

TABLE OF CONTENTS

Health Programs

Public Health

Table of Contents	1
Background	3
Description of Current Services	5
Trends and Issues	14
Mandate Objectives and Actions	15
Monitoring and Measuring the Service Strategy/Business Plan	17
2003 Financial Requirements Presentation	21

Long-Term Care

Table of Contents	1
Background	3
Description of Current Services	5
Trends and Issues	10
Mandate Objectives and Actions	11
Monitoring and Measuring the Service Strategy/Business Plan	14
2003 Financial Requirements Presentation	17

PUBLIC HEALTH

TABLE OF CONTENTS

A. <i>Background</i>	
A.1 Preparing the Service Strategy/Business Plan	3
A.2 Key Contacts.....	3
A.3 Additional Information	3
B. <i>Description of Current Services</i>	
B.1 Program Location Map	5
B.2 Profile of Current Services.....	7
B.3 Description of Clients/Customers.....	11
B.4 Overall Organization Structure	12
B.5 Significant Recent Activities/Initiatives	13
C. <i>Trends and Issues</i>	
C.1 Emerging Trends	14
C.2 Key Strategic Issues	14
D. <i>Mandate, Objectives and Actions</i>	
D.1 Mandate and Objectives.....	15
D.2 Objectives and Actions	15
D.3 Service Principles.....	16
D.4 Strategic Plan Connection.....	16

TABLE OF CONTENTS (CONT'D)

E. *Monitoring and Measuring the Service Strategy/Business Plan*

E.1 Measurement of Objectives/Actions.....17

E.2 Performance Targets17

E.3 Corporate Performance Measurement and Benchmarking19

F. *2003 Financial Requirements Presentation*

F.1 Current Budget Introductory Comments/Analysis21

F.2 Financial Structure Chart – Current Budget.....22

F.3 2003 Current Budget23

For F.4 to F.5 (inclusive), please refer to the Public Health section of the 2003 Capital Budget and 2004–2012 Capital Forecast document.

A. *Background*

A.1 **Preparing the Service Strategy/Business Plan**

The process for preparation of this Service Strategy/Business Plan began with a forum for Regional Council on April 4, 2002, and concluded with the development of the budget for 2003 in August 2002. Steps included an environmental scan, completion of a two-day excellence assessment, consultation with stakeholders, identification of emerging trends and key issues and the development of a mandate, supporting objectives and actions.

The Department Management Team led the process. All supervisory and management staff participated in the development of the emerging trends, key issues, mandate and objectives, and ensured opportunity for input from all staff.

A.2 **Key Contacts**

Peter Graham, Commissioner
905-791-7800, ext. 4901
peter.graham@region.peel.on.ca

Dr. David McKeown, Medical Officer of Health
905-791-7800, ext. 2215
mckeownd@region.peel.on.ca

Donna Nadolny, Manager, Health Planning
905-791-7800, ext. 2602
nadolnyd@region.peel.on.ca

A.3 **Additional Information**

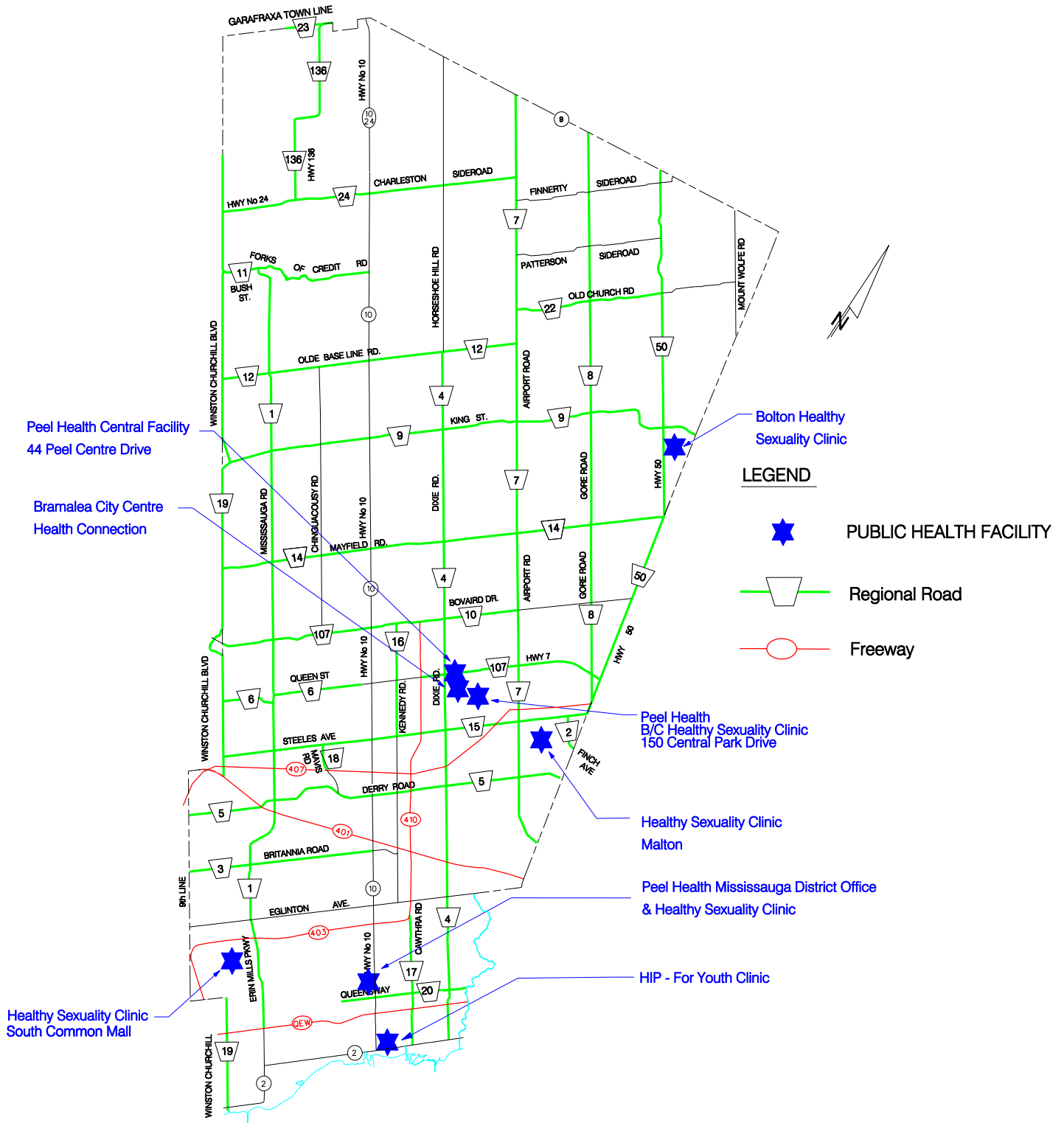
The Service Strategy/Business Plan for Peel Public Health builds on *Well Beyond 2000 – Peel Health Service Strategy 2001-2003*. The input from key stakeholders in the development of *Well Beyond 2000* proved to be extremely valuable. Stakeholder consultation was conducted for this plan via a facilitated workshop and interviews.

A significant step in our process was the all-day forum held for Regional Councillors on April 4, 2002. The forum, entitled “Mapping Public Health in Peel”, provided Councillors with details about Public Health priorities for the next three years. It was an opportunity to discuss with Council, who constitute the Board of Health, details about Public Health programs and services and the value to the community.

THIS PAGE INTENTIONALLY LEFT BLANK

B. Description of Current Services

B.1 Program Location Map



THIS PAGE INTENTIONALLY LEFT BLANK

B.2 Profile of Current Services

The services of Peel Public Health focus on health protection, promotion and disease prevention. The majority of the services are outlined by the Ministry of Health and Long-Term Care (MOH<C) in the Mandatory Programs and Services Guidelines. Peel Public Health currently provides about 70 per cent of the mandated public health services, including:

Food Safety

Public Health assesses and inspects food premises and delivers training for food handlers to reduce risk of food-borne illness. Food-borne illnesses and outbreaks are investigated. When necessary, food recalls are undertaken.

Control of Infectious Diseases

Public Health plays an important role in infection control for hospitals, nursing homes and child care centres. This includes assistance with development of policies, advising on management of communicable diseases, and infection prevention strategies to ensure a safe and healthy workplace.

Control of Enteric Diseases

Public Health provides assistance in identifying and managing outbreaks of enteric diseases. Education in infection control is provided to key health professionals.

Public Pool and Beach Safety

All public pools, wading pools and beaches are inspected by Public Health and water quality is monitored.

Safe Drinking Water

To ensure safe drinking water in Peel, Public Health maintains a list of all drinking water systems, investigates adverse test results and has a protocol ready for action to deal with drinking water safety. In addition, Public Health interprets results from private water systems such as wells and provides information on any potential health effects related to drinking water.

Rabies Control

Public Health investigates animal bites, ensures animals are confined appropriately and ensures access to post-exposure treatment for humans to prevent the occurrence of rabies.

Health Hazard Investigation

Public Health investigates health hazards including air quality issues. Advice is then provided on action necessary to reduce adverse health outcomes throughout the community.

Tobacco Control Enforcement

Public Health enforces the *Tobacco Control Act* and municipal tobacco by-laws to prevent sale of tobacco to minors, to prevent smoking at prohibited sites, including schools, and enforces by-laws in restaurants and workplaces.

