North West **LHIN**

November 2010

LHINKAGES

CONNECTING OUR COMMUNITIES IN HEALTH

North West LHIN's New CEO

North West LHIN Board appoints Laura Kokocinski as its new CEO effective September 1, 2010

Laura was appointed following a rigorous and comprehensive national search process. She was appointed as the Interim CEO in February 2010 and had served as the Senior Director, Planning, Integration and Community Engagement since January 2006.

"Laura is a highly skilled communicator and transformational leader, her knowledge and passion in understanding the factors that make a northern health care context unique make her the right leader for the North West LHIN," says Board Chair Jan Beazley.

Laura has over 30 years of experience in the education and health sectors, including acute care, long term care and community care, ranging from active front line service to senior administration. Over the past 10 years, Laura has held several senior leadership roles and has worked with boards of directors, management teams, health care agencies, Aboriginal communities and community partners to address quality health care programs and services to meet the needs of the people of Northwestern Ontario.

Her previous positions as Vice President (Health Services) at the Meno Ya Win Health Centre in Sioux Lookout, Executive Director of the Community Care Access Centre of the District of Thunder Bay and the Director of Continuing Education with Confederation College give Laura a strong background in leadership, education, policy development, program development and research.

She began her career as a nurse trained at the Winnipeg Regional Health Sciences Centre and then received her Bachelor of Nursing and her Masters of Education at Lakehead University. She is currently enrolled at the University of Toronto, completing her Doctorate degree in Education with a dissertation focusing on continuing education for health service executives in Ontario.

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Emergency Department Wait Times and Alternate Level of Care (ALC) in the North West LHIN

Ontario
Local Health Integration Network

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Laura is also a member of the Canadian College Health Service Executives and holds a Certified Health Executive (CHE) designation.

As a lifelong resident of Northwestern Ontario, she brings an understanding of local health care issues to the CEO position and has an appreciation for the challenges that exist in providing health care services in a rural and northern framework.

Laura lives in Thunder Bay with her husband of 33 years; she has three children, a siamese cat and a golden labrador retreiver. She enjoys the outdoors and spends her free time at her camp on McLeish Lake.

"As the new CEO, I am very committed to improving and advancing efficient and effective health care services that support a culture of continuous quality improvement in the Northwest. I look forward to working with our health care partners and communities to build a strong sustainable health system for our region".
Laura Kokocinski

Recruiter U in session for health-care recruiters

A new online tool is available to help health service providers and communities in their efforts to recruit the health care professionals they need. Recruiter U is a virtual campus of best practices.

The online resource, available at www.HealthForceOntario.ca/recruiter-u, contains basic planning tools on hot topics, ranging from "Customer Relationship Management and Marketing" to "Physician Recruitment and Retention" to "Locum Guidelines and FAQs for Recruiters." Information is available for both download or print as a pdf.

All content has been prepared by HealthForceOntario Marketing and Recruitment Agency's Community Partnership Coordinators (CPCs), in consultation with Ontario's network of health care stakeholders. The CPCs, including Shannon Boulton (pictured) in the North West LHIN, are located in each of the province's 14 LHINs.

Modules have been created to help recruiters and recruitment communities in large urban centres to small rural communities and everywhere in between. New modules are currently being developed and updated to keep content relevant and responsive to the needs of the health care recruitment community.

Local health care news from Shannon is available at www.healthforceontario.ca/northwest

If you would like to suggest future topics, please contact Shannon at s.boulton@HealthForceOntario.ca.

Another great online resource for health service providers:

Engaging People. Improving Care. (EPIC). EPIC, is a "toolkit" – an accessible, organized collection of resources on community engagement (CE) for health. The resources cover the gamut of issues associated with CE – how to plan for it, how to do it and how to evaluate it. EPIC has been developed by a number of partners, including the North West LHIN, for health professionals, health planners, governments, and health-related groups and organizations that want to incorporate CE into their work. It is available at www.epicontario.ca/

Interesting Reading on the North West LHIN website:

- North West LHIN Environmental Scan (2010 version)
- Self Assessment for Integration document for health service providers
- North West LHIN 2009-10 Annual Report
- Reports from Diversity Sessions in the North West LHIN
- Health Services Blueprint Section
- LHINFo Minutes

AN IN-DEPTH LOOK AT:

Emergency Department Wait Times and Alternate Level of Care in the North West LHIN

Over the past three years one of the key priorities of the Ministry of Health and Long-Term Care and the Local Health Integration Networks has been to address Emergency Department (ED) and Alternate Level of Care (ALC) pressures in the health system.

