eShift helps patients and the South West CCAC

You might be surprised to learn that an eHealth Ontario initiative was used to “clone” Nurses (RNs and RPNs) providing overnight home care to children with complex medical needs.

But that’s exactly what the South West Community Care Access Centre (CCAC) and several partners have accomplished with the eShift project – an initiative that leverages technology to provide enhanced support to clients in a way that makes better use of human resources.

“We faced a real challenge: How do we keep supporting this population with a shrinking human resources base of nurses?” says Gordon Milak, Senior Director of Performance Management and Accountability with the CCAC.

“Overnight in a client’s home isn’t like covering an overnight shift in a hospital – the nurse is in the client’s home and is alone one-on-one with the child with few supports. The shifts are difficult to fill and when you’re dealing with medically fragile children, you need nurses with a paediatric specialty. Essentially, we needed to find a way to clone the nurses we already had.”

The solution was eShift: A technology-based initiative that connects an enhanced-skill Personal Support Worker (PSW) in the home with a registered nurse via a web-enabled iPhone.

PSWs and nurses use the device to share information securely through a web portal.. The software developed for the project is intuitive and includes highly customizable clinical decision support tools, a reference library, chat and phone capability and supplies ordering features.

Instead of working one-on-one with clients, eShift enables each paediatric registered nurse to monitor, mentor and manage care at up to four locations simultaneously.

“Essentially we’re giving a remote nurse eyes, ears and hands on location,” Milak says. “It’s all of the efficiencies of a hospital without the overhead; the technology allows them to have the real time information about the client that they need.”

Although the eShift pilot started with just two locations, increased funding – first, from HealthForce Ontario and later, from the South West LHIN – has enabled the program to grow.

“Right now, we have the capacity to support up to 20 clients and we’re expanding the model to include palliative care,” Milak says. (See story on priority funding in this month’s edition of Exchange for more details).

The palliative project includes specific tools and workflows for palliative needs, including a family portal, a physician portal and a CSS portal along with a scoring system for reporting acuity and the capability for standard CCAC reporting.

It is expected that the program will reduce hospital readmissions, increase alternate level of care flow through to the community and result in better care for palliative patients overall.

Think you may need a joint replacement? Find some great tips online

Several new tools are being added to your doctor's medical bag to assist in caring for patients with hip or knee pain who may require a joint replacement.

One of those tools is aimed directly at helping people understand what to expect before, during and after joint replacement surgery. Everything a patient in the South West LHIN needs to know can now be found at http://jointreplacement.thehealthline.ca.

Just ask William Warner from London, who is currently awaiting his second knee replacement. The first was done in 2002 and he admits he spent a lot of time surfing the Internet to find out more about joint replacements. This time around, however, he's been able to point his browser to one site where he is assured high quality information, and he can also access patient booklets from the hospital where his surgery is planned.

"It's nice to be able to click on one website and get all of the information in one place, instead of hunting all over North America for that kind of information," he says. "I think the website is great. People need that kind of information ahead of time. By the time you get in to see a specialist and he tells you that you need a replacement, there isn't much time. You spend so little time with him that you really don't get much more information until you go into preadmissions."

With jointreplacement.thehealthline.ca, patients like Mr. Warner are able to find out ahead of time what they can expect. "I'd really recommend that anybody (awaiting a joint replacement) go to the website for information. I think it would ease their mind considerably."

In addition to patient guides and resources from hospitals across the South West LHIN, the site also provides information from the Canadian Orthopaedic Foundation on how to best prepare for a joint replacement surgery, including information on what to expect before, during and after surgery as well as questions to ask at your appointments, prior to consenting to surgery and about recovery.

The patient education website is one part of a three-pronged strategy funded by the South West LHIN Board in 2009/10. In addition to the website, a checklist aimed at assisting front-line community care providers in making joint replacement referrals to an orthopedic surgeon is being rolled out.

Hospital order sets are also being implemented by clinical staff, with a series of indicators being developed that will assist an orthopedic implementation committee to assess the work of the joint replacement strategy.

Aging at Home – Year Three

The provincial Aging at Home strategy (AAH), launched in 2007, is now in its third year. From the outset, the focus has been on providing services and care that allow seniors to live longer and healthier in their own homes and communities.

