February 2013

Living Healthy, Independently and Safely at Home

Click here for the full IHSP 2013-2016 and its supporting documents.

The South West LHIN has released its three-year strategic plan for the health care system. The **Integrated Health Service Plan 2013-2016 (IHSP)** will guide the decision-making of the LHIN as it allocates over $2.1 billion to health service providers and priority projects in the South West. The plan was developed after thorough analysis of our health system and extensive engagement with health service partners and the public.

The IHSP is a call-to-action for health service providers as it outlines essential collaborative initiatives among the different sectors of the health system including hospitals, primary care, long-term care and community services. Health service providers, along with the LHIN, have a shared accountability to meet the challenges in our health system and the responsibility to support transformation for the benefit of those we serve. Successful implementation of the plan relies on all of us working together to make the necessary changes.

The plan is focused on making a difference in key areas to support people to ***live healthy, independently and safely at home***. The plan is built on four "Strategic Directions" that will help reduce pressure on hospitals and increase the availability of family health care and community services.

Strategic Direction #1 – Access to Family Health Care
Objectives:

1. Increase timely access to family health care
2. Integrate family health care as the first point of contact for people living with multiple complex and chronic conditions and those at risk
3. Increase access to local and LHIN-wide interdisciplinary teams in and across health care settings
4. Facilitate access to specialized services and community-based services and supports
5. Divert avoidable ER visits to the appropriate care setting

Strategic Direction #2 – Improve Coordination and Transitions of Care for Those Most Dependent on Health Services
Objectives:

1. Continually respond to the needs of the evolving population of people with the greatest unmet health care

needs utilizing a significant proportion of the health care resources

2. Create a collaborative person-centered response to better support the growing population of people living with chronic conditions and those at risk
3. Enable people to manage their own health

Strategic Direction #3 – Drive Safety through Evidence-Based Practice
Objective:

1. Implement coordinated prevention and management strategies to reduce safety issues across health sectors and during transitions of care for falls, wounds, adverse drug events and infections

Strategic Direction #4 – Increase the Value of Our Health Care System for the People We Serve
Objectives:

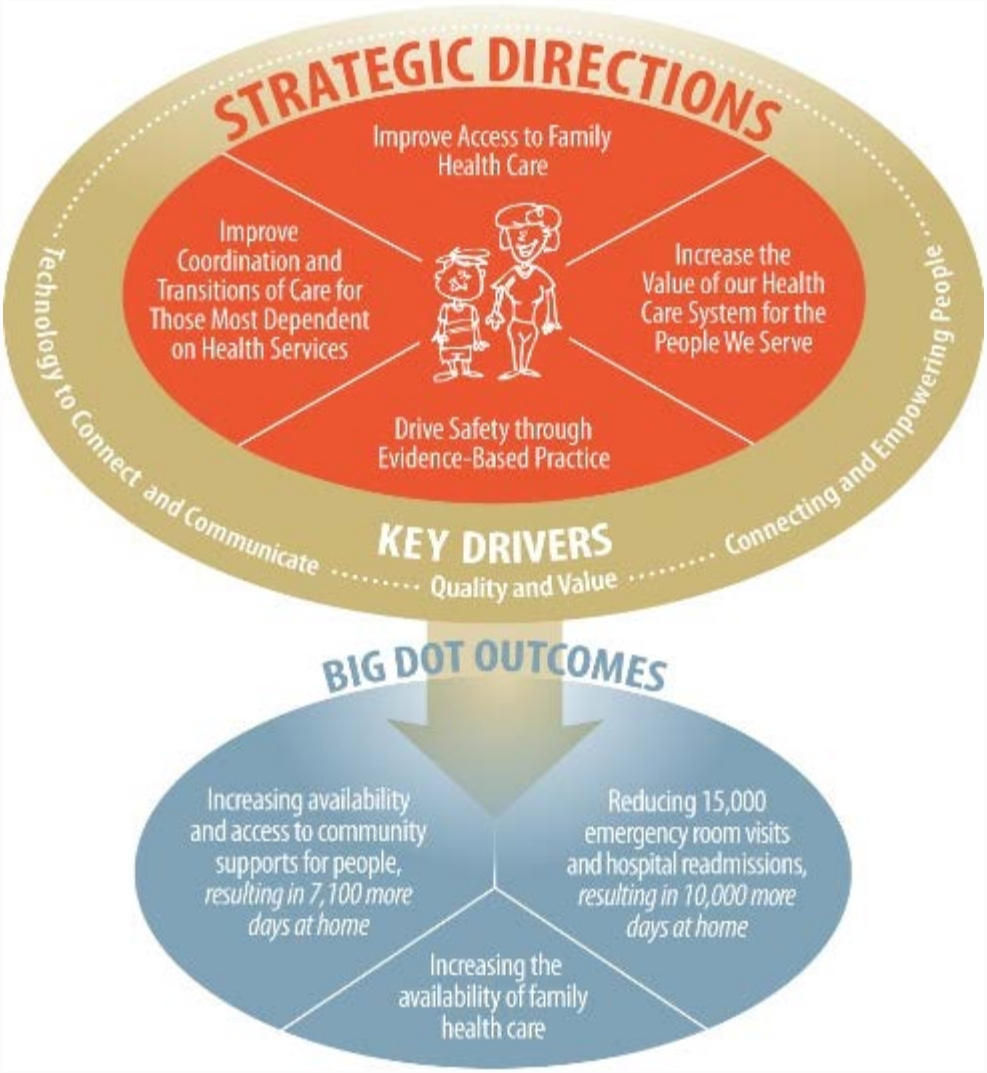
1. Maximize capacity and efficiencies in hospitals, long-term care homes and community-based services to drive improvements in quality, equitable access and wait times
2. Implement cross-sector system redesign strategies

