

Date: November 24, 2025
Time: 6:00 pm
Location: Council Chambers, 3rd Floor, City Hall
66 Charlotte Street, Port Colborne

Pages

1. Call to Order
2. Adoption of the Agenda
3. Disclosures of Interest
4. Approval of the Minutes
5. Presentations
 - 5.1 Brian Mosley - ESRI Canada
6. Information Package 7
7. New Business
 - 7.1 New Meeting Dates and Times
 - 7.2 Staff Update
8. Adjournment

Healthcare Advisory Committee-November 24, 2025 Information Package

Organization/Agency	Item	Description
ESRI Canada	Taking a geographic approach to Canadian primary care access	Improving access to primary care is one of the most urgent challenges facing provincial, regional and municipal health teams. In this webinar, discover how geographic data and tools can help identify service gaps, guide strategic planning and support the expansion of care — especially for family doctors, health homes and long-term care.

Guest Speaker

Brian Mosley is a health geographer with over 15 years of experience in Canadian public health. As the Health Solutions Lead at Esri Canada, he champions the use of spatial intelligence and the geographic method to tackle some of Canada’s most pressing health care challenges, such as improving access to primary care and reducing strain on acute care systems.

At Esri Canada, Brian leads national efforts to integrate geospatial technologies into health system planning, policy development, and service delivery. His work supports organizations in leveraging location-based data to enhance decision-making, equity, and outcomes across the continuum of care.

Before joining Esri Canada, Brian worked in regional public health, where he advanced the use of GIS for program evaluation, service optimization, and population health assessments. He also contributed to provincial e-health initiatives in Ontario, including the Public Health Information Management System (PHIMS), used to monitor environmental health threats during the 2015 Pan Am Games and the Acute Care Enhanced Surveillance (ACES) system for real-time emergency department monitoring.



PORT COLBORNE

Actions to Improve Local Access to Healthcare

Healthcare Advisory Committee

To help lead important work related to healthcare, City Council established a Healthcare Advisory Committee in early 2025. The committee will create a healthcare strategy by engaging local voices, drawing on expert knowledge, to help ensure that Port Colborne residents have reliable access to local healthcare services. The committee reports directly to Port Colborne City Council, and is tasked with:

- Producing an evidence-based and attainable healthcare services strategy in 2026 that closes service gaps with a community-first approach
- Building partnerships that are aligned with the goals and objectives of the healthcare services strategy
- Developing a plan for how to advance the community's priorities with upper levels of government
- Engaging in a meaningful, respectful and transparent manner with the community and ensuring all residents have a voice in shaping the path forward

The committee has been meeting on a bi-weekly basis since June and has heard from over 14 subject matter experts and agencies from across the healthcare spectrum.

Boggio's Family of Pharmacies
Niagara Region Physician Recruitment
Niagara Ontario Health Team-Équipe Santé Ontario
Bridges Community Health Centre
Centre de Santé Communautaire, Hamilton-Niagara
Niagara Health
Port Cares
Chiropractic Associates of Port Colborne
Dr. Jeff Remington
Niagara Region Public Health and Niagara EMS
Town of Wasaga Beach
City of Orillia
Niagara Region Public Health-Health Nurse

The healthcare advisory committee also heard from the community at a Special Meeting held in August, where residents presented their own research and asked the committee questions.

Community Engagement

In response to the presentation by Niagara Health on December 3, 2024, City Council requested staff to develop a robust community engagement plan, which was approved on January 28, 2025 and included online and paper surveys, open houses and town halls.

Additional community engagement will launch in early 2026.

Advocacy at all levels of government and key healthcare stakeholders as of 2024:

- Meetings with the Minister of Health, Sylvia Jones and her policy advisors to discuss primary care reform.
- 2024 Association of Municipalities conference: Met with the deputy Minister of Health, Deborah Richardson and the Minister's Chief of Staff, Blair Hains to discuss primary care reform.
- Meeting with Federal Minister of Health Mark Holland and MP Vance Badawey
- 2024 Rural Ontario Municipal Association (ROMA): Mayor Steele, Councillor Hoyle, Acting CAO Boles and Director Long met with the Minister of Health Sylvia Jones and her team to advocate for primary care reform.
- 2025 AMO Conference: included meetings with over 30 ministers.
- In 2025, meetings with Niagara Ontario Health Team, Niagara Primary Healthcare Alliance, Bridges Community Health Centre, Niagara North Family Health team, Niagara Falls and Welland Family Health Teams.

Expert Recommendations

- The City has retained a lawyer who specializes in healthcare regulation and legislation to look at our case and give us a legal opinion on the closure of the hospital, our level of access to healthcare services as well as other crucial questions.
- The City is looking to retain a healthcare service planning consultant to review the current plan for healthcare services delivery in Niagara and provide recommendations to ensure services are equitable and identify gaps to inform future planning.

For more information on the above, please visit portcolborne.ca/healthcare

Building a Healthier Future for Port Colborne

Your Healthcare Advisory Committee

Who We Are -The Healthcare Advisory Committee was created by City Council to help shape the future of local healthcare in Port Colborne.

Our Mission -To make sure every resident, today and for future generations, has reliable local access to quality healthcare services and wellness programs.



What We're Doing:



Creating a Health and Wellness Strategy

Working with experts and community members to identify local health and wellness priorities and close the gaps.



Building Partnerships

Collaborating with healthcare providers, government partners, community organizations and residents.



Advocating for Our Community

Presenting Port Colborne's healthcare needs to regional, provincial and federal decision-makers.



Listening to You

Engaging residents in a respectful, open, and ongoing conversation about healthcare needs in our community.

Stay Informed

Follow updates, meeting summaries, and progress reports:

✉ communityengagement@portcolborne.ca ☎ 905-835-2900 🌐 portcolborne.ca/healthcare

📍 City Hall – 66 Charlotte Street, Port Colborne

2004 Coulson and Associates Port Colborne Health Needs Discussion Paper Overview

A. Executive Summary

- Summarizes health challenges in Port Colborne circa 2004
- Frames the report as a response to the Niagara Health System (NHS) master planning process
- Outlines community concerns over accessibility, equity, and service loss

B. Context and Purpose

- Describes NHS restructuring and implications for small communities
- Explains the purpose of the report: to present data on Port Colborne's health needs and advocate for equitable service retention

C. Community Profile

- Population demographics (age, income, education, employment)
- Socioeconomic characteristics affecting health outcomes
- Key health indicators and determinants

D. Inventory of Local Health Services

- List of available primary care, hospital, and community services
- Identification of service gaps (specialists, mental health, rehabilitation, long-term care, home care)

E. Access to Care and Utilization

- Travel distances and transportation barriers
- Wait times and availability of services locally vs. regionally
- Comparative analysis with other Niagara communities

F. Community Health Needs

- Priority health concerns (chronic disease, aging population, mental health, poverty)
- Emerging health trends (youth services, addictions, home care needs)

G. Stakeholder Engagement Findings

- Input from residents, physicians, and community organizations
- Qualitative feedback emphasizing loss of local autonomy and healthcare access fears

H. Recommendations

- Retain local emergency/urgent care access
- Strengthen community-based care
- Develop partnerships between municipal and regional health organizations
- Establish ongoing community monitoring and advocacy

Benchmark of 2004 Community Health Needs

The 2004 report paints a picture of:

- An aging and low-income community already facing inequitable health access
- Service centralization threatening local care options
- Limited primary care capacity, forcing residents to travel for routine and specialized care
- Strong community desire for locally accessible emergency and diagnostic services

These same themes persist today, particularly physician shortages, travel barriers, and inequity compared to larger centres.

