

For Information

DATE: October 16, 2012

REPORT TITLE: **HEALTH QUALITY ONTARIO 2012 ANNUAL REPORT**

FROM: Janette Smith, Commissioner of Health Services

OBJECTIVE

To provide an update on health system performance in Peel region based on findings from the annual report by Health Quality Ontario.

REPORT HIGHLIGHTS

- Health Quality Ontario has released Quality Monitor: 2012 Report on Ontario's Health System. The 2012 report highlights chronic disease management and avoidable hospitalizations, wait times, and hospital safety as key health system issues facing Ontario.
- Patients with a chronic disease too often receive care that is fragmented, which can lead to complications that require hospital care which could be avoided.
- There have been improvements in wait times in some areas such as emergency departments. However, wait times for long term care continue to be too long in many communities.
- In 2011, the Mississauga Halton Local Health Integration Network had the second longest long term care bed wait times in Ontario.
- Region of Peel staff continue to monitor the performance of Peel's health system and engage with health partners to address local challenges and advocate on behalf of the community.

DISCUSSION**1. Background**

Health Quality Ontario is a provincial government agency that monitors and reports to the public on access to publicly-funded health services, human resources in the health system, population health status, and health system outcomes.

Health Quality Ontario has a mandate to promote and advance quality in Ontario's health system by coordinating and strengthening the use of best-practices, supporting quality improvement initiatives and reporting on health system outcomes to the public. The agency also measures and reports on quality and resident satisfaction in long term care and home care. Appendix I provides an "Overview of the Health System: A Region of Peel Perspective" which situates Health Quality Ontario within the larger health system.

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Health Quality Ontario publishes its annual report on Ontario's health system, titled Quality Monitor. These annual reports provide valuable provincial and local health system assessments, based on the following nine components of quality: accessible, effective, safe, patient-centred, equitable, efficient, appropriately resourced, integrated, and focused on population health.

2. Findings

Each year, the *Quality Monitor* report examines key themes regarding health system performance. For example, the 2011 edition of the report focused on access to services including emergency department wait times, wait times for long term care beds and access to primary care, as well as chronic disease management, and keeping the population healthy. The 2012 edition of the report highlights chronic disease management and avoidable hospitalizations, wait times, and hospital safety. The following provides a summary of the key findings in this year's report, as they relate to Peel's health system.

a) Chronic Disease Management and Avoidable Hospitalization

The report's emphasis on chronic disease management and avoidable hospitalization is important in the context of increasing volumes of emergency department visits and admitted patients at Peel area hospitals. In Ontario, patients with a chronic disease often receive care that is fragmented, which can lead to complications that require hospital care that could otherwise be avoided. In particular, long term care homes were analyzed within this context. In 2011, the Central West Local Health Integration Network (LHIN) had Ontario's highest rate of emergency department visits by long term care home residents who have health conditions that can be managed through timely access to primary care. The Central West LHIN has a rate of 7.4 emergency department visits for every 100 long term care residents per year, above the provincial rate of 5.6 visits. It should be noted that this is a priority that the hospitals and long term care sector are working together to problem solve the issue.

In addition, the Region of Peel has made it a Term of Council Priority to assess the feasibility of community paramedicine to reduce non-essential transports to Peel area hospitals. While the report does not mention a role for paramedics in reducing non-essential transports, a community paramedicine initiative by the Region may help to reduce avoidable hospitalization for certain types of patients in Peel.

b) Wait Times

The report notes that there have been improvements in wait times in some areas such as emergency departments. However, wait times for long term care continue to be long in many communities.

i) Emergency Department Wait Times

Health Quality Ontario reports that emergency department wait times in Peel were similar to provincial wait times, with those in Central West being slightly higher than those in Mississauga Halton. This indicates an improvement in emergency department wait times over the previous year for the Central West LHIN, especially for low complexity patients (i.e. commonly 'walk-in' patients who are triaged as low-acuity and who are discharged home).