Tobacco Use Prevention

Public Health promotes tobacco cessation opportunities for current smokers, develops communication campaigns to reduce the impacts of second-hand smoke and works with youth to develop programs to encourage them not to smoke.

Injury Prevention

Public Health provides community education and promotes healthy policies to reduce risk of injury. Areas of major focus include promotion of car seat safety for children, bicycle and vehicle safety, and campaigns to prevent falls among the elderly. Community partnership has grown for this topic.

Dental Health

School risk profiles are identified annually by Public Health and students are screened to identify those in urgent need of dental treatment. Public Health administers the Children in Need of Treatment (CINOT) dental program for children whose families cannot afford necessary dental services.

Peel Case Management

Public Health provides support to enable youth with developmental disabilities to remain at home.

Heart Health

Public Health works toward the reduction of risk for heart disease by providing heart health education in the workplace and by providing program and administrative support to the Peel Heart Health Network (PHHN). By collaborating with other community partners in the PHHN, the reach of heart health information is greater.

Cancer Prevention

Currently, Public Health is identifying gaps and barriers to breast and cervical cancer screening. Strategies are being developed to increase recruitment for cervical cancer screening and for the Ontario Breast Screening Program.

Healthy Eating/Physical Activity

Public Health promotes access to sufficient, safe, nutritious and personally acceptable food and access to regular physical activity for people of all ages. Staff develop policies and programs for a wide variety of community groups, provide public education, implement community campaigns and collaborate with other community groups and health professionals.

School Health

Public Health works with the boards of education, teachers, parents and schools to identify health issues and, where possible, to assist in strategies to address the issues. Recent key focus includes violence and bullying, nutrition issues, smoking and drug abuse.

Workplace Health

Public Health assists with the development and implementation of guidelines to reduce risk of chronic diseases among workplace personnel.

Substance Abuse Prevention

Public Health collaborates with the Peel Drug Awareness Committee to deliver a half-day event for Grade 7 and 8 students to decrease substance abuse. In addition, Peel Health organizes Party in the Right Spirit to promote safe prom night for all high schools. Educational programs target low-risk drinking and discourage the non-medical use of drugs and other psychoactive substances.

Families First

Public Health provides high-need families with health education, parenting support, mental health assessment and connections to community resources.

Parent and Caregiver Education

Education opportunities and community-wide campaigns are provided by Public Health to parents and caregivers of children and youth. The focus is to promote awareness of importance of the early years and to provide information about issues affecting children of all ages.

Prenatal Health

Public Health provides a series of classes for pregnant women and their partners to encourage the adoption of healthy lifestyle practices to increase healthy pregnancies. Public Health works with workplaces to develop and implement guidelines to promote work styles consistent with a healthy pregnancy outcome.

Healthy Start

A prenatal nutrition supplement and prenatal education program is offered to economically disadvantaged pregnant women by the Best Start Coalition. Public Health staff participate in the delivery of this program.

Breastfeeding

Public Health actively promotes breastfeeding by providing assessments, counselling and support to breastfeeding mothers through a telephone Help Line, home visits and clinics.

Healthy Babies Healthy Children Program

Public Health provides a home visiting program to high-risk families with children under the age of six to improve their well-being and long-term development.

Preconception Education

Public education is offered by Public Health to inform and encourage individuals to adopt lifestyle practices that will support and promote future healthy pregnancies.

Immunization Services

Publicly funded vaccines are distributed to physicians and inspections are conducted to ensure proper storage of the vaccine in physicians' offices. Public Health administers the annual influenza vaccine clinics and the Grade 7 Hepatitis B Program. Telephone counselling is provided to parents, physicians and the public regarding vaccine-preventable diseases. Immunization records of school children are administered by Public Health.

Case Management of Designated Diseases

Public Health plays an important role in the management of communicable diseases for example, individuals with tuberculosis may be required to be observed during therapy to ensure compliance with medication regimen. Persons newly diagnosed with hepatitis B and C are provided with information about preventing transmission and lifestyle changes to ensure a better outcome. Community education is provided to reduce the transmission of hepatitis C and tuberculosis.

Healthy Sexuality

Public Health provides clinical and telephone counselling services for birth control, unplanned pregnancy, and sexually transmitted diseases (STDs), including anonymous Human Immunodeficiency Virus (HIV) testing. All STDs are investigated to ensure timely treatment and to reduce further transmission. To a limited degree, sexual health education resources and training are provided to parents, teachers and students.

Shelter-User Health

Public Health provides nursing services, education and referral to the homeless population and shelter-users.

Needle Exchange

Sterile injection equipment and disposal is provided for non-medicinal drug users by Public Health. Safe drug use education and referrals are also provided.

Health Line Peel

Public Health provides easy access to all health services through a single telephone number, counter service and web-based services through Health Line Peel. People can quickly be connected, as necessary, with a variety of public health professionals for service.

Epidemiology and Data Support

Public Health provides health data for the public, community groups and staff in response to requests and via health status reports, such as the annual *State of the Region's Health Report* and the *Child Health Report*.

Volunteer Involvement

Public Health involves the community in program development and delivery through many volunteers.

B.3 Description of Clients/Customers

General Public

All people who live and/or work in, or visit Peel are ultimately the clients of the services provided by Peel Public Health.

Regional Council

Our 22 member Regional Council includes the Regional Chair and Regional Councillors from the City of Mississauga, the City of Brampton and the Town of Caledon. Regional Council is the Board of Health for Peel.

Schools

Teachers, parents and students in the Peel District School Board, Dufferin-Peel Catholic District School Board and private schools receive many services from Peel Public Health.

Workplaces

Many of the more than 10,000 workplaces in Peel receive services.

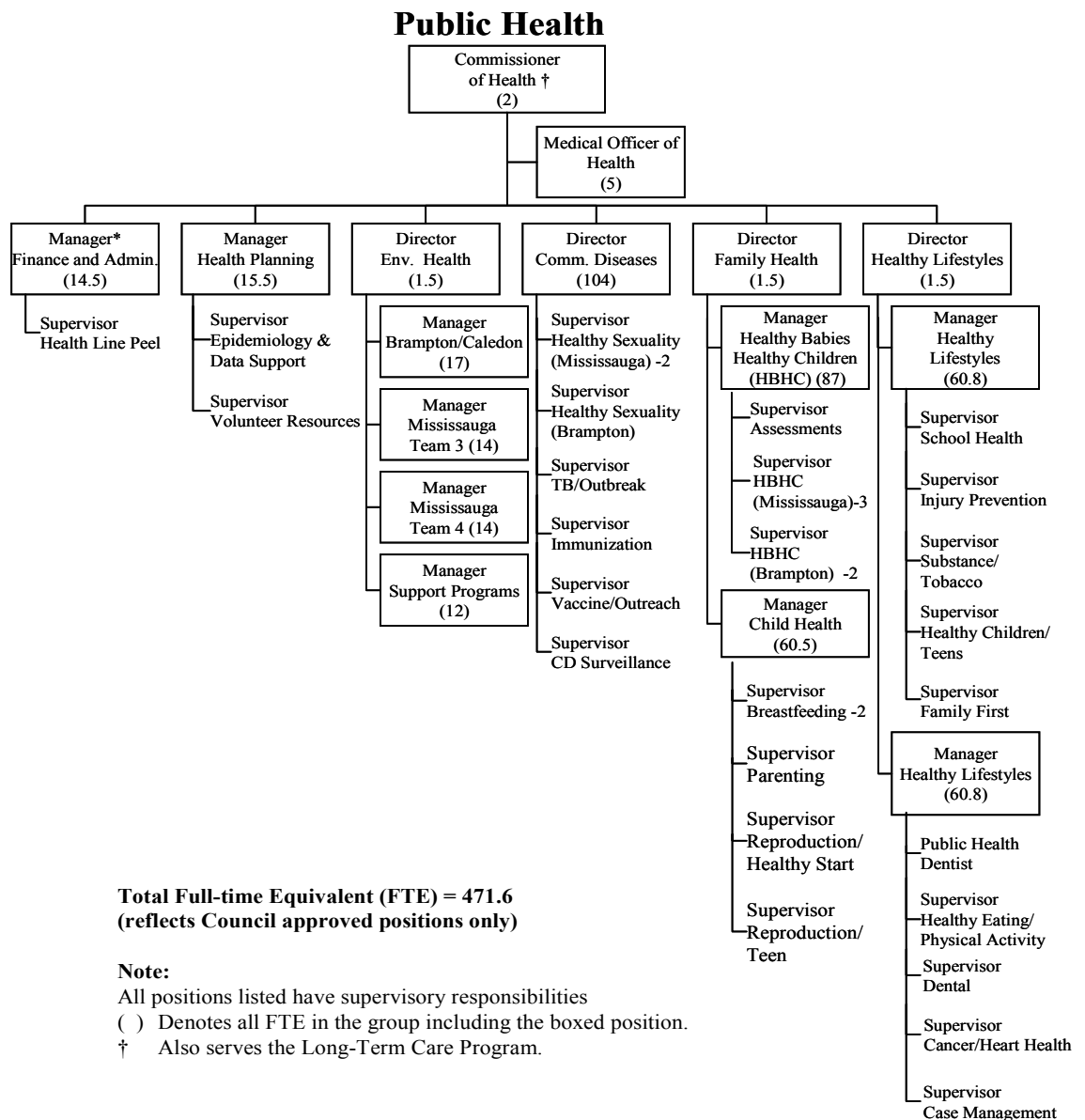
Health Professionals

Doctors, nurses and other health professionals in Peel receive a variety of services.

