

HEALTH CARE QUALITY

INDICATOR TYPE: Social, Health

DOMAIN: Living

DESCRIPTION

Health care quality is difficult to assess through any one indicator. There are many aspects of health care from hospital services to local doctors, emergency response, psychological services, and walk-in clinics. While recent years have seen a great deal of discussion on reforms to the health care system (with a focus on funding and services cutbacks), many changes have occurred as a result of demographic, social and technological developments. Many services and facilities, therefore, have undergone significant amounts of re-organization to accommodate for these changes. Some examples include updating surgical facilities and staffing alterations. With an aging population that will place greater demands on the system, there is an ever-increasing need to establish the condition of our health care system and monitor its quality.

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- ❖ The Toronto health care sector is larger and more complex than that of all Canadian provinces except Ontario, Quebec and British Columbia

Source: TDHC. (1999) First Annual Toronto Health System Report

Mandate of the Toronto District Health Council

- *The Toronto District Health Council (TDHC) is responsible for advising the Minister of Health on the health needs of the residents of Toronto. Through its planning efforts it addresses the best way to deliver a system of health services to meet these needs and those of other Ontarians who rely on Toronto's service providers for care.*

Source: TDHC. (1999) First Annual Toronto Health System Report.

TRENDS

Health Care Quality Monitoring

There are a number of groups that are currently involved in monitoring health care both in Toronto and around the GTA. With respect to Toronto, the Toronto District Health Council (TDHC), Ontario Ministry of Health, Health Canada, Canadian Institute of Health Information and the Health Services Restructuring Commission all gather and record data on state of the health care system.

The TDHC released a document in 1999 called the First Annual Toronto Health System Report, which has an extensive number of health care indicators along with explanations of each. These indicators are recorded over the past decade. TDHC also took over the data on the hospital sector in Toronto after the Health Services Restructuring Commission closed in March of 2000.

Health Canada produces the National Population Survey, which includes statistical health data from a provincial perspective¹. The data is available by census area and the most recent survey is from 1996-1997.

The Canadian Institute of Health Information is a national, non-profit organization that is in charge of developing and maintaining the nation's health information. Mandated by Canada's health ministers, the Institute has extensive databases and registries on health expenditures, services and professionals. There are actually three databases available through CIHI: the Annual Hospital Survey, National Health Expenditures Database and the OECD Health Database. The former of these used to be called the Annual Return of Health Care Facilities—Hospitals, which begun in 1932, was redeveloped by the CIHI in 1996 and renamed to the current "Annual Hospital Survey." The National Health Expenditures database covers a macro perspective on health spending in Canada. Finally, the OECD Health Database covers health expenditures as well as other types of data such as health status and medical consumption. The most recent set of data are available for June 1999 through the annual electronic production "OECD Health Data"².

Within the GTA at large, the Halton-Peel District Health Council, which formed in 1998 through the amalgamation of Peel and Halton District Health Councils, is one group that does significant amounts of data collection. Serving over a million people, it is the second largest health planning council in the province. In addition to tracking indicators such as long term bed care availability, they monitor funding, staffing and all other types of health care data.

Both the Simcoe-York DHC as well as the Durham Haliburton Kawartha & Pine Ridge DHC have databases that contain similar types of health-related data³.

Indicator: Hospital Bed Availability in Toronto

Table 1. Rates of Beds Staffed & In Operation as of March 31st, by Type of Bed, Toronto 1988-1999.

Year	Acute bed Rate/100,000 pop	Chronic bed Rate/100,000 pop (75+)	Rehab bed Rate/100,000 pop	Total bed Rate/100,000 pop
1988	459.1	31.5	48.3	655.2
1989	430.3	30.7	47.7	625.2
1990	408.7	28.8	46.2	596.8
1991	395.2	28.0	45.5	582.0
1992	362.1	27.1	42.6	544.1
1993	347.1	25.0	41.8	519.6
1994	313.8	23.8	42.6	483.9
1995	305.2	22.6	40.1	469.9
1996	277.0	21.2	40.6	430.1
1997	259.1	18.3	38.6	397.8
1998	249.5	16.0	37.3	377.5
1999	229.6	14.0	36.4	347.8

