

TO: Chair and members of the Board of Health

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Recommendations

It is recommended that the Board of Health:

1. Receive this report for information.

Key Points

- Health Quality Ontario (HQO) is the provincial advisor on the quality of health care, motivated by a single-minded purpose: Better health for all Ontarians.
- Waterloo Wellington Local Health Integration Network (WWLHIN) has two sub-region tables that fall within Wellington-Dufferin-Guelph Public Health (WDGPH) boundaries; Guelph/Puslinch Sub-Region and Wellington County Sub-Region.
- Rural Wellington Leadership Table is an advisory table for the Wellington Sub-Region that provides recommendations to the WWLHIN.
- WDGPH participates on the Rural Wellington Leadership Table to work collaboratively towards common goals and to fulfill the obligation of Ontario Public Health Standards.
- Rural Wellington Leadership Table created a collaborative quality improvement plan on Chronic Obstructive Pulmonary Disease (COPD) for the 2018-2019 years. This plan will help to develop integrated services, improve access to resources and community health services to assist residents living with or at risk of COPD.

Discussion

Health Quality Ontario

HQO is the provincial advisor on the quality of health care in Ontario, providing strategic advice to specific health sectors, the system at-large, and the Minister of Health and Long-Term Care on how to make health care better for patients and health care providers. HQO has a legislative mandate to:

1. Report to the public on how the health system is performing;
2. Find the best evidence of what works; and
3. Translate this evidence into concrete standards and tools that health care professionals and organizations can put into practice to support ongoing quality improvement.¹

The *Excellent Care for All Act, 2010* and other accountability agreements require all public hospitals, interdisciplinary primary health care organizations, Community Care Access Centres and long-term care homes to create a Quality Improvement Plan every year.¹ Each organization develops a plan including specific targets and actions that reflect the province's health care improvement priorities, as well as the quality issues that are locally relevant. Patients are also engaged in the process and their perspectives are key to the development of the plan. HQO, in collaboration with the WWLHIN, is testing the concept of collaborative quality improvement plans. The purpose of this work is to provide a mechanism to engage boards, leaders and healthcare providers in improvements to quality issues that cross health sectors, ultimately improving the care and experience for patients and caregivers.

Waterloo Wellington Local Health Integration Network

Local Health Integration Networks assumed responsibility for health system management within their designated boundaries across Ontario on April 1, 2007. The WWLHIN is responsible for the Region of Waterloo, County of Wellington and the City of Guelph. Within WDGPH boundaries there are two sub-regions of WWLHIN: Guelph/Puslinch and Wellington County. Sub-regions were formed by WWLHIN to allow for better planning.² At this local level, integration and evaluation can effectively reflect the needs of the local population and assist the health care system to respond to diverse needs.

WWLHIN Leadership Tables were created in sub-regions to encourage, foster and facilitate collaboration among local health care providers, social service providers and public health. Together, these service providers inform and assist in the creation of the WWLHIN's Integrated Health Service Plan.

Leadership Tables will be pivotal in monitoring performance, identifying opportunities for improvement and will assist in the implementation of provincial, LHIN and sub-region priorities and strategies.² The 'Sub-Region Leadership Table' will act in an advisory capacity for the WWLHIN to provide recommendation for innovative and integrated strategies to improve the health of the residents.²

Rural Wellington Leadership Table

Rural Wellington Leadership Table is an advisory table for the Wellington Sub-Region of the WWLHIN. The goals of the Leadership Table are to improve the patient experience, address health gaps, and advance service integration.

Members of the Table include Canadian Mental Health Association-Waterloo Wellington, Upper Grand Family Health Team, East Wellington Family Health Team, Minto-Mapleton Family Health Team, Mount Forest Family Health Team, Homewood Health Centre, WWLHIN, North Wellington Healthcare Corporation, Home and Community Care, and WDGPH.

Prior to becoming the Rural Wellington Leadership Table, this group was in place as the Rural Way Health Advisory Group. This group set objectives and targets based on community needs.

During 2018, the Rural Way transformed into the LHIN Leadership Table and WDGPH joined this Leadership Table. The original objectives and targets remain in place at this time for the Leadership Table as they fit with the mandate of the partners and the needs in the community. This Table is now focusing on planning for 2019 onwards, utilizing the data and expertise of public health, incorporating the local needs of the community and direction of the LHIN, MOHLTC and finally, the voice of the clients it serves.

