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## Sandwich Community Health Centre wins two of five provincial awards

The Sandwich Community Health Centre (SCHC) located in West Windsor has been awarded two of five prestigious "Model of Care Awards" by the Association of Health Centres of Ontario (AOHC). Chosen from among 75 Community Health Centres and satellite Centres from across the province of Ontario, the SCHC was awarded the Model of Care Award for Primary Care and the Model of Care Award for Health Promotion.

The Centre was nominated by community partners throughout Windsor-Essex for the awards. Executive Director Lynda Monik commented that "there is no greater honor than to be recognized by one's colleagues for the work we do to deliver care to our clients".



[Click here for the full article...](#)



**Enhanced Hearing Health Care  
at The Canadian Hearing Society**

On July 7, 2009, The Canadian Hearing Society (CHS) in Chatham expanded its services to include an on-site audiologist who will be conducting hearing testing and hearing aid evaluations and sales. We have moved our location to 75 Thames Street, 2nd Floor in order to accommodate our complete hearing testing facility with state-of-the-art diagnostic and hearing aid equipment.

[Click here for more information...](#)

## Expanded New Beginnings Club Keep Acquired Brain Injury Top of Mind

An Erie St. Clair LHIN supported collaborative, lead by Michelle Chernets of the Brain Injury Association of Chatham-Kent, has acquired annualized base funding to begin to provide Club services in the Sarnia/Lambton area starting September 2009. Through integration and collaboration, BLACK is already working with other Sarnia based organizations to maximize the successful implementation of these funds.

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## Grand Bend Health Centre Awarded Full Accreditation



Monday, September 21, 2009

## BANA Goes East... FAR EAST

The Southwestern Ontario region has a rich history of non-profit agencies going above and beyond to provide the very best programs, staff and knowledge to the communities that they serve. One local agency is about to go that extra mile .....or rather an extra 6,700 miles to provide even better services!

The Bulimia  
Anorexia  
Nervosa  
Association  
(BANA) is a not-  
for-profit,  
registered

**"Eating disorders, affect  
individuals of all ages,  
genders, and ethnic groups," -  
Executive Director, Mary Kaye  
Lucier**

charity, community-based organization servicing the counties of Windsor/Essex, Chatham-Kent and Sarnia/Lambton. For the past 26 years, they've been committed to the provision of specialized treatment, education and support services for individuals affected directly and indirectly by eating disorders.

[Click here to read the full article...](#)

## 14 LHINs + Enhanced Collaboration = New LHIN Collaborative (LHINC)

The LHIN Collaborative (LHINC) is a new LHIN-led provincial organization intended to support the LHIN mandate and transformation of the broader health system.

[Click here to read the full article...](#)

## CCIM scope expands at sector and project levels

CCIM announces three new business systems projects, an integrated assessment project and an integrated data strategy to further positively transform health care delivery in Ontario's Community Care sectors.

[Click here to read the full article...](#)

## Canada's progress on team-based care

There has been a significant push in funding and government efforts to expand the use of team-based care in the last decade, but it is still evolving, says the Health Council of Canada.

[Click here to read the full article...](#)

## Sandwich Community Health Centre Gets a Toxic Tunnel

The Toxic Tunnel allows children to enter into one end of the cigarette and experience interactive non-smoking and healthy life styles education modalities.

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After undergoing an exhaustive review by the accrediting body, Community Organizational Health Inc., the Grand Bend Area Community Health Centre has been awarded full accreditation status, the highest level possible. The review was conducted in March but the preparation for the process began more than a year in advance and required many hours of work shared by all the staff at the Centre.

*Overall, the review team found GBACHC to be "a healthy, effective learning organization that is delivering high caliber, needed programs and services to its clients and community".*

[Click here for the full article...](#)

**How to Tell Your Organizations "EPIC" Story**  
Engaging People Improving Care, or EPIC, is a "toolkit" – an accessible, organized collection of resources on community engagement (CE) for health.

Community Engagement (CE) is of increasing importance to people and organizations involved in funding, planning and delivering health services. Members of the public have greater expectations for accountability and involvement in decision-making, and some jurisdictions have made CE mandatory. In addition, CE is considered by many to be a necessary element for the development of more coordinated, integrated and responsive health service systems.

A group of Ontario health providers and planners wanted to develop a "one-stop shop" where they could find the resources that would help them address the challenge of putting CE into practice, and EPIC was born.

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**LHIN Media Kit is Now Available**

Located in the Health Service Providers section of our web site are the resources provided to meet the MSAA requirements, including the standards manual and logo formats.

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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.



