News

Halton-Peel
District Health Council
Conseil régional de santé

Volume 4, Issue 2 October 2002

Keeping You Informed

Health Human Resources Planning Projects

In the current environment of health human resource (HHR) shortages, there is a heightened imperative among policy-makers, planners, administrators, and professional organizations that staff recruitment and retention pressures are a universal concern. With these pressures, there is an increasing realization that the HHR shortages will threaten the health system's capacity to meet growing demands. While many HHR planning efforts are ongoing in Ontario, these are largely focused on different "pieces of the puzzle" – on a particular profession (nurses, physicians), a subgroup of a profession (public health nurses, geriatric physicians), or on a particular health sector (long term care), or a particular geographic region (county, province, district). Over the past year, the Halton-Peel DHC has been involved in two key projects to broaden the scope of HHR planning.

The first initiative, the Provincial Health Care Labour Market Study, represents a proactive effort among all 16 District Health Councils (DHCs) to conduct the first agency-based HHR survey in Ontario to examine a wide range of professionals, providers, and communities. Although the study focuses on non-physician and non-nursing health care workers in the community sector, efforts have been made to collaborate with existing research on physicians and nursing professionals.

The Provincial Health Care Labour Market Study looked at current and anticipated labour shortages by occupation and provider agency type, factors influencing labour shortages, the impacts of these shortages, and agency provider experiences with recruitment and retention. The occupational groups covered by the survey include: allied health professionals, ambulance workers, assisting occupations, case managers/workers, counselors and social workers, dental professionals, health educators and promoters, technologists and technicians.

Key findings include:

Vacancies

- Three-quarters of health care provider agencies have had unfilled positions within the last

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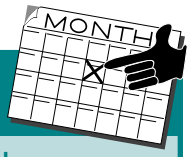
Version française disponsible

Mark Your Calendars



Upcoming council meetings

Public welcome – RSVP

Wednesday December 11, 2002 from 6:00 to 9:00 pm at the *Halton-Peel DHC Boardroom*

Wednesday January 8, 2003 from 6:00 to 9:00 pm at the *Halton-Peel DHC Boardroom*

Wednesday February 12, 2003 from 6:00 to 9:00 pm at the *Halton-Peel DHC Boardroom*

Health Human Resources Planning Projects

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year (the average length of vacancy is 1.3 months and varies across Ontario).

- Most of the agencies (71%) have experienced job vacancies and perceive a resulting negative impact on the quality of health care services provided.

Recruitment & Retention

- 64% of agencies report a fair amount of difficulty in recruiting new employees. Only 11% report no difficulty.
- Two key reasons that prospective health workers give for not accepting offers of employment are inadequate remuneration and the inability of the organization to offer full-time employment.
- Using training initiatives as recruitment incentives is more widespread than the use of monetary incentives and perceived to be more effective (see Figure 1. below).
- Retention difficulty is strongly correlated with several community factors (e.g. geographic isolation, community resources for family needs).

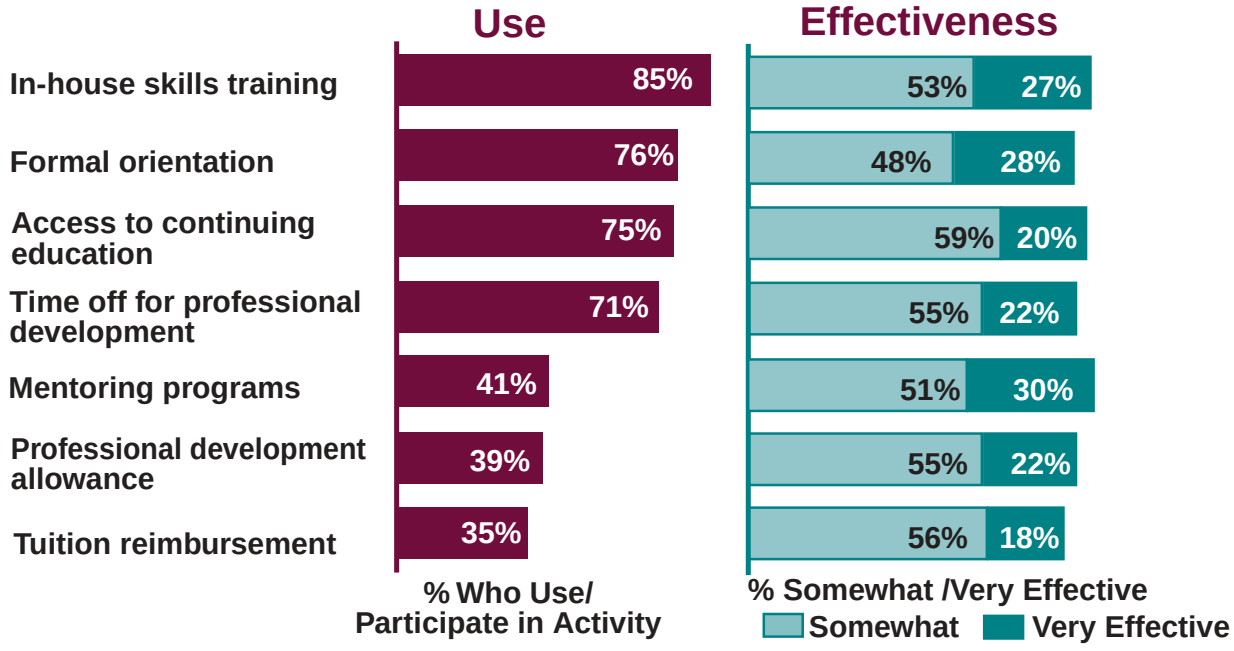
Over the next few months, DHCs and local community stakeholders across Ontario will work together to determine how best to use the data collected from their districts and the province as a whole in future health planning. A copy of the provincial report can be obtained on our website at www.hpdhc.com.

