Effecting system-wide improvements in health

IMPACT UPDATE health planner

Spring 2004

A publication of the Toronto District Health Council

Message from Mimi Lowi-Young, TDHC Council Chair

The articles in the *Winter 2004* edition of our *Impact Update Newsletter,* will provide you a sense of the great impact the Toronto District Health Council (TDHC) is currently having on the delivery of healthcare in our community of Toronto. You will read about the panel discussion that the TDHC hosted last year regarding the *SARS* outbreak and its implications for Toronto's healthcare system. An update will be provided on our efforts over the past few months, to brief Toronto area MPPs on the state of Toronto's healthcare system and the TDHC's initiatives to improve it. This includes our soon to be unveiled *Toronto Health System Plan* – a plan that will address the unique health challenges facing Toronto and improve the coordination of healthcare service delivery to its residents.

THIS ISSUE

TDHC Hosts Panel Discussions on the Impact of SARS 2
TDHC Finds Solution to Complex Continuing/Palliative Care Bed Problem 3
Celebrating 30 Years of Making Healthcare Better 4
TDHC Updates Area MPPs on its Accomplishments 4
TDHC Helps Create New Health Planning Areas for Toronto 5
Agencies Require Help to Meet Increased Client Demand 6
TDHC Helps Create New Program for Francophone Males 7
TDHC Toronto Health System Plan Issues/Soutions 8

A NEW HEALTH SYSTEM PLAN FOR TORONTO: TDHC to Unveil its Plan Soon

In July, the TDHC will unveil its *Toronto Health System Plan*. This plan will address some of the many challenges facing Toronto's health system, communicated to the TDHC during its extensive consultations with healthcare consumers, providers and government decision-makers. This feedback emphasized the need to undertake a system-wide planning process for Toronto spanning the next 4 to 12 years. It confirmed the need to address several challenges facing Toronto's healthcare system:

- *An inability of the current health system to meet expected future demands;*
- *Fragmentation of parts of Toronto's health system;*
- *A lack of an "Urban Health" strategy for Toronto;*
- *The need for system-wide leadership and accountability;*
- *Insufficient incentives to systemize Toronto's healthcare delivery;*
- *The need for a Toronto-level decision-making structure; and*
- *Misalignment of health planning and resource allocation.*

These challenges are being addressed by three task forces established by the TDHC's *Health System Plan Steering Committee*: the *Care Coordination*, *System Alignment* and *Systems and Information Technology* task forces. The key priorities recently outlined by the *Ministry of Health and Long-Term Care (MOHLTC)*, are in line with those identified by the TDHC. These include working towards reduced waiting times for key services, having more families with access to primary health care and getting the components of the healthcare sector to work collaboratively. Please see page 8 for a summary of the issues identified and solutions proposed by the TDHC's *Health System Plan Steering Committee* and its task forces. ■

Look for a .pdf copy of the TDHC's Health System Plan in late July. Visit the TDHC web-site at www.tdhc.org, then click on the Reports icon to go to the reports section of the web-site to download a copy.

A Special Message from the Board

In April, the TDHC's current Executive Director will begin a two year secondment at the *College of Family Physicians of Ontario,* as Executive Director of the *Canadian Collaborative Mental Health Care Project*. The TDHC Board has appointed Lynne Lawrie to assume the role of Executive Director in his absence. Lynne has shown herself to be very capable and to have the combination of values and talents needed to lead the TDHC in Scott's absence. We look forward to Scott's return in April 2006.

Scott's work will form part of four important federally funded national initiatives through the *Primary Health Care Transition Fund.* Its goal is to improve the delivery of mental healthcare by strengthening relationships and improving collaboration among healthcare providers, consumers, families and their communities. We look forward to Scott returning at the conclusion of the project in 2006 with fresh insights and experiences! ■

2003 TDHC AGM: TDHC Hosts Panel Discussion on the Impact of SARS

Healthcare professionals from across Toronto called for a strengthened, more co-ordinated healthcare system at the Toronto District Health Council's (TDHC) *2003 Annual General Meeting*, held at Toronto's Metro Hall last November. As part of the meeting, the more than one-hundred attendees listened to seven distinguished guest panelists discuss the recent *SARS* outbreak and its implications for the future of Toronto's healthcare system. *SARS* caused 44 deaths in Toronto, including three healthcare workers. 220 people were hospitalized and hundreds more were quarantined.