**eHealth Update**  
Over the past few months, eHealth Ontario has been under scrutiny. While we wait for the Auditor General's report, which is expected this fall and should lay the ground work for what needs to be done internally at eHealth Ontario, we must remember that the agenda remains the same. In Erie St. Clair that means we are working to deliver eHealth Ontario's agenda of an electronic health record for all Ontarians by 2015.

[Click here for the full article..](#)



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## SCHC wins two of five provincial awards

Ihinconnection | 21 September, 2009 09:30

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The Model of Care for Primary Care was awarded for the Well Women Clinic

The Model of Care for Primary Care was awarded for the Well Women Clinic. This one-day clinic provided women with the opportunity to obtain cancer screening (breast and cervical). The centre was staffed by female health care providers, volunteers and translators, many of who donated their time. Women of all cultures were welcomed. The presence of an all female staff ensured women of all cultures/backgrounds/

preferences could seek cancer screening in an environment that was comfortable for them.

The Model of Care for Health Promotion was awarded for the Community Corner Program. Community Corner was first launched in the 7 elementary schools in September 2008 with the intent of educating the West Windsor residents of the importance of pedestrian, helmet and rail road safety through fun and interactive mediums. It was determined that more programming was necessary. Currently a new injury prevention topic is delivered each month in all 7 elementary schools. The program has gained popularity and is now offered in a private Islamic school within our catchment area, after school programmers; numerous Ontario Early Centres and an Intergenerational Program has been developed to partner senior safety and youth safety inclusively.

The Centre was nominated by community partners throughout Windsor–Essex for the awards. The award is designed to recognize those who show exemplary

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leadership.

Executive Director Lynda Monik commented that “there is no greater honor than to be recognized by one’s colleagues for the work we do to deliver care to our clients”.

The AOHC is the policy and advocacy organization for non-profit, community-governed, multidisciplinary primary health care organizations. AOHC members are Ontario's Community Health Centres (CHC), Aboriginal Health Access Centres and Community Family Health Teams.



The Model of Care for Health Promotion was awarded for the Community Corner Program

The Sandwich Community Health Centre addresses the physical, emotional and social well-being of residents in Windsor–Essex through the provision of primary health care and health promotion and prevention programs and services.

Lynda Monik  
Executive Director  
Sandwich Community Health Centre Inc.  
<http://www.sandwichchc.org/>

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# Enhanced Hearing Health Care at The Canadian Hearing Society

Ihinconnection | 21 September, 2009 09:30

On July 7, 2009, The Canadian Hearing Society (CHS) in Chatham expanded its services to include an on-site audiologist who will be conducting hearing testing and hearing aid evaluations and sales. We have moved our location to 75 Thames Street, 2nd Floor in order to accommodate our complete hearing testing facility with state-of-the-art diagnostic and hearing aid equipment.

You can be confident in sending your clients to CHS knowing that our first priority is meeting the unique communication needs of every person who walks through our doors:



Our clients come first  
Our audiologists have access to a full-range of hearing aid products and will prescribe the hearing aid that will best suit a client's hearing loss needs and their budget.

Funding information  
Our team will work diligently to identify if a client is eligible for funding as well as walk them through the application process.

Complementary services  
We offer an accessible and diverse range of support programs including counselling and speechreading which are offered at a nominal fee or free of charge.

Doing good work in our communities  
Proceeds from fees or the sale of any hearing aid or communication device are reinvested directly into our

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charitable programs from literacy and basic skills training to mental health counselling.

Anyone is welcome to book an appointment for a hearing test directly with our office – no referral is necessary. To learn more or to refer your clients, please contact us at (519) 354-9347 Phone/TTY.



CHATHAM-KENT OFFICE 75 Thames Street, 2nd Floor, Chatham, ON N7L 1S4 – [www.chs.ca](http://www.chs.ca)

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## Expanded New Beginnings Club keep Acquired Brain Injury top of mind

Ihinconnection | 21 September, 2009 09:34

Acquired brain injury (ABI), such as stroke, concussion and tumours, impacts a staggering number of families in the Erie St. Clair LHIN each year. The effects of ABI alter how survivors perceive themselves, their capabilities and their self-image. These perceptions are associated with depression and social withdrawal, which may in turn, exacerbate depression after an ABI. Large social networks and perceived social support are associated with better physical functioning and may be prognostically important for higher levels of recovery.