When fully implemented in three years, the goal is for the plan to result in meaningful transformation of the health system resulting in:

- Increased availability and access to community supports for people, resulting in 7,100 more days at home
- A reduction of 15,000 emergency room visits and hospital readmissions, resulting in 10,000 more days at home
- Increased availability of family health care

“We are eager to push forward on the strategic directions outlined in this IHSP and to work in collaboration with health service providers to improve the health system for our patients, clients and residents. We believe that these strategic directions will make a difference in transforming and sustaining the health system.” Michael Barrett, CEO, South West LHIN.

Below is a graphic overview of the IHSP's Strategic Directions, Key Drivers and Big Dot Outcomes:



South West LHIN Quality Symposium Update

When: Thursday, June 6th, 8:15am - 4:30pm | **Where**: Stratford Rotary Complex | Registration opening in March

Plans are well underway for the 3rd Annual South West LHIN Quality Symposium. This year the theme will revolve around our Integrated Health Service Plan (IHSP) 2013-2016: *Living Healthy, Independently and Safely at Home*.

We have lined up a great list of speakers who we know will inspire and motivate participants to further advance the Quality agenda in the South West LHIN.

We are pleased to announce Saad Rafi, Deputy Minister, Ministry of Health and Long-Term Care, will be providing the keynote address. We will also hear from Rick Glazier, Senior Scientist and Primary Care Program Leader, Institute for Clinical Evaluative Sciences (ICES) and Ted Ball, Transformation Coach, Quantum Transformation Technologies. Steve Paikin, host of TVO's The Agenda with Steve Paikin, will also be on hand to moderate a panel discussion on Improving the Patient/Client Experience.

We will also be shining the local spotlight on two South West LHIN initiatives, our first Health Link in Perth County, and the Grey Bruce Falls Prevention Program.

Save the Date

Please mark your calendars so you can join us this year. Registration will officially open in March when registration information and a detailed agenda will be posted on our website.

Quality Awards

There is still time to submit a project for a South West LHIN Quality Award. The deadline to submit an application is February 28, 2013. For the details and application visit the South West LHIN website: http://southwestlhin.on.ca/Page.aspx?id=7464.

Health service providers in the South West LHIN are encouraged to participate in our second annual Quality Award Program. This award recognizes and celebrates the front line health service providers and leaders who constantly and consistently work to improve the level of care they provide to their patients and clients.

To be eligible for an award, the initiative must demonstrate sustainable system change and involve two or more organizations or agencies, at least one of which is LHIN-funded. Cross-continuum collaboration is encouraged.

Spreading Performance Improvement Best Practices

The expansion of a proven performance improvement program is underway in the South West LHIN to assist four more hospitals to achieve better emergency department (ED) flow, access to timely care, patient satisfaction with their experience and lower wait-times.

St. Thomas Elgin General Hospital (STEGH) has been successful in achieving ED improvements and is the top-ranked ED in Ontario, offering the shortest wait-times, out of 74 organizations in the Pay-for Results program. One example of STEGH's ability to make big changes happen is how they fulfilled a commitment to get patients into a bed within one hour of the decision to admit them, a full 2.3 hours faster than other hospitals in the province. The hospital made a decision to pursue that goal despite a lack of consensus about how it would work among staff. But after pushing ahead, STEGH has proven that it can be done, creating an example of positive change to be shared with other sites in the LHIN.

