NIAGARA health planner

Published by The Niagara District Health Council Autumn 2004

Transforming Ontario's Health Care System through Local Health Integration Networks

Fourteen new Local Health Integration Networks (LHINs) were announced by George Smitherman, Minister of Health and Long-Term Care, on October 6th. These networks are to cover the province and form part of the Ministry's Health Transformation Agenda.

LHINs will be charged with planning, coordinating and funding the health care services within their geographic boundaries. The principles guiding the LHINs mandate and responsibilities reflect a vision for Medicare reform that ensures:

- Equitable access based on patient need;
- Preservation of patient choice;
- Measurable, results-driven outcomes based on strategic policy formulation, business planning and information management;
- People-centred, community-focused care that responds to local population health needs; and
- Shared accountability between providers, government, community and citizens.

Geographic boundaries for the networks were based on patient flow to local and tertiary hospitals. Patient admission patterns to these hospitals were aggregated up to regional groupings called Hospital Referral Regions, which then became the LHIN boundaries. On the basis of these calculations, Niagara has been merged into LHIN 4 which also contains Hamilton, Haldimand, Brant and Burlington.

LHIN 4 will serve 1,263,825 people, the second largest population to be covered by all of the LHINs. Almost 93% of residents within this network are treated by hospitals located within its geographic boundaries. This proportion is called a localization index (LI). LHIN 4 has one of the highest LIs in the province.

Each Local Health Integration Network contains between one and seven high volume hospitals, which are defined as the busiest 50 of the 155 hospitals in Ontario. There are seven such hospitals within the LHIN 4 geographic boundaries. The Niagara Health System, with its eight sites, is Niagara's high volume hospital. All networks but one also contain at least one proposed or functioning regional cancer centre. LHIN 4 has a functioning center at Hamilton Health Science's Henderson site and a proposed centre at Niagara Health System's St. Catharines site.

LHINs will be governed by a Board of Directors appointed by Order-in-Council using a merit-based process. Board members will be expected to possess relevant expertise, experience and leadership skills, and have an understanding of local health issues, needs and priorities.

Response of the Niagara District Health Council

In its feedback to the Minister, the Niagara District Health Council (NDHC) described characteristics of Niagara and the implications of its inclusion within LHIN 4. The localization index for Niagara itself is 85%, indicating that the vast majority of residents receive treatment at local hospitals. An LI of 85% is higher than such indexes for seven of the 14 new LHINs. Additionally, with a population of over 430,000, Niagara also contains more people than are found within the geographic boundaries of three of the new networks.

continued on page 2

in this issue

Niagara District Health Council

Review of French Language Services

The French Language Services Committee of the Niagara District Health Council plans for and monitors the implementation of French Language Services in Welland, Port Colborne, and the Niagara region as a whole. This is accomplished formally through the review of French Language Service Implementation Plans and Self Assessment Tools and informally through a variety of other activities.

3.6% of Niagara's overall population (or 14,250 people) report French as their mother tongue. In Welland, 12% of the population (or 5,680 people) do and in Port Colborne 6.6% of the population (or 1,190 people) do. Welland and Port Colborne are designated under the French Language Services Act.

Specific local and regional long-term care, mental health and addiction, and hospital programs serving the residents of these two local municipalities have been identified to work towards providing services in French.

Implementation Plans outline the on-going efforts a program is making to develop French language services. These Plans were requested from all identified agencies and organizations in 1990 and 1999. Long-term care agencies have been asked once again to re-work their Implementation Plans for review by the French Language Services Committee this fall.

Mental health and addictions agencies, long-term care facilities and hospitals are being asked to complete the Ministry's new Self Assessment Tool by January 15th. This tool is an electronic checklist whose purpose is to update existing Implementation Plans. An information session about this tool was held on November 2nd. This will be the first time the Self Assessment Tool will be used in Niagara.

Local Health Integration Networks

continued from page 1

The NDHC expressed general unease about the likelihood that if Niagara is encompassed within the large LHIN 4 area, centrally-based regional services will continue to grow in Hamilton at the expense of required investments in our local health care system. Evidence shows that where Niagara residents are required to travel outside the district for health care, utilization rates at 'out of district' services are lower than targeted and unmet needs continue to exist.

Council further shared concern that specialized medical services that are set to come to Niagara, such as cancer treatment, advanced cardiac services and specialized mental health, may fail to materialize because of pressures to consolidate specialty services within the LHIN.