In 1992, the Brain Injury Association of Chatham-Kent (BIACK) was created as an advisory group to the Kent County District Health Council. Their main initiatives were to identify and propose solutions to gaps in services for survivors of acquired brain injury. BIACK provides social recreational programming for survivors of ABI through the New Beginnings Club. In January of 2007, they moved to their new 9,000 square foot, open-concept, barrier-free, accessible facility in Chatham. In September of 2008, an additional 12,000+ square feet of accessible tranquility gardens was completed.

The New Beginnings Club promotes:

1. personal development increasing self-worth and helping the survivor work towards their individual goals
2. socialization and the reacquisition of new and lost personal, professional, physical and emotional abilities through enjoyable activities such as art, woodworking, music and fitness. Membership in the Club is free of charge and does not require a referral from a medical professional.

An Erie St. Clair LHIN supported collaborative, lead by Michelle Chernets of the Brain Injury Association of Chatham-Kent,

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has acquired annualized base funding to begin to provide Club services in the Sarnia/Lambton area starting September 2009. Through integration and collaboration, BLACK is already working with other Sarnia based organizations to maximize the successful implementation of these funds.

BLACK's supportive partnerships and community presence over the last 3 years has made the New Beginnings Club a provincial and national leader in the provision of social recreation services for survivors of ABI.

Membership in Chatham has

increased 240% in less than 2 years and the expectation is that similar results will be seen in Sarnia through integration, programming and partnerships. For more information visit [www.biack.com](http://www.biack.com) or contact Michelle Chernets.

Michelle Chernets  
Program Manager  
New Beginnings Club &  
Brain Injury Association of Chatham-Kent  
9 Maple Leaf Dr.  
Chatham, On.  
N7M 6H2  
519-351-0297

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# GRAND BEND HEALTH CENTRE AWARDED FULL ACCREDITATION

lhinconnection | 21 September, 2009 09:30

After undergoing an exhaustive review by the accrediting body, Community Organizational Health Inc., the Grand Bend Area Community Health Centre has been awarded full accreditation status, the highest level possible. The review was conducted in March but the preparation for the process began more than a year in advance and required many hours of work shared by all the staff at the Centre. The accreditation process allows organizations to evaluate their services and systems against acknowledged standards of good practice that support sustainability and learning. It also serves to promote learning, improvement, excellence and innovation.

The reviewers noted the pride and ownership expressed by the board and staff over the work that they have done and the complexities they have managed to overcome. The significant changes that have occurred over the past three years were described as “impressive.”



Overall, the review team found GBACHC to be “a healthy, effective learning organization that is delivering high caliber, needed programs and services to its clients and community”.

In addition to meeting all mandatory standards of practice the Centre received recognition for innovation and excellence in five key areas: leadership and planning; creating a healthy workplace; accessibility; assessment and work with students in all disciplines.

*Overall, the review team found GBACHC to be “a healthy, effective learning organization that is delivering high caliber, needed programs and services to its clients and community”.*

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The staff of the Centre under the leadership of Dr. Glenn Bartlett, Executive Director, are to be commended for the tremendous effort which they put into the accreditation process in the words of Dr. Michael Hoare, Board Chair. Congratulations to all involved are most deserved.



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## How to Tell Your Organizations "EPIC" Story

lhinconnection | 21 September, 2009 09:30

Engaging People Improving Care, or EPIC, is a “toolkit” – an accessible, organized collection of resources on community engagement (CE) for health.

*A group of Ontario health providers and planners wanted to develop a “one-stop shop” where they could find the resources that would help them address the challenge of putting CE into practice, and EPIC was born.*

What is EPIC?  
Engaging People Improving Care, or EPIC, is an online “[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 for health professionals, health planners, governments, and health-related groups

and organizations that want to incorporate CE into their work.

Why was EPIC developed?

CE is of increasing importance to people and organizations involved in funding, planning and delivering health services. Members of the public have greater expectations for accountability and involvement in decision-making, and some jurisdictions have made CE mandatory. In addition, CE is considered by many to be a necessary element for the development of more coordinated, integrated and responsive health service systems.

A group of Ontario health providers and planners wanted to develop a “one-stop shop” where they could find the resources that would help them address the challenge of putting CE into practice, and EPIC was born.

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All  
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[Go to a list of all resources, organized by CE goal](#)

By stakeholder  
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By topic  
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What will I find on EPIC?

[by techniques & tools](#)

EPIC includes a wide variety of resources from Canadian and international sources, including:

- Overall guides and frameworks for CE.
- CE tools and techniques.
- Case studies.
- Resources on specific issues such as evaluation.

All of the resources have been reviewed and annotated so you can scan or search them quickly to find the ones that should best meet your needs.



How were the resources selected for EPIC?

