# Report of the President & CEO to the Board of Directors

**Date:** February 2019


## Update on Influenza Season

Excerpts from FluWatch@phac-aspc.gc.ca

Heading into late January "laboratory detections continued to decline from the previous week. Overall, influenza continues to circulate across Canada but the Eastern region is reporting higher levels of influenza activity than the rest of the country".

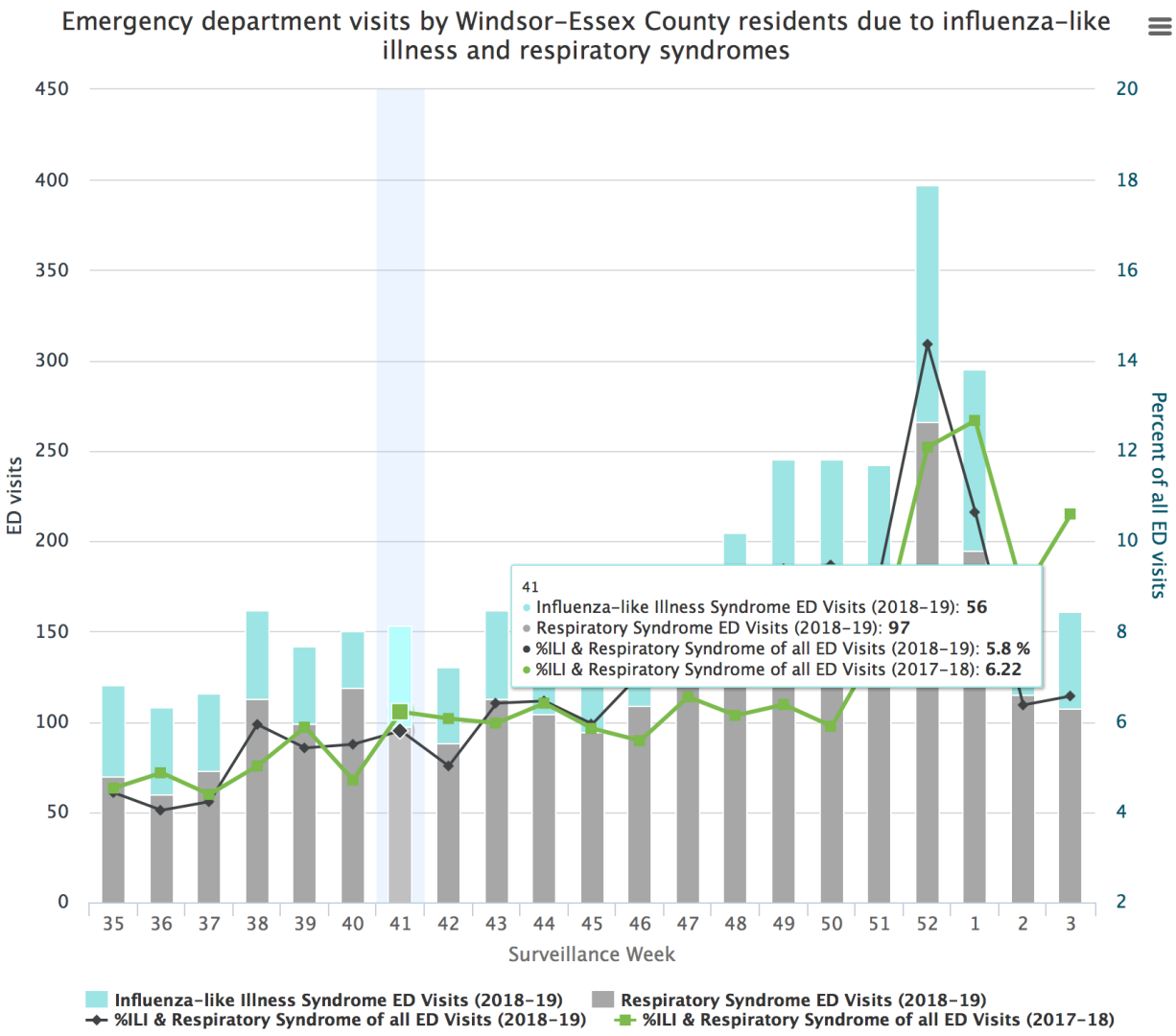
Influenza A is the most common influenza virus circulating in Canada, and the majority of these viruses are A(H1N1)pdm09.

The majority of lab confirmations and hospitalizations have been among individuals under the age of 65.

Based on a recently published Canadian influenza vaccine effectiveness study, mid-season vaccine effectiveness estimates indicate that this year's flu shot is approximately **72%**

effective against the predominant circulating strain. The study confirmed that significant protection was observed in all age groups, especially young children who have been disproportionately affected by influenza this season.

