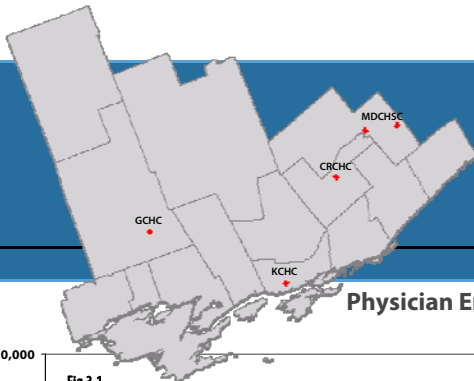
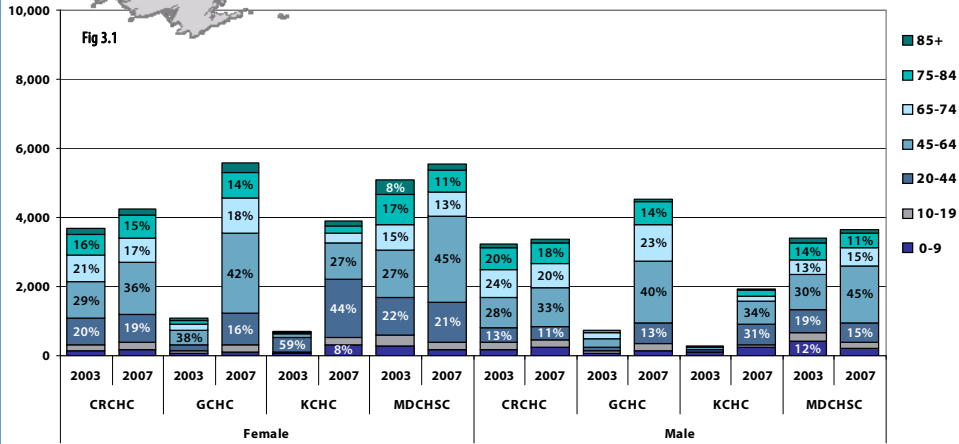


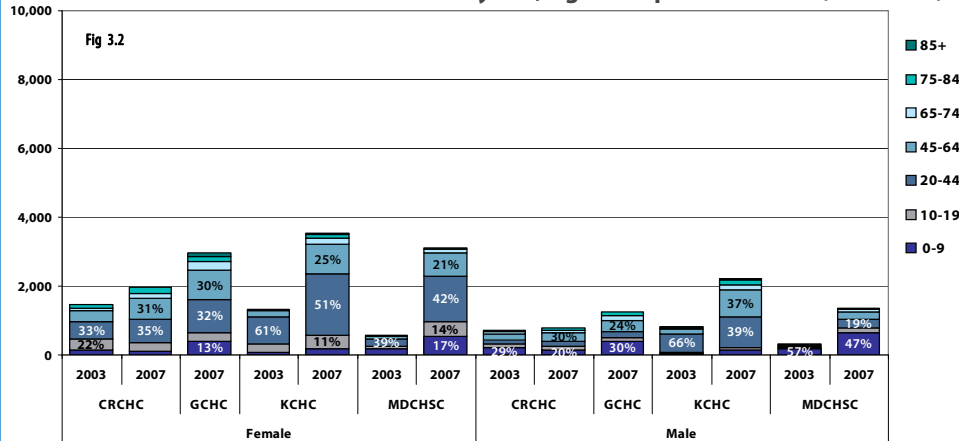
South East Local Health Integration Network Community Health Centre Profile



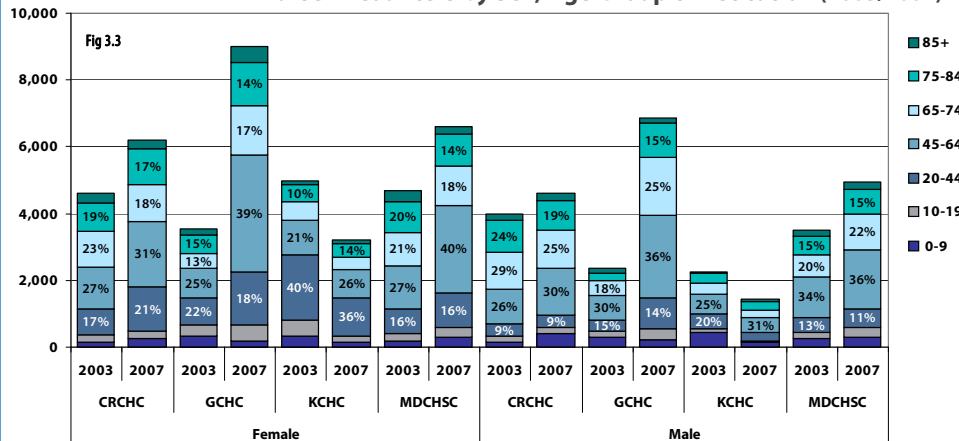
Physician Encounters by Sex, Age Group & Institution (2003/2007) ¹



