

# Service Provider Profile: Mississauga Halton LHIN

## Health System Intelligence Project (HSIP)

Produced by HSIP for the Local Health Integration Networks (LHINs). HSIP is working in concert with Ministry of Health and Long-Term Care analysts to ensure that the LHINs are provided with the analytical supports they need for their local health system planning activities.

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## Highlights

This report provides an overview of the health services available in the Mississauga Halton Local Health Integration Network (LHIN) using the most recent financial and statistical information reported by health care organizations and funding information from the government's public accounts. There is a wide range of services available in this LHIN. They include acute care, complex continuing care, long-term care, home care, mental health services, children's services, primary care, community support services, and substance abuse services.

Major findings include:

- health care spending in the Mississauga Halton LHIN accounted for 4.7% of provincial health care spending in fiscal 2003/2004
- long-term care beds increased by 38% between fiscal years 2002/2003 and 2004/2005 in order to bring bed numbers to the provincial benchmark
- in 2004, there were 71 family physicians per 100,000 population in the Mississauga Halton LHIN, compared to 84 per 100,000 provincially

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The Mississauga Halton LHIN was home to 1,040,800 people in 2004, or 8.4% of the population of Ontario. It has the fastest growing population in Ontario. The majority (64%) of the Mississauga Halton population resides in the Mississauga area. However, it should be noted that although most of Mississauga is allocated to the Mississauga Halton LHIN, a small portion (approximately 7% of its population) belongs to the Central West LHIN.

The Mississauga Halton LHIN has a wide range of health care services including acute care, complex continuing care, long-term care, home care services, and several community and mental health agencies within its boundary. Residents of the Mississauga Halton LHIN may also access other health services through other facilities located in other LHINs. In fact, 24% of acute discharges by residents of this LHIN were from acute inpatient beds in hospitals outside this LHIN. In addition, 21% of acute discharges from Mississauga Halton hospitals were by patients who reside in a different LHIN.

The map (insert) illustrates where hospital corporations, long-term care homes, Community Care Access Centres (CCACs), Community Health Centres (CHCs), and LHIN offices are located in the Mississauga Halton LHIN. Only the corporate site for multi-site corporations is included on this map.

## Corporate Providers and Services

In fiscal 2004/2005, the range of health care corporate providers and services located within the Mississauga Halton LHIN included, but was not limited to:

- Hospitals – 3 acute care corporations providing acute, rehabilitation, and chronic care services;
- Cancer Centres – 1 organization;
- Long-Term Care Homes – 27 homes;
- Community Care Access Centres (CCACs) – 1 organization;

- Children's Treatment Centres (CTCs)
  - 1 organization;
- Community Mental Health Services
  - 10 organizations;
- Community Support Services
  - 13 organizations; and
- Substance Abuse Programs
  - 4 organizations.

Table 1 summarizes the numbers of beds staffed and in operation in the Mississauga Halton LHIN. While the number of acute beds remained relatively constant between fiscal years 2002/2003 and 2004/2005, there was a slight decrease in the numbers of rehabilitation and complex continuing care beds (4% and 3% respectively over the same period). The number of long-term care beds increased by 38% between fiscal years 2002/2003 and 2004/2005. New long-term care beds were allocated to communities that were identified as having had a lower number of beds per 1,000 population than the benchmark rate established by the province.

### Revenue and Expenses

In fiscal 2003/2004, Ministry of Health and Long-Term Care (MOHLTC) health expenditures for hospitals, long-term care homes, CCACs, CHCs, CTCs, community mental health services, community support services, and substance abuse programs in the Mississauga Halton LHIN were approximately \$715 million, or 4.7% of provincial spending. Although these expenditures accounted for a significant portion of total health spending, they did not include physician billings, public health programs, drugs, out-of-pocket expenditures, or privately insured spending. These expenditures did not include any provincial transfers that could not be linked directly to a provider organization. Expenditures for all programs, except CTCs, were obtained from the public accounts. Expenditures

This profile uses the best available information from several sources. The most recent three year period is used, but for some years suitable data were not available. These instances are marked as “no data” (nd).

