North West **LHIN**

December 2011

LHINKAGES

CONNECTING OUR COMMUNITIES IN HEALTH

"Care for me always as I live my life as I value and understand it to be"

Improving support for seniors with complex mental health needs

The number of older adults with cognitive impairments due to problem conditions such as dementia and Alzheimer's disease is growing.

In Ontario:

- Over 65% of long-term care residents have dementia or mental health conditions
- 30% of home care clients with dementia exhibit some form of responsive behaviours (aggression, wandering, physical resistance, and/or agitation), and
- The number of individuals with dementia will increase by 40% to 220,000 by the year 2020.

Comparatively in the North West LHIN:

- 80% of Alternate Level of Care[1] (ALC) patients waiting for long-term care have cognitive impairments, and
- 60% of these patients exhibit responsive behaviours

Individuals with responsive behaviours and their caregivers need high levels of support to be able to remain safely at home in the community. *Continued on page 2*

[1] 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.

in this ISSUE

Ontario
Local Health Integration Network

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

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The Behavioural Supports Ontario Project
Improving care for individuals with challenging behaviours is an important aspect of the provincial Behavioural Supports Ontario (BSO) Project. The project focuses on:

- Providing quality care for individuals with cognitive impairments due to conditions such as dementia and Alzheimer's disease in an environment that is safe and delivers high quality, evidence-based care;
- Ensuring that staff in long-term care settings, community support services and hospital settings are provided with education and training in the care and support of older adults with dementia and Alzheimer's Disease,
- Increasing the number of nurses, personal support workers and other health care providers to care for this client population and,
- Create opportunities for innovation and new approaches to the delivery of geriatric care for this population.

Four early adopter LHINs have developed local Behaviour Support Ontario action plans and began to implement these plans in November 2011. The four sites will share their experiences with the other 10 LHINs across the province to help them leverage key learnings and develop their regional plans.

Developments in the North West LHIN
Meaghan Sharp, on secondment from St. Joseph's Care Group, is the North West LHIN's Project Lead for the local Behavioural Supports Ontario (BSO) project. Meaghan is working with a LHIN-wide project team of providers, physicians and consumers to create our regional BSO action plan.

The title of this article, "*Care for me always as I live my life as I value and understand it to be*" is the Value Statement for the North West LHIN plan and was developed by local consumers and health care providers.

Long-term care homes are often considered the only alternative for older adults with responsive behaviours. This is not necessarily the case, according to Meaghan. "The BSO project provides an opportunity for service providers in long-term care and the community to work in partnership to provide a safe environment for individuals living with responsive behaviours at home in the community, while maintaining independence and avoiding unnecessary admissions to long-term care."

> **"Providers will be well trained and well qualified to be experts in the treatment and care of this population."**

Meaghan says the BSO project is exciting for providers. "The new resources they will receive will spur innovation and growth opportunities in geriatric care. Providers will be well trained and well qualified to be experts in the treatment and care of this population."

The Behavioural Supports Ontario Project is a collaboration between Local Health Integration Networks, Alzheimer Society of Ontario, Health Quality Ontario and the Ministry of Health and Long-Term Care. For more information, please visit www.bssproject.ca.

LHINs Collectively Improving Access to Care through Shared Priorities

Reducing Emergency Department Wait Times and decreasing Alternate Level of Care (see footnote page 1) days are key priorities for the Ministry of Health and Long-Term Care and each LHIN. Provincially all LHINs have begun to implement nine priority projects that are evidence-based and demonstrate success in addressing the care needs of seniors. In particular the initiatives prevent visits to the emergency department, support safe discharge to home and improve patient flow from hospital to home or another care environment.

The Behavioural Supports Ontario project is one of the provincial LHIN projects. Below is a summary of the other eight provincial LHIN Priority Projects that outlines the progress of each initiative provincially and, where applicable, here in the North West LHIN.

Provincial Falls Prevention Program

Falls are a leading cause of injury and death among seniors. One in three seniors over the age of 65 is likely to fall at least once per year[2]. This risk increases with age with seniors 85 and older being 3.4 times more likely to fall than the general population. A fall can lead to a drastic change in a senior's mobility, health and independence.