Dr. Bonnie Henry, Associate Medical Officer of Health with *Toronto Public Health*, was one of the panelists. She praised the previous work of the Toronto District Health Council (TDHC) in the area of emergency response. A summary of the key points made by Dr. Henry and the other guest panelists is provided below.

"Some of the recommendations contained in the TDHC's March 2002 report, 'Recommendations for Improved Emergency Response Coordination in Toronto's Health Sector', are the same lessons we learned from SARS. Implementation of these recommendations may have helped us respond more effectively to SARS and will assist us in dealing with other communicable disease outbreaks in the future."

Dr. Bonnie Henry, Associate Medical Officer of Health, Toronto Public Health

Dr. Bonnie Henry
Associate Medical Officer of Health, Toronto Public Health

- SARS led to a costly diversion of Toronto Public Health resources from other situations.
- For some, SARS resulted in psychosocial costs such as social isolation and discrimination.
- Key lessons learned include a need for better information technology; building surge capacity; more effectively linking to occupational health; shared service agreements; and legal authority for Toronto Public Health to act in a similar future crisis.

Ms. Lynne Raskin
Executive Director, South Riverdale Community Health Centre

- Social services are a necessary component of healthcare for a large population of underserviced people.
- Re-deployment of staff in a crisis must be avoided in the future – it meets one problem but exacerbates another.
- Canada needs a National Centre for Disease Control and a National Accountability Council.

Dr. Ted Boadway
Executive Director, Department of Health Policy, Ontario Medical Association

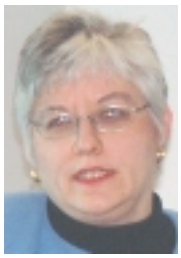
- Assembling the proper information and getting it out efficiently to the healthcare system in a crisis is a big challenge.
- A full contingency plan for a medical crisis must consider a broad range of factors – such as the capability of sewage treatment plants to treat contaminated wastes.
- The health sector's IT system must be improved.
- There is a definite need for doctors to work in partnership with other health sector providers.
- Infectious disease professionals should be protected as valuable resources.

Ms. Cathy Szabo
Executive Director, Etobicoke and York CCAC

- There is a need for expanded services in homes and long-term care facilities to prevent hospital admissions yet meet patient needs.
- Better co-ordination and tactical consolidation is needed in many areas of the health system.
- We need to be better prepared in the future – it is possible to scramble and survive in the short-term but this is not sustainable.

Ms. Bonnie Adamson
CEO, North York General Hospital

- SARS was present at North York General Hospital for five months.
- Hospital staff experienced feelings of dedication, compassion, heroism, uncertainty, fear, exhaustion and grief during the crisis.
- The SARS crisis highlighted several important challenges such as alliances between hospitals; a staffing crisis; department closures; staff as patients; and politics.
- Lessons learned include a need to focus on enhanced infection control; system leadership; more efficient execution of changes; more investment in emergency preparedness; better integration, co-ordination and education; and enhanced vigilance and sharing of best practices.



Ms. Marnie Weber
Regional Director, Toronto, Ministry of Health and Long-Term Care (MOHLTC)

- The four key Ministry themes during SARS were management, monitoring, communication and reactivation.
- Some key elements for future success include solid leadership, augmented human resources, priority setting, sequestered drugs and emergency planning.
- There is a need to sit down and develop plans for going forward.

