



SPRING 2007

Central West Region Enters New Era in Health Care

For residents in Ontario's Central West LHIN, the events of April 1st may not realize an immediate impact in the way you experience health care, but they will significantly influence the way our local health system responds to your needs in the future.

On that day, the Ontario Ministry of Health & Long-Term Care took the extraordinary step of transferring responsibility for local health services to Ontario's 14 local health integration networks (LHINs).

Locally, this means that the Central West LHIN will now plan, integrate and fund health care services within our region. It's the first time in the Ministry's history that it has entrusted the oversight for health care spending to local organizations.

"This marks a historic shift in the way health care services have been delivered in the past," says Mimi Lowi-Young, CEO, Central West LHIN. "We've been granted an exceptional opportunity as a LHIN and as health care providers serving our region to work collaboratively

and transparently with community residents to make sure the services we are delivering are truly responsive to their needs."

Over the next few months and years, residents will see the local health system evolve to one that offers them better coordinated and better linked services, the right kind and level of services and supports to meet community health needs, and timelier, easier access to high-quality, client-centred services. The local health system will be shaped by the LHIN, health services providers and local residents working together.

LHINs will be responsible for community care access centres (CCACs), community health centres (CHCs), community support services agencies, hospitals, long-term

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Mimi Lowi-Young
CEO, Central West LHIN



Board Chair and CEO meet with Local MPP's to discuss Central West LHIN's Integrated Health Services Plan.

From left to right:

Joe McReynolds, Board Chair;
Mimi Lowi-Young, CEO;
Dr. Kuldip Kular, MPP;
Linda Jeffrey, MPP and
Chris Yaccato, EA to
Vic Dhillon, MPP

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care homes, and mental health and addictions services. The Ministry will continue to oversee individual health care practitioners, family health teams, ambulance services, laboratories, provincial drug programs, provincial health programs, independent health facilities and public health.

Over the next three years, the Central West LHIN will negotiate a service agreement with each health service provider that addresses service volumes, performance targets and opportunities to improve efficiencies. These agreements, previously signed with the Ministry, were put in place to ensure long-term sustainability within the health system.

"It's important to clarify that as a LHIN, we are not going to be running health care services in our region," notes Lowi-Young. "What we are and will be doing is working together with these services to make sure that health care planning is done collaboratively, that opportunities for integrating health care services are realized, and that the services we are providing are the ones that best meet local residents' needs."

Through LHINs, the Ministry is ensuring that decision-making with regards to health service is being carried out at a local level by people who understand the needs of the community. To reinforce this approach, the Central West LHIN has spent the past 18 months meeting with health service providers and community residents to clarify its role and to identify and prioritize health services issues facing the Central West LHIN. What has evolved from those discussions is a list



of priorities that will inform current and future health care planning and funding decisions.

These include a focus on mental health and addiction services, palliative care and end-of-life services, services for seniors, maternal and child services, and rehabilitation services.

"What this all means in the long run is an improved health care experience for patients regardless of where they receive health care services within the system," says Lowi-Young.

Setting Health Care Strategy For The Next 10 Years

When it comes to health care, no one is more passionate about the topic than residents and health care providers within the Central West LHIN.

The Ontario Ministry of Health and Long-Term Care discovered that for itself recently when 85 people showed up to share their viewpoints on the province's 10-Year Strategic Health System Plan.

Hosted by Linda Jeffrey, MPP for Brampton Centre, and Adalsteinn Brown, Assistant Deputy Minister, Health System Strategy Division, Ministry of Health and Long-Term Care, the session provided attendees with insight into the transformations that have taken place in Ontario's health system to date and a snapshot of the priorities we will need to focus on in the future if we are to achieve a sustainable health system.

"We were encouraged by the response of our communities to this initiative," said Joe McReynolds, Board Chair, Central West LHIN. "That passion will serve us well as we continue to engage residents and health care providers in health services planning and integration at a local level."



Board Chair Joe McReynolds highlights Central West LHIN's key priorities

Reinforcing the local perspective at the session was Joe McReynolds, Board Chair, Central West LHIN, whose presentation on the LHIN's Integrated Health Services Plan (IHSP) resulted in a list of health care priorities identified by residents and health care providers through months of extensive community engagement activities.

A focus on maternal/child services, mental health and addictions services, palliative/end-of-life services, rehabilitation services and services to seniors are key priorities that have already been

captured in the Central West LHIN's three year health care plan for the region.

"This is a tremendous opportunity for people in our community to contribute to the provincial health care plan by making sure the government knows what their priorities are when it comes to health care close to home," noted Jeffrey.

