Northwestern Ontario District Health Council

2003 - 2004 Annual Report

Northwestern Ontario District Health Council
Conseil Régional de Santé du Nord Ouest Ontario

Shaping the Future of the Health System in Northwestern Ontario

Our Vision

Recognized as a leader and partner in health planning.

Our Mission

To improve the health status of Northwestern Ontario residents.

Northwestern Ontario District Health Council

The Northwestern Ontario District Health Council is comprised of health care providers, consumers and local government representatives. All members are appointed by Order-In-Council by the Minister of Health and Long-Term Care.

The role of the DHC is to provide regional planning advice to the Minister, taking into consideration local health needs and priorities.

Council 2003/2004

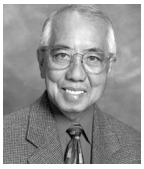
Chair: Eiji Tsubouchi - Thunder Bay
Clifford Bowles - Thunder Bay
Paulina Chow - Thunder Bay
Helen Cromarty - Thunder Bay
Walter Flasza - Thunder Bay
Trevor Giertuga - Thunder Bay
Nancy Greaves - Sioux Lookout
Janice Lessy - Thunder Bay
William Martin - Fort Frances
Tammy McEachern Hughes - Thunder Bay
Derek Mills - Sioux Lookout
Dr. Peter Neelands - Thunder Bay
Joanne Ranger - Longlac
Eric Rutherford - Beardmore
Louise Sawchuk - Atikokan
Andrew Skene - Dryden
Frances White - Ignace

Message from the Chair and Executive Director

Planning. Partnering. Proactive. These words and their meanings underpin activities of the Northwestern Ontario District Health Council (NWODHC) in 2003/04. They also reflect and support Council's vision: "Recognized as a leader and partner in health planning" and values that are fundamental to the DHC. These words also serve as the foundation for this annual report.

We pursued excellence in planning. The Northwestern Ontario DHC recognizes the need to respond to a continuously changing and evolving health environment by providing neutral advice that is reflective of the health needs of our communities. As such, we produced a comprehensive long-term care service plan, a supportive housing needs assessment, and an environmental scan of cardiac services in the Northwest. We hosted a session to better understand how to address the needs of clients who are difficult to serve. As well, we revitalized our end stage renal disease planning process, pursued hospital/community profiles of 12 communities, advanced our efforts in health human resources planning, and developed expertise in and focused on rural, remote and Northern health as a strategic priority.

We valued and worked with numerous partners. The NWODHC values the importance of working with others in achieving our mandate. This year we strived to strengthen existing relationships and build new ones. As demonstrated in this report, we built strong relationships within Northwestern Ontario, the North, the province...and beyond!



Eiji Tsubouchi
Chair

We were proactive. Meeting the needs of patients who require an alternate level of care (ALC) is a persistent challenge throughout Ontario. Through working with numerous partners, we provided leadership for a major study of ALC in the City of Thunder Bay. We anticipate that the study results will have far-reaching effects in Thunder Bay, our region, and provincially.

Access to tertiary services and a strong regional centre has been a major focus of the NWODHC. In concert with our local and regional partners and the Ministry of Health and Long-Term Care, we are committed to working with Tom Closson, Special Advisor to the Minister of Health and Long-Term Care, in the *Study of Thunder Bay Regional Health Sciences Centre and Development of a Regional Service Plan for Northwestern Ontario.*

Gwen DuBois-Wing
Executive Director

We seized the opportunity to work with health care organizations and businesses in exploring transformational leadership. We were most fortunate to host a luncheon and retreat with Dr. Debashis Chatterjee, a world thought leader. Dr. Chatterjee had a profound impact on our appreciation of transformational leadership.

These successes, as well as those outlined on the following pages, reflect the Northwestern Ontario DHC's capacity for planning, partnering and being proactive. As well, they underpin the commitment and spirit of our Council and staff to improving the health status of Northwestern Ontario residents and to the values of leadership, partnership, learning, and excellence.