The second planning effort, involving four DHCs (Durham Haliburton Kawartha & Pine Ridge, Halton-Peel, Simcoe-York and Toronto) identified the pressing need for the development of a data infrastructure for HHR. A key finding of this work is the lack of robust and reliable data that can be used as evidence or as input to planning models. In a recent letter to the Deputy Minister of Health and Long-Term Care, the four DHCs emphasized the need for the Ministry of Health and Long-Term Care (MOHLTC) to develop an information system capable of producing reliable data for health planning.

Based on the planning work conducted over the past year, an upcoming project in the Halton-Peel DHC 2002/03 Operating Plan involves exploring local solutions to address increasing HHR pressures through the promotion of information sharing to enhance HHR capacity and utilization. This project is provincial in scope and is currently in the development phase among all DHCs and the MOHLTC.

For more information, please contact Elaine Kachala.

Figure 1. Use and Effectiveness of Training Initiatives as Recruitment Incentives



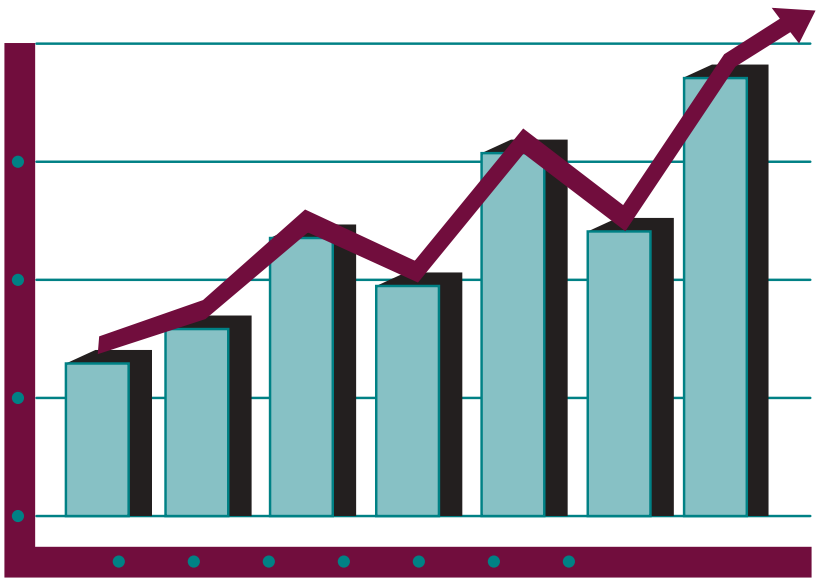
Source: Ontario District Health Council's Provincial Health Care Labour Market Survey Provincial Findings Report, July 2002, Page 36.

Local Health System Monitoring

Health care organizations have undergone extensive shifts to accommodate demands for reform, financial constraints, and changing population needs. DHCs have a responsibility to assess these changes and their impact on the community in order to strategically plan for a balanced and integrated health care system. DHCs are uniquely positioned to undertake a monitoring role of the local health care system and the health needs in the Council's geographic area based on their arm's length relationship to policy and service provision, a systems perspective, and a focus on local population needs.

