Local Health Integration Network

Wednesday, November 5, 2008

Van at the heart of seniors lives

Checking in with the Aging @ Home initiative

This past July, 100 new shiny-white Grand Caravans rolled off the line of Windsor's Chrysler Minivan Plant. The vans, purchased by the Provincial Government as part of the Aging @ Home initiative, were destined to make their way to community organizations, providing services that enrich the lives of seniors.


Meals on Wheels Windsor depends on the new van to assist in making meal delivery possible to their seniors.

In this edition of The Connection we look at the impact the van's are having on seniors lives.
Click here for the full article....

The Road to Integration

How LEO and Sarnia VIP Became One

By: Agnes Soulard, Chief Executive Officer, Lambton Elderly Outreach

Integration is exciting and yet can be very frightening. Sometimes opportunity is overt and other times it comes knocking at your door unexpectedly.

Who's Who

A chance to meet the people at the LHIN

As a way to help you get to know the staff who work at the LHIN, we put Pete Crvenkovski, Utilization Quality Manger at the LHIN, on the spot and asked him four questions.

Click here to read about Pete.

Leamington Nursing Home

New ways to think about End-of-Life services

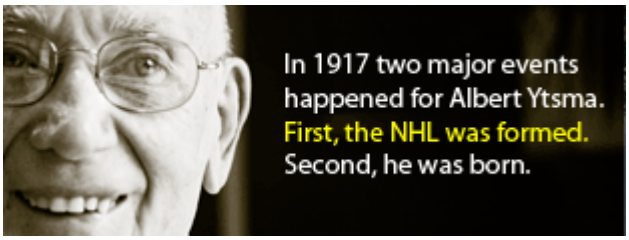
After years of hard work and dedication from staff, management and several shining supporters, Leamington Nursing Home has developed an End-of-Life program that raises the bar across the Province.

Click here to hear their story....

Our Seniors are Spectacular!

Regardless of the circumstances, with proper planning and communication, it can be a very positive experience for all involved.

Click here to read our story...



A System Approach to Urgent Bed Shortages

In February 2008, the Erie St. Clair Local Health Integration Network (ESC LHIN) encountered a challenge: *two major hospitals in Windsor/Essex were facing an urgent bed shortage.* A solution was needed – and quickly. But how could the situation be resolved when no beds were available in the hospital and none were available in the community at Long-Term Care facilities?

Click here for the full article...

We look at seniors within our LHIN that are taking Aging @ Home to a new level.

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Submit Your Stories

We are always looking for stories from our stakeholders.

If you have a Best Practice that should be made known, a successful/learning experience, or news to share please contact us with details.

Van at the heart of seniors lives

lhinconnection | 03 November, 2008 09:00

Checking in with the Aging at Home initiative

This past July, 100 new shiny-white Grand Caravans rolled off the line of Windsor's Chrysler Minivan Plant. The vans, purchased by the Provincial Government as part of the Aging at Home initiative, were destined to make their way to community organizations, providing services that enrich the lives of seniors.

The 200 rides provided since July, have been links to cancer and dialysis treatments, visits with friends and loved ones, trips to the bank or mall, and other social events like cards games and bingo.

One of those vans travelled only a few kilometers away from the assembly plant, where it found its new home with Centres for Seniors Windsor. The Centres was selected by the Erie St. Clair Local Health Integration Network to receive the van and support the already successful transportation program it has been operating since 1990.

For six dollars a ride, clients of the Centres for Seniors Windsor have been travelling in the new van to and from destinations they would otherwise have difficulty reaching. The 200 rides provided since July, have been links to cancer and dialysis treatments, visits with friends and loved ones, trips to the bank or mall, and other social events like cards games and bingo.

Staying active is important to Helen, who relies on the van to travel to the Centres for her exercise class three times a week.

The following is a glimpse into the life of the van, its driver and the people it has the pleasure of serving on a daily basis.

All aboard with Borden

Borden has met a lot people travelling in the vehicles he has captained as a driver for the Centres over the past 12 years. After retiring from his

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work as a production scheduler in the automotive industry, Borden, age 73, made time in his busy schedule to work with the Centres. He drives two, eight-hour shifts a week.

The light-hearted conversationalist has a way of connecting with his riders, especially the many he picks up faithfully each week. Some become closer than others, like Judith, who Borden would drive to volunteer at Windsor Regional Hospital every Friday.

