



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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Update from the Board Meeting

The minutes from the March 27, 2013 board business meeting will be posted following approval at the April 24, 2013 business meeting. In the meantime, please read through some of the highlights from meeting.

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BSO Community team brings a family closer, reducing the stress of the caregiver role

The BSO Community Outreach Team connected with Jane to help her and her aunt receive the support need to improve their experiences as the caregiver and client.

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Donna's Blog - April 2013

Check out an excerpt from Donna Cripps' latest blog post and be sure to read her next post on Monday, May 6,

2013.

[Read more...](#)

Front line staff benefit from BSO mobile team's mentoring and coaching techniques

A new pilot from the LHIN's BSO LTC Mobile Team has enjoyed a successful run, starting in October 2012, to help LTCH develop their care for residents with responsive behaviours. Learn more about the first three months of the program and check out the new BSO update from January 2013 to March 2013.

[Read more...](#)

NHS debuts new St. Catharines Site and web presence

On Sunday, March 24 the new St. Catharines Site hospital opened, as did the new Niagara Health System website. Learn more about the smooth transition of nearly 200 patients as well as the first birth at the latest health care facility in the Niagara Region.

[Read more...](#)

Events Calendar

Check out upcoming events in the HNHB LHIN including the **HNHB LHIN Board of Directors business meeting on April 24, 2013.**

[Read more...](#)

Feature Tweets

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

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Update from the Board Meeting: March 27, 2013

The minutes from the March 27, 2013 board business meeting will be posted following approval at the April 24, 2013 business meeting. In the meantime, please read through some of the highlights from meeting.

Highlights

- Dr. Kevin Smith provided the Board with an update on the Bundled Care Project at St. Joseph's Healthcare Hamilton. The key components of the project include:
 - Integrated Care Coordinators
 - Partnership with a single service provider in the community
 - Central contact number (access to the team 24/7)
 - Shared electronic health record
 - Timely access to medical care
- The draft 2013-14 Annual Business Plan (ABP) was approved and will now go to the Ministry for review. The ABP represents the first year of the LHIN's new three-year [Integrated Health Service Plan \(IHSP\)](#), based on our [Strategic Health System Plan \(SHSP\)](#).
- The Board approved the reallocation of nearly \$680,000 to improve access to care.

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

BSO Community team brings a family closer, reducing the stress of the caregiver role

One of the key areas that the BSO system strives to help is by finding solutions to make life better for both the client and the caregiver. This aid is particularly important when the caregiver is a family member fulfilling the role for a relative experiencing cognitive decline and behavior changes. The BSO Community Outreach Team (COT) received a call from "Jane" who was the primary caregiver for her live-in aunt who was having difficulty with her memory and displaying behavioural shifts. Jane was experiencing caregiver burnout after caring for her aunt for over a year without support. Prior to being referred to the BSO COT Jane had no knowledge of dementia and cognitive impairment and her aunt had no previous diagnosis for cognitive impairments.

Jane's aunt's increasing confusion and memory loss had resulted in episodes of verbal aggression and frustration with herself and her family. She also ceased taking her daily walks which she used to do for many years. In the 6 months prior to the BSO COT interventions Jane's aunt would routinely get lost and was expressing daily resentment and frustration due to her inability to perform simple tasks including eating and bathing.

This frustration was directed at Jane through verbal aggression. The difficulty in balancing long work shifts, caring for her aunt and an autistic son and attending school left Jane exhausted and in need of support. Thanks to connecting with the BSO COT Jane and her aunt were able to see tremendous improvement in their daily lives and relationship.

CCAC and a Respite Companionship program have Jane's Aunt walking with someone twice a week, attending an Adult Day Program twice a week and bathing with assistance weekly. Also eating three meals a day, Jane's aunt has been displaying positive behavior and is enjoying a 100 per cent improvement compared to previous frustration and loneliness.

Jane and her family have also been provided with a greater knowledge of the resources and tools available in the community, as well as techniques that can help in their daily routines. The assistance and companionship programs have reduced Jane's anxiety and stress by 90 per cent as well as a strengthened family relationship.

For an update on local BSO progress, please read the [January 2013 - March 2013 Update](#).

Donna's Blog - April 2013

Check out an excerpt from Donna Cripps' latest blog post and be sure to read her next post on Monday, May 6, 2013.

As we continue to work together with our partners to develop Health Links throughout our LHIN, I feel it is important to ensure that information about this exciting new model of care is clearly communicated. It's imperative that we have a common understanding of the purpose of Health Links, as this is the foundation upon which local solutions can be built. Health Links represent the next evolution of our health care system, wherein all sectors of the system work together in a new way to better plan and coordinate care at the individual level to improve the experience of patients and their families and improve health outcomes.

My team and I have been out in our communities talking with various health care administrators and providers and not surprisingly, some common questions have emerged.

