North East **LHIN**

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NEWS
WINTER 2009/2010

Better Patient Care Drives the Work of the NE LHIN

Board members and staff work in tandem on a mutual goal of "health and wellness for all"

by Peter Vaudry, Interim Chair

From my perspective, when I first heard of the development of the LHINs and the idea of an integrated and **patient**-centered system I thought, "finally, we are moving in the right direction." This was an opportunity to make a difference in the **patient** journey.

Integration to me is positive. It means working together in partnerships; it means collaboration; it means something as simple as getting together to have a conversation, a dialogue with a common goal in mind - better patient care. It means everyone moving to make the ***patient*** *journey* the best it can be. We have talked about this for years and years and years; LHINs now have the ability to make this happen.

No more Silos.

In order to accomplish the successes of integration and partnerships, the efforts have to start at the TOP – with the governance level of organizations setting the tone of collaboration and a shared purpose to lead and work together – always with the **patient** in mind.

A successfully integrated health care system has the **patient** at the centre and follows a journey to better outcomes through a system that is transparent, seamless and without silos for the **patient** and his or her family.

It is the "what" at the governance level that makes the difference; not the "how". The "what" sets the tone; the "how" follows and works to make it possible. The "how" is not a governance role – this is an operational role. However, the greatest and most positive changes happen when operational resources are confident in their steps because they are following the tone set by their governance colleagues.

In 2009, the NE LHIN began planning for the 2010-2012 Hospital Accountability Planning Submission (HAPS). HAPS is a document that lays the foundation for a hospital/LHIN accountability agreement. It outlines a hospital's budget and performance indicators.

This year, hospitals were asked to form partnerships to facilitate discussions between themselves and to support a collaborative, informed process in the development of their HAPS.

Four hospital partnerships were formed based on referral patterns and historical relationships. They play a pivotal role in the HAPS process as they will ensure that when a service change is considered, relevant partners have an opportunity to engage in discussion.

I have been meeting with the Chairs of the partnerships in order to "plant the seeds" for ensuring discussions are centered on a **patient**-focused integrated system of health care.

At the same time, NE LHIN Staff have been meeting with each partnership's senior administrators in order to move forward on a more integrated and **patient**-focused HAPS.

This approach has been working well and I am extremely proud to be living in a part of the

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Ontario
Local Health Integration Network

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province where working together to strengthen our health care system is being embraced with enthusiasm and a shared vision for a transformed and integrated health care system where the **patient** is at the centre.

In 2010, our governance and operations approach will continue. We look forward to meeting with other health service providers who are not part of the hospital network, but indeed play a crucial and fundamental role in the health and well being of **people**.

As we close out the year, I remind myself of the importance to …

- dream,
- think big,
- step outside the box and create a circle, and
- most importantly, to always think about what is best for the person, the **patient** and their family.

Every health care statistic has a face behind it – **patients** are our focus, not numbers.

North East Ontario Shines at Celebrating Health Care Showcase in Toronto

In November 2009, over 200 health service provider organizations from across the province participated in the ***Celebrating Innovations in Health Care*** exposition in Metro Toronto.

In addition to a NE LHIN booth, North East Ontario was well represented by three health service providers from our region, including: Espanola Regional Hospital and Health Centre, Northeastern Ontario Infection Control Network, and the Timmins and District Hospital. Each of these health service providers focused on innovative solutions to health care challenges faced by the communities they serve.

Paula Mitroff and Jody Pilon
Espanola Regional Hospital and Health Centre

Espanola Regional Hospital & Health Centre's **Natural Bowel Care Program** was one of three finalists in the *improving quality and patient safety* category. The Program involves the addition of flax into the diets of patients living in the Espanola long-term care home to improve their bowel routines. Within the first six months of introducing the flax, staff noticed a decrease in nursing interventions for bowel management by 71.5%, as well as a reduction in the amount of daily medications needed by the patients. This innovative program, which does not sacrifice the appearance or taste of food, operates at an estimated cost of $60 per month and is now fully implemented at the Espanola Regional Hospital & Health Centre.

Laurie Boyer and
Carolyn Inglis
Northeastern Ontario
Infection Control Network

The Northeastern Ontario Infection Control Network (NEOICN) booth focused on their **Academic Resource Kit for Infection Prevention and Control (IPAC)**. The kit was created to provide health care educators with teaching resources and tools to facilitate IPAC learning and good practices among health care students preparing to work in all health care professions and sectors.

Laurie Boyer, an Infection Control Consultant with the Northeastern Ontario Infection Control Network noted, "the NEOICN team believes that the best way to ensure that educators are up-to-date and armed with best practices is to provide the teaching resources in as many forms as possible. Regardless if learning takes place in a classroom, clinical setting, at a distance or online, whether you have internet access, a projector or not, this kit makes it easier to have the teaching resources on hand." Available as a binder, the kit includes resources in paper, weblink and CD format.

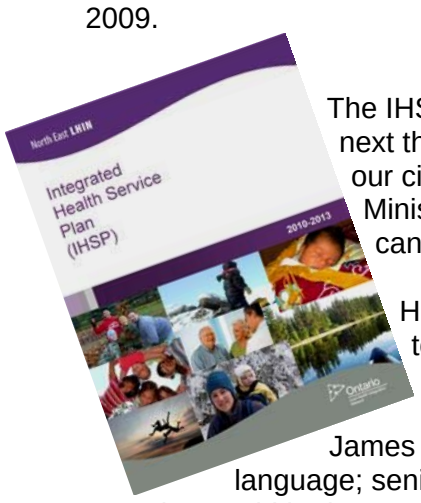
Staff from the Timmins and District Hospital (TADH) showcased their **Search for the Stars Program** at the exposition. The initiative was created by the hospital's Patient Safety Committee to promote the use of standard patient identifiers. The Program involves Unit Coordinators placing 'star stickers' on random patient identification wrist bands. When clinicians are caring for patients, should they note a star on the patient's wrist band, the clinician's name is entered into a draw for a chance to win a prize.