Alternate Level of Care is not new; it has existed for more than 20 years in the northwest health care system in acute and post-acute care. As the population ages and the complexity of care needs changes, there is greater pressure on the health care system to discharge patients home - where they want to be - with supports in place as soon as their condition stabilizes.

The number of alternate level of care days in hospitals in the North West LHIN in 2009/10 was 30,926 days - the equivalent of 85 acute care beds occupied annually by patients waiting for alternate care settings. Addressing ALC with system stakeholders remains a top priority for the North West LHIN.

The North West LHIN's Emergency Department (ED) and Alternate Level of Care (ALC) Strategy is focused on providing the right care at the right time and in the right setting. The strategy integrates the province's priorities including Chronic Disease Prevention and Management, Mental Health and Addictions and Aging at Home. The goals align with the provincial ED/ALC Strategy which are to:

1. **Reduce ED demand** by funding initiatives in the community aimed at reducing visits to emergency departments.
2. **Reduce ED wait times** by funding hospital initiatives to improve patients' length of stay in the emergency department and patients' satisfaction with care.
3. **Improve Bed Utilization** by streamlining patient flow from hospital to home with appropriate supports in place.

Since 2007, the North West LHIN has made significant investments in several multi-pronged solutions to address ED/ALC. These initiatives were informed through the advice of the ED/ALC Steering Committee, engagement with key stakeholders and analysis of relevant data for our region.

By working together in new ways, we expect to improve patient flow through the system, close the gaps that exist at the transitions of care and create a seamless coordinated continuum of care in the community setting.

Did you know?

"Alternate level of Care (ALC) is when a patient occupies a bed in a hospital and does not require that intensity of service in the setting. High ALC rates mean that patients are waiting in an inappropriate care setting; and when the system is overloaded and all beds are filled, this creates a backlog of patients waiting in the emergency department for admission to hospital and, patient flow through the system is impacted".

North West LHIN ED/ALC Solutions

Examples of local system solutions being implemented to address each of the three goals are identified in the following chart. See below for a description of the initiatives.

PROBLEM: Almost 50% of ER visits are made by patients with non-urgent or less urgent needs	**PROBLEM:** Time spent in the ER is too long: 90% of ER patients are treated within 9.4 hours from triage to discharge	**PROBLEM:** Time in the ER is five times longer for ER patients admitted to hospital (35 hrs); 75% of their total ER time (26 hrs) is spent waiting for an inpatient bed
PROJECT GOAL: Reduce ED Demand	**PROJECT GOAL:** Increase ER Capacity/Performance	**PROJECT GOAL:** Improve Bed Utilization
INITIATIVES: • Training of Master Trainers in CDPM • Nurse-led outreach Team to LTC • GAPPS Program • Falls Prevention Program • First Link • Respite Services • Programs for Community Living • Rural Geriatric Primary Care Outreach • Mobile Unit • Wound Management • System Navigation in Seniors Apartments	**INITIATIVES:** • ED Pay-for-result @ TBRHSC • Eight plans implemented in 2009/10 • 11 plans to be implemented in 2010/11	**INITIATIVES:** • Smooth Transitions • HAGI Supportive Housing • Suppportive Housing – Kenora and Sioux Lookout • CEISS transitional supportive housing • Interim LTC beds • Transitional care beds • Increased homemaking services • Intensive Case Management • Resource Matching & Referral System
OVERALL GOAL: Reduce Time Spent in the ER and Improve Patient Satisfaction		

1. Reducing ED Demand in the North West LHIN

Through Aging at Home and Urgent Priority Funding, the North West LHIN has provided funding support for a variety of programs and services aimed at preventing unnecessary visits to the emergency department and these include:

Training of 75 Master Trainers in Chronic Disease Self Management using the Stanford Model of Self-Management

- Over 200 people with diabetes, cardiovascular disease, and arthritis and lung disease were provided the knowledge and skills to manage their own conditions independently through sessions held by Master Trainers in 2009/10.