Falls related injuries often result in Emergency Department visits, hospitalization and admission to long-term care homes. Ontario's costs related to falls related injuries

[2] The World Health Organization (WHO), 2007

Reducing Falls in the North West LHIN

Sometimes, the smallest things can make the biggest difference, as two small towns in Northwestern Ontario discovered in their attempts to reduce falls among the elderly.

For Atikokan, it was about no-nonsense prevention and education – in the home. For Red Lake, it was about innovative yet practical strategies – in the hospital.

Bob Botham heads up the Falls Prevention Team in Atikokan, which consists of a nurse, occupational therapist, pharmacist, dietician, home support coordinator and a community counsellor. "We've been able to identify risks right in someone's home before they potentially get hurt," says Botham, a community mental health worker with the Atikokan Family Health Team.

He says they'll even go into someone's home to tape down slippery carpet, or replace hard-to-reach burnt-out light bulbs. "This is a small community and we're really good at working together," he says.

Red Lake's Margaret Cochenour Memorial Hospital has reduced the number of falls by 57 percent using colour-coded leaves and non-slip socks. A red, yellow or green paper leaf above each patient's bed lets staff know who is at a high risk of falling, says physiotherapist Tracy Vilks.

All patients receive non-slip socks if they don't have proper footwear, regardless of age or physical condition. And the hospital replaced a smaller, less steady step stool with a large exercise stepper for people to use to climb onto the emergency department examining table.

Physiotherapist Tracy Vilks helps client Evelyn Lajeunesse use her walker at Red Lake's Margaret Cochenour Memorial Hospital.

"We assessed when falls were happening, where and at what time of day," Vilks explains. "We found that a large number were happening around bathroom visits and at two key times of day – during shift changes and at lunch time."

She sees the results of a fall first-hand in her role as the hospital's physiotherapist. "Often people who have a fall end up never being able to go home. It can be hard to get them mobile again," she says. "If we can help keep people from falling, it's good for everyone."

in seniors have been estimated at $962-million annually.

Most falls are avoidable with proper education, prevention, awareness, screening, assessment, and intervention.

The North West LHIN-Wide Falls Prevention Program

The North West LHIN has been a leader in falls prevention. A North West LHIN-wide falls prevention program was implemented in 2010, which was integrated with the Residents First Initiative. A total of 32 health service providers across our region were involved in this program and have achieved some excellent results.

Next Step - The Provincial Falls Prevention Project

Ontario's Local Health Integration Networks (LHINs) and Public Health Units have partnered to develop an *Integrated Provincial Falls Prevention Framework & Toolkit* which was shared with our stakeholders in August 2011. This framework and toolkit expands upon existing services to improve the quality of life for Ontario seniors aged 65 years and over, and is intended to lessen the impact and costs of falls-related injuries on the health care system.

The North West LHIN, along with our public health units, health service providers and partners, will expand the adoption of the Falls Prevention Framework and use of the Toolkit. The goal is to strengthen existing programs and services while promoting earlier intervention and greater consistency in clinical practice.

Information on this initiative and a copy of the framework & toolkit are available on our website.

Senior Friendly Hospitals Initiative

Seniors (people over the age of 65 years) are three times more likely to be hospitalized than younger people and receive care in nearly every area of the hospital. A hospital stay can have a major influence on the health and wellbeing of seniors.

However, evidence shows that seniors' health declines the longer they stay in hospital as a result of complications, lack of activity and infections. This can lead to longer hospital stays and reduce their chances of returning home and regaining their health and independence. As a result the LHINs are working with providers to address this important issue.

The Senior Friendly Hospitals Project

Ontario's Local Health Integration Networks (LHINs) are leading the Senior Friendly Hospital Strategy, which focuses on enhancing the care of seniors within hospitals by reducing the risk of functional decline while in acute care. This strategy is expected to contribute to decreased length of stay, reduce readmission rates to hospital and improve the capacity for older adults to live independently at home in the community.

Progress to date

In March 2011 all adult hospitals in Ontario completed a Senior Friendly Hospital Assessment. In June 2011 a summary report was developed for each LHIN which provides a system-level picture of senior friendly hospital quality improvement practices occurring in hospitals across the North West LHIN. The LHINs worked with the Regional Geriatric Programs of

How senior friendly is Dryden?

That was the question Darlene Furlong set out to answer as part of the provincial Senior Friendly Hospital initiative. She's the Senior Vice-President of Patient Care Services and Program Development at the Dryden Regional Health Centre.

