North East **LHIN**
# NEWS
Fall 2008

# NE LHIN Integration Strategy Moves Forward

On September 26, 2008, the NE LHIN Board of Directors received a document that will chart the course for a more coordinated delivery of health care programs and services in North East Ontario. The NE LHIN ***Integration Strategy*** was reviewed by the Board at its monthly meeting held in Espanola.

The strategy was developed to provide health service providers with information and a clearly defined process to achieve success with health service integration and coordination efforts.

The Local Health System Integration Act (LHSIA, 2006) that gave birth to the LHINs is very clear about the LHIN mandate to *"provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, coordinated health care in local systems, and effective and efficient management of the health system at the local level by local health integration networks."*

NE LHIN Board Chair, Mathilde Gravelle Bazinet, notes that encouraging and overseeing health service integration is a NE LHIN priority that is driven by the need to ensure quality health care services and sustainability of the local health care system.

The strategy supports integration and system changes that:

- ***Enhance access*** to, and quality of, health care services;
- ***Improve the overall patient experience*** within the health system; and
- ***Achieve greater efficiencies*** through the most effective use of available resources.

CEO Rémy Beaudoin notes that, "In the reality of today's health care economy where few or no new funds are available, it is incumbent upon us to look at how to leverage existing funds and resources to ensure the best health care system for the people of North East Ontario.

Integration, and a commitment to work together to decrease duplication and service gaps, is not only fiscally responsible, but ensures that the people who live in our region benefit from a seamless delivery of health care services."

At an information session on integration held for the NE LHIN Board of Directors on August 27, 2008, NE LHIN Senior Director Terry Tilleczek emphasized that it is not the sole responsibility of the NE LHIN to integrate health care services. It must be done in collaboration with the region's health partners.

"The Integration Strategy clearly states the 'what' – the end goal; the 'how' will be determined by each health service provider within the NE LHIN," according to Tilleczek.

*Continued on next page.*

*"This Integration Strategy is a well-needed instrument to help us effectively tackle the complex issues that are having a profound impact on the quality of care provided to individuals across our region. Issues such as: high levels of Alternate Level of Care (ALC) patients in our hospitals; an aging population; a shortage of health care professionals, and a slowing economy that is offering limited new funds. It is clear that the time for looking at a new way to achieve positive results is now."*

*Mathilde Gravelle Bazinet, Chair,*
*NE LHIN Board of Directors*

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The strategy outlines a process to be followed in 2008 to prepare for increased integration activities starting in 2009/10. Full details on the process are outlined in an Appendix to the strategy **(www.nelhin.on.ca)**.

The following provides a high level summary.

**October – December 2008**

- Initiate integration discussions and develop integration proposals by community, planning area and regional levels.

**January – February 2009**

- Integration project proposals will be submitted to Planning Area Health System Round Tables for review, identification of cross-sector and cross-community opportunities, prioritization and development of a 2009/10 planning area-wide integration plan.
- One-time funding will be made available for proposal and concept development across the North East to initiate the Strategy.
- Resources to create an ongoing annual integration fund to support the implementation of integration projects will be identified by the NE LHIN.

**March 2009**

- Final planning area integration plans (including a funding plan) will be reviewed and approved by the NE LHIN Board of Directors.

**April 2009**

- 2009/10 health service provider service accountability agreements will include, or be amended to include, integration requirements as identified in the planning area's integration plan.

While there are many approaches to integration, the NE LHIN will focus its integration efforts in two specific areas -- horizontal integration and vertical integration opportunities -- leading to integrated care pathways based on client conditions and service groups and non-clinical shared services support.

**Horizontal integration refers to integration of one component or sector of the health system with like components or sectors**. This form of integration can achieve greater efficiencies through shared administrative and support services, the consolidation of clinical services and reduced overhead.