Nurse-Led Outreach Team (established through Thunder Bay Regional Health Sciences Centre)

- This team of nurses and a nurse practitioner provide educational and clinical support to staff and residents in 4 of the 7 long term care (LTC) homes in Thunder Bay with a goal to prevent transfers to the emergency department and improve the quality of care for the residents.
- Participating LTC homes have seen a 30% reduction in admissions to hospital and a decrease in avoidable transfers to the emergency department since the program began in October 2009.

Getting Appropriate Personal and Professional Supports Program (GAPPS)

The GAPPS program provides outreach, engagement, support, system navigation and clinical services to vulnerable persons (e.g. homeless) in Thunder Bay with serious, unstable and complex mental illness, addictions and health issues.

Gaining Trust and Getting Help: A GAPPS Story

Robert is a young man who has spent the majority of his life, from the age of 12 years, incarcerated in various facilities. He has been diagnosed as suffering from schizophrenia and continues to experience ongoing struggles with hearing voices that have made him suspicious of the motives of others. Robert readily abused substances as self treatment and when markedly unwell, attended the ER for assistance.

Due to his criminal background, paranoid ideation and aggressive appearing bravado, Robert did not engage well with care providers. Since involvement with the GAPPS team, he has been able to receive treatment for his mental illness, has been connected to substance abuse supports and assisted with obtaining adequate housing.

The client has reported that he was impressed that the GAPPS team did not give up on him and this is the first service that he has learned to trust as genuinely wanting to help him stabilize his life. Robert has been accepted into an intensive case management program and is now under their care.

Respite: A Client's Story

Without Wesway's help, I wouldn't have been able to keep my husband at home during his final days. Having someone stay with him at night was such a blessing. I was able to look after him during the day because I was getting adequate sleep at night. Thank you for your support."

This three year pilot project is exceeding its targets for client contacts and registrations. Data for the past fiscal year shows:

- 463 clients have been registered to the program (target was 300).
- 2,107 contacts were made with registered clients and an additional 2,204 contacts with clients who did not register with GAPPS (target was 1500).
- One detox centre in Thunder Bay reports a 49% reduction in clients sent to the emergency department and a reduction in ED visits for its 534 discharged patients.
- There has been a significant increase in meeting clients' needs in the areas of: treatment for drugs and alcohol use; housing/accommodation; physical health; psychotic symptoms and psychological distress.

LHIN-Wide Falls Management (Led by St. Joseph's Care Group)

- 36 teams across the North West LHIN are involved in reducing seniors' falls-related injuries that could result in a visit to the emergency department and/or admission to hospital.
- This program is now integrated with the provincial Resident's First Initiative. A 3% reduction in falls-related visits to the emergency department is noted in the North West LHIN.

First Link (Alzheimer Society – Thunder Bay and Kenora/Rainy River Districts)

- There is a recognition that Alzheimer disease is increasing. Earlier intervention helps individuals living with dementia remain longer in the community when the individual is linked to coordinated learning services and community resources.
- 75 clients were assisted through this program and the program is now offered across the North West LHIN.

Respite Services (Wesway)

- Wesway is providing self-directed respite to caregivers of frail seniors in the Districts of Thunder Bay, Kenora and Rainy River.
- In the Thunder Bay District, the program provided 11,800 hours of respite services to 62 families in 15 communities in the north shore and Greenstone areas.
- The program has now expanded to the Kenora and Rainy River Districts.

Programs for Community Living in Marathon (Wilson Memorial General Hospital)**, Terrace Bay/Schreiber** (The McCausland Hospital)**, and Dryden and area** (Patricia Region Senior Services Inc.)

- This initiative provides a functional support program for community seniors who are frail and at most risk of hospitalization. Supports include seasonal chores, meals, housekeeping, home repairs and grocery shopping.
- 200 seniors in Marathon and 250 seniors in Terrace Bay/Schreiber are accessing these services. The program is just beginning in Dryden.

Rural Geriatric Primary Care Outreach Program (Mary Berglund Community Health Centre, Ignace)

- A multidisciplinary health team on board a Mobile Unit provides primary care, chronic disease prevention and management, and health promotion and health screening services to homebound elderly seniors in Ignace and the outlying rural areas of Dinorwic and Savant Lake.
- Over 300 in-home visits were made to over 37 individuals in the first year of the program.

