Hamilton Niagara Haldimand Brant
LOCAL HEALTH INTEGRATION NETWORK
RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
de Hamilton Niagara Haldimand Brant

Quality Care in Community Hands. Planning the Future Together.

Quarterly Report

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Hamilton Niagara Haldimand Brant
Local Health Integration Network

Second Quarter Report
October 31, 2006

Ontario

Executive Summary

Local Health Integration Networks (LHINs) will bring health decision making and funding closer to communities where health services are planned, organized and delivered. An early responsibility of LHINs is the facilitation of coordination and integration activities for improved health services delivery in their area. The first Integrated Health Service Plan (IHSP) sets the stage for a three year planning cycle to develop a comprehensive directional plan to achieve Ontario's health reform goals locally.

HNHB LHIN activities in the second quarter of the fiscal year continued our focus on:

1. Community engagement to gather information from our public, stakeholders and providers.

2. Authoring our first Integrated Health Service Plan (IHSP).

3. Moving forward priorities identified by the ministry, e.g. Wait Time Strategy.

The IHSP will outline the current work of the Hamilton Niagara Haldimand Brant LHIN. It will focus on relationship building and communicate a planning and coordination agenda for fiscal 2007/2008.

In the period of July through September 2006, the HNHB LHIN:

- Sponsored a LHIN-wide health human resources forum;
- Consolidated the health improvement action strategies and planning requirements for each of our identified priorities for Board review;
- Finalized the e-Health Strategic Plan;
- Sponsored the first of quarterly meetings with LHIN hospitals to review and discuss achievement of MOHLTC priorities, e.g. Wait Time Strategy, critical care;
- Completed a summary progress report on MOHLTC priorities;
- Identified key work plan activities subsequent to the IHSP submission in October;
- Held a roundtable session for French Language health service providers;
- Conducted five consultation sessions with governors; and
- Held an open house at Six Nations of the Grand River Territory.

Community Engagement

Community engagement activities continue to be a key focus of our LHIN to inform development of our first Integrated Health Service Plan (IHSP). A wide variety of activities have been undertaken to gather information to foster collaborative solution building for health system improvement.

Board Members, the Chief Executive Officer and LHIN staff continue to meet with community members, stakeholders and health service providers. In the second quarter, 69 meetings were attended. Representatives of our LHIN are listening to the concerns and opinions of participants. Information received at these meetings reinforces the priorities for health improvement that were identified in our broad public consultations held throughout the summer.

Open Houses

In August, the HNHB LHIN published a report summarizing the messages we received from our community at 13 open houses. These were held between May 25 and July 25, 2006 in the communities of Brantford, Burlington, Cayuga, Grimsby, Hamilton, Niagara Falls, Port Colborne, Simcoe and St. Catharines. The open houses were co-sponsored by community-based organizations, including for example, the YMCA, the United Way, and Social Planning Council to promote relationships among all health partners in the LHIN. The sessions were designed as drop-in opportunities to promote informal dialogue with LHIN Board members, leadership and staff, to learn more about our LHIN (in terms of the LHIN role and populations we serve), and to engage in conversation among open house visitors. People who attended our open houses conveyed their personal experiences with the health care system, their concerns and suggestions for improvement, and their strong sense of community. Details of the report can be viewed online on our website at:

http://www.hnhblhin.on.ca/web_misc/LHIN_Open_House_Report_2006.pdf

The Local Health System Integration Act (LHSIA) requires LHINs to engage Aboriginal and First Nations and French language health planning entities. Our LHIN has been active to engage these communities.

Aboriginal and First Nations

In September, an open house was held at Six Nations of the Grand River Territory. This session helped the LHIN gain an understanding of First Nations issues and concerns, particularly as the Aboriginal and First Nations Health Council, as required under LHSIA, is still in the process of being created. Approximately 50 people attended the session to learn more about the LHIN and provide us with their concerns and ideas about local health care issues.

French Language Services

In September, in partnership with the Centre de santé communautaire Hamilton/Niagara, the LHIN held a roundtable session to engage key stakeholders from the Francophone community. The session was successful in addressing the information needs of the Francophone health care stakeholders related to the role and activities of the LHIN. Session participants provided valuable feedback on strategies for engaging the LHIN's Francophone communities on health care issues and on ways to strengthen the relationship between the LHIN and its Francophone health care stakeholders.