As mobility is often an issue for his clients, Borden lends a helping hand in and out of the van. He goes the extra mile whenever possible, carrying parcels and walking his riders to and from their destination, making sure they arrive safely.

The “Ladies Van”

Borden affectionately calls his vehicle the “ladies van”, on account of his experience serving clients who are predominately elder-widowed women. To these women, a ride from Borden and his colleagues means they have a link to independence.

At age 77, Helen calls upon the services of Borden and the Centres for Seniors Windsor for a lift to her medical appointments. Usually it’s a trip to her Ophthalmologist where she is treated for glaucoma. Five years ago she was diagnosed with the illness that took some of her independence away. Since then,

she has had to change some activities, like her weekly trip to the mall. But staying active is still important to Helen, who travels to the Centres for her exercise class three times a week.

Betty doesn't have a car and prefers not to bother her friends. Instead, she turns to an affordable alternative with the Centres' transportation program.

"I don't know what I would have done" - Violet

Now 82 years old, she rides in the van one to two times a week to appointments such as her family or eye doctor.

"I really appreciate the service" says Betty who notes that the Centres' staff and volunteers are friendly. She also likes "the nice new van". Her husband has been has been gone for four years, but she treks on living life to the fullest and enjoying social engagements like the regular euchre and pepper tournaments at the Centres.

A Link to Love

Too often are families and loved ones are separated when illness strikes and hospital or a Long Term Care Home are the only options for care.

This reality is all too real for John (83). When complications from Alzheimers made caring for his wife too demanding for him, his only choice was to place her in the care of professionals at Banwell Gardens long-term care home. With no other means for transportation, a ride from Borden means he can spend time with

the person he loves.

For the past two years, John has been receiving rides three times a week from Centres for Seniors Windsor. Without them, John said he would have to take a taxi and cut the number of visits he receives. John is very happy with the Centres' transportation service, especially their flexibility and the fact that it is door-to-door. "I couldn't ask for anything more", says John.

Violet, who is 83, found herself in a similar situation this past July when her husband had an accident and landed in Windsor Regional Hospital, Western Campus. "I don't know what I would have done" said Violet, who called Centres for Seniors Windsor to inquire about their service.

Since reaching out to the Centres, Violet receives a call every day from Jeannette Ware, Community Support Services Coordinator with the Centres, who tells her when she can expect her driver to pick her up. "They're always on time", says Violet who travels one way everyday to see her husband. To go home, her grandson faithfully picks her up after he finishes work.

Beyond transportation

In the limited time the Aging at Home van has been touring the roads of Windsor/Essex, the impact


Meals on Wheels Windsor depends on the new van to assist in making meal delivery possible to their seniors.

immeasurable. Whether a direct connection to health care or to interaction with places, friends and loved ones, the van rides truly are a link to independence and well being.

Best of all, a familiar face and voice in drivers like Borden, make the experience that much easier, enjoyable and worth coming back for again and again.

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Erie St. Clair Local Health Integration Network

The Road to Integration

lhinconnection | 03 November, 2008 09:00

How LEO and Sarnia VIP became one

By: Agnes Soulard, Chief Executive Officer, Lambton Elderly Outreach

Integration is exciting and yet can be very frightening. Sometimes opportunity is overt and other times it comes knocking at your door unexpectedly. Regardless of the circumstances, with proper planning and communication, it can be a very positive experience for all involved. Here is our story.

Like all roads traveled, there are bumps to be expected. Our first bump came with the discovery that three years of financial reporting had not been completed and submitted to the Ministry of Health & Long-Term Care.

Out of the blue

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Our road to integration began with a phone call from Rev. Dr. Gordon Simmons, Board Chair for Senior VIP Community Support Services in Sarnia (Senior VIP). He had a very simple sounding request, "would you consider being our Executive Director?"

The call was well timed; I had just stepped out of my meeting with our Board Executive to speak with Rev. Dr. Simmons. I shared my conversation with them which started the ball rolling. The Senior VIP Board Executive Committee, LEO Board Executive and myself met soon after and agreed to begin discussions around a co-management model.

The proposed integration had come as a surprise, however, in hind sight, it really should not have. During a previous car ride with Dr. Rev. Simmons, we had a casual conversation around some possible "back room" integration opportunities in the areas of finance staff and combined payroll service. Now six months later, Senior VIP had lost the services of their Executive Director and there seemed no better time to start this process.

