Halton-Peel
District Health Council
Conseil régional de santé

2001/2002

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MESSAGE FROM THE EXECUTIVE DIRECTOR

Over the past year, staff of the Halton-Peel DHC have successfully completed many of the priority planning projects outlined in our 2001/02 workplan. In addition, we continue to maintain many linkages at the local, regional and provincial levels in order to help us accomplish our ends of providing health planning information and advice to the Minister of Health & Long-Term Care.

Some of the questions that have driven our workplan this past year, and which will continue to be pertinent in the coming year, are:

- *What are the health needs of the population both now and into the future?*
- *What is the system capacity required to meet the needs of the growing and aging population?*
- *How can the system be strengthened and integrated to better meet the health needs?*
- *How is the system changing and what are the impacts of those changes?*

Using a population and utilization-based predictive planning model, we have estimated future demand for hospital services and for priority programs such as cardiac care and, renal dialysis. We are planning to 2008 and beyond in these areas, as well as other areas of the health care system such as long-term care, mental health, and health human resources.

This past year has seen Council staff involved in supporting the work of the Toronto-Peel and Central South Mental Health Implementation Task Forces. These task forces and their counterparts across the province represent an important approach to strengthening and integrating the mental health system in order to better meet current and future needs. We will continue to assist both task forces as their results are integrated for the Halton-Peel area.

Monitoring system change and the impact of those changes becomes increasingly important in a growing and rapidly shifting health care environment. Over the past year, we have examined the influx of new long-term care beds and identified indicators of potential impact, which we will be monitoring over the course of the coming years.

Steve Isaak

In addition, this year saw the completion of our first local health system monitoring report. This project represents an example of collaborative planning across the 16 DHCs in Ontario. The local health system monitoring project will result in 16 reports measuring the status of the local health system and the health status of area residents. These base-line reports all use the same indicators and database, thereby allowing changes in the health care system and their impacts to be monitored at both the local and provincial levels.

Another province-wide DHC project – the Labour Market Study – represents a conjoint effort on the part of all Councils to quantify the current need for non-physician health human resources. The results of this survey will allow planning to proceed at the provincial and local levels in order to address this critical aspect of health care delivery.

As we look forward into the coming year, the MOHLTC and DHCs across the province will be developing a three-year business planning cycle process for the DHC system. This will allow improved alignment of Ministry and local DHC planning priorities.

Finally, I would like to extend my thanks and congratulations to the staff team of the Halton-Peel DHC for their outstanding work over this past year in helping Council successfully achieve its goals. I would also like to thank Board members of Council for their involvement, commitment and support.

ABOUT US

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The Halton-Peel DHC has a 20 member governance board made up of people who use and deliver health and related social services. The Council members are appointed by Lieutenant Governor Order-In-Council to reflect the diversity of the Council's geographic area.

Back Row: *Joe McReynolds, Kurt Franklin, Richard Helm, Linda Rothney, John Oliver, Al Cook, Doug Billett, Heather McGillis*

Front Row: *Marolyn Morrison, Benny Icely, Connie Price, Karen Murphy, Susan DiMarco*

The Planning Team

Steve Isaak	**Executive Director**
Chris Altmayer	**Epidemiologist**
Danielle Claus	**Senior Health Planner**
Rose Cook	**Health Planner**
Juvy Dayao	**Admin. Assistant**
Mary Jane Glover	**Executive Assistant**
Lisa Jones	**Health Planner**
Elaine Kachala	**Health Planner**
Sandi Kent	**Secretary / Receptionist**
Donna Laevens-Van West	**Emergency Services Coordinator**
Scott McLeod	**Director of Planning**
*Anthony McNamee**	**Health Planner**
Jane Richardson	**Health Planner**
Linda Sullivan	**Health Planner**
Ron Wray	**Senior Health Planner**

** no longer on staff*

Council Members

Mr. Doug Billett, *Consumer, Brampton*
Mr. Al Cook, *Consumer, Halton Hills*
Councillor Susan DiMarco, *Regional Municipality of Peel*
Councillor Kurt Franklin, *Regional Municipality of Halton*
Mr. Richard Helm, *Consumer, Burlington*
Ms. Mary (Benny) Icely, *Consumer, Mississauga*
Councillor Joan Lougheed, *Regional Municipality of Halton*
Ms. Mary Lynn Martin, *Provider, Brampton*
Mr. Joe McReynolds, Chair, *Provider, Caledon*
Councillor Marolyn Morrison, *Regional Municipality of Peel*
Ms. Heather McGillis*, *Provider, Mississauga*
Ms. Karen Murphy, *Consumer, Mississauga*
Mr. John Oliver, Vice Chair, *Provider, Oakville*
Ms. Connie Price, *Consumer, Burlington*
Ms. Linda Rothney, *Provider, Oakville*
Ms. Fiona Ryner, *Provider, Brampton*
Mr. Agni Shah, *Consumer, Mississauga*
Dr. John Tracey, *Provider, Brampton*