**Table 1: Beds by sector**

	2002/2003	2003/2004	2004/2005	% CHANGE 02/03 - 04/05
Acute Beds	1,042	1,025	1,041	0%
Rehabilitation Beds	154	149	147	-4%
Complex Continuing Care Beds	304	301	294	-3%
Bassinets (newborns)	109	108	130	19%
Long-Term Care Beds	3,078	3,775	4,250	38%

Source: Ontario Health Care Financial & Statistical Data and Long-Term Care Annual Reports

for CTCs were identified using the MOHLTC funding allocations reported in the Ontario Health Care Financial and Statistical (OHFS) database.

As illustrated in Figure 1, approximately 70% of spending in fiscal 2003/2004 was in the hospital sector, 16% in the long-term care sector, and 14% in the various community care sectors. Other than substance abuse programs, MOHLTC funding allocations increased in all health care areas between fiscal years 2002/2003 and 2004/2005.

Detailed financial information is currently only available for hospitals, long-term care homes, CCACs, and CTCs. Figure 2 summarizes the breakdown of facility operating expenses. Overall, 61% of total operating expenses were related to non-medical compensation. Purchased services, where staff were hired through an agency and report under the direct supervision of the organization's management, were included in the compensation category. Approximately

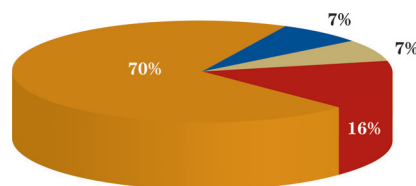
9% of expenses were related to services that are contracted out to a third party. These expenses may include situations where a third party provided home care nursing, or performed laboratory procedures or diagnostic exams for the organization. Drugs and medical/surgical supplies accounted for 8% of total expenses.

As illustrated in Figure 3, hospital net expenses increased by approximately 8% annually between fiscal years 2002/2003 and 2004/2005. Long-term care net expenses increased by close to 50% between fiscal years 2002/2003 and 2003/2004. Between fiscal years 2003/2004 and 2004/2005, CCAC and CTC net expenses increased by 2% and 11% respectively.

### Health Human Resources

**Physicians:** In 2004, there were 732 family physicians and 582 specialists practicing in the Mississauga Halton LHIN as reported in the Ontario Physician Human Resources Database.

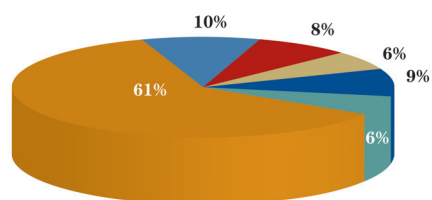
**Figure 1: 2003/2004 Selected MOHLTC health care expenditures**



Hospitals	\$500,989,450
CTCs & Other Community Programs	\$53,377,030
CCACs	\$49,725,867
Long-Term Care Homes	\$111,174,099

Source: Public Accounts

**Figure 2: Operating expenses by category for hospitals, CCACs, CTCs, and Long-Term Care homes**



Compensation (non-medical)	
Other (including equipment & amortization)	
Medical/Surgical Supplies and Drugs/Medical Gases	
Non-Medical Supplies	
Contracted Out	
Medical Staff Remuneration	

Source: 2004/05 Ontario Health Care Financial & Statistical Data and 2003 Long-Term Care Annual Reports

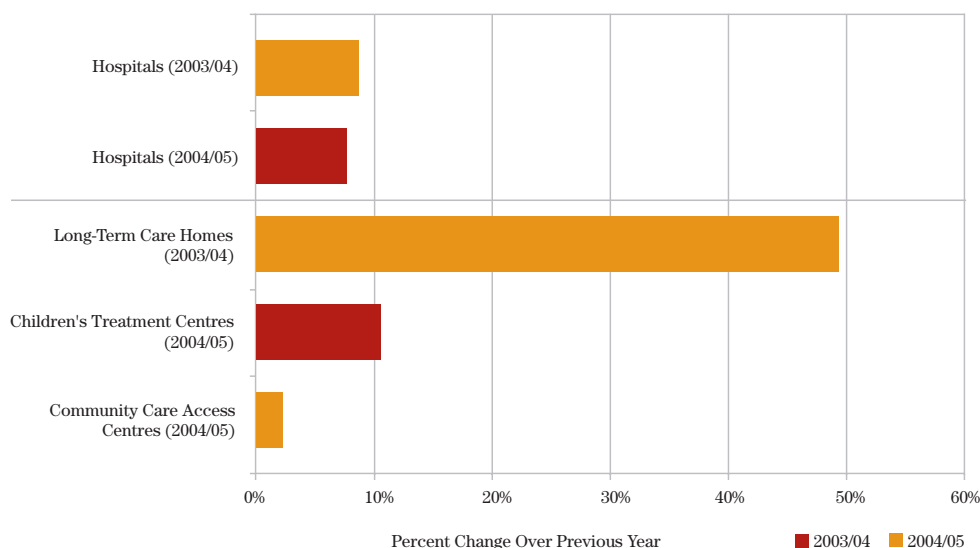
There was a 1.5% increase in family physicians, and a 3.4% increase in specialists between calendar years 2003 and 2004. In 2004, there were 71 family physicians per 100,000 population in this LHIN compared to 84 per 100,000 provincially. This information does not reflect the number of hours worked by each physician.

