South West LHIN exchange

Connie Emmerson and Helen Wright, *South West LHIN Residents*

March 2014

Shaping the Future of Quality Health Care – South West LHIN Quality Symposium

Register now to reserve your space. Click here for the agenda and other details.

The 4th Annual Quality Symposium is on Thursday, May 14th, 2014 at the Stratford Rotary Complex from 9:00 a.m. - 4:30 p.m. The morning begins with registration and a complimentary continental breakfast at 8:15 a.m. This year's theme, "Shaping the Future of Quality Health Care", will have something for everyone.

We are pleased to announce The Honourable **Deb Matthews**, Minister of Health and Long-Term Care will be bringing greetings from the Province. The morning will also include **James Orlikoff**, a health care leadership and governance expert from the United States. There will also be presentations by **Dr. Viren Naik**, Medical Director of the University of Ottawa Skills and Simulation Centre and **Dr. Joseph Cafazzo**, a Toronto-based expert on new technologies for improving self-care at home. **Dr. Joshua Tepper**, CEO of Health Quality Ontario, will also be on hand to talk about the Future Vision for Ontario.

Local initiatives that are using Experience Based Design methodologies to improve the patient/client/resident experience will be highlighted. You can also learn more about some of your health system partners by visiting Showcase Alley. The day will conclude with the 3rd Annual Quality Awards, celebrating Quality Improvement in the South West LHIN.

The Quality Symposium is a great way to learn what's new in Quality Improvement, share information with your health

system partners, network with colleagues from across the LHIN geography, and get inspired to work together to create a culture of quality improvement.

We look forward to seeing you on May 14th in Stratford.

Attendance at this program entitles certified Canadian College of Health Leaders members (CHE / Fellow) to 2.75 Category II credits toward their maintenance of certification requirement.

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Improving Access to Mental Health and Addictions Services in the South West LHIN

The Mental Health & Addictions sector continues to focus on improving client care in the community and reducing the reliance on hospital-based care. Here is an update on several initiatives that are ensuring residents facing mental health and addictions challenges are receiving the right care, in the right place, at the right time.

London-Middlesex Mental Health Agency Amalgamation

After more than two years of hard work and planning, a new mental health agency has launched to serve clients in London and Middlesex.

As of February 2014, the Canadian Mental Health Association (CMHA) London-Middlesex, WOTCH Community Mental Health Services and Search Community Mental Health Services have officially amalgamated to form CMHA Middlesex. The three agencies will continue to serve clients in the same locations. Services will also be positively impacted in Exeter, Goderich and surrounding area.

After a nation-wide recruitment process, Don Seymour of London was named the CEO of CMHA Middlesex. Prior to this he served as the Executive Director of WOTCH Community Mental Health Services for the past three years.

The boards of CMHA London-Middlesex, WOTCH and Search began exploring a voluntary integration of their organizations in February 2012. The decision draws from recommendations in the report, “The Time is Now: A Plan for Enhancing Community Based Mental Health and Addiction Services in the South West LHIN.” The South West LHIN Board of Directors passed a motion to support the amalgamation at their October 2013 board meeting.

The benefits of amalgamation for clients include:

- Enhanced services in rural communities
- Improved access to a broader range of services
- Enhanced crisis response and counseling services
- Enhanced service delivery navigation
- A streamlined process for the delivery of case management, screening, intake, referral and assessment
- Improved client care experiences

The amalgamation was celebrated with an official launch event on March 7th at WOTCH.

Enhanced Services for Residents in Crisis

In October 2012, CMHA London-Middlesex launched a Mobile Crisis Response Team to provide mobile crisis support 24 hours a day, 365 days a year. The team handles urgent calls from police, hospital, emergency departments, families and caregivers.

In 2013 alone, the London Mobile Crisis Response Team responded to 478 crisis phone calls and completed 869 mobile response visits.

Mobile Crisis Response Teams are an important piece of the health system as they provide a quicker response to clients in crisis while using the most appropriate resources. Teams are made up of staff with specialized training, so they are best suited to assist clients in need.

