



WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

**Women's College Hospital Health Equity
Plan Refresh
for
Toronto Central Local Health Integration
Network**

September 28, 2010



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Women's College Hospital Health Equity Plan Refresh, September 2010

Question 1

One of the key benefits from the first equity plans was extensive and broad discussion within the hospitals. Please report specifically on:

- a. how the first report was discussed at Board and/or senior management tables and specific commitments undertaken as a result:

Women's College Hospital is built on the principles of gender equity, and equity is one of key organizational values complemented by an Equity Vision which was adopted by the Board in 2007. We recognize that women in general face systemic access barriers and differential care and treatment within the health system, and that women are also the primary manager of care for their families. Hence, we have long been a leader in developing health programs for women and their families and engaging in research that provides evidence to advance a health equity agenda. We share the TCLHIN's commitment to health equity, and work internally and collaboratively with our community partners to successfully deliver on this commitment. Our 2009 Plan was an opportunity to show how we integrate equity across the organization.

The 2009 Health Equity Plan was presented and discussed at the Board of Director's Equity Committee, the Senior Executive team (inclusive of VPs and CEO), and at the Directors' and Managers' organizational planning forum. Discussions were held to inform the organization's leadership about the scope of health equity-related initiatives that hospital programs were engaged in, in order to facilitate integration of knowledge and facilitate internal collaboration at the program level. At the governance table the discussions were held to inform the Board and the Equity Committee on how the organization is implementing the Board's Equity Vision.

The specific commitments undertaken were:

- **A Thousand Voices for Women's Health – research to inform capital and service development.** In building a new hospital dedicated to women's health, Women's College committed to a process of asking diverse women across Ontario about what they want in a hospital, from care and from services. To ensure the new hospital facilities, services and care are responsive to the need of diverse women in our communities; we launched a process to hear from 1,000 women from across the province. The report findings informed the capital development process and are being used to support existing programs and identify new initiatives for improved access for diverse communities of women. The report

was launched to the public in September 2010.

- **Strategic plan development for primary care services** with a focus on enhancing accessibility for patients that reflects the diversity of the community, and improving primary care for at-risk populations.
 - **Identification of access to health-care services needs for Uninsured and Undocumented Clients**, by hosting the first Ontario Research Conference on Healthcare for the Undocumented and Uninsured: Systems, Policies, Practices and their Consequences in February 2010, in partnership with Wellesley Institute, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto and the Institute for Health Research at York University.
 - **Development of a language interpretation and translation strategy**, to ensure that such services are provided to patients and their families. The hospital also identified this as a system-wide need and requested that the Toronto Central LHIN (TCLHIN) assume a role in developing a LHIN-wide solution
 - **Development of a patient safety vision** that ensures that our hospital is welcoming and safe, that our staff delivers competent care, and that our processes are accessible and flexible.
 - **Development of a queer women Pap campaign** to respond to identified needs articulated at the hospital's Women's Health Community Advisory Panel and the Queer Women Working Group.
 - **Implementation of a Board recruitment strategy** to enable a diverse Board membership reflective of the communities served and desired to serve. Received 2009 Diversity in Governance Award from Maytree Foundation and the Toronto City Summit Alliance, for our work advancing inclusion and equity at the Board table.
 - **Integration of six (6) customized equity and accessibility questions into the NRC Pickers Patient Satisfaction survey** and inclusion of equity on the hospital's quality standards and measures for balanced scorecard.
 - **Strategic Plan developed for the Women's College Research Institute** which integrates health equity objectives into the academic research goals.
 - **Implementation of a Director of Equity and Community Engagement staff role** to lead operational implementation of the Board Equity Vision.
- b. if and how the September 2009 Report *Analysis of the Hospital Health Equity Plans* by Sridharan et al was discussed within the hospital, what conclusions were drawn;

The analysis report was reviewed and discussed at the Board Equity Committee in November 2009 and presented by the CEO in December 2009 to the Board of Directors. The conclusions drawn were:

