Quality Healthcare for All
A year in the life of St. Michael’s Hospital...

- 5,000+ employees
- 540 volunteers donating 62,000 hours
- 600 physicians and midwives
- 1,300 medical residents, fellows or students

Approximately

700,000 visits
550 trauma patients
25,000 inpatients
24,000 day surgeries
57,000 emergency visits
2,800 babies born

1 diverse hospital treating everyone with quality care
Why is health equity a priority?

This vision of Health Equity comes with enormous challenges, and as St. Michael’s Hospital is part of one of the most socially diverse LHINs -- the Toronto Central LHIN -- we know that the health needs that go along with diversity are great. For example:

• Diabetes is twice as high in low income versus high income neighbourhoods.

• New immigrants are more likely to have cardiovascular disease because of language and other barriers to getting appropriate health care.

• More low income people are living with pain and disability because they are receiving 60 per cent fewer hip replacements than people with higher incomes.

The Toronto Central LHIN asked each of their Hospitals to submit a framework showing programs and initiatives that work toward health equity.

At St. Michael’s Hospital, we have many programs across the clinical areas that try to give those who are in greatest need access to the right care at the right time, in the right place, and in the right manner. This report shows some of the highlights of our work in this area, and is in response to the request by the LHIN.

Table of Contents

Our Hospital’s Vision of Health Equity ......................... pages 2 - 5
Section 1 – Access, Priority Setting and Planning .......... pages 6 - 9
Section 2 – Promising Practices .............................. pages 10 - 15
Section 3 – Policies, Procedures and Standards ............ pages 16 - 22
Section 4 – Governance ........................................ page 23
Section 5 – Targets and Measurement ...................... pages 23 - 25
Section 6 – Communications .................................... page 26
Section 7 – Potential Roles for the Toronto Central LHIN .... page 27
Section 8 – Attachments ........................................... page 28
Section 9 – Contact and Authorization ........................ page 29
Appendix - St. Michael’s Hospital Patient Profile ............pages A1 - A2
Does your hospital have a health equity vision? Please describe how it aligns with the Toronto Central LHIN’s definition?

Toronto’s Urban Angel, as St. Michael’s Hospital is affectionately known, was established by the Sisters of St. Joseph in 1892 to care for those most in need. Throughout our history, there is one common and consistent theme — the commitment we have to our mission and values.

St. Michael’s Hospital has a value-driven approach to health care that makes us a place of healing and learning, characterized by respect, dignity and compassion.

The Values of St. Michael’s Hospital represent the philosophy and beliefs of our organization, guiding all of our decisions and actions.

- compassion  •  human dignity  •  excellence  •  social responsibility
- community of service  •  pride of achievement

For the past 12 years, we have paid tribute to our employees through the Values In Action program. These awards are to commend our employees, physicians and volunteers and represent the highest honour given to individuals and teams at St. Michael’s Hospital in recognition of their commitment to living our values and to our culture of caring.

In addition, St. Michael’s Hospital developed a health equity vision through a Statement of Affirmation that was signed by the Board of Directors in January 1998.

Statement of Affirmation Regarding Accessible, Welcoming, & Equitable Health Care for All

To acknowledge the needs of the communities we serve, St. Michael's Hospital reiterates our longstanding commitment to affirm and protect the right to sensitive, secure, respectful health care for all patients, including people living with HIV/AIDS, lesbians, gay men, people who are bisexual and/or transgender, their partners and families, the poor, and homeless and people with severe mental illnesses.

It is the mission, values, and tradition of St. Michael’s Hospital and those associated with the hospital to provide compassionate care in a welcoming environment, embracing all races, cultures, abilities, classes, beliefs, ages, genders, and sexual orientations. It is also important to note that the Hospital operates in full compliance with the Ontario Human Rights Code. To this end, policies with clear accountabilities have been implemented which affirm and protect the right to health care and treatment which is inclusive, secure, sensitive, and respectful to all.

Board Approved January 1998
The St. Michael’s Hospital vision affirms the rights and dignity of each person, regardless of the groups they may be part of, and his or her access to the highest quality of care.

The Hospital’s new four-year Strategic Plan (2009-2012) established a vision statement, which is in fact a health equity vision:

“To champion the never-ending quest for a healthier world, through our culture of caring and discovery “

A number of directions from the strategic plan are specifically targeted toward health equity priorities:

• To augment and expand our community-based services to serve the changing demographic of our catchment area. These services will be additive to the services for the disadvantaged.
• To strengthen our commitment as a key system resource in addressing health services needs for marginalized inner-city populations by developing a well-defined academic curriculum that will build system knowledge, expertise and capacity in this area.
• To create a cross-program Elder Care Task Force to improve care of the elderly.
• To expand the Centre for Global Health Research, focused on yielding benefits for populations in developing worlds.
• To invest in programs aimed at nurturing international/foreign trained professionals and providers as key to ensuring supply of our health care workforce.

The vision of St. Michael’s Hospital clearly aligns with the Toronto Central LHIN’s vision, as outlined in its 2008 Health Equity Discussion Paper:

“To create and sustain a healthcare system in Toronto where all have equitable access to a full range of high-quality healthcare and support, and systemic and avoidable health disparities are steadily reduced.”

Bob Gardner, Summer 2008
Health equity activities are vital in each of our six clinical programs. We will profile three areas that address Toronto Central LHIN priorities with respect to inner-city populations, people with mental illness and people with diabetes.

The Inner City Health Program (ICH) is the largest clinical program at St. Michael's Hospital. It was designed in 1994 specifically to address health disparities among patient populations by merging major clinical areas such as the Emergency Department, General Internal Medicine, Family and Community Medicine, Mental Health and Women’s and Children’s Health with community engagement, strategic planning, education and research.

The Mental Health Service is a partnership with our community that offers innovative outreach with its assertive community treatment, community connections program, early intervention with psychosis program, mobile crisis intervention team combined substance abuse/mental illness service and its psychogeriatric outreach team. Psychiatric Emergency Services deals with high volumes of acutely ill patients, many of whom have multiple co-morbid psychiatric and medical illnesses and substance abuse disorders. The 33-bed Inpatient mental health unit provides service to the highest percentage of psychotic disorders of all psychiatric general hospitals in the province.

The programs advance the Hospital's equity vision.

The Affirmation Statement on page two was initially requested and conceived by the four Community Advisory Panels (CAP) of the Inner City Health Program and the Community Advisory Committee (CAC) of the Board in 1997. The CAPs are population based and have a focus on severe and persistent mental illness, people who are homeless or under housed, women and children at risk, and people living with HIV/AIDS. The HIV/AIDS CAP recently disbanded as a result of achieving its mandate during its 10-year tenure, including a marked increase in the level of hospital-community trust.

Each CAP has approximately 20 members, made up of community participants, patients, community agency representatives and hospital staff from front line to senior management. They meet regularly to help shape the programs and services related to their populations.

The CAC has a similar membership that includes the chairpersons of each CAP as well as Board members, a Senior Vice President and the President and CEO regularly attends. This provides direct access for community members to decision-making processes.

The CAP populations, along with a focus on seniors and people with addictions, represent the priorities for the Inner City Health Program. These were selected based on patient and community demographics detailed later in this report.
The St. Michael's Hospital Diabetes Comprehensive Care Program (DCCP) was designed to meet the healthcare needs of those living with chronic disease such as diabetes, hypertension and chronic kidney disease. In addition, services such as Ophthalmology, Osteoporosis, and Urology are readily available to patients living with other resultant co-morbidities of diabetes. People from diverse communities with low socio-economic status, elderly and frail populations, people with severe mental illness, and inadequate housing, are represented among the patient population of the DCCP.

The DCCP Diabetes Care Centre has successfully developed two community partnerships to address health equity priorities of the patient population:

1) A collaborative with the Diabetes Education Community Network of East Toronto (DECNET) ensures that healthcare professionals who have an understanding of the client's culture and language see the patient. The goal is to ensure that people with diabetes have access to timely, ongoing diabetes care, assessment and education by the right healthcare professional and in the right place.