Long-Term Care Issues and Trends in the Northwest

The *Long-Term Care Annual District Service Plan 2003* provides an overview of the key issues and trends in long-term care and makes recommendations for changes in the nature and level of health services delivery in Northwestern Ontario.

The three key themes emerging out of this planning activity include identification that:

- There is a strong commitment by organizations to maintain and improve long-term care services in Northwestern Ontario,
- Clients have challenges in accessing services; and,
- Long-term care service providers have concerns about demand for their service exceeding capacity.

The report can be accessed on the NWODHC website.

DHC Committee/Task Group Membership 2003 - 2004

Executive Committee
Eiji Tsubouchi **(Chair)
Paulina Chow **(Vice-Chair)
Walter Flasza** (Treasurer)
Tammy McEachern Hughes **
Derek Mills **

French Language Services Committee
Joanne Ranger ** (Chair) (to 07/03)
Cliff Bowles **(Chair)
Mario Audet
Diane Breton *
Denyse Culligan
Don Edwards
Sylvie Ranger-Duranceau
Eric Rutherford **
Janet Sillman
Eiji Tsubouchi **

Governance Committee
Paulina Chow (Chair) **
Cliff Bowles **
Walter Flasza **
Tammy McEachern Hughes **
Derek Mills **
Joanne Ranger **
Louise Sawchuk **
Andrew Skene **
Eiji Tsubouchi **

System Profile Task Group
Carl White (Chair)
Kelly Isfan
Christy McClelland
Wade Petranik
Jill Pascoe

End Stage Renal Disease Services Task Group
Cliff Bowles **(Chair)
Dr. Claudette Chase
Elizabeth Clark
Judith Carrol
Corrine Fox
Nancy Greaves **
Susan Griffis
Judith Harris
Maureen Judge *
Dr. William McCready
Carmen Moonias-Lavoie
Sandra Petzel
Sylvie Ranger-Duranceau
Julia Solomon
Marg Stevenson

Audit Committee
Walter Flasza **(Chair)
Cliff Bowles **
Paulina Chow **
Derek Mills **
Eiji Tsubouchi **

Hospital/Community Health Long-Term Care Task Group
Paulina Chow **(Chair)
Nancy Greaves **
Alice Bellavance
Bob Botham
Judi Gryschuk
Mary-Ellen Hill
Kevin Holder
Wendy Kirkpatrick
William Martin **
Lorne McDougall
Betty Anne Nurse *
Marlene Pavletic
Norm Poolton
Tuija Puiras
Olga Sampara
Eiji Tsubouchi **

LEGEND * Ministry of Health & Long-Term Care ** NWO District Health Council Member

NOTE: The above indicates individuals who were members of Council Committees or Task Groups any time between April 1, 2003 to March 31, 2004

NWO DHC Staff

Executive Director:
Gwen DuBois-Wing
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Planning Coordinator:
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Health Planners:
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hgray@nwodhc.com

Ruth Ward
rward@nwodhc.com

Randy Belair
(Kenora Work Station)
rbelair@nwodhc.com

Executive Secretary:
Lisa Niccoli
lniccoli@nwodhc.com

Secretary:
Shelley Marinis
smarinis@nwodhc.com

(* resigned)

Summarized Statement of Core Operating Fund *Revenue and Expenditures*

	2003/2004 Budget	2003/2004 Actual
Revenue:		
Ministry of Health and Long-Term Care	$980,242	$980,243
Interest		2,481
Total Revenue	**$980,242**	**$982,724**
Expenditures:		
Salaries and Benefits	$681,450	$680,459
Operating Expenses	298,792	301,450
Capital	-	-
Total Expenditures	**$980,242**	**$981,909**
Ending Surplus		**$815**

Note: This financial summary is an excerpt from the audited financial statements prepared by Buset and Buset Chartered Accountants. A copy of the complete audited financial statements is available from the DHC.