They are also beneficial to the community. “The London Mobile Crisis Response Team is not only important for residents facing mental health challenges, but it’s good for the entire community. Many times, when police officers respond to a mental health call, the situation doesn’t require intervention from law enforcement. The Mobile Crisis Response Team has specialized training to handle these types of calls, so more officers can be available on the front lines when and where they are needed.” Bill Chantler, Inspector, Community Policing Branch, London Police Service. In 2013, London Police Services were able to refer 644 cases to the Mobile Crisis Response Team.

In addition to the Crisis Response Team, 11Transitional Case Managers are now working in London to assist with connecting people with community-based supports, system navigation and follow-up after they leave hospital. This additional support will help keep individuals out of Emergency Departments and will prevent hospital re-admissions.

Within the South West LHIN, there are also mobile crisis response teams serving residents in Grey-Bruce, Huron-Perth, Middlesex, Elgin and Oxford counties.

Coordinating Access to Mental Health Services

In London, Elgin and Oxford counties, mental health and addictions service providers are finding better ways to coordinate services to ensure individuals in the community are receiving appropriate, timely and seamless care. Providers are using common screening tools to make sure people will receive the right level of care regardless of how they entered the health system. They can also access a shared online calendar to make sure people get their appointments and assessments when and where they need it. Not only is it better for the client, it is also great for the health system by preventing duplication of services, streamlining the screening process, reducing fragmentation of service delivery and providing a shared language among multiple health service providers.

Recently in Elgin County, frontline staff from Addiction Services of Thames Valley, Violence Against Women Services Elgin County, St. Thomas Elgin General Hospital and Canadian Mental Health Association Elgin participated in training to apply common screening tools between their organizations. Staff received training on the GAIN Short Screener (Global Appraisal Individual Needs SS), an evidence-based screening tool used to identify clients who would benefit from a more in-depth assessment, identify undetected mental health or substance use problems and guide clients into more appropriate treatment settings. Training was also provided to apply a local Violence Against Women tool designed to measure present safety and violence risks and to connect women with local support services.

The use of common, evidence based screening tools between health service providers will allow for a coordinated, best practice approach to screening and identification.

Mental Health & Addictions Services are part of:

- Strategic Direction #1 – 'Improve access to family health care' as outlined in IHSP 2013-16

Health Links Patient Engagement Forum

In February, representatives from the six Health Link geographic areas in the South West LHIN gathered in Stratford to learn about effective patient engagement. The event was hosted by The Change Foundation and the South West LHIN. There were over 50 attendees from the health service organizations who are partnering to create the Elgin, Oxford, North Grey Bruce and South Grey Bruce Health Links, as well as those that are continuing to build the established Health Links in London and Huron-Perth.

The day opened with introductory remarks from Kelly Gillis, Senior Director at the South West LHIN, who talked about how Health Links fit into the LHIN's overall strategies for the health system. Cathy Fooks, President & CEO of The Change Foundation, spoke next about the necessity of person and client engagement and The Change Foundation's deep involvement in the Health Link process across the province. Other speakers included:

- Gail Long and Amir Karmali, who brought the perspective of the patient and client. Gail is a Change Foundation Panel member who participates in discussions about the health system. Amir is a Family-Centred Care Specialist at Holland Bloorview Kids Rehabilitation Hospital,
- Andrew MacLeod, Manager, Community Engagement at The Change Foundation, spoke on the principles of effective community engagement,
- Health system leaders Carmell Tait, Sue McCutcheon, Andria Appledoorn, Jordan Weber and Anne-Marie

Underhill spoke about the lessons learned as they have worked on patient and client engagement in the health system.

Health Links are being set up across the province to provide better coordinated care for people who frequently use the health care system. Health Links embraces the idea that the patient needs to be at the centre of any care plan with services addressing their unique needs designed around them. As a patient, Gail Long shared the perspective that patients don't necessarily want a plan built around them; instead they want to be a peer and partner on the care team. This means being involved in the planning and decisions about your care, because, as Gail says, "no one knows your body better than you do."

