South West LHIN

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October 2018

South West LHIN Exchange Newsletter

What's in this issue?

Update from Ron Sapsford, Interim CEO, South West LHIN

I hope that you all had a safe and happy summer, and are ready to continue the work ahead as we move forward with our busy fall season. Over the summer months, the South West Local Health Integration Network (LHIN) has gathered input for the development of our next Integrated Health Service Plan (IHSP) 2019-2022. This plan sets out the overall direction for the health system and outlines a collective plan for improvement.

We have received very high quality feedback from service providers, local residents and staff through our various IHSP engagement activities. Some of the themes that emerged include:

- Partners want the South West LHIN to be action-oriented and more directive
- We need to support development of sub-region governance, increased integration, and accountability
- Resident dissatisfaction is highest for mental health services, followed by the need to repeat information to providers, then long-term care and home care
- Staff and service providers feel that the lack of health human resources is a huge challenge
- Our employees are passionate about delivering high quality care

At this point, we have completed stakeholder engagement and have drafted our IHSP.

In alignment with the government's focus on hospital overcrowding, home care, mental health and addictions, long-term care and capacity planning, the proposed IHSP priorities are focused on:

- Improving the patient experience
- Addressing health inequities by focusing on population health
- Reducing the burden of disease and chronic illness
- Building and fostering healthy communities through integrated care closer to home
- Driving innovation through sustainable new models of care and digital solutions
- Driving efficiency and effectiveness

Now that the South West LHIN Board of Directors has offered input on the draft, next steps include incorporating feedback and delivering it to the Ministry of Health and Long-Term Care by the October 31, 2018 deadline. Our Board will be set to approve the final IHSP 2019-2022 prior to the end of the 2018/19 fiscal year.

As always, your hard work and dedication to the patients and families you serve are an integral part of our health care system. We thank you for all that you do and will continue to keep you informed on the work happening at the South West LHIN.

Better supporting families in the community through adult day programs

Adult day programs promote physical and mental wellness, and help prevent caregiver burnout so families can live at home together longer.

Mary-Jean Bowman Muir doesn't know how she managed to care for her husband, Lachlan, before he started attending the adult day program at the Salvation Army twice a week. She uses the time he is at the program to not only check off tasks from her to-do list, like banking, appointments, grocery shopping, and household chores, but to take care of herself.

The adult day program at the Salvation Army London Village provides an opportunity for individuals living in the community diagnosed with Alzheimer disease or a related form of dementia to benefit from participating in a variety of social, intellectual, recreational and physical activities which are offered in a safe, structured, homelike environment. Families can rest at ease knowing their loved one will receive care from qualified care providers that can include assistance with meals, personal care and medication administration.

Mary-Jean goes to yoga weekly and meets up with girlfriends for coffee or lunch. She uses this time to stay social, but also looks forward to the tranquility of having a break. Mary-Jean knows program days not only help her "retain her sanity," but they give her valuable time to recharge. Lachlan is always excited to attend and looks forward to getting on the bus. The bus driver remembers him by name and over the rides they've developed a friendship that makes even travel time so special. During the day, Lachlan participates in arts and crafts, bringing home photographs of the fun activities he's done that day. His time is spent doing a variety of physical and social activities, but Mary-Jean thinks the most important reason he still

goes is the camaraderie. “He feels valued, his opinions matter there. Staff feedback to me is that he’s really happy and a pleasure to work with.” Mary-Jean can’t think of what they’d do without it, “otherwise, he just sits in his chair and reads the paper over and over again, it doesn’t even matter what date the paper is.”

Lachlan was diagnosed with Alzheimer’s in 2005 while they were living on Manitoulin Island, and shortly after that they moved to London to be closer to care. Through additional caregiver support groups, Mary-Jean has developed a community of support and made life-long friends. They spend time together sharing stories and leaning on each other during difficult times.

The South West LHIN has 30 adult day programs through 12 service providers that adhere to a standard service delivery model that includes core services, activities, and goals to assist participants to achieve their maximum level of functioning, as well as consistent operating standards.

Adult day programs offer therapeutic activities to older adults and adults with disabilities that help to increase/maintain independence and improve/maintain the person’s functioning. Activities include social, physical, cognitive, emotional, and spiritual themes. All programs are able to accommodate people who require a two-person transfer, or pose a wandering risk. While the majority of locations offer an integrated program, there are some locations that cater to specialty needs including dementia and stroke-specific programming. Accessible transportation to and from the location is also available. Some locations offer overnight respite options throughout the week, and many offer add-on services including foot care and spa bathing.
For more information on adult day programs in the South West LHIN visit the healthline website.

