IMPACT UPDATE health planner

FALL 2003

A publication of the Toronto District Health Council

Effecting system-wide improvements in health

In 2001, the TDHC adopted a new vision and mission. Our vision is to:

- Provide leadership in integrated health services;
- Have an impact on health outcomes;
- Influence health policy and;
- Enjoy a positive profile and high recognition.

THIS ISSUE

Special Message from Our Executive Director Scott Dudgeon

A Change in Leadership

Our Fall Newsletter is a microcosm of the Toronto District Health Council's (TDHC) role and the breadth of the work we do each and every day. We may bring together experts and local providers, to look at how best to work inter-sectorally at better protecting the health of children during their various stages of development. Another day, we may be shining a light on issues pertaining to the important role of Elderly Persons Centres in helping seniors remain active and autonomous in their communities.

The breadth of our work translates into a typically diverse and hectic week here at the TDHC. On Monday, we may be providing the hard analysis and facilitation required to make sense of service provided by Toronto's Complex Continuing Care providers, to be used as a basis for improving access and future capacity planning. On Tuesday, we might collaborate with hospitals to organize a forum for discussing how to improve access to French language mental health services, for francophone residents of Toronto. On Wednesday, we could be working with clinical leaders and hospital administrators to determine how best to close the growing gap between the demand for – and availability of – neurosurgical services. On Thursday, we might lend assistance to the creation of a web-site for the purpose of improving access to dementia services. Friday might have us working with leaders across the entire health system, to sort out how best to reliably co-ordinate care; support co-ordination with information technology; and determine a new system governance model that can make rational resource allocation decisions for guiding system improvements through the next decade.

This is a very broad array of work that is important at many different levels. None of it would be possible without highly professional staff – dedicated experts in the field who make room in their crowded calendars to help us do our work. Nor would any of it be possible without leadership. We have had the good fortune of having Carole Kerbel as the TDHC Chair for the past three years, guiding the work described above and much more. Carole has brought to this role a wealth of experience and knowledge. She gained this experience through years of engaging the health system on multiple levels, as a consultant providing expert strategic communications advice to hospitals and other health care organizations and a director on the boards of health organizations.

Mimi Lowi-Young

Carole Kerbel

During Carole's tenure, the TDHC has become increasingly counted on as a reliable source of advice, information, facilitation and consultation. Our advice has had a real impact. While in her role as Chair, Carole has extended our reach through her participation on the *Mental Health Implementation Task Force, Ontario Family Health Network, Smart Systems for Health* and more.

Carole's term as the TDHC Chair ends this fall and she has decided to dedicate more time to her important role at the

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MAKING CONNECTIONS:
TDHC Hosts Successful Child Health Services Forum

On September 4th, 2003, the Toronto District Health Council (TDHC) and its *Child Health System Planning Committee* hosted leaders in Toronto's children's service sector at a one day forum. The purpose of the *Making Connections* forum was to discuss and develop solutions for implementing a co-ordinated system of services for children in Toronto. It was intended to build upon the *Child Health System Planning Committee*'s work and used its recent background paper entitled *Issues and Opportunities for a Multi-Sector Approach to Child Health in Toronto* as a basis for discussion. Jackie Whittingham, a Senior Planner at the TDHC, was responsible for guiding the Committee's work and organizing the *Making Connections* forum.

To read more about the Making Connections forum and the four child development stages, visit the Council web-site at www.tdhc.org. Click on the Impact Update icon, then click on the Child Health Services logo.

To stimulate discussion and debate, several distinguished guest speakers with expertise in children's health were invited to make presentations to forum participants. Below is a summary of the key points from the presentations.

Mr. John Godfrey (MP, Chair of The National Children's Agenda Caucus Committee)

- There is a huge demand for a National Child Care Strategy (NCCS)
- All provinces must be on the same page in terms of the need for and components of a NCCS
- A NCCS must become embedded in Canada's values, much like the principal of universal healthcare
- There needs to be measurements of success in place and ways that things are being measured
- A NCCS must allow flexibility to account for the uniqueness of provincial jurisdictions

Ms. Maria Augimeri (Councillor, City of Toronto)

- Toronto has a Children's Charter and Strategy (CCS) that is unveiled every year
- The link between a CCS and health is direct
- A Universal Early Childhood Learning program requires the co-operation of all governments

Dr. Daniel Trefler (J. Douglas and Ruth Grant Chair in Competitiveness and Prosperity at Rotman School of Management, U of T)