Co-Management

Reacting to the request, we organized an emergency LEO Board meeting to discuss the possibility of integrating. Mary Kay Croft, Ministry of Health and Long-Term Care, and Paul Brown, Erie St. Clair LHIN, were informed about the request. All agreed that the integration was feasible and a Memorandum of Understanding (MOU) was drafted, reviewed and signed by all members. And so the process began!

The first steps of operationalizing the co-management model began with meetings to determine the state of Senior VIP. This led to the decision of Senior VIP to incorporate the services of myself as Executive Director and our Finance Manager.

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Like all roads traveled, there are bumps to be expected. Our first bump came with the discovery that three years of financial reporting had not been completed and submitted to the Ministry of Health & Long-Term Care. The problem stemmed from greater issues that Sarnia VIP had been dealing with -- a lack equipment, resources and adequate training to properly manage their finances. Putting their financial house back in order was a time consuming task, however, the experience reinforced the importance of what we were doing. By integrating our “back office” functions, we were able to bring our resources and expertise into Senior VIP and improve their organization. This was a message not lost on both our organizations.

The next step: Amalgamation

The first stage of integration inevitably led to a discussion about the possibility of a full amalgamation. This time, a joint meeting of both Boards was required in order to outline possible models, as well as advantages and disadvantages of integration. Facilitation by external consultants was used at this stage.

Our communications with our staff and community remained a focus. We also began to cultivate an organizational culture, holding our first ever “Integrated Christmas Party” with the staff and Board of each organization.

Almost a year after the initial conversation on “back room opportunities”, both Boards had approved, in principle, the movement toward integration. Although amalgamation was well received by the majority of Board members, not everyone was on the same page. The key to gaining consensus was being up-front, open and honest about the reality of the situation. One of these realities was low consumer satisfaction levels with the services of Senior VIP – a fact

that was uncovered through a client and partner survey conducted in the early stages of integration. Change was acknowledged as being necessary and integration was the answer.

As is the case in any proposed organizational change, communication would be needed among staff and community partners to convey the purpose of such a shift. Therefore a communications strategy was developed that included monthly newsletters to staff about the process and letters to partners about our plan to integrate. To our delight, our communications led to a few initial questions and no real complaints or objections to the proposed integration.

It was not until March 31, 2007, that both Boards determined that full integration would be most advantageous for both organizations. This resulted in a second MOU and the work began all over again.

Becoming one

Between April and September of 2007, a great deal of time and energy was devoted to the logistics of integration. This involved meetings with lawyers and an internal committee. Planning was broad, covering exercises to determine mission, vision, values, By-Laws and governance policies and procedures as well as strategic planning.

The later stages of becoming one organization switched gears to focus on governance-level decision making. The Board rosters were determined for a combined Senior VIP/LEO Board, Annual General Meetings took place and the necessary motions to make amalgamation possible were passed, government documents were prepared, and the I's dotted and T's crossed.

Overall, the Boards worked well through this process. It did require that we build our own

culture, as we emphasized bonding and team building in the early meetings and planning sessions. Unfortunately, we did lose some members who were not prepared to go through the intensive process of strategic planning.

Our communications with our staff and community remained a focus. We also began to cultivate an organizational culture, holding our first ever “Integrated Christmas Party” with the staff and Board of each organization.

And so in April 2008, LEO and Seniors VIP became one. The Board and staff officially integrated under LEO with clients of Senior VIP receiving services from the combined entity.

All in all, it was a very interesting and exciting process. What is most pleasing about the experience is how seamlessly the organizations came together. This is, no doubt, a reflection of the intensive planning devoted to making this work. While we lost some staff and Board members along the way, the LEO/Senior VIP standing today is a stronger name and entity.

For those currently in the process or considering integration of some form or another, here is what we learned:

- Be proactive
- Start early and don’t rush
- Explore the reasons for integration at the very beginning, therefore, do a complete self-analysis
- Know why you are proceeding
- Know the advantages and disadvantages

- Have good consultants/facilitators to assist with the process
- Involve legal counsel early - obtain advice, but try to do as much of the work as possible yourself to reduce costs
- Involve both Boards from the very beginning and keep them well informed
- Keep the lines of communication open
- Keep staff and partners well informed

Chronology

January 2006	“Back Room” integration discussion between LEO and Seniors VIP
July 2006	Senior VIP request LEO consider sharing management services
August 2006	Emergency LEO Board meeting
September 2006	Co-management model began
November 2006	Joint Board meeting to discuss possible models for full amalgamation
November/December 2006	Boards approved in principal the movement towards integration
January - March 2007	Communication strategy developed
March 2007	Board decision approved full integration
April - September 2007	Planning for amalgamation
October 2007	AGM held where Senior VIP approved a motion to dissolve and transfer all assets and liabilities to LEO effective April 1, 2008.