**Facility Employees:** Information on the number of full-time equivalents (FTEs) was only available for hospitals, CCACs and CTCs. Staffing information was further broken down by direct patient care and non-patient care. The first category included those staff directly involved in providing patient care (e.g. nurses, allied health staff, and technicians). The second category included any managers and support workers (e.g. clerks, some aides, housekeeping, finance, and plant operations staff). This category may also have included clinical staff involved in non-clinical roles such as research and education. Physicians who were not compensated by the facility were not included in these numbers. Hospitals were the largest employers among the 3 sectors. As shown in Table 2, there were increases in all FTEs between fiscal years 2003/2004 and 2004/2005. Larger increases were seen in direct patient care for CCACs and hospitals, while all FTEs increased similarly in CTCs. Hospital FTEs also increased between fiscal years 2002/2003 and 2003/2004.

### Selected Health Care Activity

Information on activity within hospitals, CCACs, CTCs, and long-term care homes was obtained from facility reported data that were submitted to the MOHLTC. This information is summarized in Table 3. There has been an increase in the

**Figure 3: Percent change in net operating expenses over the previous year**



Source: Ontario Health Care Financial & Statistical Data and Long-Term Care Annual Reports

numbers of acute discharges and patient days between fiscal years 2003/2004 and 2004/2005. However, complex continuing care and rehabilitation days remained relatively constant over this period. The number of visits to the emergency department increased by 9% between fiscal years 2003/2004 and 2004/2005. There have also been increases across other hospital activity including ambulatory care visits, operating room cases, diagnostic imaging exams, and laboratory procedures between fiscal years 2003/2004 and 2004/2005. Long-term care days increased by 24% between fiscal years 2003/2004 and 2004/2005 as additional beds were opened. There was also an increase in activity in both the CCACs and CTCs number of visits and individuals served. As CCACs and CTCs only began reporting Management Information Systems (MIS) data in fiscal 2003/2004, caution must be used interpreting their data.

Priority program activity reflects programs that are specifically funded by the MOHLTC. Other hospitals may have performed some of these procedures without receiving specific priority program funding. Those numbers were not included in this report. The numbers of hip and knee replacements performed in the Mississauga Halton LHIN increased by 17% and 21% respectively between fiscal years 2003/2004 and 2004/2005. Although the numbers of angioplasty procedures and cardiac surgery cases decreased between fiscal years 2003/2004 and 2004/2005, the number of cardiac catheterization cases increased by 2%.

**Table 2: Facility full-time equivalents**

CATEGORY	2002/2003	2003/2004	2004/2005	% CHANGE 03/04 - 04/05	
<b>CCACs</b>	Direct Patient Care	nd	89	98	10%
	Non-Patient Care	nd	76	82	9%
<b>CTCs</b>	Direct Patient Care	nd	196	211	8%
	Non-Patient Care	nd	77	84	9%
<b>Hospitals</b>	Direct Patient Care	3,627	3,652	3,837	5%
	Non-Patient Care	2,005	2,186	2,223	2%

Source: Ontario Health Care Financial & Statistical Data

### Sources

- LHIN Health Atlas
- Long-Term Care Annual Reporting
- Ontario Government Public Accounts
- Ontario Health Care Financial and Statistical System (OHFS)
- Occupancy Monitoring Database (OCCM)
- Ontario Physician Human Resources Database Centre (OPHRDC)
- Statistics Canada 2004 Population Estimates

