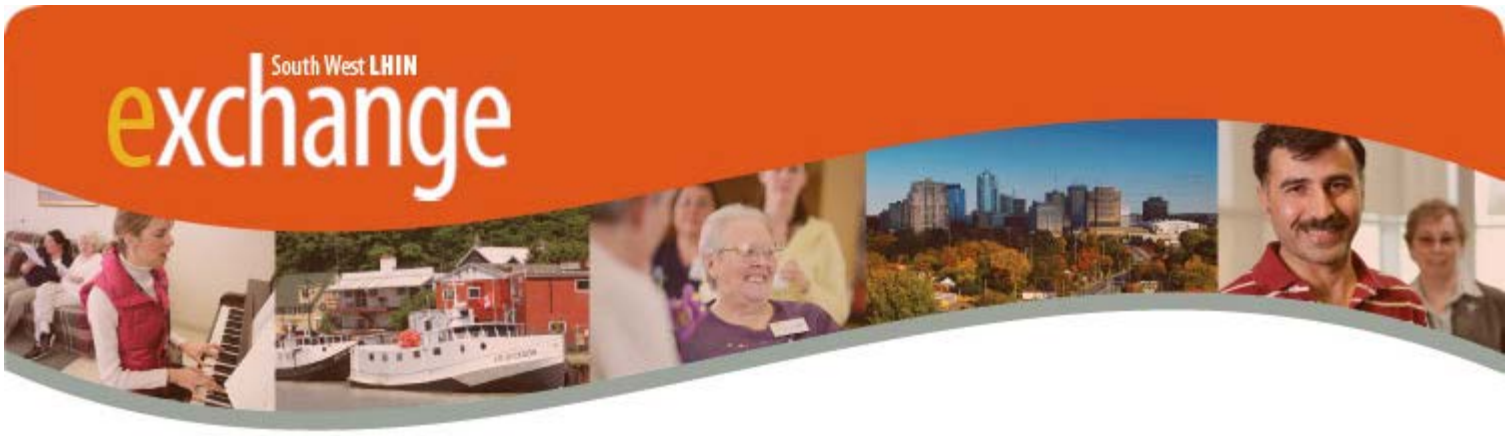


Community Services Get a Boost

The Honourable Deb Matthews, Minister of Health and Long-Term Care, was in London on November 22 to announce $14.3 million in funding for community services aimed primarily at seniors and individuals with mental health and addictions challenges. The event was held at the Salvation Army Adult Day program, where the Minister tried her hand in a game of bean bag toss with the program participants and her cabinet colleague, The Honourable Chris Bentley.

Also speaking at the event was Jeff Low, Board Chair, South West LHIN, and Sandra Coleman, CEO, South West Community Care Access Centre (CCAC). Low and the South West LHIN Board approved the allocation of the $14.3 million to achieve the greatest impact across the local health care system. Funding decisions were made based on the Access to Care Strategy and a community capacity report commissioned by the South West LHIN, '*The Time is Now: A Plan for Enhancing Community-Based Mental Health and Addiction Services*.' Our health service provider partners have been directly involved in shaping the recommendations that were used to confirm these new investments. A detailed listing of funded programs can be found on our website.

Coleman spoke about CCAC initiatives that can now expand to other areas of the LHIN thanks to this new funding, including the Home First and eShift programs.

The last speaker of the day, Patricia Phinney, Salvation Army Divisional Secretary for Public Relations and Development spoke about the impact of adding two additional days per week to their adult day program. These programs provide physical, nutritional, and social benefits to the clients they serve, mostly seniors with dementia. Phinney was quick to point out that the benefits reach beyond the clients to their caregivers, who get some much-needed respite time while their loved one is being well looked after in a safe environment. She also warned Minister Matthews that the extra days would allow the clients to hone their bean bag toss skills and become formidable opponents at a future re-match.

Enhanced Crisis Services Launched in London-Middlesex

There is now more support for residents in London and area who are facing a mental health crisis.

The London-Middlesex Branch of the Canadian Mental Health Association (CMHA) has recently launched a refreshed Crisis Mobile Response Team. The mobile outreach team will provide mobile crisis service support 24-hours a day, 365 days a year.

