
# Shaping the Future of Health Care

## Our Integrated Health Service Plan 2013-2016

The South West LHIN has begun the process of developing its Integrated Health Service Plan (IHSP) for 2013-16. The IHSP describes the priorities, strategies and proposed outcomes for the local health system and the implementation plan for the next three years. It also shows how our local priorities are guided by the province's priorities and explains what we have achieved to date and how we are moving towards the vision contained in the South West LHIN's Health System Design Blueprint – Vision 2022. It builds on the work of the previous IHSPs, demonstrates the case for change and identifies the performance measures that will be used to evaluate our success.

Significant progress has been made towards our goals as guided by the current 2010 – 2013 IHSP including:

- Implementation of the Home First program to help move seniors out of hospital and back home with nursing and other supports to help them stay safely in their own home
- Better referral processes for "life or limb" cases to London Health Sciences Centre and physician on call support for smaller regional hospitals
- Care close to home and other work that has had a solid impact on reducing wait times for cancer surgeries in the South West LHIN area
- Integration and community capacity work in the mental health sector that will improve access to and coordination of services
- Building on several years of work to improve the quality of chronic disease and diabetes care in the LHIN and improves patient outcomes and quality of life

This is only a partial list that shows a few of the ways that the IHSP guides our decisions and helps the South West LHIN improve the health care system.

Our proposed areas of focus for the IHSP 2013-2016 include: enhancing access to family health care, improving the coordination of health care delivery, implementing best practices to enhance safety and increasing the effectiveness and value of our health system. Click here for more information on the proposed areas of focus.

A key part of the process is informing and engaging health service providers, other stakeholders and the public. To that end we have developed a number of tools and engagements.

We have created a to explain the process and the importance of our IHSP.

## Community Engagement

We are also doing the following over the coming weeks and months:

- **Web Survey**: Click here to participate in an online survey to tell us what priorities are important to you and to share your thoughts. Available until Sept 15.
- This September we will be holding several **Public Meetings** across the LHIN. Click here to see the schedule of public meetings to be held in seven locations across the South West LHIN.
- **Webcast**: We will be hosting a webcast that you can participate in on Thursday, September 20 from 7pm to 9pm. Details will be posted soon on the homepage.
- **Social Media**: Let us know what you think via Twitter or Facebook.
- **Contact Us**: Email us to tell us what you think.

Once the IHSP has been approved by the South West LHIN Board in November of 2012, we will release the final document to the public and our stakeholders and health care system partners. Following that we will begin to plan for the implementation of the key strategies and strategic directions prior to the plan becoming effective on April 1, 2013.

Watch the South West LHIN's IHSP website page http://southwestlhin.on.ca/Page.aspx?id=6696 for more information.

# Integrated Program for Grey Bruce Hospice Palliative Care Approved by South West LHIN

## Approved plan to include a residential hospice, an outreach program and a wellness program

At its meeting on July 25, 2012, the South West Local Health Integration Network Board of Directors approved the establishment of a Grey Bruce Hospice Palliative Care integrated program that includes a residential hospice, an outreach program and a wellness program. The Board also directed South West LHIN staff to confirm with the Ministry of Health and Long-Term Care that the recent funding increase for residential hospices will be provided for the operation of a Grey Bruce residential hospice.

Members of the volunteer Board of the Residential Hospice of Grey Bruce Inc. attended the meeting. “We are excited that the residents of Grey and Bruce are finally going to benefit from the commitment made to our community for a residential hospice,” said Ruth Lovell Stanners, Chair, Residential Hospice of Grey Bruce Inc. “The Chair of the South West LHIN, the Task Force and the rest of the Board deserve a lot of credit for their willingness to help move this project forward and their engagement with our Board throughout the process. They made the right decision.”

“The decision by the LHIN Board is in keeping with the vision the Grey Bruce End-of-Life Care Partnership has so diligently worked to achieve since the announcement of the residential hospice funding for Grey Bruce in 2005,” said Marie Palmer, Chair, Grey Bruce End-of-life Care Partnership Committee. “We are so grateful that community volunteers who make up the Board of the Grey Bruce Residential Hospice Inc. took up the banner and by working together we have this great decision today to move forward. We look forward to collaborating with our partners in the community and in the health care system to bring this Center of Excellence to fruition.”

The Board’s decision to support an integrated program for Grey Bruce hospice palliative care was informed by a Task Force, comprised of Board members and supported by South West LHIN staff, established in March 2012. The Task Force reviewed numerous reports and engaged stakeholders to understand and assess the current needs and preferences of the Grey Bruce community.

