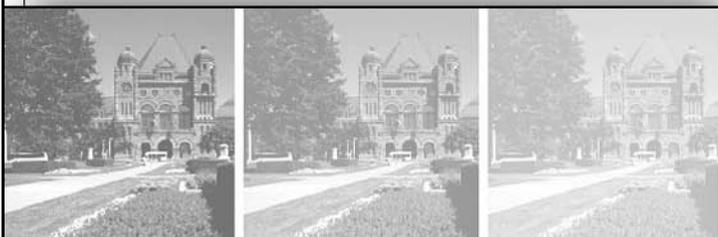


ANNUAL REPORTS

2002-2003

2003-2004

Ministry of Health and Long- Term Care



This document includes:

- *Ministry Overview*
- *Annual Report 2002-2003*
- *Annual Report 2003-2004*



MINISTRY OVERVIEW

The Ministry of Health and Long-Term Care leads the government's plan to realize its goal of healthier Ontarians in a healthy Ontario.

The ministry's vision is:

A sustainable, publicly funded, health system in which individuals, providers and government work together to keep people healthy and deliver high quality, outcome focused, consumer-centred health care, based on need and not ability to pay.

The ministry's various responsibilities support the pursuit of this vision.

The ministry is responsible for administering the provincial health care system and working with a wide range of health care providers and transfer payment agencies to deliver a comprehensive array of health care services to the Ontario public.

It is also responsible for leading policy change within the health care system and strategies to make our medicare system financially sustainable. The ministry meets its responsibilities through eight programs, overseeing day-to-day operations and contributing to achieving success in the government's key priority areas.

Acute and Emergency Health Services is responsible for the planning of Ontario's hospitals; transferring funds to public and specialty psychiatric hospitals and Cancer Care Ontario; holding hospitals accountable for how they spend provincial money; and for an integrated system of emergency health services throughout Ontario. It also supports the government's priority areas.

Community and Mental Health is responsible for the planning and funding of community services such as long-term care homes, community care access centres, community mental health and addiction programs, community health centres, and diabetes education programs. It also is responsible for developing operating policies for community agencies and ensuring they are accountable.



MINISTRY OVERVIEW

The Ontario Health Insurance Program funds insured health services, including physicians' services and primary care initiatives. It also funds drug programs, some public laboratory services, and assistive devices, such as test strips for insulin-dependent diabetics and hearing aids.

Public Health, Health Promotion and Disease Prevention is responsible for programs that keep Ontarians healthy. This includes immunization programs; health protection activities that prevent health risks; screening to detect health problems early, and surveillance to collect information to control diseases and health emergencies. It is responsible for planning and expanding care in the event of an outbreak so that every available worker can be redeployed where necessary. It is also responsible for developing programs to increase the awareness of key health risk factors including smoking, obesity and physical inactivity.

Health Policy and Research integrates the ministry's policy, research and planning functions to provide consistent, clear and timely support for the government's health care planning and policy implementation.

Building a better system involves integrating health care services and putting in place information systems and capital infrastructure to support service delivery and ensure accountability for investments in health care.

Two ministry programs are key to this priority:

1. Smart Systems and Knowledge Management provides secure, integrated province-wide information infrastructure to allow electronic communication among providers and enable the effective use of health information for flexible, responsive and innovative service delivery.
2. Health Capital is responsible for capital policy development, the capital planning process, and providing funding for buildings and equipment to such organizations as public hospitals and regional cancer centres.

Finally, Ministry Administration monitors, reports on and manages ministry transfer payment programs and advises on resource allocation and the ministry's financial position, ensuring government priorities are funded appropriately.



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PUBLIC HEALTH

The Ontario government faced one of the most significant challenges to the health care system in 2003 with the outbreak of Severe Acute Respiratory Syndrome (SARS). Steps were taken to contain the spread of SARS by isolating those people who were exposed, restricting hospital visits and adopting new infection control procedures in all parts of the health care system.

Specifically, actions were taken to educate health care workers and the public regarding the transmission of communicable diseases, the promotion of hand hygiene, and the signs and symptoms of SARS. As a result of these activities, a high level of public awareness was achieved regarding communicable diseases and workers strengthened their expertise in responding to communicable disease emergencies.

The experience uncovered weaknesses in the system. In January 2004, a new Ontario Chief Medical Officer of Health was appointed to lead the renewal of public health in the province.

