South West LHIN exchange

November 2013

Local Mental Health Agencies Amalgamating to Improve Client Care

London and area residents facing mental health and addictions challenges will soon benefit from enhanced services and improved access thanks to the amalgamation of the Canadian Mental Health Association London Middlesex (CMHA LM), Western Ontario Therapeutic Community Hostel (WOTCH) and Search Community Mental Health Services (Search).

The South West LHIN Board of Directors passed a motion to support the amalgamation at its October 23rd meeting in Stratford. The Boards of CMHA LM, Search and WOTCH announced they were exploring a voluntary integration between their three organizations in February 2012. This decision is based on recommendations from the "*The Time is Now: A Plan for Enhancing Community Based Mental Health and Addiction Services in the South West LHIN*".

An amalgamation of these organizations is a natural fit as they provide similar services in the London-Middlesex area. By coming together to form one organization it is anticipated that there will be improved access to services, reduced confusion for those seeking help and better support for family members of those living with mental health and addictions challenges. Other anticipated benefits include:

- Enhanced services in rural communities
- Enhanced crisis response and counseling services
- A streamlined process for the delivery of case management, screening, intake, referral and assessment
- Improved client outcomes

Since the boards of CMHA LM, WOTCH and Search announced their intention to amalgamat, three representatives from each board have sat on the Deal Development Team (DDT) to lead the amalgamation process. A Board of Directors is being established and the recruitment of a CEO for the new organization is underway. The name of the newly-formed organization will be announced pending approval.

“I commend the Boards of CMHA LM, WOTCH and Search for taking this step to improve care for mental health clients in the South West LHIN,” says Jeff Low, Chair, South West LHIN Board of Directors. “I especially want to thank the members of the Deal Development Team for all their work to ensure this process goes ahead. Your hard work and dedication serve as a model for other organizations to explore and embrace the opportunity to work with their partners.”

Mental Health amalgamation works towards achieving: Strategic Direction #1 – ‘Improve Access to Family Health Care’ as outlined in IHSP 2013-16

Improving Care for Older Adults in the South West LHIN

Behavioural Supports Ontario (BSO) initiatives are spreading throughout the South West LHIN, improving care for

older adults coping with responsive behaviours and their families. Responsive behaviours refers to agitation, wandering and aggression associated with dementia, mental illness, addictions and other neurological conditions.

To date, nearly 3,500 front-line health care providers have received formal training on best practices for the care of older adults with responsive behaviours. Also, a BSO sustainability plan has been developed in consultation with stakeholders to help identify factors in sustaining system-level changes for the future. The sustainability plan is aligned with the BSO Project Framework and the South West LHIN's Integrated Health Service Plan 2013-16.

BSO Collaboration Day

On September 13, 2013, BSO hosted a Collaboration Day at the Arden Park Hotel in Stratford. Approximately 170 participants from various sectors across the South West LHIN met face-to-face to receive education on best practices for the care of older adults with responsive behaviours. The keynote presentation was provided by Bonnie Purcell, M.Sc, from the Behavioural Response Team London-Middlesex on Screening and Intervention for Alcohol-Related Problems in Long-Term Care. Click here to watch the video from the BSO Collaboration Day.

BSO Success Story

A highlight of the BSO Collaboration Day was the sharing of success stories from long-term care homes across the South West LHIN. One home shared the story of 'Mr. R', a resident who would throw himself out of his wheelchair onto the floor and threaten to kill himself.

By connecting with partners at the Community Stroke Rehabilitation Team, staff discovered that a recent stroke had left this resident feeling very sad. By learning about his personal story, they found out Mr. R used to walk to Tim Horton's every day for a coffee and a honey-dipped donut and would spend Saturday nights out on the town dancing to Big Band music. He also had a love of gardening.

Staff used this background information to make a plan. They made Mr. R aware of all available outings and musical programs. They set up a garden for him to tend to, and looked into getting a CD player so he could once again listen to his beloved Big Band music. Family members now leave some money so staff can buy Mr. R a Tim Horton's coffee and a honey-dipped donut twice a week.

Within one month, staff reported that Mr. R was a different person. Not only is he walking again with assistance, but he has become very social and even jokes with staff.

Read more about BSO in the South West LHIN here.

Connect with BSO Online

A new website has recently launched to help keep residents and health service providers connected with BSO initiatives in the South West LHIN. Information includes facts about responsive behaviours and background information on BSO. Through the website there is also an intranet tool for BSO-Affiliated Health Professionals made possible through healthchat.ca. By signing up, providers can share documents and calendars and participate in discussion forums.

BSO works towards achieving: Strategic Direction #2 – 'Improve Coordination and Transitions of Care for Those Most Dependent on Health Services' as outlined in IHSP 2013-16

South West LHIN Performance Reporting Tools

The South West LHIN has revamped key performance reporting tools to align with the Integrated Health Service Plan (IHSP) 2013-16 and to better track and report South West LHIN and health service provider performance and outcomes. The Report on Performance Scorecard, Interventions Report, Dashboards and e-Tool were presented to the South West LHIN Board at its meeting on September 25th in Lion's Head.

