Pay-for-results yielding wait times gains

On July 29, the provincial government announced a $100 million investment in the Pay for Results program which provides hospitals across Ontario with incentive to drive down emergency room (ER) wait times and ensure patients can get the emergency care they need, sooner. The Pay-for-Results program gives the province's busiest and most challenged ERs incentives to reduce the time people spend in the ER and improve patient satisfaction. This year, 71 hospitals will receive funding if they can meet specific targets and reduce the time patients spend in the ER. Improving ER performance is one of the government's top two health care priorities, along with increasing access to care for all Ontarians.

In the past year, London Health Sciences Centre (LHSC) applied the funds to several initiatives that are showing, or are expected to show, positive impact on patient wait times in the emergency department. Some of these initiatives at the University Hospital site include:

- Predictive Care - a continuous quality improvement project which builds on and seeks to improve outcomes associated with patient care planning. In the last year, this program has resulted in a decrease of approximately 8 hours in emergency department length of stay for patients who are admitted to an inpatient bed. This results in a better experience for the patient waiting to be admitted, as well as for those patients waiting for treatment as it frees up beds and medical staff in the ER.
- A new Ambulatory Care Unit geared to ER patients who are less ill - this new unit will be operational this fall and is expected to shorten length of stay for low acuity patients. This means faster physician assessment, reducing length of stay for more urgent non-admitted patients. It is also expected to lower the number of patients who leave against medical advice. Steering less urgent patients to this new unit will increase the number of people treated in a shorter time frame.

These are but two examples of health care dollars at work to reduce time spent in the ER by everyone who needs urgent care. Improving care planning, a unit to focus on less serious cases, patients waiting until they are medically cleared to leave – all these are process improvements that will result in better outcomes for all ER patients, yet ensures that ER staff will continue to deliver the high quality of care that patients expect and deserve.

Hospitals who meet set criteria for receiving Pay for Results funds receive money in two installments – the first at the outset to be used for establishing programs, protocols, or processes to improve ER wait times and patient satisfaction. The second installment is paid when they can demonstrate positive results.

This year, $3.65 million has been allocated in the South West LHIN to help improve ER wait times at the following hospitals: London Health Sciences Centre – University Hospital and Victoria Hospital sites, St. Thomas Elgin General Hospital, and Grey Bruce Health Services – Owen Sound site. The investments are being made in those emergency departments who face the greatest wait times challenges.

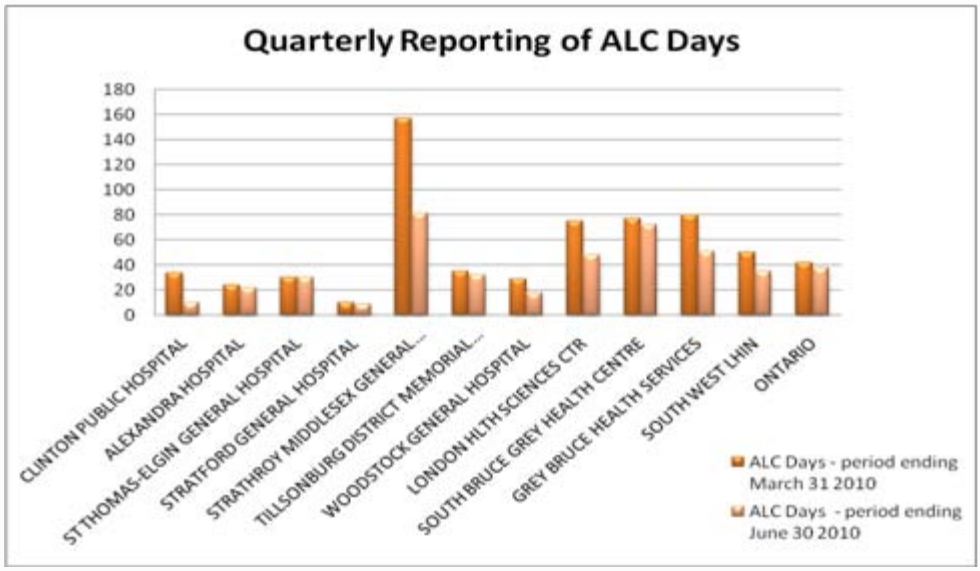
Since April 2008 we have been tracking and publicly reporting the time people spend in ER at the local ER, LHIN, and provincial level. Information on ER wait times can be found on the Ministry of Health and Long-Term Care website at (Matt – please insert link to wait times site)

Reducing the time Ontarians spend in the ER is an ongoing challenge that will require system-wide solutions. Pay-for-Results is but one LHIN-funded program that addresses wait times. Several other initiatives, many funded through Aging at Home funds and the Urgent Priorities Fund, are also contributing to ER avoidance and/or wait times reduction through expansion of community-based care. More information on these initiatives can be found on our website.

