North East LHIN News

January 2008/February 2008 Volume 2, Number 1

Special ALC Issue

New Year Begins with Shared Resolve to Alleviate ALC Pressures

Task Force Report and Action Plan offer strategies to help resolve ALC

On December 19, 2007, the Board of Directors for the North East LHIN received the much anticipated ALC Task Force Report, in addition to a NE LHIN ALC Action Plan. Both documents work hand-in-hand to set strategic directions and short-, mid- and long-term strategies to stabilize Alternate Level of Care (ALC) in North East Ontario.

As a result of these two significant documents, the new year has begun with a fresh outlook on an old problem – the health system pressures caused by growing numbers of ALC patients in hospital acute care beds.

Although a common problem across Ontario, it is recognized that the NE LHIN has the highest ratio of ALC patients in acute hospital beds (estimated at 30%) of any LHIN in the province. It is also recognized that resolving ALC is a people issue and every ALC statistic has a face behind it – the frail and elderly members of families, neighbourhoods and communities across North East Ontario.

The Task Force Report and Action Plan systematically depict North East ALC pressures and offer short-, mid- and long-term healing strategies.

Charged with transforming health care, the NE LHIN has made ALC a priority and worked tirelessly in 2007 with informed health care partners who served on ALC Task Forces in its urban centres of Sudbury, Sault Ste. Marie, Timmins and North Bay. This mammoth effort culminated in December's 200-page Task Force report *"A Review of Alternate Level of Care Pressures in North East Ontario: Findings and Recommended Strategies"*.

CEO Rémy Beaudoin is intereviewed by local media following the December 19, 2007 Board of Directors meeting and receipt of the ALC Task Force Report.

The NE LHIN is proud to have spearheaded this first comprehensive ALC Report which also identifies 74 local and regional initiatives to address ALC. While the document acknowledges that a resolution to ALC pressures will take time and a collaborative effort, it does provide a constructive and regionally appropriate three-year framework for this integrated approach.

The report states that its four ALC Task Forces concur that the report itself represents the beginning, rather than end, of a process. Continuing ALC attention will benefit North East Ontario's patients, their families, health services provider agencies and institutions.

"By receiving the ALC Task Force Report and approving the accompanying NE LHIN ALC Action Plan, we have demonstrated our priority of turning the ALC challenge around in North East Ontario so that potential ALC patients can receive quality care and health service providers can operate without the undo pressures created by ALC," said NE LHIN Board Chair Mathilde Gravelle Bazinet.

Access the ALC Task Force Report at www.nelhin.ca.

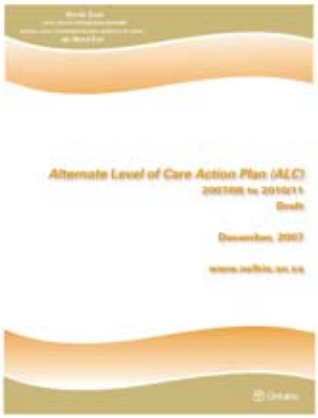
North East LHIN News is a monthly electronic newsletter to keep healthcare providers in North East Ontario abreast of the latest developments of the NE LHIN. New readers who have a vested interest in North East Ontario healthcare issues are always welcomed. For more information, please email cynthia.stables@lhins.on.ca.

Ontario

Planning to heal a system illness: ALC Action Plan guides next three years

The ALC dilemma has taken many years to exert its current misery on North East Ontario's health care system, but new NE LHIN-led ALC targets and initiatives are intended to heal that disorder.

The NE LHIN *ALC Action Plan 2007/08* to 2010/11, approved in December 2007 as a counterpart to the ALC Task Force Report also received by the Board, establishes ALC targets, strategic directions and initiatives for the next three years.



The succinct Action Plan addresses the ALC issue through strategies which focus on both resource/capacity issues (based largely on the ALC Task Force recommendations/initiatives) and improvements in processes of care delivery. It states that through these enhancements, the NE LHIN will be able to reduce the growing number of ALC patients in the system. This will be accomplished through ongoing partnerships with health service providers who best understand how to address ALC in the North East.

The ALC Action Plan sets an aggressive target of reducing the ratio of ALC patients in acute care beds by 25% per year for the next three years. In addition, the Action Plan identifies the funding of close to $2 million in ALC initiatives to be implemented between January and March 31, 2008.