Nurse Practitioner Encounters by Sex, Age Group & Institution (2003/2007) ¹



Nurse Encounters by Sex, Age Group & Institution (2003/2007) ¹



Legend:

- CRCHC-Country Roads Community Health Centre
- GCHC-Gateway Community Health Centre
- KCHC-Kingston Community Health Centre
- MDCHSC-Merrickville District Community Health Services Centre

Introduction:

The Regional Capacity Assessment Project (ReCAP) provides a profile, including short-term projections, on the utilization of health care services in the South East LHIN. Results of ReCAP are used to support the recommendations in the Integrated Health Service Plan for the South East region. This short report on Community Health Centres (CHC) is one in a series of summary analyses from ReCAP that focuses on specific health care services. In the South East LHIN there are 4 Community Health Centres.

Community Health Centre Services:

Community Health Centres are non-profit organizations that provide primary health and health promotion programs for individuals, families and communities. Services within each CHC are based on the needs within the community served. Each CHC is unique in the types of services offered.

Primary Care - CHCs offer primary care services by way of scheduled appointments, extended hours service, walk-in appointments and access to lab work. Primary Care resources are on call 24/7 and also perform home visits.

Mental Health & Addictions Services - Mental health counseling & support services including access to visiting psychiatrist, methadone management, needle exchange, addiction counseling and Hepatitis C treatment are available.

Illness Prevention - Is a major component of CHC services and includes such programs as: regional stroke strategy, smoking cessation, annual flu clinics, diabetic education, peer support programs, oral health, cervical screening clinics, colorectal screening, asthma action plans and teen health clinic and youth services designed to promote healthy active living.

Inter-professional Services - Inter-professional services offered at the SELHIN CHCs: nutritional support, counseling intervention support focused on food security, financial crisis, housing and employment, pregnant teen support, pre/post natal care and breastfeeding support, respiratory therapy and physiotherapy are a few examples.

Health Promotion - CHCs health promotion programs are targeted toward youth, teens, parents, families, seniors and vulnerable populations. Primary Health Care providers offer primary and secondary prevention and refer clients to self-help groups, nutritional counseling programs, literacy cafes, CDPM self-management programs and many others that are offered locally.

Community Capacity Building - CHCs aim to build capacity by providing food security programs, community dinners, back-to-school backpack program, community gardens, immigration services, dental coalition, community kitchen program, affordable recreation, geriatric programs, literacy & computer programs to name a few examples.

Service Integration - CHCs work in partnerships with agencies who support access to services and build on service/care offered at the local level. Some of the agencies include, but are not limited to local schools, food banks, community support agencies, professional health care providers, municipalities, libraries, recreational centers, service clubs, OPP, universities, mental health services and early year's centers. CHCs also provided preceptorship opportunities for nurse practitioners, registered nurses, registered practical nurses and dietitians.

Summary of Main Findings:

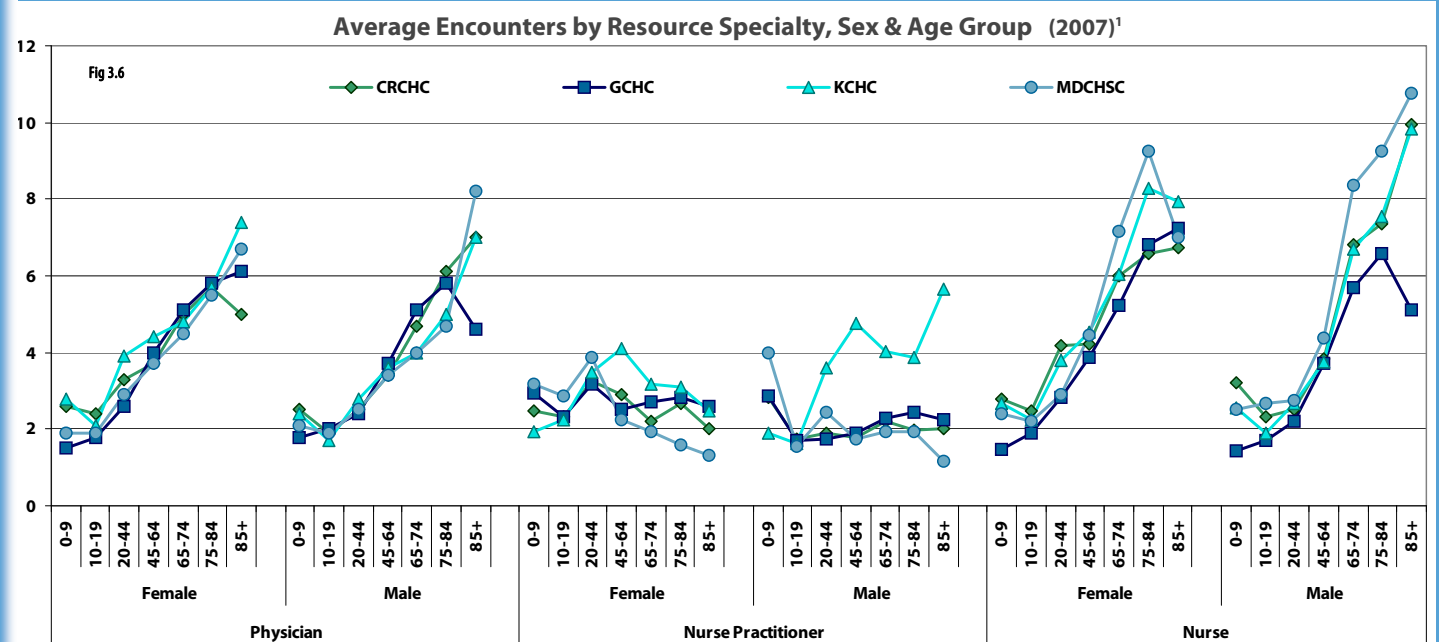
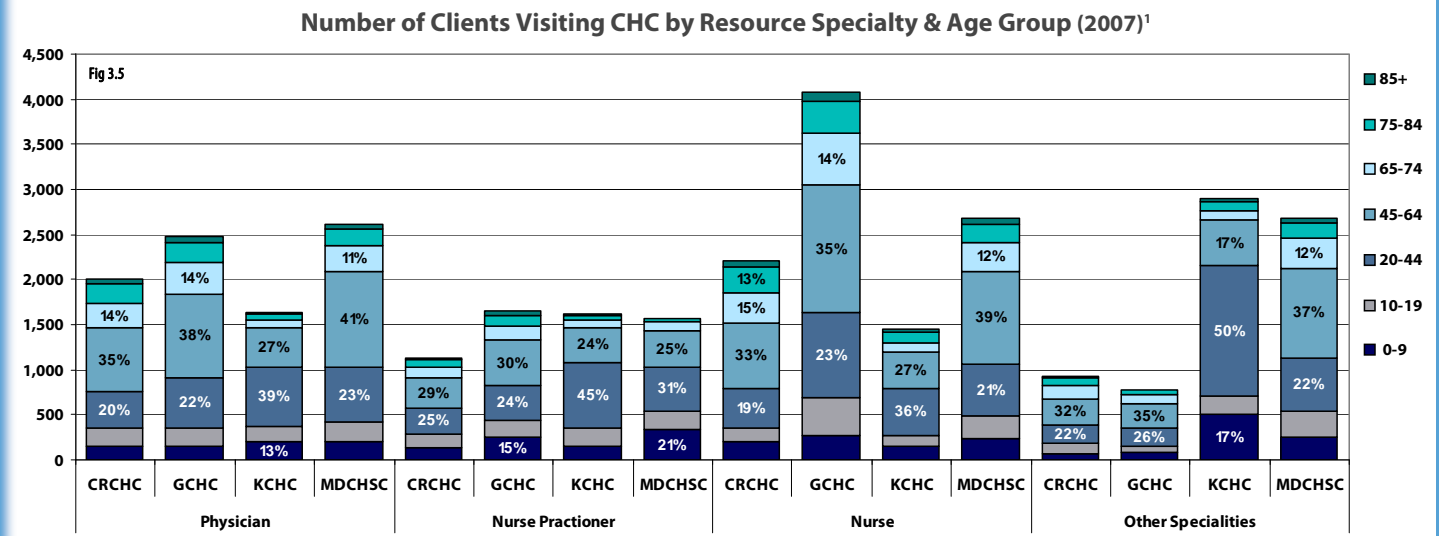
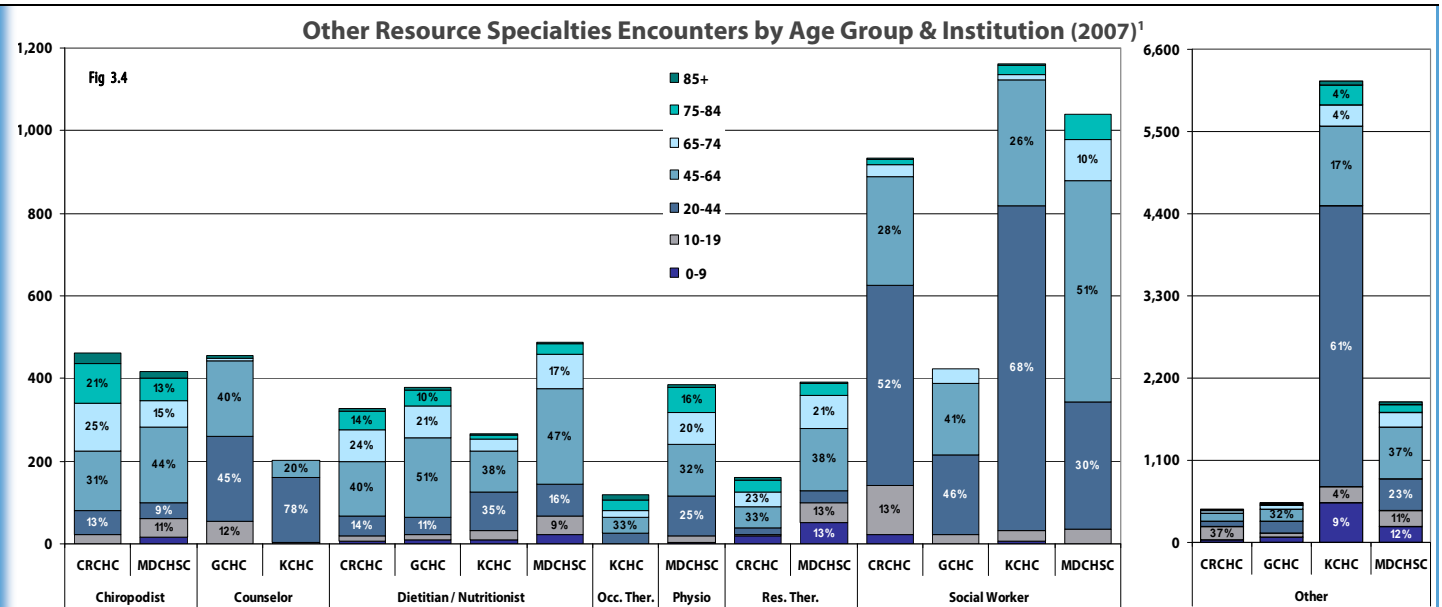
- The majority of encounters in 2007 to SELHIN CHCs were with nurses (43,000 or 39%) followed by physicians (36,000 or 30% and nurse practitioners (17,000 or 16%). Other types of encounters were made to social workers, nutritionists, health counselors, chiropractors and therapists.
- Among SELHIN CHCs, most of the encounters occurred in GCHC (32,000 or 30%) then MDCHSC (30,000 or 27%), KCHC (25,000 or 22%) and CRCHC (24,000 or 21%).
- All CHCs except KCHC had 38%-49% nurse encounters, 30%-33% physician encounters and 11%-15% nurse practitioner encounters. KCHC had 19%, 24% and 23% of encounters to nurses, physicians and nurse practitioners respectively.