Local health system monitoring refers to the ongoing systematic collection, analysis, and interpretation of health data. Local health system monitoring is important to: assess the health status of residents and the status of the local health care system; identify emerging health and health system trends; provide input for evidence-based planning; and, examine the impact of policy changes.

Released in April 2002, the first *Halton-Peel Local Health System Monitoring Report* enables the Halton-Peel DHC to be better positioned to provide the Minister of Health and Long-Term Care and other decision-makers with health system planning information and advice.



The report includes many indicators organized into the following themes:

- Access indicators (availability, accessibility)
- Outcome indicators (measures of health status)
- Sentinel events (preventable incidents)
- Utilization indicators (services provided)
- Population data (characteristics of local population)
- Health care system data (characteristics of local providers)

To increase the relevance and usefulness of the information from this research, the Halton-Peel DHC will be producing a series of highlight reports. These reports will be designed to disseminate local population health and health care system information, with a common reader-friendly template. Specific topics will be dependent upon community priorities, consultation (e.g., with Regional Health Departments) and issues identified through broader local health system monitoring.

At the provincial level, the Local Health System Monitoring Project will continue to evolve to include post-report evaluation, development of core indicators, identification of information gaps, and a review of technical aspects of managing information for continual improvement.

The Local Health System Monitoring Project would not have been possible without the assistance of many people who have collaborated and contributed to the Project. The Halton-Peel DHC is pleased to be working with other DHCs, Regional Health Departments, Health Intelligence Units, Community Care Access Centres, and the MOHLTC in developing a tool for local health system monitoring.

A copy of the report can be found on our website at www.hpdhc.com.

For more information, please contact Chris Altmayer.

In Brief

Infant Hearing

In December 2000, the Government of Ontario announced a new program to establish infant hearing screening programs across the province. The target is to screen 95% of newborns for a hearing loss and, when necessary, link them to a process of child/family centered communication development services and supports. For Halton-Peel and the remaining Central West Region, Erinoak was identified as the lead agency for the local development and implementation of this provincial program. At that time, the Halton-Peel DHC was asked to provide planning support and assistance in developing an inventory analysis and process for broad-based participation of providers, key child and health organizations, and families and consumer groups.

Over the last year, along with Waterloo Region-Wellington-Dufferin DHC, the Halton-Peel DHC has co-chaired the Central West Implementation Advisory Committee. In June 2002, as the Infant Hearing Program became operational, the two DHCs stepped down from the role of chair. Longer-term plans are to integrate the role of this advisory committee with existing speech language program committees.

For more information, please contact Ron Wray.

Review of 2002/2003 Addiction Agency Operating Plans

In July 2002, Halton-Peel DHC staff completed the *2002/2003 Addiction Agency Operating Plan Review: Summary Report.* While service plans demonstrated a commitment to regional service system integration and coordination, all plans identified continued pressures to meet service demands given current resource allocations. All addiction agencies continue to collaborate with each other as well as with mental health and other allied health care sector agencies to provide a range of services for clients. The report can be obtained on our website at www.hpdhc.com.

For more information, please contact Linda Sullivan.

Exploring the Potential Impact of New Long-Term Care Beds

In 1998, the Government of Ontario announced the largest influx of new long-term care (LTC) beds anywhere or anytime in the province's history. Over the next eight years, 20,000 new LTC beds will be created across the province, with approximately 4,000 of these to be located in Halton-Peel. With such a large infusion of new resources, many anticipate that there will be significant impacts across the health care system.

Through stakeholder consultation over the past year, the Halton-Peel DHC developed a multi-year monitoring process. A number of potential impacts were identified including:

- Undersupply of LTC staff
- Oversupply of LTC beds
- Failure to address special population needs
- Lack of resources for community based services
- Potential benefits to consumers

Using the consultation results as a framework, an Expert Panel was established to assist in the development of indicators (e.g., nursing staff vacancies, bed vacancy rates in existing and new facilities) that will be used to collect and analyze data measuring system change. Baseline data is currently being obtained, while the first comparative data will be collected in December 2002. The first report assessing the initial investment of new LTC beds will be released in late winter 2003.

A copy of the report outlining the work-to-date and monitoring process can be obtained on our website at www.hpdhc.com.

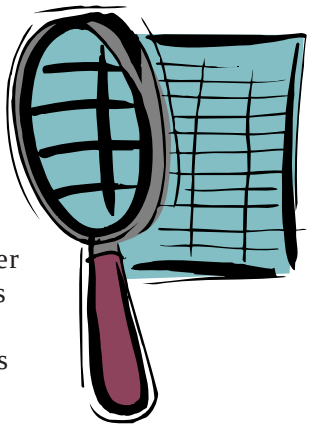
For more information, please contact Danielle Claus.

e – News!