- Agreement with the TCLHIN call for an initiative to develop a LHIN-wide model for the delivery of interpretation services, and to see Women's College is actively involved in this development process, given the leadership role the hospital played in the Toronto Healthcare Interpretation Services partnership which sought to develop centralized language interpretation services for the Toronto hospitals.
- That hospitals in the TCLHIN are involved in a range of practices and have a wealth of innovative initiatives that are aligned with a health equity agenda. However, disparities in health persist, and therefore future actions should focus on demonstrating outcome of actions on improving health and access to health care for marginalized populations. WCH continues to respond to the differential health needs of women and with its focus on advancing research in women's health has numerous programs and initiatives that respond to health disparities experienced by women – most notably in the areas of osteoporosis, diabetes, cardiology, reproductive and sexual health, and breast and gynecologic cancers. And, that the ongoing work of Women's College in these areas of excellence is to assess and plan care for diverse sub-populations.
- Additionally, a call for the TCLHIN to act swiftly in developing common data collection guidelines to facilitate more accurate reflection of populations receiving care and to allow for comparative analysis across hospitals and program areas, and for Women's College to review its data on patient population demographics.

c. how the various ideas and initiatives in the first plan and/or the September 2009 Report have been incorporated into existing or current:

Since the first plan in February 2009 and the 2009 report, Women's College has undertaken the following activities:

1. strategic planning

The Women's College Research Institute engaged in a strategic review and planning process that was informed by the Board's Equity Vision shared in our 2009 plan. The Institute affirmed Equity and Social Responsibility as two of its guiding principles and gave priority to responding to the research needs of neglected groups of at-risk women. The strategy also committed to reinventing systems of health care using innovative research in ambulatory care models to address inequities in health-care delivery. Models, for example, that will be responsive to the increasing numbers of diverse senior women being cared for in their homes and communities. Additionally, the Institute committed to undertaking research that explores the complex health needs of women through the lens of broad determinants of health, thus providing evidence to support program development that considers women's culture, income and family responsibilities, not just the medical consequences of their illness. Research from the Institute since then has focused on women's unique health needs and has explored the complex needs of women when the social determinants of health are considered. An example of findings from such research has shown that poverty has a marked effect on the success of ongoing diabetes care.

In 2010 a similar process was undertaken for the hospital's primary care program – which

supports over 85,000 patient visits per year. To further integration of ideas about equity and access to care for diverse and marginalized communities and to facilitate action, six strategic directions were articulated. Two of these were directly linked to advancing a health equity agenda: 1) promote the health of our diverse patient community through innovative, patient-centred and inclusive primary care practice; and, 2) collaborate with community organizations and other providers to enhance primary care services for women and their families. Ideas from the previous plans were aligned as action items against these two directions.

The hospital is currently planning a process for the development of a corporate strategic plan for the next three years, and the Board's Equity Vision will be a guide to ensure that the strategy speaks to the health and well-being of diverse women and their families. The development of this strategy will also be informed by the recent *A Thousand Voices for Women's Health* research report.

2. operational planning

The ideas in the first plan continue to be operationalized through the corporate leadership of the senior executive and the operational leadership. This was done by integrating reporting on equity in the balanced scorecard quarterly reporting process. Additionally, equity activities were identified in the clinical team's operational work plans. Where gaps were identified, and there was a call for a review of partnerships with patients and community services with a lens that seeks to reflect diversity in both. Operational planning and implementation of health equity initiatives is an ongoing process, and will continue to form the basis of the hospital's work.

3. and service delivery.