Survey Reflects Support for Health Integration and Coordination

The Ministry of Health and Long-Term Care, North Region Branch provided terms of reference for an Advisory Committee on Integration and Coordination of Health Care Services in the North. The three Northern Ontario District Health Councils were asked to seek feedback on this draft terms of reference from health care service providers.

A total of 161 surveys were sent to participants of the *Opportunities for Health Services Integration and Coordination in the North* workshop held in October 2002 as well as to individuals in leadership positions in the health system. Of the respondents, 85.5% were supportive of an Advisory Committee and 80.6% indicated that the principles proposed for the committee's work as presented in the draft terms of reference were appropriate. Interest from the Northwest is significant as 42 individuals volunteered to be considered as a member of the Advisory Committee.

Once appointed by MOHLTC, the Advisory Committee will advance the work from the October 2002 conference held in Thunder Bay, jointly organized by the MOHLTC, the Ontario Hospital Association and the three Northern Ontario District Health Councils.

Rural, Remote and Northern Health: A Strategic Priority

Council identified the development of greater planning expertise related to rural, remote, and Northern health as a strategic priority for 2003/04. As part of this direction, the District Health Council consulted with experts and those with a strong interest in rural, remote and Northern health, to assist in building regional capacity in this area.

One initiative in this regard included hosting an appreciative inquiry session with individuals from throughout the Northwest, with diverse backgrounds and a special interest in rural, remote and Northern health issues. Invitees, led by Dr. Sholom Glouberman, a Philosopher-in-Residence at Baycrest Geriatric Centre in Toronto, gathered in Thunder Bay. Participants offered their expertise and ideas to the DHC. Their input included identifying the positive attributes of planning and delivering health services in Northwestern Ontario. A discussion paper on rural, remote and Northern health will be available this fall.

To learn more about Dr. Glouberman's work on understanding health care systems, please visit his web site: www.healthandeverything.org

2003-2004 Annual Report

The Northwestern Ontario District Health Council welcomes responses to this report

Northwestern Ontario District Health Council
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Volunteers—A Cornerstone to the NWODHC

During 2003/04 the Northwestern Ontario District Health Council, along with the other 15 provincial DHCs, celebrated the 30th anniversary of DHCs. Throughout its history, the NWODHC has experienced strong volunteer commitment which is reflected in the hours members give to the organization and significant distances they travel in our region-- which is almost 60% of the provincial landmass.

Our volunteers bring expertise and skills to the development of Council reports and studies. They bring valuable and diverse perspectives to all the work of Council. Above all, they come together with a strong commitment to improve the health system in Northwestern Ontario!

This year marks a significant change in Council as many of our members reach the end of their maximum 6-year term. We believe that the DHC and, in fact, all residents of Northwestern Ontario, have benefited from the incredible commitment of our volunteers. We appreciate our relationship with our volunteers and are most grateful for their contributions, energy and involvement.

ALC Challenges in Thunder Bay Under Review

Alternate Level of Care (ALC) patients, by definition, occupy an acute care bed in a hospital, however, they no longer require acute care. These patients are present in most Ontario acute care hospitals and are typically waiting discharge or transfer to some level of post-acute care including rehabilitation, complex continuing care, long-term care, or home care.

The persistent challenge of ALC in the Thunder Bay health care system is the high number of acute care hospital beds in Thunder Bay Regional Health Sciences Centre (TBRHSC) being occupied by patients no longer requiring acute care. A long-standing issue, the ALC situation intensified over the past year with the opening of TBRHSC. Recognizing the impact on the system, the Northwestern Ontario District Health Council (NWODHC) initiated and facilitated joint meetings with representatives of St. Joseph's Care Group, Thunder Bay Regional Health Sciences Centre, the Community Care Access Centre of the District of Thunder Bay and the Ministry of Health and Long-Term Care – North Region.