**Port Colborne Community Health Needs
Discussion Paper**

September 28, 2004

Coulson & Associates, Health Services Consultants

Port Colborne Community Health Needs Discussion Paper

Executive Summary

This Discussion Paper was commissioned by the City of Port Colborne to assist the community in addressing the need for enhanced access to health care services. Over the past several years, there have been increasing concerns that the citizens of Port Colborne are facing increasing difficulty accessing health care services in their community. Our research has confirmed this perception.

Port Colborne and Wainfleet have a combined a population of 25,000 with a large number of elderly residents (over 20%) who have limited access to transportation services. These residents are encountering increasing difficulty in accessing primary care services. The shortage of physicians in the community coupled with the limited access to family physicians offices after hours, on weekday nights and weekends, has resulted in increased utilization of the Port Colborne General Hospital (PCGH) Emergency Department. Without this valuable resource, the community of Port Colborne would be forced to travel to other communities in Niagara Region to access primary care services.

There are opportunities to improve access to primary care services in the community by developing new approaches to the delivery of primary care. Over the past three years, many other communities across Ontario have received increased access to primary care services through the formation of family health networks (a group of at least 5 physicians), family health groups (a group of least 3 physicians) and the expansion of ambulatory care programs and services. The Ministry of Health has recently announced the expansion of funding for community health centres and it is expected that funding for family health teams will be announced soon. The community of Port Colborne should examine the benefits of these new approaches to the delivery of primary care services and should work with the family physicians in the community and the Niagara Health System to expand the range and scope of primary care services.

Strong leadership is required from the City of Port Colborne, the family physicians in Port Colborne, the citizens of Port Colborne and the Niagara Health System to develop a new approach to primary care delivery in the community. Improved access to primary care services will also improve access to more specialized diagnostic and treatment services in Port Colborne and other communities throughout Niagara Region. A new spirit of cooperation and collaboration is needed among the providers of health care services in Port Colborne and Niagara Region to improve access to health services for the citizens of Port Colborne.

Objectives of the Project

The purpose of this project was to assess the health care needs of the community of Port Colborne in order to determine what strategies should be adopted to improve the health care of the community. In preparing this Discussion Paper, the following activities have been undertaken:

- Analysis of the demographic, socioeconomic and utilization characteristics of the community of Port Colborne
- Assessment of community perceptions about the health care needs of Port Colborne
- Review of demographic and utilization data related to the health care needs of the Port Colborne community
- Review of the current programs provided by the Port Colborne General Hospital
- Identification of program changes that have taken place at the Hospital over the past 5 years
- Identification of the current supply and demand for physician services in the community
- Identification of the need for new and expanded health care programs and services
- Identification of strategic issues and opportunities for the Hospital.

Background

In 1997/98, a comprehensive assessment of the health care needs of the Port Colborne community was under taken and a strategic plan was produced by the Port Colborne General Hospital. Since that time, many changes have taken place, including:

- Creation of the Niagara Health System and the merger of the Port Colborne General Hospital with other hospitals in Niagara Region (excluding Hotel Dieu Hospital)
- Creation of a single Medical Advisory Committee for the Niagara Health System that includes representation from the Port Colborne medical staff
- Creation of Standing Committees (community advisory committees) for the Port Colborne, Fort Erie and Niagara-on-the Lake sites as well as for complex continuing care and rehabilitation as part of the corporate governance structure of the NHS
- Construction of a new 150-bed long term care facility, Northland Pointe, adjacent and linked to the Port Colborne General Hospital
- Creation of a Joint Executive Committee between the NHS and Hotel Dieu Hospital, St. Catharines
- Development of shared clinical and support services across all of the NHS sites.

Since 1997/98, there are many other changes that have affected access to health care services in Port Colborne. Some of these factors include:

- Changing health human resource supply and demand requirements

- Financial pressures and changing government policies regarding public and private sector funding
- Changing Ministry of Health program policies
- Changing roles of other health care agencies, providers and organizations in the region
- New organizational arrangements for the delivery of health care services including strategic alliances, mergers, networks, public/private partnerships, etc.
- Changing medical technology, new treatment protocols, diagnostic technologies, drug and therapeutic treatments
- Greater focus on vertically and horizontally integrated health care systems
- Changing roles and relationships with university health science centres.

In undertaking this review of health needs in Port Colborne, a number of questions were addressed, including:

- What is the **geographic area** currently served by the PCGH and will this catchment area increase or decrease in the future?
- What is the **demographic profile** of the community to be served by the PCGH in terms of total population, age-sex profile, determinants of health, health care utilization, referral patterns?
- What impact will **specific age/sex groups** such as seniors, females, child/bearing females, etc. have on the demand for health services?
- What impact will **economic and social factors** such employment, education, housing and income have on the need for health services?
- What are the **planned and/or anticipated changes** in the local business community (i.e. new or contracting industries) that could impact health care needs?
- What is the potential for **new service delivery models**, such as family health networks and alternative payment mechanisms for physicians, to impact the demand for health care services in the region?
- What **tertiary level services** should be provided in Niagara Region and how should Port Colborne residents access these services?
- What **relationships** should exist between the PCGH and other hospitals in Niagara Region?
- What **relationships** should exist between the PCGH and other health and social service agencies/providers in the community and region, including long term care providers, seniors housing projects, the Community Care Access Centre, the District Health Council and other community health organizations?

- What is the potential impact of **expanded roles** of physicians, nurse practitioners, midwives and nurses on the provision for health services?
- Will **health promotion and illness prevention** strategies impact the need/demand for hospital services?
- Is there the potential to establish a **vertically integrated health care network** that links the forty different health care agencies that operate within the community?

These and many other questions were discussed during this community needs assessment project in order to assess the potential impact that these factors could have on the PCGH as well as other health care provider organizations in the region.

Work plan

The work plan for this project consisted of the following steps:

- Step 1: Project Initiation
- Step 2: Demographic and utilization analysis
- Step 3: Community interviews
- Step 4: Development of a Discussion Paper.

Future steps will include:

- Step 5: Public consultation
- Step 6: Preparation of a Final report.

Step 1: Project Initiation

In order to become more familiar with the current issues facing the Port Colborne community, the following activities were undertaken:

- Meetings with representatives of City Council to discuss the health care issues facing the PCGH and the community
- Development of a list of interviews to be conducted
- Review of previous planning documents related to the health care needs of the community
- Review of background statistical data about the Hospital and the community
- Review of health planning documents produced by the Niagara District Health Council regarding the future of health care services in Port Colborne.

Step 2: Demographic and Utilization Analysis

A comprehensive statistical analysis of the socioeconomic and demographic characteristics of the Port Colborne community was undertaken. Information was obtained from the Niagara District Health Council (DHC) and the Ministry of Health and Long Term Care. This analysis included:

- Current and projected population for Port Colborne and Niagara Region
- Age and sex profile of the community
- Socio-economic profile of the community including housing developments, industrial growth and other economic developments
- Determinants of health for the community (e.g., housing, income levels, single parent families, language, employment, etc)
- Major diagnostic categories of patients treated by the hospitals in the area
- Clinical workload utilization data for inpatients, ambulatory services, diagnostic and treatment services
- Utilization and workload patterns for the PCGH and other health care agencies.

Step 3: Interviews

A series of interviews was conducted with the following:

- Representatives of City Council
- Representatives of the community of Port Colborne including community leaders and private sector leaders
- Niagara Health System representatives
- Medical staff in Port Colborne
- PCGH Site Administrator
- Niagara Region District Health Council staff
- Region of Niagara representatives
- Representatives of other health and social services in Port Colborne.

The focus of these interviews was on the health care needs of the community and the ability of the PCGH to meet these needs.

