Living Healthy, Independently and Safely at Home – IHSP 2013-2016

The South West LHIN's Integrated Health Service Plan (IHSP) for 2013-2016 came into effect on April 1st and is already having an impact on LHIN decision making. The most recent example of how it is shaping LHIN decisions is the approved funding for Small, Rural and Northern hospitals. The projects submitted for approval were evaluated, in part, on how well they aligned with the goals and strategies of the IHSP.

After approval of the IHSP by the South West LHIN Board in November 2012, LHIN staff proceeded with the development of tools to facilitate implementation, measurement and communication of the IHSP. You can find this information posted on our website, along with the full plan.

To ensure that health service providers have the opportunity to become informed about the IHSP and the LHIN's strategies we scheduled informational webcasts and will be engaging through stakeholder meetings as well as posting updates on our website.

Our first informational webcast, for health service providers, was held on April 10th and will be archived on our website for on-demand viewing. Our second webcast, for board governors, will be held on April 16th 7:00-8:00pm. This webcast will focus on the relevance of the goals, strategies and outcomes in the IHSP to health service provider governors. To register: http://southwestlhin.on.ca/Page.aspx?ekfrm=8004

Following the webcasts the LHIN will circulate sector-specific information for review and discussion at internal organizational and upcoming board meetings.

We're all in this together

IHSPs are a planning document LHINs develop to ensure we are meeting the purposes of the *Local Health System Integration Act* or *LHSIA*, which became law in 2006:

"The purpose of this Act is to provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, coordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by local health integration networks."

The South West LHIN always seeks to work in partnership with health service providers to coordinate change and integration in the health system. That change is spelled out in the IHSP along with the strategic directions, program areas and priority initiatives that will move the LHIN towards meeting the goals of the Act. All health system

stakeholders who are accountable to the LHIN also have an accountability to know what is in the IHSP and work with us to meet our goals.

You can read more about the *Local Health System Integration Act* here: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_06l04_e.htm

Registration Now Open for 2013 Quality Symposium

The 3rd Annual South West LHIN Quality Symposium is fast approaching and registration is now open. The theme of this year's Symposium will focus on our Integrated Health Service Plan (IHSP) 2013-2016: *Living Healthy, Independently and Safely at Home*.

A great lineup of speakers will help reinforce the four strategic directions outlined in the IHSP including:

- Saad Rafi, Deputy Minister, Ministry of Health and Long-Term Care will provide the keynote speech on The Value of Living Healthy, Independently and Safely at Home
- Rick Glazier, Senior Scientist and Primary Care Program Leader, Institute for Clinical Evaluative Sciences (ICES)
- Ted Ball, Transformation Coach, Quantum Transformation Technologies
- The Honourable Deb Matthews, Minister of Health and Long-Term Care.

This year's local spotlights will feature presentations from the Perth County Health Link and Grey Bruce Falls Prevention. The day will kick off with a panel discussion on improving the Patient/Client Experience, moderated by Steve Paikin, Host of TVO's The Agenda with Steve Paikin. For the full agenda: Quality Symposium Agenda - June 6th

Successful local initiatives will also be celebrated with the presentation of our 2nd Annual Quality Awards.

If you haven't already done so, please register online here by May 24th.

We look forward to seeing you in Stratford on June 6th.

Minister Matthews Announces Investments in Small and Rural Hospitals in the South West LHIN

At their February board meeting the South West LHIN Board of Directors approved $5,420,100 dollars in funding for hospitals in the LHIN as part of the $20 million Transformation Fund for Small, Rural and Northern Hospitals announced in the 2012/13 provincial budget.

