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LHINsight

LHINsight is the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) electronic newsletter. Please share it with colleagues, clients, friends and family.

Creating a health care system that helps keep people healthy, gets them good care when they are sick, and will be there for our children and grandchildren.

December 2011

In this newsletter:

Update from the Board Meeting

The minutes from the December 13, 2011 board business meeting will be posted following approval at the January 25, 2012 business meeting. In the meantime, please read through some of the highlights from the meeting.

Read more...

Behavioural Supports Ontario (BSO) Update

The Behavioural Supports Ontario (BSO) project is progressing both locally and provincially. The HNHB LHIN's

Action Plan is available on our website, sub-committees have been created and are beginning their work, local jobs are posted online, and all LHINs continue to work together to share their knowledge.

Read more...

Lowest ALC Rate in 5 Years

The acute ALC rate is at 12.94% - the lowest it's been since 2007! That means that more people are getting the appropriate care in the best place for them to be. In just over one year, nearly 200 people who were waiting in hospital to go to long-term care were placed!

Read more...

Aiming for Better Health Continues in the Community

In November 2010, the LHIN hosted Aiming for Better Health - an initiative to enhance chronic disease prevention and management in Fort Erie, where participants developed an action plan to improve the health of their community. Aiming for Better Health spurred the creation of three working groups to advance this planning: Self-Management, Obesity, and Access.

Read more...

Aboriginal Youth will Find their Digital Voice

The HNHB LHIN's Aboriginal Health Network (AHN) is hosting a three-day digital storytelling workshop for Aboriginal youth to learn to share and capture their health care experiences. These stories will be an important supplement to existing data that will help shape the LHIN's work as it plans, funds and integrates the health care system.

Read more...

1st Executive Director for French Language Health Planning Entity

The Entité de planification pour les services en français dans les régions de Waterloo, Wellington, Hamilton, Niagara (French Language Health Planning Entity) has appointed its first Executive Director. Carole Lamoureux began her role in late-July.

Read more...

Donna's Blog - December 2011

Donna Cripps, CEO, began blogging earlier this year. Check out an excerpt from her latest blog post, and be sure to read her next post on Monday, January 9, 2012.

Read more...

Wanted: Feedback from Caregivers

The Ontario Dementia Network (ODN) is inviting caregivers of persons with dementia to take part in a survey to explore the possibility of establishing one or more after hours **Dementia Help Lines** in Ontario. Caregivers play a crucial role in supporting persons with dementia. The ODN is interested in knowing if telephone support, available after business hours, would be beneficial to caregivers.

Read more...

Nominate a Leader in Health

The Canadian College of Health Leaders is inviting nominations for the 2012 National Awards Program. For almost two decades, this National Awards Program has been showcasing the success of exemplary individuals, teams and organizations throughout Canada.

Read more...

Good News from Our Partners

Read some of the good news from our partners in health.

Read more...

Events Calendar

Check out upcoming events in the HNHB LHIN including the **Board Business meeting January 25, 2012.**

Read more...

Follow Us on Twitter!

Stay informed of HNHB LHIN initiatives and activities by following us on Twitter.

Read more...

LHINs are the only organizations in Ontario that bring together health care partners from the following sectors – hospitals, community care, community support services, community mental health and addictions, community health centres and long-term care – to develop innovative, collaborative solutions leading to more timely access to high quality services for the residents of Ontario and HNHB LHIN communities. By supporting these important partnerships, LHINs are ensuring that Ontarians have access to an effective and efficient health care system that delivers improved health care results and a better patient experience.

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www.hnhblhin.on.ca

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Update from the Board Meeting - December 13, 2011

The minutes from the December 13, 2011 board business meeting will be posted following approval at the January 25, 2012 business meeting. In the meantime, please read through some of the highlights from the meeting.