Step 4: Discussion Paper

This Discussion Paper presents the results of the demographic and utilization analysis and the community interviews. A summary of the critical strategic issues and opportunities facing the Port Colborne community are also outlined. This Discussion Paper addresses issues such as:

- Health care community needs and deficiencies

- Strategies for recruitment and retention of physicians and other health care professionals
- Long-term care program strategies
- Potential for development of partnerships with other organizations
- Potential impact of other health care pressures, such as funding requirements, new treatment technologies, new models of health care delivery and human resource issues.

Demographic Profile of Port Colborne

In 2003, the Niagara Region District Health Council completed a comprehensive review of the social-economic characteristics of Niagara region including Port Colborne¹. Some of the key findings of this review included the following trends:

- In 2001, the population in **Port Colborne** was 18,451 and has not changed since 1996 and is not expected to change in the near future.
- The population of **Wainfleet** was 6,253 in 2001 and has not changed since 1996.
- Port Colborne has one of the oldest populations in Niagara Region (e.g. Niagara on the Lake has 23% of its population over age 65). In 2001, 21% of the Port Colborne population was **over age 65** and 10% of the population was **over age 75** compared with Niagara Region with 17% of the population is over age 65 and 8% over age 75. In Ontario 13% of the population is over age 65 and 6% is over age 75
- By 2013, it is expected that the over-age-65 population in Port Colborne and Wainfleet will be approximately 5,000 and approximately 50% of this population will be over 75.
- There are over **7,000 children** in the age group 1 to 19 in Port Colborne and Wainfleet.
- Port Colborne and Wainfleet have a combined population of approximately 25,000 compared to 410,000 for Niagara Region (6% of the total population).
- There are approximately 1,200 **females** in the child-bearing age group 20 to 30 in Wainfleet and Port Colborne.
- There are 3,400 **teenagers** in the Wainfleet and Port Colborne Communities.
- **Teenage pregnancy** rates are higher in Port Colborne than in all of Niagara (e.g. 62 per 1000 teenage females). This is equivalent to approximately 100 per year in Port Colborne.
- There is a large **French speaking** population in Port Colborne of approximately 1,200 individuals.
- 37% of **seniors are living alone** in Niagara Region and this is equivalent to 2,000 elderly residents in Port Colborne living alone.
- 18% of the Port Colborne community and 11% of the Wainfleet community receive **government assistance**.

¹ Niagara District Health System Monitoring Report, September 2003, Niagara District Health Council

- Port Colborne has the **lowest income levels** in Niagara Region with a median annual income of \$21,000 compared with Niagara Region at \$22,000 and Ontario at \$25,000.
- **Education levels** in Port Colborne are much lower than in other parts of Niagara and Ontario. Only 10% of the Port Colborne population has a **university education** compared with 18% in Niagara and 26% in Ontario. 40% of the population has grade 13 education in Port Colborne compared with 30% in Ontario. Approximately 14% of the population has grade 9 education compared with 9% of the population in Ontario.
- People with **lower education** have reduced access to health information and a greater prevalence of disability and health conditions.
- 15% of the families in Port Colborne are **single parent families**.
- **Seniors living alone** and lone parent families are more likely to experience low socio-economic status, poor housing conditions and lack of social support.
- The incidence of **sexually transmitted diseases** is lower in Niagara when compared with Ontario.
- There are a large number of people with **chronic illnesses** in the community such as cardiovascular disease, diabetes, cancer, mental illness, arthritis, musculoskeletal disease and pulmonary disease.
- Many people in the community have difficulty accessing **primary care** services.
- Most people in the community rely upon the **Emergency Department** of the Hospital for access to primary care services, especially at night after 5pm and on weekends.
- There are a large number of people in the community who do not have a family physician.
- Many people in the community access primary and secondary care services in other Niagara communities.
- There is limited access to **secondary care internal medicine** and surgical services in the community.
- Patients are frequently referred to **medical specialists** in other communities outside Port Colborne.
- There are limited community based services such as palliative care, rehabilitation, home nursing care, home support services and mental health services.
- The **leading causes of death** in Niagara are heart disease, strokes, cancer, respiratory diseases, diabetes, accidents and mental health disorders. All of these diseases have higher incidences in populations that have a higher percentage of older people such as exist in Port Colborne and Wainfleet.
- The proportion of the Niagara population reporting concerns about **mental health**, life stress and risk of depression is higher in Niagara than in other parts of Ontario.

- The percentage of the population who report **chronic conditions** such as arthritis, high blood pressure, diabetes and over weight is higher in Niagara than in other parts of Ontario.
- 45% of people over the age of 65 have **arthritis**; this is equivalent to 2,300 people in Port Colborne and Wainfleet.
- 41% of the elderly have **high blood pressure** or 2,000 people in Port Colborne.
- 15% of the elderly have **diabetes** or 800 people in Port Colborne.

The DHC report indicated that the leading causes of hospitalization were as follows:

Diagnosis	Percent of hospitalized patients	Number in Port Colborne (based on 1100 hospital separations)
Circulatory system disease	18%	198
Digestive system disease	11%	121
Injuries	8%	88
Respiratory system diseases	8%	88
Urinary system disease	7%	80
Cancer	7%	80
Mental disorders	6%	66
Diseases of the musculoskeletal system	5%	55

The DHC report notes that **hospitalization rates** are 17% higher in Niagara Region than in Ontario with significantly higher rates for stroke and hypertension. The number of people suffering from strokes and hypertension is higher among older populations such as found in Port Colborne.

The acute care hospitalization rate among residents of Niagara is 93 per 1,000 residents. Applying this rate to Port Colborne and Wainfleet indicates that 2,325 residents of Port Colborne require hospitalization each year. It is generally acknowledged that older populations require more hospitalization and it therefore expected that more residents off Port Colborne required hospitalization than indicated by this projection.

The DHC report indicates that 55% of all hospital cases in Niagara were primary level. Applying this rate to Port Colborne indicates that some 1,300 residents from Port Colborne could have been treated in a primary care hospital such as PCGH. In 2003/04, 1100 residents were treated at the Port Colborne General Hospital. This data suggests that over 200 residents of Port Colborne had to seek treatment outside of their community for primary level care. The data also suggests that all patients requiring secondary and tertiary care were cared for outside of the community of Port Colborne.

The DHC report indicated that 24% of low-income residents in Niagara have a long-term disability and that long-term disabilities are higher among low-income people. Similarly, 17% of residents with less than secondary level of education have long-term disabilities. These data indicate that populations with low levels of income and education have greater need for health care services.

The Report indicates that 88% of the population over age 65 has a chronic illness. Once again, in older populations such as in Port Colborne, this results in a significant level of illness in the community.

The Ministry of Health uses a planning guideline of 100 acute care patient separations (admissions) per hospital referral population. With 25,000 residents in Port Colborne and Wainfleet, it is expected that 2,500 residents will require hospitalization per year. Current statistical data indicates that many Port Colborne residents leave their community to obtain access to primary and secondary care. There is a need to ensure that these residents are able to access these hospital services at the primary and secondary level at the Port Colborne General Hospital.

Summary

Demographic, socio-economic, utilization and determinant of health data all indicate that there is a significant amount of health care illness and disease in the Port Colborne community. The data also suggests that there are segments of the population of Port Colborne that are at high risk for many types of health care diseases and illnesses. The shortage of physicians in the community coupled with the lack of adequate health care programs and services results in a high prevalence of illness in the community.

The establishment of an effective primary care system could address many of these health care issues. Major areas of concern are outlined in the next section of this document.