The Scorecard has been redesigned to provide better insight into how our local health system is performing and to provide a snapshot of the progress of the strategic directions outlined in the LHIN's Integrated Health Service Plan 2013-16. The design reflects the IHSP Strategy Map [link to IHSP page] aligning indicators to strategies and overall progress to the Big Dots.

The Scorecard shows:

- Progress against our three IHSP 2013-16 Big Dot measures:
  - Increasing availability of family health care
  - Reducing 15,000 emergency room visits
  - Increasing availability and access to community supports for people, resulting in 17,000 more days at home
- 12 outcome indicators:
  - Reduce wait time to specialist from family health care
  - Reduce rate of ER visits best managed elsewhere (per 1,000 population aged 1-74)
  - Increase percent of discharge summaries sent from hospital to community care provider within 48 hours
  - Reduce ER revisit rates within 7 days (per total unscheduled emergency visits)
  - Reduce hospital readmission rate within 30 days for selected Case Mix Groups (per discharges for selected CMGs)
  - Increase percent of clients seeing family health care provider within 7 days of discharge from hospital
  - Reduce rate of ER visits resulting from falls (per 100,000 population aged 65 and over)
  - Reduce pressure ulcer related hospitalizations (percent of all discharges)
  - Reduce hospital acquired infection rates (c diff) (per 1,000 patient days)
  - Increase timeliness of diagnostic services (percent within target)
  - Reduce LHIN cost variance (HBAM hospitals) for acute/day surgery and ER (actual/expected costs)
  - Reduce ALC rate (per total inpatient days)
- Four key driver measures:
  - Increase the communication between health care providers through SPIRE
  - Increase providers using Clinical Connect
  - Increase organizations using the 'Regional Integrated Decision Support System' (2013-14)
  - Increase the proportion of key initiatives meeting LHIN Experience-Based Design criteria

The Scorecard will be presented to the Board on a quarterly basis at September, December, March and June meetings.

Interventions Report

A new standardized Interventions Report highlights actions aligned to each outcome indicator that are expected to have an impact on performance results. Only interventions with primary alignment to the noted indicators and those that are either currently in implementation or will be within the next quarter will be included.

Report on Performance e-Tool

The updated Report on Performance e-Tool tracks over 56 indicators and is updated monthly. The e-Tool shows comparative and drill-down information at the provincial, LHIN and health service provider levels. We will be highlighting the e-Tool over the coming months to ensure health service providers are aware of the information presented in the tool.

The South West LHIN will continue to refine its suite of performance reporting tools in collaboration with health service providers.

Grey Bruce Health Services the First to Integrate OLIS into Electronic Patient Charts

Grey Bruce Health Services, working with eHealth Ontario, has become the first healthcare provider to integrate Ontario Laboratory Information System (OLIS) results into patients' electronic charts.

OLIS is a provincially used online portal containing information about patient lab test results. It provides a centralized place where test results from anywhere in Ontario can be accessed. "OLIS has revolutionized health care in the province," says Dr. Todd Webster, Chief of Surgery, Grey Bruce Health Services. "An important benefit of the OLIS system is to be able to get patient results, no matter where the tests have been done [in Ontario]." Physicians or other attending practitioners also have the ability, through OLIS, to view historical and current laboratory test results of a patient allowing them to see trends and make the best decision based on the results provided.

Traditionally, the OLIS portal is an application that is used outside of electronic medical record (EMR) software, meaning that physicians have to log into the portal separately from their own electronic documentation software to view results. This extra step of accessing the portal as a standalone application, with an extra login is not efficient when treating patients. Feedback to OLIS was that more practitioners would more readily use the portal if it was integrated into the already existing electronic documentation software practitioners already use.

With this goal in mind, Grey Bruce Health Services has taken the lead in working with its vendor (Cerner) to safely and securely integrate OLIS into patients' electronic charts. Now, when a Grey Bruce practitioner is in a patient's chart, through the click of a single button, they can now view all of the lab test results found on OLIS.

"This technology puts the best information possible in the hands of those who need it most," says Rob Croft, Chief Information Officer, Grey Bruce Health Services. "There is no need to leave the electronic medical record, making the process completely seamless for the user." With this new OLIS enhancement and extensive practitioner training, the number of users and OLIS searches have increased significantly. Currently, Grey Bruce Health Services and its partners have as many as 650 unique users logging into OLIS with 470 searches daily.

This technology has significantly increased efficiency for physicians and care providers resulting in faster, quality care for patients throughout Grey Bruce. London Health Sciences Centre is currently working on a similar solution. Ontario Lab Information System is an initiative of:

Key Driver #1 – 'Technology to Connect and Communicate' as outlined in IHSP 2013-16

Helping Health Service Providers Deliver Better Care for Francophone Residents

"Hello, bonjour." For many Francophones accessing the health care system, this simple greeting is enough to put their

minds at ease, knowing that services are available in their language. Research shows that language can be a barrier to receiving quality, patient-centered care. Health outcomes can be improved when care is delivered in the language people are most comfortable with.