**Vertical integration refers to integration across the continuum of services.** This form of integration creates a seamless system of services related to the continuum of care for specific populations. The focus within a vertically integrated system is on providing the right service, at the right time, by the right provider, in the right place.

### The NE LHIN expectation....

*"Integration activity occurs on an annual basis that clearly demonstrates integrated and coordinated health service planning, priority setting and action."*

*NE LHIN Integration Strategy, September, 2008*

As noted by CEO Rémy Beaudoin, "Integration is not a project on its own. It is an approach. Small, continual changes in the health care system will have significant effects."

For more information, please visit www.nelhin.on.ca to download the Integration Strategy; the Integration Information Podcast; reference documents, and more.

*NE LHIN CEO Rémy Beaudoin*

*NE LHIN Senior Director Terry Tilleczek*

## AMONGST THE VOLUMES OF LITERATURE ON INTEGRATION, THERE ARE THREE DEFINITIONS THAT BEST REFLECT THE NE LHIN'S APPROACH TO INTEGRATION:

1 Integration may be seen as a step in the process of health systems and health care delivery becoming more complete and comprehensive. *(Kodner and Spreeuwenberg, 2002)*

2 Integration is the process that involves creating and maintaining, over time, a common structure between independent stakeholders (and organizations) for the purpose of coordinating their interdependence in order to enable them to work together on a collective project. *(Contandriopoulos, Denis, Touati and Rodriguez, 2003)*

3 Services, providers, and organizations from across the continuum working together so that services are complementary, coordinated, in a seamless unified system, with continuity for the client.

*(Canadian Council on Health Services Accreditation, 2006)*

# Community Annual Planning Submission/ Multi-Sectoral Service Accountability Agreements

The North East LHIN has embarked on a new process with Community Health Service Providers (CHSP) from four different health care sectors. This process, known as the ***Community Annual Planning Submission (CAPS),*** will involve the Community Care Access Centre (CCAC), Community Support Services (CSS), Community Mental Health and Addiction Services (CMHA) and Community Health Centres (CHC).

Similar to the process completed with hospitals in 2008, the CAPS process will require service providers to submit a two-year plan covering 2009 to 2011. This two-year plan will present a balanced financial budget along with a detailed description of how the provider intends to:

- achieve operational goals and objectives;
- collaborate with other health service providers; and
- engage the community in order to ensure that the delivery of health care services is effective and sustainable.

Once approved by the NE LHIN, the information provided in CAPS will lead to the next step in the accountability relationship between the North East LHIN and community health service providers, the negotiation of approximately 160 separate accountability agreements with each of the community health service providers in North East Ontario. This agreement, known as the Multi-Sectoral Service Accountability Agreement (M-SAA) establishes the legal operating relationship between the LHIN and the community health service provider. The agreement will run for a two-year period from 2009 to 2011. The CAPS, together with the M-SAA, form the basis of a multi-year planning and funding framework. The CAPS/M-SAA process is expected to be completed between November 2008 and March 2009.

Budget submissions and accountability agreements are not new to community health service providers. They have a well established history of being accountable for the delivery of high quality health services. This new process, and relationship, with the North East LHIN is part of provincial efforts to strengthen the health care system through local collaboration and integration in an effort to improve the access and sustainability of quality health services.

For further information on the CAPS / M-SAA process please visit www.nelhin.on.ca under *"For Health Service Providers."*

# 2008/2009 NE LHIN Operational Plan Well Underway

In July 2008, the North East LHIN Board of Directors approved the 2008/2009 Operational Plan. The Plan defines the ways and means to deliver on two streams of priorities, including:

- Care Delivery
- Sustainability

Enablers include key concepts and documents, such as:

- NE LHIN mission – Health and wellness for All;
- NE LHIN vision – To create an innovative, sustainable and accountable system;
- NE LHIN values – Listen, Integrity, Proactive, Equity, Serve;
- NE LHIN strategic directions and priorities;
- Ministry / NE LHIN Accountability Agreement (MLAA).

