
DATE: January 5, 2011

REPORT TITLE: **ONTARIO HEALTH QUALITY COUNCIL - REPORT ON ONTARIO'S HEALTH SYSTEM**

FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE

To update Council on findings from the Ontario Health Quality Council's 2010 Report on Ontario's health system, and report on implications for health services delivered by the Region of Peel.

REPORT HIGHLIGHTS

- The Ministry of Health and Long-Term Care (MOHLTC) is accountable for the performance of the overall provincial health system, with monitoring by an independent agency, the Ontario Health Quality Council. ("Quality Council")
- The Quality Council released its fifth annual report on Ontario's health system assessing quality in the hospital, long term care and home care sectors, and in primary care.
- Wait times for long term care beds in Ontario have tripled over the past five years.
- Long wait times in emergency departments affect all of Ontario, and particularly the LHINs serving Peel.
- The percentage of adults in Peel without a family doctor and wait times to see a doctor is comparable to the rest of Ontario. However, Peel LHINs report among the lowest per capita supply of family doctors in Ontario; and the lowest supply of specialists and nurse practitioners in the province.
- The Mississauga Halton and Central West LHINs have the lowest patient experience ratings in Ontario for emergency department care and acute care.
- The Region of Peel leadership continues to work closely with LHINs and hospitals, and with the MOHLTC to implement practical solutions to address key health quality issues in Peel.

DISCUSSION

1. Background

Much attention has been directed to the performance of Ontario's publicly-funded health system both in terms of costs and to the quality of health services available to Ontario residents. Health services under the MOHLTC and the 14 ministry-funded Local Health Integration Networks total approximately \$40 billion in provincial government spending, almost 50 per cent of all program spending by Queen's Park.

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Ontario's LHINs were formed in 2006 to help drive improvements in system performance, efficiency and effectiveness by shifting decision-making for most local health issues to the community level. LHINs set local health priorities, coordinate and integrate services, and report to the public on the performance of the local health system through their three-year Integrated Health Service Plans and Annual Reports. See Appendix I for a depiction of the Region of Peel's roles within the broader health system.

Under this framework, the MOHLTC remains responsible for setting the strategic direction for the overall health system, and ensuring that overall provincial health priorities are addressed locally through the LHINs. As such, the MOHLTC is accountable for the performance of the overall provincial health system. An independent agency called the Ontario Health Quality Council monitors and reports on the performance of the health system.

With respect to health system performance in Peel, the system serving our residents has not kept pace with Peel's rapid population growth and demographic changes such as aging. As reported to Regional Council in February 2010, the evidence of this includes:

- Offload delay and emergency room wait times experienced by Peel Paramedic Services and the public;
- Lack of mental health and addictions services; and
- Insufficient community-based services and long term care bed supply to meet current needs and forecasted growth in the seniors' population.

2. Findings

In June 2010, the Quality Council released its fifth annual report on Ontario's health system assessing quality in the hospital, long term care and home care sectors, and primary care (the first point of contact for every day health care – family health teams and physicians) across all 14 LHINs. The annual report titled "Quality Monitor" also summarizes progress on issues such as mental health services, chronic disease management and cancer treatment.

a) Ontario Health Quality Council

The Quality Council is an independent agency formed in 2005 with a mandate to monitor and report to Ontarians on all aspects of Ontario's health system. The annual reports published by the Quality Council provide a valuable yearly assessment of the issues affecting the entire publicly-funded health system, comparing health system performance across all of Ontario's LHINs.

b) What is 'Quality'?

The Quality Council monitors quality in the health system based on the following nine features of a quality health system:

- Accessibility
- Effectiveness
- Safe
- Patient-Centered
- Equitable
- Efficiency
- Appropriately Resourced
- Integrated
- Focused on Population Health

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c) Quality Issues and Their Impact on Regional Services

The Quality Council's 2010 annual report identifies province-wide problems, namely:

- Long term care bed wait times that continue to grow longer;
- Increasing wait times in emergency departments; and
- Poor access to primary health care providers.

These issues reflect problems in the broader health systems in many Ontario communities including Peel Region and have implications for the health services delivered by the Region of Peel.

i) Long Term Care Bed Wait Times

Provincially, wait times for long term care beds have tripled over the past five years. The Quality Council's Report indicates provincial wait times are averaging more than three months. Seniors living at home who are wait-listed for a long term care bed wait almost six months.

Compared to the rest of Ontario, the Quality Council reports that:

- The Central West LHIN has the shortest wait times for long term care home placement in Ontario (approximately 40 days, versus 105 days provincially);
- Wait times for long term care placement in the Mississauga Halton LHIN are approximately 122 days;
- Peel LHINs had the lowest percentage of residents who were placed in their first choice of long term care home.