From the Windsor Essex Health Unit website https://www.wechu.org/reports/flu-bulletin-201819-week-03 it seems year over year the trend finally is less in 2019 than 2018. Throughout the season it has been higher. That does NOT mean we are "out of the woods" but it is promising.




Source: Acute Care Enhanced Surveillance Application (ACES)

At Windsor Regional Hospital, similar to the community and across Canada, we have seen 42 cases at the Met Campus (24 of which were pediatric patients), and 20 at the Ouellette Campus.

84% of the isolates were typed as A(H1N1)pdm09 (none were H3N2). Numbers last year were 61 at Met, and 102 at Ouellette. We also had 4 outbreaks last year (3 out of 4 at Ouellette Campus).

We have not been seeing any influenza in patients over 65. The elderly group has immunity from previous exposures to the virus (typical of H1N1 in 2009) – and of course those that have had the vaccine have good coverage.

Children impacted have been aged under 10 – so were not exposed to the virus when it first circulated in 2009.

There have been no influenza outbreaks in nursing homes or long-term care.

There have been some cases of patients with influenza between the ages of 40-60.

## The Premier's Council on *Improving Healthcare and Ending Hallway Medicine* Releases First Report

The Premier's Council on *Improving Healthcare and Ending Hallway Medicine* Releases First Report was released on January 31, 2019, as previously promised.

The report is broken down into the following chapters. I will try to highlight the general theme in each chapter. Press on the link to go to the full chapter.

Chapter 1: The Patient Experience
Chapter 2: Stress on Caregivers and Providers
Chapter 3: Different Health Care Needs
Chapter 4: Immediate and Long-Term Capacity Pressures
Chapter 5: Responsibility and Accountability in Health Care
Next Steps

**Navigation and Access**

The Council heard that patients and their families find it difficult to navigate the health care system. For some, it's a matter of not being able to find timely health care, due to long wait-times or inconvenient service hours. For others, it can be difficult to know where to go for the right kind of care. For example, Ontarians often go to the emergency department with mental health or addictions issues that could have been dealt with more quickly, and oftentimes more appropriately, in primary care or community mental health and addictions agencies. By not

knowing how to access community services or waiting too long for a community service because there are not enough of those services, many people reach a crisis point that leads them to the emergency department.

**Wait Time and Quality of Care**

The current recommended target in Ontario – what the province expects from its hospitals – is if a patient is to be admitted, to get the patient to an inpatient room and bed within 8 hours of being seen in the emergency department.[5] However, in November 2018, only 34% of patients admitted to hospital are admitted to an inpatient bed from the emergency department within that 8 hour target.

Waiting too long for health care isn't just a problem in hospitals; wait times are also longer than they should be in other parts of the health care system. For example, the median wait time for long-term care home placement in Ontario in fiscal year 2017/18 was 146 days, and the median wait time for home care was around six days for patients waiting at home.[9][10]

**Mental Health and Addictions and Hallway Health Care**

Most mental health and addictions issues are more appropriately treated in the community; however, long wait times for community treatment means sometimes patients' conditions worsen as they sit in the queue, giving them no other option but to seek care through the emergency department, and return home to continue to wait for services.

The re-admission rates for mental health and addictions issues is significantly higher than many other health issues.

**Stress on Caregivers and Providers**

Perhaps one of the most troubling indicators that there is something wrong with our health care system is the strain that is being felt by family and friends who are caregivers of patients, as well as some health care providers. There are clear indications throughout the system of provider burnout, including staffing shortages in certain positions and parts of the province, and high levels of stress.

**Different Health Care Needs**

Hospitals are also experiencing a shift in the health care needs among patients, including an increase in patients admitted to general internal medicine. In a study of seven hospital sites in the Greater Toronto Area, it was found that general internal medicine patients accounted for about 39% of emergency department admissions and roughly 24% of all hospital bed-days. Additionally, those admitted into general internal medicine had a median number of 6 co-existing conditions, which means they require a lot of medical support and resources.

**Fair Access to Health**

Unfortunately, health outcomes do not look the same everywhere in Ontario. For example, there are geographic, socio-economic, and sex differences in mortality rates across the province, which is just one way to measure the health of a population.[21]

Another example of where there is still more work to be done to improve health outcomes is in Ontario's north. In northern communities, the average life expectancy is lower than the rest of the province and people living there are more likely to die prematurely due to circulatory disease, respiratory disease, and suicide.[22]

As the Council continues its work and develops recommendations to help improve health outcomes and solve the problem of hallway health care in Ontario, it will consider the unique health care needs and cultural considerations of distinct populations in the province, including, Indigenous people and French-speaking individuals.

**Immediate and Long Term Capacity Pressures**

Capacity pressures are also contributing to the problem of hallway health care in Ontario. There are several causes to the capacity challenge:

1. Ontario may not have the appropriate number of hospital, or long-term care beds to meet the health needs of the population,
2. there is insufficient capacity in community care systems – like home care and mental health and addictions care – to prevent people from needing to go to hospital and to enable them to return home from hospital quickly, and

3. the province is not using the beds across the system as effectively as possible. In practice, this means that there are people across the province who are spending time in hospital beds because they can't access other options for health care.