- Human capital formation, especially a university educated workforce, is essential
- Investing in children now is the key to having a successful and productive workforce
- Many attributes that employers look for in an employee can be developed in early years, including: problem solving, communication, team work and work ethic

Dr. Richard Volpe (OISE, U of T)

- We cannot overlook the needs of school age children and adolescents
- An OECD study (1998) revealed the best way to promote children's health is to ensure supports to the family
- This study also revealed there is a need for an integrating idea that will lead to a co-ordination of services

Dr. Dan Keating (Professor of Human Development and Applied Psychology at OISE / University of Toronto)

- There is a need to identify who is accountable for the outcome of children and adolescents and establish a process for ensuring accountability
- We need data to monitor the future and what has been done in the past
- It is important to look at integrating all services – targeted, clinical and universal programs, and at the redistribution of opportunities and developmental services

Dr. Jim Millar (Executive Director of Mental Health Services, Nova Scotia Department of Health and Chair of the Child and Youth Action Committee (CAYAC))

Mr. Rob Matergio (Co-ordinator, Nova Scotia Child and Youth Action Committee)

- CAYAC is a group of senior government officials that share responsibilities for services to children and youth in Nova Scotia
- It gets the right people at the table who can commit fiscal and human resources
- The program facilitates enhanced co-operation, collegiality, co-ordination, sensitivity and understanding, pressure and accountability
- CAYAC cannot be run by one organization but instead must be a collective responsibility
- The more work is done together, the better the co-ordination and complementation of services to children, youth and families ■

PROVIDING A RESOURCE:
TDHC Helps Dementia Sufferers and Their Families

*"Fern Teplitsky supported the concept of the web site from the beginning," **Françoise Hébert** said. "She jump-started the project by finding seed money to hire our outstanding Database Co-ordinator, Angela Mendes."*
François Hébert

The Toronto District Health Council (TDHC) and the *Toronto Dementia Network* (TDN) partnered over the summer to provide a valuable resource to dementia sufferers, their families, friends, and caregivers. The web-site (**www.dementiatoronto.org**) provides basic information for hundreds of organizations offering services for persons who suffer from dementia such as Alzheimer's, as well as their families and caregivers. Françoise Hébert, Executive Director of the *Alzheimer's Society of Toronto*, stated the site provides a one-stop shop for those looking for information. "We were the experts in dementia care, but we didn't know where to begin because the system was so big and complicated. We needed a map, so we created this web-site," she said.

Fern Teplitsky, a Senior Health Planner at the TDHC, helped the TDN launch the site. It was assistance greatly appreciated by Hébert. The TDHC supported the TDN from the beginning. "With regards to the TDN web-site, the TDHC provided some start-up funds for the project, participated and chaired the web-site subcommittee, shared contact information on organizations and programs which serve people with dementia, and assisted with the development of definitions for the web site," Teplitsky said.

Hébert notes that dementia sufferers are not the only people affected by the disease. It deeply impacts family, friends, employers and health care providers who need a resource when someone they know has the disease. "Right now, hundreds of thousands of people in Toronto need to understand the complexities of dementia care," she said, before noting how such a site can help. "This web-site could help people to make better decisions about dementia care, and to make more effective use of community services at the most appropriate time. Better information leads to better care, and the benefits of better care accrue to everyone in the community." ■

To read more about how successful the Toronto Dementia Network (TDN) web-site has been since its launch, and its plans for the future, visit the Council web-site at www.tdhc.org. Click on the Impact Update icon, then click on the Toronto Dementia Network logo.

A Change in Leadership
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Ontario Medical Association. She will be handing the Gavel over to Mimi Lowi-Young at our *2003 Annual General Meeting* on November 20th. Mimi brings strengths of her own and a set of distinguished experiences similar to Carole. Early in her career, Mimi was a Health Planner. In this role, she honed a set of skills that helped her in various hospital executive positions and will equally serve her well as the new TDHC Chair. Mimi is currently the Vice President of Member and Professional Relations at the *Ontario Hospital Association*. She is very much looking forward to leading the TDHC on future projects that are both rewarding and important to Toronto's health system. ■

CONTINUING TO LIVE:

TDHC Report Looks at Elderly Persons Centres

Elderly Persons Centres (EPCs) are an innovative way to provide seniors an opportunity to maintain their freedom, mobility and independence. They offer a support structure that allows seniors to have fun and enjoy life. According to a recent report released in April 2003 by the Toronto District Health Council (TDHC) entitled *A Critical Juncture: A Review and Directory of Elderly Persons Centres,* all is not well with EPCs in Toronto. This report highlights the need for change and recommends steps to promote and protect a valued resource.

