



## 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.*

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## October 2012 - Volume 1

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### Update from the Board Meeting

The minutes from the September 27, 2012 board business meeting will be posted following approval at the October 30 business meeting. In the meantime, please read through some of the highlights from meeting.

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### Better Access to Community Services

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[Read more...](#)

### ACTION Communications and Community Engagement Interim Report Coming

## Soon

In previous issues of this newsletter and Donna's Blog, we've provided information about the various engagements that have taken place and continue as part of ACTION: A Call To IntegratiOn Now. This information will be available in a comprehensive interim report outlining specific communications and engagement sessions and the outcomes of those sessions.

[Read more...](#)

## BSO Update: July-September 2012

Developing and implementing all of the Behavioural Supports Ontario (BSO) models have been the result of tremendous involvement and input by many stakeholders. The work has moved from the concepts proposed to the committee members in December 2011, to the implementation of the models across the HNHB LHIN. Find out how this work is making a difference for people like Mrs. S.

[Read more...](#)

## Donna's Blog - October 2012

Check out an excerpt from Donna Cripps' latest blog post and be sure to read her next post on Monday, November 5, 2012.

[Read more...](#)

## Events Calendar

Check out upcoming events in the HNHB LHIN including the **Board business meeting October 30 2012**.

[Read more...](#)

## Feature Tweets

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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## Update from the Board Meeting: September 27, 2012

The minutes from the September 27, 2012 board business meeting will be posted following approval at the October 30 business meeting. In the meantime, please read through some of the highlights from meeting.

### Highlights

- In her CEO Report, Donna Cripps:
  - Provided an update on ACTION and talked about the many citizen and stakeholder groups involved in this work.
  - Noted the final report of the Niagara Health System Supervisor is available to the public at [www.niagarahealth.on.ca/supervisor](http://www.niagarahealth.on.ca/supervisor). Donna commended Dr. Kevin Smith and his team for their work and commitment to improving care for citizens and providers in the Niagara Region.
- Citizens throughout the HNHB LHIN will have access to enhanced and expanded community services thanks to a Board approved investment of \$15.1 million in the community sector. For more details, see story below.

**Unable to attend our Board meetings? [Follow us on Twitter](#) to stay informed through live tweets!**

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## Better Access to Community Services

The HNHB LHIN is investing more than \$15 million to enhance and expand community programs and services, as approved at the Board business meeting September 27, 2012. This investment will support seniors and other individuals to receive services closer to home, reduce emergency department wait times, improve alternate level of care rates and reduce avoidable hospital readmissions.

This investment is part of the Ministry of Health and Long-Term Care's (ministry) and the government's commitment to enhance community-based services. In January 2012, the ministry released its Action Plan for Health Care, which outlined an impending shift in funding from hospitals to the community sector. In April 2012, the government released its budget which outlined a four percent increase in community funding.

The ministry allocated up to \$14.7 million to the HNHB LHIN as part of a provincial investment in community-based services and we are investing an additional \$400,000 from available unspent funds.

From August 27 to September 4, 2012, the HNHB LHIN invited health service providers to submit proposals based on four targeted Requests for Proposals (RFPs):

- Assisted Living and Support Housing Services for High Risk Seniors
- Building Hospice Palliative Care community capacity across the continuum of care in the HNHB LHIN area
- High Risk Seniors and Other Ontarians (capturing the intended additional Personal Support Worker hours specified by the ministry)
- Mental Health and Addictions Services (withdrawal management and aftercare; intensive case management services; supportive housing; and crisis capacity).

Ninety-eight proposals, amounting to \$55 million in funding, were received. As this was well above the HNHB LHIN's allocation of \$14.7 million, some tough decisions had to be made.

Using an HNHB LHIN Board-approved review process and decision-making framework, staff thoroughly reviewed and assessed all proposals and provided its recommendations to the Board's Audit Committee at its meeting September 19, 2012. The role of the Audit Committee is to make recommendations to the Board. Staff considered population health care needs and the availability of community services across the HNHB LHIN, as well as the priorities of the HNHB LHIN and government to recommend the optimal allocation of resources given the limited dollars available.

The programs and services that were recommended by staff were those that met the specific requirements of each of the RFPs and that aligned most closely with HNHB LHIN and ministry priorities and the HNHB LHIN's decision-making criteria.

### For more information:

- [Webinar Presentation to Health Service Providers - October 2 & 4, 2012](#) - **Webcast available**
- Frequently Asked Questions (FAQs) - **COMING SOON** - check the [Community](#) page regularly.

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## ACTION Communications and Community Engagement Interim Report Coming Soon

In previous issues of this newsletter and Donna's Blog, we've provided information about the various engagements that have taken place and continue as part of [ACTION: A Call To IntegratiOn Now](#). This

information will be available in a comprehensive interim report outlining specific communications and engagement sessions and the outcomes of those sessions. The report will be posted by October 12, 2012.

Visit the [ACTION](#) page on our website and [follow us on Twitter](#) to find out when it's available!

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## BSO Update: July-September 2012

This is a part of a regular update to keep you informed of local progress in advancing the Behavioural Supports Ontario Project. **BSO Action Plan Highlights**

Developing and implementing all of the Behavioural Supports Ontario (BSO) models have been the result of tremendous involvement and input by many stakeholders. The work has moved from the concepts proposed to the committee members in December 2011, to the implementation of the models across the HNHB LHIN. As long-term care, community agencies, hospitals, primary care, clients and caregivers intersect with health services, they will experience the changes for the BSO population. The models will continue to evolve throughout implementation as a result of feedback from stakeholders and users of the services. Below are some highlights of the impact and the number of clients who have been supported by the BSO models.



