North East **LHIN**
NEWS
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Engage 2009 – Enhanced Care, Enhanced Service, Enhanced Health


Terry Tilleczek, Senior Director of Planning, Integration and Community Engagement

Profile – Engage 2009

Terry Tilleczek is the Senior Director of Planning, Integration and Community Engagement for the North East LHIN. Terry has been with the LHIN since September 2006. He and his staff are responsible for planning the region's LHIN-funded health care programs and services, leading integration activities, and developing community engagement practices for the North East LHIN. Terry recently sat down with the editor of NE LHIN News to paint a picture of what is involved in producing an IHSP and why it is important for people living in our LHIN.

1. What is the Integrated Health Service Plan?

The Integrated Health Service Plan or IHSP is really a strategic plan. Within the LHIN legislation, it is written that each of the 14 LHINs across the province of Ontario will manage the development of an IHSP.

Our first IHSP was published in 2006. It was a three-year plan.

In April 2009, the North East LHIN launched a re-fresh of this original plan. Within this refresh, we are looking to confirm and re-affirm in some instances, the health care priorities in the region, within the context of the provincial goals and objectives of the Ministry of Health and Long-Term Care. The refresh will also include the specific actions needed to ensure that these priorities and any others identified, are implemented effectively over the next three years.

The LHIN's were established to be the local voice for health care in Ontario – from the provider to the professional to the patient. In keeping with this notion, our refresh will involve extensive discussions and engagements with the people and organizations of our region so that we can be sure that the final document is a true reflection of the health care needs of people living in North East Ontario.

2. What are the current priorities of the NE LHIN?

Our first IHSP was developed following engagement with more than 2500 people across our region. In this original plan, seven health care priorities were determined, including: (1) Aboriginal/First Nations/Métis Health Services; (2) Chronic Disease Prevention and Management; (3) French Language Health Services; (4) Health Human Resource Needs; (5) Information and Communication Technology/Information Management; (6) Primary Care Reform; and (7) Wait Times.

Over the past three years, the NE LHIN has been actively working on projects and initiatives to carry out these priorities. In addition, two other priorities have been the focus of much activity and programs; Alternate Level of Care (ALC)* and Integration.

The IHSP will continue to be a living document that is flexible enough to be able to include additional health care priorities as they arise.

3. How have these priorities changed?

We know that many things have changed since December 2006:

- We are in the midst of a world-wide recession that is having an impact on every aspect of society, including government funded programs and services;
- Today, more so than three years ago, there are more alternate level of care patients in our hospital beds who are awaiting placement in long-term care homes or community programs, and;
- Today, as an organization, the NE LHIN has a much clearer picture of the health profile of people living in our region, such as the fact that we have an above provincial average number of elderly people, our citizens wait longer for surgeries, and our communities are home to more people living with chronic diseases like diabetes.

As you know, the role of the NE LHIN is to effectively communicate the local health care needs and priorities of our region to our colleagues at the Ministry of Health and Long-Term Care in Toronto. Our staff and board members do this on a regular basis. The current provincial priorities are also ones that are reflective of the health care status of our region. These priorities will be put forward for discussion during our engagement sessions with a wide range of people over the next few months. They include:

(1) Emergency Departments - Improving people's access to hospital emergency departments by reducing the amount of time a patient spends waiting for care in the emergency department.

(2) Alternate Level of Care* - Improving people's access to hospital care by reducing the amount of time that an alternate level of care patient spends in a hospital acute care bed.

(3) Chronic Disease - Improving the rate of chronic disease, such as diabetes in our region.

We want to engage people on how we can best put these priorities into action through LHIN-funded programs and services available to people living in North East Ontario. We also want to know what other priorities people think are important for our region.

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Community engagement is the most important part of our IHSP. Health care is a people issue; a community issue; and we want our IHSP to reflect the thoughts/comments/input of as many people and communities as possible.

4. What exactly do you mean by community engagement?

Community engagement can include a range of events and activities that help to encourage people to be active partners in the development and implementation of any given issue. The issue we are talking about here is health care and the mechanism to guide this issue will be the North East LHIN IHSP.