Instead of just focusing on her 41-bed hospital, Furlong and her team decided to look at the community as a whole. 'We asked ourselves: "How can we make aging in Dryden a pleasant experience?"'

They brought together everyone in the community who provides services to seniors – plus some seniors themselves – to do an analysis of what exists and what's needed. The group formed a steering committee, did a community study, evaluated the results, and then began their work. They have:

- Held information sessions for seniors, with sessions on foot care, diet, caregiver burnout and isolation
- Installed a tub room at a local seniors' facility to help with bathing, and
- Installed videoconferencing equipment at another long-term care home, to directly connect to the hospital, reducing unnecessary visits to the emergency department

As well, two nurse practitioners offer chronic disease management services in a local nursing home. The patient navigator helps seniors make the transition from hospital to long-term care. And Furlong and her team have also connected with the local Native Friendship Centre to help address the needs of the First Nations elders. A counsellor has been hired to provide services to people living on and off reserve.

Ontario to develop a provincial report that summarizes the trends in senior friendly hospital care across Ontario. Both reports are available on our website.

Currently, common performance measurement indicators are being developed which will provide province-wide feedback to sustain change and enhance system improvements within the hospitals.

By spring 2012, all Ontario hospitals will have a senior friendly hospital action plan in place and will begin to measure improvements to seniors' care using one common indicator. By acting together, hospitals can improve the care experience and the health outcome for older adults who require admission to Ontario hospitals.

Transition Management

Too often, seniors are waiting in hospitals and entering long-term care homes with health care needs that can be safely met in their homes, with the proper home care support.

The "Home First" Philosophy

Home First is a patient-centered philosophy of care that focuses on safely transitioning from hospital on discharge to "Home First" with appropriate supports in place in the community. Only when the patient's safe return home is not possible are other options such as long term care considered.

Essentially, *Home First* is about providing the right care, in the right place, at the right time and for the right cost. People who receive care in their homes are generally happier, more comfortable in a familiar setting and tend to heal more quickly.

Progress to date

From September 2010 to November 2011, the City of Thunder Bay has experienced a 36% reduction in the total number of alternate level of care patients waiting in hospital at Thunder

Home First: A Patient's Story*

On November 4, 2010, Mr. B was found on the floor of his apartment unresponsive and incontinent. Once at hospital, he was diagnosed with hypoglycemia – the same condition that caused him a trip to the emergency department just a month before.

While being treated at the hospital, Mr. B was assessed as requiring long-term care. A meeting was called between the client, his caregiver, a social worker and a Community Care Coordinator to discuss plans for his discharge. It was apparent the caregiver, who did not reside with Mr. B, was experiencing stress and burnout. She was resistant to the idea of discharging Mr. B from the hospital while he waited for a long-term care bed because, she said, "he can't take care of himself – he doesn't eat or take his medications properly". Nor was he able to shower without assistance.

The Community Care Coordinator explained to the caregiver that services could be arranged to support him to live at home and help decrease her care giving role. Arrangements would include home support to prepare meals; nursing to assist with his medication and a home maker to assist him with showers for safety.

Mr. B agreed to go home assisted with these supports while he waited for a long-term care bed and was discharged in mid-November.

Since his discharge, Mr. B had no further emergency visits or hospitalizations. He remained at home comfortably with nursing and home support until his admission to long-term care in June 2011.

* Provided by the North West Community Care Access Centre

In June 2012, Health service providers and partners gathered to celebrate the positive impact Home First is having on seniors care in Thunder Bay.

Bay Regional Health Sciences Centre and St. Joseph's Care Group. Additionally, there has been an overall 33% reduction in the number of patients waiting in hospital as alternate level of care for long-term care.

Planning is now underway in the City of Kenora to introduce the *Home First* philosophy and implement enhanced care supports in the community by December 2011. The interprofessional teams at Lake of the Woods District Hospital, community partners and the North West Community Care Access Centre are participating in education sessions focused on the benefits of the *Home First* philosophy

More information on *Home First* is available on our website.