*Order in Council approved April 2002

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MESSAGE FROM THE CHAIR

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Joe McReynolds

As many Provinces and Territories review their own health care delivery systems and as the Romanow Commission considers the future of Medicare in Canada, there appears to be more questions and challenges than answers and solutions. In Ontario, District Health Councils (DHCs) continue to play an important role as local community-based health planning organizations, a role which I believe represents an important part of the solution for our health care system.

By building on community strengths, DHCs are able to develop solutions that best meet local needs by objectively assessing local conditions and working with stakeholders to arrive at consensual agreement on solutions and strategies.

DHCs also provide accessibility and accountability to the health care decision-making process in Ontario. They provide a means for community-based health planning, thereby making the health care system more comprehensive and better suited to meet local needs.

As a strong supporter of DHCs, it has been a pleasure for me to Chair the Halton-Peel DHC this past year. The Board of the Halton-Peel DHC is currently made up of 18 members appointed by Order in Council, on the recommendation of the Council, following a nomination and interview process. These committed individuals provide governance and leadership to the DHC and include people who deliver health care and related services; representatives from local government; and individuals who bring a community consumer perspective.

Within the context of the overall mandate of DHCs, our Council has stated its principle end or purpose as follows:

"The Halton-Peel District Health Council exists to assist and provide the Minister of Health and Long-Term Care and other decision makers with health system planning information and advice. This health system planning information and advice is about the health needs of the Halton-Peel population and the resources required to meet those needs; and is for the purpose of achieving a strengthened and enhanced health care system."

The role of the Board, in the context of policy governance, is to set the standards for organizational performance to achieve these ends and to monitor organizational performance, as operationalized by the Council's Executive Director and staff.

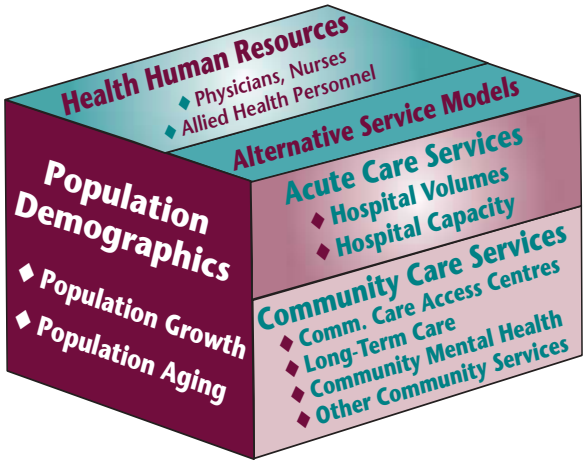
Locally, the Halton-Peel DHC continues to provide leadership in the assessment of local health needs and the development of locally supported solutions. Provincially, we continue to work collaboratively with other DHCs to address larger system issues, based on the strengths that each Council brings from its local planning expertise.

In recognition of the ongoing contribution that DHCs make in Ontario, the Ministry of Health and Long-Term Care (MOHLTC) has recently announced a shift to a three-year joint business planning process. This process will enable a closer alignment of MOHLTC and local priorities and facilitate the value-added contribution of the DHC system to province-wide planning initiatives.

I look forward to an exciting year of leadership in health planning, both in Halton-Peel and at the provincial level!

Pioneering Solutions to Complex Problems

- Created a **Profile of Long-Term Care Services** in Halton-Peel by surveying all 51 MOHLTC-funded community support agencies. This report marked a new process and methodology for long-term care planning through the development of service to population ratios. Along with other quantitative methods, these ratios will be used as a baseline to develop a longer range plan to project the need for long-term care services in Halton-Peel.
- In conjunction with the Halton-Peel Emergency Services Network, initiated a system-wide review of the long-term care placement of **alternative level of care (ALC) patients**. This project was developed in response to the increasing number of admitted patients waiting long hours in emergency departments for an inpatient hospital bed.
- Completed the **Community Care Access Centre (CCAC) Services** (Phase IIIa) component of a multi-phased project aimed at gaining a better understanding of population growth and demographic changes in Halton-Peel and their potential impact on the future utilization of health care services. These changes will have a direct and significant impact on the need for CCAC services. The Phase IIIa Report also identifies potential needs, challenges and opportunities for service delivery. Subsequent project phases focusing on the community sector are ongoing.