The South West LHIN, in partnership with the Erie St. Clair LHIN, have developed a French Language Services Toolkit to help designated and identified health service providers deliver better care for Francophone residents. The toolkit is available in both printed and digital formats and features a variety of useful and practical resources such as:

- Information on the local Francophone community
- How to proactively provide French language services (also known as active offer)
- Methods and techniques for the implementation of French language services
- Ideas on how to build a bilingual staff complement
- French-language training options
- Options for translation and interpretation
- Other materials including details on supporting legislation, southwesthealthline.ca, and promotional materials.

The LHIN's French Language Services Coordinator is available to assist health service providers with questions about the templates provided in this toolkit, reaching out to the Francophone community, and implementing and delivering services in French. Please contact:

Suzy Doucet-Simard, French Language Services Coordinator
1 866 294-5446 or 519 640-2612
Suzy.Doucet-Simard@lhins.on.ca

French Language Services is part of: Key Driver #3 – 'Connecting and Empowering People' as outlined in IHSP 2013-16

Successful Series of Board-to-Board Engagement Sessions Completed

Over the past couple of months, the South West LHIN has completed six board-to-board engagement sessions throughout our region focused on the Integrated Health Service Plan (IHSP) 2013-16, our shared accountability in transforming the health system and collaboration. The sessions were hosted by the members of the LHIN board and designed to facilitate discussion amongst local health service providers about the benefits and risks of shared accountability and opportunities to improve care for people in the community. By collaborating in a more strategic manner, health service providers can take collective action to advance the strategic directions of the IHSP. The forums were also an opportunity for board members to get to know the leaders from other boards in their area and share ideas.

The engagement sessions built on the April 2013 webcasts that outlined the finalized IHSP for health service providers and governors. Following the webcasts, health service provider boards were asked to discuss the following questions at an upcoming board meeting:

1. What key strategies in your organization are aligned with the Strategic Directions and Objectives of the IHSP?
2. Do we have any organizational strategies that are in contradiction to the directions outlined in the 2013-16 IHSP? If yes, what are they so we can work to achieve greater alignment
3. What role will we as board governors play in ensuring alignment of our organization's strategy and activities to

the IHSP's Strategic Directions and Objectives in order to help ensure positive outcomes?

The regional engagement sessions were designed to continue discussion and engagement about alignment to the IHSP, health system priorities and collaboration. The six sessions included a health service provider speaker, a panel discussion and table discussions focused on collaboration and shared accountability along with an update from the South West LHIN on the IHSP.

Participants indicated that discussions at the sessions were of great value. Some of the comments collected at various sessions included:

- It takes a lot of work to build integrated relationships and the great risk is giving up some of the control and relying on partners to meet targets
- There are different funding models and this is a large barrier
- Governors would like to participate with the LHIN in establishing priorities. We want to be in the beginning stages and include partners and non-health service providers i.e. social services, emergency services, etc.
- Difficulty of communication and transfer of information between silos. Funding model geared towards hitting targets rather than time to focus on patient and what else they need; i.e., access to primary care
- Technology to connect and communicate. The CHC is moving to electronic records but it's very expensive. While overall it's improving the patient experience the LHINs won't fund the cost
- Shared accountability isn't all about money …shared partnership and integrations
- Challenges with accountability agreements
- Cross-board meetings with partners
- Funding formula will improve access
- Active dialogue from staff to Board members
- Look for outside solutions/possibilities/shared services with other like-minded agencies
- Ensure the agency isn't stuck in an "old model" of doing business and is always reviewing other agency examples

The South West LHIN wishes to offer its sincerest thanks to those that took part in the events as a presenter or panelist, as well as those who took the time to attend. If you have any further comments please contact matthew.clarke@lhins.on.ca.

The next board-to-board engagement is scheduled for November 27th at the Tillsonburg Multi-Service Centre. More engagements are being planned for the new year. Look for information on the South West LHIN website and communicated through your board chair and organizational leadership.

Independent Health Facilities

New government regulations are allowing specialty-based clinics operated in hospitals to move into the community as independent health facilities. These changes will allow independent health facilities to be funded by the LHINs. Click here for the information from the Regulatory Registry. It is anticipated that a request for proposal will be issued focusing initially on cataract surgery. Stay tuned for more details in the coming months.

How are we doing?

The South West LHIN will be asking administrators and governors to answer a survey about how well the LHIN has been delivering on its mission. The survey is designed to identify areas of improvement in order to better work with health service providers and continue towards the common goal of transforming the health system to better meet the needs of residents in the South West. Responses will be confidential. Feedback will be reviewed and a report provided to the South West LHIN Board of Directors and health service providers.