Critical Issues

Based on our research, there are a number of significant health care issues facing the community of Port Colborne. Many of these issues were raised during the interviews with community representatives and others have been identified based on a review of statistical data related to the health care needs of the community. The issues that are discussed in this section include the following;

- Access to physician services
- Utilization of the PCGH Emergency Department
- Utilization of PCGH services
- Hospital staffing levels
- Services for seniors
- Transportation
- Ambulatory care services
- Access to specialty medical services
- Mental health services
- Northland Pointe
- Role of the PCGH Standing Committee.

Access to Family Physicians

The shortage of family physicians in Port Colborne is the most significant health care issue facing the community. The number of physicians in the community has gradually declined over the past several years and the current physicians are providing fewer services to the community. Many of the physicians do not provide emergency services and this creates difficulties in staffing the Emergency Department. As a result, contracted physicians are retained to staff the Department at a cost of over \$1 million per year. The costs of providing these services as well as the quality of these services are a concern to the NHS and to the PCGH Standing Committee.

In addition, many people in the community do not have a family physician. As a result, citizens use the Emergency Department for primary care services. It is estimated that over 50% of the visits to the Emergency Department could be cared for in family physician offices.

In May 2000, the Niagara District Health Council published a report, *A Blueprint for Physician Recruitment and Retention in Niagara into the Next Millennium*. The DHC report indicates that in 1999, there were 12 family physicians in Port Colborne and none in Wainfleet and suggests a need for 14 in Port Colborne and 5 in Wainfleet. In total, there is a shortage of at least 7 physicians in

Port Colborne and Wainfleet. Many of the physicians in Port Colborne do not work full-time and have limited or restricted hours. Many of the physicians are older and will retire or reduce their working hours in the future.

The DHC report also highlighted a number of factors that are contributing to the shortage of family physicians including:

- In 1992, the Ministry of Health reduced the number of medical school training positions.
- Opportunities for graduates of international medical education programs have been reduced.
- Many family physicians have moved to the United States, especially those from Niagara.
- Family physicians have reduced their hours of work.
- Approximately 48% of family physicians in Niagara Region are over the age of 50 and in Port Colborne, more than 50% of the physicians are over age 50.
- More than 50% of new graduates are female and many of these graduates work less time for family and other personal reasons.
- Family physicians are more interested in having a balanced lifestyle and spending more time with their families and participating in other non-working activities.
- Many family physicians are specializing in emergency services, psychotherapy, sports medicine, occupational health, administration and working as locums.
- More family physicians are reducing their participation in caring for hospital inpatients, providing surgical assistance, working in emergency departments, providing obstetrical care, and providing home visits.
- The increasing number of elderly is creating increased needs in the community.
- In Niagara, the shortage of specialists that traditionally support family physicians such as psychiatrists, obstetricians, geriatrics and internists increases the workload on family physicians.
- Increasing public awareness of health care issues has placed increasing pressures on family physicians to "teach, explain, treat and defend" current medical practices. This is putting increasing pressure on family physicians and results in family physicians taking more time with patients and thereby reducing the number of patients seen.
- Using the guideline of 1 physician per 1,300 residents, the need in Port Colborne and Wainfleet is for 20 family physicians. With the number of older physicians in Port Colborne, there is a need for at least 10 additional physicians that would include the replacement of some of the current physicians.

All of these factors contribute to the need for more family physicians to care for residents.

The significant shortage of family physicians in Port Colborne and Wainfleet is the biggest challenge facing the community. The shortage of family physicians in Port Colborne has been a chronic problem for the past 10 years. The acute shortage of family physicians throughout the Niagara Region (100 additional family physicians are needed in total) adds to the problem as Port Colborne residents are not able to go to Welland (with a shortage of 13 family physicians) or to Fort Erie (with a shortage of 11 family physicians) to access care. In order to address this problem, there is a need for a new approach to the recruitment and retention of family physicians in this community. Now is the time for action.

Over the past three years, several new models of primary care delivery have been developed throughout the Province. **Family health networks** have been developed to encourage groups of at least five family physicians to work together as a team to care for a group of patients. Physicians are paid on a capitation basis and experience has shown that most family physicians can increase their income by adopting this model of care. There are approximately 50 family health networks currently operating across the Province. Physicians working in this model have experienced the following benefits:

- Increased time for patients
- Improved lifestyle and more time for family
- A regular income and greater financial flexibility
- Sharing of practice responsibilities with other physicians
- Support from the Telephone Advisory Service for after-hours care
- Reduced after-hours meetings
- Increased time spent attending continuing medical education
- Access to information technology to support office operations
- Access to nurse practitioners, dietitians, pharmacists and other health care providers
- Ability to serve an increased number of patients.

There are also over 200 **family health groups** (groups of at least three physicians) across the Province with over 2500 physicians participating in this model. (Family health groups are comprised of at least three physicians who are paid on a fee for service basis and agree to provide after-hours care to their patients.) These physicians report many of the same benefits of physicians working in family health networks. Many family health group physicians are now considering the formation of a family health network in order to enhance the benefits to themselves and their patients.

In its 2000 report, the Physician Resources Planning Task Force of the Niagara District Health Council identified that *"solutions lie not only in recruiting family physicians but in establishing models involving teams of health professionals working together."* It is unfortunate that this observation did not receive greater emphasis and that an action-plan was not created to address this issue.

The Ministry of Health is promoting the concept of **family health teams**. The focus of this new primary care model is to encourage multi-disciplinary teams of primary health care providers to work together to meet the needs of their community. These family health teams will be similar to a community health centre except that family health teams will focus on the needs of all residents of a community. There is extensive health care literature that supports the use of teams of health care workers to provide primary care. Examples of the team approach to primary care include:

- Nurse practitioners provide primary care to patients while working with family physicians in community health centers and family health networks.
- Midwives provide care to pregnant mothers.
- Nurses provide primary care in physicians offices, community health centres, family health networks and many other health care settings.
- Mental health workers provide a great deal of primary care.
- Physiotherapists and other rehabilitation specialists provide primary care in hospitals as well as in private rehab clinics.
- Public health nurses provide education and care to many different types of patients.
- Community care nurses provide primary care in the homes of many patients.

There are many other examples of how teams of health care workers can improve the productivity of family physicians and enhance the quality of primary care provided to patients. The Ministry of Health will be providing more detailed information regarding the funding of these family health teams in the very near future.

The community of Port Colborne should learn more about these different models of primary care and should work with the physicians in their community to develop a team approach to care. This would not only reduce the dependence on family physicians but it would also enhance the quality of care, treatment and education of patients.

The community of Port Colborne should immediately approach the Minister of Health regarding the feasibility of developing a family health team in Port Colborne.

In order to attract more family physicians to Port Colborne, there is a need to create a new model of care delivery for primary care.

Research has indicated that there are a number of key considerations when recruiting new family physicians, such as:

- Most new family physicians want to practice in a group setting in which operating costs can be shared and on-call can be shared.
- Most new family physicians want to work in a turn-key office operation in which all services are provided rather than owning their office buildings.
- Most new physicians want to employ their own office staff and control office practice procedures, but do not want to be concerned about the operation of the building they occupy.
- Approximately 50% of new medical graduates are female and these physicians usually work fewer hours than their male counterparts.
- Most new physicians are interested in restricting their hours of work to 40 to 50 hours per week.
- Many young family physicians are not interesting in working in the emergency departments of hospitals.
- Many young family physicians are interested in a balanced lifestyle in which work, family and recreational activities play an equally important role.
- Many young family physicians are married and are interested in communities that can offer employment to their spouse, access to private education resources, access to recreational facilities and a balanced lifestyle.
- Many family physicians have a significant amount of debt when they graduate from medical school and they are not interested in acquiring more debt by the purchasing of office accommodation.
- Most young family physicians are interested in being able to access technology such as a modern phone system, high-speed internet service and web-based continuing medical education programs. They also use technology for managing their business affairs, monitoring patient care, billing OHIP and research purposes.