2) A partnership with the Home Dialysis Unit and The Drs. Paul and John Rekai Centre, ensuring that frail, elderly patients requiring Peritoneal Dialysis and Long Term Care have ready access to a facility with both care requirements.

Equity priority goals for people with Diabetes:

- Improve health through increased access support and patient centered care
- Increase quality of life and longevity through high-quality on-going diabetes care in the community
- Develop partnerships with other community and industry partners that address housing, income assistance, medication assistance, transportation, healthy meals and education issues
- Increase awareness, early detection and disease management community-based programs
- Provide educational materials in various languages to increase access to healthcare for patients with language barriers.
- Provide educational material with appropriate font size to increase access to healthcare for patients with visual impairments.

St. Michael's Hospital developed four areas of focus during a joint Anti-Racism Project with the former Wellesley Hospital in 1995-96.

1) Language and Communications
2) Attitudes and Behaviours
3) Cultural Awareness
4) Institutional or Systemic Barriers

These areas were the result of a series of community and staff focus groups, one patient and one staff survey and ten key informant interviews. In addition, the CAPs and CACs participated in and continue to monitor our progress in these areas.

These principles went well beyond racism to address all forms of discrimination experienced by staff, volunteers, students, physicians and community members. And, they continue to guide our directions in this area.

As you will note from the examples presented in this report, all of our initiatives regarding health equity addresses one or more of the four identified areas of focus.

St. Michael's Hospital also specializes in Heart and Vascular, Trauma/Neurosurgery, Mobility and Specialized Complex Care. These clinical programs serve vulnerable and disadvantaged patients from our local catchment area of South East Toronto.
1a) How do your hospital utilization patterns compare to the profile of who lives in your catchment? Please indicate data sources.

The St. Michael’s Hospital catchment is heterogeneous, containing some of Canada’s most wealthy and most deprived neighbourhoods.

The catchment is bounded to the south by Lake Ontario, to the north by the CN rail tracks, to the east by Victoria Park Avenue and the west by Yonge Street. (2006 Canada)

Census data demonstrate that the catchment includes some of the highest—and some of the lowest—income households in Canada. In certain neighbourhoods the population is more diverse, more impoverished and has lower education and a higher burden of illness than the City of Toronto as a whole (e.g. St. James Town, Regent Park and Moss Park, where poverty and inadequate housing/homelessness are of particular concern). When neighbourhoods such as Rosedale, the Yonge/Church corridor and parts of Riverdale are rolled into the overall catchment analysis this elevates average SES scores.

As we serve some of Toronto’s poorest and wealthiest residents, our Strategic Plan recognizes our changing demographic and identifies new directions for care accordingly.

Our Patients and Our Catchment

The St. Michael’s Hospital patient population both reflects and differs from the catchment.

St. Michael’s Hospital patients are more likely to come from lower income neighbourhoods than the catchment area average, particularly for Psychiatry and General Internal Medicine.

When we look at five core services (Emergency, Family Medicine, General Internal Medicine, In-Patient Psychiatry, and Obstetrics), most patients live outside our catchment (with the exception of patients in General Internal Medicine).

Equity-relevant services attract patients from across the city.

Low income patients from other parts of the city come to St. Michael’s Hospital for services. For example, 73 per cent of obstetrics patients come from outside the catchment. Obstetrics also serves the highest proportion of low income patients among all services reviewed. A significant portion of these patients would be attracted on grounds of ethnicity and cultural sensitivity of the obstetricians and staff, e.g. Korean, Spanish, South Asian, and Polish patients from all over Toronto are drawn to obstetricians and gynecologists from these cultures who practice at St. Michael’s Hospital. Many commuters working downtown choose to access services at St. Michael’s Hospital.

Hospital Utilization and Low Income Patients

Lower income patients use more services than high-income patients. Although patients from the lowest income neighbourhoods represent about 28 per cent of the Family Medicine (FM) patient roster, they make up 32 per cent of patient visits. In contrast, 22 per cent of FM patients come from the highest income areas, but they represent only 19 per cent of visits. This additional visit per person per year by the most disadvantaged population represents an additional 7,259 visits to St. Michael’s family doctors annually. From a vertical equity perspective, if we assume that lower income patients have higher needs, then it is a positive sign that we are providing more care to these patients.
What major inequities exist in regard to the social determinants of health among your patient/client populations? Please indicate data sources.

St. Michael’s Hospital patients live in Toronto’s poorest neighbourhoods.
For the five services reviewed, over 25 per cent of patients come from the lowest income neighbourhoods in the city. For obstetrics, nearly a third of our patients come from the lowest income quintile. (If the distribution were completely equal, we would expect 20 per cent in each income group).

St. Michael’s Hospital serves almost twice as many low income patients than the average Toronto teaching hospital.
A recent ICES analysis established that St. Michael’s Hospital Family Practice, especially St. Jamestown, serves one of the lowest income populations of all Family Practice groups affiliated with University of Toronto. In the St. Michael’s Hospital-St. Jamestown site, over half (54.3%) the patients are from the lowest income quintile in the city. In total, 29 per cent of St. Michael’s Hospital Family Medicine patients come from the lowest income group, compared to 16 per cent across the whole University program (equitable distribution would be 20%).

St. Michael’s Hospital patients have higher burden of illness.
The ICES study also demonstrated that St. Michael’s Hospital patients have a higher burden of illness than the other University of Toronto-affiliated family practice groups in the study. They are more likely to have diabetes and mental health conditions, have higher resource utilization bands (RUBs) and more co-morbidities (measured by higher Adjusted Diagnostic Group (ADG) scores).

Other Demographic Information:
Education levels are mixed. Patients are less likely to come from neighbourhoods with the lowest education (high percentage of no high school) but also less likely to come from neighbourhoods with high proportions of university grads. Patients are not generally coming from neighbourhoods with high recent immigration (past 5 years) or high proportions of people not speaking English. This could reflect (a) the “healthy immigrant effect”, which begins to diminish after 5 - 10 years; (b) high utilization of community health centres by recent immigrants; and/or (c) access barriers to health care by newcomers.

Data Sources and Method:
For Table 1 and Figures 1&2 (refer to Appendix, pg 1 and 2), we generated patient profiles for five key services. We also compared patient profiles to demographic profiles for the City of Toronto and the catchment. We focused on 12 demographic variables, using a mix of (i) patient-level data collected by St. Michael’s Hospital using OHIP (age, sex, postal code) and (ii) area-level data (income, immigration, language) derived by linking patient postal codes to 2006 dissemination area Census data, using the postal code conversion file (PCCF+ 5C available from Statistics Canada).

Table 2 is drawn from Glazier, R. Creatore, M.I., Guan, J., Kopp, A. Clinical Program Development for a Network of Family Health Teams in Toronto -Secondary Data Analysis. Institute for Clinical Evaluative Sciences, 2008.


The Mental Health Service provides care to the highest rate of people experiencing the following health equity determinants when compared with provincial hospital averages.

This reflects the need of the most intensive services acuity and severity of illness. For example, St. Michael’s Hospital’s Mental Health Service sees more patients experiencing violence, criminal activity, lack of social support, low economic status and psychotic disorders than the Ontario Hospital Average.

1c) Are there any specific health equity gaps and challenges that require greater attention at your hospital?

The following are some identified gaps and challenges at St. Michael’s Hospital:

Translation of patient education materials:

The high cost makes it difficult to translate all the materials that would benefit our patients and families, as a result there is currently no corporate program for translating patient education materials. In an effort to address the gap with the current resources, our standards for patient education materials include the need to write them in simple English with limited medical jargon (at a 6-8 grade level) and we consult with our CAPs to ensure that education material is appropriate. However, the gap in translation of patient information remains a significant challenge.