ABOVE: Attendees at the Health Links Patient Engagement Forum

ABOVE: Cathy Fooks, President & CEO of The Change Foundation

Presentations and other materials from the day can be viewed here:

Health Links are part of:

Strategic Direction #1 – 'Improve access to family health care' and

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

Hospitals Invest in Technology to Build on Exceptional Patient Care

Ten hospitals in the South West LHIN are involved in an important safety and quality improvement project that is expected to result in significant advances in patient care thanks to the implementation of the Healthcare Undergoing Optimization (HUGO) initiative.

Hospital partners will invest a total of $26.1 million over a three year period to implement this initiative, which is the first regional project of this kind.

Through this initiative, the hospitals are shifting from paper processes to electronic technology for ordering tests, prescribing medication, and adding barcoding to make sure the right patient is receiving the right medication at the right time.

"Now our hospital physicians are no longer writing down the patient orders for tests or medications on a paper form. They are using the computer to post the patient order, which is then immediately sent to the appropriate person or department for processing," says Dr. Joel Wohlgemut, Chief of Staff at Alexandra Hospital, Ingersoll. "It also means that our nurses are scanning a unique barcode both on the patient's armband and on the patient's medication to ensure the patient is receiving the correct medication at the correct time."

"For us this is all about our patients. We always want to provide the best and safest care for our patients and HUGO provides us with additional tools to safeguard the quality of care we provide," says Glen Kearns, Integrated Vice President, Diagnostic Services and Chief Information Officer, London Health Sciences Centre and St. Joseph's Health Care London.

Building on a strong foundation of systems collaboration, HUGO is being implemented at Alexandra Hospital in Ingersoll, Listowel Wingham Hospitals Alliance, London Health Sciences Centre, Middlesex Hospital Alliance in Four Counties and Strathroy, St. Joseph's Health Care London, St. Thomas Elgin General Hospital, Tillsonburg District Memorial Hospital and Woodstock General Hospital. By June 2014, all ten hospitals will have launched HUGO.

Information Technology is part of:

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

Music Helps in the Fight Against Alzheimer's Disease

"Music is a moral law. It gives soul to the universe, wings to the mind, flight to the imagination, and charm and gaiety to life and to everything" ~ Plato

With statistics saying that one in 11 Canadians over 65 suffer from Alzheimer's disease or a related dementia, the idea of improving quality of lives afflicted with the debilitating disease can seem like quite a challenge. Recently, the Alzheimer Society in Huron and Middlesex Counties, along with various community partners, have been involved in an innovative program using iPods to help clients living with Alzheimer's disease or dementia.

The program provides individual clients with a personalized playlist of songs with the idea that listening to music will help to stimulate memories, provide meaningful engagement and support self-expression and identity. Studies show that music has an ability to reach people afflicted with dementia in a unique way, providing them with a sense of security in a world that makes less sense to them every day.

For Linda and Jim Finkbeiner of Seaforth, Ontario, this program has helped them to transition through the difficult progression of Jim's struggle with Alzheimer's disease. Jim was diagnosed in 2009 and lived a relatively normal life with little disruption for the following four years. It was in February 2013 where there was a noticeable decline in his memory to the point where he needed to be placed in a long-term care home.

The transition from living at home with his wife to living in long-term care was a difficult one for Jim and he experienced feelings of confusion and anxiety. "After a length of time, I inquired about the Alzheimer Society's iPods for Memories program, and they said they had one [iPod Shuffle] available. They asked what kind of music Jim liked and they loaded in about 16 or 18 songs to try it out," says Linda. Care workers have found that Jim's iPod helps him to calm down. On one occasion, Lynda commented, "You could almost see his face visibly relaxing and his body posture changing. He started humming, and without hearing what song he was listening to, I knew which one it was. It was the Tennessee Waltz. I was very happy with that result because he not only became calm, but he was able to connect with the words."