Expanded Role for Community Care Access Centres (CCACs)

The health system is complex and often challenging for people to navigate. While Ontario currently has a single point of access for some types of care (e.g. assessment and placement into long-term care), consistent single points of access may not be readily available to help patients with care needs safely transition to the most appropriate care setting (e.g. adult day programs)

In 2009, the Ministry of Health of Ontario expanded the CCAC Act and the role for the Community Care Access Centres. The changes mean that a patient's care experience and transition between various care settings will be supported and improved through a consistent assessment and placement process. The CCACs will be the single point of access into the following settings:

- adult day programs,
- supportive housing services,
- assisted living services,
- inpatient rehabilitation and
- complex continuing care settings

CCACs work very closely with many health care system partners to support the care of their clients in the community. Their expertise of matching people based on care needs to the most appropriate services in the community will help with the implementation of the expanded role. Additionally this initiative supports optimal use of health system resources to meet the ever growing demand for services.

Progress to date

Introduction of the expanded role began across the province in the spring of 2011. Together, the North West Community Care Access Centre and the North West LHIN are working on implementing this expanded role in our LHIN and are actively engaging local stakeholders about the key considerations as the initiative moves forward.

CCACs will be the single point of access into adult day programs, supportive housing services, assisted living services, inpatient rehab and complex continuing care settings.

Alternate Level of Care (ALC) Designation with Two Days

Reducing alternate level of care and emergency room wait times are a Ministry and LHIN priority. Timely access to acute care hospital services can be impacted by the number of patients waiting in the emergency department for a hospital bed while other patients occupy the bed and are waiting for an alternate level of care in an appropriate care setting.

According to 2009-2010 provincial data, 11% of all alternate level of care discharges from acute care had been designated alternate level of care within two days.

The 2 Day ALC Designation Project

This project was initiated by the LHINs to gain a better understanding of the hospital population that is designated ALC within two days of admission to a hospital bed. By learning more about this population, strategies can be identified to reduce the number of ALC patients in hospital.

Progress to date

In the North West LHIN, one of the populations identified as contributing to the 2 Day alternate level of care designation was persons who are not coping well on their own and who present to the emergency because of harm to themselves or their caregiver, caregiver exhaustion, or gradual decline in health resulting in a crisis situation (i.e. wandering behaviour).

Historically, ALC within 2 days was lower in Northwestern Ontario communities that had access to respite services. Based on this finding, the North West LHIN has:

- Expanded Wesway's respite services to the Districts of Kenora and Rainy River – two geographical areas that had the highest number of patients admitted as alternate level of care within 2 days of designation outside the City of Thunder Bay, and
- Expanded Wesway's respite services in the City of Thunder Bay to address the waitlist for individuals experiencing cognitive impairments.

Additionally, to help address failure to cope cases, the North West LHIN has:

- Provided additional base funding to increase CCAC services for clients on the low to moderate support waitlist with a goal to reduce the risk of these clients presenting to the emergency department as a failure to cope case.
- Increased funding for the Red Cross Homemaking and Home Maintenance program to address lighter needs clients who may otherwise not be able to cope in the community.

A provincial 2 Day Alternate Level of Care Designation Report was completed in January 2011. The report is available on our website under Reports and Publications.

Rehabilitation and Complex Continuing Care Expert Panel

This expert panel is conducting a provincial review of hospital complex continuing care and rehabilitation services.

A province-wide vision and framework is being established to guide the development of new rehab and Complex Continuing Care service delivery models. Recommendations regarding these two services are expected in 2012.

Resource Matching and Referral

Currently, the referral of patients/clients across Ontario is complex and characterized by inconsistent client referral processes to programs and health services. Health care providers frequently base referrals on existing relationships and incomplete knowledge of available services rather than on the most appropriate care setting. Significant time and resources are spent on the administrative burden of completing and faxing multiple forms resulting in lengthy patient treatment delays and adding costs to the health care system.

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The RM&R Project

Some, but not all, LHINs have implemented Resource Matching and Referral (RM&R) systems to match patient/clients to the earliest available services that best meet their individual needs. The North West LHIN started implementation of an RM&R pilot project in the spring of 2010. (see page 6 of our October 2010 eHealth eNewsletter Plugged In).

Recognizing its potential to improve patient transitions, and thereby reduce alternate level of care (ALC) days and contribute to lower emergency room wait times, a provincial RM&R project was initiated to standardize and streamline patient referral processes in preparation for the implementation of RM&R systems. Existing RM&R assets and knowledge will be leveraged.