Highlights

- The board received an update on update on emergency department and alternate level of care (ALC). The ALC rate is the lowest it's been since 2007 (see below for more information).
- The board received an update on the work of the HNHB LHIN's Emergency Services Steering Committee (ESSC). Check out the next issue of LHINsight for more information.
- The board reviewed a voluntary integration from the Canadian Red Cross and Community Support Services of Niagara who will come together for a transportation initiative: *Helping You Get to Your Appointment.* The goal of this initiative is to maintain and optimize existing resources while increasing service capacity within the LHIN. View the presentation. The board did not pass a motion to stop the integration.
- A presentation was provided by Operation Lift to inform the board about its organization. View the presentation.

Behavioural Supports Ontario (BSO) Update

'I am who I am so help me continue to be me'

The Provincial Behavioural Supports Ontario (BSO) Project continues to progress through the collaboration and knowledge exchange of the four Early Adopter LHINs and the remaining 10 LHINs in the province. The HNHB LHIN has been actively recruiting volunteers from all areas and sectors of the LHIN to join working groups that will utilize the concepts identified in the HNHB LHIN's Action Plan to develop practical, operational ideas that will improve the services provided to older adults with responsive behaviours and their caregivers, as they experience their journey through the health care system.

Progress Highlights

- **Sub-committees formed:** Four sub-committees have been created to advance this project, covering Primary Care, Long-Term Care Home (LTCH) Mobile Teams, Human Resources and the Community. A Data sub-committee will be formed to support the development of common data elements and metrics required for the quality projects.
- **First meetings held:** All four sub-committees have had their initial meetings to discuss their respective memberships, purpose, deliverables and begin to determine the best approach to accomplish their tasks.
- **Jobs available:** The Human Resource group developed job descriptions for the LTCH mobile teams, in alignment with the core competencies expected for these positions across the province. There will be five mobile teams organized in 'hubs' across the LHIN, located in Brantford, Burlington, Haldimand-Norfolk, Hamilton and Niagara. **Click here to view these positions and to apply.**
- **Kaizen event:** The HNHB LHIN participated in a quality process December 13-14, as a part of the four early adopter LHINs working together to examine the LTCH mobile teams. Experts came together for this two-day event to explore the mobile team process, create new processes/tools and test those processes through a mock exercise. This work will help to facilitate the early work required of the LTCH sub-committee.
- **Knowledge exchange event:** The provincial Knowledge Exchange Working Group held a full-day event with all 14 LHINs to share and discuss progress, information and planning for further collaboration.
- **Quality Framework focus:** The work of this project is framed through quality improvement, facilitated by experts at Health Quality Ontario (HQO). These experts will contribute to making the health care system better for persons with responsive behaviours and their caregivers. Small tests will be done to determine what changes have resulted in improvement.
- **Action Plans:** The remaining 10 LHINs have submitted their local Action Plans to the Coordination and Reporting Office (CRO) and the Provincial Resource Team (PRT) for feedback and approval.

Next Steps

- The sub-committees will continue to meet regularly. The HNHB LHIN appreciates the hard work and energy of these expert stakeholders.
- The Primary Care sub-committee will develop an evidence-based toolkit for the assessment and management of people with responsive behaviours. This group will help to determine the site(s) for a pilot of this toolkit.
- The Kaizen event for the LTCH Mobile Team process will build a foundation for the committee to form the process(es) expected for these teams.
- The LTCH Human Resource sub-committee will be focused on the interviews, hiring and beginning to plan education for the new members of the mobile teams.
- The Community sub-committee has three deliverables, that of the community mobile teams, the development of the Integrated Community Lead (ICL), and the Gateway function for the LHIN. As the latter two items will be required for the Primary Care pilot, the HNHB LHIN is planning a Kaizen event to create the role of the ICL by bringing experts together for a full day of discussions to make the concept reality.
- Job postings for the community-based mobile teams will be posted in mid-January.
- All 14 LHINs will continue to work together to improve the care experience at different points in the health care system for for people with responsive behaviours.

Learn More

If your group or organization would like to learn more about the BSO project, please request a presentation by contacting Sally Quider at sally.quider@lhins.on.ca.