The Halton-Peel DHC is pleased to announce the distribution of our electronic newsletter. Watch for this issue electronically, or email us at newsletter@hpdhc.com to be added to the electronic distribution list.

Review of 2002/2003 Community Mental Health Operating Plans

Since 1996, DHCs have been asked by the MOHLTC to review the operating plans of community mental health programs and provincial psychiatric hospitals. This year, DHCs were only asked to comment on those programs that were planning a reduction in front-line service capacity. In April 2002, the Halton-Peel DHC published a *Staff Review of the 2002/2003 Community Mental Health Operating Plans* and concluded that community programs are under extreme operational pressures that will continue to have an impact on service capacity. As well, population growth is increasing the need for mental health services and supports. The report suggests that in 2002/2003, local service providers began reductions in front-line staffing, with this trend expected to continue. The report can be obtained on our website at www.hpdhc.com.



For more information, please contact Rose Cook.

Relocation of Specialized Mental Health Beds and Services to Peel

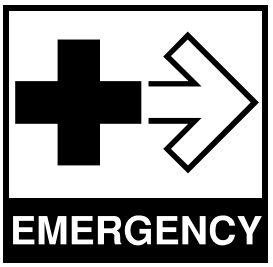
To assist the Centre for Addiction and Mental Health (CAMH) in its commitment to relocate 60 – 70 specialized mental health beds to Peel, Halton-Peel DHC staff recently facilitated a process to provide direction on how to allocate effectively these resources. Under the guidance of an Advisory Committee, a report titled *Advice to the Centre for Addiction and Mental Health Regarding the Relocation of Specialized Beds and Services to Peel* was prepared and submitted to CAMH, the MOHLTC, and the Toronto-Peel Mental Health Implementation Task Force. This report outlines planning parameters and relocation criteria to aid CAMH with its work. It also identifies both the specialized and community services and supports necessary to sustain specialized mental heath beds in Peel. A copy of the report is available on our website at www.hpdhc.com.

For more information, please contact Rose Cook.

Halton-Peel Emergency Services Network

Ongoing pressures for emergency departments continue to be the increasing number and acuity of patients, and the high volume of admitted patients waiting for an inpatient bed. These pressures, in turn, create a backlog of emergency department patients and result in increased ambulance offloading times.

The Halton-Peel Emergency Services Network continually initiates new coping strategies to address emergency system pressures that are no longer seasonal in nature, but have become ongoing concerns. Strategies are shared not only within the local Network, but also with other Emergency Services Networks throughout the province, allowing for opportunities to build on other communities' experiences and successes.

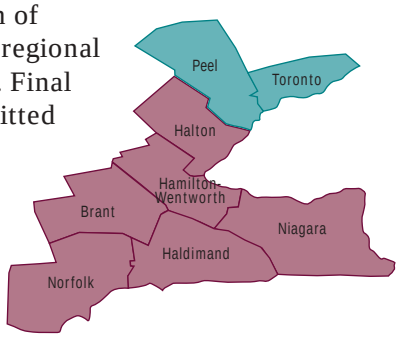


The Network has identified several priorities for the year, including standardizing protocols and processes among the partners, and developing contingency plans for the coming winter. The Local Agreement for the Patient Priority System (which provides the framework for the distribution of ambulances) is currently under review. In addition to sub-groups addressing data collection and ambulance off-loading issues, a profile of emergency department patients is being developed and a Charge Nurse Committee has been initiated to focus on operational issues.

For more information, please contact Donna Laevens-Van West.

Mental Health Implementation Task Forces

Halton-Peel DHC staff continue to provide planning support to the Central South and Toronto-Peel Mental Health Implementation Task Forces during the last phase of their work. Both Task Forces are in the process of drafting final recommendations and advice to the Minister of Health and Long-Term Care regarding the implementation of restructured local and regional mental health systems. Final reports are to be submitted by December 2002.



For more information, please contact Rose Cook or Elaine Kachala.