In its most recent annual report (2009-10), the Mississauga Halton LHIN reports wait times that are over double the provincial targets and continued to increase in 2010.

The policy response by the MOHLTC and Peel LHINs has been to increase the capacity of community-based care in order to alleviate demand on the existing supply of long term care beds. The MOHLTC's 'Aging at Home' program funds community and hospital-based services addressing the specific needs of:

- Higher need seniors who are able to remain living in the community with appropriate supports, thereby delaying the need for a long term care bed; and
- Seniors ready for hospital discharge who require transitional care and/or increased supports in place to allow them to return home.

In light of these supports, only the frailest seniors are wait-listed for a long term care bed in Peel. Those long term care homes operated by the Region of Peel are serving a seniors population with increasingly complex health issues and some who require a high level of very specialized care. This has placed an added strain on long term care home staffing and resources.

ii) Emergency Department Wait Times

The Quality Council reports that wait times in Ontario's emergency departments to be at their highest levels in five years. Both LHINs in Peel have wait times that exceed the provincial average, reflecting the growing pressures elsewhere in the health system generally.

This is also reflected in patient satisfaction levels. The Quality Council's Report indicates that the Mississauga Halton and Central West LHINs have the very lowest

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patient experience ratings in Ontario for emergency department care and acute care.

Long wait times in emergency departments and other parts of the acute care system are mainly due to the number of hospital beds occupied by patients waiting to be discharged. 'Appropriate level of care' patients have care needs that can be met in the community (e.g. home or supportive housing) with appropriate supports, or in a long term care home. However, they cannot be discharged due to the lack of available community-based supports.

In its recent annual report (2009-10), the Central West LHIN notes the significant challenges of meeting provincial performance targets in this area. Wait times are coming down but demand on hospital emergency department continues to grow rapidly (9.6 per cent in the past year).

For the Region of Peel, the backlog in emergency departments results in long and very costly offload delays for Peel Paramedics. These delays place added demand on paramedic service hours, impacting capacity to respond to emergencies in the community. Ontario's Wait Time Strategy for emergency departments does not include targets for paramedic offload delay. As part of Peel's Provincial Party Platform staff specifically asked the Province to move forward on setting performance targets for paramedic off-load delay and provide sustainable long-term funding to programs designed to decrease off-load delay.

As reported to Council in spring 2010, Paramedic Services reports that the double-digit annual increases in offload delay have begun to level off, due in part to targeted investments in programs that address patient flow in emergency departments in each of Peel's three hospitals, such as the provincially-funded Hospital Offload Nursing Program.

With respect to acute care hospital beds, the Ministry of Health and Long-Term Care is phasing in funding to operate additional beds in Peel. In summary:

- Credit Valley Hospital - total 431 beds. As of April 1, 2011 405 beds will be funded. Additional funding is expected by 2012 / 2013 fiscal year.
- Trillium Hospital – total 844 beds. 807 funded.
- William Osler Health System – currently funded for 534 beds and expecting to grow to 608 over the next two years.
- Headwaters Health Care Centre – total 87 beds. All in operation.

Acute care hospital beds are an important component of the health system; however, it is the over all mix and continuum of services that are essential for the health of the community.

iii) Access to Primary Care

The Quality Council's Report suggests Peel residents face similar challenges to other Ontario communities when it comes to accessing primary care (Family Health Teams and Physicians). The percentage of adults in Peel without a family doctor and wait times to see a doctor is comparable to the rest of Ontario. That said Peel has among the lowest per capita supply of family doctors; and the lowest supply of specialists and nurse practitioners in all Ontario.

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Ontario still ranks poorly in Canada and internationally in providing timely access to family doctors. According to the Quality Council's Report:

- Approximately seven per cent of Ontarians (730,000 people) do not have a family doctor; and
- 90 per cent of those who have a family doctor report they wait too long to see their doctor.

In Peel, it is generally accepted that many residents travel outside of the region to access these primary care services.

3. Proposed Direction

The Region of Peel has a dual role in the health system, both as a health service provider and as a funding partner to the provincial government and level of government with a stake in the health of all Peel residents.

Region of Peel leadership continues to work closely with LHIN and hospital leadership, and with the MOHLTC to implement practical solutions to reduce demand on emergency departments, improve processes within emergency departments, and to increase the supply of community-based health services. In addition, all long term care homes in Ontario, including those operated by the Region of Peel, will be providing data to the Quality Council as part of its mandate to measure and report publicly on quality care and resident satisfaction in long term care homes.

The Region has also actively supported its community partners in developing new services (Community Health Centres, nurse practitioner-led clinics), and in supporting the development of provincial health funding policies that reflect the needs of high-growth communities such as Peel.

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CONCLUSION

Annual reports by the Ontario Health Quality Council are an important tool for helping the public and health service providers such as the Region of Peel to understand those pressures on local health services that impact quality.



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