The Task Force concluded that the community of Grey Bruce should move forward with an integrated model of hospice care for the community, inclusive of residential hospice, outreach and wellness components. The South West LHIN also funds partners like the Community Care Access Centre and the Victorian Order of Nurses (VON) who will have a role in the integrated program.

“I know that the community has waited a long time for a residential hospice option,” said Dr. Hilli Huff. “The plan we (Residential Hospice of Grey Bruce Inc.) submitted contemplated more than just a free standing hospice. By including improved access to outreach and wellness programs, as well as the residential hospice, we acknowledged that there is a better way to deliver end-of-life care throughout Grey and Bruce. We created a community hospice for all our families.”

In order to ensure the sustainability of the project, the Task Force provided parameters to inform implementation planning. The parameters include beginning with a 4-6 bed co-located residential hospice located in Owen Sound, planning and funding for a hospice palliative care outreach team to serve the Grey Bruce area and the hiring of interim staffing resources to provide leadership in the development of detailed implementation plans so that the proposed new services will be operational in the Grey Bruce area as soon as possible.

“We congratulate the partners in Grey Bruce for their vision, hard work and passion,” says Jeff Low, Chair, South West LHIN Board of Directors, “and who now have the mandate to move forward with the detailed planning and next steps necessary to implement an integrated program inclusive of a residential hospice, an outreach program and a wellness program.”

Next steps include the South West LHIN staff bringing health care partners together with the Residential Hospice of Grey Bruce Inc. to hire interim resources and initiate the necessary planning for implementation.

For more information see the July 25th Board Report, Agenda Item 5.1, posted on our website at www.southwestlhin.on.ca.

# Access to Care: Investments in the Community Help People Like Eleanor

Earlier this year the government launched its *Health Action Plan – Right Care, Right Place, Right Time* including specific strategies around timeliness and access, delivery of additional service in the community, funding reform, integrated care processes and a Seniors Health Strategy.

In support of the government's action plan, the South West LHIN Board of Directors recently approved additional one-time funding for 2012/13 for ongoing project planning and continued implementation of the South West LHIN Access to Care (ATC) initiative. These project resources will be used to continue the implementation of this large-scale transformational system change to improve access to care for high risk seniors and adults with complex needs who are living in the South West.

The ATC initiative, first launched in 2011/12, is led by the South West LHIN and the South West CCAC in partnership with Hospitals and Community Support Service Agencies.

"Increases in home care and community supports are critical to ensuring that people receive the right care in the right place. Additional investments in homecare at the CCAC over the last year have enabled us to shift care out of hospital to support people in their homes, which is where they want to be, "said Sandra Coleman, CEO, South West Community Care Access Centre. "This has freed up hospital beds and long-term care home beds to be accessed by those who need them most. Ongoing support from the South West LHIN will enable the CCAC to further expand services to support more people at home."

Access to Care is an approach to care intended to support people throughout their experiences with primary and community care, acute care and post-acute care. Two key values of this approach are empowerment of the individual/family in care decisions and equitable access to the right level of care in a timely manner. Eleanor's experience illustrates how the Access to Care initiative can impact people in our communities.

After retiring from her career as a kindergarten teacher, Eleanor travelled with her husband, enjoyed a busy social life and was active in her church. More recently, she started having mini-strokes, eventually leading to two serious falls, resulting in a broken arm and a compressed disk in her back, leaving her unable to walk.

After 10 weeks in hospital, Eleanor was eager to return home to her husband and son. From hospital to home, Eleanor and her health care team worked together to ensure a safe return home. Hospital staff worked with Eleanor and her family in hospital to help her to regain some of the skills that she would need. At home, family/friends pulled together to make physical changes to Eleanor's house, while she and her family also had to make lifestyle changes to adapt to their new situation. While grateful to the community support agencies for their help, it did take a positive attitude and the ability to look at their everyday activities in a new light.

One of the greatest enablers for Eleanor and her family is the Adult Day Program (ADP) that she attends three days per week. While she attends the ADP, Eleanor's husband has a much needed break and Eleanor receives personal care and the opportunity to interact with others, particularly the children who participate in the intergenerational programming. With no plans to move to long-term care, Eleanor continues to work with Occupational Therapists to gain strength and mobility with the goals of increasing her independence and remaining in her own home.

Eleanor credits her CCAC Case Manager, Heather, for outlining the options that exist in the community to help her to remain in her own home and for connecting her to the right resources. With support from Heather, Eleanor and her family can continue to make the decisions about their lives that are right for them.