In addition to the work mentioned above, the Rural Wellington Leadership Table created a collaborative quality improvement plan on COPD. The plan outlines the work that the collaborative will do over the next year to support Rural Wellington residents living with, or at risk of COPD, to live their optimal health and to reduce hospital readmission for COPD in Canada.³

Residents of low-income neighbourhoods are more likely than residents of wealthy neighbourhoods to die with multi-morbidity that includes COPD (18% higher in low-income neighbourhoods).⁴ Prevention is key (e.g., no smoking) as there is no known cure for COPD. The focus is on stable management of the disease, reducing the frequency of exacerbations, and optimizing lung health by regular exercise and pulmonary rehabilitation. Locally, COPD occurs at a higher rate in the County of Wellington as compared to the rest of Ontario.⁵

The Rural Wellington Leadership Table felt that addressing COPD would be a notable “quick win” strategy to reduce health inequities and improve quality care. All members of the Table participated in the development of this document and each have a role in implementing it over the 2018-2019 years.

WDGPH’s participation on the Rural Wellington Leadership Table and creation and implementation of the collaborative quality improvement plans supports the direction given within the Ontario Public Health Standards. WDGPH assists in the review and understanding of local health and social determinants data, ensures health promotion, disease prevention and health equity is considered at all levels of decision making. Working at this table will help move our work forward, improve the health and wellbeing of clients in our community and reduce the impact and incidence of COPD in Rural Wellington.

Conclusion

HQO is responsible for monitoring, evaluating and reporting on the effectiveness of the health care system in Ontario. HQO requires all public hospital, inter-disciplinary health care organization, community and long-term care access centres to create quality improvement plans reflecting the province’s health care improvement priorities. WWLHIN has created leadership tables including public health, at their sub-region level, to help meet this mandate and ensure that the local population is considered in the planning process.

Ontario Public Health Standards released in 2018 direct public health units to work with LHINs within their boundaries to strengthen links between population and the public health system to improve care that reflects population needs.

Public health is the expert in local data management, social determinants of health and health equity. Having WDGPH at the Rural Wellington Leadership Table, working collaboratively with all partners, will improve care planning, create stronger linkages between disease prevention, health promotion and better address social determinants of health. This supports the work of public health, partners at the table and most importantly, goes a long way in improving the health of the citizens in the County of Wellington.

Ontario Public Health Standard

Population Health Assessment

Requirement 7. The medical officer of health of a board of health shall formally engage with the chief executive officer from each LHIN within the geographic boundaries of the health unit on population health assessment, joint planning for health services, and population health initiatives in accordance with the Board of Health and Local Health Integration Network Engagement Guideline, 2018 (or as current).

WDGPH Strategic Direction(s)

Health Equity: We will provide programs and services that integrate health equity principles to reduce or eliminate health differences between population groups.

Building Healthy Communities: We will work with communities to support the health and well-being of everyone.

Health Equity

WDGPH's participation on the Rural Wellington Leadership Table helps to ensure that the concept and spirit of health equity is considered in the development, implementation and evaluation of the work plans and collaborative quality improvement plans this Table produces by bringing unique and varied perspectives with fulsome data to the Table.

COPD is a preventable pulmonary disease that is a leading cause of mortality and morbidity in Canada and is over represented in those with low-income.³ Focusing on this illness in Wellington County will impact those most affected by this disease which includes those living with low income and other risk groups, which are more likely to be smokers.

References

1. Health Quality Ontario, 2018. Available from: <http://www.hqontario.ca/About-Us/Who-We-Are>

2. Waterloo Wellington Local Health Integration Network, 2018. Sub-Region Geographies. Available from: <http://www.waterloowellingtonlhin.on.ca/en/communityengagement/sub-regionengagement.aspx>
3. Statistics Canada, CANSIM Table 105-0501 and catalogue n. 82-221-X, 2016.
4. Government of Scotland, COPD Best Practice Guide, November 2017.
5. Stats Canada CCHS dataset, CCC_030 2015-2016.
6. *Patients First Act*, 2016, SO 2016, c 30. Available from: <https://www.ontario.ca/laws/statute/S16030>

Appendices

N/A