Long Term Care Recreation Managers and staff at the Alzheimer Society in Huron County have said that the program has benefited residents/clients with apathy, as well as responsive behaviours, and believe it is a good fit with their other therapeutic programs. Similarly, the 'iPod Project' organized by Western University gerontology professor, Alexandra Zacevic, and her students have seen positive results among the clients they have worked with.

"The delivery of this iPod program is a blessing of technology," says Jim Currie in Goderich, a caregiver for his wife Audrey who was diagnosed with a form of dementia. "It works extremely well. This iPod delivery system does break through to the person's innermost self in a way that conversation, more often than not, fails to do."

"I am just amazed at the deep love and devotion Jim has for his wife, Audrey," says Cathy Ritsema, Executive Director, Alzheimer Society of Huron County. "It inspires me to keep working at enhancing life for persons affected by dementia."

Health Care Services in Downtown London

Health care services formerly provided by The Centre of Hope Family Health Team at the Salvation Army shelter in downtown London are now provided by the London InterCommunity Health Centre (LIHC). The Centre of Hope was established to help serve a vulnerable and/or homeless population in London but due to challenges with physician retention was unable to offer enough regular medical care at its clinic. When the Ministry of Health and Long-Term Care decided, with the support of the South West LHIN, to transfer the funding for this site to LIHC, it was to ensure that services could continue for this often high-needs population. LIHC serves a diverse urban and immigrant population. In addition to this new site, LIHC provides health services from their main site in downtown London at Dundas and Adelaide and a satellite site in North East London at Huron and Highbury.

The clinic closed for one day to allow time for reorganization and equipment set-up but re-opened on March 10th with physician coverage. Those registered as a patient at the Centre of Hope have been accepted into LIHC as a patient and medical records will be available once a simple consent form is signed.

"We know that timely access to care is important for this clientele. Therefore LIHC remains committed to ensuring that

all clients, whether they are homeless, or at risk of homelessness, receive primary care services if they were registered with the family health team," says Yacouba Traoré, Client Services Director. "We are committed to making this transition with minimal disruption to client care services."

"As a next step, LIHC will engage in the development of a new model of service aimed at improving access to care for individuals who are homeless or at risk of homelessness. We look forward to new and enhanced collaborations with community partners as a part of this model," adds Michelle Hurtubise, Executive Director.

To contact the Wellington Street site (formerly the Centre of Hope site) call 519 645 2348 or visit www.lihc.on.ca

Changes Coming to Stroke Care in the South West LHIN

The South West LHIN has established a Stroke Capacity Assessment & Best Practice Implementation Project that will change how stroke care is delivered in the South West LHIN. A total of $145,000 has been allocated to complete this work led by a project steering committee and physician advisory committee.

Strokes, sadly, are a too common occurrence in Ontario and across Canada:

- Stroke is the 3rd leading cause of death and long-term disability in Canada
- 50,000 Canadians experience a stroke each year and over 14,000 die as a result
- 300,000 are living with the effects of a stroke
- 25% recover with a minor impairment
- 40% are left with a moderate to severe disability

With the support of the Southwestern Ontario Stroke Network, the South West LHIN will work with our hospital and community partners to improve stroke services by consolidating stroke care into designated stroke centres and ensure the right community rehabilitation services are there to support patients and families.

Analysis of data from past stroke hospital admissions shows that hospitals that treat more patients per year have better results. Data from 2002–2009 found that hospitals admitting less than 130 stroke patients per year had 38% higher chances of patients dying in 30 days compared to hospitals admitting 205–470 stroke patients per year. Patients benefit significantly when they are admitted to a specialized hospital unit dedicated to the treatment and rehabilitation of stroke patients.

Health Quality Ontario has set a 165 case per year benchmark for stroke centres and currently only two sites in the South West LHIN meet that target (University Hospital and Victoria Hospital of the London Health Sciences Centre), however, all 28 hospital sites in the LHIN treat stroke patients. The goal of the Stroke Capacity Assessment & Best Practice Implementation Project is for all stroke incidents to be treated at designated stroke centres for the duration of their care and that stroke survivors with moderate to severe stroke have timely access to inpatient rehabilitation and are able to continue their recovery in the community. The South West LHIN has already made investments in Community Stroke Rehabilitation Teams and they are having a positive impact on the system with data showing that the proportion of stroke survivors entering long-term care after a hospital admission has dropped to 5.5%, well below the Ontario rate of 9.1%.