Partners and Stakeholders

To serve clients in the Region of Peel, Public Health collaborates with all levels of government and partners with community agencies and other Regional departments

B.4 Overall Organization Structure



B.5 Significant Recent Activities/Initiatives

- Publication of the first annual *State of Region's Health Report* and launch of the *Child Health Report*
- International Year of Volunteers' corporate-wide recognition event
- Review of the Sexual Health Program
- A national award for excellence in print communications received from the Canadian Public Relations Society for *My Parenting Story*
- Award of early child development funds from the MOH<C to the Family Health division
- Development of a Recruitment and Retention Strategy
- Completion of the Health Line Peel Evaluation
- Planning and implementation of the Early Years Family Fair and Early Years Conference
- Sexuality curriculum development for Grade 7 and 8 students in collaboration with the Dufferin-Peel Catholic District School Board
- Training on "Life and Love – Healthy Sexuality: A Catholic Perspective" provided to over 200 Grade 7 and 8 teachers representing 104 schools in the Region of Peel
- Launch of the West Nile Virus Prevention Program
- Development of a draft Region of Peel Corporate Smog Response Plan
- Silver Leaf Award of Excellence presented by the International Association of Business Communicators for the *School Health Profiler*
- Award of Merit presented by the International Association of Business Communicators for *Breathe In Smoke-Free Air - Smoke-Free By-law Education Campaign*
- Health Canada awarded \$750,000 for Peel Health to lead the implementation of an Ontario-wide *Secondhand Smoke Media Campaign*
- *Pandemic Influenza Crisis Communication Plan* won first place in Crisis Communications category of Hygeia awards for excellence in health care communication
- Well Worth It Workplace Strategy launched
- Peel Heart Health Network celebrated its 10th anniversary
- Planning and implementation of the Ontario Heart Health Network Conference
- Partnered with Peel Regional Police and Peel District School Board to develop a Bullying Strategy for schools
- Peel Health Car Seat Program won an Ontario Crime Control Commission Award of Excellence for fighting crime

C. Trends and Issues

C.1 Emerging Trends

- Rapid population growth
- Changing ethno-cultural diversity with increased expectations for culturally sensitive programming
- Shift in age structure with a growing proportion of seniors
- Shift in family structure with a 300 per cent increase in single parent families
- Challenges of hiring and retaining good staff in a tight marketplace
- Ongoing pressure for increased access to health services
- Increased expectation for Public Health services with minimal public awareness of what Public Health does
- Increased mobility and a loss of sense of community
- Increased access to information and the challenge of filtering relevant pieces
- Fast paced lives getting faster
- Ongoing issues related to funding
- Increased media and public interest in emerging Public Health issues: child obesity, increased risk of mental health issues and emergency preparedness
- Increased trend to full compliance with MOH<C mandated programs across Ontario with Peel at only 70 per cent
- Increased provincial focus on early years of life
- Increased government and public attention on health care funding
- Increased opportunity to collaborate with Peel human service agencies and other health departments

C.2 Key Strategic Issues

- Bridging the significant gap between current service levels and expected service levels (current level is only 70 per cent of mandated level)
- Developing new ways of doing business to be more responsive to changing demographics and lifestyles
- More effective internal and external communication
- Improved business planning/co-ordination
- Ensuring the health of the organization in terms of human resources planning and development
- Increasing the client focus (internal and external)
- Ensuring emergency preparedness
- Providing a leadership role in community health

D. *Mandate, Objectives and Actions*

D.1 Mandate and Objectives

Mandate:

Peel Public Health will strive for excellence in the delivery of health protection, promotion and disease prevention services in Ontario.

Objectives:

1. Identify and address Public Health service needs of our diverse and rapidly expanding community
2. Deliver effective and efficient Public Health programs and services
3. Create an environment in which staff, volunteers and students can achieve excellence
4. Promote community awareness of Peel Public Health programs and services
5. Demonstrate excellence and leadership in community health in Peel and Ontario

D.2 Objectives and Actions

1. Identify and address Public Health service needs of our diverse and rapidly expanding community

- 1.1 Improve the program's ability to measure and map health needs
- 1.2 Adapt service delivery to take into account socio-demographic and geographic differences
- 1.3 Consistently measure client satisfaction
- 1.4 Pursue appropriate funding and resources to increase service levels to the community

2. Deliver effective and efficient Public Health programs and services

- 2.1 Seek out and use best practices
- 2.2 Create new approaches to meet Public Health needs
- 2.3 Evaluate program effectiveness and efficiency

3. Create an environment in which staff, volunteers and students can achieve excellence

- 3.1 Attract, retain and develop diverse and highly skilled employees, volunteers and students
- 3.2 Develop and implement strategies that promote work/life balance

4. Promote community awareness of Peel Public Health programs and services

- 4.1 Establish Peel Public Health as a well-known, credible source of current health information
- 4.2 Develop and implement a marketing strategy for Peel Public Health information and services

5. Demonstrate excellence and leadership in community health in Peel and Ontario

- 5.1 Lead health policy development within the Corporation
- 5.2 Foster partnerships within the community to address health issues and develop individual and group self-sufficiency
- 5.3 Advocate for healthy public policy
- 5.4 Collaborate with other Regional departments, public health units and the MOH<C
- 5.5 Lead the development of plans to respond to emerging health issues

D.3 Service Principles

The Regional Values function as Peel Public Health service principles.

D.4 Strategic Plan Connection

The objectives and actions in the Public Health Service Strategy/Business Plan are consistent with and support the following Goals in the Region's strategic plan, *Directions for Success: Investing in Peel's Future*:

Goal 1: Improve the community's health, social well-being and safety.

Goal 5: Be a leader in the provision and co-ordination of Regional services.

E. *Monitoring and Measuring the Service Strategy/Business Plan*

E.1 Measurement of Objectives/Actions

Contact the Commissioner of Health for details on measurements of objectives and actions.

E.2 Performance Targets

1. 2002

- Capacity for dental screenings was increased in 2002. Peel Public Health now offers summer screening clinics and it is estimated that for 2002 a total of 43,800 children will be screened.
- Additional resources were added in 2002 to the Sexual Health Program to begin addressing the increased case levels in the program. Due to the timing of program expansion it is too early to document the improvements in service delivery.
- In 1999, Peel Public Health ranked last in the province in public health service delivery at about 60 per cent. In 2000, Peel Public Health improved service delivery to 66 per cent and moved from last in the province to 34th out of 37 health units. Peel's ranking for 2001 and 2002 is expected to be better, as the impact of recent Council approved service level improvements begin showing in the annual MOH<C survey.
- On April 4, 2002 Peel Public Health held a public health workshop for Regional Council. During the workshop management was able to provide an overview of current and required service levels. Council endorsed the multi-year approach to improving service levels in Peel.

2. 2003

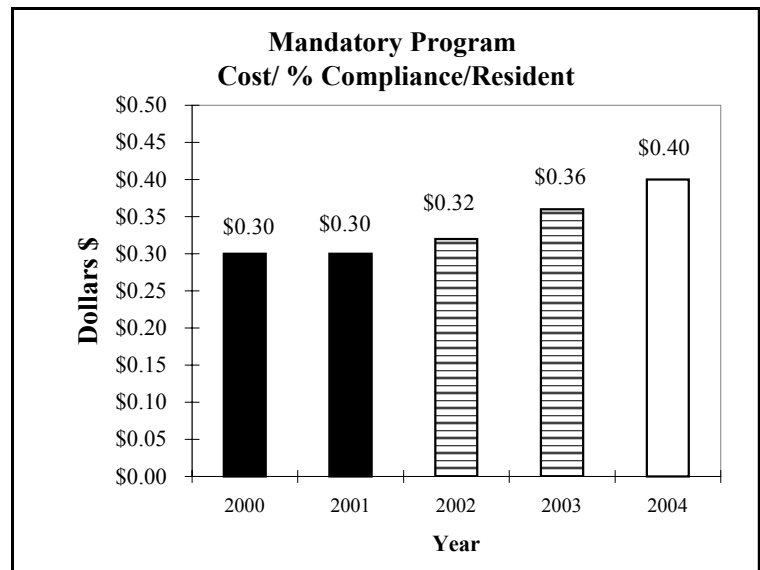
- Improving Peel's overall level of public health services remains a key improvement area. In 2000, Peel's Public Health service levels ranked 34 out of 37. For 2003 the target is to move out of the bottom quartile in the province in the level of service provided.
- Responding to the growing concerns over the West Nile Virus will be a major focus of the Environmental Health Program. Every effort will be made to tackle this issue without reducing levels of service in other areas.
- Expanding the food safety performance disclosure program.
- Expanding access to breastfeeding support programs for 3,400 mothers, representing a service increase of 25 per cent.
- Enhancing School Health Program in accordance with the multi-year plan.

- Expanding the dental clinic program from two days per week to five days per week will allow an additional 2,250 children in urgent need of treatment to be served annually.
- Opening a new multi-use public health clinic to deliver clinic based services more effectively to a growing Peel population.