Interpretation services demand:

The Corporate Interpretation Service was established with a budget of $243,000 per year. Interpreters are provided 24-hours-a-day, seven days a week to meet the needs of those who require language and sign language interpretation. The annual demand for interpreters has increased exponentially at an 11 percent rate since 2000. The actual cost for interpretation service in 2008 / 2009 was $419,700. Therefore the sustainability of the service is vulnerable given current budget challenges within the healthcare system.

Implementing Culturally Congruent Care:

As we move toward an increasingly multicultural healthcare environment there is a need and opportunity to adopt theories of culture care and diversity into mainstream clinical care. Study and adoption of such theories will assist clinicians from all disciplines “to think about the care of people from diverse cultures in relation to health, human care, and illness.” Leninger 1991.

Barriers for people with disabilities:

a) Physical and Architectural Barriers

Physical renewal will remain a priority over the next four to five years for St. Michael’s Hospital.

Even though the hospital has introduced a number of physical improvements to increase accessibility for the disabled, we continue to focus on improvements. Several areas are in the process of being renovated to Canadian Standard Association code, including:

• Ophthalmology ambulatory clinics (8th floor 61 Queen). This includes designing floor and lighting for patients with visual impairments.

• Dialysis Unit (8 Cardinal Carter). Move from Shuter to Cardinal Carter facilitates access for patients and is also in closer proximity to other areas within the Program.

• Cardiology services – echocardiogram, electrocardiogram and cardiac rehabilitation (7 Queen). We are grouping these services to be more patient focused; it will mean patients don’t have to travel as much within the hospital to access related services.

• Physiotherapy and Chiropractic Clinics (2nd floor 61 Queen).

• Corporate Health & Safety Services redesign (2 Shuter).

• Library (1 Queen) – in design. Design will increase accessibility for wheelchairs to accommodate staff needs.

• 410 Sherbourne Health Clinic will include new wheelchair ramp and will accommodate staff with physical access issues.
Barriers for people with disabilities:

- Detoxification Centre – in need of a new facility.
- Pediatric Clinics (2nd floor 61 Queen) – in progress.
- Multiple Sclerosis Ambulatory Clinic (Ground Floor Bond) – in design. This will accommodate mobility issues.
- Renovation to Chapel entrance doors to barrier-free design.

b) Technological Barriers

The Hospital is introducing a new Information System over the next three years. We will review and implement ways to ease access for employees with sight impairments as part of this system introduction.

c) Information on Communication Barriers

- The Hospital recently redeveloped some of its patient education materials to make them easier to read for individuals who have sight impairment or for whom English is not a first language. For example, we increased the size of the font on patient materials to CNIB Standards and use commonly recognized symbols to facilitate ease of understanding. We are translating the Patient Services directory into our four most commonly requested languages.
- The Hospital has a formal process for tracking, analyzing and addressing patient and visitor complaints. This process will be modified to follow complaints related to access for individuals with disabilities. These complaints will be brought to the attention of the Hospital’s Ontarians With Disabilities Action Committee for discussion.

Diverse Representation:

We continue to develop strategies to ensure representation of diverse community members among staff, and at the management, senior management and Board of Director levels. Although, we do not collect data of this sort.

Equity training of non-employee groups such as physicians, volunteers and students is an area of future focus.

Serving non-insured populations: This presents financial and human resource challenges as we balance the welcoming of all patients (regardless of financial abilities or OHIP status), respect for the individual and the duty to provide service. Our partnership with the Women’s College Task Force on Uninsured Clients and the Hospital Collaborative on Vulnerable and Marginalized Populations are two places where we hope to address this concern.

Access to Oral Health: A significant portion of our patient population does not have access to dental care, including youth and seniors. This is being addressed primarily through a partnership with the Toronto Oral Health Coalition and the call to re-list basic levels of oral health care in OHIP.

Geriatric Service Outreach Team: SMH is hopeful that a recently submitted proposal will be funded for a new specialized team to serve high need areas of the Toronto Central LHIN in South East Toronto. The focus and priority for this program will be to serve frail, marginalized and at risk seniors with psychogeriatric issues.

Out of province CF patients specifically come to Toronto (UHN) for a double lung transplant and their pre-transplant healthcare needs are optimized by St. Michael’s Hospital. These patients are frail and often require medical adjuncts (e.g. home I.V antibiotics, home oxygen) in the community. Other provincial governments will only financially fund acute care hospital services thus preventing home care options. This compromises the quality of life of the patient as they are forced to stay in hospital and they occupy an acute care bed, which could be used by another.
2a) Please briefly describe a sample of hospital initiatives that help to improve access to health services by underserved or underrepresented populations?

Central Access Withdrawal Management Service (WMS)

**Description:** St. Michael’s Hospital administers a Central Access telephone triage and service matching program with the other four Withdrawal Management Services in the Toronto Central LHIN. It co-ordinates access to services for withdrawal from alcohol and/or drug addictions.

**Population Served:** Adults and Youth in need of rapid access to withdrawal management services.

**Outcomes:** This partnership amongst University Health Network, Toronto East General Hospital, and St. Joseph’s Health Centre formed a single point of entry, ensuring co-ordination of scarce resources and matching of clients to the available service including a detox bed or community-based supportive care.

**Evaluation Indicators:** An integrated database on services utilization is assisting with the identification of gaps in services and opportunities for addressing unmet needs.

**Related Documentation:** Integrated Service Plan submitted to the Toronto Central LHIN for all four hospitals involved.

My Baby and Me Passport Incentive Program

**Description:** The passport is a portable health record and information booklet for young pregnant homeless/underhoused women developed in collaboration with community partners. It motivates youth to attend prenatal appointments and improve communication between health care providers.

**Population(s) Served:** Pregnant youth who are marginally housed or homeless

**Outcomes:** From 2005-2007, 101 young, homeless/marginally housed pregnant women participated in the My Baby and Me Passport Program. More than half attended between nine -15 prenatal clinic appointments. Feedback from passport users and health care professionals was overwhelmingly positive.

**Evaluation Indicators:** Focus groups of care providers and interviews with passport users, data collection of patient demographics.

**Related documentation (if any):** Funded by Wellesley Institute, an official release of the evaluation report is set for Spring 2009.

Client Access to Integrated Services and Information (CAISI)

**Description:** The CAISI Project, currently in its infancy, is working to end chronic homelessness. It will allow clients who are homeless to enhance the quality of their life by accessing and controlling improved integration of services between agencies at the individual and population levels using an open source electronic information system.

**Population Served:** Clients who are chronically homeless and multi-disciplinary agencies who serve this population.

**Outcomes:** The integration of open source software infrastructure for case management. Building community and agency capacity to use the integration infrastructure.

**Evaluation Indicators:** Number of clients and agencies who effectively engage this service.
2a) Hospital initiatives continued

**Homeless Balanced Scorecard**

**Description:** Development of a tool to measure economic evaluation of health services provisions vs. patient satisfaction and health outcomes to assess and improve care of homeless patients.

**Population(s) Served:** In-patients flagged as people who are homeless.

**Outcomes and Evaluation Indicators:** Initial piloted results in appendix.

**Population(s) Served:** Homeless people with chronic illness or disabilities.

**Outcomes:** 30 sites and 37 physicians are currently participating; assists in the implementation of the CAISI project (see appendix); increases patient access to information and promotes stronger integration of health and social services.


**Rotary Transition Centre and Emergency Dept. Community Worker**

**Description:** The Rotary Club of Toronto - Transition Centre provides a temporary safe, welcoming and hospitable environment for homeless and underhoused individuals who have been referred through the Emergency Department (ED). The Community Worker is a paid position within the ED, who has direct experience of homelessness, provides welcome and navigation for vulnerable patients.

**Population(s) Served:** Vulnerable populations, especially homeless.

**Outcomes:** ~1,000 patients/year use the Transition Centre and ~9,000 visits in the ED are identified as homeless or underhoused.