During the discussion sessions, when asked for feedback on what areas of focus should be emphasized in the strategic plan, attendees indicated that they felt the health system should help Ontarians achieve good health and wellbeing throughout life, that the system should be a sustainable one that has the resources and people to provide good care in the future, and that the most important priority is equitable and timely access to family health care, and reduced wait times across the system.

Both McReynolds and Lowi-Young moved from table to table during the sessions.

"This was an opportunity for us to listen, to reflect upon what health care providers and residents were contributing to the dialogue, and to validate what we've already heard and built into our regional three-year plan," noted McReynolds. *"The feedback we heard tonight would indicate that we're very much on the right track."*

The provincial government's health plan is designed to build a health care system that delivers on three priorities – keeping Ontarians healthy, reducing wait times and providing better access to doctors and nurses.

For more information about the provincial plan, visit www.ourplanforhealth.ca. For more information about the Central West LHIN's three-year plan, visit www.centralwestlhin.on.ca or call **905.455.1281** to request a copy.



Brampton Centre MPP Linda Jeffrey welcomes a capacity audience

Making Connections At The Leadership Level

A meeting of the minds can generate exceptional outcomes, particularly when they represent some of the greatest knowledge experts in health care leadership.

That was certainly the case on February 20th, when 80 board members and senior executives representing 49 health service providers in the Central West LHIN came together.

The afternoon retreat, hosted by the Central West LHIN, marked the important first steps in developing the collaborative approach at the leadership level that will be necessary to successfully implement a health system-wide strategic plan for the region.

Working in groups, attendees identified key issues, concerns and benefits regarding implementation of the Integrated Health Service Plan (IHSP), and key principles needed to guide ongoing relationship building between service providers.

"This was an opportunity for us to inspire and support each other in our mutual efforts to achieve a common vision for health care in the central west region," says Joe McReynolds, Board Chair, Central West LHIN. *"We need to work together to make that happen, but more importantly, we need to start thinking together as a collective."*

That was a point that facilitator Sister Elizabeth Davis continued to reinforce throughout the afternoon. Sharing her deep insights into value-based and ethical leadership, she initiated thoughtful dialogue amongst attendees by reflecting on lessons learned from regional approaches experienced elsewhere in Canada.

Unlike other regional models across Canada, this approach

respects the governance of local boards and expects and encourages them to continue to lend their voices to shaping the health system.

"This initiative by the Central West LHIN was both innovative and collaborative," notes participant Karen Murphy, Board Chair, CMHA – Peel Branch.

"It was extremely helpful to interact with my 'peers'. The ability to join together and formulate ideas as a group with a common goal will only help to further our integration activities within the LHIN."

With the Central West LHIN having assumed responsibility on April 1st for the planning, funding and integration of health services in the region, the relationship between the LHIN and its health service partners has become increasingly important.

Our ability to deliver local health care services that are easily understood and accessible means we need to agree upon a common vision, set of principles and values, and plan for our health system. And that will only be possible by maintaining an ongoing dialogue with those who develop the visions and strategic plans for their respective organizations.

"It's rare that board members and senior executives from multiple health services have the opportunity to engage in this way," says Mimi Lowi-Young, CEO, Central West LHIN. *"It was a phenomenal experience, and one we plan to repeat many times over in the months and years ahead."*

"The ability to join together and formulate ideas as a group with a common goal will only help to further our integration activities within the LHIN."

Karen Murphy
Board Chair,
CMHA - Peel Branch



Sister Elizabeth Davis shares feedback with attendees during an afternoon break out session.

Primary Care Linkages Key To Chronic Disease Management

According to Statistics Canada (2003), 80 percent of people over the age of 45, or 3.7 million Ontarians, are living with a chronic disease such as arthritis, high blood pressure, diabetes, osteoporosis, asthma, depression, cancer or the effects of stroke.

Almost 70 percent of these individuals are living with two or more chronic conditions. Their costs represent almost fifty-five percent of the province's health care costs to manage these diseases.

The impact of chronic disease in the Central West LHIN is similar and is increasing with an aging population, population growth, and childhood obesity.

Those statistics laid the foundation for a presentation and discussion about chronic disease prevention and management with 22 family physicians at two best practice seminars held recently in Brampton and Orangeville.

Faced with increasing pressures to help patients manage their chronic diseases, physicians embraced elements of the Chronic Care Model presented by facilitator Mike Hindmarsh, President, Hindsight Healthcare Strategies, an affiliate of the MacColl Institute for Healthcare Innovation.



Key Note speaker, Mike Hindmarsh addresses a group of 90 attendees on CDP&M.

"This is a great opportunity for physicians to contribute to health care planning in our own community."