Additional funding opportunities for ALC and health care improvements in the North East include: the three-year Aging at Home Strategy to allow seniors to live independently longer ($33 million), LHIN priority funding (April 2008; $2.9 million), possible new funding stemming from the NE LHIN Annual Service Plan (June 2008), and additional one-time funding opportunities (December 2008).

CEO Rémy Beaudoin affirms that all measures and funding envelopes will be reviewed to ensure their effectiveness in the battle to confront the ALC dilemma in the North East LHIN.

"No one person today knows the right mix of strategies to resolve this challenge," says Beaudoin. "The NE LHIN is therefore committed to continually evaluating every investment made in relation to the impact on ALC so that we can achieve our ALC target."

Access the NE LHIN ALC Action Plan at www.nelhin.on.ca.

Funding ALC initiatives in 2007/08

Funding isn't the sole solution to the ALC challenge, although the North East LHIN has been able to target close to $2 million in the current fiscal year to support initiatives across the region.

These initiatives, grouped by the LHIN planning areas of Algoma, Cochrane, Manitoulin-Sudbury, Nipissing, Parry Sound and Timiskaming, have been provided with one-time financial assistance. The projects were proposed by knowledgeable ALC Task Force members serving the North East. Thirty-eight initiatives received approval at the December 2007 NE LHIN Board meeting and will be implemented by March 31, 2008.

As a health system issue, the NE LHIN generally believes the ALC dilemma will not be resolved by simply putting more money into the system. Rather, it considers that ALC pressures will be alleviated by making wise decisions on the funding that is already in the system, and focusing on increasing the overall mix and quantity of health care services provided within communities.

The 2007/08-funded initiatives vary by agency from methods of assessing risk to ward-off ALC congestion, to conducting feasibility studies to prepare for appropriate care settings. This continuum corresponds with the ALC Task Force Report's strategic directions for short-, mid-, and long-term initiatives.

In summary, for 2007/08 the Algoma planning area received total one-time funding of $284,000, Cochrane's is $307,742, Sudbury-Manitoulin's is $834,912, Nipissing's is $345,924, Parry Sound's is $95,486, and Timiskaming's is $127,842.

The complete list of funded ALC projects for 2007/08 follows on page 3.

ALC Projects Funded by NE LHIN for 2007/08

Algoma		
Canadian Red Cross SSM	End-of-Life Care Volunteer Development	$15,000
NECCAC (ARCH)	Day Hospice Program; Residential Hospice Program	$150,000
Pioneer Manor LTCH	Regional Geriatric Program	$14,700
Sault Area Hospital	ISAR (Identification of Seniors at Risk)	$17,000
Sault Area Hospital	Bridge Funding to allow resident placement in retirement home while awaiting LTC bed	$50,000
Sault Area Hospital	Preferred Accommodation Subsidy	$37,500
Cochrane		
CMHA Timmins (Cochrane DSSAB)	Transportation Feasibility Study	$50,000
Pioneer Manor LTCH	Regional Geriatric Program	$7,452
Timmins District Hospital	Hospice Feasibility Study	$35,000
Timmins District Hospital	ISAR (Identification of Seniors at Risk)	$17,000
Timmins District Hospital	ALC programs and services	$198,290
Manitoulin-Sudbury		
Canadian Red Cross Sudbury	IADL (Instrumental Activities of Daily Living) & ADL (Activities of Daily Living)	$144,000
Independence Centre and Network (ICAN)	Health and Safety items	$74,800
Mnaamodzawin	Specialized wound care equipment (VAC)	$17,892
NECCAC (Maison La Paix)	Purchase of 10 Palliative Beds	$140,000
NECCAC and Mnaamodzawin	Purchase of specialized would care equipment (VAC)	$110,000
Pioneer Manor LTCH	To maintain 20 interim beds for which funding has expired	$208,900
Pioneer Manor LTCH	Regional Geriatric Program	$19,320
Sudbury Regional Hospital	ISAR (Identification of Seniors at Risk)	$17,000
VON Sudbury and Alzheimer Society Sudbury-Manitoulin	Caregiver Support and Respite	$30,000
VON Sudbury, Ukrainian Citizen Club and Sudbury Finnish Rest Home	Seniors Seniors Supportive Housing	$73,000
Nipissing		
Casselholme, NBGH and NECCAC	Early implementation of Aging at Home Strategy	$119,032
NBGH	ISAR (Identification of Seniors at Risk)	$17,000
NECCAC	Purchase of specialized would care equipment (VAC)	$89,000
NECCAC and VON	Pilot Project on the implementation of an electronic wound care client record	$58,000
PHARA	Supportive Housing Services & Purchase of Overhead Lifts	$54,000
Pioneer Manor LTCH	Regional Geriatric Program	$8,892
Parry Sound		
Eastholme CSS	Meal & transportation services	$5,000
Lakeland LTCH	Professional staff recruitment	$10,000
Lakeland LTCH	Feasibility study - supportive housing complex and district geriatric clinic	$40,000
Pioneer Manor LTCH	Regional Geriatric Program	$2,486
The Friends	Expansion to Outreach & Respite services	$35,000
Wasauksing First Nation	Assisted Living Programs	$3,000
Timiskaming		
Local Health Service Providers	Transportation and Planning	$69,610
Pioneer Manor LTCH	Regional Geriatric Program	$3,972
Timiskaming Home Support	Purchase of 30 Lifeline® units	$22,260
Timiskaming Palliative Care Network	End-of-Life Care Volunteer Development	$15,000
To be determined	ISAR (Identification of Seniors at Risk)	$17,000