In January 2004, the DHC, in collaboration with its planning partners initiated *A Study of Alternate Level of Care in the City of Thunder Bay.* The study's purpose was to identify and explain the root causes of the ALC problem. The primary goals of the study were to assess the current situation with respect to ALC challenges in Thunder Bay, to evaluate system-wide factors that may be contributing to ALC pressures, to project system needs resulting from emerging trends in ALC and post-acute care, and to determine strategies to effectively meet these ALC/post-acute care service demands.

To move this work forward, the NWODHC retained the consulting team of Geyer & Associates Inc. and Canadian Health*Care* Management Inc. to conduct the study. An Advisory Committee has been overseeing this work. The NWODHC will forward the report and its recommendations to the Minister of Health and Long-Term Care, the Honourable George Smitherman, this fall.

Northern DHCs Collaborate on Major ICT Initiative

This Northern Ontario Information and Communication Technology (ICT) planning project has been identified by the Ministry of Health and Long-Term Care as one that will assist in advancing integration and coordination of Northern health services. The work will build upon current ICT initiatives across Northern Ontario. FedNor announced funding for this collaborative project with the Algoma, Cochrane, Manitoulin, Sudbury (ACMS), Northern Shores and Northwestern Ontario District Health Councils. The task is to develop a regional approach to health-related ICT in Northern Ontario leading to increased efficiency and effectiveness in decision-making and implementation of ICT initiatives. A Northern Ontario Working Group oversees this work.

Work commenced in late January, and with an 8 to 10 month completion timetable, this project will:

- Investigate and assess the current status of health-related ICT initiatives across Northern Ontario;
- Develop a shared vision and direction;
- Identify opportunities and potential partnerships, linkages and regional approaches to health-related ICT; and,
- Determine priorities for regional ICT infrastructure development and investment.

Report Provides Overview of Cardiac Services

The *Environmental Scan of Cardiac Services in Northwestern Ontario 2003* provides a comprehensive overview of cardiac services in the Northwest region. Information was derived from consultation with over 192 individuals and 95 agencies/organizations from across Northwestern Ontario. The plan identifies existing and planned cardiac services across the continuum of care, from health promotion and disease prevention to diagnostics, treatment, and rehabilitation. Key issues, trends and gaps in cardiac services were also identified. To read this report in its entirety, visit the DHC website at www.nwodhc.com

Health Human Resources Planning Continues

Over the past few years, the NWODHC has undertaken a number of planning activities which have gathered intelligence about health human resource changes in the Northwest. This past year, the DHC participated in a collaborative effort between the MOHLTC and all 16 provincial DHCs. This initiative resulted in a provincial report entitled *From Practice to Policy: Report of the Health Human Resources Capacity* and *Utilization Project, November 2003*. The report provides an overview and analysis of the strategies being used by agencies to meet staffing demands and to compensate for shortages. Strategies such as partnerships and relationships across the continuum of care, implementation of consistent policies and multi-year funding support, illustrate collaborative approaches being employed by various agencies to address the health human resources challenges in the province. Check the NWODHC's website for this report.

End Stage Renal Disease (ESRD) Planning Process Revitalized

Recognizing the increasing prevalence of End Stage Renal Disease in Northwestern Ontario, the District Health Council established a task group to engage in an ESRD planning process.

Renal (kidney) disease is a significant health concern in Northwestern Ontario. ESRD is often a result of the complications of diabetes. Patients with ESRD require dialysis services or a kidney transplant to survive. It is expected that the demand for ESRD services will increase as the population ages and the rates of the disease increases. In Northwestern Ontario, this demand will likely exceed provincial averages given the higher incidence of diseases such as diabetes in the region. Of special significance are the high rates of diabetes in the Aboriginal population.

Work in this area has included a literature review, an appraisal of programs and best practices, consultations with providers regarding ESRD services in Northwestern Ontario and an in-depth review of the data. The final report will provide evidence-based recommendations concerning ESRD care needs and the range of services and linkages required to meet those needs including health promotion, illness prevention, diagnosis and the management and treatment of ESRD in Northwestern Ontario. It will be released in the fall.