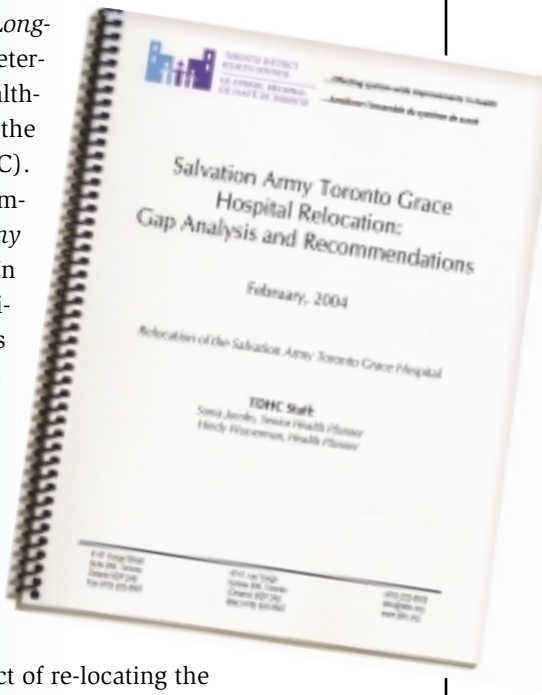
Ms. Barbara Mildon
Board Member, Registered Nurses Association of Ontario

- The SARS experience was like a bad movie, with an unseen monster.
- For many nurses, it was the hardest time of their lives.
- The TDHC should examine the 'casualization' of the nursing profession, which is worst in Toronto – 45% of nurses have multiple employers.
- There are nursing shortages that need to be addressed – nurses are the backbone of the healthcare system. ■

To obtain a .pdf copy of the Toronto District Health Council's (TDHC) Recommendations for Improved Emergency Response Coordination in Toronto's Health Sector report, visit the TDHC web-site at www.tdhc.org. Then click on the Reports icon to go to the reports section of the web-site.

Salvation Army Toronto Grace Hospital Re-location Project:

TDHC Finds Solution to Complex Continuing/Palliative Care Bed Problem



When the *Ministry of Health and Long-Term Care (MOHLTC)* needed to determine the impact of changes to healthcare in Toronto, they turned once again to the Toronto District Health Council (TDHC). Recently, the Ministry asked the TDHC to examine the impact of re-locating the *Salvation Army Toronto Grace Hospital* outside of Toronto. In particular, the TDHC was charged with investigating what should be done with the hospital's 100 complex continuing care beds and 19 palliative care beds. The TDHC immediately responded to the Ministry's call for help to ensure the people of Toronto continue to have access to health services that they require.

TDHC Senior Health Planner Sonia Jacobs and Health Planner Hindy Wasserman were responsible for researching the potential impact of re-locating the beds. "We consulted with providers of both palliative and complex continuing care; referring agencies to Toronto Grace Hospital; and all chief executives from complex continuing care hospitals," Wasserman said. "We also performed data analysis on reported bed count and occupancy rates from hospitals in Toronto to determine the need for retaining beds in Toronto." This ground-work proved to be very useful. "We gained enormous insight from these consultations," said Jacobs. "It was a unique opportunity for providers and referral agencies to share their thoughts with each other about the value of the Toronto Grace Hospital."

Their report, titled the *Salvation Army Toronto Grace Hospital Relocation: Gap Analysis and Recommendations* contains several key recommendations regarding what to do with the 119 Toronto Grace beds. Among other things, it states the need for the complex continuing care resources and the palliative care beds to remain in Toronto. The report concludes that the best course of action would be to distribute the resources from the 100 complex continuing care beds among several facilities. These would be facilities already with capacity and infrastructure to provide complex continuing care services. A slightly different conclusion was made for the 19 palliative care beds. The report proposes distributing the beds among Toronto hospitals and hospices. Going forward, the TDHC's report emphasizes the importance of working with the Toronto Palliative Care Network (TPCN) to determine the future palliative care needs for Toronto. ■

To obtain a .pdf copy of the Salvation Army Toronto Grace Hospital Relocation: Gap Analysis and Recommendations report, visit the TDHC web-site at www.tdhc.org. Then click on the Reports icon to go to the reports section of the web-site.

ONTARIO DHCs: Celebrating 30 Years of Making Healthcare Better

For three decades, the Toronto District Health Council (TDHC) and other Ontario DHCs have quietly worked to make positive changes to healthcare delivery throughout the province. They have been successful at doing so for several reasons that speak for themselves – through the people and organizations DHCs have worked with to improve the delivery of healthcare to residents of Ontario. The TDHC and other Ontario DHCs have received praise for their work from across the healthcare sector.