Lowest ALC Rate in 5 Years

More people are getting the appropriate care in the best place for them to be! This is not only evident in success stories, such as the individuals Donna Cripps spoke about in her December blog post, but also in the reduction of the Alternate Level of Care (ALC) rate. The acute ALC rate is at 12.94% - the lowest it's been since 2007!

While there's still much more work to do, this is a significant milestone for the HNHB LHIN and its stakeholders who have worked together on many initiatives to help address ALC challenges to ensure people get the best care, in the right place, at the right time. It is a big success for the individuals who are out of hospital and in the appropriate setting for their care needs.

A number of strategies contributed to the reduction in the ALC rate, including strategies identified as best practice in Dr. Walker's provincial report on ALC:

- The LHIN holds weekly teleconferences with all of its hospitals and the HNHB Community

Care Access Centre (CCAC), to review all patients designated ALC (meaning their acute care is complete and they no longer need to be in an acute care bed in hospital), and identify any barriers or challenges to discharging these patients from hospital.

- A standardized intensive case management review tool and process has been implemented at all sites which is required on all individuals in hospital that have been waiting for an alternate level of care for more than 30 days. This process brings together all key healthcare professionals to review the plan of care and ensures the most appropriate discharge plan is in place.
- An escalation process at all hospital sites to ensure all other options have been considered before the decision is made to have the individual wait in hospital for long-term care home placement.
- Working with hospitals, CCAC, Community Support Agencies and Long Term Care homes to facilitate the discharge of individuals experiencing long waits in hospital for an ALC setting.
- Expansion of the Assess Restore program in Hamilton by 10 beds and in Burlington by six beds.
- A pilot project involving the Early Identification of High Risk Seniors. This is a tool being used among family physicians in Burlington, and in the emergency departments of Brantford General and Norfolk General Hospitals, to screen seniors who may be in need of additional community supports to prevent functional decline. As of November 29, 2011, over 100 individuals have been screened for community services.

These and other strategies have had the greatest impact for patients designated ALC who are waiting to go to long-term care. It is these individuals who have the longest waits compared to those waiting for other destinations *(Source: Cancer Care Ontario Interim Upload Tool Monthly Data, 2010/11).* **In just over one year, nearly 200 people who were waiting in hospital to go to long-term care were placed!**

For more information about programs and services to address access to care, click here.

Aiming for Better Health Continues in the Community

Community partners in Fort Erie are working together to increase access to self-management opportunities for Fort Erie residents, lower the obesity rate and reduce the number of emergency department visits for issues related to chronic conditions. These community driven goals emerged from the Aiming for Better Health sessions the LHIN held in Fort Erie November 2010. Read the November 9, 2010 media release and the December 6, 2010 media release.

Aiming for Better Health spurred the creation of working groups consisting of a wide range of community partners, including Bridges CHC, Niagara Region, Niagara Emergency Medical Services (EMS), the YMCA of Niagara, and various health care and community social services. There are three working groups: Self-Management, Obesity, and Access.

Self-Management Working Group

Self-management is the active participation of individuals in achieving their best health and wellness. This

involves gaining the confidence, knowledge and skills to manage physical, social and emotional aspects of life in partnership with health care teams and community supports.

The **Self-Management** working group developed opportunities for people with chronic conditions, such as diabetes, asthma, and Chronic Obstructive Pulmonary Disease (COPD), to better understand and manage their conditions so they may experience better quality of life, and avoid unnecessary visits to the emergency department.

Bridges CHC, the lead organization for this working group, has held two self-management sessions (Take Charge) with participation from about 20 individuals and has more sessions planned for 2012. In addition,

health care providers, including registered nurses, registered dieticians, health promoters, and volunteers, have received training that helps them learn to incorporate support for self-management into each client interaction. This training is aligned with provincial best practice and helps providers and clients to 'speak the same language.' The implementation of the Take Charge program is an example of Bridges offering important service to the residents of Fort Erie that did not exist before. Since Bridges has incorporated Take Charge into their ongoing programming, the goal of increasing access to self-management opportunities has been achieved.