Governance

As part of our Community Engagement strategy, the HNHB LHIN hosted a series of five Governance to Governance Sessions. Approximately 400 members of the Board and executive leaders of local health service providers attended. The sessions were held to lay the foundation for development of a new relationship and accountability with provider Boards. The sessions provided an opportunity for participants to learn about the requirements of the Local Health System Integration Act, new ways of work, mutual expectations, and the expectation we all have to fully participate in the health reform agenda. Our system will be moving from an individual, hierarchical governance model to one that is inter-organizational and responsible for collective community outcomes. We will work with local governance to embrace the following concepts:

1. Structure – Fiduciary role expands to embrace community outcomes in balance with internal organizational outcomes;

2. Process – Systemic view to community outcomes;

3. Measures – Emphasis on strategic visioning role in seeing what is required for the organization to work aligned with the LHIN, other health service providers and the community.

Integration Priorities

Senior LHIN staff have been working with members of the "Steering Committee for LHIN 4 Priorities" to refine the Integration Priorities for our community to shape them into Health Improvement Solutions that can be shared with the public, stakeholders and health service providers. Eight open consultation sessions will be held in early October where the health care providers who developed the Solutions, along with LHIN Board and staff will receive feedback from the public on the Solutions. Information acquired through this process will contribute to the creation of our Integrated Health Service Plan and help our LHIN and various planning groups to improve and implement strategies that are being developed to enhance access to health services and to improve system efficiency and effectiveness. The Solutions are focused on improving quality of care, service coordination and inter-sectoral integration in the areas of: occupational health; community support services; mental health and addiction services for adults; specialized geriatric services; mental health and rehabilitation services for children and youth; and palliative care.

e-Health Strategic Plan

The creation of an e-Health Strategic Plan to address information, communication and technology in our LHIN is nearing completion. The e-Health project is a substantial component of IHSP activity and engagement initiatives. An Executive Summary and initial draft of the Plan was distributed to e-Health Steering Committee members and participants of the focus groups, workshops and expert panel used to create the report. We anticipate that the report will be presented to the LHIN Board of Directors in October for approval.

Ministry of Health and Long - Term Care Priorities

We continue our work to address priorities established by the Ministry of Health and Long-Term Care for improved access to care and healthier citizens.

Wait Time Strategy

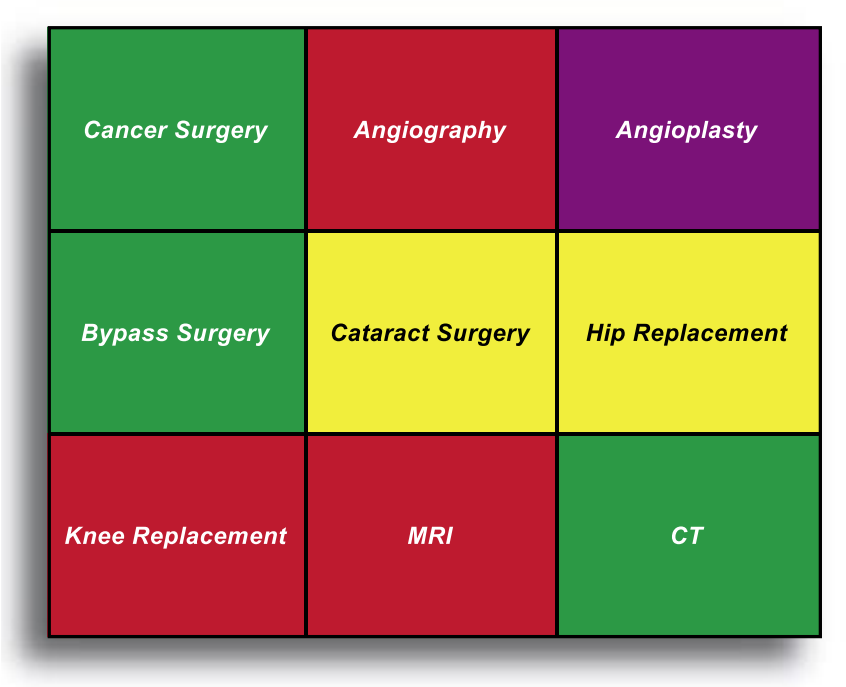
In August, representatives of the 12 hospitals and 5 CCACs in the HNHB LHIN met to initiate a collaborative process to address the deliverables of the Ontario Wait Time Strategy. The committee was created to provide active leadership to discuss and report on local health system performance and emerging strategies for improvement. The committee endorsed the creation of 5 Work Groups, each tasked with addressing one of the priorities: i.e. cancer surgery, cardiac procedures, cataract surgery, diagnostic scans (MRI/CT) and joint replacement. As the Work Groups develop, their membership will be comprised of individuals crossing all geographies and operational responsibilities within the LHIN (e.g. administration, nursing, finance, medical, decision support). The Work Groups will focus upon improving: accountability, access management, system capacity and outcomes. Work of the group will build upon and supplement existing networks and activities already under way. These activities include the creation of a:

- Common intake and assessment protocol for joint arthroplasty.
- LHIN-wide comprehensive, cataract care program.

Hamilton Niagara Haldimand Brant Median Wait Times

Compared to Provincial Average

The following table provides a status report of current LHIN wait times compared to the provincial average.



Legend

- HNHB Wait Times are less than the Provincial Average
- HNHB Wait Times are greater than the Provincial Average
- HNHB Wait Times equal within 10% of Provincial Average
- HNHB Best Performing LHIN

Jun-Jul 2006 reported wait times are as follows:
Cancer Surgery HNHB-19 Provincial Average-22
Angiography HNHB-15 Provincial Average-12
Angioplasty HNHB-0 Provincial Average-4
Bypass Surgery HNHB-17 Provincial Average-18
Cataract Surgery HNHB-71 Provincial Average-68
Hip Replacement HNHB-95 Provincial Average-85
Knee Replacement HNHB-120 Provincial Average-113
Magnetic Resonance Imaging (MRI) HNHB-43 Provincial Average-36
Computerized Tomography (CT) HNHB-11 Provincial Average-13

Source: Wait Times June-July 2006- OWTS website September 2006.

Health Human Resources Forum

In September, the LHIN convened key stakeholders in health human resources to explore issues and identify readiness for the planning and implementation of strategies that will help ensure our health care system has sufficient capacity of human resources to respond to the growing and evolving health care needs of our aging population. Participants developed a vision to guide future planning and identified key system challenges, strengths, opportunities and priorities for moving forward.

Emerging Issues

Patient Flow

A recurring problem for hospitals in the HNHB LHIN is the high number of acute care hospital beds occupied by individuals who no longer require acute care and are awaiting another level of more appropriate care. These patients are referred to as "Alternate Level of Care" (ALC) patients. Though flu season, a period of increased hospital utilization, has not started, local hospitals are already experiencing acute bed access pressures resulting in overcrowding in the emergency department for a bed and cancelled elective surgery. To address this issue, the HNHB LHIN will be sponsoring a meeting of hospitals and their partners - Community Care Access Centres (CCACs) - to identify local and system responses to alleviate ALC pressures and expedite transitions to appropriate care levels.

HNHB LHIN Board Development

The Board of Directors for the HNHB LHIN possess a wide range of skills and ability. It is important that this group of diverse individuals work well together in order to meet their responsibilities as governors to establish a governance model that will lay the foundation for future boards. To ensure that Board members are equipped with the background and knowledge they require, numerous board development opportunities were pursued, including: education days, expert lectures and retreats.

These educational opportunities helped Board members develop a true sense of their purpose to the organization and a clear and simple understanding of their roles, responsibilities and accountabilities.

In addition to the local board development strategies, there are provincial opportunities available over the next few months for the Board of Directors. The LHINs have contracted with the Rotman School of Business to provide LHIN/Rotman Governance Program that will be conducted in October, November and December. As well, the LHINs are also working with Strategic Objectives to conduct a Board Orientation in Toronto for all Board Members across the province. Many of the protocols, policies and procedures for the Board of Directors are being developed in collaboration with the Ministry of Health and Long-Term Care and the LHINs to ensure there is consistency across the LHINs (i.e. Guidelines for Open Board Meetings, Conflict of Interest Policy, Memorandum of Understanding, Accountability Agreement, LHIN Shared Services Agreement, etc.)

A draft copy of the revised Memorandum of Understanding, 2007-2010 Accountability Agreement, LHIN Shared Services Agreement and the Conflict of Interest Policy – Part II (Appendix B) is being presented to the Board for approval in principle by October 31, 2006.

There is a working group of Board Chairs that are responsible for developing an effective measurement and management system for assessing the Board of Director performance. It is anticipated that this tool will be available in the fall of 2006.

