Local Health Integration Network

LHINfo Source

December 2006

Networking Day Inaugural Step Towards Improving Palliative and End-of-Life Care in Central LHIN – CEO

Networking Day participants break to smile.

"This is the start," said Hy Eliasoph, CEO of Central LHIN, to a wide array of health care professionals who came together Wednesday, November 29th to create a Central LHIN End-of-Life/Palliative Care Network.

The group, more than 70 strong and including physicians, hospital management, hospice directors, social workers, and long term care staff, gathered to brainstorm about ways to improve palliative care services in the LHIN region.

Eliasoph, introducing the event, noted that while the Central LHIN Plan did not focus on palliative care, there is "a fundamental commitment to a palliative care/end-of-life strategy."

"We have a fundamental commitment to end-of-life care," he said, re-iterating an earlier "promise to get to it in a substantive way."

"This is the first step on that road."

There are currently three palliative care networks operating within Central LHIN boundaries: Toronto Palliative Care Network, Palliative Care Network of York Region, and the Simcoe/Muskoka/East Parry Sound End-of-Life Network.

Participants at the Networking Day.

The three are among sixteen in the province, members of the Provincial End-of-Life Care Network, an initiative begun by the Ministry in 2004. The networks, explains Brenda Smith, Executive Director of the Simcoe/Muskoka East/Parry Sound End-of-Life Network, will continue to operate for their regions, while being dedicated to a LHIN-specific strategy.

"It's going to take some creative thinking – but our goal is a single network in the Central LHIN," said Smith.

Smith, along with Patricia Van Den Elzen, Executive Director of the Palliative Care Network for York Region, and Deborah Lavender, Executive Director of the Toronto Palliative Care Network, gave presentations Wednesday on their respective efforts to establish networks, strengthen regional infrastructure and enhance coordination and integration of the multiple organizations within their regions.

Monique Patenaude, President of the Palliative Care Network of York Region, is excited at the prospect of a Central LHIN network.

"It's critical," says Patenaude, "we've been looking forward to this for the last two years. We have a lot of strength. We're coming together to improve access and equity and increase awareness about lack of funding."

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Patenaude would like to see palliative care gain the same support as other necessary services like cardiac care. For too long, she says, staff and management at these organizations have done "missionary work." Pautenaude explains that as the baby boom generation puts an unprecedented strain on the health care system, initiatives to improve palliative care must be ramped up immediately.

She says consumers will not be patient. The network must answer the question "How can we best manage our resources?" says Patenaude. "We cannot survive" otherwise, she says, "we'll drown."

Bonnie Selwood, Director, Client Services of the CCAC of York Region, echoes Patenaude's sentiments.

"Palliative care needs the same attention as other critical services," she says. "Lack of funding and resources to improve care at the frontlines has frustrated dedicated workers."

Selwood says that the collective expertise of the assembled group will result in improved services. "Right away," she says, "there will be an impact due to the sharing of expertise and education-sharing initiatives."

As Selwood prepares for a CCAC re-alignment in York Region, the networking day provides unique knowledge benefits for a new, centralized CCAC.

"It's a great opportunity for folks in the new Central CCAC to know how we do things, to see our resources, and to establish best practices."

Planning for Health Human Resources in Central LHIN

Central LHIN's Health Human Resources Advisory Group will "conduct health human resource planning to support the strategic directions and the Integrated Health Service Plan of the Central LHIN, and the provincial health human resources strategy."

After reviewing several options, the group has agreed to focus on recruitment issues as their first initiative. Some initial strategies can be implemented fairly quickly.

A career section on the Central LHIN website will provide direct links to health care organizations within the LHIN.

We are pleased to announce that the career page is now up and running. To access, click on "Health Careers in Central LHIN" from the Central LHIN home page:

www.centrallhin.on.ca

If you would like to post your organization's career page on the Central LHIN website please contact Rochelle Rutman at *rochelle.rutman@lhins.on.ca* or *905-948-1872 ext. 209.*

The Central LHIN, in collaboration with the Health Human Resources Advisory Group, will be holding a 'Breakfast of Champions' event on February 14th, 2007. The Breakfast will showcase three best practices and will be a combination of presentations and discussion. The Breakfast will be a great networking opportunity for Health Human Resources professionals and a great way to learn some innovative best practices.

For more information on the Breakfast, please contact *greg.harrington@lhins.on.ca* or call Greg at *(905) 948-1872 ext 230*

Breakfast of Champions

To encourage innovation and promote knowledge transfer, Central LHIN hosts regular Innovations Showcases, known as the "**Breakfast of Champions**".

On December 11, please join us for our next Breakfast "Connections to Hospice Palliative Care" showcasing local best practices in Palliative Care programs in Central LHIN.

Dates for upcoming Breakfasts in 2007 are: Feburary 14th, April 13th, and June 22nd. Please check our website at *www.centrallhin.on.ca* for more details.

Better Coordination At Core of Critical Care Strategy

Central LHIN board and members of the public listen as the critical care strategy is presented.

The rapid development of a new critical care strategy in Ontario was a key focus at an open Central LHIN board meeting on Tuesday, November 28th.

The plan, highlighted for the board by Dr. Donna McRitchie, the Central LHIN Critical Care Lead, was borne as a result of the 2003 SARS crisis in Toronto.

After witnessing the significant coordination gaps in critical care services that the SARS outbreak exposed, the Ministry of Health and Long-Term Care and leading members of the province's critical care community began discussions on how to strengthen the system.