E.3 Corporate Performance Measurement and Benchmarking

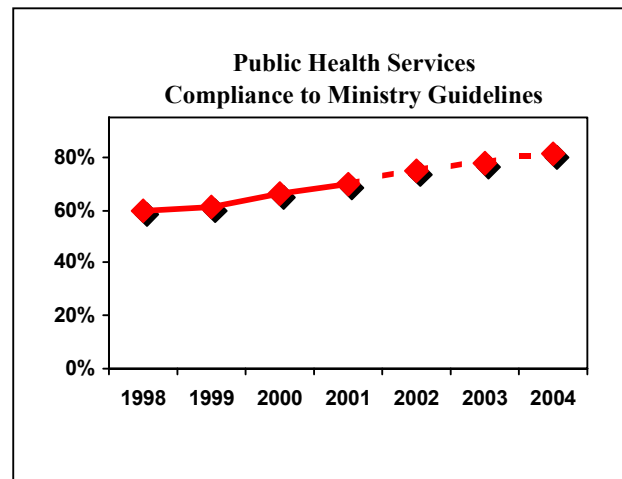
1. Program Efficiency

Peel Public Health has maintained program efficiency despite rapid growth in resources to deliver increasing levels of service to a rapidly growing population. After adjusting for inflation and the impact of Ontario Municipal Employees Retirement System (OMERS) contributions, program efficiency has remained relatively stable. Without the impact of inflation and OMERS, the 2004 estimate would be \$0.36/resident. Program resources added in a given year tend to generate recorded service level improvements the following year (as measured by the MOH<C). Public Health Program efficiency will improve following full implementation of the three-year service strategy. It should be noted that cost of compliance for different mandatory programs vary.



2. Community Impact

Peel Public Health service levels continue to show improvement with service delivery estimated at 75 per cent for 2002. In 2000, Peel Public Health at 66.3 per cent ranked 34 out of 37 health units in overall public health service delivery. This is an improvement over 1999 when Peel Public Health was ranked last in the province. Implementation of the three-year service strategy will improve the reach of public health services in the community to the provincial average.



3. Data

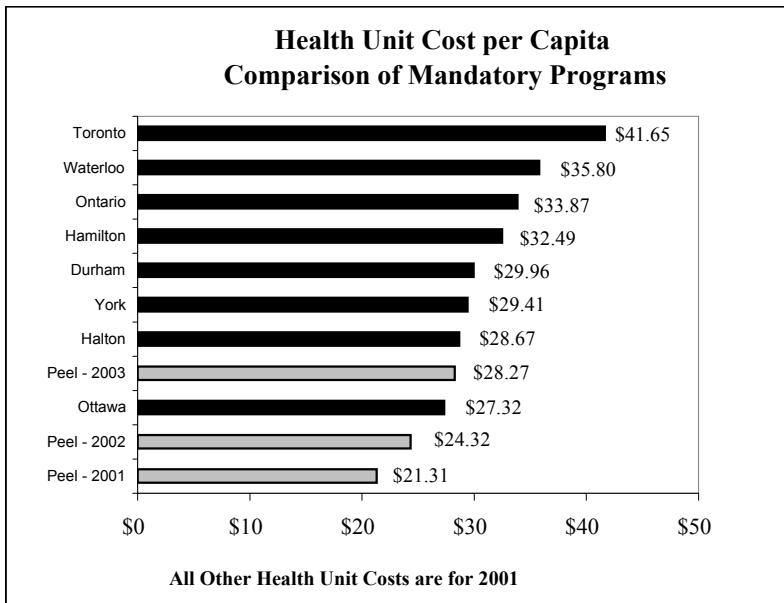
	Actual			Budget		Target	
	1999	2000	2001	2002	2003	2004	2005
Program Efficiency:							
Cost per capita	\$ 22.97	\$ 27.07	\$ 27.98	\$ 31.24	\$ 36.07	\$ 41.32	\$ 44.99
Net cost per capita	\$ 10.69	\$ 10.84	\$ 10.96	\$ 12.18	\$ 13.96	\$ 16.11	\$ 17.52
Source Information:							
Peel population	933,000	959,000	985,000	1,006,400	1,027,800	1,049,200	1,070,600
Total cost (\$000's)	\$ 21,431	\$ 25,955	\$ 27,557	\$ 31,441	\$ 37,073	\$ 43,349	\$ 48,169
Net cost (\$000's)	\$ 9,978	\$ 10,400	\$ 10,800	\$ 12,260	\$ 14,349	\$ 16,902	\$ 18,762

4. Customer Service

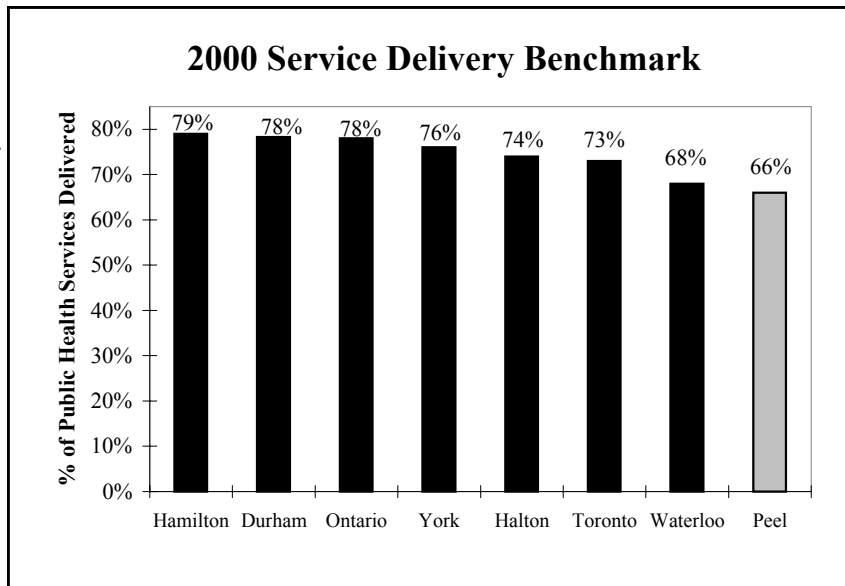
In an effort to provide an objective indicator of customer service quality Public Health is participating in the Corporate Excellence Initiative. Corporately the Region received a Level II Progressive Excellence Program (PEP) award in 2002. Formal mechanisms for gathering customer feedback are in place for most public health services. The information gathered is used to monitor and improve service quality.

5. External Benchmarking

Peel Public Health continues to rank lowest in the province in budgeted public health mandatory program expenditures of \$21.31 per capita for 2001. The provincial per capita average for 2001 was \$33.87. The next lowest comparator to Peel was Ottawa at \$27.32/capita or 28.2 per cent higher than Peel. Implementation of the three-year service strategy will leave Peel's cost per capita closer to the provincial average and in line with similar health units.



Similarly, Peel Public Health service levels ranked 34 out of 37 health units in the province. Improved funding through implementation of Peel Public Health's three-year service delivery plan will move service levels toward the provincial average.



F. 2003 Financial Requirements Presentation

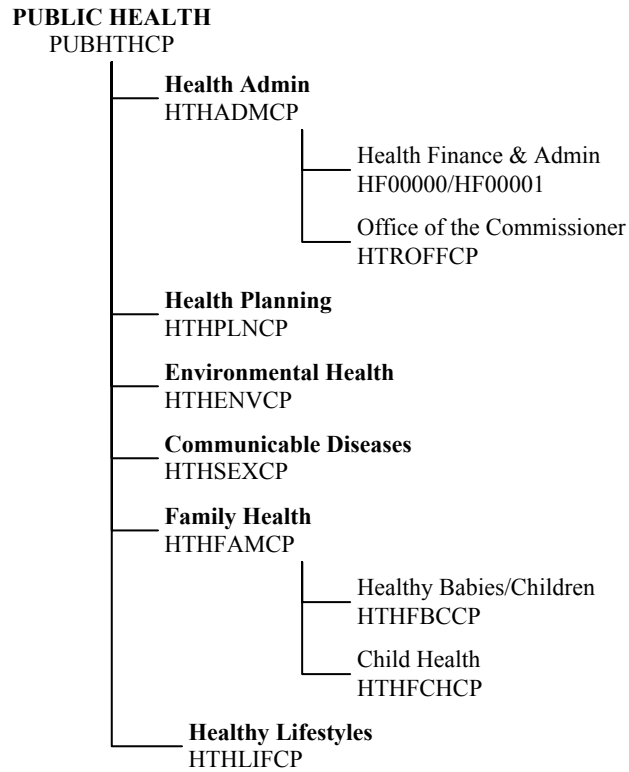
F.1 Current Budget Introductory Comments/Analysis

The 2003 Current Budget reflects the direction for Public Health supported by Regional Council recommendations from the April 4, 2002 Public Health forum. The Current Budget represents a phased-in approach which began in 2002 to provide additional services in Peel. The net budget of \$14,349,370 is consistent with previous forecasts excluding the impact of the reinstatement of OMERS contributions.

Peel Health delivers public health services at the lowest cost per capita in the province. However, Peel ranks 34th out of 37 health units in the province in the level of services delivered in compliance with guidelines by the MOH<C. In 1999, Peel Public Health was ranked last in the province. Implementation of the three-year service delivery plan will increase public health services in Peel closer to the provincial average and has addressed the priorities recommended at the Public Health forum held by Council in the spring of 2002.