The Task Force report has outlined many other excellent recommendations that will assist in the recruitment of additional family physicians to Niagara Region including Port Colborne. The Task Force identified that *“new medical graduates do not wish to invest in the traditional practice arrangements with high overhead costs. Regardless of the method of remuneration, they do not wish to assume the onerous responsibility of office management and ownership in addition to their*

professional and personal roles. Rather, they are interested in group clinics and turnkey operations, with the support of well-trained staff, up-to date information technology systems and administrative support."

This style of practice does not exist in Port Colborne and there are no plans to create this model of care delivery. Strong leadership from the community is required to create a medical practice setting that will be attractive to new family physicians from outside the community.

However, until Port Colborne adopts a new approach to the delivery of primary care that is attractive to new family physicians, it will be difficult for Port Colborne to attract new physicians.

The recruitment of family physicians is a major issue in all of Niagara and a regional committee has been formed to address this problem. The community of Port Colborne must play a more aggressive role in addressing the need for family physicians in its community. Strategies that should be considered include:

- Creation of a primary care clinic that could provide care for residents who do not have a family physician
- Development of an after-hours primary care clinic that would ensure that residents can access a family physician on nights and weekends
- Creation of a medical clinic that would be attractive to new family physicians who want to work in a group practice setting with access to an electronic medical record, support from nurses and nurse practitioners and convenient access to diagnostic services and shared overhead costs
- Encourage medical students to spend some of their clinical time in Port Colborne
- Provision of an attractive financial package for potential new medical students and their families
- Consider the potential for the formation of a family health group or a family health network that would be attractive to some physicians.

Emergency Services

Statistical data indicates that the number of Emergency Department Visits at Port Colborne General Hospital have increased over the past five years, as shown in the following chart.

YEAR	Number of Emergency Visits
1994/95	19,944
1995/96	18,971

1996/97	17,951
1997/98	18,119
1998/99	18,227
1999/00	NA
2000/01	NA
2001/02	NA
2002/03	22,698
2003/04	NA

In 2002/03, a total of 4% of all PCGH Emergency Department patients were admitted to hospital and 17% of all Emergency Department visits were over the age of 65. On average, approximately 6 patients visit the Emergency Department between the hours of midnight and 0700 hours and most of these are non-urgent cases. In total, there were 911 Emergency patients admitted to hospital. Based on 1,103 patient admissions in 2002/03, this suggests that 83% of all hospital patients were admitted through the PCGH Emergency Department. This indicates the significant role that the PCGH Emergency Department plays in caring for Port Colborne residents.

Information provided by the Niagara District Health Council indicates that in 2002/03, there were 21,153 visits to emergency departments by residents of Port Colborne and Wainfleet. The data indicates that:

- 30% were non-urgent cases
- 53% were semi-urgent cases
- 14% were urgent cases
- 3% were emergent or potentially life threatening
- less than 1% of cases were life threatening.

There are increasing concerns about the ability of the Emergency Department to meet the needs of the community. The number of visits to the Department has continued to increase and there are concerns about:

- Access to diagnostic services is not always available.
- The layout of the Department is inefficient and does not meet current Ministry of Health planning standards.
- Some of the rooms do not meet Ministry of Health guidelines.
- There are concerns that the Department does not have adequate equipment to meet the needs of patients and health care providers.

- There are an increasing number of emergency calls requiring assistance from the Fire Department.
- There are concerns regarding ambulance services and the increasing number of calls.
- There is a need for more paramedic training for ambulance staff.
- It is costing the NHS over \$1million per year to contract with external physicians to provide coverage in the Emergency Department.

Recently, the NHS has attempted to standardize the hourly compensation rates across all emergency departments in the Region. There are concerns that this may result in the withdrawal of services by the Port Colborne physicians and the ultimate closure of the PCGH Emergency Department.

The Port Colborne Emergency Department is the major point of access for primary care services in the community in the evenings and on weekends. There is a need to consider a new approach to the delivery of primary care in Port Colborne that reduces the dependence on this facility for primary care and allows the facility to focus on the provision of true emergency care. Alternative approaches are discussed in a subsequent section of this Discussion Paper.

Hospital Services

The Niagara Health System assumed responsibility for the operation of the Port Colborne General Hospital in 2000 in accordance with directives from the Health Services Restructuring Commission. There are concerns among members of the Port Colborne community that services at the Hospital have been reduced since the formation of the Niagara Health System. To assist in clarifying this issue, a number of key operating statistics for the PCGH were reviewed for the past five years. The table below indicates a number of trends:

- The number of **acute care beds** has increased.
- The number of **acute care patients** served has decreased by 100 patients.
- The number of **complex continuing care** (chronic) **beds** has decreased from 30 to 24.
- The number of **complex continuing care** patient days has decreased slightly.
- The number of patient days and discharges from the **Intensive Care unit** has decreased.

<i>Acute Care</i>	<i>1999-2000</i>	<i>2000-01</i>	<i>2001-02</i>	<i>2002-03</i>	<i>2003-04</i>
Number of beds in operation	28	28	32	32	32
Number of patient days	8,474	9,144	10,090	8,895	9,068
Number of discharges	1,039	1,037	977	938	958

Average length of stay	8.2	8.8	10.3	9.5	9.5
<i>Complex continuing Care</i>					
Number of beds in operation	30	30	24	24	24
Number of patient days	8,930	9,309	8,354	8,277	8,315
Number of discharges	56	66	35	75	85
Average length of stay	156	141	238	110	98
<i>Intensive Care Unit</i>					
Number of beds	4	4	4	4	4
Number of patient days	1,262	1,022	1,071	943	950
Number of discharges	179	155	143	171	145
Number of patients transferred out	NA	180	166	155	130

This data indicates that there have been some changes in the volume of inpatient care provided at the PCGH over the past five years. There has been a significant reduction in the utilization of the intensive care unit for a number of reasons. The family physicians in Port Colborne are not always comfortable caring for seriously ill patients in Port Colborne without the backup of medical and surgical specialists. In addition, we understand that medical and surgical specialists from Welland and other hospitals in the Niagara Region are reluctant to travel to Port Colborne to see hospitalized patients. As a result, patients are transferred to Welland and other hospitals.

Hospital Staffing Levels

During the interviews with community representatives, concerns were expressed about perceived reductions in the staffing levels at the PCGH over the past several years. To examine this issue, staffing levels at the Hospital were examined for the past several years and discussions were held with NHS senior management to explore this issue. The chart below indicates the staffing hours that have been provided at PCGH over the past five years.

Nursing hours	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04
Acute care nursing	47,685	48,902	47,685	41,307	36,234	40,137
Intensive care nursing	14,999	15,354	14,999	20,460	21,728	21,415
Operating room	14,047	12,033	14,047	9,696	10,563	7,529
Chronic care	36,216	37,362	36,216	36,242	38,675	33,240
TOTAL	112,947	113,651	112,947	107,705	109,282	103,691

Diagnostic and therapeutic hours	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04
Emergency Department	18,047	18,426	18,047	17,870	17,909	21,582
Clinics	1,838	2,148	1,838	1,918	1,933	2,541
Laboratory	12,552	13,096	12,552	12,263	13,986	14,861
Radiology	14,098	14,837	14,098	14,101	14,076	14,223
Physiotherapy	5,164	4,753	5,164	4,885	5,337	5,849
Occupational and other therapy	2,185	1,960	2,185	2,580	3,320	3,800
Pharmacy	4,796	5,282	4,796	4,387	4,032	4,339
Support services hours						
Administration	16,924	11,299	16,924	11,427	7,316	4,883
Housekeeping	21,476	22,722	21,476	22,528	23,696	21,856
Laundry	4,717	4,781	4,717	3,036	3,119	375
Plant support	9,280	9,382	9,280	8,349	8,237	7,360
Dietary	30,293	30,465	30,293	32,069	30,512	24,641
TOTAL HOURS	105,919	103,242	105,919	99,591	98,150	81,645
Total full time equivalent staff	143	144	143	137	138	131

Based on this analysis, there appears to have been a reduction in the number of staff at the PCGH from 143 full-time equivalents to 131 FTE staff for a reduction of 12 staff. Most of these staff reductions have taken place in the support departments such as Administration, Laundry, Plant Support and Dietary. There have been minimal changes in the number of staff working in the clinical areas and increases have taken place in Emergency, Clinics and Laboratory.