**Evaluation Indicators:** Usage; Patient Follow Up/Satisfaction; Community feedback.

**Centre for Research on Inner City Health (CRICH)**

**Description:** Founded in 1998, CRICH is Canada’s first and only transdisciplinary and hospital-based research centre dedicated to reducing health disparities and improving the health of socially and economically disadvantaged urban populations.

**Population(s) Served:** Hospital and community

**Outcomes:** Research agenda & success includes:
- Toronto Community Health Profiles Partnership.
- Maternal and Children’s Health and Human Development.
- Gender, Equity and Health.
- Homelessness and Housing.
- Human Immunodeficiency Virus (HIV).
- Immigrant Health.
- Mental Health.
- Social Class and Health.
- Inner City Economics Research (ICER) Work Group.
- Ethics Working Group.

See website [www.stmichaelshospital.com/crich/](http://www.stmichaelshospital.com/crich/)

**Inner City Health Associates**

**Description:** Physician outreach to shelters & hostels initiated by St. Michael’s Hospital physicians. This network currently includes physicians from numerous hospitals in Toronto.
2b) Are there hospital-based initiatives that address the social determinants of health identified in 1b? Please describe briefly.

Yes

Pathways to Education – Regent Park High School students at risk offered summer placements at St. Michael’s Hospital.

Employment Equity Principles

Research on Regent Park Re-Development (James Dunn - CRICH).

Cultural sensitivity training for all staff and community health partners.

During all of 2007, St. Michael’s Hospital provided LGBT Sensitivity training to all members of the Toronto Police Services.

Ontarians with Disabilities Committee

Creative Works Studio (art therapy for people with mental illness).

Physician Screening Tool to Assess Intimate Partner Violence (IPV).

Computer-assisted Intimate Partner Violence screening tool, developed at CRICH, is an effective, rapid and non-threatening method for detecting patients’ exposure to domestic violence.

Systematic Review Team: CRICH in-house process for rapidly producing systematic reviews related to care for disadvantaged population.

Rapid Assessment Tool for Surveying Neighbourhood-Level Health Care Needs: CRICH-developed tool to enable Local Health Integration Networks and public health planners to understand local health needs, target services for local conditions and act on significant community-level disparities in health and health care.

Research specific to need for homeless health care and supportive housing: CRICH research that demonstrated the severe health risks faced by homeless persons offered an evidence base for MOHLTC’s allocation of funding for community mental health programming, expansion of Community Health Centres in at-risk neighbourhoods and new homeless initiatives.

Antenatal Consultation Clinic: Prenatal counseling is provided for mothers whose babies are at risk of neonatal complications either because of various maternal issues (such as lupus, renal dysfunction, heart problems), pregnancy related issues (such as infections, gestational diabetes), perinatal exposure to drugs or illicit substances, socioeconomic disadvantage and prenatally-diagnosed fetal abnormalities. With a multidisciplinary approach, we counsel families and outline and co-ordinate perinatal plans of care.
2c) Describe specific partnerships or activities that your hospital has undertaken with other organizations to address health equity, including those addressing broader social determinants of health.

St. Michael’s Hospital has strong partnerships with more than 65 organizations.

**Hospital Collaborative on Marginalized Populations** -- Founded in May 2007, the Hospital Collaborative (HC) is a group of Chief Executive Officers, and their designated representatives, from Toronto-area Acute Care Hospitals working in partnership to reduce health inequities for vulnerable and marginalized populations. Current priorities include non-insured populations, people living with addictions and seniors at risk.

**South East Toronto Organization** -- A collaboration of 13 health and social services from downtown Toronto to South Riverdale acting since 1989 to improve the health and wellness of local residents, especially disadvantaged populations.

**Inter-Network Coordinating Group** that includes Solutions and the West End Urban Health Alliance (WEUHA)

**Downtown East Community Development Collaborative** -- 26 member agencies identify, promote and develop economic opportunities in Downtown East Toronto by supporting the creation of local employment for those who face barriers to attaining their work-related goals, including those who are homeless or are marginally housed, and are responsive to their economic, social, and cultural needs. The current Health Career Ladders Project aims to develop accessible career paths in health care for local residents.

**Community Advisory Panels** -- See description on page four.

**Health Equity Council** -- A community-based organization, based in the Greater Toronto Area, engaging in advocacy, research, organizational change, capacity building, community partnerships and collaborations that enhance diversity, equity and inclusion in all facets of health and wellness.

Founded in 2007 as a result of merging the Diversity Health Practitioners Network, Health, Equity and Diversity Conference and the GTA Diversity and LHIN’s Working Group.

**Women’s College Task Force on Uninsured Populations** – Founded in April 2007 to examine and increase access to health services in Toronto for uninsured and undocumented people.

**Toronto Harm Reduction Task Force** – A group of individuals and service agencies committed to developing and promoting harm reduction strategies as an option for people with addictions in Toronto.

**Healthcare Interpretation Network** – Founded in 1990 to develop strategies that promote awareness of and address language barriers that inhibit the quality of health care provided to patient populations with limited English proficiency. Interpretation services learns about new interpretation standard, best practices, and different models of service delivery. There is information and knowledge exchange with our agencies through which we deliver services that consequently results in best practices in service provision.

**Senior Pride Network** – A network of health and social service providers dedicated to promoting appropriate services and a positive, caring environment for older gay, lesbian, bisexual, transgender, transsexual, intersexed and 2-spirited people in Toronto.
2c) Describe specific partnerships or activities that your hospital has undertaken with other organizations to address health equity, including those addressing broader social determinants of health.

**Home At Last Initiative** -- A 2007 partnership among hospitals and social service agencies designed for seniors who have little to no community supports. It helps them transition from hospital discharge to community. The initiative provides timely discharge from hospital, transportation home, prescription pick up, light meal, settling back home and next day follow up.

**Toronto Early Intervention in Psychosis Network,** which is a model of collaborative service delivery of 15 Network member organizations to better meet the needs of people experiencing their first episodes of psychosis and their families. The Network was established in 2005 through the work of the Early Intervention Working Group, (a group of general hospitals, early intervention service providers, consumers and Ministry of Health and Long-Term Care representatives) that came together to develop a system of early intervention in psychosis services.

**Toronto Mental Health and Justice Network.** The Toronto Mental Health and Justice Network established in 2006 provides a network of services (e.g. safe bed, prevention, housing, court support, release-from-custody, case management, mobile crisis intervention) for individuals with serious mental illness and recent or current involvement with the criminal justice system.

**Multi-Disciplinary Outreach Team (M-DOT)** program led by the North Toronto Support Services to reach out to homeless people and connect them to appropriate health services and affordable housing. M-DOT is part of the City of Toronto’s Street to Homes Initiative.

**Concurrent Disorders Support Services (CDSS).** The CDSS provides a range of short-term, quickly accessed, CD-knowledgeable supports to partners’ clients living with a concurrent disorder and complex needs. The CDSS established in 2007 is a network of 20 hospital and community health provider organizations within the Toronto Central LHIN and is a program of the Concurrent Disorders Transitional Support Partnership (CDTSP).

**Palliative Care NP / Patient Care Navigators** - Targeted population: patients / families (outside of the oncology ward) with end-stage disease who require guidance and support with palliation, were not receiving this type of service and or not on a consistent basis. Also newly diagnosed patients with cancer were found to get lost in a maze of tests and treatment options that were not necessarily based at St. Michael’s Hospital, thus requiring a patient advocate to assist them through this process. These needs were clearly identified in the previous accreditation process three years ago. Based on the recommendations from the accreditation, both types of services were implemented.