The team includes one leader and 21 individual staff members. Staff have varying social service and social work backgrounds with anywhere from 2 to 30 years of direct service in mental health.

The Response Team not only means residents will have their crisis responded to quicker, but there are also benefits to the community. In many cases, people in crisis are treated in hospital emergency departments, or are placed under police supervision. These interventions are costly, and at times, not the most appropriate care setting.

“This new remodeling of the London mental health crisis response will provide improved and timely response, ensure the person in crisis is supported appropriately, use resources more effectively and will be available to all residents in London,” says Michael Petrenko, Executive Director, CMHA London/Middlesex.

The Crisis Assessment Team will continue to provide follow-up sessions for individuals who require continued crisis support. The London District Distress Centre will continue to provide telephone services in London and Middlesex, while Search Community Mental Health will remain the provider of Crisis Services in Middlesex County.

“We are very pleased the Crisis Mobile Response Team is now fully operational in London,” says Michael Barrett, CEO, South West LHIN. “This is another example of the great work that can be accomplished when our health service providers work together with a common goal, to provide people with the right care in the right place at the right time.”

The team was formed based on consultation with stakeholders as part of research for the South West LHIN report, “*The Time is Now: A Plan for Enhancing Community-Based Mental Health and Addiction Services.”* In the report, London stakeholders identified mental health crisis response as a priority concern.

The Mental Health Crisis System Working Group designed their ideal model for crisis response. The Working Group

is made up of members from CMHA London-Middlesex Branch, London Health Sciences Centre, London Police Service, Mission Services of London, St. Leonard's Community Services, London and Region, Search Community Mental Health Services, Southwest Ontario Aboriginal Health Access Centre, the South West LHIN and WOTCH Community Mental Health Services.

See also: *London Area Mental Health Agencies Move Closer to Formal Integration*

Second Quarter Report on Performance Update

At the South West LHIN's November 28 Board Meeting, Board members received the LHIN's Report on Performance Scorecard for the second quarter (July/August/September). The Scorecard provides a snapshot of how the South West LHIN is doing relative to our current IHSP targets and also the 14 indicators set out in the LHIN performance agreement with the Ministry.

This agreement, formally known as the Ministry-LHIN Performance Agreement (MLPA), is signed by all of Ontario's LHINs. The MLPA is a living document, regularly refreshed and updated, that illustrates the importance of measuring the performance of health care system. By measuring health care performance across the province and in the South West, it is possible to compare regions, identify areas of concern and track trends over time to ensure the system is operating effectively and sustainable.

Below is the list of the current performance indicators and new 2012-13 LHIN targets identified in the MLPA:

Performance Indicator	**NEW 2012-13 South West LHIN Target**	**Current Performance (South West LHIN November 2012 Scorecard)**
• Percent Alternate Level of Care (ALC) Days	9.46 days	10.1 days
• 90th Percentile Wait Time for Home Care Services (Community Setting)	24 days	24 days
• Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions	14.5 days	16.3 days
• Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions	23.2 days	34 days
• Percentage of Hospital Readmissions Within 30 Days for Selected Case Mix Groups	14 days	15.9 days
• 90th Percentile Wait Times for Cancer Surgery	70 days	63 days
• 90th Percentile Wait Times for Cardiac	49 days	34 days

By-Pass Procedures		
• 90th Percentile Wait Times for Cataract Surgery	110 days	132 days
• 90th Percentile Wait Times for Hip Replacement	178 days	183 days
• 90th Percentile Wait Times for Knee Replacement	182 days	193 days
• 90th Percentile Wait Time Days for MRI Scans	78 days	69 days
• 90th Percentile Wait Time for CT Scans	25 days	16 days
• ER 90th Percentile Length of Stay, Admitted Patients	23.75 hours	21.5 hours
• ER 90th Percentile Length of Stay, Non-admitted, High Acuity Patients	6.3 hours	6.5 hours
• ER 90th Percentile Length of Stay, Non-admitted, Low Acuity Patients	4.0 hours	3.9 hours

Based on the LHINs current performance, below are four key highlights from the report to the board on where progress is being made and how challenges are being addressed:

- Emergency Department wait-times in the LHIN have been improving. Emergency Departments have been aggressively targeting improvements in the length of time that patients are waiting. St Thomas Elgin General and Grey Bruce Health Services have focused on optimizing processes to improve patient flow through the emergency department, to inpatient units, and in discharge. London Health Sciences Centre (LHSC) has focused on improvement initiatives to support the flow of patients such as bed mapping and better patient tracking. LHSC is also hosting cross-sector community focus groups in order to identify strategies to help better meet the needs of the top 2% of Emergency Department users. Emergency Department wait times for admitted patients in the South West LHIN were the lowest compared to all other LHINs across the province in Q2.
- Percent of Alternate Level of Care Days has improved. Additional plans to maintain these gains and drive further improvements are to change ALC designation processes and shift ALC designation patterns to more accurately reflect patient status, decreasing ALC designations overall. Additionally, the Home First program will continue its expansion to another site bringing the total to five.
- Revisit rates to Emergency Departments for mental health and substance abuse have increased dramatically. To address this, the South West LHIN has targeted community sector investments to mental health crisis services in the LHIN. These investments will help reduce Emergency Department patient revisits for mental health and substance abuse concerns. These crisis teams will be coordinated with other strategies in order to maximize impact.
- Wait times for all key surgical and diagnostic procedures have improved. The South West LHIN's focus over the past year has included implementation of cross-sector Performance Management Teams for key surgical procedures including Hip & Knee; and Cancer. Through the collaborative effort of the LHIN and providers including the South West Regional Cancer Program, new monthly scorecards have been launched and monthly performance improvement plan meetings have been initiated. The LHIN also recently invested one-time priority funds into additional hip and knee surgeries for this fiscal year. The wait time for Cancer Surgery

within the South West LHIN is currently 55 days (October) down from 97 days in October 2011, a savings of 42 days and the length of time patients are waiting for hip and knee replacements has improved substantially.

To read more about the South West LHIN's performance reporting click here

Partnering for Quality in the South West LHIN

Primary care practices and their partners in the South West LHIN have a resource on their side when it comes to quality improvement.

Partnering for Quality is a program that provides support to primary care and broader system partners with a focus on quality improvement for programs and processes for the management of chronic disease.

The first version of the program launched in 2008 as *Partnerships for Health*. From 2008 to 2011 it was a project focused on the prevention and management of diabetes across the South West LHIN. Since 2011 the program has been evolving to incorporate the prevention and management of all chronic diseases under the new name *Partnering for Quality*.

"The Partnering for Quality team enables primary care and community partners to work together to transform the way health care is provided in our communities across the South West region," says Rachel LaBonté, Partnering for Quality Program Lead.

The team is comprised of LaBonté, e-health Coach Gina Palmese, Quality Improvement Coach Andrea McInerney, Data Analyst Krista McMullen and Executive Assistant Jennifer Thompson.

The Quality Improvement Coach guides teams through quality improvement methodology, problem definition and root cause analysis, and assists teams in preparing a data collection strategy to make sure quality improvement initiatives are measured and validated.

The eHealth coach works with teams to optimize the usage of electronic medical records (EMR) for data inputting and data extraction. She also helps to establish peer-to-peer support so that knowledge can be shared and transferred not only within teams, but with other primary care teams who may be experiencing similar challenges.

"The ultimate goal is to build capacity in Quality Improvement and eHealth processes so they no longer need us," said Gina Palmese. "That is what we ultimately work towards."

Currently there are 140 physicians and 263 stakeholders across the South West LHIN accessing the services of the Quality Improvement and eHealth coaches. The services the team provides vary, and they can be completely tailored based on the needs of the practice. They are even available for lunch-and-learn or half-day sessions to educate teams about what they offer.

The benefits of using the Partnering for Quality team go beyond improved access to community-based services and improved use of EMR, they also give teams the ability to use a population health approach to align their practice and programming to better meet the needs of their patients. Ultimately this will help patients manage chronic disease in the community and keep people out of hospital.