November 2007	LEO Board passed motion to fully accept Senior VIP as fully integrated organization of LEO
December 2007	“Integrated Christmas Party”
January - February	All necessary documents prepared for transition (e.g. WSIB, governmental offices, banks, etc)
March 2008	Final Senior VIP Board of Directors meeting and AGM to approve new integrated Board
April 2008	FULL INTEGRATION – Boards, staff and clients become one.

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A System Approach to Urgent Bed Shortages

lhinconnection | 03 November, 2008 09:00

In February 2008, the Erie St. Clair Local Health Integration Network (ESC LHIN) encountered a challenge: two major hospitals in Windsor/Essex were facing an urgent bed shortage. A solution was needed – and quickly. But how could the situation be resolved when no beds were available in the hospital and none were available in the community at Long-Term Care homes? Innovation, collaboration and determination created a solution that

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avoided crisis and provided a strategy to help address future urgent bed shortages in the region.

There are often people in hospital who would be better served in Long-Term Care homes but because of a lack of available beds, remain in hospital. When this occurs, it impacts the entire health care system and additional pressure is placed on hospitals. Essentially, having a bed shortage can result in Emergency Department's being grid locked and unable to accept new patients.

"We took a step back from the situation and thought, how can we best meet the needs of the patient without placing increased pressure on the system?" reflected Gary Switzer, Chief Executive Officer, ESC LHIN. "Basically, it was a question of getting people the right support while also maintaining the resources needed to safely deal with emergencies or to allow people to recover from surgery."

"The program is a win/win interim solution to an ongoing problem that has been plaguing both Windsor hospitals for many years."
- Thom Morris, Director of Professional Services, Hotel-Dieu Grace Hospital

The affected hospitals, Windsor Regional Hospital and Hotel-Dieu Grace Hospital (HDGH); the Erie St. Clair Community Care Access Centre (CCAC); and a local retirement home, Central Park Lodge, along with a one-time investment by the ESC LHIN of

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$200,000 created a program that supported up to 30 transitional beds in the community. The retirement home had space available for the new beds and could keep patients with enhanced resources and augmented services provided by CCAC until a permanent placement in a Long-Term Care home was found.

It was an innovative solution that brought together partners from different sectors of the health care system to address the issue and provide quality care for patients.

The idea was originally raised by Thom Morris, Director of Professional Services, HDGH, at a meeting of the Windsor/Essex Alternate Level of Care Committee. This is a group of professionals from local hospitals, the CCAC, Long-Term Care facility operators and the ESC LHIN who meet to discuss how to address acute care bed shortages in the area. At this particular meeting, a number of strategies were identified; however, it was determined to move forward with a transitional bed program for a number of reasons. In large part it was because HDGH had implemented similar placements previously on its own. It was also because both local hospitals were involved in a provincial process improvement initiative known as the “FLO” Collaborative. Through this Collaborative, they had learned that similar programs had been implemented successfully in other areas to improve patient flows through the hospital. Lastly, it was good timing because the ESC LHIN had recently received its full funding mandate.

A combination of local experience and knowing that the strategy had been legitimized elsewhere provided the necessary comfort level for all parties to seek financial support for

a transitional bed program in Windsor/Essex. Through a special funding envelope available to the LHIN to help address urgent priorities, the program received the official funding needed to move forward.

“The program is a win/win interim solution to an ongoing problem that has been plaguing both Windsor hospitals for many years. It demonstrates the creative problem solving capacity of all the health care partners in our community to work together on a common goal,” said Morris. “We hope to hear soon of additional one time dollars for the 2008/09 year that will allow this program to continue to and avoid a major crisis this winter. Our Essex County solution has been sought by hospitals across the province as a viable and safe strategy to meet the needs of patients both at the emergent entrance phase of care or the discharge/ placement end of care.”