NorWest Community Health Centres' Mobile Unit (van)

- This one-stop mobile health clinic travels to small remote rural communities in the Thunder Bay District to provide primary health care to residents who have limited access to care due to distance and a lack of service providers.
- In 2009/10, the nurse practitioners saw approximately 687 clients in 7 communities.

LHIN-Wide Wound Management (Led by North West CCAC)

- This regional program is to establish consistent evidence based practice for assessment and management of wounds using common tools across the various health care settings such as hospitals, CCAC, family health teams, clinics, health centres and long term care homes.

System Navigator (NW CCAC)

- The System Navigator (case manager) consults with residents at 5 seniors' apartment buildings in Thunder Bay to identify and guide "at risk" seniors to support services in the community.
- From April 1/09 - February 24/10, 283 clients were assessed and linked to additional support services in the community.

2 . Reducing ED Wait Times in the North West LHIN

Overcrowding in emergency departments had been a longstanding issue in the province, and in 2008, the province launched an Emergency Department Pay-for-Results (P4R) Initiative and Emergency Department Performance Improvement Program (ED-PIP). These are targeted to reduce the time patients spend waiting in the emergency department and improve patient flow through the emergency department and hospital system.

In 2009, two Emergency Department wait-time targets were set provincially that are publicly reported:

- 4 hours for non-admitted patients with minor or uncomplicated conditions that require less time for diagnosis, treatment and observation. (non-complex)
- 8 hours for patients with complex conditions that require more time for diagnosis, treatment or admission to a hospital bed. (complex)

*time spent = when the patient registers in the ER to the time the patient is discharged or admitted to a hospital bed.

In the North West LHIN, three hospitals report their wait times: Thunder Bay Regional Health Sciences Centre, Dryden Regional Health Centre and Kenora's Lake of the Woods District Hospital. Trends in the first quarter of fiscal 2010/11 demonstrate the following:

- 90% of admitted patients get admitted in 24.2 hours or less;
- 90% of patients with a more complex condition get discharged from hospital within 6.6 hours; and,
- 90% of patients with a non-complex condition get discharged from the hospital in 4.0 hours or less.

ED Wait times are continually monitored by the LHIN to assess whether performance targets are being achieved. Over the past year the Emergency Department LHIN Lead – Dr. Andrew Affleck has held regular discussions with key stakeholders about strategies to improve emergency department performance and has shared best practices related to patient flow and coding of visits.

What contributes to emergency room pressures?

In Northwestern Ontario, there are a number of factors that contribute to people waiting in emergency departments for care, among them:

- Conditions that could be self-managed or better prevented in the community.
- Individuals do not have a family doctor so they use the emergency department for non-urgent or less urgent needs.
- Individuals not having or not knowing about other options in the community to go to for non-urgent care (e.g. walk in clinics, after hours clinics, Telehealth Ontario 24 hour phone service –1-866-797-0000).
- When acute care beds are occupied and/or high numbers of patients wait as alternate level of care in hospital then newly admitted patients wait in the emergency department.

Initiatives to Improve Emergency Department Wait Times

The province's Pay for Results (P4R) program funding is provided to the busiest and most challenged emergency rooms. In the North West LHIN, Thunder Bay Regional Health Services Centre (TBRHSC) is the only hospital that meets the program's criteria of over 30,000 visits per year.

Through the North West LHIN, TBRHSC received $2,830,000 in Pay-for-Results (P4R) funding in 2009/10 and an additional $1,936,500 in 2010/11 to achieve the provincial emergency department wait time targets. TBRHSC has implemented various initiatives and is accountable for showing improvements in emergency department wait times over the next 12 month timeframe.

TBRHSC's emergency department wait times for non-admitted patients are one of the best in the province, being sustained at above 90%. In 2009/10, TBRHSC improved emergency department wait times for non-admitted patients achieving an improvement of:

- 2.5% for patients with minor or uncomplicated conditions who were not admitted; and,
- 2.7% for patients with complex conditions who were not admitted.

Staff Testimonials

"With the continuation of a dedicated phlebotomist in the ED during the busiest times of the day we have been able to maintain quick response times (within 10 minutes) from the time a lab test is filed in the computer until it is collected by the lab."