Progress to date

The Ministry of Health has decided to cluster LHINs together to develop standardized referral pathways across the cluster to ensure economies of scale and knowledge sharing are achieved. The North West LHIN is clustered with the North East, Champlain and South East LHINs.

The referral pathways included in the clusters' planning are:

- Acute Care to Rehabilitation
- Acute Care to Complex Continuing Care
- Acute Care to Community Care Access Centre's In-Home Services
- Acute Care to Long Term Care

Each cluster is in the process of finalizing project plans and will start engaging their health service providers about the benefits of a standardized approach to RM&R and the benefits to the patient and to the health system.

LHINs Supporting the Excellent Care for All Act (ECFAA)

The Excellent Care for All Act is designed to improve the quality and value of the health care received by Ontarians. The LHINs' role in the Excellent Care for All Act is strategic in nature. The LHINs are working closely with Health Quality Ontario in developing a provincial plan for implementation of the Act.

The legislation, which applies to all health care organizations, was implemented first in the hospital sector. The hospitals developed and submitted quality improvement plans in 2010–2011, which are posted on their websites.

The LHINs will be reviewing the hospitals' and other health service providers' plans to ensure compliance with their (LHIN's) *Integrated Health Services Plan* and will be monitoring the providers' progress and achievement.

More information on ECFAA is available on our website.

Better Together - Minosamiigut gii wii doo kading

Our Approach to Mental Health and Addictionss

During discussions at an Aboriginal Health Director's meeting in March of this year, the Health Directors identified the need to bring together mental health and addiction service providers with the Aboriginal Health Directors to discuss the significant issues related to the rising opiate use and mental health challenges experienced by individuals, their families and communities in the northwest region.

Specifically what the North West LHIN heard at the meeting was:

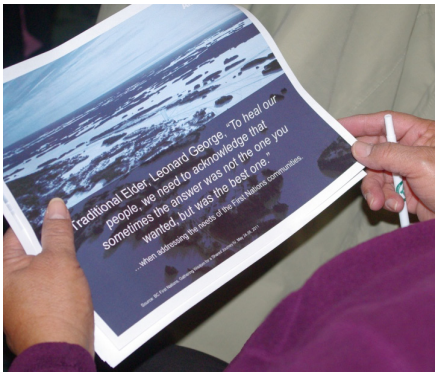
- Mental Health & Addictions is a priority – this is consistent with mainstream health services.
- An integrated approach is needed to combine Aboriginal and mainstream mental health and addictions services.
- There are issues associated with access, wait times, coordination, collaboration, and cultural competencies, and
- "*We need to go back to our traditional values; prevention should be a part of the MH&A strategy.*"

As a result of these discussions,the North West LHIN hosted a Mental Health and Addictions Forum titled " Better Together - Minosamiigut gii wii doo kading" on November 23, 2011. Our goal was to talk about ways in which we could build partnerships and ownership to develop solutions for the complex mental health and addictions challenges faced by individuals across our region.

The forum brought together mental health and addictions service providers, the Aboriginal Health Directors and non-health care sector providers involved in mental health and addictions work. Keynote speakers included: Elder Fred Kelly, Dr. Anton Myer, Jhonny Garcia and Colleen Arch. These speakers shared their lived experiences from the physician, consumer and provider perspective. The session also shared a discussion of traditional practices.

A forum report will be available on our website in early 2012.

Mark Balcaen, President and CEO of Lake of the Woods District Hospital, confers with Rocky Bunting of Whitedog First Nation, at *Better Together*, a Mental Health Forum that took place in Thunder Bay, November 23, 2011. The purpose of the all-day forum was to provide input, share information and exchange ideas on a Mental Health and Addictions strategy for the people of Northwestern Ontario. More than 60 people attended from across the region.



A participant reads from a *Better Together*, a Mental Health Forum handout.

Residents of Deer Lake board a Canadian Forces CC-130 Hercules aircraft. Approximately 480 residents of Deer Lake were evacuated to Greenstone Municipal Airport, just north of Geraldton.

Photo Credit:© 2011 DND-MDN Canada Photo by: MCpl Colin Aitken

Cared for Far from Home

Health Service Providers Commended for Care of Fire Evacuees

At the peak of the summer's fire evacuations in late July 2011, it was reported that nearly 3,600 people from small, rural and remote First Nation communities had been relocated to host communities across Ontario.