EPIC resources are:

- "Evidence-informed" (in other words, developed based on a combination of best available evidence and experience from the field).
- Easily accessible at no cost on the Internet.
- User-friendly.
- Tested, piloted or evaluated (whenever possible).

Resources have been selected for their applicability and relevance to the Ontario health care sector, but should also be useful in other jurisdictions.



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## BANA GOES EAST

lhinconnection | 21 September, 2009 09:30

The Southwestern Ontario region has a rich history of non-profit agencies going above and beyond to provide the very best programs, staff and knowledge to the communities that they serve. One local agency is about to go that extra mile .....or rather an extra 6,700 miles to provide even better services!

The Bulimia Anorexia Nervosa Association (BANA) is a not-for-profit, registered charity, community-based organization servicing the counties of Windsor-Essex, Chatham-Kent and Sarnia-Lambton. For the past 26 years, they've been committed to the provision of specialized treatment, education and support services for individuals affected directly and indirectly by eating disorders.

Executive Director, Mary Kaye Lucier says, "As the primary regional source for the prevention and treatment of eating disorders, BANA is a leader in the promotion and acceptance of diverse body shapes and sizes through the adoption of a healthy, balanced lifestyle. Since its inception, BANA has provided services to thousands of individuals of all ages, genders and social/economic backgrounds with an ongoing case load of approximately 300 clients. In addition, we annually organize and host 250 educational health promotion presentations and programs that reach more than 20,000 children and adults."

With their main office located in the Market Square in Windsor's Walkerville area, BANA's services are provided without age restrictions and are supported by the Ministry of Health and the Erie St. Clair Local Health Integration Network.

*Research shows that as a result of increasing global acceptance of the highly media-influenced and commercially dominant western societal values regarding body weight and image, increasingly more Asian Canadians and other cultural groups are developing greater dissatisfaction with their bodies' natural shape.*

Most recently, BANA was accepted into membership in the Worldwide Charter for Action on Eating Disorders. The Charter's goal and the role of its members is to improve the availability and the quality of treatment and services for people with eating disorders

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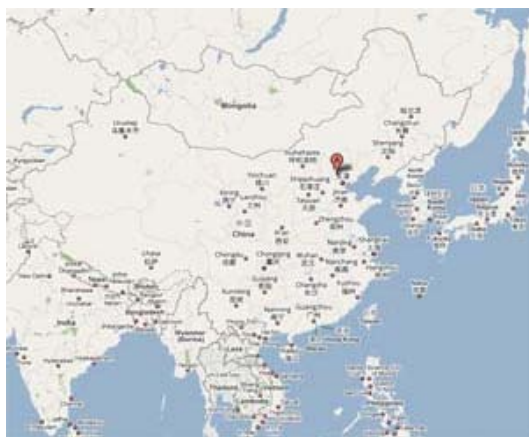
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and their families.

“Eating disorders, affect individuals of all ages, genders, and ethnic groups,” explains

Lucier. “Southwestern Ontario and the Windsor region in particular is a very culturally diverse area. In order to better provide services to these growing populations, agencies, especially those dealing with mental health, need to develop an appreciation and understanding for varying cultures.”

It is in the spirit of this vision of inclusivity that BANA is embarking on a truly unique mission that has the potential for countless positive benefits not only our own communities but across the globe.

As an initiative to broaden their professional depth and experience as well as foster greater cultural understanding; Mary Kaye will lead a team from BANA and a delegation of Canadian Eating Disorder and Wellness Professionals across the province on an exchange program to mainland China, including the communities of Beijing, Guiyang and Shanghai.

Research shows that as a result of increasing global acceptance of the highly media-influenced and commercially dominant western societal values regarding body weight and image, increasingly more Asian Canadians and other cultural groups are developing greater dissatisfaction with their bodies’ natural shape.

Western societal values seem to conflict in particular within certain sectors of the Chinese culture wherein children in Chinese families often suffer low self esteem, and their families can seem demeaning instead of supportive, when faced with weight and shape conflicting values. Children then begin to believe that others, particularly members of their family, will lose respect for them if they are unable to solve their problems themselves. They may feel depressed because of the secrecy involved in seeking help or admitting there is a problem (Chiu, M., 2002).

*Understanding these conflicting trans-socio-cultural factors will lead to better treatment techniques a multi-cultural perspective on best practices for eating disorder treatments. That’s one of BANA’s primary goals in this mission.*

There are growing trends in adolescent Asian females in particular who are more concerned with maintaining the dignity and pride of the family than their own well being. They are typically reluctant to seek outside help for eating disorders, because this would involve divulging private family matters to an outsider. Although, it is documented that though Chinese parents are more willing to seek outside treatment for eating disorders, if they perceive the health of their child to be threatened, it is critical that cultural understanding is part of the process.