The objective of the Fund is to improve collaboration between small and rural hospitals and other parts of the health care system, specifically to create integrations that will:

- Ensure patient access to core acute services, including emergency, surgical, medical and obstetrical care
- Provide for collaboration with community services, including family health care, home care, mental health and addiction services, and community support services
- Respond to community needs for post-acute and palliative services
- Improve the quality and safety of services for patients and ensure good value for money

The South West LHIN's allocation was based on 16 eligible hospital sites using a definition of small hospitals having

less than 2,700 cases in the 2010-12 fiscal years, and the hospital site must be longer than a 30 minute drive to a community with a population of 30,000 or greater. In order to ensure that the project proposals were judged in a fair and comprehensive manner to meet the goals of the fund, the following criteria were applied:

- The project will be completed before the end of the 2013/14 fiscal year
- The project is sustainable and cannot create ongoing costs that are not supported through existing allocations
- There must be existing measurable indicators in order to confirm outcomes, including baselines and targets
- The project is a true partnership involving more than one provider partner and helps to advance local partnerships and links
- The project has ongoing cost saving or avoidance potential
- The project aligns to the South West LHIN Integrated Health Services Plan (IHSP) [link]

Minister of Health and Long-Term Care Deb Matthews, formally announced the South West LHIN's project at an event in Seaforth on April 4th.
"Small and rural hospitals in southwestern Ontario are using this new support to close gaps in care and make it easier for patients to access follow-up treatments. We want patients across the province, regardless of where they live, to be able to access the care they need, when they need it," Minister Matthews.

Jeff Low, South West LHIN Board Chair added, "this funding will help our small and rural hospitals better collaborate with community care, family health care and mental health and addictions services. These investments in new technology will enable hospitals to improve the quality and safety of services for patients in their communities."

ABOVE: Deb Matthews, Minister of Health and Long-Term Care

ABOVE: Ron Bolton, Vice Chair, South West LHIN Board of Directors

List of Approved Projects

Lead Hospital	Description of program(s) / benefit to patients	Partners
Seaforth Community Hospital	**Huron Perth Community Withdrawal Management - Utilization of Tele-Homecare Technology** The Huron Perth Healthcare Alliance, Seaforth Community Hospital and Clinton Public Hospital Tele-Homecare Program will provide remote care and monitoring for patients with substance abuse. Emergency room (ER) nursing staff and crisis and addiction workers will be able to connect with patients with new videoconferencing technology. Patients will have faster access to counselling services, more timely care and reduced unscheduled ER visits.	• Choices for Change Alcohol, Drug and Problem Gambling Counseling Centre • Clinton Public Hospital

Seaforth Community Hospital & Clinton General Hospital	**Clinton Huron Perth Electronic Patient Safety eHealth Record (HP-EPS/EHR)** This funding will provide more electronic health records at Huron Perth Healthcare Alliance (Stratford, Seaforth, Clinton, St. Marys) and Alexandra Marine & General Hospital, which help staff access accurate patient information quickly to provide the right care. A major component of the shared electronic health record is the Electronic Medication Safety Project, which will improve the safety and efficiency of medication management.	• Alexandra Marine & General Hospital • St. Marys Memorial Hospital • Stratford General Hospital
South Huron Hospital Association	**RL 6 Incident Reporting Software Upgrade** This funding will provide an upgrade to RL6 - software that reports patient safety incidents such as medication errors. The upgrade will enable staff to generate reports and measure trends about incidents. A new feature allows for regional reporting for all sites.	• Huron Perth Healthcare Alliance(Stratford, Seaforth, Clinton, St. Marys) • Listowel Memorial Hospital • Wingham & District Hospital • Alexandra Marine and General Hospital
Seaforth Community Hospital & Clinton General Hospital	**Huron Perth Healthcare Alliance Community Wide Scheduling** Implementation of a patient scheduling system within Alexander Marine General Hospital Clinton & Seaforth to permit clinic patients to be seen in a more efficient manner. Primary care offices will be able to schedule patients directly into the appropriate hospital clinic.	• Alexandra Marine & General Hospital
Listowel Memorial Hospital **Wingham and District Hospital**	**South West LHIN Small Hospital Quality and Patient Safety Education** Investment in staff training for: • patient safety • efficient process-management. This will help hospitals focus on value-added activities while eliminating waste and inefficiencies.	• Listowel Memorial Hospital • Wingham and District Hospital • Four Counties Health Services, Newbury • South Huron Hospital Association, Exeter • South Bruce Grey Health Centre • Alexandra Marine & General Hospital, Goderich • Hanover and District Hospital

