Local Health Integration Network

LHINfo Source

January 2007

The Year in Review

"Our crowning achievement in 2006 is the development of our Integrated Health Services Plan (IHSP)," says Hy Eliasoph, CEO of the Central Local Health Integration Network (LHIN).

"This plan was developed with extensive and ongoing input from a broad spectrum of stakeholders in communities across the LHIN and contributions from hundreds of providers who served on working groups, advisory committees, focus groups, roundtables and think tanks," Eliasoph says.

The development of an e-Health strategy to improve co-ordination and management of patient information, health services and utilization was a key enabler for the plan.

The development of a co-ordinated health human resources strategy for the recruitment and retention of health care professionals, was another critical success factor.

A highlight of the year was the evolution of the LHIN board, Eliasoph says. "It has developed to the point where the board, under the leadership of Chair Ken Morrison, supported by Vice-Chair Arthur Walker, has demonstrated effective leadership in crafting a vision, mission and strategic plan that has informed and guided the work of the IHSP."

Eliasoph is pleased with LHIN efforts in "engaging and communicating with our stakeholders. We designed and built a web site, developed and produced a monthly newsletter, built up a data base of several thousand individuals and organizations and met with hundreds of health care organizations at the board and management level."

One of the challenges of the year ahead is reaching the broader public and engaging them in the transformation of the health system.

The recruitment of the senior team and staff and its development into a high performing team has been a critical activity in sustaining and enhancing the knowledge and skill base, level of effort and teamwork needed to meet LHIN goals and objectives.

Hy Eliasoph Central LHIN CEO

Keys to success in 2007 include harnessing and leveraging the knowledge, experience and skills among health service providers and in the broader stakeholder community to effect system level change.

There must also be an effort to create more effective board-to-board relations between the LHIN and health service providers, and among the providers themselves.

"A substantive challenge in the year ahead will be to determine how and how much to resource the priorities outlined in the IHSP and extend and leverage the infrastructure and systems to all providers throughout the LHIN."

Caring Communities – Healthier People

Ontario

Central CCAC: Building on Strengths Already There

The new Central Community Care Access Centre (CCAC) will build on the strengths already there, says Executive Director Cathy Szabo.

The Central CCAC is one of 14 newly created CCACs; reduced from 42 to align with the geographic boundaries of the 14 Local Health Integration Networks (LHINs).

And while the new CCAC that officially opened January 1 may look like a jigsaw puzzle solution, made up of parts of four former CCACs, this major initiative in the transformation of health services in Ontario will be "invisible" to CCAC clients, Szabo says.

"This will be a smooth transition for clients and front-line staff. Clients will still have the same care providers, the same case managers and there will be minimal disruptions for our front-line staff with respect to caseloads," she says.

The Central CCAC includes most of the geographic areas covered by former York Region CCAC and North York CCAC, along with much smaller portions of the former Etobicoke and York CCAC and Simcoe CCAC.

Cathy Szabo
Central CCAC Executive Director

"I am proud of the work the four CCACs have done," says Szabo. "We will retain what should be retained and build a new corporate identity."

Szabo says it is exciting opening up a new entity that will work very closely with the Central LHIN. "It is absolutely a great fit," she says. CCACs have developed partnerships with many other health care providers and are looking forward to further integration and efficiencies, she says.

Only the CCAC touches the whole system, from home care and long term care to acute and rehabilitation hospitals and health sciences centres, she says.

At the CCAC level, "we have to make sure staff is used to providing the right care at the right place at the right time," Szabo says. "We have to shepherd clients through the system, providing resources to get them to the right place."

Szabo is not unfamiliar with organizational structure changes, becoming executive director of the amalgamated Etobicoke and York CCAC in 2002."We were the first CCACs ever to amalgamate," she recalls. "We did a lot of preparatory work and it went smoothly."

They key to the current transition is to keep the lines of communication open for staff so that they can understand what is happening, she says. "You have to pay attention to people."

Szabo has also served as executive director of the Peel CCAC and held positions with the Halton-Peel District Health Council, Saint Elizabeth Health Care and St. Michael's Hospital. She led a community-based Palliative Care Project focused on strengthening the role of home care through building effective relationships with physicians, pharmacists, hospitals and long-term care homes. She holds a Bachelor of Science degree in Nursing and a Master's degree in Public Health. While some are stressing the importance of people managing their own health care, most people need help in navigating the system, she says. "For most people, if I'm ill, I need someone to tell me where to go."

CCAC staff need to understand the whole system, to think about where people have come from and where they are going, Szabo says.

The Central LHIN is the largest in the province with about 1.6 million residents. People are relatively healthy, employed and educated compared to other regions in the province, Szabo says. At the same time there are pockets of the population marginalized and under-serviced and areas with a high population of specific ethnic groups.

Szabo has focused on community case management and declares herself "a firm believer in case managers knowing their community, the kinds of resources there are to support clients." Case managers in the community need different assessment skills than case managers at a hospital, she says.

The development of the new CCAC is a process and there is a lot of work to do, she says. "I am hoping it can be a smooth transition for the new organizational structure," she says. Funding remains a lingering question, she adds.

The new CCAC has a staff of 570 and starts off with a budget of $160 million. The head office is in Newmarket at the former York Region CCAC office, with a North York office at Yonge and Sheppard, satellite offices are located in Stouffville, Richmond Hill and Alliston, with an additional temporary office in Etobicoke.

Is Your Organization Connected?

Everybody's talking about the electronic health record, but is anybody doing anything about it? About half of the provider sites in the Central LHIN are connected to the provincial secure network; the first step in building the infrastructure for an electronic record. None has yet installed secure email, which is the basic tool to transfer confidential health information safely. "But it looks like many are anxious to get on board with e-Health", says Diane Salois-Swallow, the e-Health Lead for the LHIN.