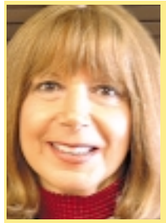
Despite their value and importance, the TDHC report highlights a number of challenges facing these centres. Ms. Esta Wall, Executive Director of the *Bernard Betel Centre for Creative Living,* said the report struck a chord with her. In particular, the report emphasizes the need for increased funding. Wall reaffirmed the importance of an increase in funding for EPCs. "The release of the report is timely, particularly since many EPCs are facing financial constraints at a time when demand is greater in response to an ever increasing aging population," she stated.

There are many people in the city of Toronto such as **Evelyn Rabkin-Yuditsky**. She is elderly, and first started visiting the Bernard Betel Centre for Creative Living in 1989. After her husband died, the Betel Centre provided her with an excellent support system, not just a group of mourners for her husband's funeral. Now, when she goes to the Betel Centre, she meets other seniors and dances and sings, things she never did when she was younger. Rabkin-Yuditsky once a month also teaches a Yiddish course to almost 45 seniors. And it was at the Betel Centre that she met her second husband. For her, an Elderly Persons Centre such as the Betel Centre helped her to move from grief at the death of a spouse to real living.

EPCs such as the Betel Centre serve seniors of all different ages, from 50 years of age and up. This mix of younger and older seniors requires Elderly Persons Centres to offer a wide range of programs. "Seniors are not a homogenous group," agreed Wall, noting that the Betel Centre has a book club, brain aerobics, bridge, concert and a musical variety program. "We offer a wide range of programs demanding different levels of physical and mental challenges."

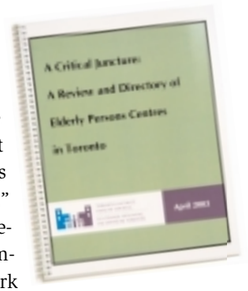
There is the added challenge of trying to meet the needs of a very culturally diverse group of people. Approximately 42 per cent of EPCs offer ethno-specific or language-specific programming, according to a 2002 TDHC survey. The TDHC found programming such as this helps immigrants, as well as allowing "seniors to interact in their native languages and engage in culturally-specific activities." At the Betel Centre, programming is available in English, Russian and Hebrew. Other centres provide programming in Italian, Chinese, Portuguese and Spanish. Their ability to provide this rich variety of programming depends on adequate funding.

The TDHC's report stresses the need to better publicize the outstanding programs available to Toronto seniors through these centres. A recent survey of EPCs by the TDHC revealed that a little over 7 per cent of seniors in Toronto used these centres in 2002. "It would appear that EPCs are one of the best kept secrets in Toronto's health care system," claims the TDHC report, which recommended that EPCs work together to publicize their role and value. Many seniors are not aware of the many services that EPCs can provide. "Perceptions about seniors centres must change. The seniors community, as well as the community at large, must be made aware of the existence of seniors centres, who they serve, and the range of programs offered," noted Wall, while lamenting the fact that many EPCs have no budgetary room for marketing and publicity activities.

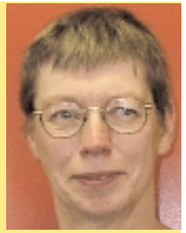


"[It was exciting] to see the TDHC had taken the initiative to put the spotlight on EPCs. I agree wholeheartedly with the analysis and your recommendations. EPCs connect seniors to their community in a positive way that enhances well-being and reduces isolation with its attendant problems."

Esta Wall



Once they are made aware of its programs, helping seniors get to an Elderly Persons Centre presents another set of challenges. The TDHC report recommends an improvement to community transportation services. Many seniors find the TTC's Wheel-Trans service an inconvenience, given its requirement of scheduling pick-up times days in advance. Lack of insurance and qualified drivers make it difficult for some EPCs to operate their own transportation shuttle services.



"Our value within the healthcare delivery system had not previously been officially recognized despite the significant role we play. I felt [the report] accurately reflected the value of EPCs within the continuum of care and the issues facing EPC providers."