The hospital has implemented numerous ideas from the previous plan, they include:

- Partnerships with community based organizations to enhance care for patients. This includes support for HIV-positive women in the Aboriginal communities and the Black, African and Caribbean communities; support South Asian women with cardiac disease and diabetes; cardiac and osteoporosis education and outreach in the surrounding Asian community and outreach to private practice physicians in the catchment serving those communities; health education for isolated and low-income seniors living at Colledgeview apartments who have experienced homelessness; and providing immigrant and racialized women with clinical mental health supports
- Increased access to services for lesbian, queer and transgender people, with a focus on increasing cervical cancer screening
- Increased language interpretation services for patients. Provision of translated support information to clients in our Sexual Assault and Domestic Violence Clinic in eleven languages.
- Provision of sexual and reproductive health services to at-risk populations and reducing barriers to access through drop-in clinic hours, no referrals required and services to non-OHIP clients
- Provision of targeted funds from our Association of Volunteers to provide transportation support for low-income women accessing counselling services in our trauma and recovery program

- Providing osteoporosis consult services via Telehealth to women in rural communities
- Providing point-of-care HIV testing along with anonymous HIV testing.

Question 2

Measurement and monitoring of health equity outcomes are necessary to gauge health equity progress. What has the hospital done since its 2009 plan to embed equity measurement and monitoring into mechanisms such as its Balanced Scorecard, routine data collection, program quality and service indicators etc.?

In 2009 Women's College included Equity in its Balanced Scorecard and linked reporting on equity at the governance table through the Quality & Academic and the Equity Committees. The process started with inclusion of six (6) customized questions in the NRC Pickers Patient Satisfaction survey focused on accessibility and equity considerations, including gender equity. The questions are:

Question
1. Were we able to talk about your health with you in a language that you could speak and understand? (yes/no)
2. Were the printed health information and instructions we gave you written in a language you could read and understand? (yes/no)
3. Did we provide your health care in a way that met with your own personal, cultural, spiritual and/or other needs? (yes/no - global) always/usually- MH
4. Did we make you feel welcome, comfortable and safe to ask us for help? (yes/no)
5. Was your care sensitive to you as a woman? (positive response = definitely, for the most part, somewhat)
6. Did you feel the care you received took into consideration your family's needs/situation? (positive response = definitely, for the most part, somewhat)

Analysis of the results is presented to the Equity, Quality & Academic Committee and the Board of Directors. We have also made changes to the scorecard to ensure equity data is also collected in our Patient/Stakeholder Perspective on the balanced scorecard. Additionally, as not all indices for equity can be fully described through assignment of a traffic light on the scorecard, a more focused reporting performance for equity has been implemented for 2010, to ensure the issues are clearly understood, that reporting is transparent and that appropriate plans can be implemented. Analysis of that data is used to inform the development of corporate policies and procedures, program specific education and awareness initiatives for staff, and additionally alert programs of needs and gaps in services and care for the diverse communities of patients served.

The hospital recently joined an initiative spearheaded by the TCLHIN to develop shared health equity indicators to enable identification of measurable goals that can be built into various aspects of performance management, and that can be used to measure changes in population/health well-being. This collaborative work will inform our continued internal equity indicator development work.

The hospital has also created a Centralized Registration Committee to link integration of the patient registration systems with the hospital's information management strategy. A key component of the work of this committee is establishing a hospital-wide data collection mechanism and protocol for collecting a range of patient demographic data, including D.O.B, address, age, gender (including transgender), religion, language and ethnicity. The desire is to have fulsome patient demographic information that can assist the management and Board to assess whether the hospital is meeting

its mandate; to understand the hospital's diversity profile vis-à-vis the demographics of the TCLHIN; address current needs of our patient community and conduct effective planning and strategy implementation with regards to programs and services.

Program-specific data collection pilots are being undertaken, and our Women Recovering from Abuse Program (WRAP) has developed a tool that attempts to capture income, ethno-racial, education and other data on clients who are not being accepted into their program to examine barriers in screening processes and program criteria. Further analysis is needed.

Concurrently the hospital is awaiting results and recommendations of the TCLHIN health equity data collection initiative, being led by Mount Sinai, CAMH and St. Michael's Hospital, to further assist us with finalizing a tool for demographic data collection in relation to various aspects of diversity and social identify.