Performance and Progress

As part of our ongoing series on the health system performance in the South West, this month's edition of e-Exchange will focus on Alternate Level of Care (ALC) pressures.

What is ALC? ALC patients are people who no longer require acute treatment, but remain in hospital awaiting placement to a more appropriate setting, such as a long-term care home, a transitional care unit or back in their own home with support services. The South West LHIN tracks the number of ALC days in all the hospitals across the LHIN and the chart below shows the ALC days in the South West have dropped as system partners continue to work hard to enhance community capacity.



Note: Hospitals with ALC days less than 5 are not included in this report

ALC days occur for many reasons and ALC pressures have been and continue to be reduced through a wide variety of initiatives. Health Service providers across the LHIN are working collaboratively to ensure that programs are in place so that people can receive the care they need in the most appropriate setting. Some of the initiatives that have had a direct impact on ALC days include:

- Transitional Care Unit at Parkwood Hospital – This collaborative project between London hospitals and the South West Community Care Access Centre (CCAC), is a 20-bed unit established for patients who would benefit from restorative care and who otherwise would have to remain in hospital or be discharged to a long-term care home. Because of this unit, 7,222 in-hospital patient days were saved between April 2009 and March 2010.
- Tillsonburg Community Transition Model – This model is a stellar example of a working partnership between

the Tillsonburg District Memorial Hospital, the South West CCAC, Maple Lodge Long-Term Care Home, and various community providers to focus on the provision of the most appropriate level of care for seniors. This has evolved into a truly community-driven, patient-centred collaborative that has contributed to the overall reduction of ALC days in the South West.

- Interim Long-Term Care Home Beds/Assisted Living in the Community - The use of interim beds helps patients in hospital waiting for long-term care placement by moving them an alternate setting until a permanent long-term care bed is available. This initiative also provides the opportunity to 'cluster care' for several patients in one setting, hence providing better utilization of already challenged human resources. Since March 2009, this initiatives has resulted in the successful reduction of 12 inpatient beds, increased bed utilization, and increased number of clients supported in the community
- Community Stroke Rehabilitation Team: This is a multi-disciplinary team focused on assisting stroke patients recover in their homes. The number of ALC patients that remained in hospital because of rehabilitation needs has reduced by 32% at St. Joseph's Health Care in London. All sites are seeing the ability to discharge stroke patients directly from the Emergency Department to the Community Stroke Rehab Team, thus preventing hospital admission.
- Quality and Process Improvement – The Flo Collaborative (click here for details of this initiative) has improved patient transitions from acute care hospitals to subsequent care destinations for all patients and this has had a positive impact on ALC days.

eHealth leaders impressed with work in South West LHIN

eHealth initiatives in the South West LHIN were front-and-centre July 6 during a visit by eHealth Ontario chief executive officer Greg Reed and senior vice president Alice Keung.

During a whirlwind tour that included visits to the London InterCommunity Health Centre, St. Joseph's Health Care, London and the Byron Family Medical Centre, advancements in information and clinical technologies that are transforming the way care is being delivered in south western Ontario were shared with Reed and Keung.

Some programs, like the Southwest Physicians Office Interface to Regional Electronic Medical System (SPIRE) are a direct result of investment from eHealth Ontario. But others – like the eShift initiative pioneered by the CCAC in partnership with the South West LHIN – are the result of grass-roots efforts by local health service providers (HSPs) working together to deliver better service at a reduced cost to the public at large.

"A tremendous amount of innovative work is taking place in south western Ontario," said Reed, who along with Keung, also took in presentations from representatives from the Erie St. Clair LHIN, Consolidated Health Information Services and Grey Bruce Health Services (GBHS).

"The more time we at eHealth Ontario spend on the front line, the more intelligent we can be about what centralized eHealth projects should look like. It's critical that we work in an integrated way with all of you; we need to be very thoughtful about the clinical adoption of the tools we're creating."

