News

Halton-Peel District Health Council
Conseil régional de santé

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Keeping You Informed

Long Awaited Regional Hospital Infrastructure Plan Released

Steve Isaak

On January 28, 2003, the Halton-Peel DHC, together with the Halton-Peel hospitals, released their long-awaited report, *A Regional Hospital Infrastructure Plan for Halton and Peel.* This report, the result of a collaborative process facilitated by the Halton-Peel DHC, was jointly developed and supported by each of the five regional hospitals: The Credit Valley Hospital, Halton Healthcare Services, Joseph Brant Memorial Hospital, Trillium Health Centre and William Osler Health Centre. The working group also had involvement from the two Community Care Access Centres (CCACs), the two Regional Municipalities (Halton and Peel) and the Central West Ministry of Health and Long-Term Care (MOHLTC) as observers.

The report provides a regional framework for redevelopment within the Halton-Peel hospitals to accommodate anticipated population growth and aging. This broad level conceptual plan provides direction for both the location and sizing of hospital facilities to 2008/09 and includes an extended forecast to 2016/17.

Local hospitals and the Halton-Peel DHC collectively agreed that a regional approach to addressing the future need for acute care services might result in solutions that would not be possible if planning continued only on an institution-specific basis.

The following is a summary of an interview with Steve Isaak, Executive Director of the Halton-Peel DHC, regarding the report:

Interviewer: Why was there a need for this report?

Isaak: Population projections indicate that Halton-Peel will have the highest absolute population growth of any DHC planning district in Ontario at approximately 700,000 people between 1996 and 2016. Additionally, from 2001 to 2016 the number of residents over the age of 65 will double to approximately 270,000, representing the second largest concentration of older adults within any DHC planning area in Ontario. The magnitude of these changes is unique and will have a significant impact on the need for all health services, including acute care.

Interviewer: What do we hope to achieve with the report?

Isaak: Ultimately, what we want to achieve is increased acute care capacity across Halton and Peel to meet the longer-term needs of the residents. The plan provides the hospitals and the Ministry with a planning framework for where and when

continued on page 2

WHAT'S INSIDE

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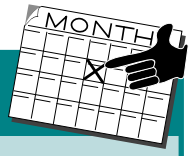
Mark Your Calendars



Upcoming meetings

Public welcome – RSVP

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

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

Wednesday May 14, 2003 from 6:00 to 9:00 pm at *the Halton-Peel DHC Boardroom*

Long Awaited Regional Hospital Infrastructure Plan Released - continued from page 1

additional capacity needs to be added. The report will be valuable to guide the development of plans by local hospitals. It will also serve as a template to assist the Ministry of Health and Long-Term Care as they review and make decisions about hospital capital projects.

Interviewer: What are the highlights of the report?

Isaak: Hospitals are currently planning to increase local hospital capacity to 3,231 beds, which includes recommendations from the Health Services Restructuring Commission. The report identifies that by 2008, an additional 632 hospital beds will need to be added in order to meet the needs of the local population.

To meet these needs, the report recommended the following:

- A new hospital be constructed in north-west Peel to accommodate the significant growth in communities adjacent to it (south-west Brampton and north-west Mississauga) and to relieve some pressure on existing hospitals;
- A new replacement hospital be located in north Oakville to accommodate the high rate of growth and to replace the lack of capacity and poorer aging infrastructure at the existing site; and,
- Redevelopment at the Milton District Hospital, Trillium Health Centre, Joseph Brant Memorial Hospital, The Credit Valley Hospital and William Osler Health Centre

Interviewer: Aren't we talking about a huge investment at a time when hospitals are facing large deficits and possible cutbacks?

Isaak: The purpose of this report is to proactively identify, based on population need, where and when additional capacity should be added to ensure hospital development will occur as required. While the report has specifically not addressed funding solutions that are in the purview of the provincial government, creative solutions will need to be developed. The partners view the report as an investment in the future of health care in the regions of Halton and Peel.

Interviewer: Why does the report only focus on hospitals?

Isaak: That is not the case with this report. Significant investment in the community sector is essential given the impact of population growth and aging. The report has been developed from a broad-systems perspective and the methodology incorporates assumptions about how the health system will change over time, with a continued shift away from acute care delivery to community care, primary care and prevention. Investment will need to occur in these areas as well.