On September 2, 2010, the South West LHIN hosted an event at the Betty Cardno Centre in Clinton where Huron-Bruce MPP Carol Mitchell announced $27 million in funding for new and ongoing initiatives. "We will see a lot of very

good programs come from this," MPP Mitchell said. "Together we can provide the services the people of Ontario want."

"Community-based care is what this strategy is all about", she added. Many people want to remain in their homes, surrounded by their family and friends, in an environment that is familiar and comfortable.

The event highlight came from two stroke survivors who have received in-home care from the stroke rehabilitation team – a LHIN-funded program that brings together a multi-disciplinary team of professionals who help patients recover skills impaired by the stroke. It was evident from their words that the stroke rehabilitation team had provided care that allowed them to regain a quality of life that may have not been possible without this program.

L to R: Michael Barrett, South West LHIN CEO; Alex Jackson, stroke survivor; Carol Mitchell, MPP Huron Bruce, Ned Thompson, stroke survivor; John Van Bastelaar, Acting Board Chair.

One of the most important skills that Ned Thompson wanted to regain was his ability to golf. With the help of the team, he has been golfing this summer and continues to improve all his motor skills. The second speaker, Alex Jackson, is a spry and youthful 92 year-old who, after several strokes remains active thanks to the work of the stroke rehabilitation team. His emotional thank you to all team members truly showed the difference the program has made in his life.

The stroke rehabilitation program was initially funded in year two of the Aging at Home Strategy and will continue to receive funding this year. It is but one example of ongoing initiatives that help seniors continue to live safely in their own homes.

Year three of the strategy will also fund new programs, including those mentioned below:

- The implementation of a self-management strategy which targets the person with the chronic disease, caregivers and clinicians /other healthcare professionals. This strategy will arm people with chronic diseases with skills and resources to help them to better manage their disease, while improving their health, reducing the need for related hospitalizations.
- Quality and Process Improvement Program –The South West LHIN will advance its quality & process improvement strategy and continue its focus on improvement work across the continuum of care, enhancing its resources in this area to ultimately improve people's health care experiences, the health of particular populations and the value we receive for the money that we spend.
- System of Care for High Risk Seniors - This project aims to define a framework for a system of care for high

risk seniors currently living in the community and implement and evaluate the framework in London before spreading to the entire LHIN. The framework developed will include a variety of care settings including home, assisted living, transitional care, complex continuing care, rehabilitative care or long-term care.

- System of Care for Seniors with Behavioural Issues – The St. Joseph Health Care Regional Mental Health Centre will establish three Geriatric Mental Health Response Teams (north, central and south) to be integrated within providers of geriatric services and with the goal to build upon the local capacity necessary to address challenging behaviours where people reside
- Services and Supports for Aboriginal Seniors - The goal is to Increase opportunities for cultural safety across the system, ensure effective and culturally appropriate service delivery and augment services and supports for seniors in the aboriginal community
- Interim Long-Term Care beds – Oxford - Caressant Care - Woodstock, Courtland, and Maple Manor - These beds will allow ALC patients to leave the hospital while they wait for a permanent long-term care home bed.

The provincial Aging at Home Strategy has positively impacted the lives of thousands of seniors in the South West LHIN, and many more across the province. Health care service delivery is changing for the better. Time and time again we are told that people want to remain in their homes and, in most cases, the aging at home initiatives allow this to happen.