In January 2004, the ministry launched Canada's first-ever Emergency Medical Assistance Team (EMAT), which allows a special unit of health professionals to be ready for deployment within 24 hours in the event of an infectious disease outbreak, health emergency or other disaster. EMAT is a mobile acute-care field unit consisting of 20 negative-pressure tents, up-to-date medical equipment and supplies, a communications centre, and its own supply of electricity and water.

An expert panel to strengthen infectious disease control during future disease outbreaks was named and charged with assessing the backup capacity needed in the health care system, as well as research and other measures to strengthen infectious disease control, public health and system response capabilities.



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The ministry expanded its program of providing free flu shots through public health units, employers and pharmacies across the province as well as doctors' offices.

It expanded laboratory testing for West Nile virus (WNV) to ensure a turnaround time of three days, allowing up to 400 tests to be performed per day.

The ministry launched a West Nile virus public education campaign to provide Ontarians with information to protect themselves and their families. The campaign included educational materials such as a brochure (distributed to every household in Ontario), posters, and television and radio advertising. It supported the 37 local public health units in their fight against WNV and relied on partnerships with other government ministries and major retailers to help get the message out.

Two vaccines were introduced:

- Adacel, a booster immunization against whooping cough for youth between the ages of 14 and 16, and
- Prevnar, a conjugate pneumococcal vaccine, which provides safe and added protection against many pneumococcal infections, such as meningitis, infection of the bloodstream and pneumonia, which may be fatal in children.



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HOSPITALS

To cover the operating shortfall from fiscal year 2003-2004, the ministry provided \$385 million to Ontario hospitals while introducing a new approach of linking funding to achieving desired results. A full \$50 million of the total was ear-marked for creating 400 full-time nursing positions and improving safety and working conditions for nurses in hospitals.

As part of this strategy, a portion of the federal Diagnostic and Medical Equipment Fund was used to purchase safety equipment in hospitals, such as ceiling-mounted bed lifts to improve working conditions for nurses. In addition, hospitals were challenged to convert overtime dollars into full-time positions for Ontario nurses.

When a Toronto hospital discovered a problem with sterilization of medical equipment, all hospitals were immediately directed to conduct an audit of infection control practices to address problems. This process brought cultural changes to hospitals.

The ministry made several investments in hospital services, providing funding for redevelopment and upgrades as well as for modern equipment. Hospitals that received capital funding included Hamilton Health Sciences Corporation, University Health Network, William Osler Health Centre, Trillium Health Centre, Peterborough Regional Hospital, Ajax-Pickering Hospital, Stratford General Hospital and St. Joseph's Healthcare Hamilton.

At their July 2003 annual conference, premiers called on the federal government to increase federal funding until the federal share is 25 per cent of provincial/territorial health and social expenditures.



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LEGISLATION

Bill 31, the Health Information Protection Act was introduced. The bill establishes clear and consistent rules and protections for the collection, use and disclosure of personal health information.

Bill 8, the Commitment to the Future of Medicare Act, was introduced to preserve in law the right of all Ontarians to access insured health care services based on need, not ability to pay. The bill included provision for the Ontario Health Quality Council – an independent, arms-length body responsible for reporting on important health quality indicators to assist with improving the quality of Ontario's health care system.

COMMUNITY CARE

Poor standards of care in some long-term care homes prompted a comprehensive review by the ministry. One of the first actions taken to improve the safety and quality of care in long-term care homes was to implement unannounced annual inspections of all homes.

The ministry also established a toll-free Long-Term Care Line (1-866-434-0144) to make it easier for residents and their families to get information about homes and to make complaints.

The ministry earmarked \$5.3 million for alternative funding plans to attract and keep geriatricians in the field, to ensure that the elderly have access to quality health care when they need it and to promote innovation and high-quality education for new physicians.

The ministry committed \$11 million to hire 117 new nurse practitioners across Ontario.



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PRIMARY CARE RENEWAL

Thirty-nine million dollars from the Federal Primary Health Care Transition Fund went toward expansion of primary care reform, funding 45 primary care projects. This included \$1.8 million for Integrating Family Medicine and Pharmacy to Advance Primary Care (IMPACT) and providing better drugs and \$734,600 for Inter-disciplinary Nutrition Services in family health networks/primary care model sites to deliver nutrition services.

The ministry earmarked more than \$41 million to enhance pharmacy services to ensure that quality pharmaceutical care is provided to patients taking medications.

