Conseil régional de santé
Algoma • Cochrane Manitoulin • Sudbury
District Health Council

COUNCIL MEMBERS

Mac Hiltz, **Chair**	Kapuskasing
Lucy Bignucolo *	Chapleau
Marylyn Carrière	Sault Ste. Marie
Carolyn Crang	Sudbury
Lila Cyr	Blind River
Garry Dent	Kapuskasing
Ken Ferguson	Sheguiandah
Dolores Fortier	Sudbury
Geraldine Govender	Moose Factory
Brenda Lailey	Sault Ste. Marie
Mariette McGregor-Sutherland	Little Current
Jeanna Miller	Espanola
Leslie Morin	Mindemoya
Allan Northan	Sault Ste. Marie
Jim Robinson	Richards Landing
Sally Spence	Sudbury
David Stewart **	Sault Ste. Marie
Sonia Turner	Timmins

STAFF

Terry Tilleczek, **Executive Director**

Planning Staff
Stephen Bellinger
Christine Leclair
Lise Nolet ***
Lianne Valiquette
Susan Van Atte
Sandra Watson

Administrative Support
Karen Desloges
Nancy Dietz
Carole Lamontagne

* resigned during the year
** OIC expired
*** left the organization

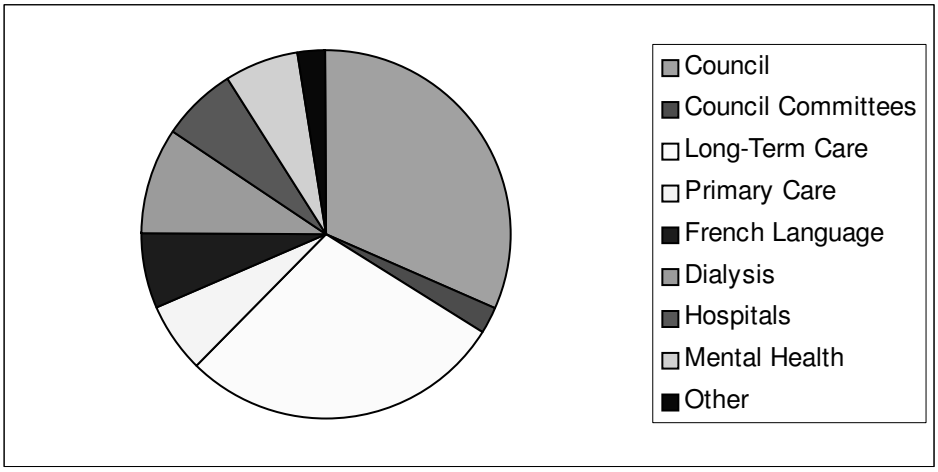
MESSAGE FROM MAC HILTZ
CHAIR OF THE BOARD

The ACMS DHC is a voluntary body of consumers, providers and municipal members who strive to provide sound and objective advice to the Minister of Health and Long-Term Care. Our collective goal is to improve the health services available to residents and develop an integrated health care system at the local level.

Most of our work is accomplished through community-based research, consultation, collaboration, consensus-building and evaluation. In all that we do, we keep the best interests of the community in mind by directly involving them. This past year has been no exception.

Throughout 2002/03, over 225 people donated their time and ideas to improving our local health system. Together, they dedicated close to 3,300 hours to prepare for and attend Council and Standing Committee meetings, planning forums and focus groups. The breakdown by planning area is shown below. This contribution is undeniable, and I want to publicly recognize each and every one of these stakeholders for offering their time, energy and enthusiasm.

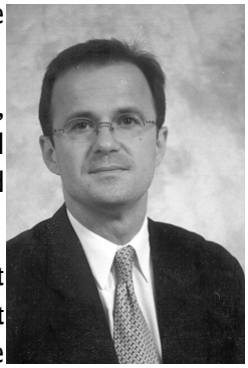
Volunteer Hours by Sector



TWO WAYS TO GET INVOLVED WITH THE DISTRICT HEALTH COUNCIL

There are two main volunteer opportunities within the DHC. An individual may be a member of Council itself or a member of Council's various committees, and/or working groups. DHC volunteers bring a particular viewpoint and perspective to the planning table. They share their knowledge, skills and expertise in the development of reports and recommendations that impact the delivery of services in our local catchment area. Volunteers act as a conduit between the community and Council by actively engaging in discussions at meetings. **If you are interested in volunteering with the DHC, please contact our Sudbury office**.