In 2003, the key public health services that will be improved include disease control, sexual health services, inspection and health hazard services, reproductive health and breastfeeding support, dental services, child health initiatives in schools and tobacco and substance abuse services. The cost of service improvements is estimated at \$828,930 net. In addition, the Environmental Health Water Safety Program costs are offset by a \$200,000 contribution from the Utility Rate Supported Budget reducing this impact to \$628,930. The remaining net expenditure increase of \$1,460,596 is primarily a result of OMERS, annualization of previous year initiatives, and increases in wage costs for existing staff.

F.2 Financial Structure Chart – Current Budget



F.3 2003 Current Budget

1. Activity Analysis

	Budgeted Total Cost	
	2003	Change from 2002
Health Admin	-	(210,004)
Health Planning	5,000	2,000
Environmental Health	5,354,580	1,128,260
Communicable Diseases	9,030,150	1,394,790
Family Health	11,140,190	877,280
Health Lifestyles	11,543,520	2,440,440
Total Program Cost	\$ 37,073,440	\$ 5,632,766

3.

	Budgeted Total Cost/Unit	
	2003	Change from 2002
Health Admin	-	(0.21)
Health Planning	-	-
Environmental Health	5.21	1.01
Communicable Diseases	8.79	1.20
Family Health	10.84	0.64
Health Lifestyles	11.23	2.18
Total Program Cost	\$ 36.07	\$ 4.82

2. Account Analysis

	Budgeted Total & Net Cost	
	2003	Change from 2002
Goods & Services	9,353,340	1,515,996
Salaries & Wages	27,710,100	4,116,770
Capital Financing	10,000	-
Total Program Cost	37,073,440	5,632,766
Fees, Charges & Other	1,037,500	38,340
Subsidies	21,686,570	3,504,900
Net Program Cost	\$ 14,349,370	\$ 2,089,526

	Budgeted Units of Service	
	2003	Change from 2002
Brampton	345,000	12,000
Caledon	53,000	2,000
Mississauga	629,800	7,400
Total Population	1,027,800	21,400

4. Budget Variance Explanation

Net Program Costs
Change from
2002

All Programs:

Maintain existing Public Health services with increases due to OMERS, wage increases for existing staff and annualization of 2002 approved service level increase.

1,460,596

Environmental Health:

Expand food safety programs to keep pace with an increase of 150 new food premises as well as managing environmental related health hazards with a special focus on air quality. West Nile Virus activities are expected to increase in 2003 with the province providing targeted cost-shared funding for 2003. To help stabilize this program, the Region's share (\$250,000) is drawn from Public Health working fund reserves.

105,000

Contribution from Utility Rate Supported Budget for Environmental Health Water Safety Program.

(200,000)

Communicable Diseases:

Expand infection prevention programs to meet increasing demand in service for the opening of 13 new long-term care facilities in Peel in 2002 and 2003. Phase in the provincial protocols for personal services through operator education and inspection of high risk premises.

67,500

Enhance sexual health clinical and educational services to meet increased caseload and develop promotional strategies which reduce the incidence of sexually transmitted diseases.

76,850

Improve disease control and surveillance to manage increasing levels of reportable communicable diseases within Peel. There will be an emphasis on monitoring and follow up of residents with tuberculosis infection.

72,500

Family Health:

Expand breastfeeding support services to improve access in under-serviced areas such as Bolton and Malton.

90,000

Enhance reproductive health services for high risk young mothers across Peel and expand outreach to culturally diverse communities.

60,000

Healthy Lifestyles:

Improve chronic disease prevention services to reduce rates of cancer, heart disease and diabetes in Peel through promotional and educational opportunities. Peel Public Health is working in partnership with school boards to reach school-aged children. 107,500

Improve preventive dental services to children by 60 per cent to reduce the risk of dental caries amongst at-risk population. 43,750

Develop and implement youth tobacco and substance abuse programs linked with communicating changes in the smoking by-laws to take place in 2004. 100,000

Health Administration:

Other revenues will decrease in 2003 due primarily to the expiration of the Sandalwood lease and subsequent sub-lease recoveries of \$210,000. Other revenue increases are offset by a decline in influenza revenue as the number of Public Health provided influenza vaccines has stabilized. 105,830

Net Program Cost Variance \$ 2,089,526

THIS PAGE INTENTIONALLY LEFT BLANK

LONG-TERM CARE

TABLE OF CONTENTS

A. <i>Background</i>	
A.1 Preparing the Service Strategy/Business Plan	3
A.2 Key Contacts.....	3
A.3 Additional Information	4
B. <i>Description of Current Services</i>	
B.1 Program Location Map	5
B.2 Profile of Current Services.....	7
B.3 Description of Clients/Customers.....	7
B.4 Overall Organization Structure.....	8
B.5 Significant Recent Activities/Initiatives	9
C. <i>Trends and Issues</i>	
C.1 Emerging Trends	10
C.2 Key Strategic Issues	10
D. <i>Mandate, Objectives and Actions</i>	
D.1 Mandate and Objectives.....	11
D.2 Objectives and Actions	11
D.3 Service Principles.....	13
D.4 Strategic Plan Connection	13

TABLE OF CONTENTS (CONT'D)

E. *Monitoring and Measuring the Service Strategy/Business Plan*

E.1 Measurement of Objectives/Actions.....14

E.2 Performance Targets14

E.3 Corporate Performance Measurement and Benchmarking15

F. *2003 Financial Requirements Presentation*

F.1 Current Budget Introductory Comments/Analysis17

F.2 Financial Structure Chart – Current Budget.....18

F.3 2003 Current Budget19

For F.4 to F.5 (inclusive), please refer to the Long-Term Care section of the 2003 Capital Budget and 2004–2012 Capital Forecast document.

A. Background

A.1 Preparing the Service Strategy/Business Plan

The following senior management representatives developed this service strategy:

Janette Smith, Director, Long-Term Care
Wendy Beattie, Administrator, Davis Centre
Carolyn Clubine, Administrator, Peel Manor
Inga Mazuryk, Administrator, Sheridan Villa
Doris Rice, Director of Care, Peel Manor
Lorraine Ratych, Supervisor of Administration, Peel Manor
John Barr, Dietary Supervisor, Sheridan Villa
Helen Banna, Activation & Volunteer Supervisor, Davis Centre
Dino Smuk, Facilities Supervisor, Sheridan Villa
Asghar Navsariwala, Capital Projects Analyst
Teresa Deygoo (Recorder), Administrative Assistant
Jeff Sawchuk (ad hoc member), Human Resources Associate

Preparation of the document began in January 2002 and was completed in June 2002. A two-day excellence assessment was also completed and included front-line representatives from the Long-Term Care service areas. The participants were:

Jill Foster, Health Care Aide, Peel Manor
Melinda Chaves, Laundry Aide, Sheridan Villa
Jessica Luh, Activation Therapist, Sheridan Villa
Michelle Gay, Registered Nurse, Davis Centre
Margaret Campbell, Cook/Dietary Aide, Davis Centre

A.2 Key Contacts

Peter Graham, Commissioner, Health
905-791-7800, ext. 4901
Peter.Graham@region.peel.on.ca

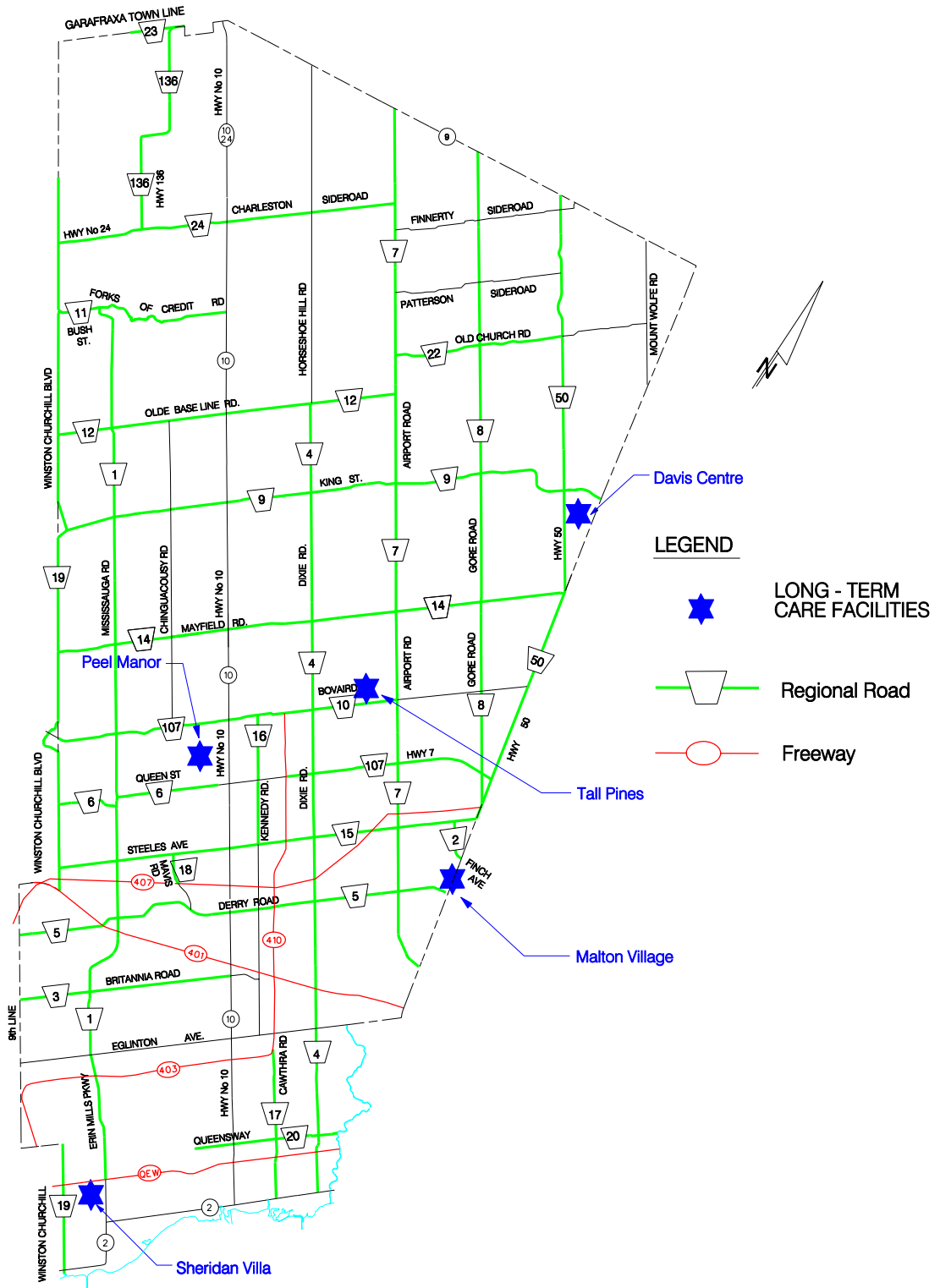
Janette Smith, Director, Long-Term Care
905-791-7800, ext 2647
SmithJE@region.peel.on.ca