The expansion program will see the processes, knowledge and experience that made those improvements possible roll out to four other hospitals – Stratford, Tillsonburg, Strathroy and Woodstock. These community hospitals within the South West did not have the opportunity to participate in the provincial ED Process Improvement Program that officially ended last year.

In an effort to spread the sustained improvements realized by STEGH, the LHIN has partnered with the hospital in order to create a program focused on improvements in wait-times, patient flow through the hospitals and improving the patient experience. The goal is to reduce the time that patients are waiting in South West LHIN emergency

departments by at least 2 hours.

The program will complement the improvement work already happening within the four hospitals chosen to participate. Staff from STEGH will work with teams from the hospitals to ensure spread of best practices, process improvements, data analysis, coaching and experience from their work to these four new sites. The work will not stop in the ED, either. It will also improve how patients are admitted to inpatient units and increase the quality of care received throughout the hospital. The key to the success of this work is on making positive change happen and sustaining the improved results.

"The improvement in ED wait-times has been a journey of continuous learning and gradual improvement for STEGH and we are thrilled to be able to share some of our successful strategies with our healthcare colleagues in neighbouring hospitals in the SW LHIN." Dr. Nancy Whitmore, St. Thomas Elgin General Hospital.

Across the province, ED wait-times are measured using the following:

- ED 90th Percentile Length of Stay in hours for admitted patients (i.e., patients who are treated in the ED and need to be admitted to the hospital for further care)
- ED Length of Stay in Hours for non-admitted patients with more complex issues (i.e., patients who are treated in the ED then sent home)
- ED Length of Stay in hours for non-admitted patients with less complex issues

You can learn more about wait-times in the South West LHIN here.

ABOVE: Participants in the first Performance Improvement Knowledge Transfer Meeting held at STEGH

Behavioural Supports Ontario Update

The South West LHIN Board of Directors recently approved Behavioural Supports Ontario funding for up to16 Registered Nurses/Registered Practical Nurses, and up to 24 Personal Support Workers in the South West LHIN's long-term care homes. In addition, the Board also approved transfer of funding from London Health Sciences Centre to St. Thomas Elgin General Hospital for the creation of a mobile seniors mental health and addictions team for Elgin County.

Behavioural Supports Ontario (BSO) project is a partnership among Local Health Integration Networks, Alzheimer Society of Ontario, Health Quality Ontario, and the Ministry of Health and Long-Term Care to enhance services for seniors who exhibit challenging behaviours associated with mental health and addictions issues, dementia or other neurological conditions.

BSO is an approach that breaks down barriers, shares knowledge and fosters partnerships among local, regional and provincial agencies. The result is a transformation that has enabled new ways of thinking, acting and behaving. It is also an approach that ensures people are treated with dignity and respect, in an environment that promotes safety for caregivers and clients alike.

First announced by the Ministry of Health and Long-term Care in August 2011, BSO has seen many success stories, including the one below, where simple changes can vastly improve an individual's life, and by extension, the lives of the people around them.

The Rockwood Baths - A BSO Success Story

Some aspects of care for an elderly adult are of an intimate nature – bathing, toileting, feeding – and can leave the person feeling very vulnerable and powerless. BSO is finding new and more appropriate approaches to caring for these individuals.

Recently at Rockwood Terrace (LTC Home) in Durham, the local mobile seniors mental health and additions team was called in to support a client who was resistant to perennial care. The team used this experience to develop an all-important client-centred Bathing Care Plan that focuses the use of a slow and gentle approach. It respects the patient by giving him choices i.e., can we wash your hair today? It engages the client by making him aware of step-by-step actions of care to increase his levels of acceptance and feeling safe.

It promotes dignity by ensuring the client is always partially covered while not in the water. It allows the client to have as much independence as possible by letting him wash his own hands, arms, and face while staff wash perennial area, etc. It calls for staff to engage the client by talking about topics of interest.

Staff reported that the team's approach was successful as the client is now cooperative during bathing. Using similar tools and techniques as the bathing care plan, the personal support worker has been able to successfully do nail care with the client. This type of approach truly puts the patient at the centre of care.

Experience Based Design Workshop

What if the people we serve were no longer seen as patients, clients and residents, but rather as customers or consumers of health care services? What if they were consulted on how they would like those services provided? If it happens in other consumer-focused industries like retail and hospitality, why can't the same concept be applied to health care?

