November 2007

Process for Aging at Home funding announced

On November 5, the South West LHIN released the Aging at Home information package for health service providers and other community and health care partners, marking the start of the collaborative proposal process for these funds in our LHIN.

The *2008/09 Guidelines for Developing Collaborative Proposals,* the Aging at Home H-SIP (Health System Improvement Proposal) form, the assessment form with criteria, and best practices and data documents were designed to help organizations work together to develop truly collaborative proposals by the January 7, 2008 deadline.

“Our partners, Board and staff have worked hard over the past two months to develop a robust process for our area,” says Kelly Gillis, senior director of Planning, Integration and Community Engagement. “The process we’ve arrived at reflects the LHIN’s ongoing emphasis on collaboration, integration and innovation. The people living in our LHIN will benefit from the calibre of the proposals that is possible when all parts of the health system work together.”

The LHIN is working through area provider tables in the north, central and south parts of the LHIN to review and evaluate Aging at Home proposals. Area provider tables bring together leaders from health service provider organizations and other health-related organizations to address opportunities and challenges in their communities.

The LHIN’s Strategic Advisory Group, a volunteer group of experienced consumers and providers from across the area, will play a key role by advising the LHIN on final funding allocations at the end of January. Detailed business planning and funding negotiations between the LHIN and providers will take place in February and March, with funding for year-one initiatives approved through the Aging at Home strategy to begin in April 2008.

CEO Tony Woolgar says the South West LHIN’s Aging at Home strategy presents an opportunity for the LHIN to define its working relationships moving forward. “For the first time in our LHIN in a comprehensive way, health service providers are sitting with us at the table helping us to arrive at local funding decisions that reflect the priorities and opportunities identified in the Integrated Health Service Plan for the South West LHIN. This is an important step in the evolution of our health care system, and it is only possible in our LHIN because of the level of collaboration that already exists among providers.”

Three key areas of focus have been identified for the South West LHIN’s Aging at Home strategy for 2008/09: i) promoting wellness and healthy living; ii) supporting and caring for caregivers; and iii) supporting individuals at risk of hospitalization or long-term care

home placement.

The South West LHIN will allocate $7 million in Aging at Home funds in 2008/09, $17.4 million in 2009/10, and $30.7 million in 2010/11. At the end of the three-year strategy, the LHIN's base budget for services that support seniors aging at home will have increased by $30.7 million.

The Aging at Home strategy was announced by the Ministry on August 28 to help seniors live healthy, independent lives in their own homes. To find out more, visit the Aging at Home strategy page on our website. Health service providers who are interested in developing collaborative proposals should link in with the Aging at Home facilitator for their area.

Read Caring for seniors in their own homes (e-Exchange, October 2007)

Improving patient "Flo"

While the story of "Flo" is only an analogy of a real patient experience, the Flo Collaborative is expected to have real results for patients making the transition from acute care hospitals to the community.

Launched in September 2007, this new, 18-month initiative among acute care hospitals, CCACs, LHINs and the Ministry of Health and Long-Term Care is meant to help make the transition from the hospital to other settings faster and more effective, with fewer bottlenecks and irritations for patients and their families.

Under the Flo Collaborative, project teams will study, test, implement and spread change to improve patient "flow" from acute care settings to other care destinations, with the ultimate aim of improving access to acute care services by reducing Alternate-Level-of-Care (ALC) days for Ontario's hospitals.

To keep the needs of the system's most vulnerable patients in mind, the Ministry's Ontario Health Performance Initiative centred the project around the analogy of Flo, an 85-year old woman with complex health care needs admitted to the hospital from her home following an acute event (e.g., heart attack). Like many patients faced with this situation, Flo's experience is shaped by the support available to her from care providers, community-based services and her family.

Ensuring patients and clients receive the right services at the right time and in the right place is a key priority for the South West LHIN, says CEO Tony Woolgar. "The Flo Collaborative partnerships in our area will help us to begin to address some of the challenges in our LHIN by working together and putting the needs of patients and clients first."

Of the 25 project teams launched in Ontario, two are located in the South West LHIN: one in Owen Sound between Grey Bruce Health Services (GBHS) and the South West CCAC, and the other in St. Thomas between the St. Thomas-Elgin General Hospital and the South West CCAC.

"It can be overwhelming for patients to be confronted with decisions about their care and living arrangements at the end of a hospital stay," explains GBHS President and CEO Pat Campbell. "We've been awarded a great opportunity to work with the CCAC to improve the timeliness, approach and resources for patients to ease their transition to either the home or to a long-term care or rehabilitation facility."

Although the project teams are working out of Owen Sound and St. Thomas, patients across the entire LHIN are expected to benefit from the two FLO Collaborative projects in our area. South West CCAC Executive Director Sandra Coleman says the partnerships are natural extensions of the work already underway in the LHIN, like the recent collaboration between the South West CCAC and GBHS on discharge planning for knee replacement surgery. "By working together to find new ways to improve the care provided to ALC patients, we have an opportunity to transfer these improvements to other communities in the South West so that all can benefit."

New funding to address local priorities

The LHIN Priorities Fund, a new investment in our local health care system, will bring $2.5 million in new funding to the South West LHIN this year to address local priorities and pressures. Starting in 2008/09, this figure will grow to $4.5 million in annualized funding.

Announced by the Ministry of Health and Long-Term Care this fall, the LHIN Priorities Fund is intended to help LHINs address priorities identified in their individual Integrated Health Service Plan (IHSP) that may not be addressed through other funding streams. Priorities funding must be used to improve access, equity, health outcomes, quality of care, and efficiency in the local health care system, and must also consider performance targets set out in the Ministry-LHIN Accountability Agreement, as well as systemic issues and pressures in the LHIN.

With the current fiscal year already in its third quarter, the South West LHIN has developed an accelerated process to allocate the funds for this year, with the intention of introducing a formal process in 2008/09.

“Our approach this year is to draw on the information and understanding we’ve already acquired through the community engagement work of the Priority Action Teams, our Annual Service Plan, and the H-SIP submissions we have to date,” says Michael Barrett, senior director of Performance, Contract & Allocation. “Health service providers have played an integral part in the work that is already underway in our LHIN, so we want to leverage their efforts to introduce these funds into our system in a way that is timely and that maximizes the benefits to all.”

Moving forward, the South West LHIN expects to use the Priorities funds as seed funding to advance innovative ideas in the LHIN and recognize collaboration. Opportunities that promote efficiency, sustainability and integration will be encouraged.

Norm Gamble, chair of the South West LHIN Board of Directors, says the Board recognizes the significance of this process for the LHIN. “From a funding perspective, the Priorities Fund is an early opportunity to show how we intend to do things differently, and to demonstrate in a very tangible way how we will build transparency, accountability and a focus on the system as a whole into our decision-making.”

Recommendations on the allocation of the Priorities Fund for 2007/08 will be presented to the Board of Directors in the coming weeks. Health service providers with questions about this process should contact Mark Brintnell at the South West LHIN.

Welcoming a new staff member

Carolyn Ridley joins the South West LHIN team as **financial analyst**, bringing valuable experience from both the Ministry of Health and Long-Term Care and the Ministry of Children and Youth Services. Carolyn’s previous roles also include financial management roles with the City of London, St. Joseph’s Health Care, London, and the former Victoria Hospital. Carolyn is a Certified Management Accountant and a graduate from The University of Western Ontario. Carolyn looks forward to making a contribution to the evolving future of integrated health care in Ontario.


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