Obesity Working Group

The **Obesity** working group is running an evidence-based lifestyle program, 'Healthy You.' This program provides people with information and resources related to maintaining a healthy weight, nutrition and healthy lifestyles. This program was created to address an indentified need in the community where evidence shows that cost is a barrier to such services.

Access Working Group

The goal of the **Access** working group is to improve access to community services for residents who visit emergency departments five or more times per year .The group is taking a case management approach to work with identified individuals to connect them community services, such as social work, diabetes education programs, and supports for daily living. The group has also identified policy and procedural barriers to accessing such services.

The work of these groups is tied to the overall 'Triple Aim' which is to improve people's health, enhance their experience of care, and ensure fiscal sustainability. This Triple Aim aligns with the LHIN's vision which is a health care system that helps keep people healthy, gets them good care when they are sick, and will be there for our children and grandchildren.

Our Vision	Triple Aim
"A health care system that helps keep people healthy, gets them good care when they are sick, and will be there for our children and grandchildren"	Population Health Experience of Care Per Capita Cost

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Aboriginal Youth will Find their Digital Voice

Storytelling has long been an integral part of traditional Aboriginal culture. In today's society, the use of digital media to tell stories is a mainstream form of communication, particularly among youth. The HNHB LHIN's Aboriginal Health Network (AHN) is blending the two and hosting a three-day digital storytelling workshop in January 2012 for 10 Aboriginal youth.

These youth, together with two youth mentors and two storytelling facilitators, will come together to learn the elements of storytelling and how to capture these stories digitally as they share and build stories of their own health care experiences. The youth population is the largest and fastest growing demographic among the HNHB LHIN's and Ontario's Aboriginal population. This workshop will help them to share their voice in a way that is both culturally important and technologically relevant and will help empower a demographic who will become tomorrow's leaders.

For the HNHB LHIN, these stories will be an important supplement to existing data that will help shape the LHIN's work as it plans, funds and integrates the health care system. They will help highlight when the health system works well in supporting Aboriginal health and wellness and will help identify any gaps, challenges and opportunities. They will also help the LHIN to develop cultural sensitivity workshops for mainstream health care providers to help them think strategically about the needs of various populations, and to work together to improve the delivery of services to these populations.

1st Executive Director for French Language Health Planning Entity

Meet Carole Lamoureux. She is the first Executive Director for the French Language Health Planning Entity that is shared by the HNHB and Waterloo Wellington LHINs. Since beginning as Executive Director July 25, 2011, Ms. Lamoureux has been working with both LHINs to establish and implement a Joint Annual Action Plan which outlines the objectives, priorities and actions each LHIN and the Entity will undertake in the next year.

“This new challenge is an ideal opportunity to promote the advancement of French language health care in the HNHB and WW LHINs. I am thrilled to share my experience in health care with the Francophone and Francophile communities," said Carole.

The role of the French Language Health Planning Entity is to advise the LHINs on:

- methods of engaging the Francophone community in the area; the health needs and priorities of the Francophone community in the area, including the needs and priorities of diverse groups within that community;
- the health services available to the Francophone community in the area;
- the identification and designation of health service providers for the provision of French language health services in the area;
- strategies to improve access to, accessibility of and integration of French language health services in

the local health system; and,

- the planning for and integration of health services in the area.

Learn More

- Read the media release
- Visit the French Language Health Planning Entity page on our website

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Donna's Blog - December 2011

Check out an excerpt from Donna Cripps' latest blog post and be sure to read her next post on Monday, January 9, 2012.

December 2011

Just a few weeks ago, I listened to Health and Long-Term Care Minister, Deb Matthews speak at the Ontario Hospital Association's HealthAchieve conference. I listened carefully as the Minister talked about providing better value and better care for people, and spending smarter. These words really resonated with me. That's because this is what we work toward each and every day for the people in our LHIN.