Ontario

Highlights of Selected ALC Initiatives by Planning Area:

Timiskaming

ALC patient wears a Lifeline® unit necklace that will provide her with 24-7 access to assistance.

Timiskaming Home Support is receiving $22,260 to purchase 30 Lifeline® units. The units will play an integral role in the development of a new supportive housing service for the frail elderly in the Town of Kirkland Lake.

The Lifeline® units will provide individuals with 24-7 access to assistance. Clients will wear a bracelet or necklace, that when activated, will connect them to a personal support worker who is paged to provide immediate assistance.

Aside from two nursing homes and a hospital, the Town of Kirkland Lake has no facilities tailored to meet the needs of the frail elderly. According to Heather Thornton, Executive Director of Timiskaming Home Support, "The supportive housing service will utilize the Lifeline® units to provide a significant service that will help to keep the frail elderly at home longer. Should any of these individuals need to be hospitalized, the service will help to shorten their length of stay as physicians are more likely to send an elderly patient home if they know that a support system is ready and waiting for them when they arrive."

Algoma

The North East Community Care Access Centre will receive $150,000 for the new Algoma Residential Community Hospice as well as the Algoma Day Hospice Program.

The new 10-bed community hospice will be up and running this spring. It will provide compassionate end-of-life care to terminally ill patients who can no longer stay at home but do not require acute hospital care. The hospice will provide 24-7 professional services and will also depend heavily on volunteers. $140,000 of the money will go towards the purchase of 10 Hill Rom Versacare beds – beds that are tailored to meet the needs of palliative patients.

$10,000 of funding will go to the Algoma Day Hospice Program which is in its fourth year of operation. This program provides self-selected therapies to people living in the community with a terminal illness. Volunteers help patients participate in such therapeutic exercises as Reiki, massage therapy, meditation, art and music therapy. Helen Ross, CEO of the Algoma Residential Hospital says, "These hospice programs are vital for the terminally ill in our community. They provide the kind of environment needed to keep palliative patients living life to the fullest in the final stages of their lives. The types of people we serve are those who do not need the high-tech care of a hospital, rather a loving and caring environment that resembles a home setting."

Nipissing Planning Area

A collaborative project among Casselholme (East Nipissing District Home for the Aged), the North Bay General Hospital, North Bay Alzheimer Society, the North East Community Care Access Centre (NE CCAC), the Algonquin Nursing Home and other community partners is receiving $119,000 to enhance community support services to allow seniors to live with dignity in their homes longer.

The program will target seniors dealing with age-related disabilities and consideration will be given to services, programs and supports that would allow formal caregivers as well as family, friends and neighbours to continue caring for seniors in the community. Services being considered for the program may include: home maintenance and repair, caregiver support - respite; home help and home making.

Nancy Jacko, Vice President Medicine Care Centre & Mental Health/Addictions Care Centre with the North Bay General Hospital, says "This money will help to kick-start the support program and help to determine which service areas the program should focus on. As the Aging at Home Strategy unfolds, we will be able to build onto the program and expand the services it provides for seniors in need."