Other projects featured during the visit included the Erie St. Clair/South West LHIN Clinical Viewer Pilot Project, the Huron Perth Telehomecare Pilot Project, the Service Capacity Reporting System in place at GBHS and the progress made to date on Resource Matching and Referral by the Erie St. Clair, South West, Waterloo Wellington and Hamilton Niagara Haldimand Brant LHINs, all of which are working on the initiative.

Reed, who took over eHealth Ontario in April, said he'd "like to think we'll begin rolling out early releases of some personal health records before (the government's stated deadline of) 2015" and that "there is an imperative to deliver on promises made to date."
But he added that the re-tooled agency, which is "better, faster and stronger" than before, still needs to complete

work on foundational systems before it tackles projects which will build on those foundations.

“Our next step … is to work with you in a collaborative, collegial way,” he said. “If we think of ourselves as service providers to you, then I think the leadership will come.”

For more information on eHealth projects underway in the South West LHIN, click here.

Above (L to R): Stephen Banyai, President and CEO, CHIS; Michael Barrett, South West LHIN CEO; Greg Reed, eHealth Ontario CEO; Alice Keung, eHealth Ontario Senior Vice President.

Life on the frontlines in a rural Emergency Department

On June 18, Carrie Jeffreys, a planning and integration lead with the South West LHIN had an opportunity to shadow nurses and physicians on the frontlines of the emergency departments at both the Huron Perth Healthcare Alliance’s (HPHA) St. Marys Memorial and Stratford General Hospital sites. “I wanted to hear first hand from those unsung heroes who are on the front lines of health care in our emergency departments about what challenges they face.”

Jeffreys, a registered nurse, was provided this opportunity through Shirley Veenendaal, HPHA program director, emergency services, “to give LHIN staff an insightful experience and continue to foster the partnerships with the LHIN.”

There are many challenges in the health care system today, Jeffreys notes. Shortages of health human resources put increasing pressure on the hospitals to fill shifts both from a nursing and physician perspective. Health care professionals are trying to maintain a balance between work and their home lives. Recruitment of new graduates into rural areas presents an even bigger challenge, as today’s younger generation doesn’t want to be isolated or work alone at night. In addition, our population is aging and the complexity of the patients that are coming through the doors of our emergency departments is increasing. Training requirements and the increased demand to provide more specialized care can be intimidating to a new graduate in a smaller site.

Jeffreys observed that staff in local emergency departments know that the health care system is evolving. They are trying to stay ahead of the curve. St. Marys is looking at different models to address their human resource challenges

and Stratford is using more technology solutions and an innovative bed tracking system to improve patient flow through their department.

There is one thing that is constant, she adds. “You know when you are standing alongside the nurses and doctors in our local emergency rooms that the staff put their heart and soul into providing the best possible care to their patients.”

The LHIN would like to say a special thank you to Shirley Veenendaal, HPHA Program Director Emergency Services, Janet van Koot, Clinical Resource Nurse (CRN), St. Marys Hospital, Alison Fullerton, ER RN, Stratford General Hospital and all the staff at both sites for Carrie Jeffrey’s visit to the frontline.

Above: the St Marys Emergency Department

Above: the Stratford General Hospital Emergency Department

Above: the Stratford General Hospital Critical Care Department

Chronic Disease Self Management program showing excellent results

A series of six free two-hour workshops that empowers people living with chronic disease by providing them with the information and comfort to better manage is showing excellent early results in the Grey-Bruce area and is now spreading across the entire South West LHIN.

The goal of the program is to address trends where people with chronic conditions utilize a higher number of health resources, whether that is primary care, emergency department visits, hospitalizations or other health encounters.

The Chronic Disease Self Management program is evidence-based and licensed through Stanford University. It was originally supported through the Grey-Bruce Integrated Health Coalition and funded through the Grey Bruce Diabetes Program, Grey Bruce Community Health Corporation, South West Community Care Access Centre (CCAC) and Grey Bruce Health Unit.

In June, program lead Catherine Statton of the South West CCAC provided South West LHIN Board members with some early results of the program, highlighting successes of 24 people who had completed the program since March 2009 in Grey and Bruce Counties. Their average age was 64, although their ages ranged from 32 to 77 and participants averaged three chronic conditions each. Evaluations are completed before the workshops began and three months following their completion. There was a distinct positive shift reported by the participants when asked if they are discouraged about their condition, if they are better able to manage, if they are less fearful, if they are less frustrated and if they are more physically active.