Jane Moore

"The functions of EPCs will become increasingly important as the population ages and the number of seniors 75 and over in Toronto grows," according to TDHC Senior Planner Fern Teplitsky. The TDHC report strongly endorses the creation of new EPCs in Toronto. This is a view shared by many, including Ms. Jane Moore, Executive Director of *SPRINT – Senior Peoples' Resources in North Toronto.* SPRINT is not an EPC but provides many services "to help seniors continue to live at home and to contribute to their community," stated Moore. Started in 1983, SPRINT now serves approximately 4,000 individuals a year with 150 staff and 450 volunteers. Moore claims there is a need for more awareness of EPCs, as well as more EPCs. As the TDHC Elderly Person' Centres report noted, "EPCs contribute to the health and well-being of seniors, their communities, and the health system as a whole." ■

To read more about the Bernard Betel Centre for Creative Living and for more information, visit the TDHC web-site at www.tdhc.org. Click on the Impact Update icon, then click on the logo. A .pdf version of the complete Elderly Persons Centres report is in the Reports section of the TDHC web-site and can be downloaded.

TDHC Undertakes Major Health System Plan Initiative

The Toronto District Health Council (TDHC) recently began a major planning initiative – the *Toronto Health System Plan Project* – in 2002. The purpose of this initiative is to develop a system-wide plan to the year 2016 for Toronto's healthcare system. The project is being conducted by the TDHC's *Health System Plan Steering Committee.* In August 2003, the Steering Committee released its interim report entitled ***Developing a New Framework for Health Services in Toronto.*** This report represents Phase I of the project. It emphasizes the need for a comprehensive plan to address Toronto's urban health issues and ethnic diversity. The report also highlights the need for a plan to leverage the strength of Toronto's academic science centres and community-focused agencies that are making a real difference in at-risk neighborhoods.

The findings in this interim report build on the feedback received from stakeholders at the ***Creating Convergence ThinkTank*** hosted by the TDHC in December 2002. At this ThinkTank, participants emphasized that a plan for Toronto's health services should be population-based; focused on maximizing opportunities for co-ordinating services across multiple settings; and should align providers with a coherent strategy.

Using the findings from the interim report, the *Health System Plan Steering Committee* will work to identify the model and the services required in Phase II of the project. This will include receiving recommendations from its three task forces: *The System Alignment Task Force, The Care Coordination Task Force* and *The Systems and IT Task Force*. The work of these task forces will set the foundation for the plan's implementation. ■

A .pdf version of the complete Developing a New Framework for Health Services in Toronto report, can be downloaded from the Reports section of the TDHC web-site.

TDHC's Newest Council Member – Vinay Fernandes

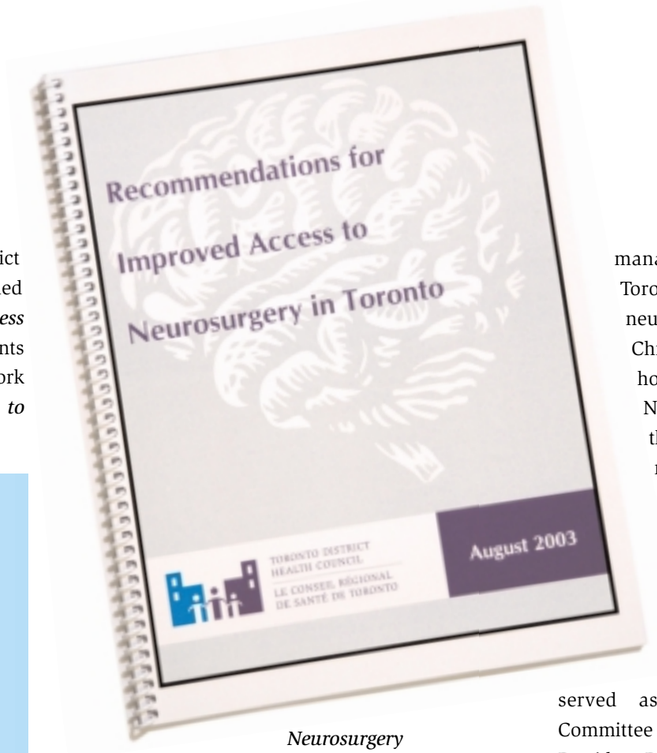
Vinay Fernandes joined the Health Council in July 2003.