The Broader Health Transformation Agenda

In addition to the LHINs, other key actions which fall under the Health Transformation Agenda include:

— Strategy to bring down wait times for cardiac care, cancer care, hip and knee replacements, cataracts and MRIs;

— Investing in community-based care in five areas: long-term care, home care, community mental health, public health and prevention, and primary care (the latter through the creation of 150 Family Health Teams).

Keeping Updated on these Initiatives

Information about when the Local Health Integration Networks will be up and running, how they will be staffed and the manner in which they will function had not yet been announced at the time this article was written. Further updates about LHINs and the Health Transformation Agenda can be found at transforminghealth@moh.gov.on.ca or by contacting the Niagara District Health Council.

New Community-Based Long-Term Care Funding

In July 2004, the Ministry of Health and Long-Term Care announced an additional $102,387,999 in community-based long-term care funding across the province. Niagara's share of this funding was $3,421,179, or 3.3% of the total allocation. This brings the total new funding for community-based LTC services since 1996 in Niagara to $35,314,387 (exclusive of one-time funding but including all stabilization and Alzheimer Strategy funding).

The breakdown of the newest funding announcement is as follows:

— **CCAC** - $2,758,723 to be used primarily for acute home care, but also for chronic home care and planning for end-of-life care.

— **Community Support Services**

- $70,032 for service expansion for volunteer transportation and $68,000 for caregiver support services.
- $284,953 for increased operating costs for agencies providing services such as meals, friendly visiting, caregiver support, volunteer hospice visiting, adult day programs, and personal support/attendant/respite care for the physically disabled.

— **Supportive Housing Services**

$201,471 for increased operating costs for agencies providing supportive housing services for the elderly, physically disabled, and individuals with HIV/AIDS.

— **One-time funding**

$38,000 in one-time funding for program/education expenses or minor capital renovations for designated agencies providing community support service and supportive housing.

An Interview with Wendy McPherson, NDHC Chair

On September 30th, staff member Penny Pomeroy (left) interviewed Wendy McPherson, the new Chair of the Niagara District Health Council. Following are some highlights of this interview.

Penny: Could we begin by having you tell me something about yourself and your background?
Wendy: I was born and raised in Toronto where I lived for 30 years. I married, had a daughter, and moved to Whitby. My husband was from Niagara Falls and wanted to move back here, so we did after my son was born. My children are grown and I have more time now to dedicate to volunteer work such as the DHC and the Gerontological Nurses Association. My husband is retired and supports me totally in my career and volunteer pursuits.

Penny: Can you tell me something about your education and professional career?
Wendy: I received a BScN. from the University of Toronto. Many years later, I went back to D'Youville College in Buffalo for my MSc. in gerontology. I first worked for a short time at the old Ontario Hospital at 999 Queen Street before it was rebuilt. Then I moved to the Public Health Department of the former Borough of York as a district nurse. This is where I first developed my continuing interest in the elderly.

After moving to Whitby, I stayed at home for a couple of years with my baby daughter, after which I joined the Whitby Public Health Department as a member of an adult health team. I repeated this pattern with my move to Niagara Falls, where I again stayed home for a while with my son before resuming my career with the Regional Niagara Public Health Department. While at Public Health, I completed my graduate degree and, in 1989, began working for the Greater Niagara General Hospital as a discharge planner.

Penny: Tell me about your current position.
Wendy: GNGH began a geriatric assessment program in 1993 and I was selected to develop the program as the program manager which I have been doing ever since. The program has evolved and grown over the last eleven years and, with the formation of the Niagara Health System, now serves the entire region. I also teach continuing education courses in gerontology for Niagara College. The elderly are such an important segment of our population and so often are not considered as such.

Penny: Now thinking more generally, what is your impression of the overall health care system today?
Wendy: Despite its many challenges, I think we have an excellent health care system that I wouldn't trade for anyone else's. I know that good service is being provided and that people are being helped. However, long wait lists and shortages of family physicians are among our system's major problems. We really need to maximize our use of resources through better integration to address these problems.

Penny: How do you see the role of the Niagara District Health Council?
Wendy: Our current role is to advise the Minister of Health and Long-Term Care on the health and health care needs of Niagara residents. We do this largely through planning reports and, unfortunately, some of these reports seem to virtually disappear after they leave the DHC office. I would like to see the DHC role expanded to include more coordination of our health care partners in efforts to address the issues that are raised.

Penny: Are there specific health care challenges that you anticipate Council addressing over the coming year?
Wendy: Our health system monitoring report came up with many challenges to health care in this region that could be addressed, as did our many other studies. The new Integrated Planning Network should help promote the kind of joint effort necessary to follow through on DHC reports. The real challenge for the health care system is our shortage of human and financial resources which makes it so necessary for us to work together.