Dr. Sanjeev Goel
Family Physician

"The model really promotes thinking outside the box when it comes to managing chronic disease," says Dr. Sanjeev Goel, a Brampton family physician.

"From a physician perspective, it centres on changing existing processes in our offices and involving other people on the team to better accommodate patients' needs."

The best practice model focuses on improving care in health systems at the community, organization, practice and patient levels.

"Having physicians champion quality improvement efforts in chronic disease prevention and management is critical to success," notes Hindmarsh. *"Our physician participants recognize their leadership role while acknowledging that the needed system changes must be supported by all sectors of health care delivery and policy-making."*

Improved coordination between health service providers and the availability of tools to support individuals in self-monitoring and managing their disease are just a couple of systemic changes the model addresses.

"Maximizing the feedback received from physicians, we will continue to engage them through ongoing dialogue, presentations at hospital family practice rounds and by supporting linkages with health care professionals and community resources to help them implement a Chronic Care Model into their practices," says Elaine Kachala, Planning and Integration Consultant, Central West LHIN.

Reinforcing that commitment, the Central West LHIN hosted a March 30th Leadership Forum with regional health service providers, opening the door to a system-wide discussion and the identification of local strategic initiatives that will support proactive approaches to chronic disease prevention and management throughout the health system.

"This is a great opportunity for physicians to contribute to health care planning in our own community," notes Dr. Goel. *"It nicely complements our formal education rounds, and I would really encourage my colleagues to attend similar sessions in the future."*

For more information, read page 26 of the Central West LHIN's Integrated Health Service Plan, available at www.centralwestlhin.on.ca or contact Elaine Kachala at 905.455.1281, ext. 204.

DIVERSITY REPORT

Embracing diversity requires understanding

The very essence of the Central West LHIN is defined by the individuals who live, work and play here. A respect for the unique characteristics we each bring to the table only serves to enrich the experiences we share as a community.

With an underlying commitment to that belief, the Central West LHIN recognizes that truly responsive health care services can only be realized if we take the time to develop a deep understanding and appreciation for the different cultures and faiths we represent followed by decisive action to support the diversity within our region.

At its February Board meeting the Central West LHIN tabled a proposed Community Engagement Plan for Diverse Communities that speaks to the rich diversity of the residents in the region and the tremendous opportunities we have available to us to develop and deliver culturally competent health care services.

Samina Talat, Community Engagement Consultant for the Central West LHIN notes that the information contained in the report lays a strong foundation for activities planned in the coming year. *"Our priority in the months ahead is to continue building relationships with cultural organizations and faith groups in the region that will help us to better understand how health care services can be more responsive to residents' needs."*

The LHIN is committed to transferring knowledge to health service providers to enable their efforts to better address the diverse needs of the community.

Representing one of the most culturally diverse regions in the province, the Central West LHIN recognizes that culture and traditions, languages, religions, beliefs, value systems, and race are all critical factors in the planning and delivery of health care services.

For more information about the diversity report, please visit our website at www.centralwestlhin.on.ca or contact **Samina Talat** at **905.455.1281, ext. 201** or via e-mail at samina.talat@lhins.on.ca.



Joint Initiatives Promote Access to Care

Funding supports improved access to emergency services

Health service providers serving the Central West LHIN are embracing 'collaboration', coming together to spearhead two innovative projects that will improve resident access to local emergency services.

Their efforts haven't gone unnoticed, with both projects receiving a welcome financial boost from a \$614,170 investment recently announced by the Central West LHIN.

"These regional initiatives reflect the positive outcomes that can be achieved through an integrated approach to health care delivery," says Mimi Lowi-Young, CEO, Central West LHIN.

Frail seniors are already reaping the benefits of the Home at Last project, a joint initiative between William Osler Health Centre and three community agencies. Just as its name suggests, the project helps seniors who no longer require hospital care to get home sooner.

With support from the participating community-based agencies, frail seniors discharged from hospital are picked up from their patient unit and escorted home. Assistance is provided with meal preparation, medication reminders and other services until the family caregiver arrives.

"This project is a wonderful example of how both acute care and non-acute care services can work together to seamlessly integrate services for the benefit of residents in the Central West LHIN," says Gord Gunning, Executive Director, CANES Home Support Services, the lead agency for the project. *"We hope this initiative will spark innovation that will lead to service integration in other areas."*

The initiative is being put into place on seven inpatient units at William Osler's Etobicoke General Hospital and Peel Memorial Hospital locations, and includes both emergency departments.