By engaging the community through: our website; one-on-one meetings with the public, community leaders and health service providers; focus groups; and both formal and informal meetings, we will ultimately have a better IHSP in the end.

The objective of the IHSP is to reflect what the community needs and wants out of its health care system. We can only determine this by asking the right questions to the right people, and by being committed to actively listen and document what people have to say. The North East LHIN is dedicated to effective community engagement.

5. How can individuals have input into the IHSP?

We are looking at several ways to engage our communities. A few were mentioned in the previous question and some are still in the concept stage. **I encourage people to visit our website at www.nelhin.on.ca to learn more about our community engagement efforts.**

6. Who approves the IHSP?

The IHSP will be validated through our ongoing community engagement sessions. Ultimately our Board of Directors will approve the document.

7. When will it be published?

November 30, 2009

* An Alternate Level of Care (ALC) patient is an individual in a hospital bed who is waiting to go home or to another setting that would better meet their health care needs (e.g. a long-term care home, complex continuing care, or another community-based care program).

Brief Overview of the Integrated Health Service Plan (IHSP) - its history and relationship with LHIN's

The Local Health System Integration Act, 2006 (LHSIA) outlines the expectations for a transformed health care system in Ontario. This transformed system requires well thought-out community engagement and system-wide planning activities.

In February 2005, the North East LHIN completed its first, full scale series of community consultations to develop our first IHSP. This inaugural IHSP established priorities for change within the NE LHIN in keeping with the goal of a transformed health care system across Ontario.

The NE LHIN is held accountable to deliver an Integrated Health Service Plan (IHSP) to the Minister of Health and Long-Term Care every three years. This strategic plan outlines a vision and health care priorities that reflect the needs of people living in North East Ontario.

The LHINs second IHSP (2010– 2013) will recognize the health system planning that has continued since the publication of the first IHSP (December 2006) while focusing on strategies to better integrate the local health system.

In addition to linking with provincial health care priorities, the second IHSP will be integrated with other activities of the NE LHIN, including:

- The NE LHIN's Annual Service Plan, which is submitted to the Minister each year and which provides more detail on available resources and how they can support the priorities of the IHSP.
- The Ministry-LHIN Accountability Agreement (MLAA) which determines such things as the funding to be received by the NE LHIN, health system performance targets, and an investment plan.

Similarly, the accountability agreements established between the NE LHIN and its close to 200 health service providers will reflect the priorities of the IHSP and/or the Annual Service Plan.

Terry Tilleczek, Senior Director of Planning, Integration and Community Engagement (PICE) and Michel O'Connor, NE LHIN PICE consultant, review the engagement strategy for the Integrated Health Service Plan (IHSP) Refresh.

What is community engagement and why do it?

Each of Ontario's 14 LHINs were created with a legislation that calls for engaging people to help deliver the LHIN mandate of planning, funding and integrating the local health care system. The very word ***local*** was determined to be an essential part of the title of these new regional health authorities. Local Health Integration Networks were created to work with the provincial government and citizens to transform the Ontario health care system.

In order to be effective, LHINs must operate with priorities that reflect the health care needs of the people they serve. Within a North East LHIN context, this means the needs of 560,000 people with culturally and socially diverse backgrounds that are spread out over a largely remote and rural 400,000 square kilometres.

Engaging, or talking, or discussing, or meeting with the people who are the very fabric of our unique and diverse part of Ontario, is an absolutely essential part of the North East LHIN. Community engagement is the single most important part of our strategic plan, called the IHSP that guides all that we do over a three-year period.

How can any LHIN ensure that it is meeting its obligation to operate at a local level and meeting the needs of local people, if they don't first ask the people what they want? This is the essence of community engagement.

Health care is a people issue; a community issue; and we want our IHSP

to reflect the thoughts, comments and input of as many people and communities as possible.

"Regardless of the type of engagement chosen, and the discussion that takes place, at the end of the day, genuine listening from all individuals involved, must have taken place," says Rémy Beaudoin, CEO of the North East LHIN. "Our staff must have the courage to actively listen to what people are saying and the confidence to realize that they may hear or learn something that will change our way of thinking and ultimately the outcome of the issue we are engaging on."