Question 3

Tell us more about one initiative directed towards addressing a crucial access barrier or improving services and quality for a particular disadvantaged population that has been especially effective and/or innovative, and that may have wider implications for other hospitals. In other words, look for initiatives that could be particularly useful to pass on to other hospitals – that can 'travel well'.

The hospital's Women's Health Community Advisory Panel identified access to health services for people without health insurance as an urgent community health concern for the Greater Toronto Area. Supported by the WCH Equity Vision, a Collaborative Task Force was formed in 2007 to study access to services for uninsured and undocumented people.

As membership in the Collaborative Task Force grew, the decision was made to create an ongoing group, and the Women's College Hospital Network on Uninsured Clients was created. The Network is comprised of a membership of over 60, with members coming from across the health-care and social services sectors, including health-care professionals; community health and social services providers; academics; researchers; legal, policy and administrative staff; grassroots activists and people with lived experience.

As the Network members identified the systemic and programmatic barriers, and policy and health-care access needs for this community of patients, it became evident that there was a dearth of evidence and research to draw on towards building responsive health equity and access strategies. This was due largely to the precarious location of individuals in this population.

In response, the Network partnered with Wellesley Institute, Lawrence S. Bloomberg Faculty of Nursing at University of Toronto and the Institute for Health Research at York University, and hosted in February 2010 the first-ever **Research Conference on Healthcare for the Undocumented and Uninsured**. The conference hosted almost 30 presentations and over 200 participants from across the health sectors. Innovative academic and community-based research was presented that identified the most vulnerable groups, analyzed the harmful impact on their health of being denied access, and set out organizational and policy directions to address these barriers.

The research findings and recommendations from the conference were made available to the public

and the Network is currently working with members from the Hospital Collaborative for Marginalized Populations and the Community Health Centre sector to develop common strategies that hospitals can implement to improve access to care for this population. Additionally, the Network is working with the Wellesley Institute to advance policy recommendations that can influence system-wide operational changes and systemic policy changes.

The Network itself also continues to serve as a resource for hospital and community health-care providers seeking to access responsive care for clients who are undocumented, uninsured and without the ability to pay for their care. Additionally, the research and expertise of the Network is currently being used by the Hospital Collaborative on Marginalized Populations to inform development of community partnerships and internal procedures and protocols.

Question 4

What *new* equity-focused programs or significant service or organizational changes have been undertaken as a result of challenges or opportunities identified in the 2009 plan? This could be about issues identified across the hospitals such as language, data and uninsured, or it could be specific to your hospital.

The new equity-focused programs that have been undertaken since the 2009 plan are:

- **Creation of a Learning Centre for Nursing and Inter-Professional Providers** – The curriculum is being designed to incorporate educational modules on cultural competency – care that is sensitive to and knowledgeable about the health beliefs and behaviours, the epidemiology and disease risks, and treatment outcomes of specific patient populations. Inclusive of teaching tools that will enhance: awareness of individual beliefs and values and how these might be affecting patient care; knowledge about the health-care and social issues facing their patients and their communities; and up-to-date, appropriate, population-specific prevention and health promotion practices, and the most effective treatments. This centre received financial support from the RBC Foundation, which also desired to support an initiative that integrated equity in nursing education.
- **Specialty clinic in ethno-racial dermatology** – The hospital's dermatology division has appointed a physician to provide leadership in the development of a national educational initiative focused on ethno-racial dermatology. This clinical leadership also responds to the differential clinical needs in ethnic dermatology, and will enhance access to services for these populations in our communities.
- **Language interpretation and translation strategy** - Development and implementation of a strategy to increase effective communication between patients, their families and staff who do not share the same language. This includes ensuring ASL language interpretation in all our programs, provision of telephone and on-site language interpretation supports and expansion of the strategy to ensure we translate pertinent patient care information into the top nine languages of our patient community. Successful implementation has been accompanied by in-service education of clinical staff and awareness education on competent communication and care for clients with visual and audio disabilities.
- **Lesbian and queer women's health** – In response to research findings about the low rates of Pap tests among lesbian and queer women, the hospital developed the the Queer