Understanding the "Difficult To Serve" Client

The NWODHC hosted a one-day session to address the issue of the difficult to serve client. The session, facilitated by Bill Staples of ICA, was attended by service providers from across Northwestern Ontario.

"Difficult to Serve" clients may include a person of any age who has an acquired brain injury or who is mentally challenged, has dementia or has a profound physical disability. People in this category may also include the homeless and individuals with mental health and/or addictions issues.

Meeting the health needs of difficult to serve clients is a reoccurring challenge identified in DHC planning initiatives. The difficult to serve client has needs that are not easily met within the current system. Though placement in a long-term care facility may be an option, there are often barriers to admission.

The session helped to enhance understanding of the difficult to serve population and to identify barriers to their admission into long-term care facilities. Participants identified strategies to better accommodate these individuals within the health system and shared their experiences with approaches that work. The Summary of Proceedings report can be accessed on the DHC's website.

Visit Our New Website!

Our website, www.nwodhc.com, has been updated! Locate NWODHC reports, and read about activities underway on the website. The website is a resourse for those interested in health planning.

Supportive Housing Study Receives Feedback

Since the report's release, the *Northwestern Ontario Supportive Housing Study: A Needs Assessment* has received significant positive feedback. The report focuses on housing for seniors in the region. Information for the report was provided through a literature review, 71 key informant interviews, community visits, and focus groups of providers and consumers.

The study found that in Northwestern Ontario:

- Only 6 communities have Supportive Housing with a total of 231 units for seniors;
- Wait lists exist;
- There is a patchwork of services in the Northwest; and,
- Where Supportive Housing exists, it has evolved through the efforts of community champions.

Some of the significant themes which emerged from the data include:

- Aging in place is preferred;
- Adequate home care reduces the demand for supportive housing and long-term care placement; and,
- Transportation for the aging population is an issue in the Northwest.

The report includes a comparative analysis between similar populations in Northwestern Ontario and Northeastern Ontario and reflects the significant need for supportive housing options in the Northwest. The report can be accessed through the NWODHC website.

Council Development Over the Past Year: Highlights

- Northwestern Ontario District Health Council members, in early spring, participated in a strategic planning session led by Linda Moore and Brad Quinn of tng. The session revisited Council's strategic focus, priorities and goals, reviewed Council's programs and re-affirmed Council's direction and work for the coming year. This will include a shift of focus towards wellness and the ongoing capacity building of stakeholders, providers and consumers through education and providing information.
- Council will continue with its principles and best practices for effective governance. It will continue with work already underway such as the recruitment of new members, new member orientation and the development of Council members through regular education sessions and strategic dialogue on emerging trends. With its advanced work in governance, Council members and the Executive Director have made presentations to and/or supported other Councils and boards.
- Retiring Council members were honoured for their significant contribution to the District Health Council. Colleagues and staff celebrated the involvement of these individuals, all of whom have been on Council since the inception of the Northwestern Ontario District Health Council in April 1998. Prior to their involvement with the NWODHC, several members served on predecessor Health Councils, either on the Kenora-Rainy River District Heath Council or the Thunder Bay District Health Council.

  Council members work diligently to provide the Minister of Health and Long-Term Care with objective advice about current and future health needs of residents in the Rainy River, Kenora and Thunder Bay Districts. We have been very fortunate to work with such an enthusiastic group of volunteers, committed to fulfilling this mandate!

  Retiring members include:Eiji Tsubouchi, Chair, Thunder Bay; Andrew Skene, previous Vice Chair, Dryden; Louise Sawchuk, Atikokan; Eric Rutherford, Greenstone; Janice Lessy, Thunder Bay, and, Bill Martin, Fort Frances.