**GTA Patient Education Network:** Practitioners from hospitals across the GTA and Hamilton collaborating on programs to address health literacy and other barriers to information.
NFB Filmmaker-in-Residence Program -- A pilot project by the National Film Board of Canada, where a filmmaker works participatively with the communities of St. Michael's Hospital's to generate awareness about issues affecting inner-city health. The program has nine projects in total, some of which include -- a film about the Hospital's Mental Health Crisis Intervention Team; a photo exhibit by young women under the age of 25 who have experienced homelessness; and Street Health Stories a photo and sound installation that puts faces and stories to the Street Health Report.

Toronto Community Health Profiles Partnership is a large online multi-dataset platform housed at CRICH and established through a data-sharing partnership with Toronto Public Health, The Wellesley Institute, Toronto District Health Council, and South East Toronto Organizations Alliance. The partnership provides public online access to 140 Toronto neighbourhood profiles and maps describing land use, environmental conditions, residential demographics, employment, self-reported health status and health care utilization, fertility and birth outcomes data, health care utilization (physician billing), location of health care services, suicide data, and other indicators. The Partnership provides training to community agencies (including community health centres) to utilize data in local planning.

Strategic Action Plan for Community-Based Arthritis Care -- MOHLTC formed a strategic action group on arthritis involving CRICH in response to serious gaps in arthritis care among primary care providers in Ontario. A key project was a Canada-wide participatory community-based intervention project to improve arthritis care.

CRICH/University of Toronto Task Force on Centralized TB Clinic System for Ontario -- Ontario is the only TB affected province without a centralized system of TB clinics. A CRICH/University of Toronto report recommending centralized TB care and implementation of a TB clinic system to address inadequacies in Ontario’s current provision of care was endorsed by the Lung Association, St. Michael’s Hospital Homeless and Underhoused Community Advisory Panel and the TB Prevention and Control Program of the Public Health Agency of Canada.

Wellesley Institute Equity Roundtable -- This consultation group made up of health and social service professionals in the GTA has a particular focus on health equity research and how it can best influence public policy through position papers prepared at the Institute. SMH has been a member since it was founded in 2006.

 Toronto Oral Health Coalition -- This coalition is made up of general health practitioners, dental professionals and Toronto Public Health. Its mandate is to ensure increased access to oral health for people with limited or no private insurance, specifically youth, uninsured adults and seniors.

Diabetes Education Community Network of East Toronto (DECNET) ensures that healthcare professionals who have a better understanding of the client’s culture and language see the patient. The goal of this initiative is to ensure that people with diabetes have access to timely, ongoing diabetes care, assessment and education by the right healthcare professional and in the right place.
3a) What specific policies, procedures and standards does your hospital have to ensure equitable access and treatment for all patients/clients?

In addition to our Mission and Values and equity documents that have been outlined in the introduction, all of our policies and practices are grounded in the values and principles as laid out in the Catholic Health Association of Canada Health Ethics Guide.

This book is not a Patient Charter but provides guidance on issues that directly relate to commitment to patient care, specifically from the two basic principles of human dignity and interconnectedness. The value of human dignity tells us that every human person has intrinsic worth. The value of interconnectedness speaks to the relational aspect of the human condition and grounds our commitment to care for each other.

Ensuring policies are followed begins with the hiring and performance management of staff.

All new staff must complete a mission and values reflection tool, which is seriously considered during the hiring process. In addition, we have a very robust professional practice structure that ensures both physicians and employees comply with all of our hospital policies. Planning and performance measurement system includes metrics that relate to accessibility.

Senior management decisions and allocation of resources are held to these same Mission and Values through participation of the Director.

3b) How does your hospital provide for the delivery of culturally-competent care? Please provide specific examples. Do you have any special programs or policies that address the needs of Aboriginal and Francophone communities? Please describe.

*St. Michael’s Hospital has a long history of providing for culturally competent care. Our approach has always been one of integration of cultural groups into our operations and services. The following is taken from our diversity fact sheet.*

St. Michael’s Hospital defines “cultural group” as any group that has a “culture” of its own. Ethno-racial diversity is only one focus of our work in this area. In addition to ethno-racial groups there are faith-based groups, people who are homeless/underhoused, women at risk, seniors, youth, children, lesbian, gay, bisexual, and transgender/transsexual communities, people living with mental illness, people living with HIV/AIDS, people with disabilities, people living in poverty and people with chemical dependencies (among others) are all considered cultural groups. St. Michael’s Hospital recognizes that within each of these communities, there are specific culturally based beliefs concerning health and the health care system. It is one of our goals to provide culturally and linguistically appropriate care to these communities as part of maintaining our tradition of excellence in health care provision.

June 2005
3b) Culturally competent care, continued

Some specific examples of culturally competent care in addition to already mentioned projects, programs and initiatives:

- All staff and management receive cultural sensitivity training at Orientation and through on-going in-services.
- Comprehensive Spiritual Care department including partnerships with faith groups not represented internally.
- Diverse patient menus according to cultural and religious preferences (for example, Halal, Kosher, vegetarian, Asian, etc.).
- Staff sponsored Patient Comfort Fund to provide items such as telephone and TV service for patients who cannot afford them.

Newer capital improvements prioritize accommodating persons with various disabilities (for example, wheelchair accessible washrooms, Braille elevator buttons, ramps, volunteers to assist patients on call).

French Language Services – Services are provided through multi-lingual health service providers and through interpreter services (please see description in 3c). In addition, through our active membership with the Health Equity Council, there is a strong connection with the Toronto French Health Network that includes strategy development and co-hosting community capacity building events.

Aboriginal Services - St Michael’s Hospital Fetal Alcohol Spectrum Disorder (FASD) clinic offers services to over 400 clients each year. Unique to other Ontario clinics, St. Michael’s serves clients from infancy throughout adulthood. The FASD clinic has built strong partnerships with Native Child and Family Services of Toronto, Aboriginal Legal Services of Toronto, The Toronto FASD Parent Association, and Ontario’s Northern Communities including Caribou Lake, Thunder Bay and North Bay through our Telemedicine Program.

Aboriginal Infant Mortality Initiative -- Health Canada adopted an Aboriginal ethnicity category as one of its recommended indicators to better monitor maternal, fetal and infant health among Canada’s First Nations, Métis and Inuit Peoples.

In addition, strong partnerships with agencies such as the Anishnawbe Health Centre, 2-Spirited Peoples of the First Nations, Na-Me-Res (Native Men’s Residence) and Council Fire allows us to provide comprehensive and culturally appropriate care. This can include care team membership, consideration of merging traditional and medical models of care and involving elders and leaders in spiritual care and ethical decisions.
3c) What non-English language services are provided corporately? How are these services provided?

Interpretation Services are centralized and meets 95 per cent of the ~3,400 requests per year with a face-to-face or telephone-based professional interpreter. Contractual agreements are made with local agencies to support community economic development where possible. Approximately five per cent of interpretation needs are met through multilingual staff, family members or volunteers. There is currently a very limited budget for translation needs.

A Brief Summary of Interpreter Services:

- Operated by Risk Management & Quality Improvement as a corporate resource, 24 hrs/365 days/year since April 2000.
- Policy on interpretation.
- Centralized booking of interpretation requests to increase the quality and decrease the spending of interpretation services.
- Family members and under age children are not encouraged to interpret for the patient. Such interpretation can compromise patient information confidentiality and potentially create unforeseen consequences.
- Staff is advised not to use other patients for interpreting, rather to use the Language Line.
- Trained Interpreters are booked through an outside agency, which was chosen for its commitment to patient care and quality in service provision. They are on call for our Hospital 24 hours per day.
- If we are unable to find a specific language for person-to-person interpretation, we use the Language Line (interpretation over the telephone).
- For the Sign Language interpretation, we also engage an outside agency with a good record in service provision and client care. For after hours service we have an emergency booking line.
- We provide interpretation for 75 different languages and dialects, with a high degree of success.
- We have strategically positioned two handset Language Line and TTY telephone units in our Information areas at the Queen Street, Victoria Street and Bond Street entrance.
- Interpretation Resources Kit (includes: information on Bell Relay service, Language Line info, interpretation services info, reference card for situation when interpreter is appropriate, technical equipment, etc), placed on certain units.
3c) What non-English language services are provided corporately? How are these services provided?