The work of the Access to Care initiative aligns with the South West LHIN Blueprint – Vision 2022, the current South West LHIN Integrated Health Service Plan, the provincial senior-friendly hospitals strategy, Ontario's Action Plan for Health Care and LHIN e-Health strategic directions. For more information on Access to Care in the South West LHIN, click here.

# Behavioural Support Services in the South West LHIN

We all know someone who has been affected by some form of challenging behaviours (e.g. wandering, aggression, agitation, etc.) due to dementia, Alzheimer's, or other neurological conditions. Families and other care providers often struggle – they need the support but don't know where to go. The care or services that are available are often fragmented with gaps.

Through planning and coordination that began in 2010/11, the South West LHIN Behavioural Support System (BSS) project received Aging at Home funding of approximately $3M to create a system of care across our LHIN. St. Joseph's Health Care London provides LHIN-wide coordination and Schedule 1 Hospitals (Grey Bruce Health Services, Stratford General Hospital, Woodstock General Hospital, London Health Sciences Centre, and in the future St. Thomas-Elgin General Hospital]) have created or expanded existing mobile Seniors Mental Health and Addictions Response teams to support older adults, and their caregivers, experiencing challenging behaviours in long-term care homes and/or the community. These teams provide assessments, treatment, follow-up and additional supports to people and their caregivers.

In 2011/12, the Ministry of Health and Long-term Care launched the Behavioural Supports Ontario (BSO) initiative which provided $40 million provincially of which $3 million was allocated to the South West LHIN. BSO funding, dedicated to hiring nurses, registered practical nurses and personal support workers in long-term care homes, along with other health care personnel, was merged into the South West LHIN BSS project. These additional resources assist the LHIN to meet the ratio of staff to population recommended by the Mental Health Commission of Canada in its report *Guidelines for comprehensive mental health services for older adults in Canada* (October 2011).

Throughout the South West LHIN, local Geriatric Cooperatives (including all providers of geriatric services) have been established to oversee implementation related to local training, education and system coordination and service provision to address these behaviours where people reside. A key component of the system of care are the mobile Seniors Mental Health Response Teams that provide episodic, crisis and transitional support for people with these behaviours who live in their own homes or in long-term care homes.

There are many success stories resulting from these initiatives, and this one from an Adult Day Away respite program illustrates how programs not only help the client, but also their caregiver. One of their clients has attended the first 3 months of the program. After the first stay, his wife felt more at ease to place him in the respite bed – a step she was previously hesitant about. They had not been apart in 5 years and their children live far away. When her husband is participating in the program, she can now sleep without waking up every 2 hours to attend to her husband who would frequently get up in the night. She states the program has been invaluable to her.

With the recent enhanced BSO funds, the process is now in progress to expand the teams to include the additional long-term care resources. In addition, Alzheimer Societies have enhanced First Link Social Work services, and overnight respite at selected Adult Day Programs is being offered in each county throughout the LHIN.

Key components of successfully implementing a system of care include education and training of staff and drawing on a variety of resources when they are needed. LHIN-wide education and training to better understand the meaning and causes of the behaviours has begun. Gentle persuasion techniques are also part of the training. To assist with education and drawing in additional specialty services when needed, telemedicine equipment has been installed in half (39 of 78) of our long-term care homes. This technology will assist with timely and efficient access to treatment with a very large and rural geography.

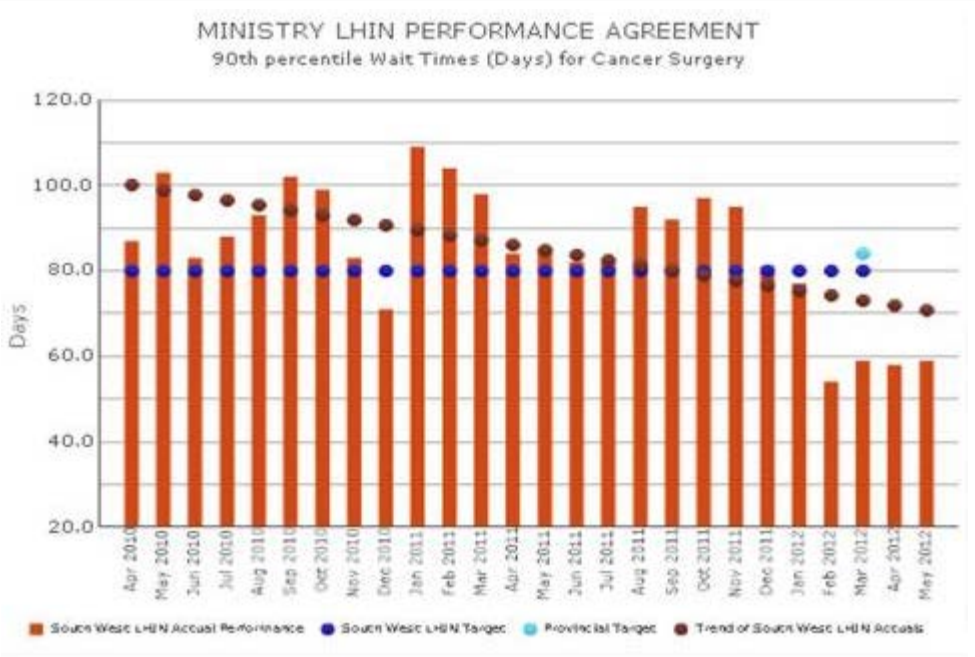
Our goal is to integrate services that support and care for people in their communities, wherever that may be. We recognize that these services and supports must meet the needs of each unique individual so that they may live fully with meaning throughout their life journey.