"As Primary Care Lead, I have had the unique opportunity to witness the move to a culture of continuous quality improvement that is happening in many of Primary Care practices throughout our LHIN," says Dr. Rob Annis, Primary Care Lead, South West LHIN. "Building on the success of Partnerships for Health, Partnering for Quality supports the

process, and is a great assert to physicians and their teams."

"The end result is that patients feel there is a robust "healthcare team" working with them to support them in the management of their chronic conditions and to prevent complications along the way," said Rachel LaBonté.

Any primary care physician or practice can access the resources of the Partnering for Quality team at no cost. For more information, contact Jennifer Thompson at 519-474-5675 or Jennifer.thompson@sw.ccac-ont.ca

Ontario Laboratories Information System (OLIS) adoption "exceeds expectations" in Grey Bruce

Grey Bruce Health Services (GBHS) implementation of the Ontario Laboratories Information System (OLIS) has racked up some pretty impressive adoption numbers in its first 120 days of operation, the health services' Chief Information Officer (CIO) says.

At last month's South West LHIN eHealth Steering Committee meeting, GBHS CIO Rob Croft reported 355 different health care providers – including 91 physicians –accessed OLIS between June and September of this year. Collectively, Croft said, they looked at 27,593 results.

"Adoption has exceeded expectations, for sure," he said of the system, funded through eHealth Ontario with assistance from Canada Health Infoway. "Ninety-one physicians represents about half of my total physician population; it's obviously perceived as a valuable tool."

OLIS connects hospitals, community laboratories, public health laboratories and other health care providers to allow the exchange of secure electronic laboratory test results. The ability to electronically share this information helps providers make faster and more informed decisions about patient care.

"Access to OLIS data in real-time enables our patients to be treated at any hospital in Grey and Bruce counties and know that their health care provider will have immediate access to lab results from any lab in Ontario submitting its results to the OLIS databank at the push of a button," said GBHS CEO Maureen Solecki. "This can be critical information in an emergency and can avoid duplication of lab testing for patients."

GBHS has six hospital sites located in Markdale, Meaford, Owen Sound, Southampton, Wiarton and Lion's Head. Together with Hanover and District Hospital, these sites serve more than 170,000 residents in the Grey and Bruce Counties.

eHealth Ontario says future plans include expanding OLIS access to other hospitals and community providers in the South West LHIN and across the province.

Paperless Pharmacy

Over the past year, patients at Alexandra Marine & General Hospital (AMGH) and Huron Perth Healthcare Alliance (HPHA) have benefitted from new technology that has changed the way they receive their medications.

It's called Paperless Pharmacy and it has replaced paper-based faxed medication orders with high-quality scanned images.

Speed and efficiency aren't the only benefits; the major advantages are the enhancements to patient safety.

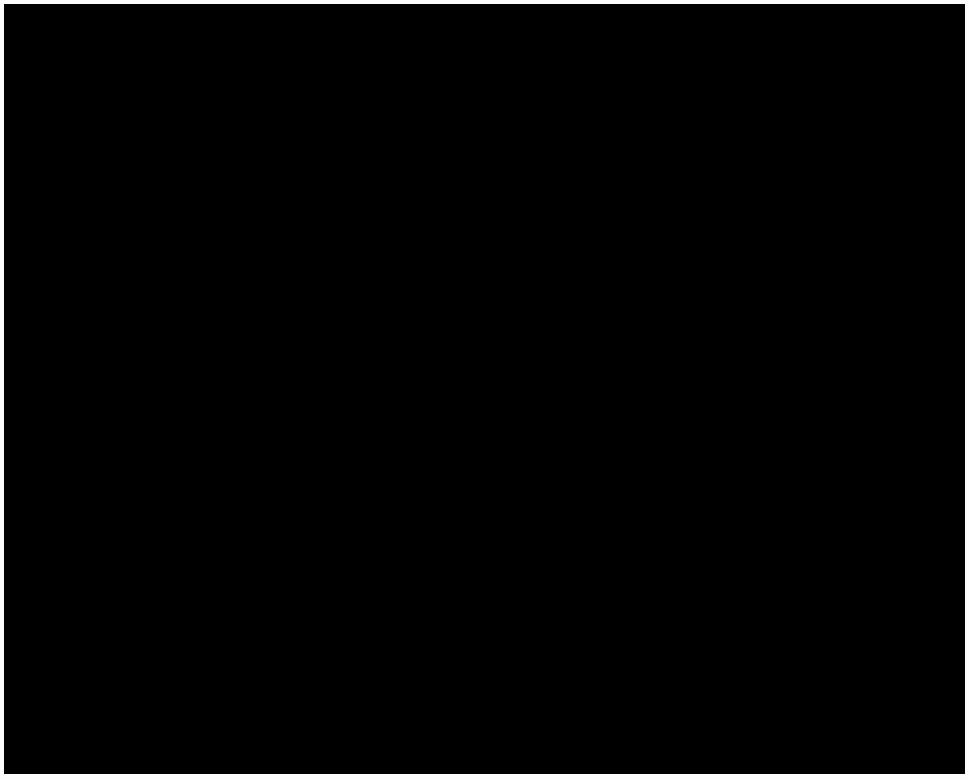
Medication orders now have a higher resolution and increased legibility as compared to the previously faxed documents. The process also helps eliminate missing medications caused by faulty faxing or misplaced documents. User dates and time stamps on all transactions also result in better tracking and accountability. Another piece of technology, a smart board, is used to display the status of medication orders in real time.