A.3 Additional Information

Each long-term care facility has had a Service Strategy/Business Plan for over 10 years. This is the first program-wide Service Strategy/Business Plan for Long-Term Care.

B. Description of Current Services

B.1 Program Location Map



THIS PAGE INTENTIONALLY LEFT BLANK

B.2 Profile of Current Services

Long-Term Care provides four main services:

Residential Long-Term Care Facilities

There are three residential long-term care facilities: Peel Manor in Brampton, Davis Centre in Caledon, and Sheridan Villa in Mississauga. These facilities provide services to 477 residents and their families. Residents are provided with support for all their care needs including nursing, nutrition, personal care, recreation and therapeutic programs. Environmental support includes security, laundry and linen and housekeeping.

Adult Day Programs

Adult day programs are offered Monday to Saturday in each long-term care facility. Programs provide a supervised setting for older adults to participate in a variety of recreational and therapeutic activities. Support and relief for caregivers in the community are also provided.

Meals on Wheels

Food is prepared on a fee-for-service basis for the Meals on Wheels Program at Peel Manor (Brampton) and the Davis Centre (Caledon).

Respite Care

The Davis Centre (Caledon) operates a short stay/respite bed service for community residents who require short-term residential care.

B.3 Description of Clients/Customers

Residents of Facilities

The 477 residents who live in the three facilities are 18 years of age and older. The majority of residents (66 per cent) are in the 80-94 age range.

Day Program Participants

Cognitively impaired or physically challenged older adults living in the community

Respite Care Participants

Community residents who require short-term residential care

Family Members

Family members of the 477 residents, Day Program participants and Respite Care Program participants

Community Members

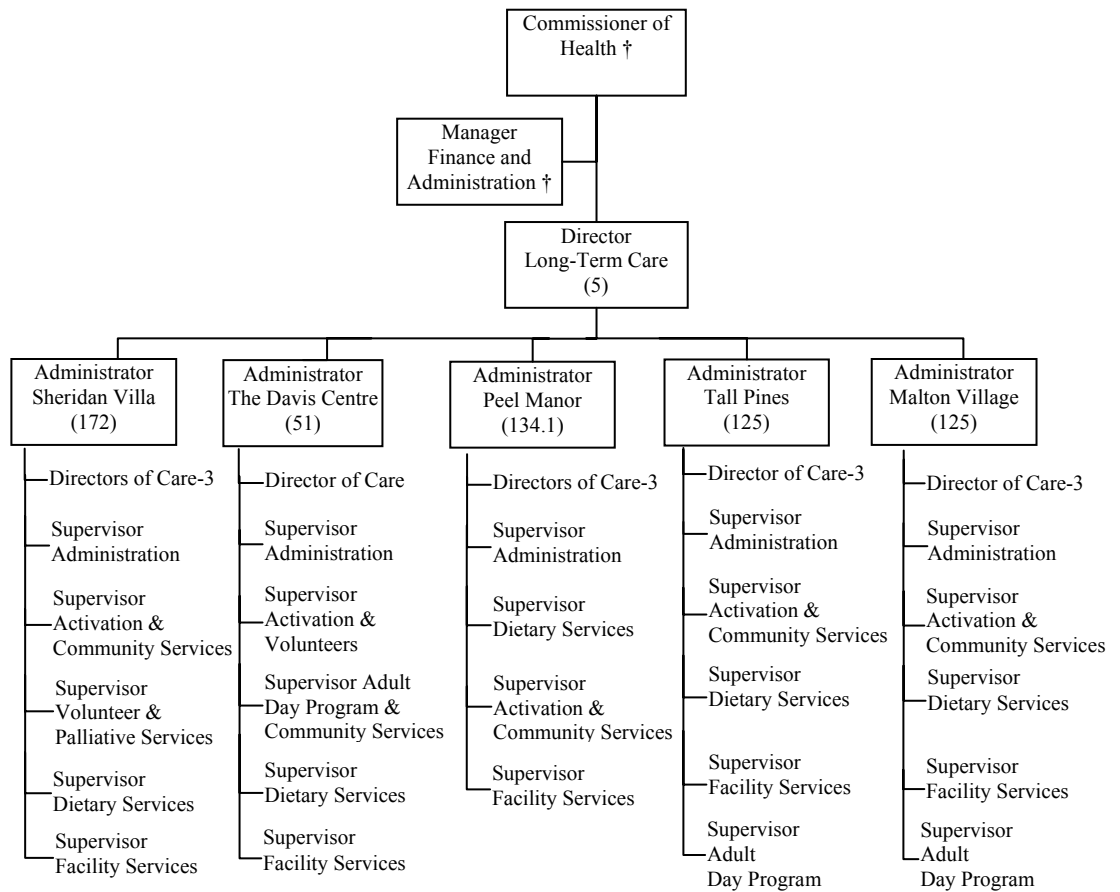
Volunteers who assist residents and staff in each long-term care facility

Partners and Stakeholders

Long-Term Care staff work with local agencies, service clubs, provincial government staff and provincial long-term care associations.

B.4 Overall Organization Structure

Long-Term Care



Total Full-time Equivalent (FTE) = 612.10
(reflects Council approved positions only)

Note:

All positions listed have supervisory responsibilities.

() Denotes all FTE in the group including the boxed position.

† Also serves Public Health. FTE for these positions are reflected in the Public Health Program.

B.5 Significant Recent Activities/Initiatives

- In 2001, Peel Manor, Sheridan Villa and the Davis Centre were granted a three-year award by the Canadian Council on Health Services Accreditation (CCHSA) with no recommendations for improvement. A three-year award is the highest achievement that can be granted by the CCHSA. References to “effective leadership, resident-focused care and service delivery, committed and long service staff, good community support and good regional support” were evident throughout the report.
- In December 2001, the Region began construction of two new long-term care facilities: Tall Pines in Brampton and Malton Village in Mississauga.

C. Trends and Issues

C.1 Emerging Trends

- Highest rate of future growth in Peel Region will be the seniors population
- Dementia Task Force has estimated a 250 per cent increase of dementia cases between 1998 and 2021 in the Region of Peel – the highest rate of increase in Ontario
- Increasing and changing diversity of Peel’s population
- New Information Technology (IT) advancements to manage resident care, capital assets and the physical building structure
- Nation-wide shortage of healthcare professionals
- Increased age of workforce and increased physical demands on staff due to increased frailty of residents
- Due to availability of community-based and in-home programs, new admissions have higher, more complex care needs
- Many of tomorrow’s seniors will face financial uncertainty and may have difficulty paying for needed services
- Competition with other new facilities for staff, clients, volunteers and fundraising dollars
- Increased resident needs and expectations
- Increased family needs and expectations
- Provincial funding formula does not adequately measure clients’ service needs
- No new funding available for new respite beds and adult day programs

C.2 Key Strategic Issues

- Changing demographics of clients, including more cultural diversity and more complex physical and mental health needs
- Need to shift our service delivery philosophy to client-centered care
- Impact of long-term care industry growth in the Region of Peel, specifically competition for staff, clients, volunteers and fundraising dollars
- Ensuring timely and effective communication to and from staff, volunteers, residents, families and partners
- Growth of the Long-Term Care Program from three to five facilities and the need to develop consistent philosophies and policies, where needed, across five facilities
- Require capital planning and resources to meet the 1998 Ministry of Health and Long-Term Care Design Standards for existing facilities
- Lack of comprehensive strategy for service to seniors in Peel

D. *Mandate, Objectives and Actions*

D.1 Mandate and Objectives

Mandate:

To demonstrate care and respect to clients every day

Objectives:

1. Identify and address needs of diverse clients
2. Provide client-centered care to all long-term care residents and adult day program participants
3. Create an environment in which employees and volunteers can do their best work
4. Promote effective two-way communication between all staff, volunteers, residents, families, internal partners and community partners
5. Create an effective and efficient operational model to support five long-term care facilities
6. Maintain high occupancy levels in all facilities

D.2 Objectives and Actions

1. Identify and address needs of diverse clients

- 1.1 Develop partnerships with ethno-specific and community organizations and groups
- 1.2 Adapt services to take into account the cultural, geographic, economic and social differences of clients and families
- 1.3 Assess education needs and provide training for staff, volunteers and families
- 1.4 Advocate for more funding and local services to meet complex physical and mental health needs of Peel's adults
- 1.5 Work with internal and external partners to develop a strategy for Peel's aging population

2. Provide client-centered care to all long-term care residents and adult day program participants

- 2.1 Implement client-centered care philosophies and strategies across all facilities
- 2.2 Development of ethics committees in all facilities
- 2.3 Increase staff opportunities to develop leadership skills and implement client-centered improvements

- 3. Create an environment in which employees and volunteers can do their best work**
 - 3.1 Develop a human resources strategy to recruit, retain and develop staff
 - 3.2 Recognize staff accomplishments
 - 3.3 Develop a strategy to expand our volunteer corps

- 4. Promote effective two-way communication between all staff, volunteers, residents, families, internal partners and community partners**
 - 4.1 Consult with staff on effective communication methods and implement internal communication strategies
 - 4.2 Promote and utilize results of corporate staff satisfaction survey
 - 4.3 Provide ongoing mechanisms for resident, family and volunteer feedback, and measure resident and family satisfaction annually
 - 4.4 Develop partnerships with local service providers, and participate in local networks and advisory groups

- 5. Create an effective and efficient operational model to support five long-term care facilities**
 - 5.1 Develop operational plans to open and operate two new facilities
 - 5.2 Establish consistent guidelines and policies for optimal service across the program while recognizing the uniqueness of each facility
 - 5.3 Seek out best practices in long-term care service delivery
 - 5.4 Educate and develop partnerships with internal service providers to meet long-term care needs
 - 5.5 Implement enhanced IT solutions for the resident care system and facility maintenance

- 6. Maintain high occupancy levels in all facilities**
 - 6.1 Implement a marketing strategy to promote the Region's long-term care facilities and adult day programs
 - 6.2 Present feasibility studies recommendations to Regional Council to ensure that all facilities substantially meet the Ministry of Health and Long-Term Care's new design standards

D.3 Service Principles

In support of the Regional Values, Long-Term Care has the following service principles:

- To provide an environment that is positive, healthy, caring and free from discrimination
- To respect diversity and treat one another in ways that are fair, courteous and compassionate, recognizing everyone's contribution
- To practice teamwork, co-operation and collaboration, and reinforce these with a strong vision and positive leadership
- To practice open, two-way communication in a clear and honest manner
- To be ethical, professional and trustworthy
- To provide services that are accountable, accessible, responsive, efficient and effective
- To adopt new and innovative ideas for improvement in policies, practices and services

D.4 Strategic Plan Connection

The objectives and actions in the Long-Term Care Service Strategy/Business Plan are consistent with and support the following Goals in the Region's strategic plan, *Directions for Success: Investing in Peel's Future*.

Goal 1: Improve the community's health, social well-being and safety.

Goal 5: Be a leader in the provision and co-ordination of Regional services.

E. *Monitoring and Measuring the Service Strategy/Business Plan*

E.1 Measurement of Objectives/Actions

Contact the Director of Long-Term Care for details on the measurements of the objectives and actions.

E.2 Performance Targets

1. 2002

- Construction of two new facilities is well underway with completion scheduled for August 2003
- Feasibility studies for capital improvements were completed for both Peel Manor and Sheridan Villa. Recommendations from the feasibility reviews are incorporated in the 10-year capital plan

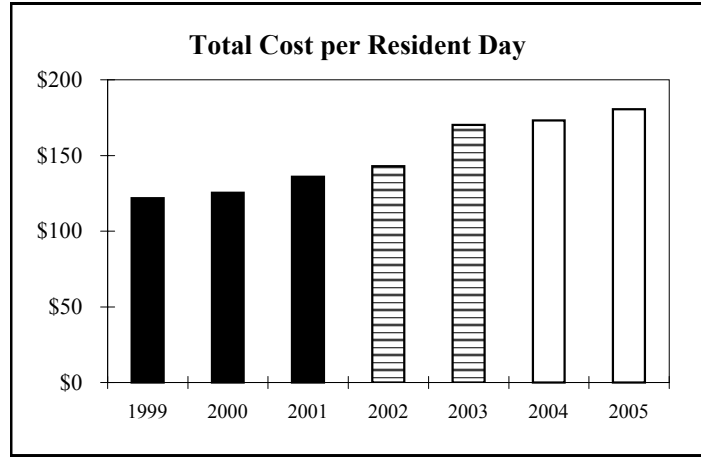
2. 2003

- Recruit employees to meet the planned opening date of the new facilities and retain employees at existing facilities to maintain service levels to residents
- Achieve full occupancy of the two new facilities by the fall of 2003

E.3 Corporate Performance Measurement and Benchmarking

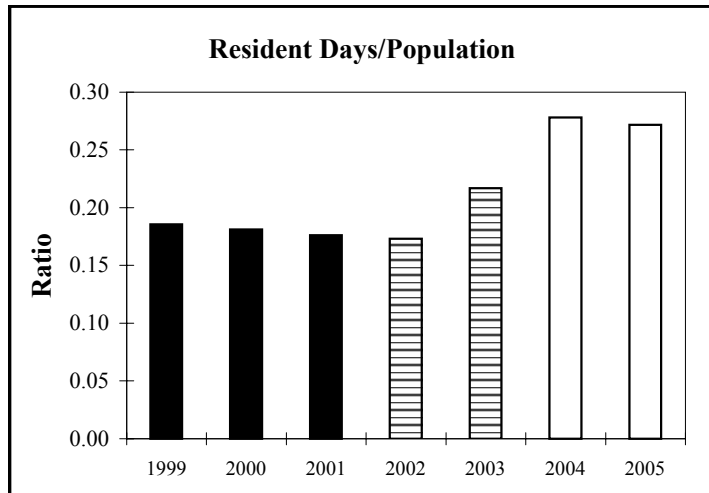
1. Program Efficiency

Provincial revenues are maximized in order to meet changing and increasing needs of the residents and to deliver services which address standards for this sector. In 2002 the province announced a \$7.20 per resident day increase in funding. Provincial funding increases and resident fee increases are established by the province in relation to the facilities' "Case Mix Index". Overall, in 2002 Peel's Case Mix Index increased moderately from 2001 but at a rate which was lower than forecasted for 2002.



2. Community Impact

The Region's three long-term care facilities provide 477 beds. By the fall of 2003 two new facilities will be operational adding a total of 320 new beds, for a total bed count of 797 at Regional facilities.



3. Data

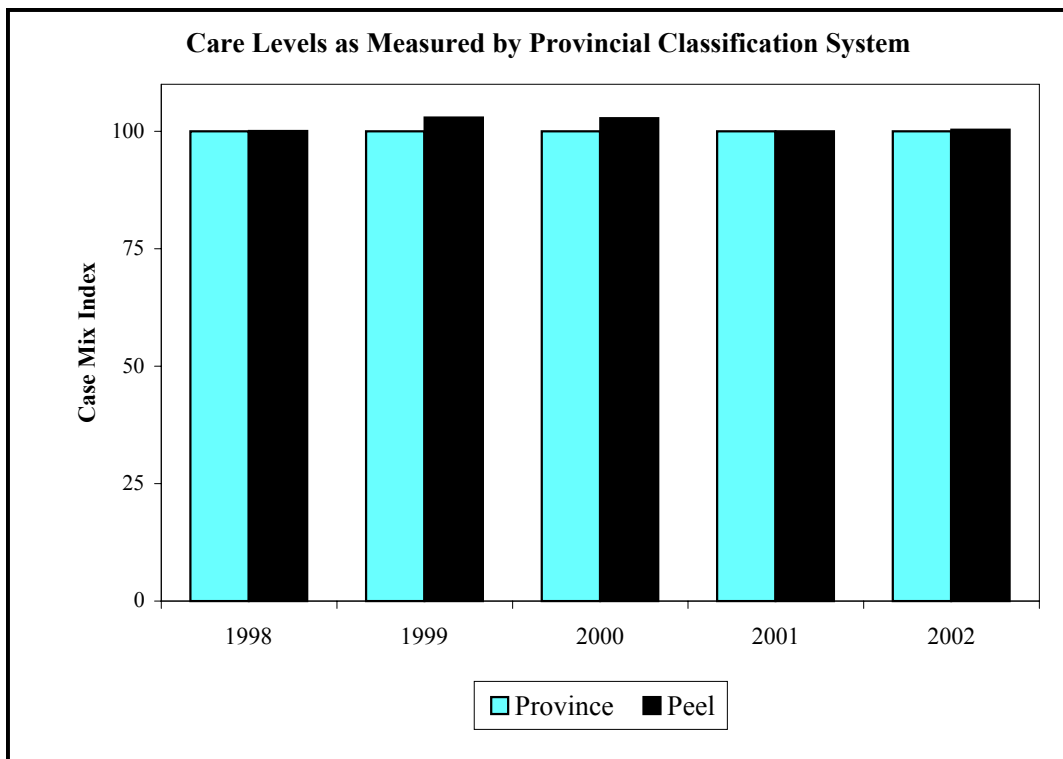
	Actual			Budget		Target	
	1999	2000	2001	2002	2003	2004	2005
Program Efficiency:							
Total cost per resident day	\$ 121.85	\$ 125.28	\$ 136.00	\$ 142.99	\$ 170.25	\$ 173.16	\$ 180.52
Community Impact:							
Resident days/population	0.19	0.18	0.18	0.17	0.22	0.28	0.27
Source Information:							
Total operations (\$ 000's)	\$ 21,108	\$ 21,766	\$ 23,588	\$ 24,894	\$ 37,975	\$ 50,510	\$ 52,512
Number of resident days	173,225	173,745	173,441	174,100	223,060	291,700	290,900
Peel population	933.000	959.000	985.000	1.006.400	1.027.800	1.049.200	1.070.600