Understanding these conflicting trans-socio-cultural factors will lead to better treatment techniques a multi-cultural perspective on best practices for eating disorder treatments. That’s one of BANA’s primary goals in this mission.

Organized in partnership with the world renown People to People Citizen

Ambassador Program this mission offers Canada and China based mental health professionals alike, a unique exchange opportunity that will foster local and global networking, career development, personal enrichment, and international goodwill.

According to Ms. Lucier, "Our Citizen Ambassadors will interact with Health Care Professionals in China while engaging in cultural activities, seminars, and humanitarian efforts."

"As part of this exchange, we will share our expertise, understanding and methodology on the treatment of Eating Disorders, with our peers in China, they will in turn provide us with a better understanding of their treatment and counseling approaches so that we can better serve the Asian population in our home communities and expand our own knowledge and skill sets. Furthermore, we have high hopes of developing an international network for ongoing collaboration, research and study of Eating Disorders on a global level."

It is the intention of Mary Kaye and her team to use the face-to-face meetings and interactions with Chinese counterparts to yield immediate professional applications and personal insights for delegates in both countries as well as produce long-term collaborations.

From BANA's standpoint, this is a monumental undertaking. With a staff of only 8 full and part time employees, at times this venture seems a world away. "It's the commitment our staff has to creating and maintaining a Centre for Excellence in Eating Disorders, Health and Wellness for our community that drives us to go to such lengths." says Mary Kaye. "All of Southwestern Ontario should be proud of what they are trying to do here."

Already recognized in a letter of support, Ontario Premier, Dalton McGuinty, expressed that BANA's "efforts will do much to foster goodwill and international co-operation between our two jurisdictions, and improve the well-being of others. This endeavour is a reflection of the strong and caring society we have built together. Your compassion and hard work serve as a source of pride and inspiration."

The Bulimia Anorexia Nervosa Association made huge strides generating local and regional awareness last September with their Windsor held Global Dinner Table Conference. The three day event hosted internationally recognized speakers and over 300 attendees, some from as far away as Australia. They are proud of how this community welcomed and supported that event and are hoping that they can count on your continued support in the fight against eating disorders.

BANA next wants to show the world the outstanding, caring community that they operate in. They are currently fundraising and seeking sponsorships/partnerships to support their mission to China.

According to BANA staff, there is a great potential for exposure for individuals and organizations willing to support this program. Not only will the team be conducting many one-on-one and group presentations abroad, with health professional and dignitaries, but when they return to Canada to share with what they have learned, they will be presenting to local and regional Asian-based associations, mental health professionals and the community at large. Supporters will have the opportunity to be recognized in print and multi-media formats for their contributions to this unique project.

"The gift of a healthier community is one we can all enjoy," explains Mary Kaye. "According to Stats Canada, over 11,000 people over the age of 15 in Essex County alone are at risk of developing an eating disorder. We can only hope that the public will join us in our efforts to provide the very best in education,

preventative and treatment services.

Parties interested in supporting this initiative can contact their BANA offices at 519-969-2112 or at [info@bana.ca](mailto:info@bana.ca).

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# 14 LHINs + Enhanced Collaboration = New LHIN Collaborative (LHINC)

Ihinconnection | 21 September, 2009 09:30

The LHIN Collaborative (LHINC) is a new LHIN-led provincial organization intended to support the LHIN mandate and transformation of the broader health system.

The LHINC encompasses all LHINs and provincial health service provider associations. In this new collaborative structure, LHINs and provincial associations will work together to promote integration and implementation of provincial strategies.

The structure responds to a key recommendation in the October 2008 KPMG Report MOHLTC-LHIN Effectiveness Review which stated that a framework should be developed to clearly identify which of the two bodies has decision-making authority over processes and function, and an understanding of their shared authority over certain decisions.

LHINC was formed to strengthen relationships between and among health service providers, associations and the LHINs, and to support the LHINs in:

- Fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system;
- Their role as system manager;
- Where appropriate, the consistent implementation of provincial strategy and initiatives;
- The identification and dissemination of best practices.



October 2008 KPMG Report MOHLTC-LHIN Effectiveness Review – [Download](#)

“As an organization who works collaboratively with Ontario’s 13 other LHINs, the North East LHIN is very pleased to welcome and support the valuable work of the LHINC,” says Peter Vaudry, Interim Chair of the NE LHIN Board of Directors. “The LHINC’s spirit and intent – in building on previous work and anticipating the future – can only help citizens in our region and elsewhere as we collaboratively pursue our province-wide quest for health care system enhancement.”