Lessons Learned

Our Board and LHIN team continue to be impressed by the interest and willingness of local health service providers to embrace a new paradigm for the delivery of health services. As demonstrated through self-directed activities already under way, there is recognition that a new approach to health system planning and delivery is required. We see an increasing momentum for providers to work collaboratively, to build partnerships – with interests of patients and clients being the cornerstone of these efforts.

This evolutionary change is not without its challenges. There are high expectations amongst our stakeholders and the ministry to evoke real change. Providers are less concerned with legislation and are expressing a desire to move the transformation agenda forward - quickly. We are encouraged by the activity of local networks to reach out to non-traditional partners, forging new relationships and initiating new conversations.

Observations and Lessons:

1. Community members, stakeholders and providers are keen to see the link between their involvement in "health conversations" and subsequent directions.

2. Providers, stakeholders and community members are ready to move beyond planning studies, reports, etc. They want to see evidence-based solutions for change that address their health care concerns.

3. Health Service Providers are buying into a new paradigm for health system management and accountability; this is evidenced through voluntary collaborative activities between respective organizations.

Next Steps

Over the next three months, the HNHB LHIN will:

- Release the Integrated Health Service Plan.
- Perform an Environmental Scan to:
  - Identify links between local planning initiatives and the deliverables of the Integrated Health Service Plan.
  - Assess community readiness and ability to move the integration agenda forward.
- Release the e-Health Strategic Plan for public consultation and begin work towards its implementation.
- Initiate quarterly meetings with LHIN hospitals, CCACs and other parties with vested interests to review and discuss achievement of MOHLTC priorities, e.g. wait time strategy, critical care.
- Participate in the 2007/08 hospital operating plan and budgeting process.
- Develop, with others, tools to guide prioritization and decision-making.
- Develop approaches to engage discussions on integration and care close to home.
- Link with local MOHLTC strategic visioning and engagement activities.
- Recruit staff and start building our professional team.

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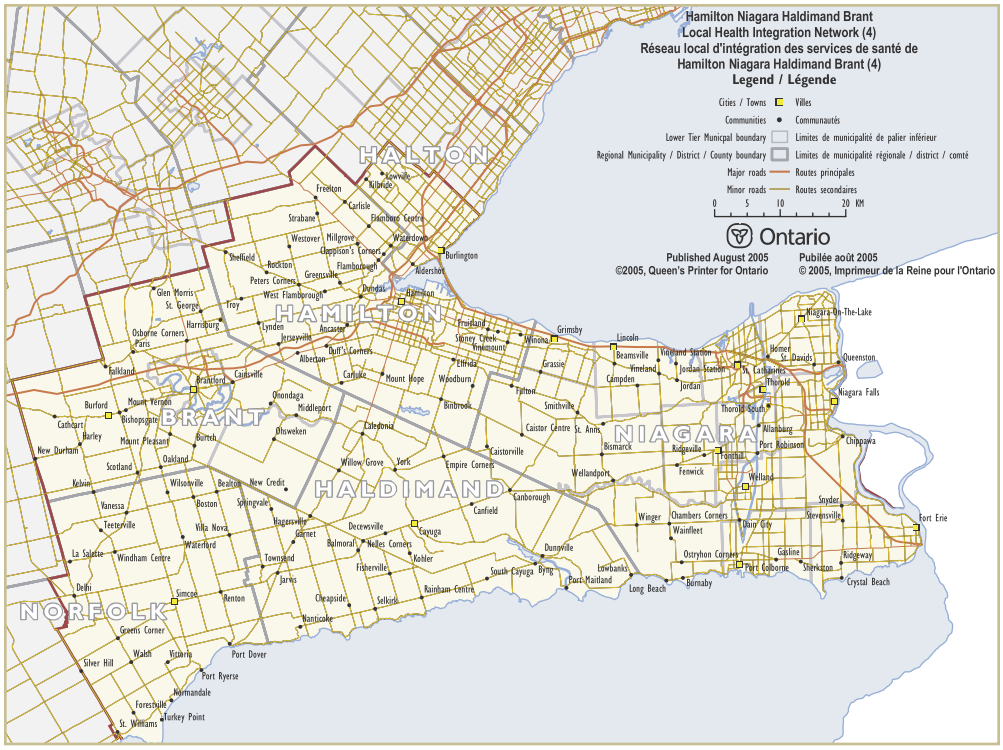

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