"Staff working in the ED feels that by having the lab staff readily available adds to the quality of care and facilitates timely care for the patient."

The greatest challenge continues to be the wait time for admission to an inpatient bed. One of the initiatives implemented at TBRHSC under the pay-for-results include is

- Dedicated diagnostics in the ER including electrocardiogram (ECG) staffing on weekends and phlebotomists (to draw lab work)

TBRHSC has seen the following improvements in diagnostic services:

- 15 minute reduction in time to collect lab work
- 15 minute improvement in the time lab results are reporting
- 49% improvement in the time to completion of ECG tests
- A decrease from 3 hours 46 minutes to 1 hour and 49 minutes for 90% of the patients in the ED waiting for completion of an ultrasound test

3. Improving Bed Utilization

Patients admitted to hospital from the emergency department can experience long delays for admission to a hospital bed. One of the reasons patients wait in hospital is for "Alternate Level of Care" (ALC). At present patients wait in hospital for transfer to another care setting such as rehabilitation, complex continuing care, and long-term care or for discharge home with prearranged support services like bathing or meals. This delay in discharge is one factor that contributes to pressures in the emergency department - when admitted patients need an inpatient bed and there are patients waiting as "ALC" in hospital.

The North West LHIN has focused on funding solutions to create additional community capacity and support services to improve patients' flow from hospital to home. Examples include:

Smooth Transitions (Saint Elizabeth Health Care)

- Smooth Transitions helps with timely discharge of patients from Thunder Bay Regional Health Services Centre and St. Joseph's Care Group for seniors without adequate caregiver support. Services include transportation from hospital to home, ensuring adequate supplies, prescriptions and referrals for support services ,if required, are in place and follow-up care for 72 hours.
- The program assisted 614 safe discharges of seniors from hospital in 2009/10.

HAGI Supportive Housing

- HAGI offers supportive housing services for long-stay younger patients who are designated as ALC who typically wait in hospital in Thunder Bay.
- This initiative saved 730 ALC days in hospital in 2009/10.

Supportive Housing, Kenora & Sioux Lookout (District of Kenora Homes for the Aged)

- Enhanced support services are being provided in 6 supportive housing units in Sioux Towers in Sioux Lookout.
- Supportive housing services are being provided for 25 clients in Benidickson Court in Kenora.

CEISS Transitional Supportive Housing (St. Joseph's Care Group)

- Supportive housing services for 75 transitional supportive housing units began at McKellar Place in Thunder Bay in October 2010.
- The supportive housing services will transition to the 132 new supportive housing units at Hogarth Riverview Manor which are to open at the Centre of Excellence for Integrated Seniors' Services in 2012.

Patient Story

"I was so sad to see the Smooth Transitions girls leave, they were such wonderful company and so helpful. They helped me so much when my son was out of town and if it wasn't for them I think I would have had to go back to hospital as I could not have managed on my own. When my son came back, I told him how much they had done for me and he was so appreciative as well."

Patient Testimonials

"Without my services I would be in extended care - no doubt about it. If it wasn't for the help, I wouldn't be here. I couldn't do it" Resident, Sioux Towers Supportive Housing

Interim Long-Term Care Beds (Thunder Bay Interim Long-Term Care Centre)

- The addition of 5 interim long-term care beds to the existing interim long-term care complement in Thunder Bay provides additional capacity and reduces alternate level of care (ALC) days by 1825 annually.

Transitional Care Program (St.Joseph's Care Group)

- This program provides 10 beds at SJCG to help reduce ED/ALC pressures by enhancing capacity to the health system in Thunder Bay.

Increased Homemaking Services (North West Community Care Access Centre (NWCCAC))

- In 2008/09 the Ministry of Health and Long-Term Care removed the cap on homemaking services and increased funding support for homemaking services for high risk seniors living in the community.
- Two programs implemented by the NWCCAC are the Wait at Home Program (for long-term care) and Intensive Case Management.
- From April 1, 2009 - March 31, 2010 a total of 126 clients were supported and 25 clients "waited at home" for long-term care rather than in hospital at TBRHSC. The "Wait at Home" program has now been expanded to St. Joseph's Care Group and Lake of the Woods District Hospital.