Message from Terry Tilleczek
Executive Director



Over the past year, 2002/2003, the ACMS DHC led or contributed to a variety of planning exercises aimed at improving the local health system. As we have done over the past five years, we made it a point to focus on our planning principles.

Our planning is people-centered and based on what will best improve the health of the people living in Algoma, Cochrane, Manitoulin and Sudbury. One way that we achieve this is through *Information Transfer*. Throughout the year, we responded to a number of requests for census data, utilization statistics and disease incidence rates and ratios. We also disseminated the results from a number of studies that we sponsored as part of the *Northeastern Ontario Dialysis Services Review*.

Secondly, we strive to develop and use information that is objective and comprehensive. We are guided by benchmarks that are evidence-based. A clear example of this was in the production of the *ACMS DHC Health System Report.* This report characterizes the health care utilization and status of the residents in our planning area. It will serve the important purpose of helping us understand the capacity within our system to respond to current and anticipated demand.

Thirdly, we feel that it is important to take into account as many perspectives as possible when planning the future of health services. We do not presume to know, before the fact, all the perspectives in the community. That is why we consult with stakeholders and consumers as part of our planning. This was evident throughout our *Health Human Resource* projects. Employers from every health sector were consulted through live forums and encouraged to share their particular viewpoint on the challenges of recruiting and retaining different professional groups. Likewise, community-based long-term care providers and facilities were extensively consulted as part of our *Long-Term Care Annual District Service Plan*.

Finally, we strive to be proactive. This means that, whenever possible, the District Health Council will plan and make recommendations on issues before those issues have reached a state of crisis. That is why we studied the impact of new *Long-Term Care beds and redeveloped level D beds* in the ACMS planning area. We also worked with providers seeking designation under the *French Language Services Act* to help them fill this need.

In concluding my remarks, I would like to thank the ACMS DHC staff for their professionalism, creativity and hard work throughout this past year. The planning staff are always able to come up with a sound basis from which Council members can debate the current issues, while the support staff continually ensure that we have a professional product. I must also thank staff for their cooperation and willingness to assist in the numerous administrative and organizational initiatives we undertook this year in an effort to make sure that we continue to grow as an organization.

I would also like to thank our Chair, Mr. Mac Hiltz, for his leadership over the past year and his ongoing dedication to the ACMS DHC. Mac is an inaugural member of the ACMS DHC and was part of the transition team that established the Council in the spring of 1998. Finally, thank you to the rest of the Board who faithfully read the briefing notes and reports and came prepared to discuss and debate the wide array of health planning and policy issues that DHCs deal with on a regular basis. As a result of the commitment and dedication from both the Board and staff members, we have accomplished another very successful year.

2002 Recent Publications 2003

- © *ACMS DHC Annual District Service Plan for LTC Community Services 2002/2003*
- © *ACMS DHC Annual Report 2001-2002*
- © *ACMS DHC Operating Plan 2002/2003*
- © *Health System Report 2001*
- © *Northeastern Ontario Dialysis Services Report* *
- © *A Summary of the Community Mental Health Program Reviews - North Region* **
- © Ontario District Health Councils' Provincial Health Care Labour Market Survey, *ACMS DHC Findings Report*
- © *ACMS DHC Annual District Service Plan for LTC Community Services 2003/2004*
- © *ACMS DHC Operating Plan 2003/2004*
- © *An Assessment of Options to Enhance Methadone Services in Northeastern Ontario: A Discussion Paper* ***
- © *Northeastern Ontario Dialysis Services Report - Supplemental* *
- © *Profile of Primary Care*
- © *Reporting on the Impact of Developing New and Redeveloping Level 'D' LTC Beds*

* in partnership with Northern Shores DHC

** in partnership with Northern Shores DHC and Northwestern Ontario DHC

*** in partnership with Northern Shores DHC and Centre for Addiction & Mental Health

Most reports can be downloaded from our website www.acmsdhc.on.ca.

Update on Council's Planning Activities

Addictions Planning

by Christine Leclair

A range of community-based and residential addiction treatment services are located throughout the ACMS planning area to help residents deal with an alcohol, drug, and/or gambling addiction. During the past year, the DHC continued to be actively involved in the three Addictions Implementation Committees established by the MOHLTC in December of 2000. The Ministry has been encouraging members of these committees to work on addressing workplan items such as system integration, aboriginal services, development of community day treatment programs, concurrent disorders and harm reduction philosophy of care.