"The system has improved the readability of medication orders which helps decrease the likelihood of medication errors," says Ryan Itterman, the Regional Director of Pharmacy Services for AMGH and HPHA. "The Paperless Pharmacy system has also improved workflow and reduced the manual manipulation of paper which allows our pharmacy and nursing staff to focus on patient care activities."

The Paperless Pharmacy project was completed as a joint initiative between Alexandra Marine & General Hospital in November 2011 and Huron Perth Healthcare Alliance in February 2012. AMGH and HPHA were the first acute care organizations in the South West LHIN to use a paperless pharmacy system.

Between November 29, 2011 and August 31, 2012 AMGH completed 6,285 scanned medication orders, while HPHA completed 26,241 scanned medication order images. Faxes are now so infrequent, they are no longer being tracked.

"The Paperless Pharmacy system is a prime example of how technology is being used as a key enabler to improving patient care in the South West LHIN," says Michael Barrett, CEO, South West LHIN. "We also congratulate AMGH and HPHA on being leaders in using this innovation."
Watch this video to learn more about Paperless Pharmacy in the South West LHIN:



London Area Mental Health Agencies Move Closer to Formal Integration

Three London community mental health agencies are continuing talks aimed at plans to more fully integrate how they

deliver services. Canadian Mental Health Association (CMHA) London Middlesex, Search Mental Health Services and Western Ontario Therapeutic Community Hostel (WOTCH) are exploring ways to achieve a new vision of integrated service delivery that could greatly benefit clients in the London and Middlesex area.

The agencies have been in talks for a few months to design how they want to work together in a more formal manner in response to the report *The Time is Now: A Plan for Enhancing Community-based Mental Health and Addiction Services in the South West LHIN* received by the South West LHIN at its board meeting in November, 2011 and the ongoing work of the South West LHIN on service integration. That report detailed gaps in what should be a seamless system for people in crisis, in need of supportive housing, and those in need of community-based treatment. To address those gaps, the benefits of improved cooperation include:

- Improved access to services
- Improved coordination of care, sharing of information and easier referrals
- Faster service for those needing service
- Better managed wait-lists and a "no wrong door approach"
- Reduced overlap of service and using staff more effectively

For the organizations, the benefits include ability to share information, consolidation of overlapping services and the sharing of best practices and knowledge among providers.

With broad agreement among the organizations that further integration will result in enhanced services for the community and a commitment to move forward, the boards of the three organizations are working through an integration blueprint. Actions to create the anticipated integration continue to be developed and will continue in the coming months.

"We are pleased to see the steps the Boards of CMHA, WOTCH and Search are taking to create a more seamless system for supporting people with mental health issues in London and Middlesex," said South West LHIN Board Chair Jeff Low.

See also: *Enhanced Crisis Services Launched in London-Middlesex*