- Developed a model that translates population growth and demographic changes into the need for **advanced cardiac services** to 2008. This analysis clearly demonstrates the need for additional local services capacity and provides context for hospital planning on a regional level.
- Released a research and policy discussion paper, *A Community System of Health,* on emerging and innovative practices in organizing **community systems** that sustain integrated primary and population health resources. The document has been circulated to leading academics and researchers, and was presented at national and provincial forums. This paper also served as the framework for a **community summit** with almost 100 human service providers to discuss future ideas and directions for population health improvement in Halton-Peel.
- Initiated a collaborative process for the development of indicators to track the **impact of new long-term care beds** between 2001 and 2004. This process involved identifying potential impacts through a community consultation process, and the creation of a panel of information and long-term care experts to select the appropriate indicators to monitor these impacts.
- Continued to facilitate the work of the Halton-Peel **Emergency Services Network**. Through the Network, a number of coping strategies have been implemented including increased staffing resources to hospital departments to expedite the movement of patients from emergency to inpatient units, and, creating specialty ambulatory clinics to relieve pressure from the emergency departments. Three working groups were also created to: (1) develop a consistent approach to data collection in Halton-Peel; (2) determine the characteristics of patients arriving at emergency departments; and, (3) develop strategies to address the increased ambulance off-load times for patients from stretchers to the emergency department.

Affecting Change Through Leadership

- Collaborated with DHCs in the Greater Toronto Area (Toronto, Simcoe-York and Durham Haliburton Kawartha & Pine Ridge) on three **health human resource** (HHR) projects, including: (1) a Roundtable that identified system level challenges related to the coordination of labour market surveys; (2) a Planning Steering Committee which discussed collaborative strategies to coordinate data access, collection and dissemination for effective HHR planning; and, (3) a Working Paper on the supply of selected health professionals in Ontario which highlighted data limitations that impede HHR planning.
- Completed the first phase of a **regional hospital infrastructure plan** identifying where and when additional local hospital capacity should be added in order to meet population growth and demographic changes. This first phase provides a long-term assessment of current facilities and the potential for additional capacity as the context for further planning. The second phase is currently underway and will result in the development of a regional plan to inform coordinated hospital facility planning in Halton-Peel.
- Implemented a **local service agreement for the Patient Priority System** (PPS), a province-wide emergency communication system based on the Canadian Triage Acuity Scale (CTAS). CTAS, a patient prioritization tool previously used only by hospitals, is now also being utilized by ambulance and dispatch services to optimize communication within the emergency care continuum as well as to facilitate the distribution of ambulances within a geographic area. This has resulted in a shift in ambulance distribution so that hospitals are serving more patients from their own catchment area and patients are less frequently directed to other hospitals.

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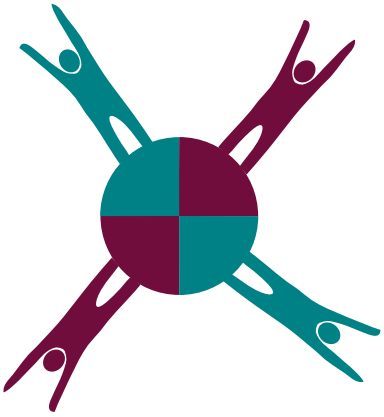
OFF THE PRESS

- 2001/2002 Hospital & CCAC Operating Plan Review: Summary Report (May 2001)
- 2001/2002 Halton-Peel District Health Council Operating Plan (June 2001)
- 2001/2002 Community Mental Health & Provincial Psychiatric Hospital Operating Plan Review (June 2001)
- Halton-Peel Task Force on Child and Adolescent Mental Health Beds (June 2001)
- Halton Mental Health Housing Study: Final Report (September 2001)
- Peel Mental Health Housing Study: Final Report (September 2001)
- Central Ontario Coordinated Stroke Strategy: Recommendations on Designation of District Stroke Centres (October 2001)
- Halton-Peel Physician Human Resources Inventory & Profile (October 2001)
- Community System of Health: Discussion Paper (October 2001)
- Planting the Seeds for a Population-Primary Health Structure: Discussion Paper (November 2001)
- Population Growth & Demographic Changes in Halton-Peel: Phase IIIa Report – Community Care Access Centres (November 2001)
- Community System of Health: Summit Proceedings (December 2001)
- Long Range Plan for Advanced Cardiac Services (January 2002)
- Planting the Seeds for a Population-Primary Health Structure: Workshop Proceedings (January 2002)
- Profile of Long-Term Care Services in Halton-Peel 2001/2002 (March 2002)
- Local Health System Monitoring Report 2002 (April 2002)