LHINC will be led by a council whose role will be to set priorities for the

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organization and to recruit and monitor the performance of the executive director. Council membership will include LHIN management, members of provincial associations within the LHIN mandate, as well as representation from public health and primary care.

Recruitment of the LHINC Leader and Council is underway.

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## CCIM scope expands at sector and project levels

lhinconnection | 21 September, 2009 09:30

CCIM announces three new business systems projects, an integrated assessment project and an integrated data strategy to further positively transform health care delivery in Ontario's Community Care sectors.

**Small and Chronic Care Hospitals**  
Two business systems projects are being initiated for Small and Chronic Care Hospitals (SCCH). These include facilities with less than 100 patient beds or that provide continuing, medically complex and specialized services to patients with long-term illnesses or disabilities (see sidebar).

**Community Health Centres**  
This project aims to assist Community Health Centres (CHCs) meet their financial and management accountability requirements as non-profit organizations providing primary health and health promotion programs for individuals, families and communities.

This Business Systems-focused project will introduce financial and statistical reporting standards, as well as MIS-compliant software in a phased approach. Phase 1 will include developing and implementing financial and statistical reporting standards within 70 CHCs. Phase 2 will

### CCIM extends Business Systems software to Small and Chronic Care Hospitals

The CCIM program, in partnership with the Ministry of Finance-BPS Supply Chain Secretariat, would like to offer financial/statistical, materials management and human resources/ payroll software solutions, at no cost during the implementation period, to approximately 25 small and chronic care hospitals across Ontario.

The software solutions will meet CCIM's objective to provide organizations with business systems that will enable standardized reporting to help achieve an integrated, cost effective and efficient care system that provides timely access to services and performance metrics.

The benefits of this software include:

- A universally accepted and reliable tool to facilitate the collection and reporting of financial/statistical, materials management and human resources/payroll data
- Improved operating efficiencies due to standardization and economies of scale
- The ability to establish consistent human resources/payroll processes
- A materials management system that introduces tools and automated processes resulting in improved back-office practices

CCIM will introduce the software solutions to approximately 25 small and chronic

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include a gap analysis to determine a software solution and then an RFP process to select the appropriate vendor and software solution.

#### Integrated Assessment

Within the CCIM Common Assessment stream, an Integrated Assessment solution is being created, which will allow health care professionals to see community-based assessment data to help inform the treatment planning for people in their care.

Plans are being made to begin a pilot in two or three volunteer Local Health Integration Networks (LHINs) this summer, prior to a provincial rollout.

The pilot will test the use of shared assessment data to facilitate increased collaboration between providers, such as community mental health, CCACs and primary care.

#### Integrated Data Strategy

This initiative builds on the past and present work being done in the Business Systems and Common Assessment project streams regarding the implementation of standardized data, tools and processes across the Community Care sectors. Currently, information is being reported individually by these streams to reflect the sectors' clinical, financial and HR information. The Integrated Data Strategy aims to combine this information to more clearly demonstrate the relationship between needs, services, outcomes and cost.

This initiative will define how the Ontario Healthcare Reporting Standards/Management Information Systems (OHRS/MIS), HRIS and Assessments data can be leveraged effectively in an integrated way across the community care sector to better inform decision makers and improve health care delivery.

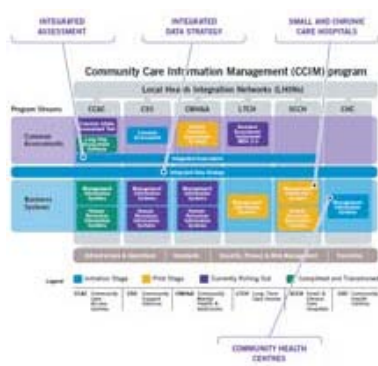
care hospitals by the end of August 2009, with implementation completed by March 31, 2010. Currently, seven hospitals are actively participating in the pilot phase of this project.

If you are interested in participating in this initiative and meet the following criteria, CCIM is interested in talking to you.

- Have less than 100 patient beds
- Successfully completed the OHRS/MIS training
- Successfully submitted a Trial Balance; and
- Can demonstrate the ability to implement the software within the agreed timeframe (financial/statistical and materials management by December 2009; human resources/payroll by March 31, 2010).

To participate in this exciting new initiative, contact the support centre at [SCCH.MOH@ontario.ca](mailto:SCCH.MOH@ontario.ca) for further information.

We look forward to hearing from you!



