January/February 2010

A New Year's Message from Ferne Woolcott, Board Chair (Acting)

As we enter 2010, thousands of people across the South West LHIN will be resolving to improve their health. Some will vow to quit smoking or undertake new exercise programs, while others will be taking a closer look at nutrition labels in the grocery store.

Here at the South West LHIN, we are also focused on significant plans to improve the overall health of our communities. After months of hard work by our health service provider partners (e.g. hospitals, long-term care homes, community care access centre, community health centres, community support service agencies and mental health and addictions agencies) and LHIN staff, I believe that the new year begins with a clearer direction on how our local health system will work together to build a healthier tomorrow.

You will soon hear more about Vision 2022, the health system design blueprint that will challenge health service providers and the public to have critical discussions about our local health system. It will require us to make, at times, difficult decisions that will strengthen our system to better meet the needs of tomorrow. The time to take charge of our future has arrived.

Our blueprint will be brought to life through the LHIN's three-year planning documents, called Integrated Health Services Plans (IHSP). The next IHSP takes effect April 1, 2010 and describes the priorities, strategies and proposed outcomes for the local health system and implementation steps to help realize the vision contained in the blueprint.

Our plan involves making sure people get the high-quality services they require when they need them and as close to home as possible. Our vision changes the focus on health care from being centred on organizations to instead putting patients and clients at the centre of the system, closing gaps between services and removing duplication. While we improve the way we approach care delivery, we will also strive to ensure Ontario taxpayers get the best value for every dollar spent as health care receives almost half of all provincial program dollars.

While we focus on the future, we also need to recognize the significant achievements made by our health service providers and our LHIN over the course of 2009. Together, we are rising above the tough economic climate and other challenges, making significant progress toward our goal of building a healthier tomorrow.

We are making significant inroads in better meeting the needs of our seniors to allow them to live independently in their homes through our Aging at Home strategy and through our Alternate Level of Care (ALC) and Emergency Room initiatives. We are working with teams to create a system that supports coordinated care focused on disease management and prevention. We are working to improve the time people spend waiting for care. Finally, with

eHealth, we are building electronic linkages between family doctors and hospitals.

Among our greatest moments are those that involve talking with health care providers and the public. These dynamic conversations are often when we are able to identify issues and, more importantly, work together to resolve those problems. We are thankful for the time that hundreds of people from across the South West have shared with us in the past year – particularly during our community engagement activities in July and September. Together, we are building a healthier tomorrow.

I look forward to many more great initiatives in 2010 where we hope to continue to improve the health of people living in the South West LHIN. On behalf of the Board of Directors of the South West LHIN, I would like to wish everyone a Happy New Year and good health in 2010.

Ferne Woolcott
Board Chair (Acting), South West LHIN

LHIN-wide vision puts patients, clients at the centre of the system

On November 30th 2009, the South West LHIN released a plan for our local health system that sets out our vision to the year 2022. Known as the Health System Design Blueprint – Vision 2022, or more simply as the "blueprint," our plan is to make sure people get the high-quality services they require when they need them and as close to home as possible.

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In addition to the longer-range system plan, the South West LHIN has approved an Integrated Health Services Plan, or IHSP. A vision that extends 12 years into the future must begin with short term action plans. Our IHSP 2010-13 lays out our strategic directions for the next three years, the actions we plan to take to move us toward our vision including how we will measure our performance and progress

We know positive changes are needed within our health system to allow front-line providers such as doctors, nurses and therapists to do what they do best – deliver quality care within a dynamic, ever-evolving environment.

Ontario has a health care system that is among the best in the world. However, an aging population, increasing costs of drugs and medical procedures, a shortage of health care providers, among other pressures mean that real changes are required to ensure the system is sustainable for future generations. In addition, we know that we can make better use of our resources to improve access to services and to better help people move through the system while eliminating barriers among providers.

The South West LHIN's vision is for a fully integrated system of care, with health services focused on the person requiring care and a goal of enhancing their experience and allowing a seamless transition from one provider to the next. To create this vision, the blueprint was created with the help, support and input of hundreds of people throughout the South West LHIN with guidance from a steering committee that included health care leaders from providers across the South West and other health professionals.