Health System Report

by Stephen Bellinger

Health indicator reports serve the important purpose of helping us understand the health status of our population and the capacity of our system to respond to current and projected demand. In March 2002, Council received and accepted the ACMS DHC Health System Report 2001, a compendium of information pertaining to health system characteristics, utilization, health status and demographics. This report was shared with numerous health system partners, who commented positively on the comprehensive aspect of the report and the comparison within the DHC region and with the province. They also liked the links made between health indicators and other demographic measures.

The ACMS DHC will continue to participate with other DHCs in the province to chart a course for the unique contribution that DHCs can make in the field of health indicator reports.

Information Sharing

by Stephen Bellinger

Clearly, the role that the ACMS DHC plays in comprehensive planning studies facilitates the transference of information from data sources to the community. Apart from these more formalized processes, the DHC also plays a supporting role in local planning and decision-making by providing stakeholders with accurate, timely and comprehensive information even when we "aren't at the table". Over the past five years, we have addressed requests ranging from basic tabulations of census data to comprehensive and intensive data support, such as in the area of hospital cohort analyses. We consider this role to be a fundamental and critical one and will continue to work towards meeting the broad range of information support requests received from our stakeholders.

French Language Services Planning

by Christine Leclair

The French Language Health Services Committee is a regional committee whose membership is composed of consumers and providers of health care services, an ACFO member, and two Council members. Consideration is also given to ensuring geographical representation.

During 2002/2003, the DHC continued to receive and review French Language Plans for agencies located within each of its designated districts, namely Algoma, Cochrane and Sudbury. The review of these plans is undertaken through Council's French Language Health Services Committee. In 2002, the Committee reviewed a total of eight plans, including five implementation plans from the following agencies: Elliot Lake Family Life Centre, Sault Area Hospitals, St. Joseph's General Hospital, Rockhaven, and Lady Minto Hospital. Two requests for designation, from Soins palliatifs Horizon-Timmins Palliative Care Inc. and Participation Projects - Sudbury and District, were received and subsequently endorsed by Council. In addition, the Committee provided comments to the Canadian Mental Health Association Cochrane Timiskaming Branch on its updated designation plan.

Health Human Resources

by Lianne Valiquette

Staff completed a local report detailing the recruitment and retention challenges faced by health care agencies in ACMS (soon to be released). This was in follow-up to the research conducted under the Ontario DHCs Labour Market Survey. In addition, stakeholders were invited to attend a forum in April 2003 where health care agencies shared their strategies for addressing staff shortages beyond the traditional methods of extending part-time and casual staff, outsourcing, offering monetary benefits or canceling services. From each other, they learned how to successfully re-design work environments and change the role of personnel such as skill mix changes and use of volunteers. Participants were encouraged to consider how these strategies could apply to other communities and to other sectors. This input will be shared with the Integrated Policy & Planning Branch of the MOHLTC and other DHCs.

Hospital Networks

by Stephen Bellinger

Under the Ministry's Rural & Northern Health Care Framework, groups of local hospitals are working towards greater collaboration and linkages in order to achieve clinical and administrative efficiencies. ACMS DHC planning staff support Hospital Networks 9, 11 and 13. Specific activities undertaken this year included the development of an information technology strategic plan for Network 9, a comprehensive review of bed requirements for Network 13 and a review of the Timmins and District Hospital's capital plan for expansion of their ambulatory care capacity.

Primary Care

by Stephen Bellinger

In the spring of 2002, Council appointed a Primary Care Steering Committee to oversee the development of a profile of primary care in the ACMS area. Over the summer and fall of 2002, a wide range of information collection was undertaken including special requests for analysis of primary care physician activity from the Institute of Clinical Evaluative Sciences. In May 2003, the Steering Committee presented Council with its Profile of Primary Care.

In addition to its role in the development of the profile of primary care, the Steering Committee was viewed as a very valuable asset to Council in assisting in the development of advice around a range of primary care issues. For example, Council requested the Steering Committee's comment on a recent proposal for a Community Health Centre in our planning area. The range of expertise and experience that the Steering Committee brings to the planning table will foster the development of the best possible advice for Council and the Minister of Health and Long-Term Care.

Underserviced Area Program (UAP) Designations

by Stephen Bellinger

The UAP is a MOHLTC program that provides funds to Northern communities with long-standing and unresolved difficulties recruiting doctors. These funds help to support local recruitment initiatives. The program also provides incentive grants to doctors who relocate and practice full-time in a designated underserviced area. In addition, once an underserviced designation has been secured, the community's name is placed on a list that is widely circulated to all physicians inquiring about openings in their field of work.