DHCs: A Source of Objective Advice

"During the SARS crisis, the Toronto District Health Council (TDHC) organized the almost nightly teleconferences that helped us learn how to deal with an emergency in an effective manner. The Toronto District Health Council (TDHC) has worked with Family Physicians Toronto like a "hand in a glove".

Dr. Val Rachlis
President Elect
Ontario College of Family Physicians

DHCs: An Honest Broker

"District Health Councils have a vital role in overseeing health planning and identifying health issues on a regional basis. They also provide an important forum for the exchange of views between health providers, consumers and government officials on issues of mutual concern."

Dr. Sheela Basrur
Ontario's Chief Medical Officer of Health

DHCs: Health System Planning Expertise

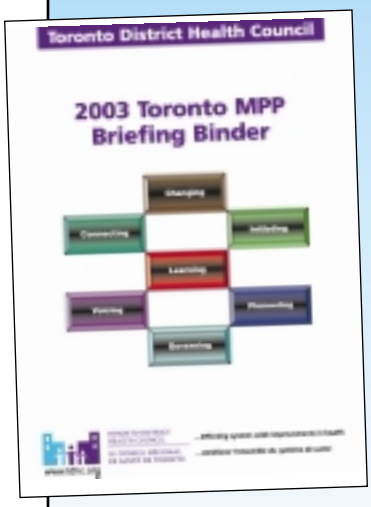
"The District Health Councils of Ontario are critical in the provision of system-wide healthcare knowledge management which is not readily available through other avenues."

Ms. Ann Marie Marcolin
Manager of Community and Corporate Information
St. Joseph's Health Centre
Toronto

DHCs: A Partner in Healthcare Improvement

"The District Health Councils of Ontario are an important resource for local level interpretation of our analyses. ICES values the ability of DHCs to act on the planning implications of our research locally. We look forward to continuing to partner with DHCs to improve our valuable healthcare system."

Dr. Andreas Laupacis
President and CEO
Institute for Clinical Evaluative Sciences (ICES)



2003 TORONTO MPP BRIEFING BINDER: TDHC Updates Area MPPs on its Accomplishments

The Toronto District Health Council (TDHC) recently prepared a 'Toronto MPP Briefing Binder' for newly-elected and incumbent Toronto area Members of Provincial Parliament (MPPs). The purpose of the binder was to provide MPPs with a perspective on the state of Toronto's healthcare system as they prepared to address Ontario's health issues. It includes an overview of the unique health challenges facing Toronto and the TDHC's many successful initiatives to address them. These initiatives include projects in the area of seniors and long-term care, children's health, French language services, mental health and addiction and health system performance measurement. The binder concludes, however, by emphasizing the need for a system-wide plan to integrate the delivery of health services to Toronto residents. As a follow-up to being sent the briefing binder, MPPs and their staff were invited to a breakfast briefing session at *Mount Sinai Hospital* in Toronto in February.

To obtain a .pdf copy of the 2003 Toronto MPP Briefing Binder, visit the TDHC web-site at www.tdhc.org. Click on the Impact Update icon, then click on the 2003 Toronto MPP Briefing Binder logo.

To download a .pdf brochure with quotes from across Ontario praising the work of Ontario's DHCs, visit the TDHC web-site at www.tdhc.org. Click on the Impact Update icon, then click on the DHC 30 Year Anniversary logo.

DHCs:
Community Focused Solutions

"When I was the Assistant Deputy Minister of Health Care Programs, it was very important for me to have the Ontario DHCs as the Ministry's planning arm. We often would go to them to do specific planning studies or reviews, as an independent voice out there aware of the community's needs. It is important that DHCs be available to the Ministry for future issues. Hopefully, in the future, we will see Ontario DHCs become a major player in a more integrated health system. Personally, I feel Ontario's DHCs are great."

Mr. John King
Executive Vice-President,
St. Michael's Hospital
Former Assistant Deputy Minister,
Health Care Programs
Ontario Ministry of Health and
Long Term Care

"I appreciate your efforts to keep me informed of your organization's work on healthcare delivery to the people of Toronto. I wish the Toronto District Health Council (TDHC) continued success."