An additional $2 million to support people living with dementia and their caregivers

“Overnight respite provides a break from my ongoing caregiver challenges and enables me to recharge my batteries. The end result is that I have been able to keep my husband at home as long as possible,” says Patty, a family member at McCormick Dementia Services. “When I pick him up after an overnight respite stay, he is so happy!”

As a result of Ontario’s Dementia strategy, providers like McCormick Dementia Services are able to offer care to more patients and their caregivers in the community. This strategy is focused on improving access to high-quality care for people living with dementia and their caregivers.

Last year, as part of this strategy, the South West LHIN received $161,000 in one-time funding. This funding was successfully used to:

- Provide a total of 28 temporary overnight respite spaces to 32 patients and caregivers in London Middlesex and Huron Perth
- Offer dementia-specific training and education to 159 staff and volunteers working with various community-based system partners across the LHIN
- Purchase materials and supplies for adult day programs in every sub-region

For year two, the South West LHIN has received a total of $2,003,100 in base funding to continue to improve supports for people living with dementia and their caregivers in the community. This funding is targeted to community dementia programs, Behavioural Supports at home and in the community, and First Link patient navigation services delivered by the Alzheimer Societies.

Below is a breakdown of how the South West LHIN will invest these funds in community dementia programs across the LHIN:

- $261,300 in additional funding to increase adult day program dementia-specific spaces in London and Stratford (areas with the highest demand), offering 65 additional spaces
- $36,542 in new base funding for adult day program-related transportation, enabling 4,500 additional rides
- $427,608 to offer 28 additional overnight respite spaces across the South West LHIN
- $57,750 to augment McCormick Dementia Services' Caregiver Support, offering additional social worker capacity to provide education, training and therapeutic counselling

For more information on Ontario's Dementia strategy, please contact Faadia Ghani, Communications Business Partner, South West LHIN.

Ensuring that end-of-life needs of patients and their families are better met through MAID

As planning and dialogue continues with stakeholders related to Medical Assistance in Dying (MAID), the ultimate goal is to ensure that end-of-life needs of patients and their families are better met.

"In order to provide the best care to patients, I've been focused on engaging with system partners to help define local service coordination, exploring education opportunities, and coordinating mentorship opportunities for new providers," says Julie, MAID Navigator, South West LHIN. "There is a need for services, both provincially and locally, to help patients and families understand and navigate the medically assisted death process."

With the passage of Medical Assistance in Dying legislation (Bill C-14) in June 2016, and Ontario's MAID Statute Law Amendment Act coming into force in May 2017, the South West LHIN has began building systems in response to the legislation, which allows for MAID and protects all those that support patients in their journey.

Key to this work is the role of a MAID Navigator. Julie Campbell joined the LHIN in the spring and is working with stakeholders to create a system that will support patients, families and providers as they explore the process. As a nurse practitioner working in the area of MAID since its inception, she provides mentorship to clinicians and is building networks of expertise. Should patients decide to undertake the medically assisted death journey, she helps patients and families understand the process, and provides links to needed resources, including community supports.

To contact South West LHIN MAID navigation services, call 1-833-388-7331or email sw.maid@lhins.on.ca

How we can help

- Provide information and support to patients and families to help with understanding legal requirements and potential options, and links to community supports
- Support health care providers in understanding legislation
- Coordinate primary and secondary assessors
- Support and mentorship for primary care providers who are, or would like to be, involved in assessing or providing MAID in their communities
- Centralized forms repository for easy access to documents seven days a week
- Nursing and pharmacy support coordination

For more information on MAID, please visit the Ontario website or contact the provincial MAID care coordination service (CCS) information line at: 1-866-286-4023.

Providing Indigenous patients with culturally safe palliative care

In May 2016, a report developed by the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) found that culturally safe palliative care services are not equally accessible to Indigenous people, particularly those that live on reserve. The report identified 14 recommendations to address the current gaps in palliative care for Indigenous people living in the South West LHIN.

As part of a comprehensive strategy in response to the recommendations, the South West LHIN collaborated with SOAHAC and other system partners —including Chippewas of the Thames First Nation, Munsee-Delaware Nation, and Oneida Nation of the Thames— to build an Indigenous-led palliative model of care including an Indigenous Palliative Care Team (IN-PaCT).