Interviewer: Who will run the North-West Peel Hospital? Where is it going to be?

Isaak: The Ministry of Health and Long-Term Care will decide who will run the new North- West Peel Hospital, presumably with input from the five hospital corporations and the DHC. The options could include:

- A new board could be formed; or,
- One of the existing facilities could be made responsible for the new facility and would be required to manage the site along with their other site(s).

A separate process would be required to determine its location.

Interviewer: What are the next steps?

Isaak: The report was submitted to the Ministry of Health and Long-Term Care, on behalf of the planning group, as advice and recommendations for consideration. The DHC and hospitals may be requested to present the report to the Ministry, Regional Municipalities and other stakeholders. Ultimately, what we hope happens is that hospitals begin redevelopment planning consistent with the plan so that the capacity can be available when and where necessary. The report also identifies the need for additional planning work for some specific tertiary programs and services where there may be the opportunity for regionalization and/or new program development.

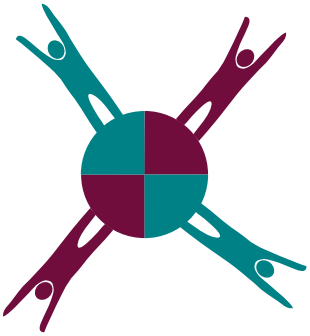
A copy of the report is available on our website at www.hpdhc.com.

For more information, please contact Steve Isaak or Scott McLeod.

In Brief

Proposal for East Mississauga Community Health Centre Is Submitted

In November 2002, a coalition of agencies in Peel submitted a proposal to the MOHLTC to establish the East Mississauga Community Health Centre (CHC). Community Health Centres play an integral role in providing primary health care by using multidisciplinary teams of health providers and focusing on health promotion, illness prevention, community development and the socio-economic determinants of health. As part of Halton-Peel DHC's *Regional Strategy for Community Health Centre Development in Halton and Peel*, Halton-Peel DHC staff worked with the East Mississauga Interagency Group to assist in the development of the proposal. The proposal is now being evaluated by the MOHLTC.



For more information, please contact Elaine Kachala.

Halton-Peel Emergency Services Network

As in previous years, the Halton-Peel Emergency Services Network (Network) developed and implemented strategies to cope with the traditionally busy holiday period in December and January. Strategies have included limiting bed closures, planning for additional back-up staff, and a noon-hour conference call between the hospitals, the CCACs and the MOHLTC. While all emergency departments remained open over the holidays, most hospitals experienced additional pressures with patients and staff ill with Norwalk virus-like symptoms, resulting in the closure of several inpatient units.

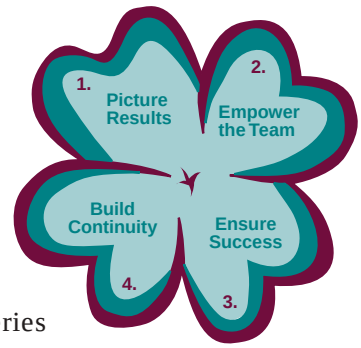
Subgroups of the Network have recently focussed efforts on developing strategies to alleviate long delays in the transfer of patient care from ambulances to Peel hospital emergency departments. The delays in the emergency department result from the high number of admitted patients waiting for an inpatient bed. A draft Paramedic Transfer of Care Protocol is currently being finalized which outlines steps to be taken when a paramedic crew initially arrives at hospital with a patient and the acceptance of responsibility for the patient by the hospital.

Following a presentation by the Network and the Region of Peel's Ambulance Services regarding off-loading delays, Peel Regional Council discussed the need to consider the impact of additional demands on the current health care system as a critical factor in their review of development applications. The Region of Peel Council approved a resolution "that all development applications be circulated to the Halton-Peel District Health Council for comment and their comments be included in the report to the Regional Council".

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

Workshop on Intersectoral Collaboration

In 2001, the Halton-Peel DHC launched a four-phase process to answer the question: *What mix of activities and services would constitute the best investment of resources to help us improve health in an integrated and sustainable way?* As part of a series of learning workshops designed to help answer this question, the Halton-Peel DHC and Community Leadership Alliance of Peel sponsored a two-day hands-on workshop on Intersectoral Collaboration.