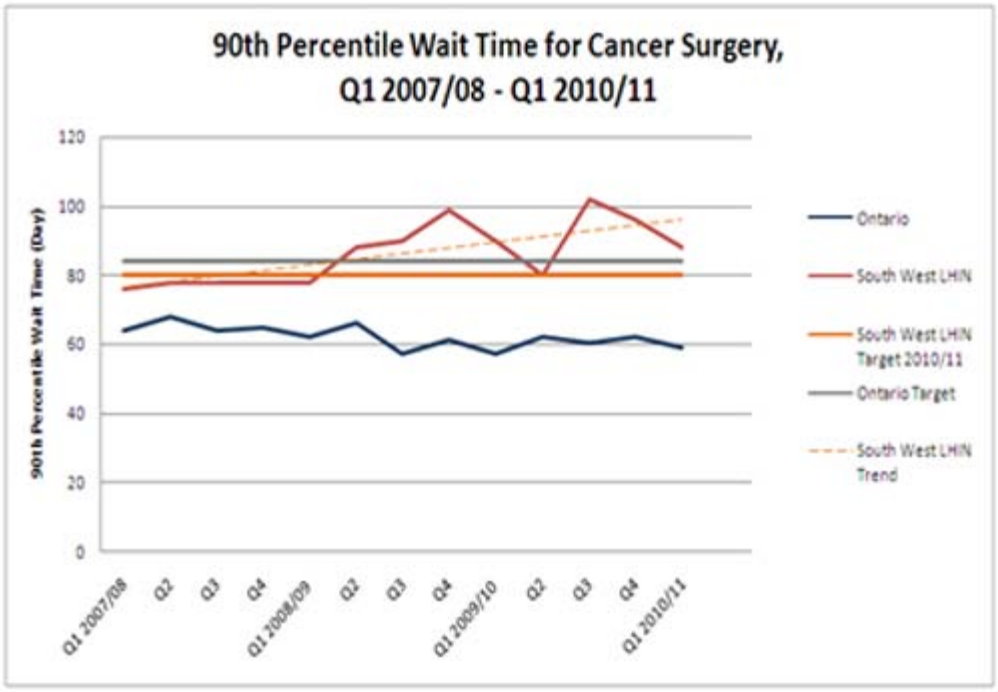
“This strategy has been extremely successful throughout our LHIN”, said Mike Barrett, South West LHIN CEO. “When we hear from stroke survivors like Ned and Alex, we know that we are truly making a difference and that we are on the right track in making sure that community services are in place to allow seniors to remain at home.”

A complete list of Aging at Home initiatives can be found on our website at www.southwestlhin.on.ca.

Performance and Progress

The South West LHIN is committed to continuing to work with our health service provider partners to assess and make improvements to how our local health system is performing as we pursue an integrated health system of care. The accountability for this commitment is reinforced through the Ministry-LHIN Performance Agreement (MLPA). By monitoring performance indicators, the LHIN is in a better position to see where progress has been made, and, more importantly, to identify those areas where there is room for improvement.

This issue of our newsletter focuses on cancer surgery wait times. Although some progress has been made in this area, we still have work to be done to lower wait times for access to quality cancer surgery care.



Cancer surgery wait times (see chart) in the South West LHIN continue to be longer compared to other parts of the province.. Although cancer surgery is provided by several hospital partners across the LHIN, London Health Sciences Centre (LHSC) and St. Joseph's Health Care London (SJHC) together account for almost 74 per cent of all cancer surgeries performed in the LHIN. The London hospitals are committed to working with other hospitals and the LHIN in making the necessary improvements to ensure patients receive timely access to quality cancer surgery care

In 2009, an action plan to improve wait times was submitted to the LHIN by the London Regional Cancer Program. A significant issue that was identified was poor quality of data and the lack of a sophisticated, decision making process in the queuing of more than 40,000 surgeries in London per year. In 2010, the South West LHIN provided funding to LHSC to address the data quality issue and to create reports that could be used by surgeons and key stakeholders to target queuing improvements. Education and processes to support the proper entry and use of data to the Wait Time Information System was an important part of the project.

Recently, work was undertaken by the service partners that led to urology cancer surgery procedures being identified as having one of the longest wait times. A new project has been funded and approved by the South West LHIN to build on this foundation and to develop and implement new models for queuing patients for urology cancer surgery procedures without negatively impacting other urology surgical procedures. A local clinician will be leading a regional process to improve access to urological cancer surgery. The Southwest Regional Oncology Steering Committee has also been engaged in the process and is a key stakeholder in the success of ongoing improvements. New queuing models and processes will facilitate streamlined access to specialists for people requiring surgery for urologic cancers.

An electronic centralized referral system that allocates patients to surgeons based on patient priority and surgeon wait times will be assessed, using the Cardiac Care Network's system as an example. The benefit of developing and implementing common order sets and care pathways across the system will be assessed, as will utilization of resources within the system. Resource utilization within the system may encompass planning to allocate surgeries to more / different sites, based on geographic utilization patterns and hospital capacity. Because people come from neighbouring LHINs for treatment, the Erie St. Clair and Waterloo Wellington LHINs will also be engaged in the process. Where applicable, lessons will be taken from this focused area to improve access to other types of cancer

surgery.