There is additional information available on the South West LHIN's BSO webpage here.

# Cancer Wait Times Reduced

Over the past year, the South West LHIN, South West Regional Cancer Program and hospitals delivering cancer surgery in the LHIN have put a collective effort into a multi-pronged approach to improve wait times for cancer patients. Over the past three years, the South West LHIN has consistently reported the longest wait times for cancer surgery in Ontario, regularly performing over the LHIN target of 80 days and 14th of Ontario's 14 LHINs. However, we are now seeing the positive impacts of our collective efforts. The South West LHIN's cancer surgery wait time is 55 days (June 2012), 9th overall in the province. Although we have seen good progress, we still have more work to do and we are now monitoring current wait lists with all hospitals providing cancer surgery.

Success is due to a focused effort that saw each hospital implementing strategies to improve access. Some of these strategies have been unique to a hospital and some have been more regionally focused.




ABOVE: South West LHIN cancer surgery wait times have been reduced from 97 days (November 2011) to 55 days (June 2012). An improvement of 42 days! *Click on the chart for a larger version.*

Hospitals, beginning with the London Health Sciences Centre (LHSC) and St Joseph's Health Care, London (SJHC) have put significant effort towards improving the quality of their wait time information and they now monitor people currently waiting for surgery. They also provide feedback to surgeons when someone is getting too close to their wait time threshold. As well, some hospitals added more operating room time so they can take care of people who had been waiting too long.

There have been several strategies implemented to ensure that people are given the right priority for their surgery according to guidelines that the Urologists in the South West LHIN have all agreed to. Urologists now all use the

same checklist to help them to determine priority and to ensure that this information is entered correctly into the provincial Wait Time Information System. We have worked with our neighboring LHIN in Erie St. Clair to ensure that people can receive their care close to home and we have seen a 6% decrease in the number of people from Erie St Clair LHIN having their surgery in the South West LHIN, freeing up capacity for more surgeries to be done on residents of the South West LHIN. We are also working on other strategies to ensure that care is provided as close to home as possible and to build public confidence that the quality of prostate cancer surgery care is consistent across the LHIN, regardless of where the surgery takes place. Please visit the South West LHIN YouTube channel http://www.youtube.com/user/SouthWestLHIN/videos for videos of people sharing their cancer surgery care experience.

We will continue to learn from the success of these strategies, and apply these lessons to other cancer disease sites, all the while ensuring that residents of the South West LHIN have timely access to high quality cancer surgery.

## Expanded Services Mean Care Closer to Home for Oxford County and Area Residents

Residents of Oxford County and area who would normally have to travel to London for chemotherapy and hemodialysis treatments can now receive care in their own community thanks to recently expanded services at Woodstock General Hospital.

In May, hospital staff and community members gathered to celebrate the official opening of the new chemotherapy suite that has expanded the hospital's cancer program from one station to six stations. The clinic is a satellite program managed in conjunction with the London Regional Cancer Program (LRCP). The suite operates five days per week and will accommodate up to 2,500 visits per year, up from 750 visits per year.
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The new facility is being appreciated by patients not only for its location, but also for its brightness and layout. "Coming here where it is sparkly and beautifully designed, you just feel very different," says Ruth Baker of Woodstock, an interior designer by trade who is undergoing chemotherapy for breast cancer. "You feel hopeful, you feel confident, and you feel like you're moving on."

In addition to the new chemotherapy suite, the hospital has recently expanded its dialysis unit to accommodate three additional chairs. Those chairs mean six more patients who previously had to travel to London for hemodialysis treatment can receive their care locally. The Woodstock dialysis unit now has a total of nine stations, increasing care from 30 to 36 patients with chronic kidney disease.