## CCIM helps LHINs improve information flow for better delivery of care

Information efficiencies that Local Health Integration Networks (LHINs) can expect from implementing the CCIM common assessment tools, business systems solutions and the initiatives regarding integrated assessment and data are the focus of this issue of CONNECTIONS.

[Click here to enlarge chart](#)

For example, CCIM's systems and processes lead to:

- Standardized, shareable and reusable information to support existing LHIN processes and systems
- Automated data submission and reporting processes to help identify trends, demonstrate service efficiencies and measure best practices in their business operations and policies
- Common language that facilitates information sharing between HSPs, consumers and other organizations in the sector and the LHINs

You'll find examples of information efficiencies in this issue's articles. Please contact us for further details at 1-416-314-7365 /1-866-909-5600 or by email to [CCIMSupport.moh@ontario.ca](mailto:CCIMSupport.moh@ontario.ca).

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## Progress on team-based care

lhinconnection | 21 September, 2009 09:30

There has been a significant push in funding and government efforts to expand the use of team-based care in the last decade, but it is still evolving, says the Health Council of Canada.

By John G. Abbott

In 2004, governments committed to increase the use of primary health care teams in Canada, with a goal of 50% of Canadians having access to these teams by 2011. Governments were concerned about the aging population and the increasing number of Canadians with chronic conditions, and using teams of health care professionals was seen as one promising way to help strengthen primary health care in Canada.

Five years later, what do teams look like across the country? And what difference are teams making to Canadians? The Health Council of Canada looked at these issues in a recent report, entitled *Teams in Action: Primary Health Care Teams for Canadians*. We looked at research that had been done on team-based care, and interviewed the federal, provincial, and territorial governments to find out about their progress in developing teams.

What clearly came through in our interviews with all governments is a strong commitment to implementing team-based care, with a wide range of often innovative approaches. There has been a significant push in funding and efforts in the last decade to expand the use of teams, and each jurisdiction has made a good start. They are largely tailoring their activities towards specific populations and high-needs groups (such as those with chronic conditions), where teams have been shown to make a difference. They are also using teams to provide service to areas that lack enough – or any – family doctors, and to reach out to vulnerable populations that can have difficulty getting access to the primary health care they need.

What we don't know – yet – is the impact of all this promising activity. First, we're



[Teams in Action Report – Download](#)

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unable to report how many Canadians have access to collaborative teams. Not all jurisdictions are gathering this information in a consistent way. It's unlikely that in two years governments will be able to say they have met the target established in 2004: that 50% of Canadians would have access to

multidisciplinary teams by 2011. However, since 2004, more evidence has been gathered that shows the value of teams is most significant for specific populations. It may make more sense for governments to focus first on expanding team care for those who need it the most. This may or may not represent 50% of their populations.

Another challenge in evaluating the cross-Canada efforts is that there is no single, clear definition of what makes a truly collaborative team. There are lots of different models of teams in Canada, but little evaluation to tell us how they work together or which mix of health professionals is best for addressing specific health needs. In addition, although research shows that teams make a difference for people with chronic conditions and other specific populations such as the elderly, we don't know how much they make a difference for other populations, or for people with relatively uncomplicated health care needs. More evaluation is needed.

Team-based care is still evolving in Canada. At the Health Council of Canada, we'll be exploring teams in more detail this fall, looking at the barriers standing in the way of broader implementation, and the system support that is needed.

John G. Abbott is Chief Executive Officer with the Health Council of Canada, and a former Deputy Minister of Newfoundland and Labrador's Department of Health and Community Services. The report, *Teams in Action: Primary Health Care Teams for Canadians*, is available at [www.healthcouncilcanada.ca](http://www.healthcouncilcanada.ca).

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# Sandwich Community Health Centre Gets a Toxic Tunnel

Ihinconnection | 21 September, 2009 09:30

The SCHC received funding to purchase a Toxic Tunnel from the Trillium Foundation. The Toxic Tunnel is an inflatable cigarette 24' x 10' x 10'. The Toxic Tunnel allows children to enter into one end of the cigarette and experience interactive non-smoking and healthy life styles education modalities.



SCHC is the only organization in Ontario with a Toxic Tunnel. Why is it important? More Essex adults reported starting smoking earlier; more Essex residents are current smokers and more Essex residents are exposed to second

hand smoke at home and in vehicles than other residents in the province of Ontario. Local agencies need to emphasize the need to stop smoking, more so here in Essex County than in other areas of the province.