Brenda Loubert, Administrator at Casselholme indicates, "This is a positive step towards building the community's capacity to deliver services in a lower cost environment. The goal is to maintain seniors in their homes and divert early admissions to Long-Term Care Homes or hospitals."

Manitoulin - Sudbury

Pioneer Manor in the City of Greater Sudbury is receiving $208,900 to fund 20 interim beds that are currently located at the Sudbury Regional Hospital.

Randy Hotta, Director of Pioneer Manor and Senior Services, notes that without the funding the beds would have closed on April 1. "This funding provides a win-win situation for all involved," notes Mr. Hotta. "The 20 ALC patients will continue to receive care that is tailored to their needs, acute care patients at the hospital will continue to have access to beds that will provide them with the specialized care they need, and the hospital is relieved of any additional ALC pressures that the closure of 20 ALC beds would have caused."

Parry Sound

The Lakeland Long-Term Care Residence in Parry Sound is receiving $40,000 to undertake a feasibility study to look at the need for supportive housing in the West Parry Sound Region.

Lakeland is one of two long-term care homes located in Parry Sound, with two other nursing homes located in the eastern part of the West Parry Sound region. It was opened in 2005 and reached full capacity within 18 months. Lakeland, along with Belvedere Heights LTCH, both operate with a substantial waiting list.

Parry Sound is a picturesque community whose senior population is on the rise as people chose to retire amid the area's beauty.

Len Fabiano, Administrator of Lakeland, notes that this funding will help to document the fastest growing segment of the Parry Sound population. "Without the study, we would be planning blindly. Once we have a clearer picture of our changing population base, we will be able to better determine the best options to meet the health care needs of seniors throughout the West Parry Sound district." A possible supportive housing complex would help the elderly to live independent lives longer by ensuring their environment is best suited to meet their changing health care needs.

Investigation is also underway to possibly develop a geriatric clinic to help keep aging individuals in the community longer, and out of the hospitals, by ensuring their needs are met in a one-stop shopping type of format. A geriatric nurse practitioner would help seniors navigate through the health care system so that they get the care they need from the right group of health care professionals. According to Mr. Fabiano, "This will allow for a more proactive and preventative approach to caring for the elderly in our community."

Cochrane

The Timmins and District Hospital (T&DH) is receiving $198,200 to address ALC programs and services that will help existing ALC hospital patients return home.

Carlo De Lorenzi (right), Director of Clinical Services with Timmins and District Hospital (T&DH) is hopeful that the NE LHIN funding will help to alleviate ALC pressures within the T&DH and the City of Timmins.

Carlo De Lorenzi, M.S.W., R.S.W., Director of Clinical Services at the T&DH says, "This injection of funds will help us in addressing our immediate ALC challenges. In the longer term, we are confident that there will be further assistance in developing appropriate community-based programs to help ease our ALC pressures through the Aging at Home Strategy and the implementation of the recommendations outlined in the ALC Task Force Report."

The T&DH is working with the North East Community Care Access Centre, as well as other community partners, to determine the best mix of programs and services to support ALC patients to live independently longer in the community.

Possible programs and services being considered include: community-based nursing support, meals on wheels, IADL (Independent Activities of Daily Living), options such as homemaking, snow shoveling, and purchase of assistive devices, etc.

Mr. De Lorenzi emphasizes that, "We are very appreciative of this funding which is a demonstration of the North East LHIN's commitment to helping us address the ALC pressures in our hospital and community."

Regional Initiatives

On behalf of the North East, Pioneer Manor is receiving $457,000 to develop a specialized regional geriatric program.

Currently there are five Regional Geriatric Programs around the province and each was established in an Academic Health Science Centre. With the opening of the Northern Ontario School of Medicine in the fall of 2005, and the rapid increase in our senior population, the timing has been right to develop a program for the North East.

A key component to the operations of the Regional Geriatric Program is the linkages with other service providers throughout the North East who will work together to ensure that seniors effectively access the programs and services they need to remain in their own homes.

Ted Callaghan, a member of the Senior's Advisory Panel for the City of Greater Sudbury and a city, councillor says "One of the highlights of a North East Regional Geriatric Program is the recruitment of a Geriatrician and we are very close to being able to make a public announcement. The Geriatrician we are trying to secure is an enthusiastic physician who is in her final year of study and who desires to move back to North East Ontario. We are extremely hopeful that she will be able to start seeing patients in early spring 2009."