Continued - Page 2

Please send any questions or comments to:
SEdatateam@lhins.on.ca



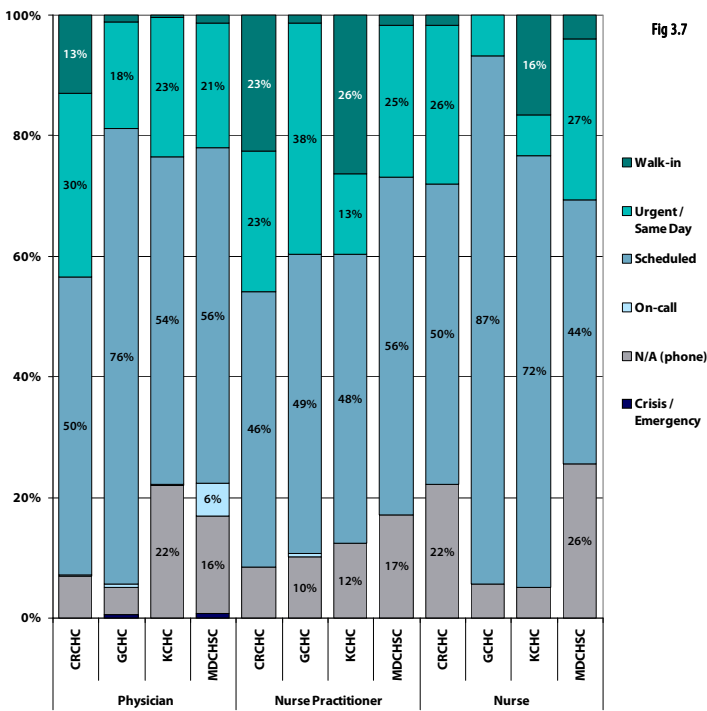
southeastlhins.on.ca



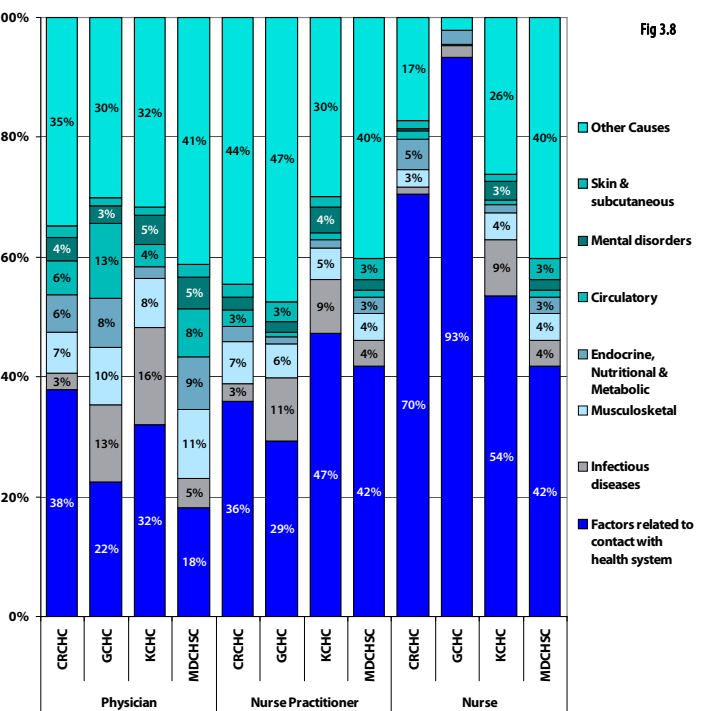
48 Dundas Street West, Unit 2
 Belleville, Ontario K8P 1A3
 Phone: 613-967-0196
 Fax: 613-967-1341

South East Local Health Integration Network Community Health Centre Profile

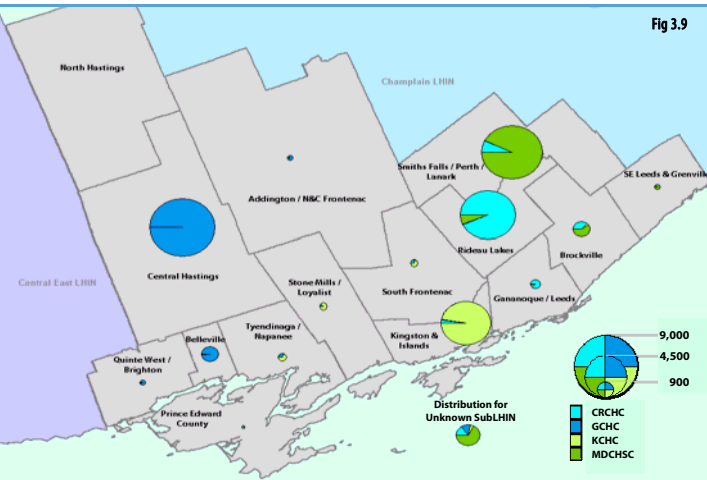
Distribution of Encounters by Resource Specialty & Mode of Contact (2007)