**Care delivery** is about making decisions in the best interest of the people served. Initiatives include:

- Integrated Health Service Plan (IHSP) priorities, including:
  - Equity and Access; Aging at Home; First Nations/ Aboriginal/Métis Health Services; French Language Services; Health Human Resources; Information and Communication Technology/Communication Management; Chronic Disease Prevention Management/ Primary Care; Wait Times
- Emerging local priorities, including:
  - Addiction and Mental Health; Surgical Optimization; Laboratory Optimization; Trauma Program; Hospital Over Capacity Surge; Access to Specialists; Weeneebayko Area Health Integration Agreement; Integrated Paediatric Service Delivery System; Dialysis; Capital Projects
- Ministry of Health and Long-Term Care strategies, including:
  - Emergency Room Wait Times; ICU Optimization; Emergency Department Coverage; Quality Care in Long Term Care Homes; Access to Family Health Care; Northern/Rural Hospital Strategy; Affordable Housing (non-profit, cooperative); Chronic Disease Prevention Management (CDPM).

**Sustainability** is about making decisions to ensure the long-term sustainability of our health care system. This includes such NE LHIN initiatives as:

- Integration Strategy
- Continuous Improvement Collaborative
- Alternate Level of Care (ALC)

These three priorities will guide all that the NE LHIN does for the remainder of 2008 and into 2009.

To view the NE LHIN 2008/09 Operational Plan, please visit www.nelhin.on.ca (under About Our LHIN).

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# Aging at Home Projects

## *Moving Ahead; Making a Difference*

**Through the provincial Aging at Home Strategy**, the North East LHIN is building supports in communities to help our seniors to live healthy, active and independent lives in their own homes. By 2011, the North East LHIN will have a base increase of $18.8 million to help fund Aging at Home programs and services across our LHIN. The following is an update on two of the 26 funded programs in Year 1 (2008/2009) of the strategy.

## Parry Sound Reaching Out in Innovative Ways

**The Friends** in Parry Sound is a non-profit charitable organization that offers a basket of services to individuals with disabilities and seniors across the District of Parry Sound and Muskoka. Covering an area roughly three times the size of P.E.I. that crosses two LHINs, Friends provides: 24-hour supportive accessible housing; outreach attendant care/light housekeeping; adult day-away programs; a respite program; and caregiver support.

Earlier this year, the Friends received $141,608 from the **Aging at Home Strategy** to offer services to seniors in a non-institutional setting. Approximately two-thirds of the funding has been allocated to seniors' outreach services and about one-third is going towards a unique partnership with the Parry Sound Public Health Unit to offer direct education/training activities for service providers and caregivers, along with a public awareness campaign on falls prevention.

As noted by Marliese Gause, Executive Director of The Friends, "All of our services are tailored to meet our clients' needs in a non-institutional setting. We look at what is meaningful to an individual and what they need to improve their quality of life. From there, we can structure our programs and services appropriately."

The new funding is welcome news given that seniors aged 65 and over comprise approximately 21% of the Parry Sound Planning area, compared to the provincial average for seniors of approximately 13.6%.

The **Falls Prevention** program is aimed at health care workers, caregivers and the seniors' population and will include a combination of a "train the trainer" approach so that supervisors can provide education to front-line workers, and workshops for caregivers and the public. Since falls often have serious health consequences for seniors, this program hopes to reduce the rate of falls-related injury and premature admission to long-term care homes. Workshops will begin to be offered in October (2008).

The **Outreach Program** for seniors will provide homemaking and personal care as appropriate for eligible seniors across the Parry Sound District. Within three days of the program's launch on September 2, one-third of the program capacity was reached simply by addressing wait lists.