It is too early (and the sample is too small) to determine the impact of the workshops on whether the program is successful in reducing the number of trips participants make to their primary care provider or to hospital, although prior to the workshops the participants averaged seven visits to a family physician or nurse practitioner a year and one visit to an Emergency Department.

While the Grey-Bruce program was rolling out, the South West LHIN's Chronic Disease Prevention and Management

self-management strategy also got underway through Aging at Home funding. With the success being witnessed in Grey-Bruce, a decision was made through the larger strategy to roll the program out across the LHIN. This past spring, 22 peer leaders have been trained to conduct the Chronic Disease Self Management workshops, including Aboriginal and francophone peer leaders.

This program is one way that the South West LHIN is advancing its priority to enhance the capacity and integration of primary, specialized and community-based care, one of the two key priorities laid out in the South West's Integrated Health Service Plan 2010-2013. This priority is focused on people living with or at risk of chronic disease, seniors and adults with complex conditions and people living with mental health or addictions challenges.

Watch a video of Catherine's presentation to the LHIN Board by clicking here.

New Board Members Sheryl Feagan and Ronald Lipsett

John Van Bastelaar, Acting Board Chair is pleased to announce the appointments of Ronald Lipsett and Sheryl Feagan to the South West Local Health Integration Network Board of Directors. The three-year appointments were made by the Lieutenant Governor in Council and endorsed by the Minister of Health and Long-Term Care, the Honourable Deb Matthews, effective beginning July 8th, 2010 for Sheryl and July 28, 2010 for Ron.

Sheryl Feagan

A resident of Goderich, Feagan is a practicing lawyer called to the Ontario bar in 2002. Prior to her career in the legal field, she had a 20 year career in public health, including positions as Health Promoter and Director of the Huron County Health unit. Her background also includes teaching at the secondary level.

In addition to her professional qualifications, Feagan has demonstrated a commitment to community service through her governance roles with several health care organizations and charities.

Through her experiences, she has gained a thorough understanding of the health care continuum and the role integration must play if we are to achieve a fully integrated system of care.

Ronald Lipsett

A resident of Annan, Grey County, Lipsett brings a background rich in community involvement with a focus on health care and is actively involved in the day-to-day management of the Lipsett family farm. In addition to running the family cattle operation, he also enjoyed a long career with an insurance company. He served as Member of Provincial Parliament from 1987-1990 for the riding of Grey.

Over the years, Lipsett has demonstrated his passion for community involvement by serving on several health care related boards and committees. Most recently he was part of the South West LHIN's Health System Design Board to Board Reference Group.

He also was member of the Grey Bruce Health Service Board for nine years, including a term as Chair. Lipsett has held governance positions on the Grey Bruce Community Foundation, as well as the Grey-Bruce VON.

South West leads in connecting patients and doctors

through videoconferencing

Front-line caregivers are reducing travel time for both themselves and their patients and are connecting with more patients, thanks to the use of videoconferencing technology. Clinical use of videoconferencing through the Ontario Telemedicine Network (OTN) in the South West LHIN has more than tripled in the past year – and health care professionals here are using the service more than their counterparts elsewhere in the province, according to numbers released by OTN in June 2010.

“Videoconferencing is a fantastic tool for us,” says Mary Atkinson, executive director of the North Perth Family Health Team in Listowel and one of OTN’s biggest fans. Atkinson says OTN has helped her team reduce travel costs and improve productivity, all while enhancing the quality of care they offer.

“We support both an aging population and a Mennonite population,” she says, “so we’re always looking at ways to help these individuals access specialty services without asking them to travel. OTN does that for us, and we’re going to be using it more and more in the years ahead.”

In its annual summary of telemedicine activity, OTN reported clinical use of its network in the South West climbed from 9,299 hosted events in fiscal 2008/09 to 33,875 events in fiscal 2009/10. Educational use was also up, from 1,258 events in 2008/09 to 1,323 events in 2009/10. In addition, there were 2,533 administrative events in 2009/10.

In addition to 37,731 events hosted by people in the South West, clinicians in the South West LHIN participated in another 44,398 videoconference calls hosted elsewhere, making them the province’s top OTN users overall. Second place went to health service providers in the North East LHIN who hosted 20,732 events and participated in another 22,257 calls.

Videoconferencing not only enables health care providers to reduce travel costs and improve productivity, it provides patients in remote areas easy access to specialized care that would otherwise require long travel times and often, even longer waits. Its use supports information flow, provision of care and facilitates communication that helps the LHIN move toward an integrated system of care in the South West LHIN as identified in the Health System Design Blueprint, Vision 2022.