The workshop was designed to support intersectoral collaboration by providing assistance to existing broad-based coalitions and action groups through a facilitated interactive workshop. Using a toolkit developed by Health Canada called *The Cloverleaf Model – A Toolkit for Intersectoral Collaboration*, participants were able to gain an in-depth understanding about factors that contribute to successful collaboratives and to receive direct assistance from Health Canada facilitators to help enhance their collaborative work.

Proceedings from the workshop are available on our website at www.hpdhc.com.

For more information, please contact Elaine Kachala.

System Planning for Population Growth and Demographic Changes: Phase IIIc – Mental Health

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 will impact the future utilization of health care services.

Phase IIIc of this project will examine the future need for mental health services and supports for individuals with a serious mental illness. This process will result in an analysis of the local mental health system capacity to meet the needs of Halton and Peel residents to 2008.

For more information, please contact Rose Cook.

Exploring the Potential Impact of New Long-Term Care Beds

Over the past year, the Halton-Peel DHC developed a methodology to facilitate monitoring of the potential impact of approximately 4,000 new Long-Term Care (LTC) facility beds to be built in Halton-Peel over the next four years. A set of quantitative indicators has been identified to measure these impacts. In October 2002, templates were sent out to local hospitals, CCACs, LTC facilities, retirement homes, community support service agencies and supportive housing providers to collect baseline data on variables such as staffing, utilization of services and demand. The goal of the data collection process was to determine whether changes in these variables can be attributed to the influx of the new LTC facility beds.

DHC staff are currently exploring other opportunities to enhance the information collected to date through this process.

For more information, please contact Lisa Jones.

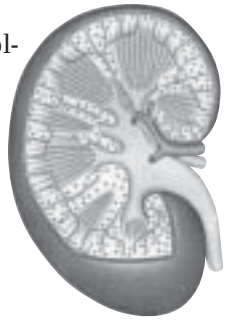
Primary Health Care in Halton-Peel

In view of the provincial primary health care reform process, the Halton-Peel DHC is undertaking a project to assess the current environment of primary health care in the district. A Task Force has been established to assist Council in the development of directions for primary health care reform and to provide information and advice to the Minister regarding ideas for strengthening primary health care in Halton-Peel in relation to the Family Health Network targets.

For more information, please contact Elaine Kachala.

Long Range Planning for End Stage Renal Disease

Over the past year, the Halton-Peel End Stage Renal Disease Working Group developed a model that translates population growth and demographic changes into the need for end stage renal disease (ESRD) services and related resources. A report entitled *Long Range Plan for End Stage Renal Disease (October 2002)* outlines the methodology and related findings. The Working Group developed ten recommendations that include significant increases in treatment resources for ESRD (hemodialysis and peritoneal dialysis) to meet projected need. A copy of the report is available on our website at www.hpdhc.com.



Given that local providers recognize the value of continuing to work together, the Working Group recently evolved into a regional network (Halton-Peel Kidney Care Network) to coordinate and monitor the implementation of the ten recommendations outlined in the report and to continue planning proactively.

For more information, please contact Jane Richardson.

Member Profile

Al Cook (Consumer, Halton Hills)

Mr. Cook has been a member of the Halton-Peel DHC since 1998 and is a past member of the Halton DHC. He has lived in Halton Hills for 30 years and was a regional and local Councillor for many years. His volunteer experience includes serving on the Police Services Board, the Seniors' Advisory Committee, the Georgetown Seniors' Association, the Canadian Cancer Society, the Georgetown Fair and he is actively involved in the Presbyterian Church of Canada. Mr. Cook has an undergraduate degree in Business Administration and a diploma in Theology.

Local Dementia Networks Begin Working Towards Improving the System of Care

In September 2002, dementia networks were launched in Halton and Peel. As part of Ontario's Strategy for Alzheimer Disease and Related Dementias, the primary goal of a dementia network is to serve as a vehicle to facilitate people coming together to improve the system of care and resources available for persons with dementia, their families and caregivers. Steering committees have now been established in both Halton and Peel and have begun developing work plans. From these plans, specific projects and priorities will be identified and brought forward for consideration by the larger networks over the next couple of months.

For more information, please contact Janet Robinson.