Lynda A. Monik  
Executive Director  
Sandwich Community Health Centre Inc.  
<http://www.sandwichchc.org/>

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## eHealth Update

lhinconnection | 21 September, 2009 09:33

*By Steve Banyai  
Erie St. Clair LHIN eHealth Lead and President & CEO of Consolidated Health Information Services*

Over the past few months, eHealth Ontario has been under scrutiny. While we wait for the Auditor General’s report, which is expected this fall and should lay the ground work for what needs to be done internally at eHealth Ontario, we must remember that the agenda remains the same. In Erie St. Clair that means we are working to deliver eHealth Ontario’s agenda of an electronic health record for all Ontarians by 2015.

In March, Ontario’s eHealth Strategy was released. It lays out three clinical priorities (Diabetes Management, Medication Management, and Wait Times) and four foundational priorities (Cornerstone Information Systems, Clinical Activity Information Systems, Technology Services, and, Enabling Practices and Talent Management). The strategy is really a road map of what needs to be done over the next three years across Ontario.

In Erie St. Clair, the LHIN has embraced the potential for Consolidated Health Information Services (CHIS) to deliver on its own priorities in addition to being the technology service delivery vehicle for the LHIN/eHealth. As the eHealth Lead in this region and the President & Chief Executive Officer of CHIS, my role is to ensure that Erie St. Clair is properly prepared to implement a wide range of solutions supported by eHealth Ontario. The good news is that our LHIN, due to the existence of CHIS, is well positioned to do so. In fact, we’ve already started that work.

*Steve Banyai is President and Chief Executive Officer of Consolidated Health Information Services, a Shared Services Organization owned by Windsor Regional Hospital, Chatham-Kent Health Alliance and Bluewater Health. Prior to joining CHIS in January 2009, Steve was the Vice President and Chief Information Officer for Bridgepoint Health for seven years. Bridgepoint Health is a 400 bed complex care and rehab hospital in Toronto. Steve has also worked as a Senior Consultant for Healthtech and was President and CEO of SMB Technologies, his own company which provided IT Strategic Planning and consulting services for hospitals in the Greater Toronto Area.*

*Steve is a native of Essex County, growing up in Kingsville and attending the University of Windsor before departing to the United Kingdom to further his education and career.*

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Last winter, CHIS led a pilot initiative to help physician offices and a Family Health Team link their electronic medical records (EMR) system to a number of hospitals. By doing so, physicians benefit from having comprehensive patient records available in their offices that include access to results of hospital-based services such as lab tests and diagnostic images. It also means that patient care is improved because family physicians are aware of hospital results more rapidly, which means they can also provide care more quickly. Although a limited number of physicians participated in the initial pilot, we are looking at ways to expand this service to other physicians across the region.

In spring of this year, a CHIS Project Management Office (PMO) was established (supported by the LHIN and eHealth Ontario), for the purpose of creating capacity in the area and to ensure the successful implementation of the provincial strategy. The PMO will lead eHealth projects in Erie St. Clair and provide support to health service provider-based projects. Consider the PMO as a shared resource that will help all of us to achieve our common eHealth goals.

This summer, Erie St. Clair was selected as the pilot LHIN to test the community-based Integrated Assessment Record. This exciting project helps healthcare providers in community-based organizations (currently focused on mental health) and hospitals share patient information through a secure on-line viewer. By being able to 'view' information from multiple systems and organizations, providers in a patient's circle of care benefit from a consolidated, more complete view of the patient. Since going live in early August, the number of providers involved in the pilot has expanded and LHINs across the province have indicated that they are eagerly waiting to learn about its success.

Most recently, as your eHealth Lead my energy has been focused on aligning our local priorities with the province and to seek additional support to pursue a number of initiatives that will drive eHealth activities in Erie St. Clair in the coming months. I hope to have more to share on this in the near future.

As we forge ahead on our eHealth activities, CHIS is growing and evolving to better serve our members and health service providers within the Erie St. Clair LHIN. At our recent Annual General Meeting, a number of key themes were identified that will drive our organization and further support the implementation of eHealth solutions in the region. They are:

- Excellence in Service Quality
- Access to the Right Information, Anytime, Anywhere
- Leveraging Information to Apply Knowledge
- Innovative Leadership and Strategic Alliances
- Establishing a Sustainable, Accountable Enterprise

In the coming months, it is our intention to meet with health service providers and clinicians across the region to discuss the eHealth Ontario Strategy, our local priorities, and to better understand local needs and opportunities.

There is a lot of activity currently underway in support of eHealth. Although much of it is focused on complex technologies the end goals are quite simple – eHealth is about enabling people to work together; improving the secure flow of patient information; and, focusing on the patient, their information and the provision of integrated care. It's really about improving patient care across Ontario and in Erie St. Clair.

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