The discussions culminated in the development of a critical care steering committee, that released a report in early 2005 that outlined 33 recommendations focusing on improved access, quality, and system coordination. The Ministry also established 14 leads to oversee the change process in each LHIN within the province.

"We have high expectations of care," says Dr. McRitchie, "but we realized [after 2003] that there was no flex in the system – we were working at our maximum capacity all the time," she says.

"The Ministry has acted swiftly on almost all of the recommendations," says McRitchie, who was recently honoured for her active role in the SARS crisis by the College of Physicians and Surgeons of Ontario.

Speaking to Central LHIN Newsroom in October, McRitchie says that "the Ministry's approach is evidence of a new responsive, grassroots mentality."

"They've changed their mode a little – instead of them saying 'this is what you need to do' they're asking 'how can we do it?'"

McRitchie outlined a number of new strategies for the Central LHIN board, including the funding of Critical Care response teams, training courses for RNs, information websites, and the addition of more than 45 Intensive Care Unit beds in the province.

Standardization and regular reporting on critical care in the province will allow the sector to continually reflect on its ability to provide efficient services, and develop the necessary plans to deal with projected pandemics.

"It's simple – if we report what is happening it will engender that natural competitive spirit," she says.

One of the identified problems in critical care is a lack of expertise in small hospitals to deal with patients who need intensive critical care supports. One of the discussions on Tuesday focused on that challenge.

Dr. Monique Moreau, a Central LHIN board member who practices medicine in the town of Alliston, recommends a Central LHIN critical care "traveling road show" team - not unlike the Sick Kids Hospital Team - to come in during the infrequent times the hospital has a crisis patient.

In the past, when there was a patient with extensive critical care needs, Moreau says she would often spend hours trying to find a bed to transfer them to, commonly in other LHINs.

"Instead of going from place to place to find a bed for them it would be better to help them stay at home in the LHIN," says Dr. Moreau.

The alternative, to have a physician or nurse dedicated to handle these situations, is one option, yet Moreau thinks it would be a challenge to maintain that skill and give that responsibility to one person in a small hospital that doesn't see a lot of intensive care patients.

Ken Morrison, Chairman of the Board, rolled up his sleeve for the flu shot.

On November 28, the Central LHIN held it's second open board meeting.

A flu clinic was also held after the meeting and board members, LHIN staff and members of the public were able to get their flu shot.

The next open board meeting will be held on December 19th, 2006 from 4 to 6 pm. Please check our website for details.

Staff Profiles

Jonathan Wiersma (Barrie)
Senior Performance Management Consultant

Jonathan Wiersma came to the LHIN from the Acute Services Division of the MOHLTC in the Divisional Decision Support Unit. Prior to this position, Jonathan had been with the Primary Care Branch in Toronto, working on Family Health Team development and supporting the Ontario Medical Association negotiations. Jonathan's career with the MOHLTC began in Kingston, where he was working as a statistician and assisted in building the information systems and reports for the Primary Care Reform Initiative.

Jonathan was born in Britt Ontario, a small town approximately 1 hour south of Sudbury. He attended Laurentian University and graduated with a Bachelor of Science degree in Bio-Medical Physics, and a Masters of Science in Bio-informatics, as well as playing football for 6 years in the Northern Football Conference for the Sudbury Spartans.

In the fall of 2003, Jonathan took a leave of absence for 2 months, when he was asked by the Discovery Chanel to help with the Project "Animal Face-Off" in New Zealand. The series debuted in the spring of 2004, and is available for viewing on DVD through the Discovery Channel website.

"I am a firm believer in this community based, localized style of Health Care delivery and am excited to be working in this initiative from the grass roots stage. I am looking forward to shaping the future of health care in Ontario, and working on the cutting edge with everyone here at the Central Local Health Integration Network."

Sandi Pelly (Thornhill)
Senior Community Engagement Consultant

Sandi Pelly brings to her role nearly 20 years of experience in community engagement, research and planning. Since joining our team, Sandi has developed Central LHIN's Stakeholder Engagement Strategy and established our Regional Stakeholder Group. Sandi came to the LHIN from the Primary Health Care Team at the Ministry of Health and Long-Term Care where she was a Community Development Consultant, focussed on advancing primary health care within the LHINs.

Sandi has also worked for the Region of York developing a plan to make the region a more inclusive community; on several initiatives for two District Health Councils; and for numerous health and social service providers as a consultant. Her proudest accomplishment was co-editing a multi-disciplinary training manual for health care staff who provide care for survivors of war and trauma.

Sandi has a B.A. in Psychology from York University and has participated in many continuing education programs. She travelled extensively prior to the birth of her son and daughter.

"I am so excited to be in this role where I can spend my time doing what comes naturally – connecting with and listening to people."

It's Your Health...
Help Lead the Way
to Better Care

Central LHIN Fast Facts

- The most populous and fastest growing LHIN in the province.
- Almost half of Central LHIN residents are immigrants, and over one-third of the population is a visible minority.
- Lower unemployment rates but higher proportion living in low income than the province.
- Lower rates of chronic conditions and associated risk factors such as obesity, smoking and alcohol consumption, as compared to provincial averages.
- Average life expectancy is 80.6 for men and 85.1 for women - both higher than the provincial average
- Among the lowest hosptialization and death rates in the province

Watch for the next issue of LHINfo Source in January. If you have comments or ideas for future issues, please contact Sandi Pelly at *905-948-1872 ext 212* or email *sandi.pelly@lhins.on.ca*

Remember to check out Central LHIN's Newsroom regularly at **www.centrallhin.on.ca** for news stories on community engagement and our Integrated Health Service Plan.

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