Within the program's application process, the ACMS DHC reviews the merit of each application within the context of population-based need. Its analysis includes a review of physician-to-population ratios, data on utilization and complexity of service, comparisons with other centres, a morbidity and mortality profile, waiting times and future trends that will impact upon the need for the particular medical service at issue. Over the past few months, it has reviewed and supported requests for designating the City of Greater Sudbury as underserviced in the specialty areas of neurosurgery, cardiology and emergency medicine.

Mental Health System Planning

by Sandra Watson

In all of its planning districts, the ACMS DHC has been assisting the mental health providers move forward in achieving greater collaboration and integration.

In Algoma, the psychogeriatric providers are developing a formal Memorandum of Agreement identifying roles and responsibilities for each service provider.

In the District of Cochrane, the Crisis Committee has decided to broaden its mandate and membership to become a district mental health planning committee.

In Sudbury/Manitoulin, the newly formed mental health providers group are moving forward on coordinating joint training and educational activities, exploring co-location options and planning for consumer/ survivors services.

Long-Term Care

by Susan Van Atte

Throughout 2002/03, three Long-Term Care committees continued to assist Council in preparing long-term care planning reports and advice. In March 2003, Council approved the *2003-04 Annual District Service Plan for Long-Term Care Community Services*. This report identified current issues, service delivery challenges, and long-term care community needs. Many of the outstanding service priorities identified in previous years remain.

As requested by the MOHLTC, Council also undertook a study regarding the impact of new long-term care beds and redeveloped level 'D' beds in the ACMS area. Level 'D' beds are those beds identified to undergo renovation and/or reconstruction in order to meet the new design standards for long-term care facilities. In preparing this Council report, surveys and interviews were conducted with long-term care facilities, hospitals, Community Care Access Centres and other community support agencies. Identified was the need for Council and its long-term care committees to continue to monitor the impact of new beds as a number of facilities will not complete construction until later this year or into 2004.

Concurrent Disorders

by Sandra Watson

The Ministry has requested that both Northeastern DHCs assist with the implementation planning for the regional Concurrent Disorders (addictions and mental health) Outreach Program. The intention is to ensure that a regional focus is achieved.

Methadone Maintenance Treatment

by Christine Leclair

In July of 2002, the Ministry pulled together a working/planning group to work towards resolving some of the long-standing Methadone Maintenance Treatment (MMT) challenges and barriers. The need to take a regional approach for the northeast was recognized and membership on this group includes the ACMS and Northern Shores DHCs, Centre for Addiction and Mental Health, College of Physicians and Surgeons of Ontario and Ministry staff (provincial and regional). The Underserviced Area Program has also been kept informed throughout the process.

A report was submitted to the Ministry in January of 2003. In this report, means of providing methadone treatment services within the northeast are discussed and compared. The report will be shared with a number of stakeholders for further input. Service delivery models take into consideration the limited number of physicians licensed to provide methadone in the North and attempts to integrate other key health care professionals within the delivery of methadone treatment services.

Northeast Mental Health Implementation Task Force (NEMHITF)

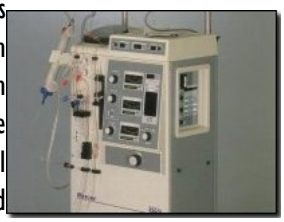
by Sandra Watson

In January 2003, the Task Force completed its work with the submission of its final report *The Time for Change is Now: Building a Sustainable System of Care for People with Mental Illness and Their Families in the Northeast Region* to the MOHLTC. Staff of the ACMS DHC were involved both in terms of membership on the Task Force and in providing planning support. We and other stakeholders are currently awaiting a response to the report from the Ministry.

Northeast Regional Dialysis Services

by Lianne Valiquette

In Northeastern Ontario, the number of patients seeking treatment for End Stage Renal Disease increased by 50 percent between 1995 and 1999. The greatest number of cases were the result of complications of diabetes. In order to better coordinate the increasing need for renal care screening, diagnosis, treatment and supportive services, the Northeastern Ontario Dialysis Services Steering Committee was formed to conduct a review of dialysis services. It reported its findings to both the ACMS and Northern Shores DHCs in March 2002. Building on this work, planners worked with renal care providers to pursue a number of additional planning steps. Of note, the group examined the best model for delivering outreach dialysis services, the barriers that family physicians face when implementing diabetes testing guidelines, a range of transportation services for renal patients and standardizing end-of-life care and organ and tissue donation protocols. Both Councils endorsed the report and created a permanent Joint Standing Committee to continue the important role of regional planning for dialysis services.