Intensive Case Management (North West CCAC)

- This program includes more frequent assessments by a Case Manager to help monitor and connect high risk seniors and their caregivers to supports and services in the community.
- 158 seniors receive the support they require to age at home

Resource Matching & Referral System (RM&R)

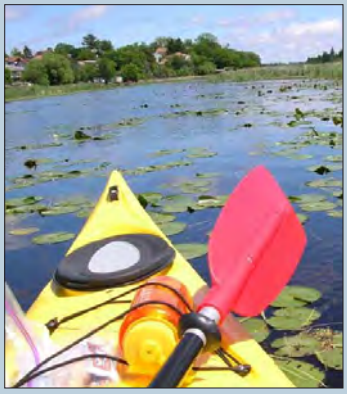
- The North West LHIN's new RM&R system electronically matches patients' needs to available services in the community when he/she is ready for discharge. Instead of phoning to find an appropriate care facility or waiting for assessments to be completed and then filling out and faxing the requisite paperwork, RM&R does all this electronically.
- Patient's discharge needs are addressed sooner so that the transition to home will be timelier and this helps reduce alternate level of care days in hospital.
- Implementation: Phase 1 is underway in Thunder Bay between TBRHSC, St. Joseph's Care Group and the North West CCAC. Phase 2 will expand to the long-term care settings and community support services in Thunder Bay. Phase 3 will expand the initiative more broadly to community hospitals in the northwest region.

Patient Story

78 year-old Thomas (not his real name) made a bit of history on March 18, 2010. He was the first patient to be linked into the North West LHIN's new Resource Matching and Referral (RM&R) system. Instead of phoning around to find an appropriate care setting to accommodate Thomas, and then filling out and faxing the requisite paperwork, RM&R did the communicating electronically with the aid of its unique software. With the old system, it could take several days before the transfer was made. RM&R can cut this time by half or more.

Where We're Going with the ED/ALC Strategy

In the next edition of LHINkages, we will discuss the provincial and North West LHIN initiatives being undertaken to address ED Wait Times and ALC, including the shift to a "Home First" philosophy, reducing the number of readmissions to the ED and the North West LHIN's long-term care service planning.



Mission

Develop an innovative, sustainable and efficient health system in service to the health and wellness of the people of the North West LHIN.

Vision

Healthier people, a strong health system – our future.

Values

- Person-centred
- Culturally sensitive
- Sustainable
- Accountable
- Collaborative
- Innovative

If you have comments or ideas for future issues, please contact Kelly Arnold at (807) 684-9425 ext. 2030 or kelly.arnold@lhins.on.ca

North West Local Health Integration Network
975 Alloy Drive, Suite 201,
Thunder Bay, ON P7B 5Z8
- Phone: (807) 684-9425 or
Toll Free: (866) 907-5446
Fax: (807) 684-9533
- E-mail: northwest@lhins.on.ca
- www.northwestlhin.on.ca

Health Services Blueprint: Planning to 2021

The North West LHIN is pursuing an integrated health system model where health service providers better link and coordinate care within and between sectors across com-munities, districts and the region in Northwestern Ontario. The Triple Aim Framework guides the North West LHIN's strategic directions with a focus on optimizing the patient care experi-ence; population health status and health care resources in the North West LHIN.

Integration is viewed by the North West LHIN as an enabler to health system redesign and we are advancing the integration agenda by embarking upon the development of a Health Services Blueprint for 2010-2021.

The Health Services Blueprint will identify integration opportunities that will be projected out to 2021 and includes future models of care delivery; a current and future state capacity analysis by sector to 2021 and strategies for implementation that will:

- Improve system navigation and patient flow across the continuum of care;
- Support system transformation by having providers participate in the identification of better, more effective and efficient ways to deliver service, while continuing to address population health care needs;
- Address service gaps and duplications;
- Improve service through service expansion; or shifting services where another provider can provide those services to the community
- Improve value for money;
- Eliminate redundancies while understanding the impact on resources and services and, where appropriate, enhance services to fill a service gap.

In partnership with the Health Services Practice from PricewaterhouseCoopers, the North West LHIN will be conducting a number of activities including community engagement as it develops the Health Services Blueprint. The North West LHIN has started community engagement activities in order to validate the current inventory of health services in the LHIN, identify gaps in services, and provide input on integration opportunities. Local input from across the LHIN will be invaluable in the development of the Health Services Blueprint.

