

Appendix 7

Inventory of Programs and Services

Inventory of Publicly Funded Programs and Services

This diagram illustrates the various types of publicly funded programs and services available to WWLHIN residents. Together, these programs form a circle of care through which partnership and collaboration can build a coordinated, high quality “full-service” system for health. Health service providers work together to ensure that the right person has access to the right service in the right place.

Waterloo Wellington is home to a wide range of primary, specialist, community, long term care, mental health, rehabilitation, chronic and acute care services. The following provides an overview of some of the services available within the WWLHIN. In addition to the agencies and organizations listed, the WWLHIN is home to numerous other health care providers and support service providers who play an important role in transforming the local health system. Examples of these are: Public Health Units, Ambulance and Patient Transfer Services and Private Laboratory Services, to name a few.

Promotion and Prevention

Health promotion and prevention is a priority area for the WWLHIN and we work together with several other community partners to ensure that Waterloo Wellington residents engage in more healthy behaviour to help prevent disease and illness. Currently, health promotion and prevention activities primarily provided in primary care settings, such as doctor’s offices, medical practices or nurse practitioner-lead clinics, as well as Community Health Centres, and Public Health Units. There are 3 Public Health Units in the WWLHIN: Region of Waterloo Public Health, Wellington Dufferin Guelph Health Unit and Grey Bruce Health Unit.

Primary Care

Primary care is offered in a number of different settings in the WWLHIN. There 9 Family Health Teams in WWLHIN, which are a team-based model of care that include many different health professionals such as nurse practitioners, diabetes education coordinators, social workers, dieticians and more who work with the doctors in their practice to provide the most appropriate care to their patients. Primary care is also offered in 4 Community Health Centres across the WWLHIN with 6 satellite sites. This is also a team-based approach to primary care and health promotion. The WWLHIN has approximately 555 family practitioners supported by about 330 nurses working in primary care settings. The doctor to patient rate in WWLHIN is 78 doctors per 100,000 residents, which is above the recommended rate of 72 doctors per 100,000 residents. As a result 95% of WWLHIN residents now indicate that they have a regular family doctor. However, our rural areas have much less doctors than our urban areas, which continues to be a challenge for rural residents in accessing care.

Specialists

According to the Ontario Physician Human Resources Data Centre, as of 2007 Waterloo Wellington was home to 435 specialist doctors, including Obstetricians, Dermatologists and Cardiac Surgeons to name a few. This number translates into 61 specialist physicians per 100,000 WW residents. Across the province this number ranges from 279 in Toronto Central LHIN to 41 in Central West LHIN (OPHRDC, Physicians in Ontario, 2007). Recently the Health Human Resources Council has recognized a shortage of specialists in the following areas: neurology and psychiatry. Based on data from a recent WWLHIN survey, 45 percent of residents have seen at least one specialist during the past year and of those, the average number of visits was 3.75.

Nurses

In 2008 there were approximately 5600 nurses working in the Waterloo Wellington LHIN. This includes registered nurses (4056), registered practical nurses (1559) and nurse practitioners (59). Compared to the province, WWLHIN had a lower rate of full-time employment and a higher rate of part-time employment. More than half of our nurses work in the hospital setting and we have nearly twice as many nurses working in a physician's office or family practice than the province. More than half of our nurses are over the age of 45, which is similar to the province. (College of Nurses of Ontario – Membership Statistics Report 2008).

Allied Health Professionals

Allied health professionals include: audiologists, chiropractors, dental technologists, dietitians, midwives, occupational therapists, opticians, optometrists, pharmacists, physiotherapists, psychologists, respiratory therapists and speech-language pathologists. The Waterloo Wellington LHIN has 243 allied health professional per 100,000 residents and the range in the province is 490 in Toronto Central LHIN and 163 in Central West LHIN. Furthermore, WWLHIN has less of each of these health professionals per 100,000 residents than the province, except for optometrists, where we have nearly twice as many. (Pilot Allied Health Human Resources Database, 2006)

Acute

In Waterloo Wellington there are 8 hospitals with 10 sites, operating a total of 1548 beds reported in 2008/09. This works out to 2.1 beds per 1,000 residents. The program area with the highest number and proportion of hospital separations is maternal/newborn, which represents 31.5%, followed by medicine (17%) and surgery (10.4%). However, the program areas with the longest average length of stay (number of days a patient spends in hospital) is mental health services, with an average length of stay of 28.2 days followed by rehabilitation (12.1 days) and nephrology (10.5 days). Patient outflow is the percentage of WWLHIN patients that sought care outside of the WWLHIN and for this the top two reasons are for cancer and paediatrics services. Inflow is the percentage of total visits at LHIN hospitals that were patients from outside the WWLHIN and the main reasons for this are cardiovascular and orthopaedic services. Most WWLHIN residents who require specialist services seek care in Hamilton, London or Toronto.

