LHINSIGHT
Hamilton Niagara Haldimand Brant Local Health Integration Network
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WHAT'S NEW

Charting a Plan for Better Local Health Care

The Hamilton Niagara Haldimand Brant (HNHB) LHIN has released its first Integrated Health Service Plan (IHSP) to help set a bold new course for health system improvements in this region.

The IHSP is phase one of a three-year planning cycle that lays the foundation for health system planning and coordination responding to the needs of our LHIN. It will guide the coordination of health care services, including community support services, mental health and addiction services, community health centres, long-term care homes, and hospitals.

The Plan was created with the help of community engagement consultation sessions and from input gathered from health service providers across our LHIN. All 14 LHINs across Ontario have developed an IHSP to help identify their own specific priorities for health system improvements.

"We set out to do four things: better understand our communities and build strong relationships; identify strategies to address early integration and improvement opportunities identified by people living and working in our LHIN; understand local progress on ministry priorities including access to primary care and reduced wait times; and identify next steps," said Juanita Gledhill, chair of the HNHB LHIN.

Through this process, the communities identified these early integration priorities for our LHIN:

- Respond more effectively to persons who experience illness and injury as a result of work place conditions;
- Bring best practice mental health and rehabilitation services closer to home for children and youth;
- Improve access to care and support for persons with mental health and addiction issues;
- Ensure the right elder care and support at the right time in the right place;
- Provide best care and support to people who are dying.

The IHSP describes each of these integration priorities and outlines solutions and expected outcomes for each priority.

The *Quality Care in Community Hands: Building an Integrated Health Service Plan, Phase One* document is available on the HNHB LHIN website at: www.hnhblhin.on.ca.

e-HEALTH IN ACTION

Health Information Goes Digital

A new Web portal is enabling staff at the Hamilton Community Care Access Centre (CCAC) to share client information confidentially with its health service provider partners – all with the click of a mouse.

Hamilton CCAC staff upload and post patient documents and data electronically from their database to the web portal, called the Health Care Gateway. Service providers and long-term care homes affiliated with the CCAC can then log in to the portal through the Web and access the information, which can be downloaded and printed out, or imported into their own client database.

The electronic portal has enabled the CCAC to save more than $100,000 a year in faxing and other processing costs, says Darlene Redfern at Hamilton CCAC. Previously, each document would have to be faxed to the appropriate service provider, tying up valuable staff time, adding up to more than 1 million pages faxed each year. The Hamilton CCAC processes about 8,000 service orders a month alone, and each typically 5 to 10 pages long.

In addition to costs savings, sending data electronically also reduces duplication and the risk of error from re-keying information. Plus, says Redfern, the service providers "are able to get their people out [to patients] faster because they're not waiting around for a fax."

David Cullum, information technology director, developed the portal with the help of a Burlington-based IT development firm. The portal has been adopted by the Ontario Association of Community Care Access Centres, which will host a central system so that other LHINs in the province can use the portal technology.

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FROM THE CHAIR

Welcome to the first issue of *LHINSIGHT.* We've created this newsletter to keep you informed about the many evolving health care issues and initiatives that affect and influence your health care.

Our LHIN is one of 14 local health integration networks across Ontario and is responsible for planning, coordinating and funding the local health system in this area. The LHIN represents local decision making; decisions about the organization, coordination and funding of health services will be made closer to home by people who live and work in the LHIN. With almost 250 different health service provider agencies serving 1.35 million people in our LHIN, there is lots to talk about! In this and future issues, you'll find stories on the organizations and people who help deliver a diverse range of health care services.

We are also excited about the release of our first Integrated Health Service Plan (IHSP), a document created by our community, for our community. The IHSP marks a significant first step in our effort to reform and redesign health care so that clients and patients are at the top of the list and get the care they need when they need it.

Juanita Gledhill, Chair
Hamilton Niagara Haldimand Brant
Local Health Integration Network

HEALTH GLOSSARY

Community Care Access Centre (CCAC):

These centres coordinate a range of health care and support services for eligible residents who have acute, chronic, palliative or rehabilitative health care needs, such as home care nursing, rehabilitation, home support and palliative care and more. These services are designed to complement and supplement, but not replace, the efforts of individuals to care for themselves with the assistance of family, friends and community. Case management services are provided in both the home and community. Our LHIN has 5 CCACs.