**Social Determinants of Health**

The social determinants of health are the economic and social factors that impact our health. They play a critical long-term role in health care, particularly for those suffering from chronic conditions. Having a job, eating healthy food and having a safe place to sleep are foundations to good health.

Simply adding more beds to the system will not solve the problem of hallway health care. For example, community mental health and addictions services, as well as community rehabilitation services are two areas where additional access to services could help relieve some of the pressures causing hallway health care.

**Responsibility and Accountability in Health Care**

The final factor contributing to hallway health care is the lack of integration throughout the provision of health care services in Ontario. There are barriers to true integration across different care settings in the province. For example, Ontario's current health care system can be characterized as decentralized, large, and siloed, and it can be difficult at times to know who is responsible and accountable for ensuring Ontarians have access to high-value health care.

This is in part due to the size of the system. There are currently 21 health-related government agencies supporting the design and delivery of health care in Ontario. Many of these agencies were created to tackle specific problems, support research, or to establish quality standards and metrics to help the system as it matured. However, these agencies are not always well-aligned and there is limited strategic oversight to ensure the efficient and coordinated use of resources.

In addition to being over-sized, the system is also decentralized. Of the $54.6B in provincial health care expenditures, the majority of this funding is allocated by the Ministry of Health and Long-Term Care to transfer payment recipients.[41] Similar to other systems across the country, Ontario's Ministry does not directly provide health care – it pays other people to deliver services to clients. However, the financial incentives and funding models used to pay health

care providers to coordinate and deliver services need to be appropriately aligned, otherwise the system won't work the way it needs to.

Stronger lines of accountability would help make the health care system more efficient, and also help ensure Ontario gets a greater value for what it currently spends on health care. Currently, the government spends about 42 cents of every tax dollar on health care.[43] Although this is the lowest per capita spend on health care compared to other provinces and territories, the system could work smarter and use this same amount of money to achieve better health outcomes.[44] When compared to similar countries in the world, Canada generally spends more on health care, but scores lower on some key performance indicators.[45] With performance based incentives that link investments to outcomes, Ontario could shift the focus of health care spending to high-value, instead of high-cost. With clearer lines of responsibility and accountability in the health care system, Ontario could move towards strengthening the entire system and solve the problem of hallway health care.

**Opportunities for Improvement**

**Digital & Modern Health Care**

Ontario's health care system has room for improvement when it comes to using technology as a tool to help coordinate and deliver services, and improve outcomes for patients. As the Council continues its work, it will make a focused effort to consider technology solutions to help improve health outcomes for patients across the province. This could look like new partnerships to deliver specific services or to help support the integration of care at the local level. This could also look like identifying options for integrated health information systems that would help facilitate smooth transfers between care settings.

**Integrated Health Care Delivery**

The Council is also interested in providing advice that could help inform how health care is delivered in Ontario. Integrated health care has the potential to involve the full continuum of health care services, and connect all health care providers and care settings into one seamless partnership motivated by a common goal: providing wrap-around services to patients and improving health outcomes. This includes considering the impact of the social determinants of health, and providing more proactive health care interventions.

## What is Integrated Health Care?

Integrated health care means different things to different people – and may look like a new way of accessing care within your community. Integrated health care is motivated by one main goal: providing coordinated, wrap-around health care services to patients.

Integrated health care means the system doesn't act as a barrier to providing timely health care services to patients. It means that your home care services are working in complete partnership with your local hospital and primary care providers to make sure that everything is ready to go at home once you or your loved one has been discharged.

## Efficiency In the System

Simply adding more hospital or long-term care beds to the system will not solve the problem of hallway health care in Ontario. The Council will consider strategies that include prevention, early intervention, and evidence-based programs that improve health outcomes, and will look at best-practices in Ontario and in other jurisdictions across the world as it develops advice for government.

The Council will ensure recommendations included in its next report will address a balance of both short and long-term needs across the health care system, make the system more efficient for patients, providers, and care-givers, and ultimately help set Ontario up for success in the years to come.

## Next Steps

In its second report, the Council will focus on providing recommendations that will help the system deliver better health care in the province.
Four key themes have emerged through the Council's initial work that will help guide the development of detailed recommendations in its next report:

1. A pressing need to integrate care around the patient and across providers in a way that makes sense in each of our communities in the province, and improves health outcomes for Ontarians.
2. Growing demand and opportunity to innovate in care delivery, particularly in the use of virtual care, apps, and ensuring patients can access their own health data.

3. The potential for greater efficiency in how we streamline and align system goals to support high quality care.
4. The critical role for a long-term plan so that we have right mix of health care professionals, services, and beds to meet our changing health care needs.