Those are the questions being addressed through a way of thinking called Experience Based Design.

On January 8th and 9th, selected health service providers from the South West LHIN participated in an Experience Based Design workshop in London facilitated by Dr. Lynne Maher, Director for Innovation and Design, NHS Institute for Innovation and Improvement and Paula Blackstien-Hirsch, Consultant on Effective Quality and Patient Safety.

Participants represented four South West LHIN initiatives: Access to Care, Behavioural Supports Ontario, Partnering for Quality and Pay for Results. Members of the South West LHIN Quality Advisory Group also participated.

The first day focused on the theory and methodology behind Experience Based Design. On day two, the participants broke into groups and analyzed how Experience Based Design could be applied to their own initiatives.

It has been argued that the health system is set up in a way that is good for the system, but not necessarily for the people using it. Experience Based Design incorporates the patient voice into health system design, and even lets them be a co-designer. It encourages providers to ask questions about how the patient or client wants to be cared for and studies how the patient or client feels as they go on their journey through the system.
In an example from Dr. Maher's work, patients in the UK were asked to track their emotions as they navigated their way through their care experience at a hospital. The survey encouraged patients to share their feelings on everything from how they felt getting to their appointment, to how they felt before their procedure and what they were feeling during recovery.

Such experience-focused activities can help reveal the root source of patient and client dissatisfaction. Parking meters could be identified as a source of anxiety, and sometimes a simple offer to move a bedside table was all it took to make the patient feel more at ease. Other tools used include on-camera interviews with patients, and a process called “emotional mapping.”

Participants were eager to find ways to incorporate the patient perspective into their own initiatives.

“[This workshop] highlighted how important the patient experience is to all the quality improvement initiatives we might undertake,” says Dr. Rob Annis, Primary Care Lead, South West LHIN. “We have to really make the effort to [bring their] voice to the table.”

“We have done lots of interviews with patients and families, but we have never sat down and thought about designing a change in the system with them,” says Sue McCutcheon, Access to Care Lead. “That’s the piece I’m really excited to try.”

Videos from the two-day workshop are posted on this South West LHIN YouTube channel playlist: http://www.youtube.com/playlist?list=PLEhMS1fjoAWvBiihaemWf3XwZIbd6dtkO

To watch Dr. Lynne Maher’s presentation from the 2012 South West LHIN Quality Symposium at http://www.youtube.com/watch?v=2BKzBrnGXpg.

SPIRE Expands Into Erie St. Clair

The South West Physicians’ Office Interface to Regional Electronic Medical Record (SPIRE) platform that has changed the way more than 450 family physicians receive their patients’ hospital reports in the South West LHIN is now making believers out of health care professionals from Windsor to Sarnia as part of a region-wide expansion.

As of last month, more than 70 Health Service Providers (HSPs) in the Erie St. Clair LHIN have subscribed to the London South (LHSC) hub which provides a secure electronic platform for hospitals to share discharge information,

radiology reports, lab results and notes directly with physician Electronic Medical Record (EMR) systems, replacing faxes and savings office staff thousands of hours of filing time.

“We love getting this information so quickly,” says Shari Scarpelli, Palliative Care Clinic Office Administrator for St. Joseph’s Hospice in Sarnia – one of the first HSPs outside of the South West LHIN to subscribe to the interface. “It makes a major difference in the quality of care we can offer our patients.”

SPIRE has allowed the hospice to better coordinate patient care with physicians in London, “particularly in oncology, chemo radiation and hematology,” Scarpelli says. “It helps us get information faster and coordinate treatment better. Not having to wait for mail makes it so much easier.”
It will be easier still when SPIRE completes its alignment with a provincial solution called Hospital Report Manager (HRM) and goes live as SPIRE/HRM later this year. Once operational, the new-and-improved interface will allow health professionals to receive reports from anywhere in the Erie St. Clair and South West LHINs and include the capability to be connected to London X-Ray with other independent health facilities to follow.

“We’re very excited about the new platform,” says SPIRE/HRM Project Director Jason Langdon, “but health professionals who would like to receive their patients’ hospital reports electronically before then still have the option of connecting to the existing SPIRE interface.”

For more information on SPIRE, the SPIRE/HRM expansion or connecting to the existing interface, visit the eHealth pages of the South West LHIN’s website or contact the project team directly at spireteam@lhins.on.ca.