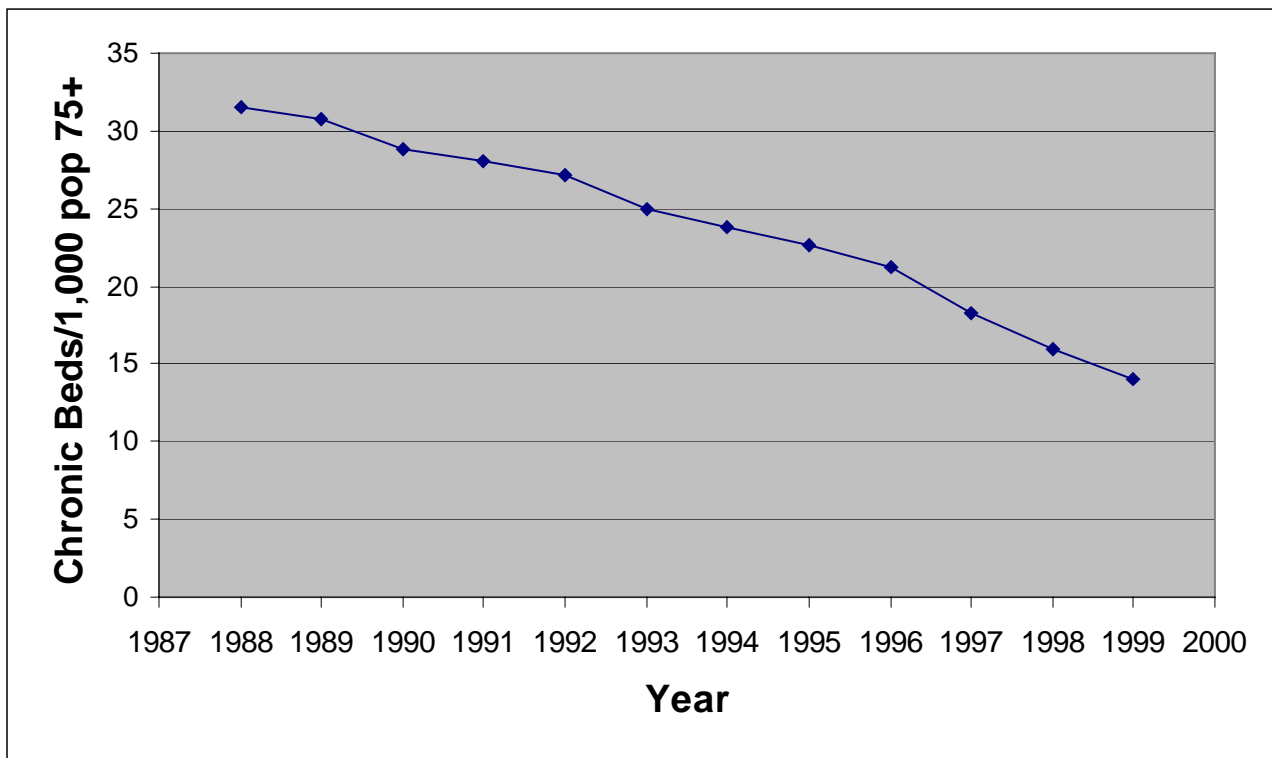
Source: First Annual Toronto Health System Report. (1999) First Annual Toronto Health System Report

This indicator reports the beds staffed and in operation by hospitals in a given area (Toronto in this case) by type of care. It provides information on hospital in-patient system capacity and can be used to make comparisons over time and place as well as with Ontario Ministry of Health planning guidelines.

The key findings for Toronto were as follows:

1. There has been a shift from inpatient to outpatient care in recent years in Toronto hospitals, which is seen in the decrease of hospital beds over the past 11 years⁴.
2. The decline of chronic care beds for those 75 years and older is clearly seen in the graph above. Between 1988 and 1999, there was a decrease by some 39% (3,472 to 2,101) leaving the current chronic bed rate at 14.0 per 1,000 people age 75 and over. This figure is still 70% higher than the Health Services Restructuring Commission (HSRC) is aiming for – its target is 8.23 by 2003. In order to reach these HSRC targets, there must first be an expansion of the Long Term Care (LTC) facilities able to deliver intense level of care to complex, but stable medical conditions. Supportive housing services will also allow for further chronic care bed closures in the future⁵.