The fire evacuations had started in June which is when communities across the North West LHIN began hosting the evacuees. Then, in July, heavy smoke and/or threat of fire increased the number of community evacuations to the point where it became necessary to find additional host communities outside Northwestern Ontario. Evacuees were then transported and accommodated in various cities in southern Ontario and as far away as Ottawa.

The North West LHIN's Experience

The North West LHIN was first alerted to an emergency situation on June 20th due to fires in many of the small rural and remote northern First Nation communities. Many of these communities were only accessible by air transport. The North West LHIN notified its various health service providers in potential host communities to be on standby for a surge of individuals from the First Nation communities. Health service providers were able to coordinate and mobilize health services and health care professionals to address both community and acute care service needs.

> **"It will be a different life, going from the reserve life to the city life."**
>
> **Deer Lake councillor Cory Meekis commenting on community members being evacuated to a location near Toronto.**

The North West Community Care Access Centre played a key care connector role to meet the health care needs of individuals who were medically fragile and was actively involved in deploying nursing resources to various communities across the North West LHIN. Hospitals and community support service agencies

stepped up to provide care to the evacuees under some very challenging circumstances.

The North West LHIN and our health service providers received compliments from the Ministry of Health and Long-term Care for our agility and ability to identify and coordinate resources to address the health care needs of the evacuees.

Sioux Lookout was the first community to host evacuees. Barb Linkewich, Vice President, Health Services at Sioux Lookout Meno Ya Win Health Centre had this to say to the staff and community, "You made a difference for people in a difficult situation who were far from their homes, separated from their families, and not knowing when they would return to their homes. Many families were fearful of losing their homes and livelihood, not to mention having lost their food supplies due to power interruptions and outages." People went "above and beyond" she says by cooking extra food, caring for extra patients, looking for family members, and finding necessities for the evacuees.

The provincial Emergency Medical Assistance Team (EMAT) was deployed to Thunder Bay airport (the primary hub for evacuees) on (July 21, 2011. The team provided medical assessment to evacuees arriving in Thunder Bay and helped provide health human resource relief for local health providers. The EMAT was sent to Geraldton in the Greenstone area to provide much needed psychosocial support and nursing resources in Geraldton. The Greenstone area, a site with a population of 5,000, hosted a total of 1,000 evacuees.

The North West LHIN commends all of the health service providers and communities involved in the evacuation process for their dedication during the time of emergency. Their skill and compassion made a real difference in the welfare of people with health needs during a stressful time.

> **"We don't even know when we're coming home. We don't even know where we're getting sent. I hope everybody is well taken care of."**
>
> **Gary Meekis, Deer Lake resource worker, commenting in Wawatay News on being evacuated**

Lessons Learned

Nishnawbe Aski Nation Grand Chief Stan Beardy gave Ontario good grades for its handling of the evacuations. In an interview with tbnewswatch he said, "I think I would give Ontario a fairly high mark in terms of how quickly they were able to come to our rescue. But I think there's still room for improvement to make sure that there is a higher level of co-ordination of all the agencies, organizations and governments as well to make sure it could be done even better." He met with Premier Dalton McGuinty in Thunder Bay in July to discuss what went well and how improvements could be made.

Likewise, the North West LHIN and the other LHINs in the province discussed the experience and are working together to better clarify the role and responsibilities of the LHINs in emergency situations, including how best to enhance communications between all of the agencies and service providers involved in the emergency planning process.

Check out the North West LHIN Website!

Recent Postings:

- Ministry-LHIN Performance Agreement 2010-2012
- NW LHIN Population Health Profile – updated 2011
- North West LHIN 2010-11 Accomplishments Document
- LHINFo Minutes (regular one page updates on initiatives and strategies that are improving the health care system in Northwestern Ontario)
- Refreshed, more comprehensive eHealth Section
- New French side of the website

Latest Announcements:

- New Telemedicine Nurses across the region
- New Interim Long-Term Care beds in Kenora
- Impact of *Home First* in Thunder Bay

North West LHIN Board Update

The Board provides leadership and sets strategic directions for health care services in the North West LHIN. The LHIN board is skills based, drawing on local individuals with a variety of experiences and expertise. It is responsible for identifying local issues and defining goals for tangible improvements to health care in the communities within Northwestern Ontario.