At the conclusion of this project the Health Services Blueprint will include the following:

- A detailed health services blueprint including recommen-dations on future models of care delivery, projected out to 2021;
- A detailed, sequentially phased-in implementation plan improving the coordination/integration of services including recommendations projected out to 2021;
- A comprehensive analysis of the interactions between current health service provider programs and services;
- A current and future state capacity analysis by sector to the year 2021, including assumptions related to future capacity, health human resources and infrastructure implications;
- An analysis to understand the implications of proposed recom-mendations on current practice;
- The identification of future risks and strategies to mitigate these risks; and
- The development of an evaluation plan with proposed indicators to measure system change and/or improve health outcomes once the blueprint is implemented.

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Changes to Wait Time Indicators in 2010

Changes have been made to the wait times performance indicators that the North West LHIN monitors as part of the 2010-2013 Ministry LHIN Performance Agreement (MLPA). Some indicator descriptions have changed; four indicators have been retired; and four new indicators have been added. The table below shows the performance indicators being reported by the LHIN as well as the provincial target for the indicator, the North West LHIN's baseline (starting point in 2010/11), the North West LHIN's target for each indicator in 2010/11, and the North West LHIN's most recently reported performance. The North West LHIN works with its health care partners to achieve the performance targets.

MLPA Performance Indicators Being Reported in 2010/11

Performance Indicator	Provincial Target	LHIN Baseline	2010/11 target	NW LHIN Performance
90th Percentile Wait Times for Cancer Surgery	84 Days	40 Days	45 Days	41 Days*
90th Percentile Wait Times for Cataract Surgery	182 Days	106 Days	106 Days	93 Days*
90th Percentile Wait Times for Hip Replacement	182 Days	211 Days	182 Days	170 Days*
90th Percentile Wait Times for Knee Replacement	182 Days	246 Days	182 Days	170 Days*
90th Percentile Wait Times for Diagnostic MRI Scan	28 Days	43 Days	28 Days	48 Days*
90th Percentile Wait Times for Diagnostic CT scan	28 Days	28 Days	28 Days	25 Days*
90th Percentile ER Length of Stay for Admitted Patients	8 hrs (interim goal 25 hrs)	27.2 hrs	25 hrs	24 hrs**
90th Percentile ER Length of Stay for Non-Admitted Complex Patients	Interim goal 7 hrs	6.6 hrs	6.6 hrs	6.5 hrs**
90th Percentile ER Length of Stay for Non-Admitted Minor/Uncomplicated Patients	4 hrs	4.1 hrs	4.1 hrs	4 hrs**
Percentage of Alternate Level of Care (ALC) days	9.46%	18.2%	15.4%	20.63%***
NEW: Repeat Unplanned ER Visits within 30 Days for Mental Health Conditions	To be determined	16.5%	13.7%	14.53%***
NEW: Repeat Unplanned ER Visits within 30 Days for Substance Abuse Conditions	To be determined	29.7%	22.2%	30.05%***
NEW: 90th Percentile Wait Time for CCAC In-Home Services (Application from Community Setting to first CCAC Service, excluding Case Management)	To be determined	59.7 Days	50.75 Days	36 days***
NEW: Readmission within 30 Days for Selected Case Mix Groups	To be determined	15.8%	14.8%	14.58%**

* based on data collected from Q2 June to August 2010 ** based on data collected from April to June 2010 *** based on data collected from January to March 2010

Continued from page 10

Progress of this initiative will be available on our website. A Health Services Blueprint section has been set up and will be updated regularly.

If you have any questions regarding the Blueprint project, please contact the North West LHIN at: northwest@lhins.on.ca.

North West LHIN Wait Times Successes

MPPs in the province recently released a news release highlighting the Top 10 Surgical Wait Times Successes in the province. Dryden Regional Health Centre was in the top 10 and, although not announced, Thunder Bay Regional Health Sciences Centre and Riverside Health Care Facility in Fort Frances were among the top 20 successes, as follows:

- Dryden Regional Health Centre has seen an 87% improvement in knee replacement surgery wait times in the past 5 years, from 680 days to 90 days.
- Riverside Health Care Facility has seen an 80% improvement in knee replacement surgery wait times in the past 5 years, from 504 days to 103 days.
- Thunder Bay Regional Health Sciences Centre has seen a 67% improvement in knee replacement surgery wait times in the past 5 years, from 551 days to 182 days.