Figure 1. Chronic Care Beds Per 100,000 Population over 75 Years Old.



Source: First Annual Toronto Health System Report. (1999) First Annual Toronto Health System Report

Indicator: Waiting Lists for Long Term Care Beds

This indicator records the number of people on waiting lists and the average waiting time. This information was originally recorded by the former Placement Coordination Services (PCS) which established a centralized waiting list database for LTC facilities in 1994. In September of 1997, this database was given to the Community Care Access Centers (CCACs) who now track waiting lists for LTC facilities in Toronto³. It is an important indicator because it reflects the availability of funding, health care personnel, equipment, beds and specialized supports. In other words, it provides information on accessibility and availability of services as well as supply-demand for these services. It does have the downfall that waiting lists may be inflated with people who do not need services immediately, those that are on more than one waiting list, and those who have specific preferences for certain LTC facilities⁶.

Table 2. Average Number of People Waiting & Admitted per Month to LTC Facilities in Toronto, 1995 to 1998		
Year	Average # waiting/month	Average # admitted/month
1995	3,427	326
1996	4,071	349
1997	N/A	N/A
1998	7,584	343

Source: First Annual Toronto Health System Report, Toronto District Health Council, 1999.

**1997 data is not available. In 1997, PCB, which collected LTC data for Toronto, was decentralized. Due to the complexity of the decentralization process, LTC data for that year could not be obtained*

The key findings for Toronto were as follows:

1. The number of people waiting per month for places in LTC facilities increased by 121% between 1995 and 1998. This is a significant increase that may be a function of individuals coming to Toronto specifically due to cutbacks in smaller communities and due to reductions in the number of chronic care beds⁷.
2. Admission numbers have stayed fairly consistent, indicating a widening gap between the demand for LTC facilities and the supply⁸.

LINKAGES

The health care system is intimately connected to many other areas of society. Social perspectives affect political bodies that in turn adjust funding structures. Therefore, health care is partially a function of socio-economic forces, politics, the current state of research and development, and numerous other areas. The pressures placed on the health care system have been significant and, as a result, have been at the top of the political agenda (along with education). Accessibility to proper care affects planning of other connected social services such as geriatric care facilities. Changing demographics are placing increasing pressures on the system and will continue to do so in coming years.

ACTION

The HSRC set out guidelines over the past several years to modify the health care sector in the GTA. One of the major modifications was the amalgamation of District Health Councils (DHCs). In order to examine this process and the other changes to the system that are underway as a result of the HSRC, extensive amounts of information have been collected. The restructuring changes are still underway and will continue to occur over the coming years as targets are met. These goals have been set out to modify the health care system to reduce costs, improve service and meet system demands, yet the pressures on the system as revealed by the indicators described above appear to be rising.

DIFFICULTIES

- This is a very extensive issue, which will, in the future, involve developing and examining a number of different indicators.
- Health care is being monitored by a number of different agencies, which may require standardization for proper data integration and monitoring.
- While there is a significant amount of data to evaluate the health care system, little of it is properly processed to provide information to the public.

FUTURE PROSPECTS

- *Proposed Monitoring Framework - DHCs*

All DHCs have in place monitoring programs for their jurisdiction. These programs are linked to the CIHI database and will continue working to ensure that health care provision does not suffer. The TDHC's "Health System Report Card" will continue to operate and allow for some standardization. Though unspoken at present, the 4 major DHCs in the GTA could easily standardize a "report card" system to make comparisons across counties.

¹ Health Canada. (1997) National Population Survey.

² Canadian Institute of Health Information. (2000) <http://www.cihi.ca>

³ Durham Haliburton Kawartha & Pine Ridge District Health Council. (2000) 1999/2000 Annual District Service Plan.

⁴ First Annual Toronto Health System Report. (1999) First Annual Toronto Health System Report

⁵ First Annual Toronto Health System Report. (1999) First Annual Toronto Health System Report

⁶ Toronto District Health Council

⁷ First Annual Toronto Health System Report. (1999) First Annual Toronto Health System Report

⁸ First Annual Toronto Health System Report. (1999) First Annual Toronto Health System Report