Northern Shores District Health Council 2003/2004 Annual Report

No. 6, June 2004

COUNCIL MEMBERS

(as of June 1, 2004)

Robert Norris (Chairperson)
Laurie Bachelder
Jack Birtch
Carole Burtch-Rudderham
Barbara Cochrane
Peter Daleman (Vice-Chairperson)
Richard Filion
Frances Hammond (Vice-Chairperson)
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Linda Karam (Vice-Chairperson)
John MacLachlan
Phyllis Palangio
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STAFF

(as of June 1, 2004)

Peter Deane
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Philip Kilbertus
Cathy Knox
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MESSAGE FROM THE CHAIRPERSON and EXECUTIVE DIRECTOR

Robert Norris
Chairperson

Peter Deane
Executive Director

It is clear that for any organization or business to be successful over the long term, it must assess its current products and services against demand and need, and forecast areas for strategic change in the future. Certain activities will be ceased, whereas others will be initiated. In this way, the value of the organization's products and services is maintained and/or enhanced over time to meet true needs and provide for the most effective use of its limited resources.

Although District Health Councils (DHCs) have a legislated mandate in Ontario's health system, they must ensure that this role is carried out in a way that is of greatest value to the changing needs of a range of groups. In the fall of 2003, the Northern Shores DHC (NSDHC) board and staff stepped back to reflect on the following questions:

- What is our individual responsibility to the Council?
- What is our responsibility to our community?
- What is our responsibility to our Ministry?

Simply put, the NSDHC reaffirmed that its true value lies in being sensitive to community issues and concerns, and being able to provide this perspective to its partners. Like all publicly funded organizations, DHCs are subject to changes in broader social and political directions. Nonetheless, the NSDHC strives to maintain an unwavering focus on providing neutral advice that is reflective of the health and health service needs of the communities in which we live.

The successful functioning of the multibillion dollar Ontario health care system, now and in the future, means that locally appropriate and sensitive models must be in place that reflect the unique circumstances and reality of each area in the province. As described in the following pages, the NSDHC uses a variety of mechanisms to create an environment where health care providers and consumers can identify and implement local solutions to local needs.

A recurring theme in the NSDHC's annual reports has been, and will continue to be, an emphasis on the greater integration and coordination of services. The NSDHC believes that, once again, opportunities to increase the coordination of services will be specific to the context and community in which they will be implemented, and we will attempt to incorporate this approach into all of our work.

The NSDHC members and staff would like to take this opportunity to express our sincere appreciation to the many volunteers who have contributed their time and expertise in 2003/2004 to the health planning efforts outlined in this annual report.

2003 / 2004 In Review

The following is a brief overview of the highlights of the NSDHC's planning activities in 2003/2004. For more information on the items listed and other work of the Council, please contact any NSDHC office.

HOSPITAL SERVICES PLANNING

Facilitating Coordination

The NSDHC continues to support local hospitals' efforts to increase service coordination both among themselves and with other community providers. These activities take many forms, including the provision of DHC planning resources to: the five hospitals and two community care access centres of the Nipissing-Timiskaming Hospital Network; the two hospitals in the Muskoka District that are exploring opportunities for increased service coordination; and the West Parry Sound Health Centre and local long-term care facility that are interested in pursuing shared approaches. The DHC's activities with these groups range from developing a PACS (picture archiving and communication system) proposal on behalf of hospital providers, to meeting with boards of directors to discuss integrated governance.

ADDICTION and MENTAL HEALTH

The long-identified need to more closely align services available to individuals with both mental health and addiction problems resulted in the development of, in collaboration with the Algoma•Cochrane•Manitoulin• Sudbury (ACMS) DHC, the report entitled *A Northeastern Approach to Support People with Mental Health and Substance Abuse Problems*. The model proposes both the development of specialized services and client level coordination of mental health and substance abuse services at the community level.

Recognizing that early intervention and support of individuals with psychoses results in the best long-term outcomes, the NS and ACMS DHCs are jointly developing a discussion paper that reviews current literature in the area and proposes a range of models for the Northeast.

At the community level, the NSDHC was successful in working with the Nipissing Mental Health System Group to develop an agreement between providers to coordinate and streamline services available in the Mattawa area (to replace the fragmented outreach approach used to date).