Outpatient Care – Emergency and Ambulatory Care

Outpatient care is provided at all hospitals in Waterloo Wellington. This type of care includes medical and surgical care where the patient receives care and goes home the same day, clinics, and emergency department care. Over half of all outpatient care was for emergency services. According to a 2007 survey, 19% of WWLHIN residents went to the emergency department during the course of one year, which was the same as the province. A large proportion of people going to the ED were urgent patients, however, almost half of all ED visits were non-urgent. Rate of emergency department visits was highest in North Wellington and South Grey as there is a lack of alternatives for rural residents in those areas. The average emergency department length of stay, which is the time from when the patient is triaged until they leave the hospital, is 8.5 hours in WWLHIN hospitals. The majority of outpatient care (24%) was for medical care, which includes, cancer care, kidney dialysis and cardiac catheterization, and 15% was for surgical care, including, arthroscopic surgery, colonoscopy, cataract surgery and others.

Rehabilitation

Acute rehabilitation is provided at 3 hospitals in WWLHIN, while long-term rehabilitation is provided at Grand River Hospital Freeport site for a total of 80 beds. In 2007/08 there were a total of 1118 admissions to WWLHIN hospitals and most of the admissions were a result of a disability (22.3 percent) a replacement of lower extremity (19.3 percent), a stroke (11.7 percent) or a fracture of lower extremity (11.1 percent). The average length of stay for a patient in rehabilitation in WWLHIN is 16.3 days which is the fourth lowest among all other LHINs and well below the provincial average of 23.4 days.

Long-Term Care

Waterloo Wellington has 35 long-term care facilities and a total of approximately 3670 beds. Our rural areas have a higher number of beds per 100 residents 75+ than the urban areas even though there are fewer facilities in rural areas. The demand for long-term care placement is 5160 compared the 3670 beds that we currently have available. This, along with a high occupancy rate and an average length of stay of 2.6 years contributes to a high median wait time for placement to a long-term care bed. In Waterloo Wellington the median wait time in 2008/09 was 130 days, with those in acute care being placed much sooner than those in the community (41 days versus 209). Although the wait times are currently longer than the target for WWLHIN the arrival of 288 new long-term care beds in 2011-2012 will likely improve the wait times along with several other community initiatives which aim to keep people at home as long as possible with the necessary supports.

Community Care Access Centre

The Waterloo Wellington Community Care Access Centre (CCAC) is responsible for coordinating care for people in their place of residence. Case Managers assess individuals for eligibility for services, which can include: nursing, occupational therapy, physical therapy, nutrition, respite, social work, speech language pathology and more. CCAC also contracts out to other lighter care services such as personal support and homemaking and meal services. The majority of CCAC clients are located in Kitchener, Waterloo and Cambridge/North Dumfries. However, the highest rate of CCAC clients per thousand people aged 70 and over is in Northern Rural Waterloo and township of

Minto. For clients age 5 -14 the highest rate of clients per thousand people is in North Wellington, followed by Centre Wellington and North Dumfries.

Community Support Services

Waterloo Wellington currently funds 31 community support service organizations, which provide a range of services including transportation, meal services, caregiver respite, support and counselling, education, social and recreation services and supportive housing. Combined our 31 organizations provide service to almost 16,000 residents in WWLHIN which enable people to maintain their independence and remain at their residence of choice for as long as possible.

Addictions and Mental Health Services

Addictions and Mental Health services are generally provided in two settings: hospital (inpatient and outpatients) and the community. Waterloo Wellington has 346 designated mental health beds, with 280 of them located at Homewood Health Centre in Guelph. In 2007/08 there were approximately 4000 mental health inpatient separations. Two WWLHIN hospitals (Cambridge Memorial Hospital and Grand River Hospital) also provide outpatient care which includes: child/family/seniors mental health services, community outreach, crisis team, medication follow-up and withdrawal management. Community-based services that are provided include 22 LHIN-funded addictions and mental health organizations that serve a total of approximately 45,000 WWLHIN residents.

Complex Continuing Care

As of December 2008 the Waterloo Wellington LHIN had a total of approximately 250 Complex Continuing Care (CCC) beds, which provides care to people who require a higher level of care than another setting, for example a long-term care home. The majority of beds are located at Grand River Hospital and St. Joseph's Health Centre and the majority of patients are over the age of 75. WWLHIN has approximately 7 beds per 1000 residents 75+, which is among the lowest across the province. In 2008, 30 percent of CCC beds were occupied by Alternate Level of Care patients, which are patients that no longer require hospital care, but are waiting for an appropriate place to be discharged, for example long-term care or rehabilitation.

Hospice and Palliative Care

Hospice and palliative care is provided through various means across the Waterloo Wellington LHIN to people who have been diagnosed with a life threatening illness. Services range from direct care which is provided in hospitals, residential hospices and through CCAC, education and family/caregiver support, volunteer hospice, and grief and bereavement services. Additionally there are several health service providers in WWLHIN that provide care to people with life threatening illness from pain and symptom management through to end of life care. Some of these palliative specialists also provide consultation services to primary doctors that have palliative patients. Volunteer hospice program, grief and bereavement services, and education is provided in WWLHIN by Hospice Waterloo, Hospice Woolwich, Hospice Wellington and Victorian Order of Nurses (VON). Currently in WWLHIN Lisaard House provides residential

hospice for cancer patients and in the spring of 2010 Hospice Wellington will be opening 10 residential beds that will be open to palliative patients regardless of diagnosis.