### The Story of Mrs. S

For Mrs. S., a frequent visitor to an emergency department in the HNHB LHIN, the right care was about getting at the root cause associated with her physical and mental symptoms including increased agitation, verbal aggression, delirium and malnutrition.

At the request of the emergency department team, the BSO Community (Crisis) team met with Mrs. S. to complete a cognitive assessment and identify her specific care needs. The assessment revealed limited financial resources to meet the most basic of needs. Not only had she not eaten for the previous three weeks, she could no longer afford to pay her rent. In the six months prior to BSO involvement, Mrs. S. accessed the hospital 12 times (i.e., bi-monthly) and had no formal or informal supports at the time of referral.

The BSO team connected Mrs. S. with local food banks, obtained a grocery store gift card to buy what could not be obtained from the food banks, submitted an application to an affordable retirement home that provides meals for less than her current rent, and connected her with the city's Trusteeship Program to assist her in managing her finances.

With BSO involvement, having been connected with services that care for her situational health – in this case the root cause - in addition to caring for her physical and mental health, Mrs. S. has not accessed the hospital in over a month. She has maintained her quality-of-life and level of independence while on the wait list for a room in a retirement home. She is supplied with food through food banks (which she has accessed twice) and is receiving assistance in managing her debt.

***"I am so thankful for everything they have done for me. I have never had anyone help me this much***

*before. Once I get back on my feet I am going to donate to the food banks to show my appreciation for all that I have been given," says Mrs. S.*

The right care - getting at the root; the right time – now; the right place – independence through residential care... not a hospital. This is BSO in action.

[Click here](#) to read the July-September 2012 BSO Update for more details about the progress of this initiative.



The [Behavioural Supports Ontario \(BSO\) Project](#) is about enhancing care for older adults and seniors with responsive behaviours and their caregivers. The HNHB LHIN's BSO [Action Plan](#) outlines four key solutions to enhancing care locally. Four sub-committees have been developed to advance these solutions: Primary Care, Community, Long-Term Care and Human Resources.

**\*Responsive Behaviours:** Include pacing, wandering, verbal aggression, and physical aggression toward oneself and/or others.

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## Donna's Blog - October 2012

Check out an excerpt from Donna Cripps' latest blog post and be sure to read her next post on Monday, November 5, 2012.

"As part of our [ACTION](#) work we continue to seek input. To date we have engaged more than 1,500 stakeholders including citizens and providers throughout our communities! We have re-grouped with the English, Francophone and Aboriginal Citizens' Reference Panels to present proposed implementation strategies and gather feedback based on these four questions:

- Will this get us where we need to go?
- Is there anything missing?
- What advice would you give the LHIN CEO around this plan?
- What role could you and other stakeholders play in implementing this plan?

Here are some of the thoughtful comments we've received:

*More awareness, communication and engagement of citizens as the 'consumer voice'. Keep the conversation going with the public – the Citizens Reference Panels are interested in continuing engagement with the HNHB LHIN and may serve as "ambassadors" as we roll out the strategies.*

*Focus and invest in preventive programs, introduction of improved technology (i.e. electronic health records), education around true costs of health care, and more use of specialized clinics.*

*This needs to focus on goals, and needs bold, diligent execution from strong, skilled leadership."*

[Read the full Blog Post.](#)



[Sign up to receive Donna's Blog](#)

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## Upcoming Events

### Community Events

**Monday, October 8, 2012**

Thanksgiving

HNHB LHIN Office Closed

**Thursday, October 11, 2012**

[Cancer Support Night](#)

6:00 - 8:00 p.m.

Hagersville

**Thursday, October 11, 2012**

[Communication and Dementia](#)

7:00 - 9:00 p.m.

Brantford

**Monday, October 22, 2012**

[Community Forum on Behavioural Supports Ontario \(BSO\) Community Outreach Team](#)

1:00 - 4:00 p.m.

Brantford

**Wednesday, October 24, 2012**

[HNHB LHIN Board Education Meeting](#)

4:00 - 6:00 p.m.

Grimsby

**Thursday, October 25, 2012**

[Medication Management: Ask a Pharmacist](#)

3:30 - 4:30 p.m.



Brantford

**Monday, October 29, 2012**

[Medication Management: Ask a Pharmacist](#)

6:30 - 7:30 p.m.

Brantford

**Tuesday, October 30, 2012**

[HNHB LHIN Board Business Meeting](#)

4:00 - 7:00 p.m.

Grimsby

*For more community events, [click here](#).*

## Health Service Provider Events

**October 10-11, 2012:** [SOADI Annual Conference for Frontline Aboriginal Health Workers](#)

**October 12, 2012:** [McMaster Update in Thromboembolism & Hemostasis](#)

**October 15, 2012:** [Behavioural Supports Ontario \(BSO\): How Can This Program Help You?](#)

**November 21, 2012:** [Decoding Diagnostics](#)

*For more HSP events, [click here](#).*

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## Feature Tweets

- Steve acknowledged very tight deadlines for both receiving and reviewing the proposals. The LHIN wanted 2 get the \$\$ in2 the community ASAP
- Steve thanked the health service providers who submitted proposals in light of the quick turnaround time. 98 were received...FANTASTIC!
- Good News...the Board has endorsed the programs & service elements and the operational cost impacts of Quest CHC's proposed capital project
- Clinicians in HNHB & @WW\_LHIN have instant access 2 comprehensive health info for 2 million pts w @ClinicalConnect: <http://bit.ly/PwWRBc>

**Follow @HNHB\_LHINgage to stay informed of HNHB LHIN initiatives and activities.**

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





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