		• Tillsonburg District Memorial Hospital
Grey Bruce Health Services	**Wiring Small Hospitals for Success (Cerner Upgrade)** Grey Bruce Health Services and its hospital partners will accelerate their adoption of electronic medical records through an upgrade to patient care software. Physicians will also be able to view records during system outages.	• South Bruce Grey Health Centre • Hanover and District Hospital • Area Family Health Teams and Specialists
Grey Bruce Health Services	**Wiring Small Hospitals for Success (4G Network)** Funding will provide increased access to health care by enabling physicians to work wirelessly through four channel networks. Physicians will be able to work from their own mobile devices and be more accessible.	• South Bruce Grey Health Centre • Hanover and District Hospital • Area Family Health Teams and Specialists
Grey Bruce Health Services	**Wiring Small Hospitals for Success (Medication Administration)** Optimizing drug-dispensing units and barcoding of medication at rural sites will enhance access and safety of drug distribution. The units are computerized drug storage cabinets that control and track drug distribution. These dispensing units, as well as the barcoding of medication, will improve safety and efficiency of medication administration at rural hospital sites.	• South Bruce Grey Health Centre • Hanover and District Hospital • Area Family Health Teams and Specialists
South Bruce Grey Health Centre	**Successful Adoption of Leading Clinical Practices (3D) in wound prevention and care** Funding for this program will enable staff and physicians to standardize clinical procedures and assessment tools for treating delirium, depression and dementia (3D) in older adults. This will improve patient care, quality and safety.	• South West LHIN wound care • GBIN order set committee
Four Counties Health Services (FCHS)	**Automated Dispensing Units** With this new funding, hospitals will install automated medication dispensing units to improve safety and efficiency of medication administration at rural hospital sites.	• Listowel Memorial Hospital • Wingham and District Hospital • Tillsonburg District Memorial Hospital

Cultural Safety Training Has a New Look

South West Indigenous Cultural Safety Training has a new graphic that will be used on training materials and online. It is intended to more fully represent the collaboration involved in our Indigenous Cultural Safety Training.

The graphic depicts an Indigenous traditional 'big' drum with the South West LHIN and Aboriginal health partner logos placed 'around the drum'.
"The drum is a circle that reflects equality because everyone around the drum is equal," says Gertie Mai Muise, Aboriginal Health Lead, South West LHIN.

Along with the South West LHIN, partners include: Mino Bimaadsawin Health Centre, Kiikeewanniikaan Southwest Regional Healing Lodge, Oneida Health Centre, SOAHAC, N'Amerind Friendship Centre and Chippewas of the Thames First Nation.

"The drum is a healer for the people and the drumsticks show that we want the knowledge to 'sound out' across the whole system as part of the process of recovering Indigenous people's health and wellness, says Muise. "The graphic also includes four eagle feathers to represent the four directions, long term vision and respect for Indigenous traditional healing methods."