This is good news for the people of North East Ontario. One of the key goals of a specialized geriatric program is the promotion and wellness of seniors through one team of professionals that may include a Geriatrician, a nurse practitioner, nutritionists, and social workers. The Regional Geriatric Program will also become a resource for all members of the medical community in a field of medicine that cares for the rapidly growing elderly population.

Aging at Home Strategy – An Update

The three-year Aging at Home Strategy, announced by the Province in August 2007, aims to put programs and services in place to allow seniors to live healthy, independent lives in their own homes longer. The $700 million initiative translates into just over $33 million over three years for the North East LHIN as follows:

2007/08 planning dollars:	**$202,000**
2008/09 initial base investment (Year 1):	**$4,290,570**
2009/10 base increase (Year 2):	**$10,662,643**
2010/11 base increase (Year 3):	**$18,831,868**
Total:	**$33,785,081**

The Strategy will impact how services are delivered. Its goal is to provide more equitable access to health care, matching the needs of local seniors with appropriate supports. These supports could include enhanced home care and community support services such as meals, transportation, shopping, snow shoveling, friendly home calling, adult day programs, homemaking services, caregiver supports and more.

On October 31, 2007 the NE LHIN submitted a high-level aging at home Directional Plan to the Ministry of Health and Long-Term Care (MOHLTC). The Plan spoke to the issues and recommendations for a North East strategy.

In early December 2007, CEO Round Tables* from across the North East met to identify local aging at home initiatives that could be implemented for 2008/09. Round Tables are currently in the process of developing Local Service Delivery Proposals which will be rolled up into an aging at home Implementation Plan and submitted to the MOHLTC at the end of February.

To date, the North East LHIN has managed the aggressive timelines of the Aging at Home Strategy by leveraging processes and programs that are already in place. As such, information for both the directional and implementation plans has been gathered with input from the: ALC Summit, ALC Task Forces (North Bay, Sudbury, Sault Ste. Marie and Timmins), CEO Round Tables, Interim Aboriginal Health Planning Group, and the Request for Information submissions which fed into the North East LHIN Annual Service Plan (ASP). In addition, North East LHIN staff met with provincial senior associations in November 2007 to discuss challenges and opportunities associated with enabling seniors to live safely at home with dignity and independence.

According to Terry Tilleczek, NE LHIN Senior Director of Planning, Integration and Community Engagement, "Over the past five months, we have been working to build a strong foundation on which the Strategy can successfully move forward over its three-year term. As we move into the planning for Years 2 and 3, our focus will be on speaking directly with seniors in our region to get their input into what specific programs and services the North East LHIN could provide to support seniors to age at home in a quality environment."

To assist with the planning for Years 2 and 3 of the Strategy, the NE LHIN is currently:

- Finalizing the development of an extensive community engagement program for seniors which will be underway in February/March 2008. The community engagement will be conducted in each planning area including a process for the Aboriginal/First Nation/Metis populations;
- Undertaking a provincial and national literature review of innovative approaches to aging at home;
- Developing a health system profile of each NE LHIN planning area;
- Developing an aging at home evaluation framework;
- Undertaking a point-in-time analysis of the region's long-term care home sector;
- Hosting a Senior Summit entitled, Aging at Home Successfully, on March 18 and 19, 2008 in Sault Ste. Marie.

Details on all of these Aging at Home initiatives, and more, are posted on the NE LHIN website. Visit www.nelhin.on.ca to receive the latest information or contact the NE LHIN Planning Consultant for your area (see back page.)

* CEO Round Tables have been established across the North East. These tables are comprised of CEOs from health service provider agencies and institutions. The Round Tables provide health system advice and implement strategies to meet the NE LHIN strategic directions.

ALC Task Force Members

The Task Force report is arguably the most comprehensive document across the province on ALC within a designated region. It is unique because it is the result of some 40 well-informed health care professionals across the region who dedicated nine months of their time in 2007 to study, dissect and document the causes and possible solutions to ALC. The North East LHIN is most appreciative of the time and commitment these individuals gave to this complex health care issue.