Congratulations

Michael Power, Vice President of Regional Cancer and Diagnostic Services at Thunder Bay Regional Health Sciences Centre and the founding CEO of the Thunder Bay Regional Research Institute, who was included in the Globe and Mail's 2010 Top 40 Under 40 list celebrating Canadian leaders. Click here to read the article.

Dr. Andrew Affleck, Medical Director of Trauma at Thunder Bay Regional Health Sciences Centre and ED Lead for the North West LHIN, who was awarded the Order of the International Federation for Emergency Medicine this year at the International Conference on Emergency Medicine (ICEM) in Singapore.

Dr. Affleck is also one of 14 experts appointed to Ontario's new Emergency Room Task Force -- which will develop recommendations to help emergency rooms in rural and northern areas adapt to staffing challenges while ensuring local communities continue to have access to high quality emergency care. Specifically, the members will examine:

- The coordination of local, regional and provincial emergency and acute services (including the use of transfer protocols, Telehealth, Stroke Network, etc.) to enhance patient care.
- Health human resources opportunities, such as short and medium-term workforce planning, education, recruitment and retention, and the opportunity for new or expanded roles and responsibilities.
- Alignment of funding and incentives.

The panel will submit a final report to the government in the spring.

Sioux Lookout Meno Ya Win Health Centre on its grand opening on October 15th. It is the first provincial/federal health centre in Canada and has been recognized and declared a Centre of Excellence for Aboriginal Health Care in the province of Ontario.

The new Sioux Lookout Meno Ya Win Health Centre is a result of a historic four party agreement between the Municipality of Sioux Lookout, 30 First Nations communities represented by Nishnawbe Aski Nation, the province of Ontario and the Government of Canada to work jointly to build a new health centre to replace the two aging hospitals in Sioux Lookout.

"Meno ya win" means health, wellness, well-being – a state of mental, emotional, physical and spiritual wholeness. All services and programs at the health centre are based on this understanding.

As a Centre of Excellence, Sioux Lookout Meno Ya Win Health Centre works diligently at being a role model for the delivery of both culturally-sensitive and holistic health care, providing equal care to all, and respecting the cultural and linguistic diversity of all people in the Sioux Lookout area and the northern communities.

Programs and services at the health centre include all normal hospital programs, as well as the merging of traditional and modern healing practices through the development of the Traditional Healing, Medicine, Foods & Client Support Services, long term care, ambulatory care, community counseling, mental health and addiction services, and Bimaadiziwin Training, a program for building cross-cultural competency & client safety which is extended to all staff.

"Today we are seeing the impressive results of this partnership and how – when people work together with a common vision and a common goal – great things can be achieved." - Jan Beazley,Chair of the North West LHIN Board, at Meno Ya Win Health Centre's grand opening.

"Our Grand Opening and Community Celebration events of Oct 15 and 16 went very well! Our staff did a fantastic job organizing both events and they were well attended. We had a wonderful mix of people come join us in our celebrations: stakeholders, regional partners, First Nation elders, Chiefs and Council members, and a lot of beautiful children. Our staff members are approached by people every day that have only positive things to say about their new health centre, how beautiful the design of the building is, the warmth they feel when they step inside. It's been said our grand opening was totally awesome and unique, that it was not the average grand opening and ribbon cutting ceremony. We will continue to work on our commitment to providing quality care and service to all people." Dave Murray, CEO, SLMHC

The new "state of the art" health facility is 140, 000 square feet, with 60 in-patient beds and 300 employees. Approximately 85% of the patients and clients at Meno Ya Win Health Centre are First Nations people. It provides health services to all residents within Sioux Lookout and the surrounding area, including the Nishnawbe-Aski communities north of Sioux Lookout, the Treaty #3 community of Lac Seul First Nation, and residents of Pickle Lake and Savant Lake.

Patients were transferred to the new facility on November 7th.

We are honoured and proud to have this first-of-its kind health centre here in the North West LHIN and look forward to its achievements in providing quality health care to the residents of Sioux lookout and First Nation community members.

Click here to learn more about Meno Ya Win Health Centre.

Photo: The new Meno Ya Win Health Centre, Tim Brody, Sioux Bulletin