[Read the full Blog Post.](#)



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

Front line staff benefit from BSO mobile team's mentoring and coaching techniques

BSO strategy is in place to help not just clients, but the caregivers and staff to provide the best possible environments for delivering tremendous care for these clients. As a part of the continuing effort in quality improvement the HNHB LHIN's BSO Subcommittee piloted a model of care to aid some Long Term Care Homes that were experiencing a higher number of behavioural issues.

This model would embed member of the LHIN's BSO LTC Mobile Team (RPN and PSWs) within the select LTCH on a limited permanent basis. While positioned there, team members helped accelerate capacity building in the management of residents with these responsive behaviours.

The program began in October 2012 at a select number of LTCH that had been identified as having the highest number of incidents involving responsive behaviours. The first three months of the program yielded tremendous results as there was a 27 per cent decrease (from 63.9 to 46.7) in the number of residents with responsive behaviours that were affecting others.

These positive results were generated thanks to the BSO mobile team providing coaching, mentoring and modeling for the front line staff. This formal and informal learning included topics such as use of Montessori techniques to promote resident engagement and the PIECES assessment tool, brain function in dementia, and use of other assessment tools. The team also started the engagement process with residents that were seen as at risk or presenting future responsive behaviours.

For an update on local BSO progress, please read the January 2013 - March 2013 Update.

NHS debuts new St. Catharines Site and web presence

Only 17 days after the ribbon cutting and inaugural celebrations took place, the new St. Catharines Site officially opened its doors to close to 200 patients on Sunday, March 24. This new hospital enjoyed a successful opening day that saw patients transferred from three different hospitals and the first delivery occur under six hours after the doors opened.

"The move went very smoothly thanks to the hard work and cooperation of the many physicians, staff, volunteers, and our community partners including Niagara Emergency Medical Services," says Susan

Kwolek, Vice President Patient Services, Executive Lead, St. Catharines Site. "We want to thank patients and their families for their patience and trust in us during the transfer."

There was more than one debut for the Niagara Health System on Sunday, as the new website was officially launched as well. NHS's online home is a key source of information about Ontario's largest multi-site hospital amalgamation. Comprised of six sites that serve 434,000 residents across the Regional Municipality of Niagara, NHS provides a wide range of inpatient and outpatient clinics/services.

197 patients were transferred to the new St. Catharines Site, the majority coming from the St. Catharines General Site. All of the transfers were handled smoothly and were concluded by 1 p.m., approximately six hours after the process began. With the doors opening at 6:00 a.m. the new hospital received its first emergency patient only three minutes into the opening. The first newborn was a boy from Fort Erie delivered at 11:45 a.m.

"It is an honour to be a part of this incredible day," says Gloria Kain, Chief Capital Planning Officer. "What a wonderful feeling to watch the heartbeat of the building come to life; it is truly one million square feet of care now."

To read more about the two significant additions to healthcare in the Niagara region please visit www.niagarahealth.on.ca or view the media release [here](#).

Upcoming Events

Community Events

Wednesday, April 3, 2013

[You Can Quit Program Part 2](#)

6:00 to 7:30 p.m.

Port Colborne

April 6-7, 2013

[Play for Memories - Alzheimer Society of Niagara](#)

St. Catharines

Wednesday, April 17, 2013

[HNHB LHIN Board Education Meeting](#)

4:00 p.m.

Grimsby

Saturday, April 20, 2013

[Learn and Sharing Forum on Early-Stage Dementia](#)

9:30 a.m. to 2:00 p.m.

Ancaster

Tuesday, April 23, 2013

[Care Essentials - Middle Stages of Dementia](#)

1:30 to 3:45 p.m.

Hamilton

Wednesday, April 24, 2013

[HNHB LHIN Board Business Meeting](#)

4:00 p.m.

Grimsby

Tuesday, April 30, 2013

[Care Essentials - Enhancing the Abilities of Persons with Disabilities](#)

1:30 to 3:30 p.m.

Hamilton

Tuesday, May 7, 2013

[Care Essentials - Self-Care for Caregivers](#)

1:30 to 3:30 p.m.

Hamilton

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

Health Service Provider Events

April 5-6, 2013: [Canadian Interventional Pain Course](#)

April 6, 2013: [Update in Use of Robotics in Surgery & Medicine](#)

April 12, 2013: [Day in Endocrinology for Primary Care Providers](#)

April 12-14, 2013: [Ontario Thoracic Cancer Conference](#)

April 24, 2013: [McMaster Day in Surgery for Family Physicians](#)

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

Feature Tweets

- Celebrate caregivers & nominate a 'Hero in the Home' in @HNHB_LHINgage. Learn more: ccac-ont.ca/Content.aspx?E...
- The #TimetoScreen 4 cancer is when you don't have symptoms. Find out what u should screen 4: <http://ht.ly/gBIRj> #ColonCancerCheckHNHB
- RT @clinicalconnect: Fast access to up to date #patientdata means faster #diagnosis and treatment <http://goo.gl/sJggu>

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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