In order to be successful and achieve the critical mass of expertise and stroke unit admissions, the South West LHIN will need to consider consolidation of stroke care in a fewer number of hospitals in their region. Stroke-related admissions will move from smaller centers to those with stroke units. Furthermore, the need for dedicated stroke sites that provide the right treatment and rehabilitation services or "best practice infrastructure" may mean patients and their families have to travel longer distances to participate in the rehabilitation process. However, treatment at a dedicated stroke centre should mean shorter overall hospitalization and better results on discharge and in the community.

Watch for updates on this important work on this page of the South West LHIN website

Life or Limb No Refusal Policy Now Implemented Province-Wide

The Life or Limb No Refusal Policy, developed in the South West LHIN, has now been implemented across Ontario. Dr. Michael Sharpe, South West LHIN Critical Care Lead and Carrie Jeffreys South West LHIN System Design and Integration Lead, partnered with Critical Care Services Ontario and Dr. Derek Manchuk, North East LHIN Critical Care Lead, to engage hospitals, physicians and LHIN staff across the province in implementing the policy. A key part of the process was physician-to-physician engagement and engagement across specialties at hospitals to ensure implementation is managed smoothly and there is broad acceptance of the goals to be achieved.

The 'Life or Limb' policy means no patient will be refused treatment by designated hospitals except in the circumstances where accepting the patient could compromise their safety or pose a risk to either the patient or staff. There are three main goals of the policy:

1. To ensure transfer of critically ill patients to the closest, most appropriate regional care institution in the most efficient and safest manner possible
2. To ensure timely consultation with a receiving physician to improve access to required critical care services
3. To optimize resources required to provide critical care services to a Life or Limb patient including transport, physician consultation, critical care beds, surgical suites/teams, repatriation, etc.

Now that the policy has been implemented provincially, all Life or Limb patient transfers are managed through CritiCall who provides 24-hour emergency referral services for physicians across Ontario as well as facilitating consultations and arranging transfers for critically ill patients.

The implementation is monitored by Critical Care Services Ontario and the LHINs who receive regular reports. Hospitals now need to meet performance targets of physician-to-physician consults of 10 minutes and the "Life or Limb" patient must be at the receiving hospital within four hours. If a hospital fails to meet targets, it will be flagged by CritiCall and they must provide an explanation to the LHIN CEO and Critical Care Services Ontario.

The South West LHIN and its hospital partners have continued to build on the success of the Life or Limb No Refusal protocol by funding the Extramural Adult on Call Critical Response Team, which you can read about here.

Life or Limb is part of:

- Strategic Direction #4 – 'Increase the value of our health care system for the people we serve' as outlined in IHSP 2013-16

Extramural Critical Care Response Team: *Working Together to Care for Critically Ill Patients*

Access to timely consultation with an intensive care physician is paramount in providing appropriate and immediate care for critically ill patients. In early 2013, the Extramural Critical Care Response Team (CCRT) was established to ensure that referring physicians have immediate, 24/7 access to an intensive care physician. In particular, this initiative

allows a family physician working in a small hospital to easily speak to an Intensive Care specialist for advice. This is better for the physician and better for the patient.

The Extramural CCRT protocol was led by the Program in Critical Care at London Health Sciences Centre and involved representatives from partner hospitals across the South West LHIN and Criticall, Ontario's 24-hour-a-day medical 911 emergency referral service. Funding was provided by the South West LHIN.

The intensive care physician provides consultation regarding management and diagnosis, as well as recommendations for stabilizing a critically ill patient for transport to the most appropriate hospital, quickly and efficiently. "When patients can be cared for at their local hospital consultative support is provided to referring physicians to avoid unnecessary patient transfers," says Dr. Michael Sharpe, LHSC Intensive Care Unit Consultant. "If it is deemed necessary to transfer a patient to another institution, this process facilitates the appropriate distribution of critical care patients within the South West LHIN Intensive Care Units (ICU) to enhance all critical services."