LOOKING AHEAD

Help us define success in our LHIN!

Last fall, health service provider board members and the LHIN's executive leadership asked what they could be doing differently, and what they needed from the LHIN to work towards improvements in the health system. They all shared a desire to develop a common aspiration for the LHIN, a shared goal which reflects the LHIN's collective desire to achieve something noble.

A cross-section of citizens, reflecting the LHIN's geographic areas, stakeholders, roles, and skill sets, will be invited to participate in a committee to help develop the HNHB LHIN aspiration. This group will consider a number of issues: what an aspiration means for the LHIN, seek input on measuring success in the LHIN, offer advice to solicit feedback on ideas, and propose a statement of aspirations.

The committee's input is to be reviewed by the LHIN Board later this spring.

Maternal and newborn health

While it is estimated that the number of women of childbearing age in our LHIN will decrease by 2% by 2016, some potential areas of growth do exist, such as the Simcoe Norfolk area, where a new Toyota plant will bring more than 2,000 jobs to the area. We face some challenges for sustained maternal and newborn care – an aging nursing workforce, a lack of physicians for 24/7 on-call coverage, as well as other health professionals such as anaesthetists and perinatologists.

Working with residents, stakeholders and providers, the LHIN is developing a plan for maternal and newborn services that will build on existing services to promote equitable access to a range of services supporting healthy moms and babies. The LHIN is creating a steering committee to review local data, information, values and preferences for care, and strategies for maternity resources that meet high standards of care for women, their families and their communities.

This steering committee's goal is to have a proposed plan ready for the LHIN Board's consideration in early summer.

Improved chronic disease prevention and management

Chronic conditions place a high burden on the health care system and can affect a person's quality of life.

In February, the LHIN hosted a roundtable of committed stakeholders from family health teams, public health units, community health centres and others to consider improvement opportunities for chronic disease prevention and management. The goal was to identify opportunities to promote equity of access to prevention and care, best practice and healthier outcomes for patients.

The Ministry of Health and Long-Term Care presented its Chronic Disease Prevention & Management (CDPM) framework to guide health care strategies over the next 10 years. The LHIN welcomed the Honorable Jim Watson, Minister of Health Promotion, at this event.

"The Ontario Medical Association predicts that today's generation of Canadians may be the first in history not to outlive their parents," said Minister Watson at the roundtable held in Grimsby. "We put virtually all our resources in the backend of health care waiting for someone to be wheeled through at a hospital emergency ward. We put little in the front end of the spectrum thinking about prevention, thinking about health promotion and it's time to reverse our priorities. It's time to create a culture of wellness as opposed to a culture of sickness.

"My job, with your help, is to provide fewer customers for the health care system," said Minister Watson. "But it's going to take time and it's going to take a coordinated approach with all of us working together."

Meeting participants welcomed the Minister's enthusiasm and his challenge to work together across sectors to make a difference. Several participants volunteered to work with LHIN staff to determine what action steps are required to improve people's health and reduce chronic disease.

HEALTH GLOSSARY

Diagnostic Imaging:

A generic term that covers a number of different technologies (such as x-ray or ultrasound) which produce images of the body that are not normally visible to help physicians diagnose and examine disease in patients. It is also used in medical research.

AGENCY SPOTLIGHT

A vision for better eye health

A trio of health service providers in our LHIN are joining forces to help reduce wait times for cataract surgeries. The Brant Community Healthcare System, Joseph Brant Memorial Hospital and St. Joseph's Healthcare Hamilton are building on the success of their existing ophthalmology programs to provide citizens of the HNHB LHIN with a comprehensive cataract care program. This collaboration will help to reduce wait times and promote equity of access to cataract care across the LHIN.

Cataract surgeries are one of five major health services (including cancer surgery, cardiac procedures, hip and knee replacements and diagnostic scans) that have been identified under the Ontario Wait Time Strategy to improve access to care and reduce wait times.

A steering committee of administrative and clinical staff from the three hospitals has been formed to oversee the cataract care program. They have drafted a set of principles that will guide the standards for care within a patient's local community and outline acceptable wait times for cataract surgeries.