Women's Health Initiative (QWHI), a collaboration with Planned Parenthood Toronto, Rainbow Health Ontario and Sherbourne Health Centre. In November 2009 the initiative launched the Check It Out: Queer Women Need Paps Too! health promotion campaign. This campaign not only fills one of the gaps in health-care resources and services for lesbian, bisexual, trans men with a cervix and queer women, but also demonstrates the value of service organizations working together to share their knowledge, experiences and resources. To enable more than one access point to care for this community, the hospital's sexual and reproductive health clinic (Bay Centre for Birth Control) implemented dedicated drop-in clinic hours for lesbians, queer women and trans men. Campaign information can be accessed at www.check-it-out.ca.

- **Partnership with community** – Community partner Women's Health in Women's Hands, a community health centre, identified a lack of clinical mental health support for the immigrant and racialized communities of women they serve. In response, the hospital placed a senior resident in psychiatry (under the supervision of our own staff psychiatrist) at the centre to provide direct patient care, case consultation and education to centre staff. As a result of this on-site support, the centre has identified a significant decrease in their mental health consult expenditure, and the admission of their patients to psychiatric emergency service has been virtually eliminated. The hospital is continuing this partnership and using it as a model for development of other community-hospital service initiatives.

Question 5

Please apply the Health Equity Impact Assessment Tool to at least one significant initiative: for example, in a central priority such as ALC, reducing wait times for identified priority services, or addressing an identified access barrier? If you have already applied the tool to an initiative; please describe the outcome.

The Assessment Tool has not been applied previously to an initiative. However, as part of this submission process, it was applied to our Virtual Ward initiative. This is a joint collaboration with UHN, CCAC and St. Michael's Hospital focused on reducing unplanned ED readmissions or death after hospital discharge to the community. The target patient population is both women and men who have high-risk medical health needs compounded by other equity factors such as disability, low-income, and gaps in social support networks. Patients being cared for in the Virtual Ward reside at home; they benefit from a hospital-like interdisciplinary team (physician, nurse practitioner, CCAC care coordinator, pharmacist, clerk); there is a shared set of notes; a single point of contact with 24/7 physician availability; and increased co-ordination of specialist, all providing primary and home-based community care for several weeks after hospital discharge.

The Virtual Ward began in March 2010 and admitted 100 patients, the median age of the patient population is 67 years of age. The early lesson from the Virtual Ward initiative is identification of health system challenges. Specifically:

- Lack of access to family physicians after discharge particularly for home-bound patients (very few doctors do home visits)
- Lack of integration between primary, acute, and home care

- Difficulty transferring information in a timely manner between primary, acute and home care, and
- Lack of urgent specialty support for family physicians.

The beneficial outcome of the initiative thus far are:

- Reduced ED use, readmission and death within 30 days of discharge
- Increased ability to “age at home” thereby reducing long term care use and fewer ALC days. This contributed to improved patient outcomes and fewer patients “falling through the cracks.”

The initiative is part of a clinical research study to be completed in 2013. However, the preliminary findings thus far can be instructive for the development of system-wide models of care that can reduce readmissions after hospital discharge for high-risk and vulnerable populations, and presents a framework for successful integration of multiple sectors/organizations working in the patient’s circle of care.