CHILDREN'S SERVICES

Children's Treatment Centre (CTC) Implementation

Years of planning and advocacy by the NSDHC regarding the need to integrate children's rehabilitation services in the Muskoka, Nipissing, Parry Sound and Timiskaming Districts were rewarded in mid-2003. The new Northern Shores CTC Standing Committee, sponsored on an interim basis through the North Bay General Hospital, began its work to operationalize the CTC within the next 18 months.

HEALTH INFORMATION

Providing all planning partners with access to a comprehensive range of current sociodemographic, health status and service information remains a priority of the NSDHC. As a result, the NSDHC completed and released the first (i.e. area demographics) of a series of reports in support of local health and health system monitoring. Work is underway on the next reports on health human resources, hospital utilization, health status, and mental health and addiction.

LONG-TERM CARE

As the NSDHC prepares to undertake extensive long-term care planning work in 2004/2005, it has helped support two innovative community planning projects over the past year.

Based on *A Plan for the Continuum of Care for Alzheimer Disease and Related Dementias in the District of Timiskaming*, May 2002, the Dementia Network of Timiskaming District is moving forward with a number of recommendations including the development of a case management protocol which will identify a coordinating agency that will be responsible for providing a one-stop service access point for individuals living with Alzheimer disease and related dementias, and their families. The Network also established an ad hoc subgroup to develop a service inventory for the District of Timiskaming that will be shared with both physicians and caregivers.

The Interim Strategies Group was formed in the Nipissing District as a forum to address patient movement between the hospitals (general and psychiatric), long-term care facilities, and the community. In its submission *Building a Spectrum of Health Care Options in Nipissing and Northern Sections of Northeast Parry Sound*, the Group has a wide range of strategies to support individuals in the lowest cost setting which is most congruent to their health care needs and provide for smooth transitions between the different levels of care.

EMERGENCY HEALTH SERVICES (EHS) and INJURY PREVENTION

In response to the unique challenges of timely access to services in Northern Ontario and higher morbidity/ mortality related to injuries and poisonings in the region compared to the province, the NSDHC has maintained its commitment to EHS planning and injury prevention initiatives. This has been achieved through planning support provided to the following initiatives:

- completing a stroke educational and training needs assessment;
- chairing the Northeastern Emergency Services Network Advisory Committee which is working in the areas of non-urgent ambulance transfers, land and air ambulance coordination, emergency department utilization and discharge, and trauma provider education;
- supporting the development of sustainability strategies for injury prevention activities across the region; and
- evaluating a youth peer leader injury prevention model to develop a best practice model for province-wide implementation (in partnership with the Ontario Neurotrauma Foundation, University of Toronto, Laurentian University, and local community providers).

HEALTH PROMOTION and WELLNESS

The NSDHC continues to participate in a wide range of health promotion and related community initiatives across the planning area. These include:

- Heart Health Coalitions
- Safe Grad
- SMARTRISK
- Road Safety Committee
- Muskoka Injury Prevention Coalition
- Nipissing-East Parry Sound Partners in Trauma Prevention
- Muskoka Affordable Community Housing

DHC ACCREDITATION

To be used as the basis for further discussions by DHCs provincially, the NSDHC has drafted a paper outlining the major components of an accreditation framework for DHCs. To make the most effective use of resources across Councils and allow for the sharing of best practices, the framework proposes the evaluation of three main aspects of DHC work: inputs (information collection); process (methods of deliberation); and outputs (the presentation of advice and recommendations).

INFORMATION and COMMUNICATION TECHNOLOGY (ICT)

Initiated in January 2004, the Northern Ontario ICT Planning Project is aimed at strategically positioning Northern health care providers with Ontario's broader e-health vision and strategy. The outcome will be a regional ICT blueprint with specific steps, requirements, and priorities for action. Undertaken as a joint project between the three DHCs in Northern Ontario with the support of FedNor and the Ministry of Health and Long-Tem Care (MOHLTC), the project will focus on leveraging regional efficiencies within and across hospitals, community care access centres and community health centres in the North.