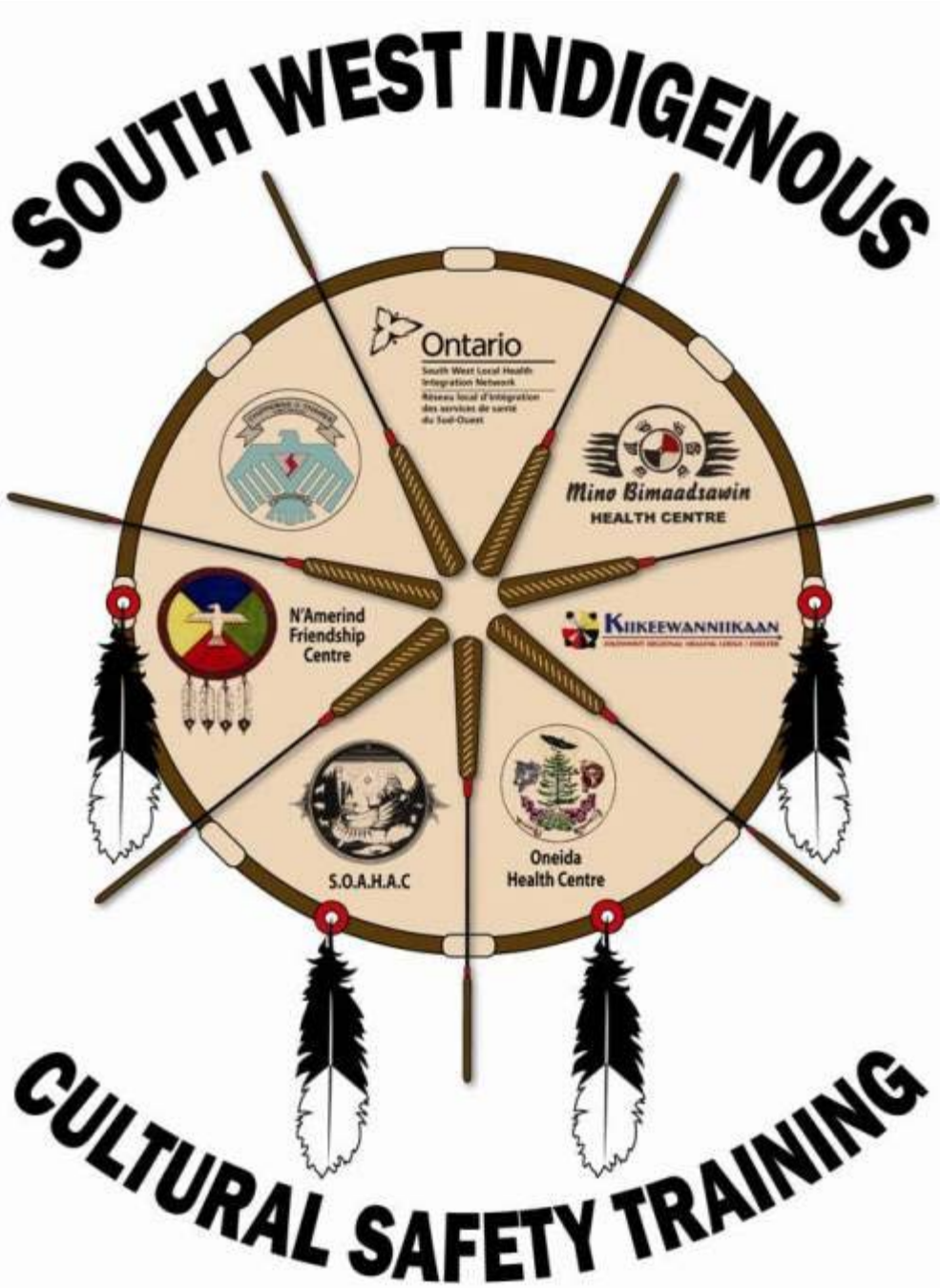
We acknowledge and thank Guy Hagar, Cultural Safety Trainer for the South West LHIN region for the design concept and the South West LHIN Senior Leaders and Aboriginal Committee members for their continued commitment to further develop the training.

What are Indigenous Cultural Competency and Cultural Safety?

Indigenous cultural competency refers to knowledge, awareness and skills that enable service providers to work more respectfully and effectively with Indigenous people. Knowledge includes information on the concept of culture and the cultural diversity among the Indigenous people in Canada. Awareness entails examining one's own cultural assumptions beliefs and attitudes with respect to Indigenous people. Skills involve strategies and techniques for creating positive working relationships across cultural boundaries. In this way, cultural competency is a developmental process rather than an end point. We are continually learning and can through this specialized training begin to instill 'cultural safety' within the health system which improves care and health outcomes for the Indigenous people we serve.

For information on Cultural Safety Training in the South West LHIN including how to book a session for your organization, visit: http://www.soahac.on.ca/cswform.htm

For the video from our recent Aboriginal Engagement Session at the Southwest Ontario Aboriginal Health Access Centre (SOAHAC), visit our YouTube page: http://www.youtube.com/watch?v=VKWwlgo-nR8



Behavioural Supports Ontario Update

Kick Off Day

On Friday, February 22, 2013 the South West Behavioural Supports Ontario (BSO] project held a Kick Off day at the Festival Inn in Stratford, Ontario. There was 186 staff of long-term care (LTC) homes, geriatric mobile teams, Alzheimer Societies, Adult Day Programs and other community organizations in attendance.