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The Central West LHIN has emergency departments in the William Osler Health System (Brampton Civic Hospital and Etobicoke General Hospital) and Headwaters Health Care Centre (Orangeville). The Mississauga Halton LHIN has emergency departments at the newly merged Credit Valley Hospital and Trillium Health Centre, and Halton Healthcare Services (Oakville-Trafalgar Memorial, Georgetown Hospital, and Milton District Hospital).

The Ministry of Health and Long-Term Care (MOHLTC) continues to hold LHINs and hospitals accountable for reducing emergency department wait times by:

- Directing resources to a number of programs enhancing home care, providing outreach to long term care homes, and for seniors transitioning to care in the community;
- Funding incentives (pay-for-results) to hospitals that succeed in reducing emergency department wait times; and
- Setting emergency department performance targets for each LHIN, with ongoing monitoring and public reporting.

For the Region of Peel, emergency department wait times continue to impact paramedic offload times at hospitals. As reported to Regional Council in June 2012, paramedic offload delay consumes approximately 14 per cent of paramedic system hours costing approximately \$8.9 million per year.

Peel area hospitals continue to work with the Region of Peel to reduce paramedic offload delay through strategies to improve patient flow within emergency departments and the rest of the hospital. The MOHLTC's 'Hospital Nursing Program' funds the costs for 'dedicated offload nurses' responsible for accepting care for low-acuity patients who arrive by ambulance. Ministry funding for this program was significantly increased in 2012. In addition, Peel Paramedics in partnership with William Osler Health System have implemented a detailed process review at the Brampton Civic site. Early results are promising and staff will report to Council early in 2013 with the results.

ii) Wait Times for Long Term Care Beds

At a provincial level, wait times for long term care beds have stabilized over the past two years but continue to be a challenge for many communities, including parts of Peel. In 2011, the Mississauga Halton LHIN had the second longest long term care bed wait times in Ontario. The median number of days for long term care bed placement in the Mississauga Halton LHIN more than doubled from 80 days in 2010 to 164 days in 2011.

Wait times for long term care in the Central West LHIN in 2011 were shorter than the provincial median and have been reduced from 58 days down to 45 days over the past year.

The report points to strategies to help alleviate pressures on long term care bed supply through alternatives to long term care such as supportive housing that provides 24-hour assistance and provides more care than traditional home care. The Mississauga Halton LHIN has been a leader provincially in implementing programs that discharge hospital patients to care in the community with appropriate (often enhanced) supports before a decision is made about applying for a long term care home bed.

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c) Hospital Safety

Ontario's hospitals are making progress concerning hospital safety. Most hospitals have reduced their standardized mortality rate and the rate of hospital-acquired infections has dropped over the past year. Safety campaigns for staff and new standard practices are reducing hospital infections and mortality. The report's LHIN level data on hospital mortality show rates in Peel that are similar to overall provincial levels.

CONCLUSION

Region of Peel staff continue to monitor the performance of Peel's health system and engage with health partners to address local challenges and advocate on behalf of the community.

Advocacy led by the Intergovernmental Relations Advisory Committee of Council has addressed many health system issues with the MOHLTC. The recent meeting with Minister Matthews and with leaders of the two opposition leaders at the Association of Municipalities of Ontario 2012 conference addressed the need to:

- Implement a needs-based funding formula for community-based health services in Peel to meet the needs of Peel's fast-growing and diverse population;
- Recognize the role of paramedics in the health system; and
- Address paramedic offload delay through continued support for the Hospital Nursing Program, and by setting performance targets and pay for performance measures for hospitals to reduce offload delays in their emergency departments.

The annual reports by Health Quality Ontario provide the Region of Peel and its community partners with valuable insight into trends in the performance of Peel's health system.