The committee is also looking into creating a new, centralized referral system that patients could access via a toll-free 1-800 number. If a patient's wait time is longer than 90 days, they could phone this number to be referred to another ophthalmologist within their own community with a shorter wait time. If their wait was longer than 107 days, the patient would then be referred to an opthalmologist in another community within the LHIN.

The referral system would help increase the number of cataract surgeries performed within the LHIN and reduce the backlog of procedures. Wait times for cataract patients at Joseph Brant, for example, averaged around 196 days in fall 2006. The hospital will perform more than 2,400 cataract surgeries in 2007 alone.

While it's still in the planning phase, the steering committee is committed to implementing the new referral system later this year, says Beverley John, vice-president of patient care services at Joseph Brant Memorial Hospital, and member of the Cataract Care Program's steering committee.

"It's important that patients have timely access to needed surgery," says John. "The benefit will be to level the access point so that some patients aren't waiting longer than others. Having this collaboration between all the hospitals is really one of the benefits of being part of the LHIN and how the LHIN functions in addressing the needs of the stakeholders."

INTEGRATION IN ACTION

Mental Health and Addiction

The IHSP outlines strategies that address local integration priorities that were initially described in February 2005. Community members were identified as "champions" for each of the health priority areas and worked with their communities to identify opportunities for positive change across the LHIN.

In the area of mental health and addiction, for example, community members have determined that a coordinated approach to assessing and treating people who have mental health and/or addiction issues is needed to improve their health outcomes. Roughly one in five people will suffer a serious mental health and/or addiction issue over the course of their life. Many people who have mental health disorders also suffer from addictions, or what is known as concurrent disorders. As a result, Ontario's Ministry of Health and Long-Term Care has begun the process of bringing together the province's addiction and mental health agencies to better coordinate services for this population across all the LHINs.

"We absolutely need to talk the same language. We've been talking different languages for a while between the addictions and mental health sector," says George Kurzawa, executive director of the Canadian Mental Health Association's Niagara Branch. Kurzawa also co-chairs our LHIN's mental health and addiction network, which is currently assessing the level of integration between mental health and addictions agencies in our LHIN. The network is also looking into developing common assessment and screening tools, as well as a plan for cross-training of staff working at these agencies.

DID YOU KNOW?

Our LHIN faces its own unique health care challenges. Compared to the rest of the province, our LHIN population has a higher:

- Proportion of seniors
- Rates of people who report they are in poor or fair health
- Proportion of daily smokers
- Prevalence of arthritis/rheumatism
- Death and hospitalization rates
- Number of people who are overweight or obese

PEOPLE PROFILE

Collectively, the members of the senior management and Board members of our LHIN bring substantial experience to managing our LHIN. Here's a look at one of our Board members:

Janice Mills

A long-time Brantford resident, Janice recently retired from a career in nursing and health care administration. Her work experience in the community has included hospital based care, long-term care, occupational health and safety, psychiatry, and community needs assessment. Janice has worked in Niagara Falls, St. Catharines, Vineland, Grimsby and Brantford and has extensive experience in the not-for-profit long-term care sector. She was the administrator of the John Noble Home, a 361 bed Long-Term Care Home in Brantford for 18 years.

"This initiative undertaken by the Ministry of Health and Long-Term Care is long overdue and probably the most exciting thing to happen in my career," says Mills. "The basic concept behind the LHINs is one I have espoused for a long time and provides the much needed opportunity for community members to communicate and work together from the bottom up to ensure decisions are made at the community level where people access health care services."

Visit us on the web

For more more detailed information on the Integrated Health Service Plan, other LHIN initiatives, or to send us your comments, please visit our site at www.hnhblhin.on.ca.

Hamilton Niagara Haldimand Brant Local Health Integration Network

Board Members:

Juanita Gledhill, Chair
Jack Brewer, Vice Chair
Kim Stasiak
Carolyn King
William (Bill) McLean
Janice Mills
Stephen Birch

Senior Management:

Pat Mandy
Chief Executive Officer

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Senior Director, Planning, Integration and Community Engagement

Hamilton Niagara Haldimand Brant
LOCAL HEALTH INTEGRATION NETWORK

RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
de Hamilton Niagara Haldimand Brant