Progress reports will be available for this project and other projects/initiatives in our continued efforts to share information and recent developments in our pursuit of performance improvement. Performance reporting can be found by visiting the Accountability and Performance section of the South West LHIN website.

Want to learn more about the LHIN's activities? Our Board meetings are open to the public

When it comes to ensuring transparency in decision-making and accountability for the local health care system, the South West LHIN remains committed to ensuring its work is done in the public eye.

Board of Directors meetings are held the fourth Wednesday of every month and rotate between communities across the vast geography of the LHIN. These meetings run from 1 to 4 pm and are open to the public. By travelling to different communities, the Board is attempting to make its processes more open and accessible to everyone in the LHIN. In addition, a special session is held from 10 am until noon prior to the Board meetings where Board members from health service providers and members from the public are invited to hear an update from the LHIN Board and to engage in two-way dialogue. The morning session kicks off with a local success story presented by one or more of the health service providers.

There is also a Board Committee meeting on the second Wednesday of each month, held at the South West LHIN office in London from 1 to 4 pm. The purpose of this session has been recently revised to focus more on strategic and governance-related items .

Agenda packages for both the Board of Directors and Board Committee meetings are posted on the South West LHIN website the Friday prior to the meeting date. Times and locations for upcoming meetings can also be found on the LHIN website.

The South West LHIN communications team also tweets "live" from the Board meetings (provided technology is working) from @SouthWestLHIN and also posts regular updates on the South West LHIN facebook fan page. To catch up on some of the success stories presented to the Board, see the LHIN's YouTube page or visit our video page.

If you would like to attend a meeting, please email Rita Casciano, Corporate Coordinator, or at 519 640-2561 / toll-free 1 866 294-5446 ext 2561. Please specify in your message which meeting you plan to attend.

The next Board Committee meeting of the LHIN is Oct. 13 at the South West LHIN office. The October Board of Directors meeting will be in Durham on Oct. 27.

Health System Leadership Council selected to drive health system forward

A group of health care leaders from across the South West LHIN have been selected to sit on the new Health System Leadership Council (HSLC). The mandate of this new group is to guide and lead health care changes at the system wide level, putting people at the centre of a sustainable system.

The HSLC efforts will focus on ensuring delivery of the priorities laid out in the South West's Health System Design Blueprint – Vision 2022, creating an integrated health system of care where quality care is delivered as close to

home as possible. This will be accomplished by focusing on strategies and initiatives that accelerate the vision of a health care system that helps people stay healthy, delivers good care to them when they are sick and will be there for their children and their grandchildren.

""The South West LHIN is pleased to have such a high caliber of talent and commitment as we have on our Health System Leadership Council. These partners have a key leadership role in building a more sustainable and integrated health care system across the LHIN," said Michael Barrett, CEO, South West LHIN.

Members were selected after an extensive expression of interest process, involving the South West's six area provider tables. Participants were selected from across the continuum of care and geography of the LHIN.

"As providers across the South West LHIN, it is essential that we work collaboratively to build a more coordinated system – where people can get the right care at the right time from the right provider," said HSLC member Tom McHugh, President & Chief Executive Officer Alexandra Hospital – Ingersoll and Tillsonburg District Memorial Hospital.

NAME	ORGANIZATION
Brian Orr	London Health Sciences Centre
Sandra Coleman	South West CCAC
Tom McHugh	Alexandra/ Tillsonburg Hospitals
Sue McCutcheon	Grey Bruce Health System
Andrew Williams	Huron Perth Healthcare Alliance
Heather DeBruyn	Canadian Mental Health Association, Elgin Branch
Jill Mustin Powell	LHSC/St. Joseph's Health Care
Kathy Scanlon	Town & Country Support Services
Brian Dunne	Participation House
Sue Hillis	Dale Brain Injury
Andy Underwood	Home & Community Support Services of Grey Bruce
Bob Petrushewsky	Ritz Lutheran Villa
Rob Annis	North Perth Family Health Team
Miriam Klassen	Perth District Health Unit
Shirley Biro	East Elgin Family Health Team
Michelle Hurtubise	London InterCommunity Health Centre
Bob Antone	KiiKeeWanNiiKaan Healing Lodge
Moira Stewart	TVFPRU