He is a student at McMaster University, where he is currently pursuing a Bachelor of Health Sciences. Vinay is an executive member of the Toronto Youth Cabinet (TYC), a volunteer organization that serves the youth of Toronto by representing them at City Hall. Vinay represents the TYC on the *Children and Youth Action Committee.* He has a variety of volunteer experience including several years at Extendicare North York, St. Francis' Table and the Toronto Street Patrol. ■

NEUROSURGERY WAITING LISTS RISING:

TDHC Recommends Solutions

Toronto's hospitals lack the capacity to meet a growing, province-wide demand for neurosurgery services – and action is needed now to keep the situation from getting worse. This is the central message of an August 2003 Toronto District Health Council (TDHC) report entitled *Recommendations for Improved Access to Neurosurgery.* This report represents the culmination of six months of work conducted by a special *Access to Neurosurgery Committee* assembled by Sonia Jacobs, a Senior Health Planner at the TDHC. This committee included senior management of the three Toronto hospitals providing neurosurgery, along with the Chief of Neurosurgery at each hospital and the Chair of the Neurosurgery Department at the University of Toronto. Its mandate was to investigate factors impeding access to neurosurgery services for Toronto residents and recommend solutions for addressing them.



The TDHC Access to Neurosurgery report contains eight key recommendations for addressing the need for improving access to neurosurgical services for Toronto residents. Each recommendation is supported by research conducted by the Committee with the assistance of Sonia Jacobs. Below is a summary of two recommendations.

RECOMMENDATION:

That the MOHLTC recognize Toronto's neurosurgery programs as a provincial resource and that the providers collaborate with the MOHLTC through the Joint Planning and Policy Committee on the development of a new funding formula for neurosurgery.

The proportion of neurosurgery cases originating outside Toronto is increasing, and now at 56% of all neurosurgery cases. "The capacity of Toronto's regional neurosurgery programs is not sufficient to meet the demand of the catchment area they now serve and, as the population of the GTA [grows], the pressure on the programs will continue to increase," the report said.

RECOMMENDATION:

It is recommended that the extraordinary costs of training critical care nurses and specialist physicians be recognized and that these resources be funded appropriately, to enhance recruitment and retention efforts.

Additional resources will help to generate a higher complement of full-time nurses and reduce the high costs associated with agency staff. There is a need for more critical care nurses, and the need for nurses to staff beds has to be met. There are problems with the cost of training nurses and the retention of those nurses.

To read the rest of the recommendations made in the TDHC Access to Neurosurgery Report, visit the Council web-site at www.tdhc.org. Click on the Impact Update logo, then click on the Neurosurgery logo. A .pdf version of the complete Recommendations for Improved Access to Neurosurgery report can be downloaded from the Reports section of the TDHC web-site.

"Each participant took the committee's work very seriously and hospital data was provided to support the recommendations. We appreciate the support of the TDHC to achieve the committee's mandate."

Dr. Patricia Petryshen

"The report is excellent and absolutely correct."

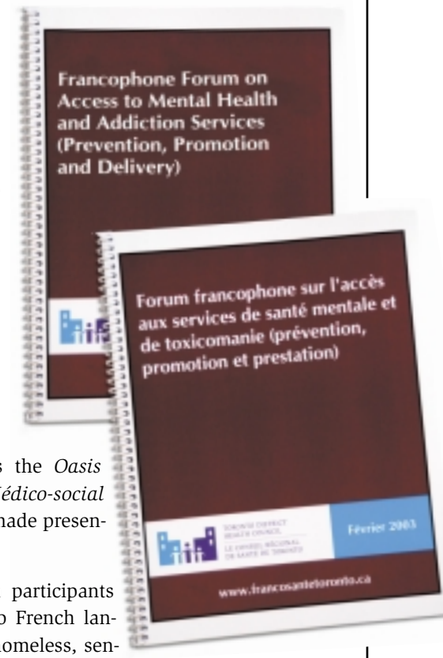
Dr. Raj Midha

Dr. Patricia Petryshen served as the Co-chair of the Committee and is the Executive Vice-President Programs, Hospital Relations and Chief Nursing Officer at *St. Michael's Hospital.* "The report on access to adult neurosurgical services is an excellent report and needs to be advanced," she said.