Sudbury

Name	Sector
Tim Beadman	Ambulance Services
Valerie Scarfone (Chairperson)	Community Support Services
Maureen McLelland	Community Mental Heath
David McNeil	Hospital
Debbie Szymanski	Hospital
Tim Beadman for John Rodrigues	Municipal
Frankie Vitone	NE CCAC
Karen Bennett	NEMHC
Claire McChesney	Long-Term Care Homes
Dr. Chris McKibbon	Primary Care
Laurie Fraser	Public Health
Colette Prevost	MCSS

North Bay

Name	Sector
Jean-Guy Belzile	Ambulance Services
Alice Radley	Community Support Services
Nathalie Ouellette	Community Mental Heath and Addiction
Nancy Jacko (Chairperson)	Hospital
Peter Chirico	Municipal
Ann Matte	NE CCAC
Jo-Ann Lennon Murphy	NE CCAC
Karen Bennett	NEMHC
Carolyn Hendry	Long-Term Care Homes
Brenda Loubert	Long-Term Care Homes
Dr. Wendy Graham	Primary Care
Lois Houston	Public Health
Fran Laframbois	Public Health

Sault Ste. Marie

Name	Sector
Henry Alamenciak	Ambulance Services
Lynn McCoy	Ambulance Services
David Stokes	Ambulance Services
Carolyn Cybulski	Community Support Services
Jane Sippell	Community Mental Heath
Shelley McEachern (Chairperson)	Hospital
Lou Turco	Municipal
Rick Cobean	Municipal
Ann Matte	NE CCAC
Charlene Romiti	NE CCAC
Janice Hodgson	Long-Term Care Homes
Doreen Archambault	Long-Term Care Homes
Dr. Patty Avery	Primary Care

Timmins

Name	Sector
Steve Trinier	EHS/Ambulance Services
Heather Ladouceur	Community Support Services
Liz DiTullioq	Community Mental Heath
Carlo De Lorenzi	Hospital
Heather Bozzer	Municipal
Ann Matte	NE CCAC
Lily Petrus	NE CCAC
Claude Roy	Long-Term Care Homes
Joy Galloway (Chairperson)	Primary Care
Betty Ann Horbul	Public Health
Christine Leclair	Resource

Celebrating Innovations

The North East LHIN is hosting an **Aging at Home Community Innovation Exchange on Wednesday, February 20.**

The annual **Celebrating Innovations in Health Care Expo**, hosted jointly by the Ministry of Health and Long-Term Care along with the 14 Local Health Integration Networks (LHINs) is returning for its third successful year on **Tuesday April 22, 2008.**
Please watch www.nelhin.on.ca for more details on both of these events.





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.

Algoma	Michael O'Shea Bruce Villella	mike.oshea@lhins.on.ca bruce.villella@lhins.on.ca	1-866-906-5446 X 202 1-866-906-5446 X 223
Cochrane	Monique Rocheleau Barry Lajeunesse	monique.rocheleau@lhins.on.ca barry.lajeunesse@lhins.on.ca	1-866-906-5446 X 218 1-866-906-5446 X 204
James Bay and Hudson Bay Coasts	Gertie Mai Muise Carol Philbin Jolette	gertiemai.muise@lhins.on.ca carol.philbinjolette@lhins.on.ca	1-866-906-5446 X 208 1-866-906-5446 X 203
Manitoulin - Sudbury	Phil Kilbertus Michael Stetch	phil.kilbertus@lhins.on.ca michael.stetch@lhins.on.ca	1-866-906-5446 X 209 1-866-906-5446 X 234
Nipissing	Frank McGoey Carol Philbin Jolette	frank.mcgoey@lhins.on.ca carol.philbinjolette@lhins.on.ca	1-866-906-5446 X 207 1-866-906-5446 X 203
Parry Sound	Michel O'Connor Barry Lajeunesse	michel.oconnor@lhins.on.ca barry.lajeunesse@lhins.on.ca	1-866-906-5446 X 219 1-866-906-5446 X 204
Timiskaming	Michel O'Connor Bruce Villella	michel.oconnor@lhins.on.ca bruce.villella@lhins.on.ca	1-866-906-5446 X 219 1-866-906-5446 X 223

PLEASE REMEMBER TO VISIT WWW.NELHIN.ON.CA OFTEN FOR THE POSTING OF NEW INFORMATION.

Ontario