***For more information, on either of these programs, please contact: The Friends at 1-888-746-5102, ext. 221.***

# Aging at Home Projects
## *Moving Ahead; Making a Difference*

## Timmins and District Hospital Sees Net Benefit of Identifying Seniors-at-Risk

The Timmins and District Hospital (TDH) received $100,000 to establish the *Identification of Seniors-at-Risk Screening Tool* (ISAR). **ISAR** is a standardized screening process, used by a health care professional to help identify seniors-at-risk who visit a hospital through a hospital's emergency department (ER). The aim of the ISAR screening program is to identify seniors at risk of functional decline so that community and home supports can be offered sooner, thereby slowing down the rate of decline.

Carlo De Lorenzi, TDH Director of Clinical Services, notes that seniors have the highest admission rate of any patient age group visiting the ER. "With ISAR, we hope to reduce the admission rate by helping to identify seniors who may be at risk so that they can receive supports before they are admitted to hospital. It's a win-win situation -- if we can help a senior return home with proper home support services, the individual is happier and the hospital ER is able to operate that much more smoothly for individuals who need acute health care attention."

TDH received the funding in July (2008) and soon after hired an ISAR social worker to work in the ER alongside an already established social worker. The two professionals work in collaboration with the ER team, administering the ISAR to seniors aged 70 or older who visit the ER.

TDH is monitoring the early progress being made with ISAR and is in regular contact with North Bay General Hospital and the Sudbury Regional Hospital (which are also implementing ISAR), and the North East Community Care Access Centre. The hospitals are eager to help seniors get the care they need in the setting they want, while combating alternate level of care admissions and high ER wait times.

De Lorenzi notes that even in these early stages of ISAR, the hospital is already seeing net benefits. Soon, TDH will be integrating their ISAR program with their Nurse Practitioner Clinic to facilitate those seniors who would benefit from seeing a nurse practitioner to address their care needs.

While seniors are benefiting from ISAR, so too are their family members. "Very often we see family members accompanying their aged loved ones to the ER and they are burnt out from the 24-hour care they are providing," says De Lorenzi. "ISAR allows us to link family members and care givers with homecare support to help ease the work load and stress of caring for a loved one."

***For more information on the Timmins ISAR program, please contact: Carlo De Lorenzi, (705) 360-6047.***

*Julie Joanisse-Gillis, ISAR social worker, administers the ISAR tool at the Timmins and District Hospital.*

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# Health Care Leads

## Providing Expert Advice to the NE LHIN

The NE LHIN is responsible for many different facets of health care. In order to assist the organization in the decision making required to maintain the region's health care priorities, the NE LHIN relies on the knowledge, advice and work of *Leads*. Each Lead is responsible for a particular facet of health care and to support both the NE LHIN and the Ministry of Health and Long-Term Care (MOHLTC) in their work. All Leads report directly to the NE LHIN CEO.

### *The NE LHIN's Four Health Care Leads are:*

Critical Care .....Dr. David Boyle

Emergency Departments.....Dr. Christopher Bourdon

Wait Times.....Bruce Villella and Melissa Farrell

E-Health..... Tamara Shewciw

Tamara Shewciw – E-Health Lead

Currently the Senior Manager, Information Technology at the Group Health Centre in Sault Ste. Marie, Tamara Shewciw was named the NE LHIN **e-health Lead** in January 2006.

The overall purpose of the e-Health Lead is to:

- Act as the primary point of contact for, and back to, the MOHLTC with respect to e-Health in the LHINs;
- Be the regional lead in forwarding the broader e-Health agenda within the health system;
- Be a resource to senior LHIN leadership with respect to e-Health; and
- Bring a Northern voice and perspective to provincial e-health discussions and deliberations.

Current responsibilitities of the e-Health Lead include:

- Ontario e-Health Strategy: Working with MOHLTC e-Health office in the implementation of the Strategy;
- OTN Network Transition: Completing OTN network management transition without disruption to sites and developing a regional approach to operational network management;
- e-Health Privacy and Security Policies: Providing end-user training on websites available to all health service providers in the North;
- Smart Systems for Health Agency (SSHA) Network Deploy: Working with SSHA to pull together all network deploy activities in Northern Ontario into a single plan; and
- Collaboration, communication and sharing: Working towards effective collaboration and communication tools that can be used by, and for, all health service providers in the North.