Building And Maintaining Effective Partnerships

- In partnership with the 16 DHCs province-wide, Regional Health Departments, Health Intelligence Units, CCACs and the MOHLTC, developed a tool for **local health system monitoring**. This baseline report, which provides information on the status of the local health system, the health status of Halton-Peel residents and areas for further monitoring, will facilitate ongoing system improvement.
- In partnership with the 16 DHCs province-wide, provided a snapshot of the **current status of health human resources** in all community sectors, with a focus on recruitment and retention experiences. Results from this study may inform strategic human resource planning, establish funding and program priorities, stimulate local policy recommendations and identify opportunities for health care providers to collaborate on joint human resource strategies and initiatives.
- Provided ongoing planning support to the Central South and Toronto-Peel Mental Health Implementation Task Forces as they develop recommendations and advice to the Minister of Health and Long-Term Care regarding the implementation of **restructured local and regional mental health systems**. Results from both Task Forces will be used to develop mental health systems that are accountable, consumer centered, comprehensive and accessible to people with a serious mental illness and their families.
- In partnership with the Toronto, Simcoe-York and the Durham Haliburton Kawartha and Pine Ridge DHCs, provided advice to the MOHLTC regarding the **designation of Regional and District Stroke Centres**. Based on the Halton-Peel analysis, Trillium Health Centre was designated as a Regional Stroke Centre. It was also recommended that all other hospital corporations and community providers work with the Regional Stroke Centre to develop and enhance local stroke care.
- Created a process for a regional strategy of **community health centre development** including: (1) co-organizing a learning workshop with the Peel Health Department, and; (2) working with local residents and organizations in Dixie-Bloor, Acorn Place and Lakeshore/ Cawthra to develop a funding proposal for a CHC network.



- Established a learning partnership with the Community Leadership Alliance of Peel to implement **educational workshops on collaboration and integration** among health and human service agencies.

AUDITED FINANCIAL STATEMENTS

Statement of Financial Position

Assets	
Cash and short-term deposits	$382,147
Accounts Receivable	10,366
Prepaid expenses	11,780
	$404,293
Liabilities	
Accounts Payable and accrued liabilities	$109,875
Payable to the Ministry of Health and Long-Term Care	183,829
Deferred revenue	3,154
Grant received in advance	107,435
	$404,293

Involving Our Community

- Through the Halton-Peel Addiction System Implementation Committee, collaborated with the Central West Region MOHLTC office and local stakeholders to oversee the development of two regional addictions projects: (1) a **training work plan for all addiction and related human service providers**; and, (2) a **diversity strategy** for the Halton-Peel addiction system.
- Conducted research on local **housing and housing supports for persons with serious mental illness** as part of the development of a comprehensive local mental health housing system. Recommendations arising from this work highlight the pressures, limitations, strengths and potential improvements to the existing system.
- Continued to monitor the construction status and anticipated completion dates for **new long-term care facilities** opening in Halton-Peel. As of March 31, 2002, 4 new long term care facilities opened in Halton-Peel: 3 facilities in Peel with a total of 470 beds, and 1 facility in Halton with 101 beds.
- Completed an **Inventory and Profile of Physician Human Resources** in Halton-Peel using data from the Ontario Physician Human Resources Data Centre, Southam (Canadian) Medical Database and the Institute for Clinical Evaluative Studies. A survey was also developed which captured perceptions about the current state of the physician human resources sector in Halton-Peel, and lead to the development of a preliminary profile outlining the number of family physicians and specialists practicing locally.
- Worked with Erinoak to create a stakeholder advisory committee to assist in the local implementation of a provincial **infant hearing program**.

Summarized Statement of Operating Fund Revenue and Expenditure

Revenue	
Ministry of Health – Core	$1,262,664
Interest	17,303
Total Revenue	$1,279,967
Expenditure	
Salaries and Benefits	$844,385
Business Expenses	400,326
One Time/Capital	33,928
Total Expenditure	$1,278,639
Excess of revenue over expenditure for the year	$1,328

AUDITOR'S REPORT

We have audited the statement of financial position of the Halton-Peel District Health Council as of March 31, 2002 and the statements of operating fund revenue and expenditure and cash flows for the year then ended.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Council as of March 31, 2002 and the results of its operations and cash flows for the year then ended in accordance with generally accepted accounting principles.

ALLEN & MILES LLP
Chartered Accountants
Brampton, Ontario
May 7, 2002