People like Susan. Thanks to ClincalConnect, Susan received the results of her biopsy (it was good news!) in just two days, rather than weeks. Waiting for biopsy results is a stressful time for a person and their family so naturally Susan was relieved to learn the results so quickly.

"When you hear the word 'biopsy' you start getting pretty scared," Susan recalls. "Two days later, Dr. Teal [her family doctor] was able to phone me and tell me that everything was clear and there was nothing to worry about. That really made a difference to me for sitting around worrying about what was happening. ClinicalConnect for me is definitely the best thing that could happen…it certainly made my life a lot easier."

Read the full blog post.

Sign up to receive Donna's Blog

Wanted: Feedback from Caregivers

The Ontario Dementia Network (ODN) is inviting caregivers of persons with dementia to take part in a survey to explore the possibility of establishing one or more after hours **Dementia Help Lines** in Ontario. Caregivers play a crucial role in supporting persons with dementia. The ODN is interested in knowing if telephone support, available after business hours, would be beneficial to caregivers.

Click here to complete the survey.

Deadline: Friday, December 23, 2011

Questions? Please contact:
Mary Burnett, Chair, HNHB Dementia Network: mary.burnett@alzda.ca
Kathy Wright, Co-Chair, Ontario Dementia Network: kwright@asorc.org

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Nominate a Leader in Health

Canadian College of Health Leaders 2012 National Awards Prorgam: Call for Nominations

For almost two decades, the Canadian College of Health Leaders' National Awards Program has been showcasing the success of exemplary individuals, teams and organizations throughout Canada. These awards encourage knowledge exchange, celebrate excellence and stimulate replication of best practices across the industry.

To nominate a program, individual or team for an award, please download the award template which is available on the College's website: www.cchl-ccls.ca, under National Awards Program. The award template includes everything you need to complete your nomination, including the award criteria, the nomination form and the report template.

Deadline to submit a nomination is February 1, 2012, with the exception of the Mentorship Award and the Quality of Life Award.

Nominations are invited for the following awards:

- 3M Health Care Quality Team Awards

- Energy and Environmental Stewardship Award
- Health Care Safety Award
- Innovation Award for Health Care Leadership
- Mentorship Award
- Nursing Leadership Award
- President's Award for Outstanding Corporate Membership in the College
- Quality of Life Award
- The Robert Wood Johnson Award
- The Robert Zed Young Health Leader Award

New for 2012 - The College is piloting a new submission process for two of our awards: the Mentorship Award and the Quality of Life Award. Nominations are to be submitted in two sections. Section A, which is a 250 word summary, is due on December 14, 2011. The summaries will then be reviewed by the selection committee and a shortlist of top contenders will be formed. Those shortlisted will be asked to complete Section B of the nomination template and submit it to the College by February 1, 2012.

Should you have any questions, please contact Cindy MacBride, Manager of Awards & Sponsorships, at cmacbride@cchl-ccls.caor by phone at 1-800-363-9056 ext. 13.

Good News from Our Partners

Hamilton & Burlington Hospitals Have Lower than Expected Death Rate

Hospitals in Hamilton and Burlington have passed a key test of patient safety. St. Joseph s Healthcare in Hamilton and Joseph Brant Memorial in Burlington have had about 20% fewer deaths than expected in the most recent 12-month period of measurement, and the mortality rate at Hamilton Health Sciences is exactly what is expected of a hospital of its size and scope, according to Hospital Standardized Mortality Ratio (HSMR).

Read the entire article in the Hamilton Spectator.

Brantford General has Lowest Death Rate of all Ontario Hospitals

The pursuit of quality improvement initiatives that enhance patient care at the Brant Community Healthcare System is attracting attention from healthcare organizations across Canada, and at the same time, is paying dividends for local patients and families receiving care at the Brantford General Hospital and the Willett, Paris. The recently released 2010/2011 Hospital Standardized Mortality Ratio (HSMR) study conducted by the Canadian Institute for Health Information (CIHI) confirms that the Brantford General Hospital (BGH) has the lowest patient death rate of all hospitals in Ontario

Read the entire article in the Brantford Expositor.