The new model of care is focused on a positive end of life journey for patients, families and providers, and shifts care for Indigenous patients from a LHIN-led process to one led by, and coordinated through, SOAHAC with the IN-PaCT providing high quality, culturally safe palliative care.

Launched in March, IN-PaCT provides care to Indigenous patients in London Middlesex, including the First Nation communities of Oneida, Munsee Delaware and Chippewas of the Thames. The team includes: physician support, a nurse practitioner, registered nurse, traditional healer, and mental health counsellor. On-call support is available around the clock, 24 hours a day, seven days a week.

Feedback from families and team members highlights the most meaningful aspect of the IN-PaCT model as individualized care plans. The team makes bereavement visits to ensure families feel supported in their grief and cultural practices as part of the healing process.

Successes of the new model include: the ability to identify people with palliative care needs earlier in their journey, supporting people to die in their place of choice, and ultimately, improving equitable access to services for Indigenous families.

For more information about the IN-PaCT, or how to refer a client, please contact:
London: 1.877.454.0753
Chippewas of the Thames: 1.877.289.0381

Improving musculoskeletal care through Rapid Access Clinics

The Ministry of Health and Long-Term Care and the South West LHIN are committed to improving appropriateness of care for people with musculoskeletal (MSK) conditions. One way to improve care is to expand MSK Rapid Access Clinics, a central intake, assessment and management model that has proven benefits to patients and providers. Rapid Access Clinics have been introduced across the province to help people with musculoskeletal conditions access the right treatment - starting with moderate to severe hip/knee osteoarthritis (OA) and low back pain.

Primary care providers, including family doctors, will soon have one point of contact to refer patients (i.e. central intake). Patients are triaged to receive a timely assessment from an Advance Practice Provider (APP), which is typically a nurse practitioner, physiotherapist, or chiropractor with advanced skills and training. Advance Practice Providers will see patients within four weeks to determine if surgery is appropriate or connect them with local community services or a self-management plan to manage their condition. Patients who require a surgical consultation can choose the first available surgeon or a surgeon of their choice.

Implementing Rapid Access Clinics is the first step in an ongoing process to improve hip/knee and spine treatment and to gain a better understanding of which patients require surgery versus other kinds of care and how that aligns with our funding needs. While this strategy will be rolled out based on a provincially standardized model, there is flexibility to evolve the model according to the south west region's unique needs.

The hope is to begin with phased implementation beginning in April 2019. A regional plan is being developed on how to manage patients already in queue for a surgical consultation or on a surgeon's wait list for surgery. In the meantime, there is no need for primary care physicians to hold referrals or to re-refer. In areas of the province where Rapid Access Clinics are already in place, patients have reported high satisfaction with the model.

Introducing South West LHIN Advanced Practice Leads

MSK Advanced Practice Leads are unique to the South West LHIN and will play a key role in this strategy. In addition to working with providers to implement this program, Advanced Practice Leads Ravi Rastogi (low back pain) and Rhonda Butler (hip and knee) will be the primary point of contact for consultation and assessment of musculoskeletal patients. Rhonda and Ravi are scheduling visits with participating hospitals to continue their engagement about this work.

What does this mean for you?

Patients	Primary care	Surgeons

• Patients will be assessed within four weeks of referral.
• Patients undergo a comprehensive assessment, including standardized outcome measurement (e.g., patient-reported outcomes and objective functional tests).
• Non-surgical patients receive education on treatment options, individualized recommendations, community linkages and a plan of care.
• For surgical candidates:
  ◦ Choice of hospital
  ◦ Choice of surgeon or next available surgeon
	• One point of contact for referrals (hip, knee, and low back pain) and clear referral criteria.
	• Enhanced communication between providers.
	• Assistance with conservative management of patients.
	• Maintained provider and patient choice.
		• Receive more appropriate referrals, which allows for more predictable practice management and reduced wait lists.
		• Receive full history and physical examination, with outcome measurement.
		• Focused assessment with appropriate work up completed.
		• Avoids surgical delays/cancellations with health issues identified earlier.
		• Team approach maximizes efficient use of surgeon's time.

The South West LHIN will continue to keep system partners engaged through webinars, communiques and other information channels as this strategy develops. Please visit our website for additional resources. Any questions can be directed to Faadia Ghani, Communications Business Partner, South West LHIN.