LHIN board members are appointed by the government of Ontario through an Order in Council process for up to a maximum six year term. The 2011/2012 Board members are identified below:

Joy Warkentin (Thunder Bay) became the new **Chair** of the board in August 2011. Joy was educated as a Registered Nurse and holds a Masters of Education degree from Lakehead University. Most recently, she served as Senior Vice-President, Academic Services at Fanshawe College in London, ON from 2000 until her retirement in 2009. Prior to that, she was Associate Dean, Academic at Confederation College following her role as Chair of Health Sciences.

Joy has received numerous awards for her leadership and contributions to the education system and has been an active community volunteer, serving on many health and community boards at a local and provincial level. She was a past member of the Premier's Council on Health, Wellness and Social Justice and Chair of the Association of District Health Councils of Ontario.

Joy introduced herself to the region through an Op Ed article titled *Transforming Health Care in the Northwest*, which appeared in many community newspapers in August. This article can be found on the LHIN website in the Newsroom.

Anne Krassilowsky (Dryden) was appointed **Vice Chair** of the board in May 2011. Anne previously served as Mayor of the City of Dryden from 2004 to 2010 and as Councillor in Dryden from 2001 to 2003.

She has served on the boards of many associations including President of the Kenora District Municipal Association, President of Northwestern Ontario Municipal Association (NOMA), member of the Association of Municipalities of Ontario (AMO), member of the Kenora District Services Board, member of the Dryden Police Services Board, and on the Mayor's Committee for the Prevention of Substance Abuse.

Reg Jones (Thunder Bay) was appointed the **Secretary Treasurer** of the board in June 2011. Reg's background in education, health services administration and corporate finance brings valuable experience and insight to the Board. From 1989 to 2008, he was Vice-President Corporate Services, as well as Secretary and Treasurer to the board at Confederation College. He has extensive experience in strategic planning, institutional finance, board governance and human resources. He has served on many boards – including 10 years as a Director with the St. Joseph's Foundation of Thunder Bay.

Dan Levesque (Greenstone) joined the board in April 2011. A former Ontario Provincial Police officer, Dan retired as a Staff Sergeant with the Greenstone OPP detachment. During his 31 years of police service he has firsthand knowledge of the socioeconomic challenges affecting the residents of Northwestern Ontario, including First Nation communities.

Dianne Loubier (Ignace) joined the board in August 2011. She has over 25 years of senior level executive financial, administrative and business management experience including in the health care sector. Dianne currently operates a part-time financial consulting business and is Chair of the Ignace Economic Development Committee and Treasurer of the Ignace Golf & Country Club.

She served as a Councillor in Ignace from 2006 to 2010 and served on various boards including the Kenora District Services Board and the Northwestern Health Unit.

The other Directors on the North West LHIN board include Dennis Gushulak (Ear Falls), Dianne Miller (Thunder Bay), and Gary Phillips (Thunder Bay).

Upcoming board meetings are listed on the Calendar of Events.

CEO Holiday Message

2011 has been a challenging but rewarding year. Together with our health care partners, we have accomplished a great deal.

We have:

- Reduced emergency department wait times;
- Exceeded provincial targets for surgery wait times for cancer, cataract and knee surgeries;
- Helped more seniors live safely at home, with dignity;
- Reduced the number of Alternate Level of Care days;
- Increased supportive housing services;
- Enhanced services for Mental Health and Addictions clients;
- Used information and communications technology to modernize the health system, improve access to care and improve patient and client safety.

Many of our health care partners are working together in new ways through collaboration and partnerships in governance, administration, clinical services and back office support. All of these examples of integration show how access to health care can be improved and efficiencies found which are necessary to ensure sustainability of quality health care in our region as well as improved patient care.

We have unique health care challenges in the north. We also have a history of working together which has been more evident than ever this past year.

I would like to acknowledge the hard work and continued commitment of our health service providers to improving health care in the northwest.

People are willingly coming to the table – as a team, as system partners – to plan for the future. Thank you. We need this spirit of cooperation to continue in 2012, so that together, we can fulfil our vision: Healthier people, a strong health system – our future.

Wishing everyone a happy and healthy holiday season and Happy New Year.

Laura Kokocinski