2nd Phase of Former Henderson Hospital Nearing Completion

March 12, 2012 will mark a milestone in the history of health care in Hamilton. That's when work on phase 1-b of the Juravinski Hospital and Cancer Centre on Concession Street is slated for completion. The new four storey building on the north side of the hospital brings to a conclusion the $180 million redevelopment of the

former Henderson General Hospital site.

Read the entire article in the Hamilton Community News.

New West Lincoln Memorial Hospital is One Step Closer

The hospital board has crossed another mile marker in its journey to realizing a new West Lincoln Memorial. On November 22, Infrastructure Ontario issued a request for proposals for planning, design, and compliance consulting services. The team selected will develop the master plan for the site and prepare documents to form the guidelines and performance requirements that the successful building team must work with when preparing the overall design.

Read the entire article in Niagara This Week.

CCAC Honours 'Heroes in the Home'

Forty-five outstanding individuals have been recognized by the Hamilton Niagara Haldimand Brant Community Care Access Centre as Heroes in the Home -people who selflessly rearrange their own lives to take care of the needs of family members and friends. The kindness and commitment of these unpaid caregivers allows people to live full lives in their communities, despite the limitations of age, illness, or disability.

Read the entire article in the Brantford Expositor.

A Stroke Survivor's Success Story

On August 10, 2010, Casey had a stroke. But his is a success story - a story that began with the potential to forever change his life for the worse. But one whose path was altered by a chain of events that led him to the right place, in the right hands, at the right time.

Read the entire article in the St. Catharines Standard.

Click here to read more good news stories.

Upcoming Events

Community Events

December 21, 2011

Drumming for Diabetes Wellness

2:00 - 8:00 p.m.

Thorold

HNHB LHIN Office Closures:

Monday, December 26, 2011 (Boxing Day)

Tuesday, December 27, 2011 (In lieu of Christmas)

Monday, January 2, 2012 (In lieu of New Year's Day)

Wednesday, January 25, 2012

HNHB LHIN Board Business Meeting

4:00 - 7:00 p.m.

Grimsby

For more community events, click here.

Health Service Provider Events

There are currently no events listed.

For more HSP events, click here.

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We want to stay informed too - let us know if you're on Twitter!

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 ISSN 1913-1089

Other Health Connections:

Aboriginal Health Network

The Aboriginal Health Network meets monthly to think about and share best practices on improving the health of Aboriginal people across our LHIN. This web page will help you learn more about their plans and ongoing work.

To learn who is invited to network meetings, read the membership list. The network has a youth mentorship program, and actively encourages youth participation on the network through its two youth mentors, and two youth members. To learn more about how the network is engaging youth, visit the youth page. To learn more about how the network is organized, read the terms of reference. To follow their ongoing work, browse through the meeting agendas and minutes. To see what they hope to accomplish in partnership with the LHIN, review their draft plan for 2011-2012.

If you are interested in learning more about Aboriginal health and health data, read through this data and reports.

If you would like more information about Aboriginal issues in general, look through one of the many useful websites.

Prior to the Aboriginal Health Network's work, Health Opportunities for Aboriginal People held a Search Conference called Soaring Vision that asked the question "What should the health care experience be for Aboriginal people?". The answers to this question continue to guide the work of the LHIN and the Aboriginal Health Network.


DONNA'S BLOG
DONNA'S BLOG


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Ontario Renal Network
Understand Chronic Kidney Disease in Ontario


Residents First


Excellent Care for All Act, 2010
Putting patients first


eHealth Ontario


epic
a community
engagement
resource


Ontario Hospital Association
www.myhospitalcare.ca


Health Care Connect
helping you find a doctor


Your Health Care Options
where to go when you're ill or hurt


PATIENT SAFETY
»


WAIT TIMES
IN ONTARIO


MOHLTC-LHIN
Effectiveness Review


RJAP
replacemyjoint.ca


RGP
Programs & services
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