The Information Management/ Information Technology/e-Health Strategic Plan of the Central LHIN put connectivity and secure email as the first priorities on the road to an electronic health record in our region. The Advisory Group is requesting that health service providers who are not already connected work with the Smart Systems for Health Agency (SSHA) to get on the provincial secure network.

SSHA has the mandate to connect all of the health service sites and to provide a secure email solution once connected. The transmission of confidential health information between providers requires a secure network and applications such as secure email. SSHA provides both of these and support to agencies to install them in their organizations.

Health service providers should watch for the package from the Central LHIN Advisory Group and download the connectivity application from the SSHA website. Operators are standing by at Smart Systems to help if you need assistance completing the application.

Diabetes Planning Session Slated for February 2

Managing and preventing chronic disease is one of seven health service priority areas in the Central LHIN's first Integrated Health Service Plan (IHSP) and diabetes is the first chronic disease chosen for a working session to follow up on the IHSP.

"We are starting off with diabetes as a pilot but the strategies developed can be applied to other chronic diseases." explains Michaela Sandhu, a senior planner with the Central LHIN.

Providers, educators and consumers are invited to the Holiday Inn in Markham **February 2, 2007** from 8 a.m. to noon for the diabetes planning session. The aim is to develop a Central LHIN Diabetes Advisory Network and subcommittee workplans.

Topics include navigating the system, self-management, coordination of services, system design, information systems and management, and primary care.

For more information, please contact *michaela.sandhu@lhins.on.ca*

RECRUITING FOR HEALTH

It seems that everyday there is another story about the challenges of working in the health system. The Health Human Resources (HHR) Advisory Group of the Central LHIN summarized many of these issues in a paper which was circulated to all organizations in the region in the summer of 2006.

Recruitment is one of the common issues across sectors and organizations and the Group has begun developing a regional approach to this challenge. By working together, the Group believes that Central LHIN organizations will be more successful at finding the right people and encouraging potential employees to work in the Central LHIN.

Several ideas have emerged. The Committee recognizes that the long term solution is to encourage young people to take up health service careers and see their future in a Central LHIN organization. The provincial HHR program has a role in this strategy, but there are also things that can be done in the region.

Similarly, there are provincial activities to improve recruitment, but there are things that can be done in our region. The Group is looking at raising the profile of the region as a place to work and facilitating access to the regional providers' recruitment information. Links have been created on the Central LHIN website to the recruitment pages of provider web sites. If you aren't already connected, call Rochelle Rutman at (905) 948-1872 ext 209 to get a link to your recruitment site established. A recruitment fair is being planned, and other strategies are being explored.

Please join us on Feburary 14th at our next **Breakfast of Champions**, focusing on Health Human Resource Innovations. For more information please check our website at *www.centrallhin.on.ca*

Staff Profiles

Nancy Buchanan *(Aurora)*
Controller & Business Support Manager

Nancy brings over twenty years experience in both the Provincial and Municipal government. Nancy has gained experience from three start-up organizations prior to joining the Central LHIN team. In her most recent position, Nancy was Senior Finance Officer in the Information Management Cluster, supporting the Ministry of Health, Ministry of Community & Social Services and Ministry of Community & Youth Services. Nancy has a CMA designation and received her undergraduate degree in commerce from the University of Toronto.

Nancy is very family oriented and is married with 2 sons that keep her very active. When she is not hard at work or busy with the family, Nancy loves to travel, read, and add to her collection of tartan ware and antique children's books.

"I am thrilled to be working in a Crown corporation with a small group of bright and dedicated professionals helping to shape the future of Health Care in the area I live in."

Alethia Henderson *(Markham)*
Receptionist

Alethia is the friendly face of the Central LHIN. Alethia is a graduate of Seneca College's three year Business Computer Systems Program.

Alethia is a fan of watching basketball and loves to draw in her spare time.

Emily Wong *(Markham)*
Administrative Assistant

Emily joined Central LHIN as Administrative Assistant supporting the team on Planning, Integration and Community Engagement. She brings to her role over 25 years of administrative support experience, many in the health planning sector including working at the Toronto District Health Council. Emily has a flair for the creative use of office and publication software and she uses that skill to fill the many publication and presentation needs of her team.

Emily has a son and a daughter and enjoys working with her hands and making crafts.

Cleo Surace *(Aurora)*
Administrative Assistant

Cleo provides support to the Performance and Contract Allocation team. Cleo came to the Central LHIN from the Institute for Clinical Evaluative Sciences (ICES), where she was the Knowledge Transfer Coordinator. Prior to joining ICES, Cleo was the Project Assistant for the Hospital Report and Patient Satisfaction Program at the Ontario Hospital Association (OHA).

When Cleo is not working she spends most of her time with her family. Her children keep her busy, either volunteering at their school or chauffeuring them between hockey arenas, swimming lessons or soccer practices.

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

Central LHIN Fast Facts

- Overall, chronic diseases affect **80%** of Ontarians over the age of **45**, and of those, approximately **70%** suffer from two or more chronic conditions
- Chronic diseases are also the leading cause of death in Ontario
- The estimated burden of illness in Ontario amounts to **55%** of total direct and indirect health care costs in the province
- Among Ontarians aged **12** and over, the most prevalent chronic diseases are:

17.5% Arthritis
14.8% High blood pressure
8.3% Asthma
7.8% Depression
6.2% Diabetes
4% Osteoporosis (approximately)

Watch for the next issue of LHINfo Source in February. 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.

Central LHIN

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