The Extramural protocol was developed to facilitate the 'Life or Limb – No Refusal Pilot Project' implemented in the South West LHIN in February 2011 to enhance access to an intensivist. The aim of the Extramural protocol is to reduce the "call time" for consultation and improve the "accept time" for transfer of critically ill patients. Referrals are handled by the Critical Care Outreach Team (CCOT) ICU physician with a second on-call physician also available in the event the CCOT physician is occupied with a patient. This way, there is always an intensive care physician readily available to provide a patient consult.

The Extramural CCRT protocol had several goals including:

- Timely access to consultation with a critical care intensivist
- Facilitation and stabilization and/or transport of critically ill patients
- Timely access to other consultative services, if applicable, e.g. neurosurgery
- Timely referral to an appropriate care institution
- Optimal resource utilization, such as transport, available ICU beds
- Ensure all Life or Limb referrals are coordinated through CritiCall to capture all measureable data
- Improved collaboration

"The Extramural pilot project and subsequent acceptance as an LHSC protocol has improved access to critical services at LHSC and in community hospitals," says Dr. Michael Sharpe. "Supporting physicians in the community in consulting with an ICU and/or a subspecialty physician over the phone has resulted in decreased non-appropriate patient transfers to LHSC, which in turn, improves access to our acute ICU care beds for other patients that do require our care."

Carrie Jeffreys, System Design & Integration Lead at the South West LHIN added, "This is an example of the way hospitals across our broad geography can come together to best serve patients that are most in need of acute care services."

Critical Care is part of:

- Strategic Direction #4 – 'Increase the value of our health care system for the people we serve' as outlined in IHSP 2013-16

Standing Committee Review of *LHSIA*

The Ontario Legislature's Standing Committee on Social Policy began its review of the LHINs and the Local Health System Integration Act, 2006 (LHSIA) in November 2013. The review is focusing on how the LHINs are fulfilling their obligations under LHSIA, local decision-making processes and the recommendations of the 2012 Drummond Report.

The Standing Committee is tasked with presenting a final report and recommendations to the Assembly by November 2014.

The Standing Committee began its work with a technical briefing by senior Ministry staff and a series of invited presentations held in Toronto in November 2013. Invited presenters included Bob Morton, Board Chair of North Simcoe Muskoka LHIN and Chair of the LHIN Leadership Council, Camille Orridge, CEO of Toronto Central LHIN and Paul Huras, CEO of South East LHIN, as pan-LHIN representatives, the Association of Ontario Health Centres and Addictions & Mental Health Ontario.

In January/February, nine public hearings were held throughout Ontario in Fort Erie, Hamilton, Kitchener-Waterloo, London, Windsor, Sudbury, Thunder Bay, Vankleek Hill, Township of Champlain and Kingston. The public hearing in London was held on Wednesday, January 29, 2014. The hearing was chaired by MPP Ernie Hardeman with MPP representatives from three parties on the panel including:

- Chair: Ernie Hardeman, Progressive Conservative, Oxford County
- Jane McKenna, Progressive Conservative, Burlington
- Christine Elliott, Progressive Conservative, Whitby-Oshawa
- Helena Jaczek, Liberal, Oak Ridges-Markham
- Vic Dhillon, Liberal, Brampton West
- Donna Cansfield, Liberal, Etobicoke Centre
- Mike Collie, Liberal, Eglinton-Lawrence
- Teresa Armstrong, New Democratic Party, London-Fanshawe
- Peggy Sattler, New Democratic Party, London-West

Each presenter was given a 15-minute time slot to speak and answer questions from the panel.