Transformational Leadership

"Leaders" are everywhere in our society, whether their position is formal or not. As a leader, each one of us can maximize the strengths of our organization by our own increased awareness.

Leadership is the liberation of the potential that lies within ourselves.

~ Dr. Debashis Chatterjee (Source: *Light the Fire in Your Heart*)

Lakehead Regional Family Centre, St. Joseph's Care Group, Wardrop and the Canadian Centre for Leadership and Human Values partnered with the NWODHC to bring in Dr. Debashis Chatterjee, "World Thought Leader". Dr. Chatterjee spoke on the topic *The Leadership Connection*: *Awakening to Relationships* at a luncheon in Thunder Bay. This was followed by a two-day leadership retreat held at Quetico Centre. Inspired by his words, wisdom and knowledge, participants gained a new understanding of leadership.

Dr. Chatterjee is internationally renowned for his pioneering work in leadership development and the transformational learning. His books, *Leading Consciously* and *Light the Fire in Your Heart* have gained international recognition. Dr. Chatterjee has taught at MIT, Harvard University Graduate School of Business, University of St. Thomas, Minneapolis, and, Tufts University. He has conducted leadership sessions for many Fortune 500 companies.

Access to Tertiary Services in Northwest Examined

Tom Closson, President and Chief Executive Officer of University Health Network in Toronto has been appointed by the Honourable George Smitherman, Minister of Health and Long-Term Care as a Special Advisor to the Minister and Board of Thunder Bay Regional Health Sciences Centre. Mr. Closson is Chair of a 22 member Steering Committee that was recently established to oversee the development of an action plan for TBRHSC and a regional service plan for Northwestern Ontario. The DHC's Executive Director, Gwen DuBois-Wing, participates on the Steering Committee which is assisting with *A Study of the Role of the Thunder Bay Regional Health Sciences Centre and the Development of a Regional Service Plan for Northwestern Ontario*. It is expected that the study will be complete by May, 2005.

DHC Collaborates on Dementia Networks

As part of Ontario's Strategy for Alzheimer Disease and Related Dementias, the Northwestern Ontario District Health Council provided planning support to the two dementia networks in Northwestern Ontario, one in the Thunder Bay District, the other in the Kenora and Rainy River Districts over the past year.

The goal of the dementia networks is "to improve the system of care required by persons with dementia, their families and caregivers". The intent is for organizations to have improved responsiveness and accessibility through the improved linkages created by these two dementia networks. As a result of this collaborative work, it is expected that persons with dementia and their families will benefit from improved access to services, information and support.

NWODHC Reports & Publications

Recent publications produced by the Northwestern Ontario District Health Council can be found in "pdf" format, unless otherwise indicated.

Most reports are posted on the NWODHC web site at www.nwodhc.com. Alternately, you may wish to contact the DHC office by calling (807) 623-6131 or by e-mail at planning@nwodhc.com.

- *Supportive Housing In Northwestern Ontario A Needs Assessment, January 2004*
- *Logement avec services de soutien dans le Nord-Ouest de l'Ontario Évaluation des besoins, janvier, 2004*
- *Environmental Scan of Cardiac Services in Northwestern Ontario 2003, November 2003*
- *Examen détaillé des services cardiaques dand le Nord-Ouest de l'Ontario 2003, novembre 2003*
- *Northwestern Ontario Long-Term Care Annual District Service Plan 2003, October 2003*
- *Plan annuel de services de district pour les soins de longue durée dans le Nord-Ouest de l'Ontario, octobre 2003*
- *Annual Report 2002/2003, September 2003*
- *Rapport Annuel 2002/2003, septembre 2003*
- *Strategies to Enhance Health Human Resources Capacity and Utilization in Northwestern Ontario, June 2003*
- *Strategies d'optimisation et d'utilisation du potential en resources humaines dans le secteur de la santé dans le Nord-Ouest de l'Ontario, juin 2003*
- *Mental Health Operating Plan Review 2003-2004, June 2003*

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