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2003-2004

	Ministry Expenditures (\$ millions)	
	2003-2004 Actual	
Operating ¹		28,036
Capital ²		358
Staff Strength <i>(as of Mar. 31, 2004)</i>		6,889

NOTES:

1. The operating funding is net of one-time costs and has been restated to reflect transfers out to other ministries.
2. Starting in 2002-03, major tangible capital assets owned by provincial ministries (land, buildings and transportation infrastructure) are accounted for on a full accrual accounting basis. Other tangible capital assets owned by provincial ministries will continue to be accounted for as an expense in the year of acquisition or construction. All capital assets owned by consolidated government organizations are accounted for on a full accrual basis.



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2002-2003

HEALTH CARE SYSTEM

The ministry, in consultation with the Ministry of Finance, developed a framework for multi-year hospital operating funding.

Hospital corporations in Brampton and Ottawa signed project agreements with business sector partners to build new facilities.

A \$100-million increase in the nursing and personal care per diem for long-term care homes was implemented.

TECHNOLOGY

The Smart Systems for Health Agency (SSHA) was established as an operational service agency of the ministry in January 2003. As of March 31, 2003, 77 per cent of Ontario's hospital corporations, 42 community care access centres and 23 of 37 public health units had been connected to the SSHA secure network.

ACCOUNTABILITY

The ministry and the Ontario Hospital Association signed a three-year agreement on July 15, 2002 to develop and produce hospital reports for 2002-03 through 2004-05.

Pilot laboratory accreditation visits were conducted under the new laboratory accreditation program requiring all Ontario laboratories to meet the same standard regardless of size or location.



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HEALTH HUMAN RESOURCES

The ministry invested \$14 million for 137 nurse practitioner positions and devised new regulations relating to nurse practitioner services in public hospitals and long-term care homes.

The government announced funding of more than \$95 million over three years to establish the Northern Ontario Medical School in Sudbury and Thunder Bay.

The final phase of the 30 per cent expansion of medical school undergraduate enrolment was completed.

The ePhysician Project developed a transition support program to optimize physician use of information technology.

The ministry continued to implement the Ontario Stroke Strategy by enhancing existing centres and creating eight new ones for a total of 23 across the province.

The new ARIS II land ambulance dispatch system was implemented at two Central Ambulance Communications Centres (CACCs) and two training sites. Improved staffing for CACCs and quality assurance programs for all CACCs were also implemented.

ACCESS TO CARE

The ministry approved and began paying for the use of verteporfin (Visudyne™) in conjunction with cold laser treatments for wet macular degeneration, the leading cause of blindness in people over age 50.

The Primary Health Care Transition Fund was launched. Approximately \$12 million was allocated to inter-disciplinary practice projects.



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PUBLIC AND COMMUNITY HEALTH

Funding for the Healthy Babies, Healthy Children program was more than \$67 million. An interdisciplinary training project was developed to educate primary care and social service providers in ongoing developmental assessment and to increase their knowledge of healthy child development monitoring from birth.

More than \$8 million was allocated for increased access to substance abuse treatment for under-served populations.

As part of the Early Childhood Development initiative, \$3.25 million was provided for programming for pregnant women with addictions and their children up to age six.

Thirty-four hundred supportive housing units for people with serious mental illness who are homeless or at risk of being homeless were in place and 200 others were expected later in the fiscal year.

The province's nine Mental Health Implementation Task Forces, the Provincial Forum of Task Force Chairs, and the Forensic Mental Health Services Expert Advisory Panel submitted their final reports, which were used in the development of a multi-year implementation strategy.

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2002-2003

	Ministry Expenditures (\$ millions)	
	2002-2003 Actual	
Operating ¹		25,800
Capital ²		339
Staff Strength <i>(as of Mar. 31, 2003)</i>		6,978

NOTES:

1. This is a restated number.

2. Starting in 2002-03, major tangible capital assets owned by provincial ministries (land, buildings and transportation infrastructure) are accounted for on a full accrual accounting basis. Other tangible capital assets owned by provincial ministries will continue to be accounted for as an expense in the year of acquisition or construction. All capital assets owned by consolidated government organizations are accounted for on a full accrual basis.



*For further information about the **Ministry of Health and Long-Term Care**, visit our Internet site at www.health.gov.on.ca. You can find annual reports for other Ontario government ministries online at www.gov.on.ca under "About Government".*

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