Jeff Low and Michael Barrett spoke on behalf of the South West LHIN. Other presentations included:

- Brian Dunne, Executive Director, Participation House Support Services
- Sandra Coleman, CEO, South West CCAC
- Sue Hillis, Executive Director, Dale Brain Injury Services
- Dr. Rob Annis, South West Primary Care Network
- Dr. Michael Sharpe, Professor, Department of Anesthesia and Perioperative Medicine, Critical Care, Western University
- Vijay Chauhan, Director of Government Relations and Advocacy, Ontario and Nunavut, Canadian National Institute for the Blind (CNIB)
- Andrew Williams, President and CEO, Huron Perth Healthcare Alliance
- Peter Bergmanis, Co-Chairperson, London Health Coalition
- Shirley Biro, Volunteer and member of the public
- Heather DeBruyn, Executive Director, Canadian Mental Health Association, Elgin Branch

The review provided an opportunity to promote a stronger understanding of the LHINs' integral role in delivering better care for patients/clients/residents and in ensuring value for money. As well, the review provides the chance to have a dialogue with our communities and stakeholders about the transformation underway in our health system, our successes, opportunities for improvement and recommendations for addressing the work ahead.

A New Health System Leadership Council

The Health System Leadership Council (HSLC) provides system and operational advice and insight to the South West LHIN leadership team. The advice and insight of the Council helps guide the LHIN's strategic directions, operational plans, initiatives, performance improvements and accountability provisions.

The term of the current HSLC members has come to an end. Thank you to those members for your tremendous contribution and guidance.
A new HSLC is launching this spring with health service provider representatives from all sectors and counties across the South West LHIN. The council will meet in-person on a quarterly basis and monthly via video conference. The key areas of discussion will include:

- Forecasting provincial opportunities to be leveraged and integrated into strategic directions and operational plans
- Improving people's experiences with the health system
- Improving performance of the health system
- Accelerating the Integrated Health Service Plan program outcomes by considering elements of our Quality Improvement Enabling Framework

Staff Updates at the South West LHIN

The South West LHIN is pleased to welcome three new staff members: Betty Wang, Vanessa Ambtman-Smith and Kevin de Jong.

Betty Wang joined the South West LHIN team as a Financial Analyst. Betty has assumed a hospital portfolio working closely with her Finance colleagues and will be working within the acute portfolio team within the LHIN. Specifically, Betty will be the main Finance contact for all hospitals in Grey, Bruce, Huron and Perth counties. Prior to this she was a Financial Specialist, Budgeting & Case Costing with London Health Sciences Centre. Betty has also held several positions within the Finance Department at LHSC, including a role with Regional Shared Services. Betty holds a Master of Business Administration, Finance (MBA) degree and is a Certified Management Accountant (CMA).

Vanessa Ambtman-Smith is our new Aboriginal Health Lead. Working closely with Aboriginal partners and other health service providers, Vanessa will be a resource for planning and community engagement with Aboriginal people within the South West LHIN. Vanessa comes to us from the Toronto Central LHIN where she was the Community Engagement Consultant and Aboriginal Health Lead. She previously worked at the Ontario Federation of Indian Friendship Centres (OFIFC) as the Provincial Aboriginal Community Recreation Program (ACRP) Trainer and the Provincial Communities In Action Fund (CIAF) Project Coordinator. Vanessa has a B.A. in Native Studies from Trent University.

Kevin de Jong is our new System Design & Integration Quality Improvement Specialist. Kevin will work closely with the Primary Care and Chronic Disease Prevention and Management portfolio team with a particular focus on our diabetes coordination work. He will also provide quality improvement expertise to more broadly inform the work of the LHIN and will help to build quality improvement capacity internally and with external partners. Kevin was previously the Quality Improvement Advisor with Grey Bruce Health Services, as well as Program Manager for the Releasing Time to Care initiative. Kevin has a Bachelor of Science from the University of Waterloo along with a Certificate in Business Administration from the University of Leicester, UK and is a graduate of the Wave 6 Improvement Advisor

program from the Institute for Healthcare Improvement in Boston. He also has obtained the Lean Yellow Belt and Bronze Certification. Kevin brings with him 25 years of healthcare experience and extensive experience in project management and change management initiatives with quality improvement teams and front line staff.