The HSLC will provide advice and leadership regarding:

- Development and monitoring of activities and timeframes
- Strategies for acquiring project and initiative resources
- Monitoring of LHIN reference groups to maintain coordinated and integrated efforts and assist in resolution of implementation issues of reference groups as needed
- Monitoring of portfolio, program and project/initiative progress reports
- Alignment and monitoring of project performance objectives to LHIN performance objectives

- Development of accountability mechanisms that reflect an understanding of LHIN level, shared and individual organizational level accountability requirements
- Development and monitoring of a communication plan including a strategy for the dissemination of information and education to health care providers, community partners and the public.

Members on the HSLC will serve an initial two year term. The HSLC will be co chaired by the South West LHIN Chief Executive Officer and a member elected by the council. Council members are not representing their respective organizations as individuals are being chosen based on their skill set, experiences, perspective and geography.

Board approves $3.6 million in funding to advance local priorities in the South West

The South West LHIN Board of Directors has approved over $3.6 million in one-time funding to support local initiatives that will advance goals and priorities that focus on putting people at the centre of the system. These initiatives build upon the foundation of the South West's Health System Design Blueprint Vision 2022, moving the local health system closer toward the goal of being an integrated system of care that focuses on person-centred care delivery in an equitable and sustainable way.

The Board approved funding for 12 initiatives at its meetings in August and September, making use of several funding envelopes. The key areas of focus include: lowering emergency department wait times and increasing patient satisfaction, building capacity to reduce Alternate Level of Care (ALC) days, creating centrally-coordinated resource capacity, ensuring population-based integrated health services, building a quality improvement program, boosting decision-making infrastructure and supporting end-of-life care.

"What people want is the very best health care, as close to home as possible. That is why it is such a priority for the Province of Ontario," said John Wilkinson, MPP, Perth-Wellington. "Increased funding to support improved patient care is always welcome. What is significant though is the renewed focus on the areas of care that people say are important to them and for their families. The South West LHIN is doing its job of first listening to patients and then delivering results through stronger integrated collaborations between local healthcare agencies."

Project charters are being created for each of the initiatives, these charters will include performance indicators and progress reports will be shared with the LHIN Board on a quarterly basis to ensure performance and accountability.

"It's gratifying to see the wonderful work that is being done in our LHIN. As a Board, we are always mindful of the impact our decisions have on all the residents of the LHIN and are particularly encouraged by the number of initiatives that involve multi-provider collaboration," said John Van Bastelaar, Acting Board Chair.

The projects funded are:

- Diabetes education improvement project in Thames Valley: The main focus of this initiative is to improve the coordination of services among the Diabetes Education Centres (DECs) in order to serve more clients with existing resources.
- Health ePathways Resource Matching and Referral (RM&R) – Phase 2: The South West LHIN's ALC Resource Matching and Referral project is part of a larger, four-LHIN initiative to move patients out of acute care facilities and into more appropriate environments for their on-going care. Helping health care providers match patients with alternate resources will improve hospital bed utilization and reduce emergency department wait times.
- Non-urgent patient transportation project: This initiative will include a patient non-urgent transportation needs assessment, as well as an analysis of best in class standards. Supplier certification standards will be developed as well as service level agreements to facilitate audits of services provided. To ensure LHIN-wide consistency, common processes and procedures will be developed.