REGIONAL and PROVINCIAL PARTNERSHIPS

The NSDHC is involved in a wide range of regional and provincial activities through its participation in the following groups:

Regional:

- Northern Health Issues Strategy Committee
- Northern Health Information Partnership
- Cancer Care Ontario – Northeast and Simcoe/York Regional Advisory Committees
- Northeastern Emergency Services Network
- Northeastern Trauma Program
- Addiction Services – Northeast Regional Working Group
- Northern Ontario Telehealth Service Advisory Committee
- Northeast Dialysis Services Steering Committee
- Northeastern Ontario Acquired Brain Injury Network
- Northeastern Stroke Strategy Network
- Northeastern Ontario Trauma-Related Educational Steering Committee
- Northeastern Land/Air Ambulance Subcommittee

Provincial:

- Provincial Trauma Registry Advisory Committee
- Children's Rehabilitation Services Policy Framework Steering Committee
- Children's Rehabilitation Services Research and Evaluation Steering Committee

2003 / 2004 PUBLICATIONS

The following is a listing of publications that the NSDHC produced, or collaborated on, from April 2003 to present:

- *Directory of Mental Health Programs, District of Timiskaming, Second Edition* – April 2003
- *Forum on Health Human Resources and Staff Utilization: Outcomes from the Northern Shores District Health Council* – May 2003
- *A District Plan for French Language Health Services, 2003-2004 Update* – November 2003
- *Northern Health Strategy: Northern Solutions for Northern Issues* – January 2004
- *The People and Communities of the Muskoka, Nipissing, Parry Sound and Timiskaming Districts – Northern Shores Health System Profile Part 1* – March 2004
- *A Northeastern Approach to Support People with Mental Health and Substance Abuse Problems*– June 2004
- *Northeastern Ontario Stroke Strategy Education and Training Needs Assessment* – June 2004

LOOKING AHEAD – 2004 / 2005

In addition to continuing the work of the many projects outlined above, the NSDHC will be initiating a number of significant new projects in 2004/2005.

- Two complementary long-term care planning projects will be undertaken. The first will assess and plan for a basket of eight MOHLTC-funded community support services, while the second will focus on the development of a comprehensive four-year strategic plan for the full continuum of community and institutional long-term care services.

- Collaborating with the ACMS DHC around the development of a Northeast Ontario physician scan. This process will attempt to develop a template with desired targets for physicians in Northern Ontario by communities, district and subregion. Additionally, different approaches to identification of "catchment" areas for the purposes of Underserviced Area Program designation, based on existing work and reports in Ontario and other jurisdictions, will be explored.

- As a result of a request from the community (housing programs for people with serious mental illness), the NSDHC will establish a work group to review the MOHTLC housing benchmarks in light of the increase in the utilization of community-based mental health programs and the changes in the economy since the benchmarks were established ten years ago.

COMINGS AND GOINGS

The strength of the District Health Council lies in the commitment of its volunteer members. In 2003/2004, five dedicated members left the Council while a number of new faces and perspectives were welcomed to the table.

A sincere thank you to . . .
Gord Adams – Muskoka municipal representative
Patti Connick – Muskoka provider representative
Kathy England – Parry Sound provider representative
Mark Gidley – Muskoka consumer representative
Marjorie Thomas – Parry Sound municipal representative

Welcome to . . .
Carole Burtch-Rudderham – Muskoka provider representative
Barbara Cochrane – Parry Sound provider representative
Garfield Robertson – Parry Sound consumer representative

The NSDHC also saw the following two staff changes:

Judy Sharpe, who has been the NSDHC lead senior health planner in a number of areas including addiction, children's services and long-term care, was appointed as Interim Executive Director of the new Northern Shores Children's Treatment Centre effective January 2004.

Susan Stewart joined the NSDHC as a senior health planner as of April 2004. Susan brings a wide range of experience in health and social service program planning and evaluation to the DHC, and will take on long-term care and children's services planning portfolios.

CONDENSED FINANCIAL STATEMENT

For the Fiscal Year Ended March 31, 2004
Schedule of Revenue and Expenditures

REVENUE:	
Province of Ontario	$987,012
Interest	62,585
EXPENSES:	
Salaries and Benefits	$771,650
Operating Expenses	213,495
Excess of Revenue over Expenses (Repayable to the MOHLTC)	$64,452

Copies of the audited financial statements are available upon request.