At symposiums, public sessions and meetings with specific groups, we sought the input to health care providers and managers of today's system who grapple with challenges on a daily basis. We spoke to community agencies, some with a small staff and many volunteers, who provide assistance within the community. We spoke to the South West Community Care Access Centre, who deliver services in our communities, in people's homes, and who have a good understanding of the issues and barriers facing people today. We spoke with physicians, hospital administrators,

long-term care home operators and mental health and addictions workers about issues in those sectors. We also had many conversations with members of the public. At a series of 17 community sessions, we presented our case for change, and asked for – and received – quality input about how the system should look in the future.

We are proud of the result of these conversations – our blueprint – a guiding document owned by the health care system in the South West. that sets our strategic direction toward a fully integrated system of care by the year 2022. It will be a challenging journey, one that can only be undertaken with the support of health care providers and our residents.

Watch the South West LHIN website for additional updates on the blueprint and IHSP as we further refine our implementation plans.

An update on the hospital service accountability agreement process

The South West Local Health Integration Network (LHIN) is working hard with our hospital partners to strengthen the existing accountability relationship. In the absence of final hospital budgeting figures for fiscal year 2010/11, a revised process is being rolled out to assist hospitals and LHINs in ensuring we meet our respective accountability requirements. As the current 2008-10 Hospital Service Accountability Agreements (H-SAAs) will soon end, planning is underway to extend those legal agreements for one year, setting out the accountabilities and performance relationship between hospitals, and LHINs.

Similar to the rest of the province, the current H-SAAs in the South West are set to expire on March 31, 2010. To ensure funding continues to flow and accountability for performance targets is maintained, new two-year H-SAAs would normally be negotiated. The current economic environment, however, has made it difficult for the provincial government to establish the base funding levels for hospitals for the next two-year period.

Provincially, a revised process was developed that will see hospitals and LHINs complete a one-year amending agreement for their current H-SAAs. To assist in creating those agreements, hospitals were required to submit a management planning and risk report to the LHIN by December 15, 2009. These reports are based on hospital budgeting plans for the 2010/11 fiscal year, using scenarios for 0%, 1% and 2% revenue increases from the provincial government.

Recognizing hospitals work closely with many partners in the health care system, the South West LHIN is taking the additional step of ensuring that a broader group of stakeholders is part of the overall planning. These stakeholders include agencies that help facilitate discharge, other hospitals in the region with which services may need to be better coordinated and community partners.

The South West LHIN will be finalizing the amending agreements over the coming weeks to ensure all necessary board approvals occur prior to March 31, 2010.

Care is becoming personal again: Partnerships make inroads in 2009

Improvements to the quality of care for individuals with diabetes in the South West LHIN took another big step forward in 2009 as Wave II of the Partnerships for Health initiative achieved improvements in care coordination, clinical and process outcomes primary care agencies. Wave III, with a graduated enrolment, launched last summer with participants already beginning to see results.

Funded by the Ministry of Finance, the Partnerships for Health initiative is designed to engage a number of health providers to help ensure coordinated care for patients. It also helps prepare practitioners for the South West's implementation plans as an identified early adopter LHIN for eHealth and the Ontario Diabetes Registry. Partnerships for Health is an interdisciplinary, team-based approach to diabetes care that is improving glycemic control and ensuring that individuals with diabetes are receiving evidence-based chronic disease management and preventative care to reduce complications.

Two years into the initiative, participating teams have initiated new processes to improve patient self-management, care coordination, redesign of the delivery system along with improved use of information and information technology - mostly with remarkable results. Teams monitor their own data and are experiencing improved trends toward accepted targets for preventative care and disease control.

In total, 52 primary care practices are now working with South West Community Care Access Centre (CCAC) case managers, diabetes education centres and other members of the broader health care community to improve blood glucose level, blood pressure and lipids in the people who they care for who are living with diabetes..

"The results are impressive and a reflection of the teams' commitment to quality improvement," says Mike Hindmarsh, project leader. "It is particularly gratifying to know that clinicians and patients are experiencing an improved quality of life as a result of this work."

As year three gets underway, participants anticipate sharing their experiences and results at the Partnerships for Health Outcomes Congress taking place October 7, 2010. All teams will have an opportunity to present their data with invited guests from the Ministry of Health and Long-Term Care, hospitals, primary care practices, local diabetes programs, community mental health programs, the Canadian Diabetes Association, CCACs, LHINs, and professional organizations.

