



Access to Health Care- Interim Report

Health Care Access in a Healthy Community

Equitable access to health care is one of the primary principles of the Canada Health Act. Geography is one of our determinants of health; given our geographical makeup, Fort Erie faces unique challenges in the delivery of health care. The town is 167 km² in area and has a population of 28,143 permanent citizens⁽¹⁾. We are a low-density rural community in many practical respects. The increased volume of people from summer residents, tourism and gaming, and migrant workers at the Race Track, compound the challenges for providing accessible health care. There are 660 off-reserve aboriginal people in Fort Erie and we have the highest rate of refugee settlement in the region (144 new families settle per year). These groups have significant culturally-sensitive health care needs, making the challenge for adequate primary care difficult.

Primary care or family physicians are considered to be the first point of entry into the health care system. There is however, a “continuum” of health care that every citizen in Fort Erie should have reasonable access to. The continuum of care includes primary care (family doctors), acute care (Douglas Memorial Hospital/Niagara Health System, or NHS), long term care (NHS and nursing Homes), mental health services (community and NHS), and home care (Access Niagara).

The Community Health and Wellness' Access to Health Care Team undertook

to describe the status of the service delivery of each of the components of the continuum of care as delivered in Fort Erie.

Primary Care

There are 10 physicians practicing in Fort Erie. Eight physicians practice family medicine. Two of the 8 have a reduced volume practice. If all permanent citizens had a family doctor, the distribution would be 1 doctor for 3,517 people. The acceptable standard according to the Ontario Medical Association is 1:1,500.

The Douglas Memorial Hospital (DMH) emergency department statistics (2001-2002) identify that 77% of the visits are in category ‘non-urgent’ or ‘semi-urgent’ which are needs best met at the family doctors’ offices or an “urgent care” clinic. There is no walk-in clinic in Fort Erie. People travel to Niagara Falls to attend walk-in clinics. Three of the top ten highest diagnosis, called case-mix groups (CMG’s), which are admitted to our hospital, are related to the management of chronic disease. The three CMG’s are:

- 1) stroke (related to management of high blood pressure)
- 2) angina (related to the management of heart disease)
- 3) chronic obstructive lung disease.

All of these chronic disease states are best managed within the framework of a primary health care system where “case management” and support of self-management are the primary preventative interventions. One of the principles of



level medical and surgical emergencies is not available in Fort Erie. The Criti-Call system provides access to trauma centres/beds in Ontario or in Buffalo, New York. NHS nurses and Med-Emerg physicians staff the Emergency Department.

Table 2: Visits to Douglas Memorial Hospital Emergency by Age Group (April 2002-December 2002)

Age (years)	0-18	19-64	65-74	74-85	>85
% of Visits	26%	57%	7%	7%	2%

DMH Emergency Room Highlights:

- significant number of visits are for urgent and non urgent care
- September 2002, visits went up by 350 visits when one of the primary care physicians had to restrict his practice
- expert opinion identifies that the Emergency Department’s viability is related to nursing and physician retention and increasing volumes of patients requiring non-acute care

Diagnostic Imaging

The Diagnostic Imaging Department provides comprehensive direct access to diagnostic and interventional services for the people of Fort Erie. Having these services in Fort Erie avoids travel to other sites in the Region.

We have recently received new equipment: a laser camera is connected to all ultrasound and fluoroscopic images. What this provides are better, faster pictures and facilitates digital storage of images. This laser camera improves the

images’ level of detail and frees technologists’ time, increasing their available time for patient care.

DMH Diagnostic Imaging Services (no. exams per year):

- Echocardiography (400)
- Ultrasound (3000)
- Radiological Examinations/ Digital Fluoroscopy (13,000)
- GI Series (upper & lower) (900)
- Mammograms (1000)
- Laboratory Services

Home Care

Report from Community Care Access is pending.

Complex Continuing Care

People who require Complex Continuing Care (CCC) require nursing care somewhere between acute and nursing home care. Three percent of the patients at DMH require CCC. There is a category of care called “Slow Paced Recovery” which is care provided for people while they wait to go to a nursing home. Some of these people actually recover and return home while waiting for nursing home care. Ten percent of the patients on the second floor of DMH fit this category of slow paced recovery. It is estimated that 80% of this population is waiting for placement in a nursing home. The new extension of the Crescent Park Lodge should help alleviate this situation and provide an improved quality of life for these citizens.

Team Recommendations

1) Ambulatory Care

It is recommended that the Community Health and Wellness Group work closely