The dialysis unit is a satellite of London Health Sciences Centre (LHSC) and operates six days a week, administering 4,430 treatments annually. Most dialysis patients undergo treatment three times per week for up to five hours each time.

“The ability to increase the number of dialysis treatments that we can provide is a real blessing to our community,” says Randy Hicks, Director of Critical Care and Dialysis. “Our patients experience long days when undergoing dialysis and being able to receive care close to home reduces stress and allows patients to lead a fuller life.”

“These expansions mean our residents have better access to care in the right place, at the right time,” said Michael Barrett, CEO, South West LHIN. “This partnership between London Health Sciences Centre and Woodstock General Hospital is another great example of how our health service providers are working together to put patients first in the South West LHIN.”

For a look at the new chemo suite and what it means to patients in the Oxford County area, click here: http://www.youtube.com/watch?v=HISorZqWmi4&feature=plcp

## connecting South West Ontario: One step closer to implementation

Hundreds of expert opinions, thousands of hours of work and tens of thousands of pages of research, reports and briefings later, the connecting South West Ontario (cSWO) integrated Electronic Health Record Program is ready to take flight.

On July 19, members of the cSWO Steering Committee unanimously endorsed the program’s Business and Implementation Plan, calling for an expansion of Clinical Connect and the SPIRE/HRM interfaces and the establishment of a Local Document Repository and a Clinical Viewer – steps that would make local electronic medical records accessible to health care professionals across the continuum of care in the following LHINs: Erie St. Clair, Waterloo Wellington, Hamilton Niagara Haldimand Brant, and the South West LHIN.

Although cSWO’s proposal still needs validation and approval from eHealth Ontario before full-scale implementation can begin, Murray Glendining, LHSC Executive VP of Corporate Services and Clinical Support, said the Steering Committee’s endorsement was “precisely what’s needed to get the full attention (the program) deserves at the

Ministry of Health and Long Term Care."
"I'd like to acknowledge the significant contributions of our Steering Committee and Working Group members," said cSWO Executive Lead Glenn Holder. "I'm comfortable we have solid content and input, gleaned from the best minds in South Western Ontario."

Andrea McKinney, Director of Business Operations and Delivery Partners, eHealth Ontario, echoed those sentiments and said "we haven't heard anything but support for this plan." McKinney committed to working with the cSWO Core Team on the next level of approvals.

In the interim, Holder said, the group will begin to look for "early implementation opportunities" which will include a deeper engagement strategy with stakeholders, the development of an agreement framework and the first steps towards a SPIRE/HRM and Clinical Connect expansion.

"This isn't going to be a standing start," he said.

## South West LHIN Primary Care Forum

In May, a Primary Care Forum was held in Stratford to share information about the good work being done in the South West LHIN by high-functioning teams, new models of care and improvements being made in access.

A total of 85 health care professionals and administrators took part from across our LHIN with representation from Family Health Teams, Community Health Centres, Nurse Practitioner Led Clinics, the South West Primary Care Network as well as physicians involved in the Partnering for Quality in Chronic Disease Care initiative.

Dr. Rob Annis, Primary Care Physician Lead for the South West LHIN, played a significant role in the planning and delivery of the Forum.

"I am consistently impressed by the quality of health care being given by South West LHIN primary caregivers," said Dr. Annis. "It was a great day listening to some of their initiatives, and to hear their dialogue encouraging a more comfortable, effective system for South West LHIN residents."

Dr. Annis spoke about the current state of primary care in the South West LHIN and the goals of the South West Primary Care Network. Other presentations included a look at the patient-centred medical home model by Dr. David Tannenbaum and Jan Kasperski of the Ontario College of Family Physicians, and a best practice spotlight on chronic disease care by members of the Owen Sound Family Health Team.

Dr. Cathy Faulds of the London Family Health Team was also recognized for her work establishing a medical home model.

"We would like to formally recognize you for the work you've been doing on the patient-centred medical home model," said Michael Barrett, CEO, South West LHIN, as he presented the award. "You can see her passion and the way [Dr Faulds] can articulate her vision, and we want to recognize [her] leadership through this award today."

The Primary Care Forum met the accreditation criteria of The College of Family Physicians of Canada and, through the Schulich School of Medicine and Dentistry, was accredited for 5.25 MAINPRO-M1 credits. A total of 54 completed evaluation forms were submitted, and 82% of attendees expressed they were satisfied with the event.

Presentations from the Primary Care Forum can be viewed in the South West LHIN's You Tube channel: http://www.youtube.com/playlist?list=PLDCE9F7BC640DF321&feature=view_all