A Practical Language Translation Aid for Health Care Professionals is available under the staff section of our main website. This phonetic aid contains 165 commonly used words and short-phrases for the 15 most commonly spoken languages in Ontario.

Non-English speaking TB patients are given information about their disease and medication through literature that has been translated in over a dozen languages and is also visually represented.

Potential patient benefits were identified as identity authentication, less wait times, reduced language barriers (the kiosk is capable of offering translations in eight different languages) and educational abilities of the kiosks.

Patient Self-Registration Kiosks -- St. Michael’s Hospital conducted an investigation in the use of patient self-registration kiosks in the ambulatory setting, to assess our patient’s ability to use this technology successfully.
3d) Does your hospital have dedicated FTE or other positions that promote, lead or address your health equity goals?

Director, Mission and Values

Main responsibility is to ensure that the mission and values of the hospital are vital and relevant through participation and/or leadership on key corporate projects and committees. Other responsibilities include: participation in Hospital’s Strategic Plan; goal setting and policies by ensuring decisions are aligned with our Mission & Values; advocate for staff and patients (compassionate funding); and Orientation/Education/Integration of St. Michael’s Hospital Mission & Values.

Executive Director, Community & Health Services Partnerships and Director, Inner City Health Program

This senior management position provides significant leadership for: developing and expanding strategic health services partnerships with selected community, institutional, and government agencies; effectively positioning St. Michael’s Hospital as a leader in creating health systems collaboration and integration; working directly with clinical leaders, physician leaders, and administrators to effectively and efficiently direct this program and all its respective units.

Director, Risk Management

This role is responsible for the strategic planning and operational management of a corporate portfolio that encompasses the Corporate Quality, Patient and Worklife Safety Programs; Hospital Accreditation Program; Infection Prevention and Control Service; Patient Education Program; Patient Affairs Service; Corporate Health and Safety Services; Interpretation Services and Enterprise Risk Management Program. This work includes strategic planning and alignment of our quality and safety plan with the corporate goals and objectives and organizational structure.

Director, Centre for Clinical Ethics, a joint venture

Main responsibility is to be proactive in establishing structures and researching and developing opinions and position papers to facilitate good ethical decision-making (service, research and management) consistent with the Mission and Values of St. Joseph’s Health Centre, St. Michael’s Hospital and Providence Healthcare. To plan for and implement mechanisms that will achieve enhanced ethical decision-making by staff, particularly the direct-care providers.

Diversity & Special Projects Co-ordinator

Established in April 1995 within the Inner City Health Program, the role reaches out across the Hospital and directs a large-scale organizational cultural change initiative including staff training and implementation of equity goals. It facilitates community outreach and equity leadership within the wider health sector; and strategic planning of corporate and patient access initiatives.

Interpreter Services Coordinator

This multifaceted role includes corporate implementation of the interpretation services and staff education, as well as guiding users on when it is appropriate to engage the interpreter; providing the information on interpretation standards, ethics, training, and quality of service.

Patient Advocate

There are two Patient Advocates within the Patient Affairs Office, under the Risk Management Department. The role entails receiving patient feedback regarding care; tracking and analyzing patient feedback; facilitating the resolution of patient complaints; and assisting patients and families with navigating their healthcare.
Patient Education Specialist

Role was established in April 2006 to adopt a corporate approach to patient and family education. Main components include: consulting on programmatic patient education materials and ensuring that they meet clear communication and plain language standards via a corporate approvals process; educating staff and program units on key elements, including health literacy, writing education materials; and developing and implementing a corporate strategic approach through a cross-hospital committee.

Specialist, Internationally Trained Professionals (ITPs)

This unique role was created to develop, implement and co-ordinate initiatives pertaining to the recruitment and retention of ITPs. The Specialist is accountable for: cultivating and expanding current collaborative professional and community partnerships in order to develop sources of qualified ITPs for positions at St. Michael’s Hospital; researching, analyzing and communicating trends to assist with ITP program development; collaborating with internal and external stakeholders to initiate solutions to problems and challenges; creating and presenting internal training programs; and representing the organization at various functions to promote and maintain our leadership role in this area.

3e) How has your hospital implemented any special initiatives to mentor, recruit and retain staff from diverse communities?

Internationally Trained Professionals (ITP) Mentorship Program: Collaborating with The Maytree Foundation, we created and implemented a unique program to engage hospital employees in ITP mentorship. This program involves matching our managers and qualified staff (as mentors) with the ITPs (as mentees), referred by partner community agencies. The intent of this model is to facilitate access to career opportunities for new immigrants. We published and distributed more than 2,000 copies of Making Connections: A New Model of Mentoring for Internationally Trained Professionals.

CARE Centre for Internationally Educated Nurses: As a founding partner, our hospital nurtured the development of a Care Centre for Internationally Educated Nurses. The Centre assists nurses from other countries to successfully complete the College of Nurses of Ontario examination. The Hospital offers many opportunities for CARE participants such as mentoring, job shadowing, work-related learning experiences and employment opportunities. In addition, Hospital bursaries are provided to this initiative.

Career Bridge: This internship program is aimed at reducing the employment barriers faced by ITPs who seek work in this province. Highly knowledgeable immigrants gain valuable practical experience in positions such as: Human Resources Compensation Assistant, Project Manager of Operating Consignment Supply Chain Process, Telecommunications. Since 2004, 23 professionals have participated at St. Michael’s Hospital and nine have been permanently hired.

Workplace Communication for Internationally Educated Nurses is a 96-hour course offered in partnership with the CARE Centre, to enhance the communication skills of currently employed foreign trained nurses.

Top Employer of the Year Award: St. Michael’s Hospital was recognized as one of Canada’s Best Employers for New Immigrants (2008). The awards, managed by the editors of Canada’s Top 100 Employers and Toronto Region Immigrant Employment Council (TRIEC), honours employers who lead their peers in creating workplaces that welcome new Canadians.
3f) Please give some examples of how your hospital accommodates patients/clients, visitors and staff with disabilities and/or other special needs in compliance with the Ontarians with Disabilities Act.

St. Michael’s Hospital has dedicated time and resources to renovating the older parts of the physical plant; physical renewal was identified in our 2004 strategic plan (“Reaching New Heights”) and it will remain a major priority over the next four to five years.

While reviewing our physical facilities, we have taken significant steps to reduce the barriers in the Hospital. These renovations conform to the Canadian Standards Association code – “Accessible design for the built environment” (3rd edition, # B651, available at www.csa.ca). This standard contains requirements for making buildings and other facilities accessible to persons with a range of physical, sensory, and cognitive disabilities. The following list includes areas in the hospital that have been renovated to codes and standards that ensure adequate physical accessibility:

- Ambulatory Fracture Clinic (Ground Floor Bond) – completed. New ground level access to Bond Wing which was previously accessible from outside by stairs only.
- Ambulatory Breast Centre – completed.
- Outpatient Labs (61 Queen) – completed.
- Ambulatory Clinics (4 Cardinal Carter) – completed.
- Cardiology Offices (6 Queen) – completed. Included redesigning the washrooms.
- Ambulatory Surgery (5 Queen and 5 Bond) – completed.
- New Braille jamb plates installed on 61 Queen Elevators.
- New Braille call buttons on Bond South Elevator.
- Queen Wing corridor doors have been retrofitted with hold-open devices.
- Washroom taps with butterfly handles have been installed in newly renovated and public washrooms.
- Wheelchair accessible washrooms with appropriate accessories in both public and inpatient care areas.
- Wheelchair accessible showers in inpatient care areas.
- Lever handles on patient doors.
- Patient room doors standardized to 3 feet wide to allow easy passage of wheelchairs.
- Patient use corridors equipped with handrails.
- Wheelchair accessible ramps and power activated doors added at Queen, Shuter and Victoria Street entrances.
- Most elevators upgraded to meet current barrier free access and operation requirements.
- Illumination levels improved in all new construction and renovation projects.
- Mental Health units designed with secure rooms that maintain the respect, dignity, privacy, and personal safety of patients.
- Signage system designed with colour and symbol markers for ease of recognition and large print for easier reading.
- Reception desks in all new construction and renovation designed with wheelchair level sections.
- Visual strobes and audible tones incorporated in fire alarm notification system.