A few thoughts on our region's health care priorities…

The North East LHIN will be looking for a wide variety of input into our region's health care priorities over the upcoming spring and summer months.

In January of 2009, the NE LHIN commissioned a survey to help us better understand how people from across our region want to learn more about the North East LHIN's priorities, programs and services.

Sandra Morin of Mattawa, Glenn Black of Providence Bay and Susan Silver of Sault Ste. Marie were three interested citizens who completed the survey. Since then, Sandra, Glenn and Susan kindly offered their thoughts on our activities leading up to Engage 2009.

Here's some of what they had to say….

On Enhanced Emergency Department Care…

- More privacy for patients when registering and receiving care in a hospital's emergency department.
- Decrease wait times. After triage, waiting room, waiting on a gurney, then off to x-ray: there is too long a wait to see a doctor.
- There is a great shortage of physicians and specialists, not too mention nursing staff. More recruiting needs to be done.

On Enhanced Health…

- The rate of chronic disease in the North East is higher than the provincial average; we need more treatment methods, like better access to dialysis machines.
- More emphasis on prevention of chronic disease and educating and motivating our region to live healthier.
- Consider specific care centres for different chronic diseases, such as a centre focussed on arthritis and pain management.

On Enhanced Service and improving the care of patients considered Alternate Level of Care (ALC)…

- More program funding for things like orphan patient programs or women's health centers.
- More transitional care beds across the North East.

Community engagement will be the most important part of the NE LHIN's Integrated Health Service Plan refresh. Engagement includes a wide range of events and activities to encourage people to play an active role in the delivery of their health care services.

Types of community engagement:

- Formal discussions
- Informal discussions
- Meetings with individual stakeholders
- Meetings with the general public
- Open houses
- Town hall meetings
- Focus groups
- Surveys
- Blogs
- Chat rooms
- On-line forums

What are your thoughts on enhanced health, enhanced care and enhanced service in our community?

We'd love to hear from you. Please visit

www.nelhin.on.ca

to find out how you can participate today.

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The North East LHIN – Population Profile at a Glance

- Approximately 400,000 square kilometers
- Approximately 560,000 people 1.4 persons per square kilometer (compared to the provincial population density of 13.4 persons per sq. km; Southern Ontario has a population density of approximately 100 persons per sq. km.)
- A much higher proportion of Aboriginal/ First Nations/Métis than Ontario as a whole, 10% and 2% respectively
- A significantly higher proportion of Francophones compared to Ontario, 24% and 4% respectively
- An older population than the province as a whole (17% of NE LHIN is aged 65 and over compared to 14% in Ontario)
- The aged dependency ratio (the percent of people 65+ relative to working age group 15-64) is 24.5% in the North East vs. Ontario's Aged Dependency Ratio of 19.9%
- An overall lower education status than the rest of the province with,
  - only 50.3% of the North East population aged (25+) who have completed post-secondary education vs. the provincial rate of 56.8%,
  - 25.9% of the North East population (age 25+) who do not have a high school (or equivalent) certificate vs. the provincial rate of 18.7%
- A lower employment status with
  - an overall unemployment rate in the North East LHIN which is higher than the provincial rate, 8.4% vs. 6.4% respectively,
  - a participation rate (the percent of the population in the labour force) which is lower than Ontario's, 60.1% vs. 67.1% respectively, and
  - a youth (age 15-24) unemployment rate in the North East LHIN of 18.6% vs. the provincial rate of 14.5%
- The population growth in the North East LHIN is nearly stagnant at less than 1%, whereas the provincial growth rate is nearly 8% since the 2001 Census.

The North East LHIN has higher percentages of people whose health practices are known to compromise health status when compared to Ontario. These include:

- Daily smokers, 26.8% vs. 20.6%, exposure to second hand smoke at home, 9.6% vs. 5.7%, and exposure to second hand smoke in vehicles, 13.2% vs. 8.0%
- Adults who are current drinkers reporting heavy drinking, 26.5% vs. 21.1%
- Adults who are obese, 22.4% vs. 16.1%

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.

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

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