In summary, there have been staff reductions at the PCGH over the past several years; however, it does not appear that these staff reductions would impact the availability of patient care services provided by the Hospital. This is supported by the analysis of the patient care statistics for the Hospital.

Financial Status

During the community interviews, concerns were expressed regarding cost saving measures that had been made to the operations of the PCGH and the potential impact of these changes on the availability of patient services to the Port Colborne community.

Review of the operating plan for the PCGH indicates that the total Ministry of Health revenue has increased from \$11.7 million to \$12.1 million from 1998/99 to 2003/04. However, expenses have increased during this time frame from \$11.8 million to \$13 million. The net result of these changes in funding has resulted in an increase in the operating **deficit** of the PCGH from \$27,000 to \$800,000.

With an overall decrease in the staffing levels at the PCGH by some 13 staff, the Hospital has still increased its operating deficit. There is no doubt that the Niagara Health System will be concerned about this trend and it can be expected that there will be attempts to reduce operating costs and to balance the Hospital's budget. This is a very serious situation that could threaten the long-term viability of the PCGH. The NHS has a significant operating deficit and the Ministry of Health will be expecting all hospitals to balance their budgets by 2006. The Ministry of Health has recently passed very powerful legislation that will force hospitals to balance their budgets. If this does not occur, the Ministry has the power to take strong action against hospital CEOs and their Boards to ensure the budgets are balanced. It is expected that this will result in hospital Boards closing programs and services and reducing levels of service to their communities. If this were to happen in Niagara, programs and services at the Port Colborne Hospital as well as at other NHS sites could be in jeopardy.

In a subsequent section of this Discussion Paper, a number of strategies for improving access to primary health care services are discussed. Some of these strategies would not only reduce the pressures on the PCGH emergency department and therapy areas of the Hospital, but they could also potentially reduce the utilization of expensive hospital services and result in cost savings to the Hospital.

Ambulatory Care Services

At the present time, there are a number of ambulatory care programs offered at the Hospital including:

- | | |
|---|------------------------------|
| • Audiology | • Chiropody |
| • Day surgery including endoscopy surgery | • Dental clinic |
| • Discharge planning | • Ear Nose and Throat clinic |

- Eating disorder program (a regional program)
- EEG
- Mammography
- New Port Centre (providing drug and alcohol rehabilitation services in a residential setting)
- Occupational therapy
- Orthopaedic clinic
- Pre-anaesthesia clinic
- Pharmacy services
- Pulmonary function testing
- Recreational therapy
- Ultrasound
- ECG, stress testing, Holter
- Laboratory services
- Mental health counseling
- Ophthalmology (eye) clinic
- Palliative care
- Pre-school speech therapy
- Physiotherapy
- Radiology
- Speech therapy
- Urology.

Unfortunately, the Niagara Health System was not able to provide statistical data on the number of patients served in these ambulatory care programs of the Hospital.

Based on the community health needs set out in this Discussion Paper, there appears to be an opportunity to expand the range of ambulatory care programs provided in the community in areas such as:

- Arthritis counseling
- Birth control
- Cardiac rehabilitation
- Diabetes education
- Geriatric services
- Health promotion and illness prevention
- Internal medicine
- Paediatric services
- Pre-natal counseling
- Respiratory medicine
- Rheumatology services
- Stroke rehabilitation
- Women's health.

Prior to the introduction of these programs, a more detailed assessment of the needs of the community and the incidence and prevalence of disease and illness among the residents of Port Colborne and Wainfleet would be required.

Specialty Medical Services

There are concerns about the lack of internal medical services at the Hospital. Internists from Welland used to provide services at the PCGH but this does seem to occur at the present time. Patients are frequently referred to hospitals in Welland or St. Catharines for consultations. As noted previously, there has been a reduction in the utilization of the Intensive Care Unit because of the lack of support from internists to provide backup support to the Port Colborne family physicians. This problem should be resolved by expanding the range of internal medical services provided at the Port Colborne site.

There are limited surgical services provided at the PCGH site (only a limited number of eye procedures). Approximately 95% of the 1500 surgical cases are day surgery cases at the Hospital.

Transportation

Transportation is a major barrier to access for some residents of the community of Port Colborne and Wainfleet. Many elderly residents, single parent families, low-income families and other residents have difficulty accessing health care services outside Port Colborne. There have been various studies to assess the potential for the development of a transportation system for the rural communities within Niagara Region. To date, no cost effective solution has been developed. Some health and social service organizations have developed their own transportation strategies. However, a coordinated community approach has not been developed.

The NHS and the City of Port Colborne should consider the impact of the lack of transportation on access to health care services when considering the need to develop new and expanded services in Port Colborne. For example, it may be necessary to develop a more decentralized approach to the delivery of primary care diagnostic and treatment services in order to compensate for the lack of transportation in the Region. Alternatively, it may be appropriate for the NHS to develop a transportation service between its various sites in order to facilitate the movement of patients and staff between various sites throughout the Region. Other multi-site hospitals have found this to be an effective way to deliver patient care.

Services for Seniors

As indicated in an earlier section of this Discussion Paper, the elderly comprise over 21% of the population of Port Colborne. Previous research has indicated that although the over age 65 age group comprise approximately 15% of the population of many Ontario communities, this age group accounts for some 60-70% of utilization of the resources of hospitals in terms of number of

patients admitted, length of stay, use of therapeutic and diagnostic services and use of emergency departments.

There is a need to develop specific strategies to address the special needs of the elderly in Port Colborne. With the increasing number of elderly residents in the community and increasing prevalence of chronic illnesses among this population, there is a need to find ways to support the care of elderly residents in their homes, in supportive housing, in long-term care facilities and in hospital. Many communities have developed a broad range of services for seniors that include:

- Access to primary care physicians, nurse practitioners, nurses and other health care workers with a special focus on the needs of the elderly
- Provision of transportation services for the elderly to facilitate access to health services
- Day hospital, day care, seniors' services and other community-based services that avoid the need for hospitalization.
- Health promotion and illness prevention programs for seniors
- Stroke and cardiac rehabilitation programs
- Palliative care programs that allow patients to die at home or in an institution with dignity and respect
- Geriatric and psycho-geriatric services that focus on the needs of the elderly
- Friendly visiting, home visitation and home support services that allow seniors to live in their homes as long as possible.

Niagara Region is well known for the creative and innovative range of senior services that have been developed throughout the Region. However, it is difficult for many seniors to access these services in other parts of the Region. Strategies need to be developed to ensure that the elderly residents of Port Colborne can access these services in a cost effective and timely manner.

Mental health services

Demographic and socio-economic data indicates that the Port Colborne has a large number of residents with low education levels, low-income levels and high utilization of drugs and alcohol. These determinants of health suggest that there may be high levels of mental illness in the community. Discussions with emergency department physicians, ambulance personnel and the police indicate that the incidence of mental illness is a major health problem in the community. Although there are some mental health programs and services in the community, these are not meeting the needs of residents. In particular, there is a need for special programs for the elderly and chronically ill. A comprehensive mental program would respond to many of these health issues.