For more information, please contact: office@ehealthnorth.ca or tamara_shewciw@ghc.on.ca.

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Bruce Villella and Melissa Farrell – *(photo not available)* Wait Times Leads

Bruce and Melissa were named the **Wait Times Leads** for the North East LHIN in September 2007.

Bruce works as a Consultant, Performance, Contract and Allocation, with the NE LHIN, and Melissa is currently Program Manager with the Ministry's Wait Times Strategy.

**As the Wait Times Leads, Melissa and Bruce are responsible for:**

- Acting as liaison between the Ministry and the NE LHIN on Wait Time issues.
- Participating on the provincial Wait Times Advisory Panel.
- Updating LHIN staff on events related to Wait Times issues.
- Liaising with NE hospitals on the allocation and re-allocation of Wait Time volumes.
- Monitoring Wait Time activities.

**Current priorities include:**

- Attending Wait Times Advisory Panel meetings.
- Coordinating re-allocation letters to NE LHIN hospitals.
- Completing Wait Time risk templates for submission to the NE LHIN Board of Directors and Ministry of Health and Long-Term Care.

**For more information on Wait Times in the NE LHIN, please contact either:**
Bruce Villella; bruce.villella@lhins.on.ca; 705-840-2872 ext. 223
Melissa Farrell; melissa.farrell@moh.gov.on.ca; 416-212-1274

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Dr. Christopher Bourdon *(photo not available)* Emergency Department Lead

Dr Bourdon is currently the Chief of Emergency Medicine at the Sudbury Regional Hospital. He was named the NE LHIN Emergency Department (ED) Lead in October 2007. In this role, Dr. Bourdon:

- Works closely with the MOHLTC"s Wait Times team.
- Consults and participates on the Ontario ED Expert Panel.
- Works closely with physician leads involved in various emergency department strategies.
- Participates on the ED LHIN Leaders Provincial Table.
- Contributes to a provincial analayis of ED data on a quarterly basis.
- Supports the ED Strategy and other system improvements
- Is responsible for ED human resource planning across the NE LHIN.
- Advises the NE LHIN CEO on ED issues.
- Organizes and chairs the NE LHIN ED Network.
- Champions improvements in ED service delivery in the NE LHIN.

Dr. David Boyle
Critical Care Lead

Dr. David Boyle was named **Critical Care Lead** for the North East LHIN in May 2006.

As the Critical Care Lead, Dr. Boyle is responsible for:

- Helping to implement the province's plan to improve timely access to critical care services.
- Working collaboratively with the Critical Care providers across the NE LHIN and the NE LHIN CEO to develop plans on the best use of critical care resources across the region.
- Working collaboratively with the other 13 Critical Care Leads across the province.
- Bringing NE LHIN issues to the Critical Care Secretariat which provides strategic direction to the province's growing critical care system.

As Critical Care Lead, Dr. Boyle's current priorities include:

- Critical Care Information System - understanding the data to help better manage the NE health care system
- Surge Planning for Critical Care Units
- Intensivist Led Level 3 Intensive Care Units
- Closing the Trauma Gaps in the North East
- Developing strategies to address the current gaps in emergency specialists access across the North East
- Planning for a shared web-link resource of critical care policies and procedures on the NE LHIN website
- Chronic Ventilation Strategy
- E-ICU pilot project.

Dr. Boyle is currently an Anesthesiologist and Intensivist at the Sudbury Regional Hospital and an Associate Professor of Clinical Sciences with the Northern Ontario School of Medicine.