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Commissioner of Health Services

Approved for Submission:



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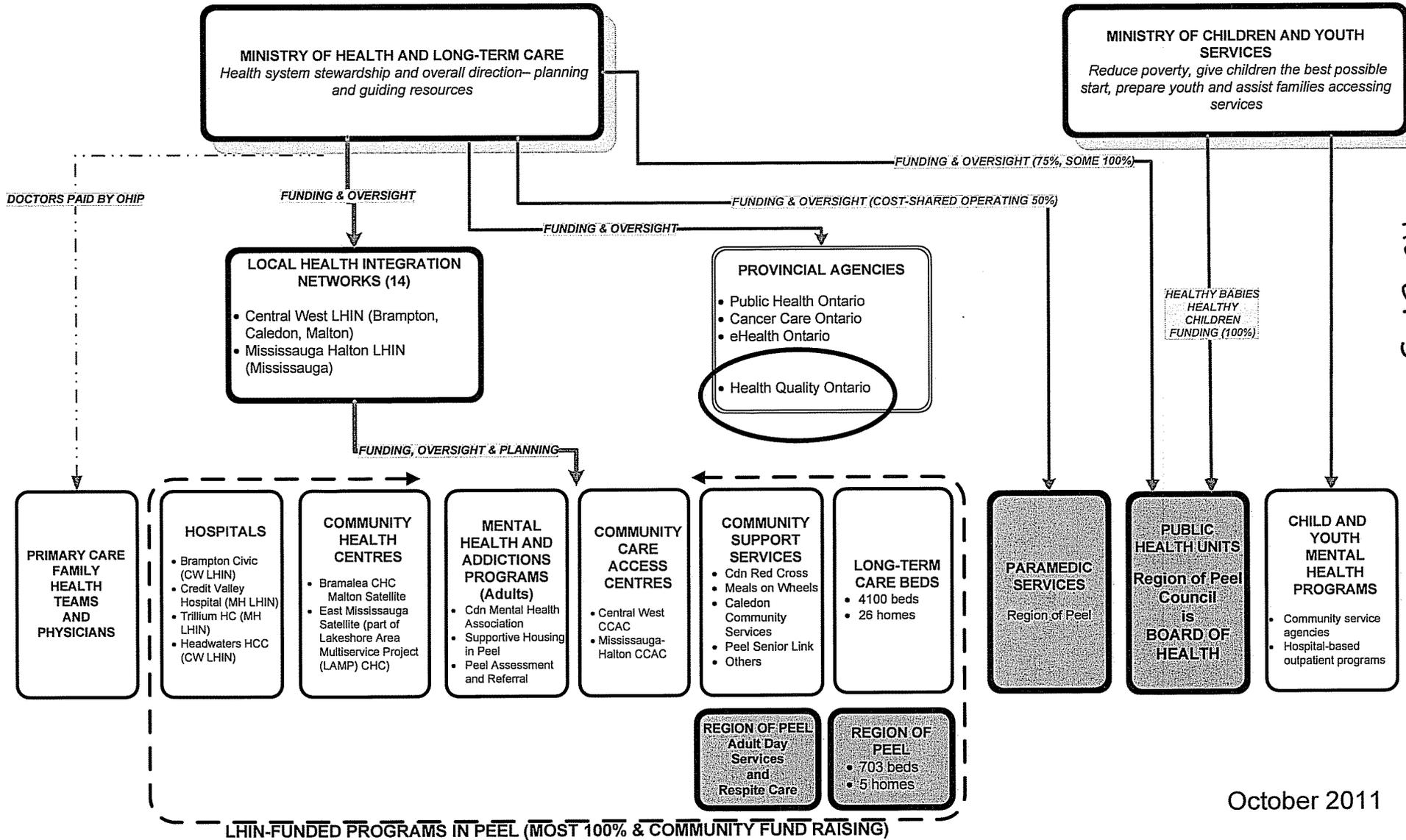
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APPENDIX I

Overview of the Health System: A Region of Peel Perspective



October 2011