Local Forum on Health Human Resources

Over the past three years, the Halton-Peel DHC has been involved in a number of planning processes to gather knowledge about health human resource shortages and challenges regarding the recruitment and retention of staff. Further to these processes, the Halton-Peel DHC convened a Forum on Health Human Resources on February 27, 2003. The purpose of the forum was to learn about and share new or different strategies that agencies are using to enhance staff utilization and capacity, improve staff retention, enhance service delivery and address quality of work life issues. The forum engaged local health care providers in dialogue about:

- Staff utilization and capacity strategies;
- The success or challenges with these strategies; and,
- Barriers to innovation and implementation

Along with all 16 DHCs in Ontario, Halton-Peel's findings will contribute to a provincial report aimed at assisting provincial planning and policy development to alleviate health human resource shortages. If your organization was unable to attend the forum but would like to share a strategy, please complete a short questionnaire, available on our website at www.hpdhc.com.

For more information, please contact Elaine Kachala.

Local Health System Monitoring: Highlight Report

Released in January 2003, the first *Local Health System Monitoring: Health Status Indicators Highlight Report* builds on the health system data contained within the *Local Health System Monitoring Report (April 2002)*. This initial four-page highlight report focuses on the health status of Halton-Peel residents and helps answer the question, "How healthy are Halton-Peel residents?" Future highlight reports are planned and will explore determinants of health (i.e., factors that affect health status), health care system characteristics (e.g., utilization and resources), and health system performance (e.g., accessibility, effectiveness and efficiency). A copy of the report is available on our website at www.hpdhc.com.

For more information, please contact Chris Altmayer.

Planning Mental Health Services for an Aging Population

Over the past year, the Halton-Peel DHC worked with an advisory committee to develop a strategy for the coordinated delivery of mental health services for older adults in Halton-Peel. A report entitled *Planning Mental Health Services for an Aging Population (November 2002)* outlines this process.

The process identified four variables that are critical for the coordinated delivery of mental health services for older adults. The first two variables – clinical processes (functions) and services (components) – were identified through a review of research and literature. Having adequate resources, the third variable, is required to implement and manage these functions and components. The fourth variable is "organization" and refers to the processes and structures that are necessary for linking the first three variables together, as well as linking with existing services in a coordinated manner. This report will serve as a resource to the MOHLTC and local providers when considering the local organization of mental health services for older adults.

A copy of the report is available on our website at www.hpdhc.com.

For more information, please contact Jane Richardson.

On The Horizon

Planning for Palliative Care Services

Over the next several months, the Halton-Peel DHC will undertake a process to develop a regional plan for palliative care services. The project will examine existing services and resources, develop a process for estimating future need and explore potential regional palliative care models.

For more information, please contact Rose Cook.

2003/04 DHC Operating Plan Process Initiated

The Halton-Peel DHC has initiated the development of its operating plan for 2003/04. Projects are prioritized based on the Ends of Council, identified priorities of the MOHLTC and suggestions generated by local stakeholders. It is anticipated that planning projects will continue to focus on translating population growth and demographic changes into health service requirements and further system integration.

If you have system planning project ideas that you believe the DHC should consider in the operating plan process, please complete the project template available on our web site at www.hpdhc.com., or contact Juvy Dayao for a hard copy.

HOT OFF THE PRESS!

Long Range Plan for End Stage Renal Disease Services *(October 2002)*

Planning Mental Health Services for an Aging Population *(November 2002)*

A Regional Hospital Infrastructure Plan for Halton and Peel *(January 2003)*

Local Health System Monitoring: Health Status Indicators *(January 2003)*

Staff Comings and Goings....

Council members and staff wish **Danielle Claus**, *Senior Health Planner*, and **Ron Wray**, *Senior Health Planner*, all the best as they embark on one-year secondments. Danielle will be working as *Senior Policy Consultant* with the Academic Health Science Centre Project at the MOHLTC. Ron will be working as a *Senior Health Planner* with the Hamilton District Health Council.

In their absence, the DHC is pleased to welcome **Janet Robinson** as *Senior Health Planner* to the staff team. Janet comes to us with many years experience in the field, including *Administrator and Director of Care* in several long-term care facilities. Her recent work includes strategic policy development with the MOHLTC and regional planning of seniors' services with the Toronto DHC.

We would also like to welcome **Sherry Kirkham**, a student in the *Health Services Management Program* at Ryerson, who is completing a practicum placement with the DHC over the next few months. Sherry will be working with the *Halton-Peel Emergency Services Network* to complete a draft discussion paper on Clinical Decision Units.

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

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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