The Honourable
David Caplan, MPP
Minister of Public
Infrastructure Renewal

INCOME USED TO UNDERSTAND UNIQUE HEALTH NEEDS OF ITS REGIONS:

TDHC Helps Create New Health Planning Areas for Toronto

To address an important gap in health data reporting, the TDHC has been working in partnership with several leading health organizations. This work has produced an exciting solution that will improve the ability of Toronto health planning organizations to determine the unique health needs of their communities. Toronto has been divided into 5 'Major Health Planning Areas' and 15 'Minor Health Planning Areas' using *Statistics Canada* Census Tracts as building blocks. A population's income is a key predictor of its health. Consequently, '% of the Population in Low Income Households' has been used to create these new planning areas. The approach used to develop them is described in a recently released TDHC report entitled *Toronto Small Health Planning Areas: A Population-Based Approach to Constructing New Health Planning Areas in the City.*

To obtain a .pdf copy of the Toronto Small Health Planning Areas: A Population-Based Approach to Constructing New Health Planning Areas in the City report, visit the TDHC web-site at www.tdhc.org. Then click on the Reports icon to go to the reports section of the web-site.

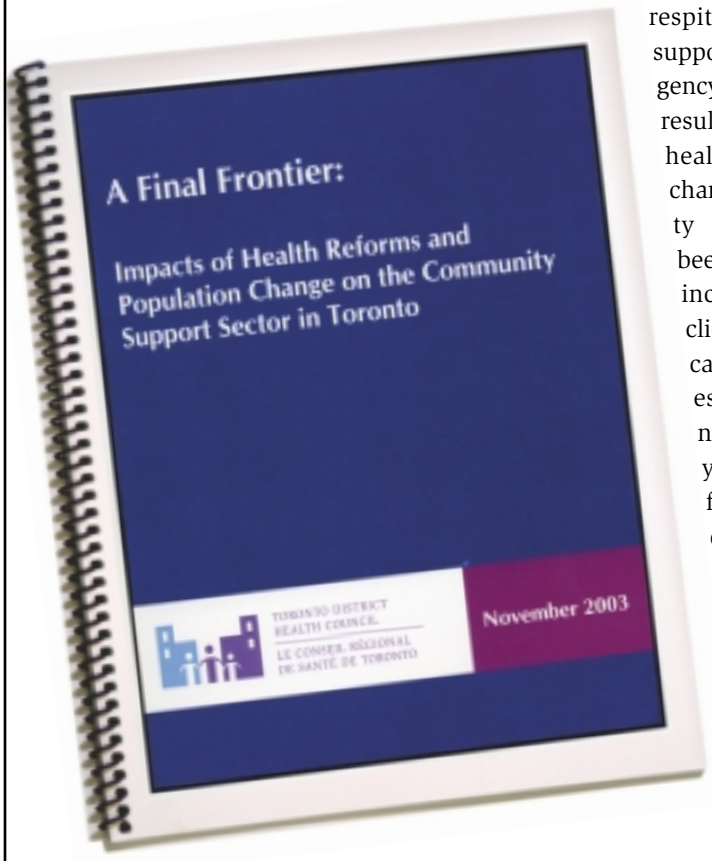
By using the TDHC's new planning areas, Toronto health planning organizations will be empowered to better plan for the health needs of residents at the local level. This seems to be a view shared by the Toronto healthcare community. Hospital planners and CEOs as well as executive directors of Toronto's community care access centres and community health centres, were recently asked for their opinions regarding how useful the TDHC's new planning areas would be. The following is a summary of some of their key conclusions.