In the end, the plan helped to move over 70 patients out of hospital to a transitional bed and then home; into their Long-Term Care facility of choice; or to a convalescent care program.

Recognizing that retirement homes are not equipped with the same supports as Long-Term Care facilities, the CCAC was engaged to provide the additional support services needed at Central Park Lodge home.

However, not everyone qualified. The initiative was carefully constructed and had stringent selection criteria that only identified clients that were both appropriate and eligible for participation. In part, it was about safely identifying individuals with a reasonable prospect of getting their choice of long-term care

bed in a short time frame. It also depended on the kind of care they required and if their needs could be met within the scope of available resources.

“For many people and their families, the move to a long-term care home is a difficult transition; it often means that they or their loved ones won’t be coming home," offered Switzer. “For this reason, people often don’t want to be moved to just any bed.”

It was an innovative solution that brought together partners from different sectors of the health care system to address the issue and provide quality care for patients. “We need to continue to work together to find creative solutions that consider patient safety and quality care as priorities but that also build efficiencies within the system as a whole. If we did not work together, emergency rooms would be unable to accept patients and the entire community would be affected,” added Switzer.

“We are pleased to have had this opportunity to participate in this partnership. Our staff has risen to the challenge of providing a higher level of care than is usually found in retirement residences, and the results demonstrate we have done this safely and effectively,” said Jennifer Ibrahim, Director of Marketing, Central Park Lodge. “Our permanent residents benefit from this initiative, because they have the opportunity to enjoy meeting new people from the community.”

In the end, the plan helped to move over 96 patients out of hospital to a transitional bed and then home; into their Long-Term Care home of choice; or to a convalescent

care program. The initiative freed up space and resources in the system. By doing so, there were no elective surgery cancellations and ambulance back-ups at the emergency department were reduced.

Despite the success of this initiative, a shortage of beds will continue to affect the entire health care system in future.

From a system perspective, that means that even if there are beds available in the community, they may not be where the patient would like to go. Sometimes it's not about having a bed available, it's about having a bed available in a facility that the patient is comfortable with. This solution took into consideration the patient's right to choose where they want to go; where they want to live.

The collaboration between hospitals, the CCAC and the retirement home provided a short-term solution that moved them out of the hospital but did not compromise their right to decide where they want to go for long-term or permanent care.

When urgent bed shortages arise again in future, the ESC LHIN will likely take the same, successful strategy to mitigating a crisis. It will continue to take innovative, collaborative and local solutions to address other issues and develop a better health care system for everyone.

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Staff Profile - Pete Crvenkovski

lhinconnection | 03 November, 2008 09:00

Name: Pete Crvenkovski

Position: Manager, Quality and Utilization

LHIN/Geographic Team: All

Where you live: Windsor

What are your primary responsibilities?

In my new role as Quality and Utilization Manager, I will be responsible for managing, monitoring and evaluating health service

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providers (HSPs) performance and effectiveness. In doing so, my job is to align the performance of our system with our three year strategic plan, Ministry-LHIN and provider accountability agreements and other provincially oriented goals.

Ultimately, what I will be doing is looking pro-actively at ways to advance our system performance towards high quality, health system outcomes.

Also, I will be working across our three regions as our LHIN Lead on Wait Times, Ministry-LHIN Accountability agreements, business intelligence and information.

How do you work with the community and health service providers?

While I do connect with various stakeholders at times, mostly I work directly with HSPs providing expertise on performance measurement, improvement and frameworks. This is at the administrative and clinical level and includes:

- Identifying and helping spread Best Practices
- Providing advice with respect to system performance and outcomes
- Providing expertise on Wait Times Performance and Improvement
- Providing expertise with data analysis and information gathering, be it statistical, clinical or financial information

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- Providing guidance with performance improvement strategies
- Utilizing these skills to build criteria into performance contracts and monitoring performance contracts across regions for strategic improvements to our Erie St. Clair LHIN

How do you as an individual hope to impact our local health care system?

I hope that my efforts will help to improve the sustainability, quality, efficiency, effectiveness and equity of our health care system, so that the patient experience is a positive one.

What do you feel from your personal life influences your work the most?

My family influences my work the most. I know they will need this Erie St. Clair health system at some point in their lives, either for elective issues, experiencing wait times, managing chronic conditions, or heaven forbid, in Emergent/Urgent situations. I want the care they receive to be the best quality and that these services are sustainable, effective and value-add.

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