Northland Pointe

In 2003, a new 150 bed long-term care facility, Northland Pointe, was opened on land adjacent to the Port Colborne General Hospital. The completion of this project represents the fulfillment of a dream of the community of Port Colborne that was initiated in 1997. The new facility is one of the most modern facilities in the province and is a tribute to the hard work and dedication of the community and the Region of Niagara. The facility is owned and operated by the Region of Niagara on land that was provided by the Port Colborne General Hospital. The PCGH Foundation also provided a substantial financial contribution to the capital costs of constructing the facility.

Although this facility is a tremendous asset to the community of Port Colborne and Niagara Region, there is a general feeling among many members of the community that there are opportunities for Northland Pointe and the Port Colborne General Hospital to work more closely together in a number of different ways. For example, there are no shared administrative and support services between the two organizations although this potential was explored during the planning stages of the new facility. Each operates its own laundry, kitchen, financial reporting, housekeeping and maintenance departments. (The NHS has contracted out its laundry service.) It appears that there are opportunities to develop a number of shared departments that would meet needs of both organizations.

There are also opportunities to integrate the resident care programs with those services provided by the Hospital. With over 20% of the population in Port Colborne over the age of 65, there appear to be many opportunities to develop integrated programs and services for seniors that would utilize the resources of both organizations.

In building Northland Point adjacent to the PCGH, one of the intentions was to develop a number of shared services between the two organizations, such as:

- Dietary services
- Housekeeping
- Laundry and linen
- Maintenance and grounds keeping
- Human resources and continuing education
- Financial services.

None of these services have been developed on a shared basis between the two organizations.

There are a large number of community-based services that can meet the needs of the elderly population, especially those with chronic illnesses. These community-based services could include:

- Personal support and homemaking services
- Rehabilitation services
- Social work services
- Mental health services
- Meals on wheels
- Wheels to meals
- Adult day care
- Day hospital care
- Respite care
- Emergency response systems
- Home maintenance and repair
- Friendly visiting.

Some of these services are available for residents of Port Colborne. However, it is difficult for some residents to access many of these services as they do not have family physicians to refer them to these services. There is a need to develop a mechanism in Port Colborne that would facilitate access to community services by all residents of Port Colborne.

Role of the Port Colborne General Hospital Standing Committee

In October of 1998, the Health Services Restructuring Commission (HSRC) conducted an extensive review of hospital services in Niagara Region (and all other parts of the Province) and set out a series of recommendations for reorganizing hospital services in the Region. In its final report issued March 1999, the HSRC addressed the governance of the three small, rural hospitals in Niagara and acknowledged the concerns of the communities that;

“there is a fear that a large governance structure would not be sympathetic to the issues of importance to rural communities. Of primary care concern to these hospitals, is that emergency services and inpatient beds would eventually be eliminated.”

The HSRC also indicated that;

“local input into decision making in the smaller communities would be assured through the creation of Standing Committees of the Board for Fort Erie, Port Colborne and Niagara-on-the Lake. These committees would address local clinical service management issues and linkages between the local hospitals and other providers.”

The HSRC subsequently directed the establishment of Standing Committees for the three small communities and outlined the following responsibilities for these committees;

- Approve any decisions to eliminate inpatient or emergency services at any of the acute care sites, which approval shall not unreasonably be withheld
- Participate in the development of the mission and core values of the Niagara Health System
- Advise the NHS on matters pertaining to the nature, funding, quality, accessibility and affordability of services delivered by the local hospital facility
- Participate in the selection of the site administrator for the hospital facility
- Appoint a local advisory committee to the medical advisory committee of the NHS
- Participate in the negotiation of partnership arrangements with other local health service providers.

The bylaws of the Niagara Health System require that Standing Committees be established in the communities of Port Colborne, Fort Erie and Niagara-on-the Lake. A Standing Committee was also established for complex continuing care and rehabilitation services.

Our research suggests that the Port Colborne Standing Committee does not meet on a regular basis and that there are a number of concerns regarding the agenda for these meetings, the purpose of the Committee and the issues that are addressed by the Committee. A number of questions have been raised regarding this committee including:

- What is the role of the Standing Committee?
- How are members of the Standing Committee selected?
- What responsibility does the Committee have to report to the Port Colborne community?
- Who sets the agenda for this Standing Committee?
- What role do the physicians play in this Standing Committee?
- Are the concerns of the medical staff dealt with at this Committee?
- Why aren't these meetings open to the public?
- How is this Committee accountable to the community?
- Has the Standing Committee advised the NHS Board on the nature, funding, quality, accessibility and affordability of services provided at the Port Colborne site?

The Ministry of Health is increasingly concerned about the accountability of hospitals and other health care organizations to the government and to the communities that they serve. Traditionally, hospital Boards are responsible for;

- Development of a strategic plan for the organization
- Ensuring the financial viability of the organization

- Ensuring that the quality of care of the hospital is appropriate
- Selection and the evaluation of the CEO.

It does not appear that the Port Colborne Standing Committee has fulfilled its mandate. For example, the Standing Committee has not communicated to the Port Colborne community on a regular basis. Also, the Standing Committee has not responded to concerns and issues raised by the community. Although the Standing Committee reports to and is accountable to the NHS Board, better communication with the community of Port Colborne would have addressed some of the concerns that have been raised by the community.

Consideration should be given to improving communications between the Standing Committee and the Port Colborne community. For some time, the City of Port Colborne has been attempting to obtain more information about the operations of the PCGH. The Standing Committee should be more responsive to the needs of the community and should communicate more openly and more frequently with the Port Colborne community. The Standing Committee should be accountable to the citizens of Port Colborne for services provided by the PCGH and should work with the NHS Board to ensure that this occurs.

We understand that the NHS Board is currently reviewing the role of all of the Standing Committees and changes in the roles and responsibilities of the Standing Committees are under consideration. The potential for improved communication with the local communities will be addressed.

In the last section of this Discussion Paper, a number of opportunities and strategies have been identified for improving access to health care in Port Colborne and Wainfleet. There is an opportunity for the Port Colborne Standing Committee to work with the City of Port Colborne, the family physicians in Port Colborne and leaders within the community to address these issues and opportunities.

Summary of Health Needs in Port Colborne

In summary, there are a large number of unmet health care needs in Port Colborne. There are a total of 25,000 people in Port Colborne and Wainfleet and the residents of these communities require better access to health care services. Our research has indicated that population in these two communities;

- Has lower levels of income, lower levels education, and are more dependent on government support than other communities in Niagara and in Ontario. These determinants of health indicate that there are higher needs for health care in these communities.
- There are a larger number of elderly (20%) in the community who have high levels of chronic illnesses, strokes and heart disease. These elderly residents require improved access to primary care and ongoing support to meet the needs of their chronic illnesses.
- There are a large number of individuals with mental illness in the community who require support and assistance.
- There are a large number of single parent families and teenagers who are pregnant who require primary health care, social support, education, housing for both children and families.
- There are a large number of residents who have long-term disabilities and could benefit from improved rehabilitation services.
- The acute shortage of family physicians in the community prevents many individuals from receiving primary care services in a timely fashion. Many residents are forced to travel outside Port Colborne to access health care services.
- Because of the lack of an effective transportation service in Port Colborne, many low income, unemployed, single and elderly residents have a hard time accessing services outside the community.
- The Emergency Department at the PCGH has become only way in which some residents of the community can access primary care services. It is estimated that 60% to 70% of patients treated in the Emergency Department could be cared for in a family physician's office.
- The family physicians in the community do not provide after-hours care for their patients who are expected to utilize the PCGH Emergency Department for care after-hours and on weekends.
- Because most medical and surgical specialists practice in other communities in Niagara Region, most specialists do not provide specialty services at the PCGH. Residents are forced to travel outside the community for specialty services.
- With the large number of elderly in the community, there is an opportunity to provide geriatric services and psycho-geriatric services in the community.
- There is a need for a new approach to the delivery of primary care in the community using multi-disciplinary teams of health care professionals working in a team environment.

