Ontario Regional Planning Group – are jointly examining the issue of health human resources with a view to developing evidence-based strategies and recommendations to address current, and projected, health worker shortages.

The availability of well trained health care providers is critical to health care. In Ontario, the Ministry of Health and Long-Term Care, the Ontario Hospital Association, the Ontario Medical Association, the Ontario Association of Community Care Access Centres, the Registered Nurses Association of Ontario, and many other organizations are doing extensive work in the area of health human resources planning. For the most part, these planning efforts have been focused on a particular profession, provider group, or sector of the health system, or on the workers needed to care for those affected by a particular disease. District Health Councils in Ontario are strategically placed and equipped to facilitate local health human resources planning that takes a system-wide view.

In its initial phase, the Central Ontario Regional Planning Health Human Resources Project is collecting data from a number of sources (including the academic literature, the regulatory colleges, training colleges and universities, and the labour market) to gain an understanding of the size and the nature of the shortages in health human resources. The second phase of the project will focus on developing strategies to manage health human resources shortages in Central Ontario.

To date, work on this project has identified the following issues related to shortages of health care workers:

- Uneven distribution of workers across the province;
- Aging of the workforce with insufficient workers being trained to replace those that are retiring;
- Aging of the population which is creating more demands for health care services;
- Educational quotas that were introduced to limit the number of students being trained in a particular profession (in the case of medicine, these policies were introduced because of the relationship between number of practitioners and costs of the publicly funded health care system);
- Recent health system reforms have resulted in the loss of thousands of jobs across the province; and,
- A changing labour market that has created many new job opportunities for young people, particularly in the technology and communications sectors.

As well, the project has recently developed a literature review / background paper, *Health Human Resources Planning in Ontario: A Status Report (December 2000),* which will facilitate further planning in this area. The report is available on our Website at www.tdhc.org. For further information, please contact Fern Teplitsky, Senior Health Planner at (416) 222-6522, ext. 273, or fteplitsky@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:

Scott Dudgeon, Executive Director, presented at a conference on Benchmarking in Health Care in September. In November, he participated in an interdisciplinary seminar in Montreal on the Reform of the Canadian Health Care System and Its Impact on Population Health.

Lynne Lawrie, Director of Planning, gave a presentation on needs-impact based planning and resource allocation at a workshop hosted by the Central West Health Planning Information Network on November 3rd in Hamilton. She also participated in a focus group hosted by the Centre for Health Economic Policy Analysis at McMaster on public participation in health care policy and planning.

The TDHC is organizing the health sector participation in city-wide emergency response planning in partnership with Toronto Emergency Services. Sonia Jacobs, Senior Health Planner, registered the health and social services participants in Incident Management System training sessions in October and November 2000. Ms. Jacobs also presented the work of the THDC Stroke Strategy Work Group to the West GTA and East Toronto Stroke Network Steering Committees.

Fern Teplitsky, Senior Health Planner, provided a presentation on services for the elderly in Toronto at an educational workshop sponsored by the University of Toronto's Family Care Office.

At the request of the Toronto Community Care Access Centre (CCAC), Natalie Pawlenko, Senior Health Planner, facilitated a session between this CCAC, hospitals, long-term care facilities and ambulance and public health. They discussed issues such as how best to coordinate the transfer of patients from hospital or community to long-term care facilities, a topic of particular importance during flu outbreaks. Ms. Pawlenko has also been working with the West End Health Alliance on a proposal for enhanced convalescent care.

DHCs Review Complete

District Health Councils (DHCs) are advisory, health planning organizations. As such, they are the eyes and ears of the community – consulting health care consumers and providers and looking out for health service needs. They act as an 'honest broker' in providing a venue for people from various sectors of health to come together and do integrated, system-wide planning. In addition to Council members, DHCs involve hundreds of other community volunteers in their work through committees, task groups, and public consultations.

This year, the Minister of Health and Long-Term Care (MOHLTC) undertook a program review of DHCs to assess effectiveness and efficiency, to determine how DHCs uniquely add value to their clients and stakeholders and to evaluate the suitability of their current mandate. This review is now complete and the Minister has announced that DHCs should continue in their current role.

District Health Councils across the province will continue to fulfill their mandate of providing local health planning advice to the MOHLTC. Many of the people who both work with the DHCs on planning, and who use their reports, were surveyed during the review. Deputy Minister, Daniel Burns, commented that the generally high level of importance attached to DHC work is an indicator of the need to maintain and support the system.

The DHCs and the Regional Offices of MOHLTC are now working to identify opportunities for improvement and developing regional action plans. The TDHC will be focusing on strategies to enhance its outreach into the community. This year, the TDHC will consult with consumers and providers of health care services as it prepares its annual operating plan. As well, we will be looking to more fully involve stakeholders in the work we do, including in the evaluation of the effectiveness of local planning projects. The TDHC and the Toronto Regional Office will also be exploring how better to work together to ensure effective health system planning and implementation. Look for updates on this process in the next issue of Health Planner, and at our Website at www.tdhc.org.

Palliative Care

The Toronto District Health Council has initiated work to coordinate and improve accessibility to palliative care services for the people of Toronto. In response to a request from the Ministry of Health and Long-Term Care, the TDHC will move forward with its recommendation to initiate a Regional Palliative Care System Committee.

The TDHC will be hosting a half-day working session to initiate the development of a Toronto-wide Palliative Care Network. For further information, please contact Jackie Whittingham, Senior Health Planner at (416) 222-6522, ext. 239, or jwhittingham@tdhc.org.

Dual Diagnosis System Implementation

Stakeholder focus groups are being planned to help identify priority areas, cross-sector linkages and membership for a committee that will be working on a joint system implementation plan (Ministries of Health and Long-Term Care and Community and Social Services) for people who have a dual diagnosis. Jenny Carver will assist with focus group facilitation during February and March, 2001. For further information on this project, please contact Iona Noah at (416) 222-6522, ext. 247, or inoah@tdhc.org.