The initiative wraps up December 31, 2010, leaving a legacy of improved chronic disease prevention and management across the South West LHIN and a model of care for Ontario.

Additional information on Wave III of the Partnerships for Health initiative can be found by visiting www.partnershipsforhealth.ca.
Support for this work has been provided by the Government of Ontario through the Strengthening Our Partnerships initiative. The views and opinions expressed herein do not necessarily represent the official policies of the Government of Ontario.

Collaboration Vital to Transitional Care Program

They say necessity is the mother of invention…and the Transition Care Program for Seniors is just such an invention.

Last year, the Tillsonburg District Memorial Hospital was facing the closure of 12 complex continuing care (CCC) beds, a closure that could have significant impact on a small community. From the start, various partners stepped up to the plate to ensure the effects on patients and the community would be minimized. Tom McHugh, the hospital's chief executive officer, led a group that included representatives from the hospital, South West Community Care Access Centre (CCAC), Tillsonburg Multi-Service Centre and Maple Manor Nursing Home.

Together, the group developed a a request for funding from the South West LHIN under the Aging at Home

Strategy in order to implement a in-depth transition plan that would result in improved care for seniors in the area.

Under the program, a transition case manager from the CCAC supports hospital discharge planning with the goal of getting patients either to a long-term care home if appropriate, or to return home safely with suitable supports through programs such as the CCAC's Safe at Home, or the Tillsonburg Multi-Service Centre's Assisted Living in the Community (ALCom) program.

Under the ALCom program, individuals can receive supports in their own homes without having to move to a designated supportive housing unit. Social worker resources are also an integral part of the program, so that individuals and their families are able to work with the same person through the transition from hospital to the community. The involvement of a social worker has proven extremely beneficial in helping families in times of stress.

The Transition care program has seen many successes in its first 11 months including:

- 30 people were supported to return home to their community rather than be admitted to a long-term care home
- Closure of 12 CCC beds at the hospital has been maintained with no additional strain to the system, enabling the hospital to focus its resources more appropriately
- 26 individuals have been referred to the CCAC by the emergency department. The flow of these patients through the system is made so much easier with the increased participation of CCAC who can direct patients to the level and type of care needed
- Maple Manor Nursing Home opened four interim long-term care beds, allowing 13 people to leave the hospital faster, and be supported in a more appropriate level of care setting. These beds are considered interim while those admitted await placement in a home of their choice

The success of this initiative was only possible because of the commitment and synergy of all the partners who ignored organizational boundaries and designed a program that best meets the needs of the patient. Also pivotal was the education program to ensure physicians, staff, providers, and the community were aware of and understood the interconnected programs and how to access them.

"This program is an outstanding example of what can be accomplished when all partners work collaboratively to enhance patient care," says McHugh "Not only do patients move through the system faster, they also access the right level of care, in the right setting. This program recognizes that creating a patient centred approach to care requires the support of multiple organizations working together to achieve the best possible health outcomes. The ongoing work of the steering committee strengthens the local system in many ways that go beyond the accomplishments of the Transition Care program."

In addition to improving the health care experience for individuals and their families, there are benefits to the health care system overall when such programs are put in place. The reduction of ER wait times and the number of alternate level of care (ALC) days is a key LHIN priority. The programs included in the Transition Care for Seniors initiative all contribute in some way to this priority by ensuring that patients who no longer need acute care in a hospital are safely transitioned to another environment.

One of the LHIN's strategic directions identified in its Integrated Health Service Plan for the next three years is 'Enhance capacity and integration of primary, specialized, and community based care' and programs like the one in Tillsonburg help advance this strategy.

Partnerships, collaboration, integration – all are vital to a unified integrated system of care, and the Transition Care Program embodies these to produce real results for residents of the South West LHIN.

Ministry extends Aging at Home deadline

On December 12, the Ministry of Health and Long-Term Care announced it is extending the deadline for Aging at Home Year Three proposals to February 28, 2010. As a result, the deadline for submission to the South West LHIN has also been extended to January 7, 2010. This allows teams that had been established to develop business cases with additional time to research and document their proposals, and gives the LHIN sufficient time to review the proposals and follow-up with providers where needed. The South West LHIN Board of Directors will consider recommendations at the February meeting.