OTN is an independent, not-for-profit organization funded by the Government of Ontario. Canada Health Infoway provides OTN with funding to help develop a variety of special projects and the organization’s work is further supported by eHealth Ontario.

For more information about OTN, call 1-866-454-6861, visit them online at www.otn.ca or email information@otn.ca.

LHIN staff practice what they preach

Two members of the South West LHIN staff recently completed LEAN certification for Healthcare demonstrating the LHIN’s commitment to Quality and Process Improvement methodologies. In addition to promoting and supporting individual provider initiatives in process improvement such as the Emergency Department Process Improvement Program and the Flo Collaborative, the LHIN is also developing a Quality and Process Improvement Program to be launched in the upcoming months. Pictured above are (third from right)Planning and Integration Lead Carrie Jeffreys and (second from right) Business & Performance Analyst Devi Pandya.

LHIN Staff Ride for Heart and Stroke

Despite the threat of rain, LHIN staff managed to stay dry when they took to the streets of London for the Heart & Stroke Foundation's Big Bike Ride. The team embraced the 'Proud Canadian' theme as they rode through the streets on a bicycle built for 30!

This was the first year LHIN staff members have participated in the Heart & Stroke fundraiser, but it likely won't be the last. "The staff had indicated that they wanted to give back to the community and participate in a health-related fundraiser," said Carrie Jeffreys, team co-captain. "When the opportunity to ride the big bike was presented, our staff quickly and enthusiastically signed up."

The focus of the day, in addition to having fun, was to raise funds for the research into heart disease. "When we signed up, we weren't sure where to set the fundraising target," said Rebecca McKee, team co-captain. "We are a small staff, so we set our target accordingly at $1,250."

Within 48 hours, the goal had already been surpassed and when all pledges were tabulated, the South West LHIN had raised $4,860 through the generous donations of friends and family.

"I'm extremely proud of everyone who participated," said LHIN Chief Executive Officer Michael Barrett. "Staff are encouraged to be active in the community, and this event provided an opportunity for the entire staff to have a good time while raising money for a great cause."

The results?
Canada Hats and Wigs - $1 each
Money raised - $4,860
Helping the Heart and Stroke Foundation – PRICELESS!!

South West LHIN Staffing Update

Chief Information Officer

Glenn Lanteigne joined the South West LHIN as chief information officer and eHealth lead on August 3rd, 2010. In his new role, Glenn will provide direct leadership and accountability for the creation and implementation of a shared LHIN wide eHealth strategic plan that will ensure an integrated, aligned, and community-responsive health care system. He is responsible for electronic and information sharing initiatives to promote, maintain and improve health care delivery throughout the LHIN. Glenn brings over 18 years of leadership, management, and consulting experience across the entire healthcare continuum. Most recently, Glenn was the director, healthcare at TELUS Healthcare Solutions providing overall strategic leadership for a full range of business and electronic health initiatives in regional care, acute care, community care, primary care, home care and consumer care. Glenn is a graduate of the Royal Military College of Canada where he holds an honours degree in economics and politics. In addition, Glenn holds an MBA from the Telfer School of Management at the University of Ottawa and a Six Sigma Black Belt certification.

Manager of Corporate Services

Lisa Johnson, formerly a financial analyst with the South West LHIN, has been appointed to the role of manager of corporate services. Prior to joining the LHIN, Lisa was a financial coordinator and senior financial analyst with the Ministry of Health and Long-Term Care (MOHLTC) Regional Office in London. During her time with the MOHLTC Regional Office, she was also seconded to the Huron & Perth Counties Community Care Access Centres (CCACs) as their business manager. Lisa has completed her studies at Laurentian University in Sudbury and will be graduating this fall with an honours Bachelor of Commerce degree. Lisa will also be finalizing her Certified General Account designation by summer 2011.

Corporate Coordinator

Rita Casciano has joined the LHIN as corporate coordinator, where she will support the Board of Directors. Rita comes to the LHIN from London Health Sciences Centre (LHSC) where she recently celebrated her 20th year with the hospital. Rita spent 17 years as the administrative-medical assistant to Dr. Michael Strong, and more recently as a research assistant with the department of clinical neurological sciences, an administrative assistant with occupational health & safety services, and an advisor with corporate clinical operations. Rita has an administrative assistant diploma from Westervelt Business College and is currently working on her undergraduate degree at the University of Western Ontario.