As noted in question 1c, the process of identifying and removing physical barriers is ongoing and is factored into the design of all new renovations and construction.
4) Do you collect information to evaluate how well your employees and Board of Directors reflect the communities you serve? If not, please explain why.

The Board has a process of appointing board members under the direction of the Governance and Nominating Committee. This process emphasizes three objectives regarding representation:

1. Maintaining a balance between corporate and community sectors.
2. Continually striving to increase membership from diverse communities.
3. Ensuring members are skilled in governance.

In addition, the Community Advisory Committee of the Board includes the three chairs of the Community Advisory Panels, that facilitates community-Board dialogue.

St. Michael’s Hospital has been recognized as an employment leader with regard to its recruitment of staff from a wide variety of communities. Recent awards include:

1. Toronto’s Top 75 employers (2008) from the editors of Canada’s Top 100 Employers.
2. Best Employers for New Canadians award (2008), from the Toronto Region Immigrant Employment Council (Toronto Region Immigrant Employment Council, TRIEC).
3. Immigrant Success Influencer Award for outstanding innovation and achievement in promoting immigrant-inclusive HR practices from TRIEC, 2006.

5a) Please outline the goals and action plans to address your health equity and access priorities.

Specific new equity plans for 2009-2012 have been incorporated into our Strategic Directions that include:

• Establishing the Li Ka Shing Knowledge Institute, including the Centre for Global Health Research, which advances health equity on an international level.
• Augment and expand community-based services.
• Well-defined academic curriculum focused on marginalized populations.
• Cross-programmatic Elder Care Task Force.
• Continue and expand measures to ensure the recruitment and retention of skilled healthcare professionals, including ITPs.
5b) Please provide some examples of how you incorporate your access and equity objectives, or use an equity lens, in your initiatives to address the MOHTLC and LHIN priorities

A Corporate Patient Flow Performance office portfolio recently opened to increase patient access. The objectives of the office are three-fold:

1) To enable and create conditions for success for our staff by setting parameters, clarifying accountabilities and developing policy and information-based tools that optimize patient care transitions;

2) Building organization capacity to enact rapid process improvement cycles using a common methodological approach;

3) Setting transparent and actionable routine performance management loops.

Facilitation, coaching and change management, along with routine staff and physician engagement strategies serve as anchor points. Our preliminary improvement data illustrates a dramatic improvement in our ED Length of Stay indicators, an important dimension of quality of care.

When performing capital projects, an external scan of the demographics and types of patients served is one of the major criterions considered for construction and renovations. As an example, a new family practice unit is being developed for the hospital and a rigorous functional planning component is being performed. We are holding various focus groups and have hired consultants to discuss the types of patients we serve now and in the future. The findings from these initiatives will help develop the functional plan for the new facility. The ability to serve our patients in an accessible and equitable environment is at the forefront of all capital improvements made at the hospital.

5c) What indicators and tools are used to monitor progress?

Indicators and tools include:

- Patient Affairs Feedback Data.
- Staff and patient satisfaction surveys.
- National Research Corporation (NRC) Picker.
- Community Advisory Panel feedback.
- Balanced Scorecard for Homeless Populations.
- Interpretation Services Data, User and Interpreter feedback.
- Hospital Utilization Records.
- Census Data.
- Centre for Research on Inner City Health Reports.
- National awards and recognition.
5d) What information and data do you require in order to better identify and monitor health inequities?

Measurement of equity in healthcare provision is a significant challenge in Ontario, due to incomplete and fragmentary datasets and poor data quality. As electronic medical records become more common, standardized measures of disadvantage across the province (such as years of education, occupation, income, English-language skills and year of arrival in Canada, race, ethnicity, Aboriginal status, Religion, sexual orientation, gender identity, disability and other indicators) are required if disadvantaged groups are to be recognized and their health needs addressed.

This information is valuable to providers to assist them in individualizing a patient’s care. It may be helpful in system integration, waiting list initiatives, emerging reimbursement models, education models and new and existing programs can identify and address the aspects of disadvantage that result in worse health and barriers to accessing appropriate primary and secondary care (Glazier, 2005).

The Centre for Research on Inner City Health at St. Michael’s Hospital with the Hospital Collaborative on Marginalized Populations is reviewing existing hospital-associated indicators to assess their rationale/logic, and evidence base for identifying and monitoring health inequalities in hospital settings. Feasibility of measuring these indicators, using routinely collected data, will be discussed. This review will be available in Spring 2009.

The following observations can be made now:

1. Two types of data will be required: administrative data and patient satisfaction data.
2. Linkages of new and existing data sets should be facilitated.
3. Standardization of data collection systems across institutions should be encouraged.
4. Careful consideration is due before evaluating or comparing hospitals on equity performance, because institutions face different social determinants of health challenges.

5e) How are members of diverse communities, staff and board members involved in planning and setting health equity priorities for action by your hospital?

Please see the Community Advisory Panel, Partner and Anti-Racism Project description in Our Vision of Health Equity on page four.
6) In what ways are your health equity goals communicated to the following groups?

Staff & Physicians:
Division meetings; Monthly staff meetings; Local champions within the programs to help build awareness – peer to peer; Informal meetings with the CEO; Town Halls held by President and CEO for all staff; President’s Advisory Council meetings with President and Managers; Ambassadors program; Communications via e-mail/distribution of meeting notes, signage where appropriate in key areas; Program monthly executive council meetings; Printed newsletter available in common areas of the Hospital and online through the organization’s Intranet.; Daily e-newsletter that highlights issues and events of shared concern are sent to all staff first thing in the morning.

Board of Directors
Regular meetings with updates from Senior Management; Regular interaction with key executives; special events involving the hospital; communications via email re: topical issues (e.g. release of public indicators and how we fair); Community Advisory Committee of the Board.

Patients/ Clients, Families and Community Members
A new office was created to cultivate and oversee community engagement and partnerships. Communicated via allied healthcare professionals ie. Nurses, dietitians, social, pharmacists during individual or group assessments; Program newsletters for patients; Centre pamphlets; brochures; Centre information billboard; program profiles/booklets; Website; Pulse Quarterly magazine; media relations reach broader publics.

Health and Social Service Partners
Numerous staff participate on various boards; SMH is a founding member of several networks. Pulse Quarterly magazine; CAP structures.

The Toronto Central LHIN
Numerous equity leadership staff participate on LHIN work groups.
7) Does your hospital have specific requests, actions or comments that the LHIN should consider to ensure a system-wide approach to improving health equity?

1. Recognizing the evidence on the increased cost of caring for disadvantaged populations, the LHIN implement an appropriate equity funding model to reflect the true cost in a tertiary care environment.

2. Improved funding and systems for qualified health interpretation and translation services as they represent a major barrier for St. Michael's Hospital and the entire health sector.

3. Toronto Central LHIN could play an important role in advocating for and instituting more effective reporting health system practices to support health equity initiatives, by improving LHIN-wide data collection, specific to populations who continue to experience health inequities.

4. Leadership for the networks that address health inequities and promote integration of health services within the Toronto Central LHIN.

5. Actively promoting health equity models with the other 13 Ontario LHIN's, provincial ministries and the City of Toronto who are working to address the social determinants of health (ie. Poverty, Housing, Education, Legal, etc.)
8) Please list all attachments to this report here.