Penny: What would you like to accomplish during your term as Chair?
Wendy: Basically, I would like Council to run smoothly and fulfil its mandate. If Local Health Integration Networks are introduced this year, I would hope district health councils would play an important role in their development and implementation.

New Long-Term Care Facilities Opened

Two new long-term care facilities were scheduled to open this fall in Niagara. Millennium Trail Manor is a 160 bed home, located at 6861 Oakwood Drive in Niagara Falls. It will serve applicants who require secured units, supervised smoking, or specialized nursing care, and will have basic and private accommodations.

United Mennonite Home has relocated to 4024 23rd Street in Vineland. The new building will include 47 additional beds plus 1 respite bed, for a total of 128 beds. In addition to usual care needs, this home will serve applicants who require secured units or more specialized nursing care.

Niagara Suicide Prevention Coalition Seeking Lead Agency

Suicide is a serious problem in many communities and the Niagara Region is no exception.

Approximately two years ago, a number of concerned individuals came together to discuss suicides in our region. They agreed that there was a need for local action to address this critical issue. The Niagara Suicide Prevention Coalition was established with broad representation from various community organizations, as well as interested citizens. Since its inception, Coalition members have worked to increase community awareness and understanding of suicide and suicidal behaviours.

The work of the Coalition has reached a new stage. It is now time to identify an agency within the Niagara community to partner with the Niagara Suicide Prevention Coalition to develop and implement a local suicide prevention strategy. This lead agency will be expected to work in partnership with the Coalition to address issues related to suicide in our community.

A call for applications has been issued for lead agency designation with a submission deadline of November 30th. For more information about the call for applications, contact Vicky Guertin, Niagara District Health Council, at 905-682-7000 extension 23.

Increased Funding for Community Mental Health Programs

The Ministry of Health and Long-Term Care recently announced funding increases for mental health programs providing services to Niagara residents with serious mental illness. This new funding provides a 2% increase to base funding to all community-based mental health programs, expands crisis response and increases mobile treatment and support services to consumers living in the community.

CMHA Niagara received $650,000 for Safe Beds, a crisis support service, to provide full time service, twenty-four hours a day, seven days a week and to increase the number of beds from five to seven.

Community Mental Health Program, Region of Niagara, received $600,000 for half an Assertive Community Treatment Team (ACTT) to provide twenty-four hour, seven day a week treatment and support to individuals with serious mental illness.

Gateway Residence of Niagara Inc. received $120,000 for two case management positions.

West Niagara Mental Health Team received $85,000 for one case management position.

Niagara District Health Council

Council Members:

Wendy McPherson, Chair - Niagara Falls
Peter McAllister - Vice-Chair, Niagara Falls
Judy Casselman - Regional Representative, St. Catharines
Mary Fickel - Consumer, Fort Erie
Donald Jackson - Consumer, Niagara Falls
Dr. Suhas Joshi - Provider, St. Catharines
George Marshall - Regional Representative, Welland
Mariea Mc Nelis - Consumer, St. Catharines
William Smeaton - Regional Representative, Niagara Falls
Karen Stearne - Provider, Niagara Falls

Staff :

Jill Cappa, Physician Recruiter
Julie Darnay, Senior Health Planner
Diane Fortier, Senior Bilingual Secretary
Vicky Guertin, Health Planner
Joanne Manson, Senior Health Planner
Penny Pomeroy, Senior Health Planner
Shirley Stewart, Senior Health Planner
Mary Szabo, Administrative Officer
Jeannette Wilcox, Senior Bilingual Secretary
Gary Zalot, Executive Director

Niagara District Health Council

3550 Schmon Parkway, 2nd floor, Unit 2
Thorold, Ontario, Canada L2V 4Y6
Tel: 905-682-7000
Fax: 905-682-7772
email: general@niagaradhc.on.ca
website: www.niagaradhc.on.ca

For more information about the Niagara Health Planner, please contact: ppomeroy@niagaradhc.on.ca

Latest Reports from the Niagara District Health Council

Repatriation Report for the Niagara Health System: A Description of the Outflow of Niagara Residents to Hospitals outside Niagara and Potential Opportunities for Providing Care Closer to Home, June, 2004.

Demographic Changes in Niagara and Preliminary Estimates of the Impact on the Demand for Acute Hospital Services at Niagara Health System: A Niagara DHC Study, July, 2004.

Niagara Community Mental Health, Substance Abuse and Problem Gambling Programs Operating Plans Review Report, July, 2004.

Long-Term Care Census 2003, A Snapshot of Long-Term Care Services for Niagara Region, July, 2004.