On The Horizon

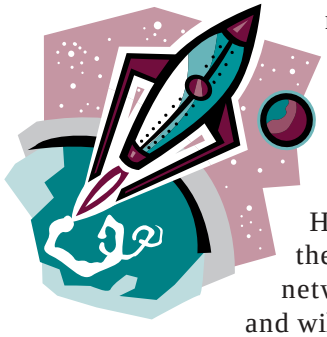
Assessing the Long Range Need for Trauma Services in Halton-Peel

Beginning this fall, a new project is planned to assess the need for developing local hospital capacity to provide trauma services. Currently, no Halton-Peel hospitals are designated as trauma centres. Individuals with severe trauma are generally directed to centres in Toronto or Hamilton. This project will analyze the trend in the number of Halton-Peel regional trauma cases, identify where these cases are treated, project future need for services, and determine whether there is critical mass to warrant the development of local, highly specialized programs and ancillary services that are associated with trauma centres.

For more information, please contact Scott McLeod.

Establishment of Dementia Networks in Halton and Peel

During this past September, dementia networks were launched in the Regions of Halton and Peel. The primary goal of a dementia network is to serve as a vehicle to facilitate people and resources coming together locally, regionally, and provincially to improve the system of care for persons with dementia, their families and caregivers. The Halton-Peel DHC is supporting the development of the local networks over the next two years and will be establishing an initial work plan, creating an inventory of existing services, and performing a gap analysis.



For more information, please contact Danielle Claus.

Check out our Web Site

www.hpdhc.com

Primary Health Care in Halton-Peel

In March 2001, the Minister of Health and Long-Term Care announced the Family Health Network (FHN) as the mechanism for primary health care reform in Ontario. FHNs will consist of a group of doctors and possibly other allied health professionals working jointly to provide primary care services, 24 hours a day, seven days a week. The Ministry's target is to voluntarily enroll 80 percent of general and family physicians in a FHN by 2004.

In view of the provincial reform process and local concerns regarding the supply of general and family physicians, the Halton-Peel DHC is undertaking a project to assess the current environment of primary health care in the district. The project will include consulting with local physicians about the FHN to identify issues and barriers to voluntary participation. The intent will be to consult with as many local front-line physicians as possible regarding their ideas about strengthening primary health care. As well, Halton-Peel DHC staff will be working with a steering committee to review practice models from other jurisdictions. It is expected that a report will be issued outlining ways in which FHNs and other models can provide accessible, comprehensive, and integrated primary health care in Halton-Peel.

For more information, please contact Ron Wray.

Member Profile

Councillor Kurt Franklin (Municipal Representative, Region of Halton)

Councillor Franklin became an Oakville Regional Councillor in November 1997. In addition to chairing the Region of Halton Health and Social Services Committee, he is the President of the Halton Community Housing Corporation and has numerous committee and volunteer responsibilities. In 1991, he put his career on hold to stay at home and care for his children until they reached school age. Prior to this, Councillor Franklin was a Systems Manager at Procter and Gamble for 11 years.

System Planning for Population Growth and Demographic Changes

Over the last two years, the Halton-Peel DHC has been working on a multi-phase project aimed at gaining a better understanding of how population growth and demographic changes may potentially impact the future utilization of health care services.

Phase IIIb – Long-Term Care Community Support Services

This phase of the project will examine the future need for long-term care community support services. Beginning with adult day programs, the process will involve creating an updated profile of agencies and current clients, a review of best practice research and service delivery trends, and development of service benchmarks using local and provincial data.

For more information, please contact Danielle Claus.

Phase IIIc - Addictions

Phase IIIc of this project focuses on addiction treatment services. The primary deliverable of this analysis is to identify the capacity of local addiction agencies to meet the needs of residents seeking services over the next 10 years. While projecting current and future service utilization and capacity will be challenging, the completed analysis will provide stakeholders with the ability to more accurately assess how the structure and delivery of addiction services should be shaped in order to meet demands in Halton-Peel.

For more information, please contact Linda Sullivan.

Planning for Ophthalmology Services in Halton-Peel

Cataracts, macular degeneration, and glaucoma are ophthalmologic conditions that, when diagnosed and treated, can significantly impact on quality of life. Over the next several months, the Halton-Peel DHC will undertake a planning process to assess the need for ophthalmology services in Halton-Peel. The project will analyze existing and planned resources in the treatment of specific eye conditions, develop a methodology to estimate future need, and explore potential service delivery options for meeting projected demand.

For more information, please contact Jane Richardson.