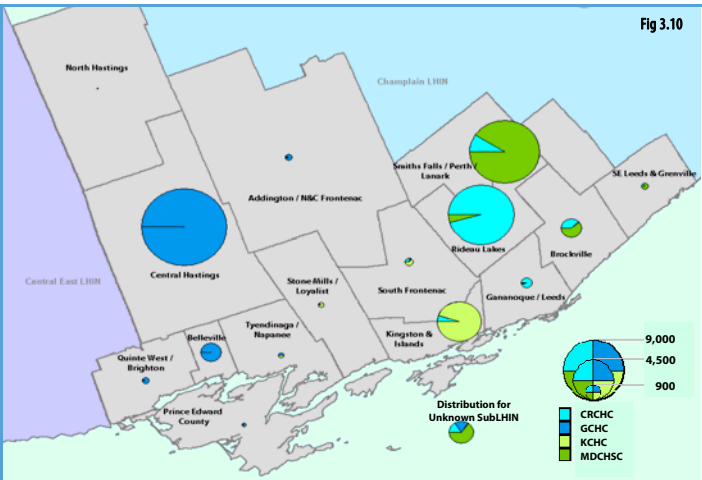
Distribution of Encounters by Resource Specialty & Disease Diagnosis (2007)



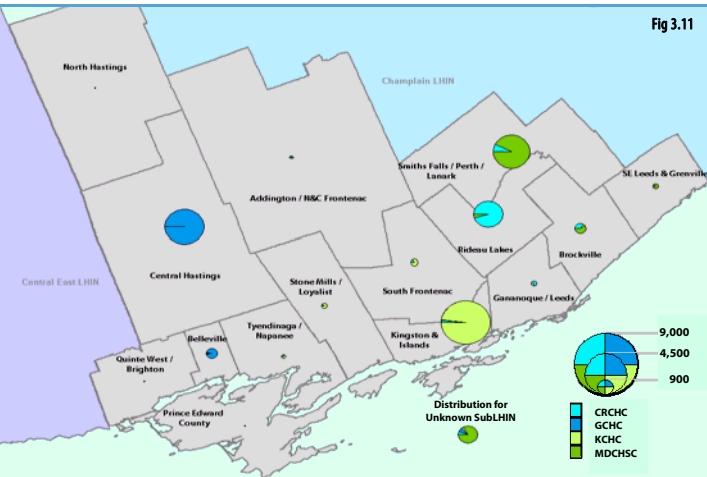
Distribution of Physician Encounters for SE SubLHN areas by CHC (2007)¹



Distribution of Nurse Encounters for SE SubLHN areas by CHC (2007)¹



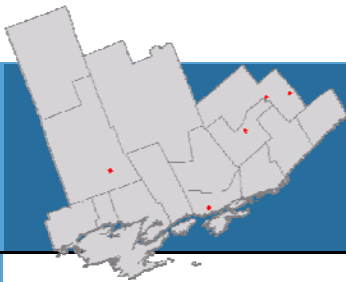
Distribution of Nurse Practitioner Encounters for SE SubLHN areas by CHC (2007)¹



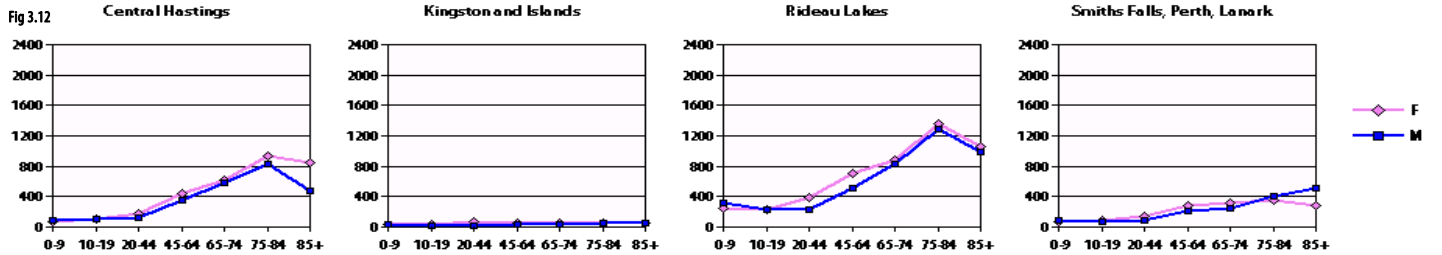
Summary of Main Findings - continued:

- Overall about 58% of all nurse encounters were from female clients (KCHC had 69% and other CHCs 57%). For physician encounters 59% were female (KCHC had 66% and other CHCs 55%-60%). Nurse practitioner encounters were mainly from female clients (67%, although only 61% for KCHC and >70% from other CHCs).
- Approximately 51% of nurse encounters came from clients 20-64, while 40% were from clients 65+ and 9% under 20. Again KCHC had a somewhat different profile from the other CHCs with proportionally more clients 20-64 (58% vs 53% or less respectively) and less 65+ (31% vs >39% respectively).
- For physicians the overall percentage of encounters from clients 20-64 was 58%, 65+ was 32% and <20 was 10%. KCHC had a much higher percentage of encounters from 20-64 year clients (68% vs 63% or less) and proportionally fewer clients 65+ (16% vs 29%+).
- Overall about two thirds of client encounters to nurse practitioners were from individuals 20-64 while a quarter were from youths <20 and 13% from the elderly 65+. KCHC had proportionally more encounters from clients 20-64 (75%) and MDCCHC had proportionally more youths (39%).
- The average number of encounters per client was very similar across all CHCs with the exception of those from males to nurse practitioners which was higher than normal in KCHC.

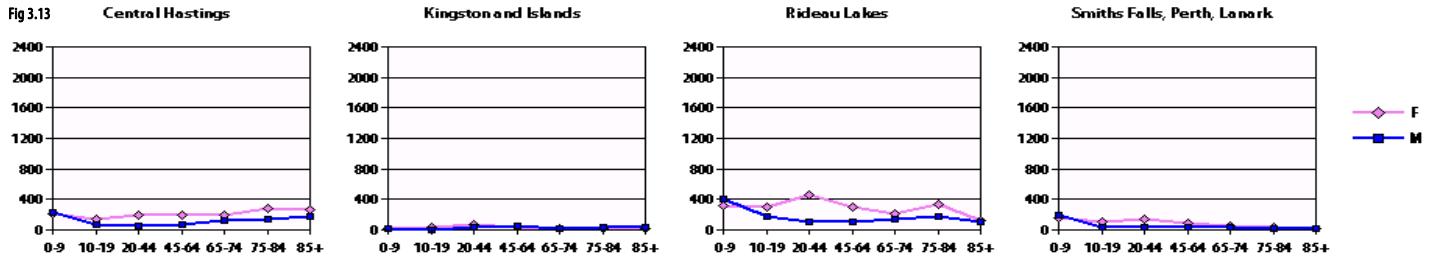
South East Local Health Integration Network Community Health Centre Profile



Rate for Encounters to Physicians (per 1,000 population) for Selected SubLHIN Areas (2006 & 2007 combined)^{1,3}



Rate for Encounters to Nurse Practitioners (per 1,000 population) for Selected SubLHINs (2006 & 2007 combined)



Rate for Encounters to Nurses (per 1,000 population) for Selected SubLHINs (2006 & 2007 combined)

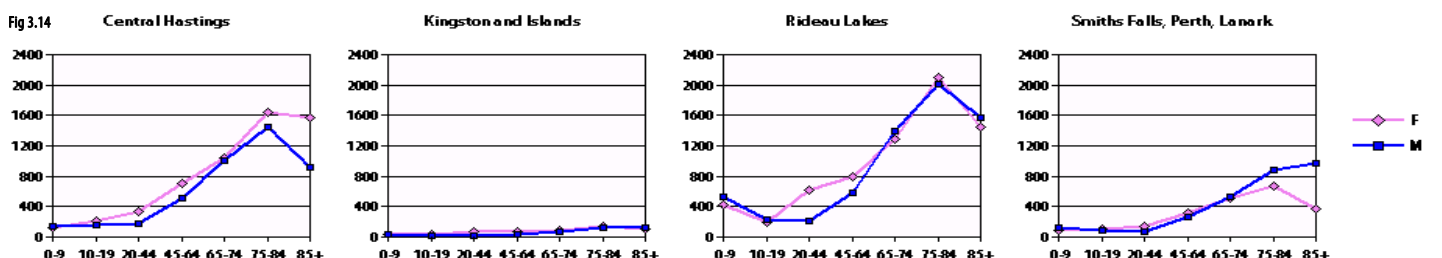


Fig 3.15 Reported and Projected Clients & Encounters by Resource Specialty and SE LHIN Community Health Centre (2006-2012)¹⁻⁶