The Ontario Council of Teaching Hospitals (OCOTH) has recognized the excellent work conducted by the TDHC's *Access to Neurosurgery Committee.* Recently, OCOTH created the *Provincial Taskforce on Access to Neuro/Complex Spinal Surgery, Interventional Neuroradiology & Rehabilitation.* The Task Force's mandate will be to focus on access to and funding of neurosurgery, complex spinal surgery, interventional neuroradiological care and rehabilitation in the province of Ontario. The Terms of Reference outlining the Task Force's objectives reference the TDHC's *Access to Neurosurgery* report. It states that the Task Force will build upon the TDHC work for its provincial evaluation. ■

BRIDGING THE LANGUAGE GAP:

TDHC Works to Provide French Language Services



Phil Joachim faced a situation common to many francophones living in Toronto: when he needed health services in French, he could not find any. This was his message to a group of participants at the *Francophone Forum on Access to Mental Health and Addiction Services* at North York General Hospital (NYGH). The Toronto District Health Council (TDHC), in partnership with several community organizations, hosted this one-day event. Its focus was to find ways of ensuring members of the French community suffering from mental illnesses receive treatment in their mother tongue. Organizations such as the *Oasis Centre des femmes,* the *Centre Médico-social Communautaire de Toronto* and *NYGH* made presentations at the forum.

After listening to presentations, forum participants talked about ways to improve access to French language services for women, adults, the homeless, seniors, and children. From these discussions, a number of recommendations were made which the TDHC has been working hard to implement.

Since the forum, there have been several positive developments in the drive to improve awareness and availability of French language services in Toronto. Thanks to its profile being heightened by the forum, Passages has increased its client base by 30%. Passages is a new French-speaking case management program for community mental health support services. The CAMH recently launched a series of public service announcements to increase awareness about mental health problems and the need to find important services. This fall, NYGH will be starting a French program for violent males. "This forum helped us to develop new ideas," said TDHC French Language Services Co-ordinator Anne-Marie Couffin of the new program at the NYGH. "When we were there, the French community asked us to make this program so I looked to see who could do it, and it's starting this fall." An expert working group is being formed by the TDHC to consider the treatment needs of francophone children aged 6 to 12 with developmental and mental health problems. ■

To read about the recommendations resulting from the Francophone Forum on Access to Mental Health and Addiction Services, visit the Council web-site at www.tdhc.org. Click on the Impact Update logo, then click on the French Language Mental Health and Addiction Services logo. A .pdf version of the complete report resulting from the Francophone Forum on Access to Mental Health and Addiction Services, can be downloaded from the Reports section of the TDHC web-site.

UNRAVELLING THE CONFUSION:
TDHC Releases *Complex Continuing Care* Report

The Complex Continuing Care (CCC) sector in Ontario has been at the centre of considerable examination and restructuring efforts over the past decade. There has been a particular need to end confusion over the definition and role of CCC in Ontario. Recognizing this need, the Toronto District Health Council (TDHC) established a *Complex Continuing Care Committee,* supported by Jim Pagiamtzis, a TDHC Planner.

The Committee had several objectives. These were to develop a common understanding of CCC services in Toronto; design strategies to improve admission and eligibility practices; and improve communication and coordination of CCC by developing and implementing common processes. In August 2003, the *Complex Continuing Care Committee* released a report with some of its findings. The name of the report is *Complex Continuing Care in Toronto.*

The report endorses the use of the *Resident Assessment Instrument/Minimum Data Set* (RAI/MDS 2.0). The committee noted 13 indicators from the RAI/MDS 2.0 could be used as a form to determine the profile of a CCC patient. Analysis of the data revealed that the CCC population is not alike. There were distinct differences between residents served in freestanding CCC facilities and those treated in CCC units that are part of acute hospital facilities.

An important challenge facing the CCC sector, is describing that variability of patients in a way that defines the role of CCC so these services can be accessed and utilized appropriately. The committee therefore concluded that sharing patient profile data would help hospitals and other organizations more effectively determine what location best suited a patient. The need for the form to be online and easily accessible is evident. "Benchmarking will identify the needs of the sector as a whole but, as suggested in the report, the information would have to be timely to be of any value," claims Maggie Bruneau, Patient Care Manager at *Providence Hospital,* a freestanding facility.

The benefits would also accrue to patients, Bruneau added. "Sharing information supports any decisions regarding reclassifying a patient's need and allows the team to identify those that could potentially benefit from a different setting than the one they are in," she said. This could mean a better-suited therapy program for the patient at a nearby hospital, or the moving of the patient from a CCC unit to a long-term care facility. ■

To read more about the building of the CCC patient profile and eligibility database, visit the Council web-site at www.tdhc.org. Click on the Impact Update icon, then click on the Complex Continuing Care logo. A .pdf version of the complete Complex Continuing Care report is in the Reports section of the TDHC web-site and can be downloaded.

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