- eShift service delivery model for clients who are at end-of-life: The Community Care Access Centre's eShift initiative uses technology to deliver more services - without increasing costs. The initiative connects an enhanced-skill Personal Support Worker (PSW) providing overnight home care to clients with complex health care needs with a nurse via a web-enabled phone; This project focuses on maximizing use of resources in a sustainable and cost effective manner.
- South West LHIN program and services inventory – Phase Two: In Phase One, this initiative created a detailed repository of health services in the South West LHIN. Phase Two now proposes to add the repository data to the healthline.ca database, creating a detailed information resource readily available to health service providers and the general public.
- Hip fracture improvement project: This initiative will improve hospitals' ability to meet the provincial target of hip fracture surgery within 48 hours of admission by implementing the Bone and Joint Network's care maps, applying inter-hospital patient transfer protocols, and identifying other opportunities for improvement.
- Cancer surgery improvement project: The focus of this initiative is to develop queuing models for urology cancer surgery procedures to improve access to specialists using an electronic centralized referral system. With a treatment catchment area that includes other LHINs it will involve the Erie St. Clair and Waterloo Wellington LHINs.
- Adult Critical Care response team pilot study: The purpose of this pilot project is to review and assess if an on-call intensivist can improve referral and access to critical care services for critically ill patients within the South West LHIN.
- South West Community Support Services Performance Management Project: This initiative continues to build performance management infrastructure in the community sector. The 64 provider agencies offering services to seniors and adults with complex needs will continue to work together to improve the efficiency and effectiveness of their programs, thereby assisting the LHIN in building community capacity.
- The Board also approved funding in support of initiatives identified by the End-Of-Life Care Network:
    - Plan of treatment for Cardiopulmonary Resuscitation (CPR) process – Phase 2: Endorsed by the End-of-Life Network, this project takes a structured approach describing the steps that health care professionals must take when having discussions about resuscitation with patients or their decision makers. This approach was developed in Grey-Bruce and successfully implemented in a residence in Oxford County. The funding approved by the Board will allow the Network to spread the implementation to other health care providers in Oxford County.
    - Setting the stage for change workshop: After a very successful workshop in March 2010 for 75 hospice volunteers, health care providers, administrators and policy makers, the South West End of Life Care Network and the Southwestern Ontario Palliative Pain and Symptom Management Program have been approved for funding to co-host two more sessions, this time in two different locations in the LHIN.
    - South West End-of-Life Care Network strategic plan: This funding is to support the development of a South West End of Life Care Network strategic plan for hospice palliative care to provide the guidance and vision that care providers are looking for.

Family Health Team and Nurse Lead Practitioner Clinic Expansion

Back-to-back announcements by The Hon. Deb Matthews, Minister of Health and Long-Term Care, gave patients without a family care provider in the South West LHIN a double-dose of good news this past summer.

On August 23, Minister Matthews announced 14 new Nurse Practitioner-Led Clinics (NPLCs) for the province – and both London and Ingersoll were on the list.

"Nurse practitioner-led clinics are an integral part of health care in Ontario," said Matthews, who made the funding

announcement with London-Fanshawe MPP Khalil Ramal at the Merrymount Children's Centre on Colborne Street in London, ON. "This investment means more access to quality health care closer to home for Ontarians."

The following day, the Minister announced Hanover, Kincardine and Newbury were among 30 communities in Ontario to be receiving a new Family Health Team.

"What makes these Family Health Teams so valuable is that each one is developed with the needs of the community in mind," Matthews said. "These additional 30 new teams will provide even greater access to quality health care for people in the community."

Family Health Teams are made up of a team of doctors and other healthcare providers such as nurse practitioners, nurses, social workers and dietitians all working together. They provide quality team- based care and will attach more patients in Sault Ste. Marie to a family doctor. They also help reduce demand on hospital emergency departments by providing non-emergency care.

NPLCs are locally-driven family health care delivery organizations that include an inter-professional team of nurse practitioners, family physicians, nurses and a range of other professionals committed to providing comprehensive, coordinated services tailored to the needs of the local community.

"This is a very exciting day for all of the people who have supported our goal of having a Nurse Practitioner-Led Clinic in London," said Myrna Firsk, Nurse Practitioner with Health Zone NPLC. This will give clients the opportunity of receiving holistic, full-spectrum care, including prevention, education and mental health support in a community setting. It's the essence of primary health care – something NPs are well able to deliver!"

There are currently 11 NLPCs and 170 Family Health Teams across the province, the latter of which provide care to over 2.3 million Ontarians and serve over 393,000 previously unattached patients. The back-to-back announcements fulfill Ontario's commitment to create 200 Family Health Teams and 25 NPLCs before 2012.

For more information on Family Health Teams, click here; for more information on NPLCs, click here.

Ontario
Local Health Integration Network