Resource Specialty	CHC	Clients	Encounters	FTE Count	Reported & Projected Clients per FTE ⁵			Reported & Projected Encounters per FTE ⁵		
		Average 2006 & 2007	Average 2006 & 2008	2007	Average 2006 & 2007	2012	Annual Average % Growth	Average 2006 & 2007	2012	Annual Average % Growth
Physician	CRCHC	1,980	7,295	3.0	660	715	1.5	2,432	2,676	1.8
	GCHC	2,216	8,153	3.0	739	757	0.4	2,718	2,876	1.0
	KCHC	1,531	5,504	3.2	478	503	0.9	1,720	1,828	1.1
	MDCHSC	2,351	7,782	3.0	784	812	0.7	2,594	2,746	1.0
	SE LHIN	8,078	28,734	12.2	2,661	2,787	0.8	9,463	10,126	1.2
Nurse Practitioner	CRCHC	1,342	3,356	2.0	671	716	1.2	1,678	1,772	1.0
	GCHC	1,559	3,940	2.0	779	763	-0.4	1,970	1,905	-0.6
	KCHC	1,481	5,104	2.0	741	771	0.7	2,552	2,670	0.8
	MDCHSC	1,268	3,696	1.8	704	717	0.3	2,053	1,998	-0.5
	SE LHIN	5,650	16,096	7.8	2,895	2,967	0.4	8,253	8,345	0.2
Nurse	CRCHC	2,111	9,713	4.4	480	527	1.7	2,208	2,442	1.9
	GCHC	3,597	13,392	4.5	799	814	0.3	2,976	3,131	0.9
	KCHC	1,602	5,434	7.0	229	239	0.8	776	815	0.9
	MDCHSC	1,268	3,696	3.6	352	358	0.3	1,027	999	-0.5
	SE LHIN	8,577	32,235	19.5	1,860	1,939	0.8	6,986	7,387	1.0

Summary of Main Findings - continued:

- There is an increase in the rate of encounters in the 75-84 age range for Central Hastings and Rideau Lakes SubLHIN regions
- The majority of encounters to SE LHIN CHCs were scheduled: 50%-76% for physician, 44%-72% for nurses and 48%-56% for nurse practitioners.
- Most of the services offered by CHCs are provided to clients in areas within or adjacent to the SubLHIN of the CHC.
- The rates for encounters by SubLHIN were higher in Rideau Lakes & Central Hastings than in Smiths Falls/Perth/Lanark and Kingston & Islands, particularly in the elderly population 65+.
- Projections for CHC services assume that increases are based on changes in population growth and that utilization rates remain constant until 2012. Encounters are projected to grow by 1.2% for physicians, 1.0% for nurses and 0.2% for nurse practitioners. The number of clients are expected to grow at a much slower pace: for physicians and nurses (0.8%) but marginally faster for nurse practitioners (0.4%).

General Notes and Limitations:

1. All estimates are reported for fiscal periods, e.g. 2007 is April 2007-March 2008.
2. Data Source: Community Health Centres: CHC MIS (Purkinje)
3. South East SubLHIN, sex and age group (0-9, 10-19, 20-44, 45-64, 65-74, 75-84, 85+) are assumed to be independent strata.
4. Population estimates at the SubLHIN and LHIN levels were accessed from the Provincial Health Planning Database, MOHLTC. Population projections at the SubLHIN level were generated by the South East LHIN based on cohort component methodology.
5. Fig 3.15 illustrates the reported and projected clients and encounters by resource specialty and CHC. The projections are primarily based on changes in population growth and assume that market share, utilization rates for 2006 & 2007 and FTE counts for 2007 remain constant until 2012. Note that the projections do not account for growth in primary care or program participation, data quality improvement initiatives or fluctuations in FTE counts during the period.
6. Projections of health care utilization do not incorporate program realignments or enhancements, changes in service demand, technological or clinical developments, or changes in disease prevalence.