- Could help plan the deployment of hospital services, understand population characteristics and where there are areas with high needs.
- Could ease regionalization of hospitals and allow collaboration between different organizations.
- Can be used to examine where people go for care.
- For CCACs, travel time and distance are important factors – the areas could help in looking at drop-in centres and other service delivery areas.
- Can be used to more easily facilitate the collaboration of community health centres and other organizations in their area. ■

FILLING THE HEALTH SYSTEM GAPS:

TDHC Report States Community Service Agencies Require Help to Meet Increased Client Demand

There is an urgent need to strengthen the community support services sector, according to a recent Toronto District Health Council (TDHC) research report. The report, *A Final Frontier: Impacts of Health Reforms and Population Change on the Community Services Sector in Toronto,* is the latest in a series published by the TDHC as part of its three-year *Seniors Project*. "What a shame more of us didn't take the time to comment on the report," said Anne MacNeill, Executive Director of *East York Meals on Wheels*. "It was excellent and it does reflect our situation accurately. Thank you for your very good work."



Community support agencies provide services such as meals-on-wheels, Alzheimer's day programs, respite care, transportation, supportive housing and emergency response systems. As a result of social, demographic, health system and policy changes Toronto's community support agencies have been asked to take on an increasing number of clients with more complex care needs, chronic illnesses and higher intensity needs than in previous years. They have therefore been called upon to care for patients who previously would have received treatment in hospitals or community care access centres.

The community support sector has attempted to address these challenges by decreasing costs, increasing revenues and re-designing their business practices. Some are sharing facilities in an attempt to be more cost-effective and others are charging nominal fees for some services. "Now they're trying to raise money by doing more fundraising," said Dr. Janet Lum, one of the report's co-authors. She is a professor in the Department of Politics and Public Administration at *Ryerson University.*

The TDHC's report stresses the importance of renewed support for the community support sector in Toronto despite its effort to raise more funds. "The community services sector is absolutely critical," claims Dr. Paul Williams of the *University of Toronto,* another of the report's authors. "With an aging population there is growing concern for giving seniors the option to stay healthy and stay home. If the community services sector is unable to fill the service gaps as a result of hospital restructuring, individuals and families will have nowhere to turn for the health services they require. The end result would be families having to care for their elderly relatives."

"Community support agencies can help seniors. Otherwise they would have to go to hospitals and long-term care beds. They help seniors be independent and healthy."

Dr. Janet Lum
Department of Politics and Public Administration
Ryerson University

PARTNER ASSAULT PROGRAM SET TO LAUNCH:

TDHC Helps Create New Program for Francophone Males

Toronto's francophone community will have one more French-language service, thanks in large part to the work of the Toronto District Health Council (TDHC). The TDHC has been working diligently to ensure that the Greater Toronto Area's (GTA) approximately 80,000 francophone residents will have more access to services they require. In response to requests from the community, the TDHC has helped create a francophone version of the 16-week long *Partner Assault Response* program. A pilot project under the program began to operate in March.

"The whole experience (with the TDHC) has been extremely positive. "They were setting up meetings, translating, networking and finding contacts. It was essential that the TDHC helped."

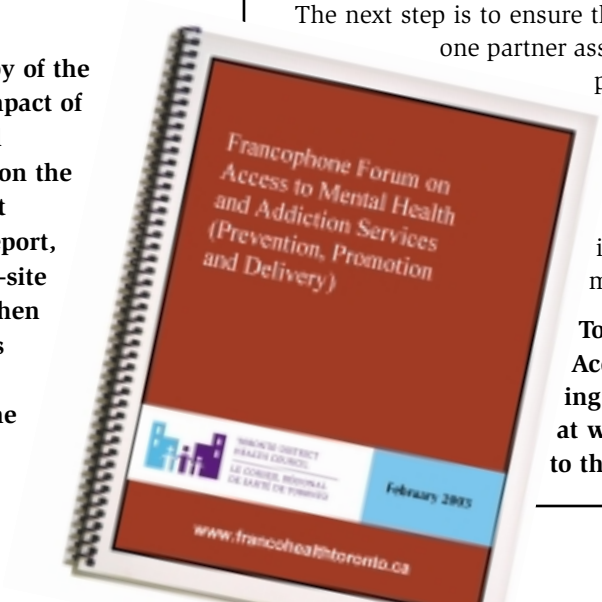
Dr. Marie-France Dionne
North York General Hospital

The program helps counsel violent males in their own language. It will be provided to those convicted or found guilty of a criminal offence against a current or a former partner. Under this program, information and support will also be available to victims. Until now, it had not been available in French. Dr. Marie-France Dionne of *North York General Hospital* will lead the program. She highlighted a key reason why a francophone partner assault program was not created earlier. "The problem was (that many people have) the belief that if you speak French outside of Quebec you must be bilingual," she said. "But there are many who understand little English. Some don't understand a word of it."