The day started with opening remarks from Jennifer Speziale, co-chair of the Behavioural Supports Steering Committee. BSO Project Lead, Kelly Simpson continued with a project update titled “BSO: The Road Ahead”. The day was filled with clinical learning presentations and networking opportunities for those in attendance. Topics

covered included:

- The 3 D's: Non-Pharmacological Approaches presented by Jessica Sarafinchin and Heather Puhr-McNinch of the Oxford Senior's Outreach Service Team
- Pain Assessment and Management by Dr. Laura Diachun
- Alcohol Related Problems in LTC Homes by Bonnie Purcell, Psychologist for the London Middlesex Behavioural Response Team
- Sexuality and Dementia by Dominique Stanley from the Alzheimer Society of Huron County

During the afternoon Penny Cardno and Debbie Diechert, Co-Chairs of the Huron Perth Geriatric Cooperative shared celebratory remarks with the group and cake for all attendees to make for a wonderful kick off to the BSO Project in the South West LHIN.

BSO Quality Improvement Training with Residents First

On March 26th -28th participants from BSO organizations collaborated with Residents First – a province-wide quality improvement initiative for the Long-Term Care sector [link] – for a three day training session on quality improvement (QI). For the first two days, the basics of QI were covered by Residents First experts on topics such as QI frameworks, process mapping, waste identification, quality measurement and facilitation skills.

The third day allowed everyone to apply the training and apply what they learned to the by developing QI work plans for the BSO project. As you can see from the comments below, it was a successful session that advances the implementation of the BSO initiative across the LHIN and is another good example of how LHIN-funded projects provide valuable tools to front-line providers to improve the quality and safety of health care in Ontario.

Some comments from participants were:

- *"I came in with no expectations and left feeling excited about BSO and the future impact this project will have for Older Adults with Responsive Behaviours," (long-term care home nurse)*
- *"A Wonderful opportunity to learn, practice, network. Excited by the resources and quality improvement tools to take back and practice in our LTCH. Thank you for this great experience." (long-term care home personal support worker)*
- *"The BSO Team was very approachable and helpful in writing the aim statement, developing QI process and work plan. It makes the process more understandable - hands on learning using lots of tools is every effective. Thank you!" (long-term care home director of care)*
- *"Well organized event. Feel very supported, informed, and energized to implement BSO within our LTCH." (long-term care home personal support worker)*
- *"I'm a firm believer I can make a difference. Thank you for this opportunity" (long-term care home personal support worker)*

Community Stroke Rehab Team Helps Stroke Survivors Find Their "New Normal"

When doctors told Jocelyn Bennewies of Stratford she had a stroke last May, she didn't believe them. She had fallen several times one afternoon due to complications from high blood pressure, but at age 54, it didn't seem like something that could happen to her. "I could touch my nose with one hand but not the other," explains Bennewies. "[The Dr.] knew right away I had had a stroke, but because I could still talk and communicate, I really didn't believe

it."

Bennewies stayed in hospital for six weeks where she participated in group rehabilitation sessions. When it was time to go home, she was offered support through the Community Stroke Rehabilitation Team, an interdisciplinary team made up of nurses, rehab and recreational therapists and more. The team of eight work in collaboration with community resources to make sure clients have the therapy, education and support they need to reach their potential following a stroke. Team members began visiting Bennewies at home several times a week, an ideal solution as the stroke left her without a driver's license.

"The team helps clients be more independent and return to meaningful activities, as well as connect to community support," says David Ure, Coordinator for the Community Stroke Rehabilitation Team. "The goals are client-driven. We create individualized care plans that vary in duration and intensity based on client goals."

For Bennewies, an avid cook, those meaningful activities focused on ways to get her back into the kitchen. Although her mobility has improved, the stroke has had lasting effects on her memory and speech.

"What used to take me two hours to make, now takes about six," says Bennewies who now laughs about her first attempt at baking post-stroke. She calls it her "7-hour carrot cake" because of the time it took her to make.

Community Stroke Rehabilitation Team members have given Bennewies tools and strategies to use in her home, like mini chalk boards in every room that list important reminders, timers that beep when it's time to eat and take her medication, or how to use an iPad app to record important ideas. They have also connected her to a stroke survivor support group, and have helped her get a volunteer position with a local agency which has given her a new sense of purpose.

"I don't know where I would be without the Community Stroke Rehabilitation Team," says Bennewies. They really helped me so I don't have to depend on friends and family for everything. Even though it's not the way it was, I have the hope that I can continue on doing the things I enjoy."