Prior to the formation of the Niagara Health System, the Port Colborne General Hospital was managed by a group of Port Colborne area residents who were concerned about the health care

needs of the community. Under the Niagara Health System, the PCGH Standing Committee was developed to work with the NHS Board to ensure that community needs were addressed. There is an opportunity for the Standing Committee, the NHS Board and the City of Port Colborne to work more closely together to address the need for improved health care services in Port Colborne. A better working relationship and improved communication between the Standing Committee, the City of Port Colborne, the family physicians and the residents of the community would greatly assist in addressing the health care needs of the Port Colborne community.

Opportunities for the Future

There are a number of opportunities for improving the health care of the residents of Port Colborne and Wainfleet. Based on our research, there appears to be an interest by the Niagara Health System, the City of Port Colborne, the physicians in Port Colborne and the residents of Port Colborne to work together to improve health care services in the community. The following opportunities are presented for discussion;

- Create a community health centre
- Create a family health team
- Recruit additional family physicians to the community
- Integrate the PCGH and Northland Pointe
- Create a vertically integrated health organization that integrates all of the 40 different health and social services agencies in Port Colborne.

Create a community health centre

There are currently 65 community health centres operating across the Province in both rural and urban settings. Each community health centre is unique and attempts to respond to the needs of its community. There is an opportunity to develop a community health centre in Port Colborne that would help meet the health care needs of the community. A community Board could be appointed to govern the health centre and health care professionals could be recruited to provide services. The community would have to develop a proposal for submission to the Ministry of Health. At this time it is unclear whether the Ministry will approve any new community health centres. No new community health centres have been approved for several years; however, the current government has increased funding for current health centres.

There is the potential that the physicians currently practicing in the community would not be interested in this model as physicians in a community health centre are paid on a salary or sessional basis.

Create a family health team in the community

As noted earlier, the current provincial government is expected to release information in the near future about family health teams. The Liberal government has promised to develop 150 family health teams across the Province and has budgeted \$111 million for this new initiative. At present, it is expected that family health teams will be community sponsored, comprised of a multi-disciplinary team of health professionals, including family physicians and would be focused on the needs of an entire community.

There is an opportunity for the community of Port Colborne to approach the Minister of Health regarding the development of a family health team in Port Colborne. Given that this is a new primary care model, it is reasonable to assume that the Minister would be interested in supporting this concept. There is also the potential that the current family physicians in Port Colborne would be interested in being part of this initiative, depending on the compensation model adopted. Introduction of this model would also encourage nurse practitioners, midwives, rehabilitation specialists, mental health workers, dietitians, pharmacists and other primary care workers to be part of this model.

Recruit additional family physicians to the community

There is no doubt that the recruitment of 8 to 10 additional family physicians to Port Colborne would have a significant impact on the provision of health care in the community. However, it is unlikely that new family physicians will be attracted to Port Colborne until a new model of care delivery is developed.

New family physicians want a turnkey office arrangement in which a group of family physicians work together to serve a group of patients. The creation of this type of group practice arrangement will require appropriate office accommodation, someone to manage the facility, access to information technology, substantial capital resources to build a medical office building and a business plan to ensure that the facility is viable in the long term. Some of the current physicians in Port Colborne may be interested in participating in such a medical clinic if it were developed. However, the focus of this new facility should be on new physicians who will come to the community to care for patients who do not have a family physician at present.

There is the potential that the City of Port Colborne could provide the leadership for the construction of such a medical facility. There is also the potential that space within the current hospital or on adjacent land could be utilized to create such a facility.

Integrate the PCGH and Northland Pointe

There is the potential that greater integration of services provided by PCGH and Northland Pointe could be integrated to the benefit of both organizations and the elderly residents in the community. The Ministry of Health is encouraging the integration of health services through the creation of Local Health Integrated Networks. Information about these networks will be available in the near future (October 6). In the interim, the development of shared support services would appear to offer many benefits. There are many examples across the Province where hospitals and long term care facilities are integrated to create cost efficiencies. There is also the potential for staff within the two organizations to use their collective expertise to develop a broader range of ambulatory care programs (e.g. day hospital, day care, friendly visiting, chiropody, recreational therapy, physiotherapy, family support, etc) that would be beneficial to both patients and their families.

There is also the potential that the Region of Niagara would be able to develop a broader range of services for seniors living in the community. The Region has a tremendous amount of expertise in the provision of seniors services throughout Niagara Region and could be interested in developing services in Port Colborne that meet the increasing number of elderly in the community.

Create a vertically integrated health organization that integrates all of the 40 different health and social service agencies in the Port Colborne

At present, there are approximately 40 different health and social service agencies providing services to the residents of Port Colborne as shown in the table below.

New Port Centre	Hospice Niagara
Port Cares	Physician recruitment coordinator
Niagara Region Public Health	Fire Services
Community Care Access Centre	Police Services
Pharmacies	Ambulance services
Physician clinics	Port Colborne General Hospital
Youth Justice Committee	Northland Pointe
PCGH Foundation	Long term care providers
Ontario Early Years Centre	Foot Care Clinic
Red Cross	Dentists
Reach Out Drop in Centre	Chiropractors
Pubic schools	Homemakers services

CAPC Brighter Futures	Hospital Auxiliary
Employment Resource Centre	Ontario Nurses Association
Friends over 55	Separate School Board
Seniors Centre	Public School Board
Women's Resource Centre	Community Resource Centre
Canadian Cancer Society	Diabetes Association
Heart and Stroke Foundation	Arthritis Society
Ontario Mental Health Association	Healthy Lifestyles Coalition
Network Niagara	Niagara Region Seniors Services

There is the potential to create a single organization to assist in the coordination of some or all of these agencies to ensure that services are fully integrated and coordinated and to improve access to the various services provided by these organizations. Once again, the Ministry of Health is encouraging health care agencies such as CCACs, public health units, DHCs, regional MOH offices and others to create a single local health integrated network. A similar structure could be developed in Port Colborne to serve the needs of the community.

Summary

No doubt, there are other opportunities that could be considered. Prior to selecting the most appropriate opportunity for addressing the unmet health care needs of Port Colborne, there is a need for the leaders within the community to comment on the findings, conclusions and opportunities that are set out in this Discussion Paper.

The development of a new model for the delivery of primary care services in Port Colborne will require strong leadership from the City, the NHS, the family physicians and leaders within the community. There is a need for consensus among these groups on the most appropriate strategy that the community should pursue. The key to success will be strong leadership and the support of the community.

Next Steps

Prior to the release of this Discussion Paper to the community, there is a need to present the findings from this research to the Council of the City of Port Colborne. It may also be appropriate to meet with the PCGH Standing Committee to discuss the issues raised in this Discussion Paper.

Representatives of the City of Port Colborne should meet with representatives of the NHS to discuss the issues raised in this Discussion Paper and to consider strategies for working together in the future.

When the Port Colborne Council and the Niagara Health System have reviewed this Discussion Paper, the document should be released to the public. The public should be invited to comment on the Discussion Paper and the findings, conclusions and opportunities that have been identified.

Based on feedback from the City Council, the NHS and the public, a Final Report should be produced with an action plan for the future.

Comments regarding this Discussion Paper should be forwarded to

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The Future of Healthcare in Port Colborne

Timeline and Milestones as of November 2025