Stroke Strategy

by Lianne Valiquette

Stroke is the leading cause of adult neurological disability in the province. Over the past year, planners at the ACMS and Northern Shores DHCs have been working with Ministry and Level C hospital managers to implement a model of region-wide coordinated stroke care. Components of the model include network set-up, best practices for first response, care pathway development and professional education. The hospitals in Sudbury, Timmins, North Bay and Sault Ste. Marie have been designated by the Ministry as District Stroke Centres and will work with their community partners to strengthen local stroke service networks.

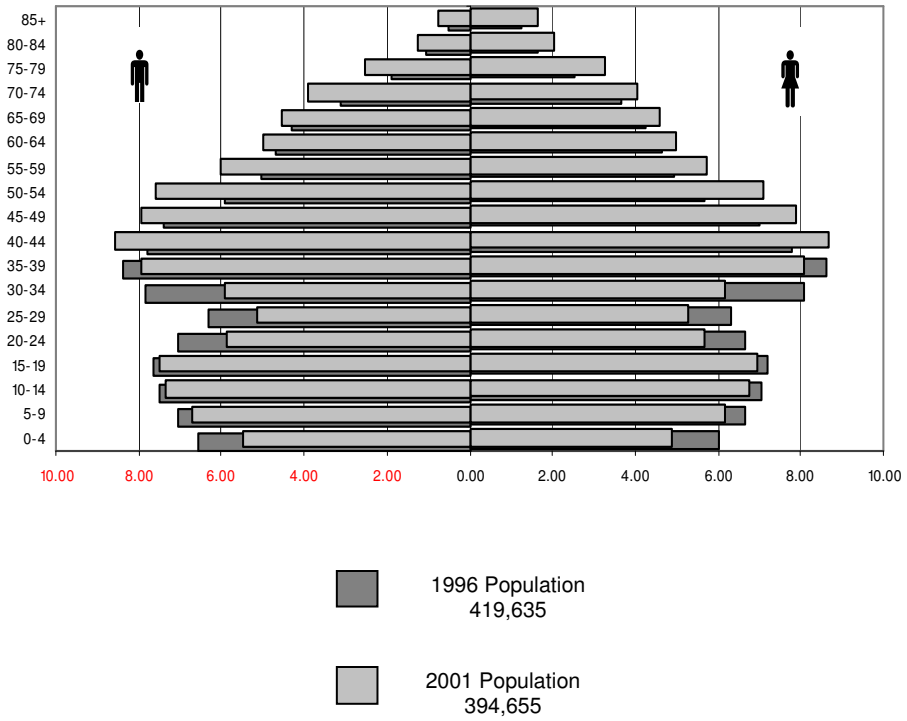
Population of Algoma, Cochrane, Manitoulin & Sudbury Districts

A good understanding of the size and changes to a population is important for sound planning because health services are organized based on current demand and anticipated volume. For example, when groups of residents are projected to grow or age, new services must be implemented to meet these future needs.

The ACMS planning area covers 236,456 square kilometers. This represents one quarter of the total landmass in the province of Ontario. In 2001, there were 394,655 residents living in this area (3.5% of the provincial total). The population density is ten times lower than the rest of Ontario. Most of the people live in three urban centres (*i.e.* Sudbury, Sault Ste. Marie, and Timmins), and in smaller communities stretching along Highways 11, 17 and 69.

The age and gender of a population can influence disease patterns. The ACMS planning area is shrinking and not experiencing growth like some parts of Southern Ontario. The principle reason is due to migration out of the area, mostly by young people. The one exception was in the Manitoulin District where the population increased as a result of a high birth rate. The population pyramid shown here illustrates the change in each age category for males and females living in ACMS between 1996 (dark bars) and 2001 (light bars).

Population Pyramid by Age & by Gender, ACMS DHC Planning Area, 1996 & 2001 Census



Statement of Revenue & Expenditure

FOR THE YEAR ENDED MARCH 31, 2003

Revenue & Expenditure	2003 Budget	2002 Budget
Revenue:		
• Ministry of Health and Long-Term Care	$ 1,183,176	$ 1,099,258
• Administration Fee	1,846	
• Interest Income	378	3,649
Total Revenue	1,185,400	1,102,907
Expenditure:		
• Salaries and Benefits	799,823	715,861
• Operating Expenses	385,503	384,606
Total Expenditure	1,185,326	1,100,467
Excess of Revenue Over Expenditure	$ 74	$ 2,440

This statement of revenue and expenditure is an extract from the audited financial statements of the ACMS DHC, as prepared by Edward A. Jakubo, CA.