For more information, please contact Dr. Boyle at:
david.boyle@normed.ca

# Weeneebayko Area Health Authority (WAHA) Moves Forward

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On Moose Factory Island, August 31, 2007, a tri-party agreement **(Weeneebayko Area Health Integration Framework Agreement)** was signed by the provincial and federal governments and local leaders with the goal of helping to improve the health of the James Bay Aboriginal communities by paving the way for the **Weeneebayko Area Health Authority (WAHA).**

The agreement has enabled the amalgamation of the federal Weeneebayko General Hospital and the provincial James Bay General Hospital.

WAHA integrates provincially funded health programs such as acute care emergency, dialysis, diabetes, community mental health and physician services with federally funded First Nation health programs such as primary care and community health services.

When the NE LHIN received its full authority from the provincial government April 1, 2007, the NE LHIN assumed full responsibility to work as an active partner in leading and advancing the Weeneebayko Area Health Authority.

Since that time, the NE LHIN has been working with all stakeholders to ensure the successful integration of WAHA, including:

- The creation of a **WAHA Integration Team** (whose members include representatives from the Federal Government, NE LHIN, James Bay General Hospital, Weeneebayko General Hospital and the three founding Board Members of WAHA).
- The filing of an **application for incorporation** of WAHA to the Ministry of Health and Long-Term Care in August 2008.
- Monthly meetings of the **Integration Team** to ensure the sunset of the James Bay General Hospital and the transfer of rights, obligations, assets and liabilities from James Bay General Hospital to Weeneebayko Area Health Authority.

At the September 26, 2008 NE LHIN Board of Directors meeting, the NE LHIN reaffirmed its commitment to WAHA and support for the following actions by early 2009:

1. Sunset the operations of James Bay General Hospital;
2. Transfer the rights, obligations, assets and liabilities from James Bay General Hospital to Weeneebayko Area Health Authority;
3. Enter in a Service Accountability Agreement with Weeneebayko Area Health Authority (WAHA) by March 31, 2009.

The NE LHIN will continue to work with all partners involved in WAHA. For more information, please visit www.nelhin.on.ca (About our LHIN / Aboriginal, First Nation, Métis Health Services).

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# Governance/ Stakeholder Forum 2008

## WEDNESDAY, NOVEMBER 19

***Reporting Back to the Community…***

**Mark your Calendar -- On Wednesday, November 19, 2008, from 5:30 to 8:30** p.m., the NE LHIN will host its 2008 Governance/Stakeholder Forum. The Forum will provide the opportunity to:

- Provide an update on NE LHIN achievements to date and current and future priorities.
- Review the NE LHIN Integration Strategy.
- Continue the dialogue with key stakeholders on strategic directions of the health care system in North East Ontario.

### Unlike 2007, this year's event will be one forum only

The Forum will be held at video sites across the North East. Delegates will participate in the first half of the forum via a video-link. The second half will include one-on-one round table discussions on selected subject areas and will be facilitated by a NE LHIN Board member and staff person.

### WHO SHOULD ATTEND?

- Board Chairs and CEOs of Health Service Providers;
- Board Chairs and CEOs of Health Partner Organizations – non LHIN-funded organizations which are critical partners in the overall health care system;
- Administrators from universities and colleges;
- Representatives from community groups – individuals who are either users and health service beneficiaries or contributors to health programs.

Forum locations are currently being determined. Please visit www.nelhin.on.ca to review details as they become available.

In the meantime, for more information, please contact: Susanne Phillips; Susanne.philips@lhins.on.ca; 1-866-906-5446 (ext. 235).

## NE LHIN Staff, Ready to Serve You

Staff of the NE LHIN are responsible for providing leadership in addressing the local health care needs of the many communities of North East Ontario. A staff member is assigned to each of the seven geographic planning areas. Please contact the individual assigned to your area with any questions, comments, concerns or information you may have that will help to better serve you.

JUST CALL 1-866-906-5446 AND THE EXTENSION.

### ALGOMA

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Please remember to visit www.nelhin.on.ca often for the posting of new information.


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