4. Customer Service

Accreditation is a process of review by an external, non-government organization, the CCHSA. In 2001, the Region's long-term care facilities were granted a three-year accreditation by the CCHSA with no recommendations for improvement. A three-year award is the highest achievement that can be granted by the Council. This standing is recognized both in the health care sector and with clients, as a measure of the quality of service that each home delivers. Both new long-term care facilities will undergo an accreditation process once they are established to ensure that all residents receive the same high level of service.

5. External Benchmarking

The following chart compares the level of care provided in the Region of Peel facilities to the provincial average.



The "Case Mix Index" (CMI) is a measurement of the level of care required and provided to the residents of the long-term care facilities as determined by a classification system introduced by the province. A facility's funding level is adjusted annually based on how the facility's CMI compares with the provincial average, as determined by an evaluation performed by the province. Peel's CMI rating increased moderately in 2002 relative to the provincial average. For 2003 the new facilities will begin with a CMI at the provincial average of 100. The CMI for new facilities is adjusted after the first year of operation.

F. 2003 Financial Requirements Presentation

F.1 Current Budget Introductory Comments/Analysis

The Long-Term Care 2003 Net Current Budget increase reflects the impact of opening two new long-term care facilities in August 2003. The net budget impact of the new facilities is in line with previous forecasts although contributions to reserves were reduced to achieve the target.

Both expenditures and revenues for the new facilities are based on an opening date of August 1, 2003. Expenditures are phased in throughout 2003 to allow for uploading and training of personnel to operate the facility on the day the first resident arrives. The province provides funding for seven days of orientation and staff training prior to opening each facility, as well as funding during the 60 day admission period. All operating costs prior to the orientation are the responsibility of the Region. With the opening of the new facilities, the province will begin to fund the capital cost of construction at a rate of \$10.35 per resident day up to 20 years.

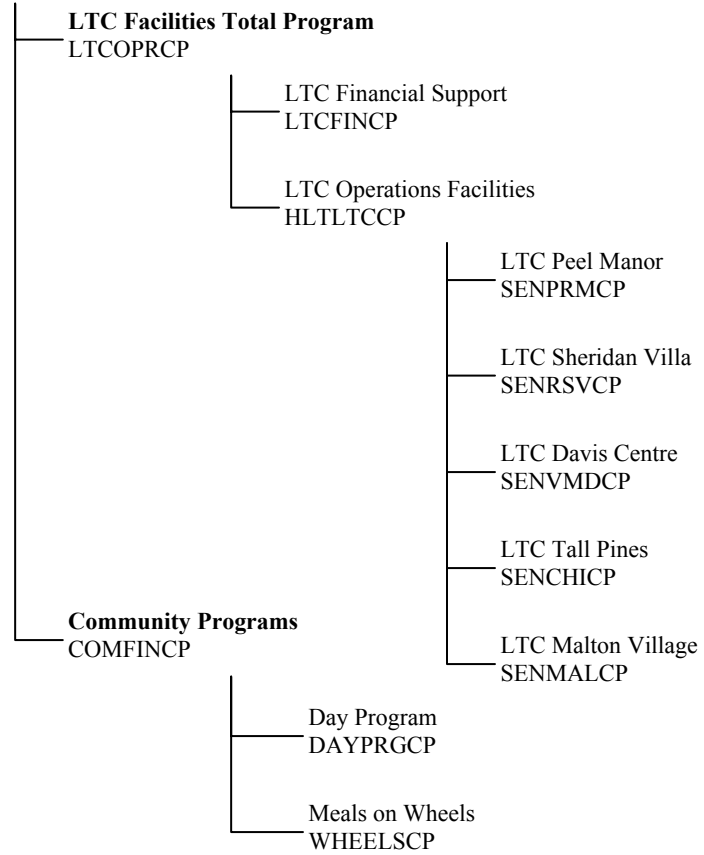
With regard to the three existing facilities, no additional resources are planned for 2003.

The province has announced increases in resident rates to be phased in from 2002 to 2004. In addition, the province increased the daily per diem funding from \$103.53 to \$110.73 per resident day. The funding increase has been partially offset by a decrease in the average CMI for 2002/2003. Overall revenue at existing facilities is increasing by \$1.5 million.

Despite the increase in revenue, expenditures to maintain operations increased at a greater rate. The major drivers impacting expenditures are wage settlements, the reintroduction of the Ontario Municipal Employees Retirement System (OMERS) contributions, utility rates, maintenance for aging infrastructure and resident food costs. Controllable costs have been maintained to the greatest extent possible. Overall, expenditures required to maintain service levels will increase by \$2.7 million.

F.2 Financial Structure Chart – Current Budget

LONG-TERM CARE (LTC)
SENSERCP



F.3 2003 Current Budget

1. Activity Analysis

	Budgeted Total Cost	
	2003	Change from 2002
LTC Facility Operation		
Peel Manor	10,231,008	846,258
Sheridan Villa	13,384,471	1,334,301
Davis Centre	4,121,979	662,979
Malton Village	5,117,110	5,117,110
Tall Pines	5,120,652	5,120,652
Operations Total	37,975,220	13,081,300
Financial Costs	2,615,287	(1,834,123)
Total LTC Program	40,590,507	11,247,177
Community Programs	1,006,478	37,358
Total Program Cost	<u>\$ 41,596,985</u>	<u>\$ 11,284,535</u>

3.

	Budgeted Total Cost/Unit	
	2003	Change from 2002
Peel Manor	158.37	13.10
Sheridan Villa	155.38	15.49
Davis Centre	176.45	28.38
Malton Village	209.03	209.03
Tall Pines	209.18	209.18
Operations Total	170.25	27.26
Financial Costs	11.72	(13.83)
Total LTC Program	181.97	13.43

2. Account Analysis

	Budgeted Total & Net Cost	
	2003	Change from 2002
Goods & Services	7,548,100	2,388,240
Salaries & Wages	31,484,285	10,100,695
Capital Financing	2,564,600	(1,204,400)
Total Program Cost	41,596,985	11,284,535
Fees, Charges & Other	10,243,210	2,732,900
Subsidies	18,411,200	5,409,060
Net Program Cost	<u>\$ 12,942,575</u>	<u>\$ 3,142,575</u>

Budgeted Units of Service
Number of Resident Days

	Change	
	2003	from 2002
Peel Manor	64,600	-
Sheridan Villa	86,140	-
Davis Centre	23,360	-
Malton Village	24,480	24,480
Tall Pines	24,480	24,480
Total Days	<u>223,060</u>	<u>48,960</u>

4. Budget Variance Explanation

Net Program Costs
Change from
2002

Variations Attributed to the New Facilities

The 2003 total operating expenditures (excluding reserve contributions and debt charges) reflect the first year of operating costs for the new long-term care facilities, Malton Village and Tall Pines. The budget was developed on the basis of an August 1, 2003 opening.

9,701,492

Contributions to reserves have decreased, reflecting the opening of the two new facilities.

(1,804,936)

Debt charges reflect the initial debt repayment for the new facilities.

506,736

Fees and charges reflect the opening of the new facilities.

(2,025,450)

Increased subsidies reflect the opening of the new facilities. In 2003, the new facilities will not operate a Day Program.

(4,472,140)

Net Cost Variance for New Facilities:

\$ 1,905,702

Variations Attributed to the Existing Facilities

To maintain service levels at the three existing long-term care facilities, program costs have increased in salaries and wages - \$1,881,530 due to the impact of the OMERS reintroduction, approved wage settlement increases and annualization of approved positions; in goods and services - \$905,913 including repairs and maintenance - \$170,575, food - \$55,000, and utilities - \$94,200; and in capital financing costs - \$93,800. The increases in costs are partially offset by an increase in contributions from reserves - \$201,725 to fund one-time costs.

2,679,518

Fees and charges in 2003 will increase at the existing facilities as a result of provincially imposed resident rate increases. Minor fee and recovery increases are included for Meals on Wheels and High Intensity Medical Needs recovery.

(505,725)

Subsidies have increased, reflecting the announced provincial per diem funding increase of \$7.20 per resident day from \$103.53 to \$110.73 for existing facilities. There is no anticipated change in funding levels for the Day Program.

(936,920)

Net Cost Variance for Existing Facilities:

\$ 1,236,873

Net Program Cost Variance

\$ 3,142,575