**Table 3: Selected health care activity**

		2002/2003	2003/2004	2004/2005	% CHANGE LAST 2 YEARS AVAILABLE
<b>HOSPITAL INPATIENT ACTIVITY</b>	Acute Care Discharges	67,018	67,843	69,290	2%
	Acute Care Inpatient Days	378,614	369,552	383,039	4%
	Complex Continuing Care Days	111,043	101,959	101,288	-1%
	Rehabilitation Days	52,178	51,059	50,895	0%
<b>HOSPITAL OUTPATIENT ACTIVITY</b>	Visits to the Emergency Department	274,957	254,557	277,530	9%
	Hospital Ambulatory Clinic Visits	569,769	549,278	590,846	8%
<b>OTHER HOSPITAL ACTIVITY</b>	Operating Room Cases	71,403	74,284	79,977	8%
	Diagnostic Imaging Exams	518,844	490,310	551,807	13%
	Laboratory Procedures	8,097,021	8,405,741	9,173,988	9%
<b>PRIORITY PROGRAM ACTIVITY</b>	Angioplasty Procedures	2,902	3,339	2,913	-13%
	Cardiac Surgery Cases	964	1,128	1,102	-2%
	Cardiac Catheterization Cases	3,851	4,270	4,373	2%
	Dialysis Patients Seen	nd	nd	nd	nd
	Hip Replacements	457	600	699	17%
	Knee Replacements	773	1,071	1,297	21%
	ICD Implants	nd	nd	nd	nd
	MRI Exams	27,658	29,528	34,258	16%
<b>LONG-TERM CARE ACTIVITY</b>	Long-Term Care Resident Days	865,986	1,075,801	nd	24%
<b>COMMUNITY ACTIVITY</b>	CCAC - Number of Individuals Served	nd	19,024	21,068	11%
	CCAC - Number of Visits	nd	273,285	290,897	6%
	CTC - Number of Individuals Served	nd	nd	8,305	nd
	CTC - Number of Visits	nd	47,686	77,267	62%

Source: Ontario Health Care Financial & Statistical Data and Long-Term Care Annual Reports

## Glossary

**Angioplasty:** Angioplasty is a medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the heart (coronary arteries).

**Cardiac Surgery Cases:** A surgical procedure on the heart, in which the patient goes on cardiac bypass or the bypass pump is on standby. Does not include heart transplant cases.

**CCAC:** Community Care Access Centres provide a simplified service access point to home care and placement coordination services to long-term care facilities.

**CCC:** Complex Continuing Care relates to designated chronic care beds located in a hospital setting.

**CTC:** Children's Treatment Centres are community-based organizations that serve children with physical disabilities and multiple special needs.

**Dialysis:** Dialysis, including chronic hemodialysis and acute hemodialysis, refers to the treatment of patients with chronic or acute end-stage renal disease.

**Direct Patient Care FTEs:** The non-management staff and hours associated with departments whose primary mandate is direct patient care. These hours should be primarily related to nursing, allied health, and other health care assistant staff.

**ELDCAP:** The Elderly Capital Assistance Program (ELDCAP) provides services to Long-Term Care residents in units that are collocated within hospitals in small northern communities. ELDCAP beds are subject to

the Long-Term Care program requirements but are funded through a hospital's global budget. ELDCAP beds are also used to classify interim Long-Term Care beds opened temporarily in hospitals.

**FTE:** Full-time equivalent. A full-time equivalent is based on an individual working 1950 hours per year.

**ICD Implants:** Implantable Cardiac Device implanted under the skin which will deliver an electrical charge to the heart in the event of sudden cardiac arrest.

**LHIN:** Local Health Integration Networks are not-for-profit corporations that will be responsible for planning, integrating and funding local health services in 14 different geographic areas of the province.

**LTC Homes:** Long-Term Care homes provide 24-hour nursing care and supervision within a secure setting.

**MIS:** The Management Information Systems (MIS) Guidelines are a national framework, developed by the Canadian Institute for Health Information, for collecting and reporting financial and statistical data on health service organizations. In Ontario, these guidelines have been adopted and provincial standards established as the Ontario Health Care Reporting Standards (OHRS).

**MRI Exam:** Magnetic Resonance Imaging exams provide a view inside the body and are used for diagnosis and treatment planning.

**Priority Programs (also referred to as Protected Services):** The MOHLTC provides additional funds for specific tertiary or specialty services and essential medical/surgical procedures to designated hospitals for defined volumes based on critical mass, population need, and provincial priorities.

Corporate provider locations for the Mississauga Halton LHIN. (Only the corporate site for multi-site corporations is included in this map.)