Operational Resources:

- SMH Diversity Fact Sheet
- Breast Self-Examination Guides (multilingual)
- St. Michael’s Hospital Homeless Pathway
- 10 Tips for Caring for a Diverse Population
- Asking about ethnicity – “Where are you from?”
- CareerBridge and Care for Internationally Educated Nurses descriptions
- St. Michael’s Hospital Making Connections – A new model for Mentoring Internationally Trained Professionals – September 2003
- CAISI Project Summary – January 2009
- Community Art Studio Initiative for Adults with Serious Mental Illness
- My Baby and Me Infant Passport – Descriptions and Findings
- Colour of Poverty Fact Sheets (St. Michael’s Hospital endorsed)
- Cervical and Breast Screening for Vulnerable Populations
- Mindfulness Stress Reduction Group for Depression and Anxiety – new mother/low income
- Inner City Health: Mental Health & Addictions Services
- Hospital Collaborative on Marginalized Populations – Uninsured Clients

Directional Resources:

- In Our City: Inner City Health Program
- St. Michael’s Hospital 2008-2012 Strategic Plan
- Patient Education Strategic Plan
- Creating Healthy Inner Cities

Research/Data Collection Resources:

- SMH Patient Demographic Table January 29, 2009
- Homeless Balanced Scorecard and Definitions
- Stroke Outcome in Those Over 80
- Stroke in the Very Elderly
- Age Disparities in Stroke Quality of Care and Delivery of Health Services
- CRICH OTC program
- CRICH Key Partnerships
- CRICH Course on Equity – September 2008
- All CAP Research Day Invitation

- St. Michael’s Hospital Community Advisory Panel Evaluation Report
- CRICH Impact Reports
- Let’s Get Talking Series Invitation
- CRICH - Community and Cultural Resources in Case Management
- TC LHIN Staff Education Day – Health Disparities
- Toronto Public Health Symposium Flyer and Program
- Neighbourhood environments and resources for health living - a focus on diabetes in Toronto, November 2007.
For further information about equity at St. Michael’s Hospital, please contact:

Anthony Mohamed
Diversity & Special Projects Co-ordinator, Inner City Health Program
416-864-5087
mohameda@smh.toronto.on.ca

Acknowledgments:
Sarah Baker, Public Relations; Jacqueline Chen, Diabetes Comprehensive Care; Marisa Creatore, Centre for Research on Inner City Health; Anne Davies, Patient Advocate; Darlene Dzendoletas, Women’s Health; Rick Glazier, Centre for Research on Inner City Health; Jennifer Humphries, Public Relations; Kara Kitts, Planning & Development; Michelle Lydon, Symbiosis Designs; Filomena Machado, Mission & Values; Hazel Markwell, Ethics; Bill McCormick, Printing; Pat McKernan, Risk Management; Anthony Mohamed, Inner City Health; Kelly Murphy, Centre for Research on Inner City Health; Paul O’Meara, Medical Imaging; Jim O’Neill, Inner City Health; Charlotte Ristic, Interpreter Services; Cecilia Santiago, Medical/Surgical ICU; Gustavo Saposnik, Stroke Research Unit; Farrah Schwartz, Patient Education; Anne Stephens, Elder Care; Kareem Toni, Information and Communication Technology; Ann-Marie Tynan, Centre for Research on Inner City Health; Tracey Williams, Patient Registration; Kate Wilson, Human Resources; Kathy Wong, Mental Health
Table 1. St. Michael’s Hospital Equity Analysis - Profile of SMH Patients by 5 hospital departments (FY 2007/08).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Emergency</th>
<th>Family Medicine</th>
<th>Obstetrics</th>
<th>Psychiatry</th>
<th>General Internal Medicine</th>
<th>SMH Catchment Area</th>
<th>City of Toronto</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic Composition (Patient-level)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Population</td>
<td>38,101</td>
<td>25,692</td>
<td>2,969</td>
<td>497</td>
<td>2,318</td>
<td>426,967</td>
<td>2,503,281</td>
</tr>
<tr>
<td>Living within the SMH catchment area (%)</td>
<td>38.9</td>
<td>45.3</td>
<td>27.0</td>
<td>43.7</td>
<td>53.7</td>
<td>100.0</td>
<td>-</td>
</tr>
<tr>
<td>Aged &lt;20 (%)</td>
<td>5.5</td>
<td>14.2</td>
<td>2.6</td>
<td>2.4</td>
<td>1.1</td>
<td>20.3</td>
<td>22.2</td>
</tr>
<tr>
<td>Aged 65+ (%)</td>
<td>16.9</td>
<td>12.9</td>
<td>0.1</td>
<td>10.3</td>
<td>53.7</td>
<td>12.2</td>
<td>14.1</td>
</tr>
<tr>
<td>Median Age</td>
<td>42</td>
<td>41</td>
<td>31</td>
<td>41</td>
<td>67</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Female (%)</td>
<td>46.0</td>
<td>55.3</td>
<td>100.0</td>
<td>45.5</td>
<td>44.5</td>
<td>51.0</td>
<td>51.8</td>
</tr>
<tr>
<td>Equity Indicators (Area-level, based on Postal code of residence)*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socioeconomic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median household income after tax $</td>
<td>$45,422</td>
<td>$45,397</td>
<td>$46,916</td>
<td>$40,416</td>
<td>$41,228</td>
<td>$47,209</td>
<td>$46,236</td>
</tr>
<tr>
<td>After-tax incidence of low income (%)</td>
<td>17.6</td>
<td>18.0</td>
<td>17.1</td>
<td>22.7</td>
<td>20.2</td>
<td>21.5</td>
<td>19.4</td>
</tr>
<tr>
<td>Highest level of education of population aged 20-64:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school education (%)</td>
<td>8.6</td>
<td>7.7</td>
<td>9.4</td>
<td>9.8</td>
<td>8.1</td>
<td>10.1</td>
<td>12.4</td>
</tr>
<tr>
<td>With a University degree, certificate or diploma (%)</td>
<td>44.7</td>
<td>47.2</td>
<td>43.2</td>
<td>41.9</td>
<td>47.1</td>
<td>49.4</td>
<td>43.9</td>
</tr>
<tr>
<td>Language, Immigration, Ethno-racial Diversity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No knowledge of English/French (%)</td>
<td>2.1</td>
<td>2.2</td>
<td>3.2</td>
<td>2.7</td>
<td>2.1</td>
<td>4.0</td>
<td>5.3</td>
</tr>
<tr>
<td>Recent immigrants-within 5 years (%)</td>
<td>5.9</td>
<td>5.7</td>
<td>6.9</td>
<td>6.9</td>
<td>6.5</td>
<td>10.0</td>
<td>10.8</td>
</tr>
<tr>
<td>Immigrants(%)</td>
<td>39.7</td>
<td>41.4</td>
<td>46.7</td>
<td>39.3</td>
<td>37.9</td>
<td>40.7</td>
<td>50.0</td>
</tr>
<tr>
<td>Visible minority(%)</td>
<td>34.8</td>
<td>34.2</td>
<td>38.6</td>
<td>36.3</td>
<td>34.8</td>
<td>38.0</td>
<td>46.9</td>
</tr>
</tbody>
</table>

Data Source: 2006 Census, Statistics Canada.

Figure 1. Patients: Income distribution* of SMH patients in 5 hospital departments, based on residential postal code (FY 2007)

*Data source: Statistics Canada (PCCF+ 5C)
Figure 2. Visits: Income distribution* of SMH patients in 5 hospital departments, based on residential postal code (FY 2007)

*Data source: Statistics Canada (PCCF+ 5C)

Figure 3. Income distribution* : Family practice enrollees at SMH, University of Toronto Family Health Teams and Ontario

*Data source: Statistics Canada (PCCF+ 5C)

Appendix - Profile of St. Michael’s Hospital Patients
To find out more about St. Michael’s Hospital

www.stmichaelshospital.com
1 diverse hospital treating everyone with quality care