"When the system is able to come together like this to support the patient, it's rewarding because we can clearly see that it results in more positive outcomes," notes Ruth Beck, Vice President, Patient Services and Site Executive, Etobicoke General Hospital. *"Not only are patients who are being discharged getting the support they need in the*

transition from hospital to home, but this approach is also ensuring that people entering the hospital through the Emergency Department have more timely access to care."

The Advanced Directives Project seeks to address the end-of-life care wishes of both long-term care and complex continuing care patients, and to avoid unnecessary visits to the emergency room. Advanced care planning as a process allows individuals and their families to think about their choices, identify unanswered questions and needs, and then express their choices about their future care.

The joint initiative involves William Osler Health Centre, Headwaters Health Care Centre, two long-term care facilities, and three agencies.

"It is very challenging for residents and their families to deal with health care decisions that relate to life and death. Patients and their families have expectations, needs, and hopes," says Josée Coutu, Director, Halton Peel Palliative Care Network. *"This process is important because it*

can help to ensure that care wishes are known and therefore respected by all members of the health care team, regardless of the care setting."

The project involves the development of a standardized tool that will help guide the discussion about 'end-of-life' care with both the patient and family in long-term care and complex continuing care settings, and will also include a decision tool that will aid in deciding whether and when to transfer a patient to hospital.

"Working together with our health care partners, we have an exceptional opportunity to prevent unnecessary hospital admissions," notes Kim Cook, Vice President and Chief Nursing Executive, Headwaters Health Care Centre. *"Developing a common Advanced Directives tool that is recognized across the continuum of care within the Central West LHIN will enhance communication and coordination of patient care amongst health care providers to ensure that end-of-life wishes of patients are being met."*

"Working together with our health care partners, we have an exceptional opportunity to prevent unnecessary hospital admissions."

Kim Cook
Vice President and Chief Nursing Executive,
Headwaters Health Care Centre

FROM THE BOARDROOM

Board activity has been brisk in the first three months of 2007

Eighty board members and senior executives from health service providers across the LHIN met for the first time as a group in February, setting a new precedent for collaborative regional health care planning at the leadership level. We will continue to nurture these relationships as they are critical to the successful integration of health services within the region.

The Board reviewed and approved an integrated e-Health Strategic Plan, an important joint initiative between the Mississauga/Halton and Central West LHINs that leverages common characteristics, resources and initiatives between the two LHINs to ensure both residents and health care providers have the information they need at their fingertips to make informed decisions about health and health care.

Topics we addressed in the early part of the year included focused discussions about short term strategies to enhance patient flow in the region's hospitals, which has been further supported by the Central West LHIN's recent \$614,170 investment in two initiatives that maximize linkages between the hospitals and community partners.

Addressing one of our priority areas at a health system level, the Board reviewed and discussed the proposed Community Engagement Plan for Diverse Communities that speaks to the importance of providing culturally competent health care services across the region.

We continue to enhance our knowledge of both regional and provincial health issues and activities through education and board development activities, welcoming presentations by the Cardiac Care Network of Ontario (CCN) the Ontario Wait Time Strategy and the Ministry of Health and Long-Term Care on the Ministry's 10-Year Strategic Health System Plan.

In order to identify the most appropriate means for measuring board effectiveness, a Board assessment tool was recently developed and administered by all LHIN Boards.

At the recommendation of the Audit Committee, Deloitte & Touche, LLP have been selected as auditors for the Central West LHIN for 2007/2008.

Most recently, I was pleased to host a special announcement by the Minister of Health & Long-Term Care, George Smitherman, at the new Brampton Civic Hospital location, where the Province designated a welcome \$114 million in capital and operating costs to the new hospital. This is an exciting development for local residents, and we look forward to supporting William Osler Health Centre as it makes preparations for opening the hospital in the Fall.

Joe McReynolds, Board Chair

Reflecting the Central West LHIN's principles on transparency and accountability for decision-making, the Board welcomes the public and the media to its monthly meetings. Board meetings are normally held the fourth Wednesday of each month, but are subject to change. A guide to open meetings of the board and notices of upcoming meetings are available on our website at www.centralwestlhin.on.ca.

EVENTS

April 13 & 14
Community Engagement Sessions
Woodbine Centre

April 20 & 21
Community Engagement Sessions
Shoppers World

May 3
Central West LHIN Open House &
Open Board of Directors Meeting

May 4 & 5
Community Engagement Sessions
Bramalea City Centre

May 23
Open Board of Directors Meeting

May 23 & 24
Celebrating Innovations in Health
Care Expo

June 1 & 2
Community Engagement Sessions
Orangeville Mall

June 27
Open Board of Directors Meeting

July 25
Open Board of Directors Meeting