To see more of Joscelyn's story, see her video as well as others on our YouTube channel

About the Community Stroke Rehabilitation Team:

- Service was launched in 2009 to meet the needs of stroke survivors who could not access traditional rehab services
- There are 3 Community Stroke Rehabilitation Teams in the South West LHIN: Grey-Bruce, Huron-Perth and Thames Valley

Each team consists of a Registered Nurse, Occupational Therapist, Physiotherapist, Speech Language Pathologist, Social Worker, Recreation Therapist and Rehabilitation Therapists

- Services are free of charge to clients
- Over 1,200 clients have been served to date
- 93% of clients reported the Community Stroke Rehabilitation Team enabled them to stay at home
- There have been 10 discharges home from long-term care
- Length of stay on service ranges from 7 to 12 weeks
- Wait time for service ranges from 1 day to 1 week

Third Quarter Report on Performance Update

At the South West LHIN's February Board Meeting, Board members received the LHIN's Report on Performance Scorecard for the third quarter (October/November/December). 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 Ministry LHIN Performance Agreement (MLPA).

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

Performance Indicator	**2012-13 South West LHIN Target**	**Current Performance**
Percent Alternate Level of Care (ALC) Days	9.46 days	8.1
90th Percentile Wait Time for Home Care Services (Community Setting)	24 days	28.0
Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions	14.5 days	15.3
Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse Conditions	23.2 days	35.1
Percentage of Hospital Readmissions Within 30 Days for Selected Case Mix Groups	14 days	17.1
90th Percentile Wait Times for Cancer Surgery	70 days	59.0
90th Percentile Wait Times for Cardiac By-pass Procedures	49 days	38.0
90th Percentile Wait Times for Cataract Surgery	110 days	142.0
90th Percentile Wait Times for Hip Replacement	178 days	186.0
90th Percentile Wait Times for Knee Replacement	182 days	210.0
90th Percentile Wait Time Days for MRI Scans	78 days	82.0
90th Percentile Wait Time for CT Scans	25 days	18.0
ER 90th Percentile Length of Stay, Admitted	23.75 hours	26.7

Patients		
ER 90th Percentile Length of Stay, Non-admitted, High Acuity Patients	6.3 hours	6.5
ER 90th Percentile Length of Stay, Non-admitted, Low Acuity Patients	4.0 hours	3.8

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:

- **Hospitals in the South West LHIN continue to experience success as well as ongoing challenges in emergency department wait-times.** St. Thomas Elgin General Hospital, as a result of its aggressive targeting of wait times, has been ranked number one as the hospital with the lowest wait times out of 74 ranked hospitals in Ontario. Not far behind, Grey Bruce Health Services (Owen Sound site), has come in at number three. Both hospitals achieved their rankings in spite of higher volumes. London Health Sciences has experienced significant challenges due in part to influenza cases in hospital and outbreaks in long-term care homes. ALC pressures have also impacted emergency department flow. As a result, LHSC opened up a patient Transition/Decant unit in order to help support the flow of patients to beds located outside of the emergency department. LHSC intends to keep the Transition/Decant Unit open while access challenges remain
- **Revisit Rates to Emergency Departments for Substance Abuse Continue to Increase**. The South West LHIN has increased funding for crisis services that will focus on reducing Emergency Department patient revisits for mental health and /or substance abuse issues
- **Percent of Alternate Level of Care Days continues to improve**. Lower Length of Stay for ALC in fall/winter 2012 has resulted in an overall reduction in ALC days compared to fall/winter 2011 and has done so despite a higher number of ALC cases over the same period
- **Wait times for all key surgical and diagnostic procedures have improved substantially**. Performance has improved and is under, at, or approaching target for cancer, hip replacement, and cardiac by-pass surgeries as well as for diagnostic procedures. Knee replacement surgery wait times have increased slightly to a wait time of 210 days. The LHIN is currently working on an Orthopaedic Capacity Plan and has engaged providers (through Performance Management Teams, Orthopaedic Steering Committee, etc) in an on-going review of the current state related to the delivery of Orthopaedic services. The goal of this work is to optimize capacity and performance (access and quality) across the South West

To read the full Q3 performance report to the Board, click here.

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