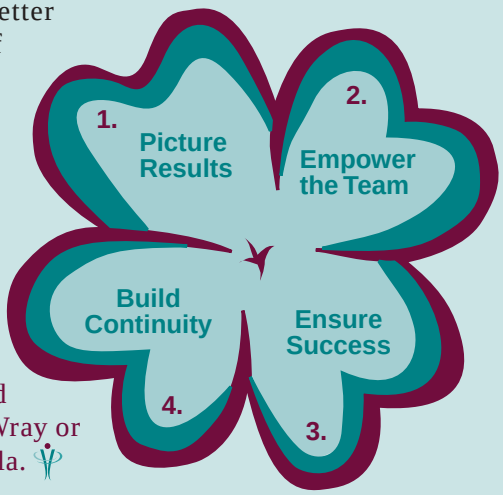
The Cloverleaf Model for Success – A Toolkit for Intersectoral Collaboration

Monday, November 18, 2002

Tuesday, November 19, 2002

Holiday Inn Select, Mississauga

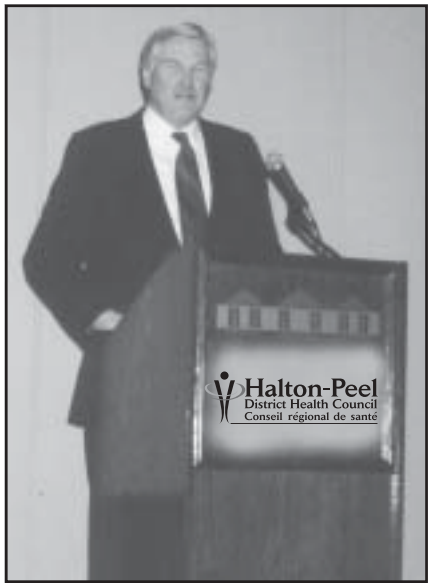
On November 18th and 19th, the Halton-Peel DHC and Community Leadership Alliance of Peel are proud to sponsor a hands-on 2-day workshop by Health Canada. The workshop is designed to support intersectoral action by providing direct assistance to existing broad-based coalitions and action groups through a facilitated interactive workshop. Using a toolkit known as the Cloverleaf Model, participants will gain an in-depth understanding about the dynamic management of collaboration and apply this knowledge over the course of two days to strengthen their coalition or group. Participants will leave the workshop with action plans and a better knowledge of managing the process of working together.



To register your group or coalition, please call the Halton-Peel DHC and ask for Ron Wray or Elaine Kachala.

Halton-Peel DHC Annual General Meeting

Mr. Michael Wilson, chair of the Toronto-Peel Mental Health Implementation Task Force was the keynote speaker at the fourth annual general meeting of the Halton-Peel DHC on June 27, 2002. Approximately 85 people attended to hear Mr. Wilson's presentation on the direction of mental health reform in Ontario.



Halton-Peel District Health Council
Conseil régional de santé

The Halton-Peel District Health Council is the local voice for health system planning. Made up of people who use and deliver health and related social services, the Council works in partnership to provide advice to the Minister of Health and Long-Term Care on local health planning needs and the development and implementation of a balanced and integrated health system.

Current Members:

Mr. Doug Billett
Mr. Al Cook
Councillor Susan DiMarco
Councillor Kurt Franklin
Mr. Rick Helm
Ms. Mary (Benny) Icely
Councillor Joan Lougheed
Ms. Mary Lynn Martin
Ms. Heather McGillis
Mr. Joe McReynolds, *Chair*
Councillor Marolyn Morrison
Ms. Karen Murphy
Mr. John Oliver, *Vice Chair*
Ms. Connie Price
Ms. Linda Rothney
Mr. Agni Shah
Dr. John Tracey

HOT OFF THE PRESS!

- Local Health System Monitoring Report (April 2002)
- Staff Review of the 2002/2003 Community Mental Health Operating Plans (April 2002)
- 2002/2003 Addiction Agency Operating Plan Review: Summary Report (July 2002)
- Advice to the Centre for Addiction and Mental Health Regarding the Relocation of Specialized Beds and Services to Peel (July 2002)
- Ontario DHCs Provincial Health Care Labour Market Survey: Provincial Findings Report (July 2002)
- Exploring the Potential Impact of New Long-Term Care Beds in Halton-Peel (August 2002)
- 2002/2003 Halton-Peel District Health Council Operating Plan (September 2002)

Congratulations Rose!

We are pleased to announce the recent promotion of Rose Cook to Senior Health Planner. Rose has been with the DHC for the past three years and is the sector lead for Mental Health. Congratulations Rose!

Your comments and input are important to us. We would love to hear from you and receive your ideas, questions, or concerns. Please get in touch!

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Please help keep our database current by calling or emailing Sandi Kent with corrections and updates.