Question 6

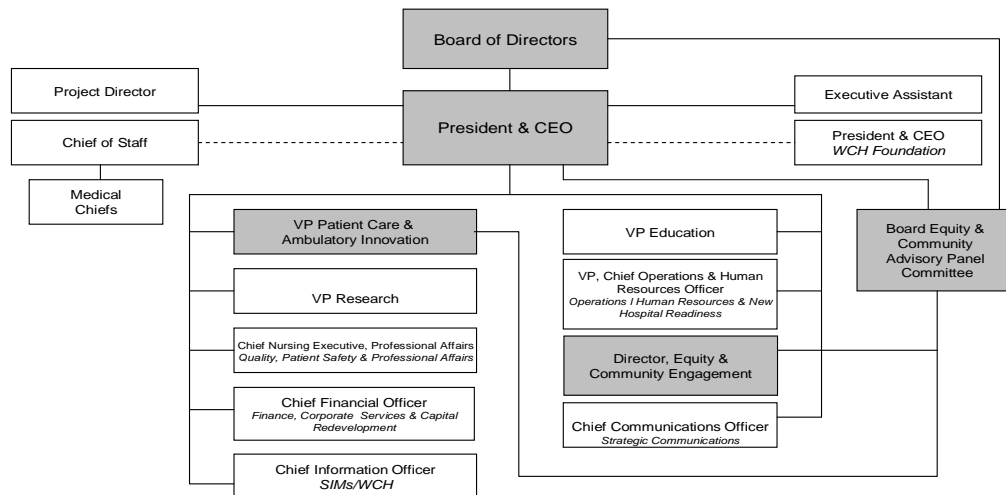
Include an organizational chart to show how equity is embedded within your hospital and how accountability for equity is addressed organizationally. Describe the process undertaken by your organization to complete the plan and how it reflects equity principles.

The accountability for equity is carried by a Director of Equity and Community Engagement who reports directly to the CEO. This directly links equity to the hospital’s senior executive leadership and decision- making, and The Director’s role is structured to be highly collaborative across all departments and therefore is linked directly to all the VP roles in the hospital. The Director also staffs the Board Equity and Community Advisory Panel Committee and attends all Board meetings. The Director is involved in supporting the work of the Board Nominations Committee, particularly with developing tools and strategies to monitor diversity at the governance table and with implementing recruitment practices to ensure the hospital recruits Board members from a range of diverse communities. The Director role is also involved in the corporate and program strategic planning processes, with an expectation that health equity perspectives will be tabled, and that opportunity to include participation of community partners reflecting the diversity of the community will be facilitated. Additionally, as previously stated Equity is included in the hospital’s balanced scorecard performance reporting.

Equity questions and strategies are also integrated into the work of the Quality & Academic committee where the hospital’s balanced scorecard on performance is analyzed and plans are formulated to enhance hospital wide performance. Both the Equity and Quality committees report directly to the Board, hence strategic planning on equity is embedded in the governance business of the hospital.

Attached is an organization chart which shows how equity is embedded in the leadership and accountability structure.

Office of the President & CEO



To complete the 2010 refresh on the plan, our Director of Equity and Community Engagement worked with the senior team and gathered input from staff across the hospital. A range of strategies were used: Presentations and discussions for input were made at the organization's senior leadership table (inclusive of VPs, Directors, and Managers); an internal survey to gather information on current state inventory of equity activities was completed by seven major high volume patient departments; several meetings were held with staff in clinical areas; there was direct input from the hospital CEO and there was a CEO report to the Board of Directors on the highlights of the plan. Additionally, the draft plan was presented to the Board Equity and Community Advisory Panel Committee for their input and reflection.

The consultative process used in developing the plan was a deliberate strategy to ensure that across the organizations staff had opportunities to provide direct input and to facilitate a dialogue about how equity is embedded in the work. The engagement process also enabled integration of how WCH, with its particular health equity mandate for women, will bring an integrated analysis that recognizes the diversities among women and plan for responding to the differential impacts factors like income, sexuality, gender-identity, race and ethnicity have on health outcomes.

There is much work to be done, however we are increasingly building on the institutional foundations of health equity for women to deliver on health equity for all women and their families.

Other: The hospital urges the LHIN to advance the development of common equity indicators for the sector against which we and the system can measure our progress towards a more equitable health system. Without such a system-wide framework we fear that each hospital will develop their unique indicators which will not allow comparative analysis across the system and will create a challenge for the system to articulate success in responding to the equity challenge of any one marginalized or at-risk population.

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