Anne-Marie Couffin, French-Language Services Co-ordinator for the TDHC, said the need for the program became apparent at a forum organized by the TDHC in June of 2002. The TDHC hosted the one-day forum at *North York General Hospital (NYGH)* in partnership with several community organizations. Its focus was to identify ways of ensuring members of the French community suffering from mental illnesses receive treatment in their mother tongue. Dr. Dionne added that the need for the program has grown as more immigrants come to the GTA. For some, being fluent in English will take some time. "There are more people from Africa, for example, who speak their native tongue and French is their second language," Dr. Dionne said. "They don't speak any English."

The next step is to ensure the judicial system is made aware of the new francophone partner assault program and then Dr. Dionne hopes to expand the program to regions just outside of the GTA. The TDHC is now currently building on the work of a third forum on French language services, held in November of 2003. The report from this forum will focus on helping the homeless who need French services, as well as working with pharmacies to ensure all medication has clearly visible French labels.

To obtain a .pdf copy of the Francophone Forum on Access to Mental Health and Addiction report resulting from the June 2002 forum, visit the TDHC web-site at www.tdhc.org. Then click on the Reports icon to go to the reports section of the web-site.



"The TDHC was great to work with. They had the information and we had the expertise. It was a really great partnership."

Dr. Paul Williams
Department of Health Policy, Management and Evaluation
University of Toronto

Not all seniors have that safety net, points out Lum. "Some seniors live alone and in poverty."

Over the next few months, the TDHC will meet with agencies in the community support sector to discuss the current situation, explore additional options and develop further strategies to meet client demand within budgetary constraints. ■

To obtain a .pdf copy of the A Final Frontier: Impact of Health Reforms and Population Change on the Community Support Sector in Toronto report, visit the TDHC web-site at www.tdhc.org. Then click on the Reports icon to go to the reports section of the web-site.

Below is a summary of the key issues identified by the three *Health System Plan Steering Committee* task forces, as well as the solutions they are working on to address them. These will form the core components of the TDHC's *Toronto Health System Plan.*

ISSUES

- Too often in healthcare there is duplication, too many service gaps and no single point of access for information.
- Healthcare capacity and delivery is focused on the parts of the system and not on the consumer, resulting in unnecessary duplication.
- There is the lack of a decision making structure for Toronto to allocate resources on the basis of locally-identified healthcare priorities.
- The healthcare system is too fragmented.
- There is not enough care coordination among healthcare sector providers.

SOLUTION(S)

- Care continuums in Toronto for at risk groups such as seniors, children and families at risk and people living with chronic conditions.
- Simple access points for patients within the system to improve care coordination.
- A Toronto level decision-making structure to allocate resources on the basis of locally identified priorities with a focus on urban health.
- A service implementation plan proposing a specific funding envelope for Toronto that must meet the care requirements identified in the service plan.
- Multi-year, multi-party service agreements among stakeholders to facilitate system alignment.
- Secure messaging, provider and client registries, tele-medicine and a community information referral system.
- A joint proposal with the City of Montreal to *Canada Health Infoway*, under which Toronto and Montreal will work to improve electronic communication among healthcare providers.

IMPACT UPDATE health planner

A publication of the
Toronto District Health Council
4141 Yonge Street, Suite 200
Toronto, Ontario M2P 2A8

Chair: Mimi Lowi-Young
Executive Director: Lynne Lawrie
Editor: Tom Wolfer
Writer: Kevin Gonsalves

Tel.: 416-222-6522
Fax: 416-222-5587

Website: www.tdhc.org

TORONTO DISTRICT HEALTH COUNCIL
LE CONSEIL RÉGIONAL DE SANTÉ DE TORONTO

Publications Agreement # 4005484

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