Those proposals supported by the Board will then be submitted to the ministry by February 28, 2010. Click here for more information on the Aging at Home Year Three process.

Seeds of eHealth continue to grow, bear fruit in 2010

For the average citizen, it's often difficult to understand how information and clinical technology systems will help make our health care system better, faster and more efficient.

But providers from across the South West are going to detail exactly how that will be done in 2010, while highlighting some of the initiatives already underway. In order to ensure we continue to make progress in improving the delivery of care for patients, clients and care providers, the South West LHIN has hired an interim Chief Information Officer and eHealth lead, Hy Eliasoph, while recruiting efforts for a full-time lead continue. Eliasoph has seen eHealth make a difference in other jurisdictions – and says we'll see the seeds of enabling technology sown here in the past yield more in 2010 than ever before.

"eHealth isn't the end," he says, explaining that Health Care Information Management and Systems Society data from the Ontario Hospital Association shows the South West LHIN to be a provincial leader when it comes to adopting and implementing technology-based solutions. "It's a means to an end. Technology is simply an enabler … to help deliver services and care faster, safer and more tailored to the needs of our patients and clients."

That is exactly what's happening in the South West LHIN as eHealth projects – many of which have been spearheaded by the very organizations we serve – enable health service providers from Tobermory to Tillsonburg to deliver improved services to the populations they care for.

"Health organizations in our LHIN will be working together with us on a strategy for health information management in the coming months that will help all health services organizations across the LHIN better serve patients and clients" says Eliasoph. "We've got some work to do to get there, and I welcome the involvement and contribution of the individuals and organizations who will help develop our strategy for improved service delivery."

SPIRE, or the Southwest Physician Office Interface to Regional Electronic Medical Records System, is a perfect example of how technology first pioneered in Grey Bruce will grow from a regional initiative to a valuable LHIN-wide tool.

SPIRE enables hospitals to share medical records with physicians electronically instead of by fax, reducing the risk of error and improving privacy of information in the process. The program, which went live with 61 physicians in 2009, is slated to receive $737,000 in expansion funding this year.

"We aren't chasing down hospital-based paper reports anymore," says Dr. Sonny Cejic, medical director of the Byron Family Medical Centre which participated in the initial SPIRE roll-out. "Once the report comes in, it is available to all who are reviewing the patient's electronic chart. The added benefit is that I can quickly cut and paste text from these reports into my to-do list or patient history - I can't do that with scanned reports."

Other eHealth initiatives to watch in 2010 include an expansion of the Health Information Access Layer (HIAL) project that already enables clinicians in Grey Bruce and London Health Sciences to access patient records in each others' hospitals electronically. The Clinical Viewer Pilot project will receive $970,000 in funding to give additional hospitals access to the network, in partnership with some in the Erie St. Clair LHIN.

Staff Update

Julie White joined the South West LHIN team in December as Director, Communications and Customer Service. Julie comes to the South West LHIN with a solid background in health care, which includes a successful career at Kingston General Hospital where she held progressive positions, from building a national award-winning internal communications program to leading a respected media relations team. Most recently, Julie was the Communications and Community Engagement Specialist in the South East LHIN. She is certified by the International Association for Public Participation and is a member of the Health Care Public Relations Association of Canada. A graduate of the print journalism program at Loyalist College, Julie worked for more than 10 years as a journalist in southeastern Ontario. She is currently completing a Bachelor of Professional Arts - Communication Studies through Athabasca University.

Laura Salisbury joined the South West LHIN in November as a Financial Analyst on the Performance Contract and Accountability team. Laura has over 10 years of health care experience including leading the provincial design and business implementation of the Common Intake Assessment Tool for Community Care Access Centres (CCAC) in Ontario. In addition, Laura has held several positions at Markham Stouffville Hospital, as the Manager of Accounting as well as the Business Manager of several clinical portfolios. Laura most recently worked with York Region CCAC as Intermediate Accountant. In addition to graduating with a degree in Chartered Accountancy studies at the University of Waterloo, she is currently pursuing a Master's in Health Administration.