Jennifer Plant
Timmins and District Hospital

Jennifer Plant, TADH Organizational Quality & Patient Safety explains, "one of the prizes is safety star pins, and as more and more staff wear the pins, it sends out a strong message about our culture of safety." With 90% of patients identified throughout the process, this initiative is a cost-effective way to ensure patient safety in daily hospital operations.

Our Region's Health Care Priorities for the next three years

Following months of community engagement that gathered the thoughts and feedback of people from across North East Ontario, the NE LHIN released its second **Integrated Health Service Plan (IHSP)** on November 30th, 2009.



The IHSP outlines nine health care priorities that will focus the work of the NE LHIN over the next three years. This is a North East Ontario plan for our health care system; it belongs to our citizens, communities, health service providers, health partners, the NE LHIN and the Ministry of Health and Long-Term Care. Changing a complex system such as health care cannot be done single-handedly – it will take the collective effort of many.

Health statistics represent people. Some of our region's indicators fair well in comparison to provincial statistics while others do not. Our North East communities face major issues and inequities that we are compelled to address – they cannot be ignored or hidden. Such examples include: the living conditions and health of the people on the James and Hudson Bay Coasts; access to services for Francophone residents in their own language; seniors living in long-term care homes or waiting in hospitals (i.e. as alternate level of care) who would be better served in other settings such as supportive housing; wait times for life changing procedures; and access to basic primary care for every person in the region.

Through this IHSP, it is the NE LHIN's hope and expectation that together, we will make positive change in health care and the delivery of services. The following are our region's health care priorities for 2010 to 2013:

- **Aboriginal / First Nations / Métis Health Services**
- **Addiction and Mental Health Services**
- **Aging at Home**
- **Alternate Level of Care Strategies and Solutions**
- **Diabetes Care**
- **Emergency Department Wait Times**
- **French Language Health Services – An Integrated Approach**
- **Health Human Resources**
- **Optimize Surgical Services.**

For more information on the Integrated Health Service Plan, please visit www.nelhin.on.ca.

2009 Highlights...

January

- **Sudbury ALC Community Steering Group Finalizes Ten- Point Work Plan** – This multi-faceted action group was created to develop solutions to relieve ALC pressures across the community of the City of Greater Sudbury. Ten priorities and an accompanying work plan are established.

- NE LHIN posts its **Seniors' Residential Housing/Options Report** on-line. The NE LHIN is the first LHIN in Ontario to commission a housing report that looks at the current and future needs of seniors in terms of long-term care, retirement or assisted living, and supportive housing. The study indicates that additional supplies of supportive housing options are required in the coming 25 years, both for a growing number of seniors, and suited to the needs of those in the more elderly age groups.

- NE LHIN is identified as an 'early adopter' in the provincial rollout of the province's **eHealth Strategy**. Specifically, the NE LHIN becomes involved in the provincial eHealth priorities of diabetes management, medication management, e-Physician and eHealth readiness.

- The NE LHIN Health Human Resources Planning Steering Committee meets for the first time to develop a region-wide work plan to manage health human resource shortages across the NE LHIN.

February

- NE LHIN hosts a technical briefing for North East Ontario media on **improving access to family health care and emergency room performance** initiatives, including: alternatives to ER services; building capacity and improving processes; faster discharge for patients requiring alternate level of care.

- NE LHIN and HealthForceOntario form a partnership to work together to help communities with their health human resource challenges and recruitment.

March

- NE LHIN Board approves the **re-allocation of close to $3.3 million** in one-time health care dollars within the North East region. This funding envelope comes from local health service providers who volunteer their unspent dollars to more than 30 other local health service providers who are in need of additional funds to maintain their programs and/or services.

April

- NE LHIN approves the allocation of $432,000 in one-time funds to support nine **health service integration proposals**. (Later in the year, one more project is added and the total dollars allocated to integration increases to nearly $500,000).

- ***Engage 2009*** is launched – a region-wide engagement approach to seek input and to help determine local health care priorities for the creation of the 2010-2013 **Integrated Health Service Plan (IHSP)**.

- NE LHIN provides just over **$7 million dollars** to the region's 26 hospitals for infrastructure upgrades. The funding is part of a $41 million provincial program.

May

- NE LHIN receives **Sault Area Hospital Improvement Plan** - The Plan includes a range of recommendations to help bring the SAH to a balanced budget position. The NE LHIN confirms that it will review the Plan from a *system* perspective – a view that includes the impacts on the broader health care system and patients both within Sault Ste. Marie and across the NE LHIN.

- NE LHIN announces allocation of **$11.4 million for seniors and community services health care**, including: $6.2 million in Year 2 Aging at Home Projects; $3.5 million for increased home care, personal support and homemaking services provided by the North East Community Care Access Centre; $1.5 million in local solutions that will address ALC pressures; and $250,000 for nurse-led outreach teams.

- NE LHIN announces funding and initiatives to **reduce emergency room wait times and improve patient satisfaction,** including: $1.4 million for incentives at Hôpital régional de Sudbury Regional Hospital (HRSRH); three physician assistants to work in local ERs (Kirkland and District Hospital, Timmins and District Hospital and Hôpital régional de Sudbury Regional Hospital (HRSRH); funding for the City of Greater Sudbury for dedicated nurses to care for patients, who arrive at ERs by ambulance, to ease ambulance offload delays; investments in community projects to help patients with chronic or palliative conditions receive care in the community and avoid frequent ER visits; an emergency room process improvement program that will deliver coaching teams and tools to help select hospitals improve processes and patient access in ERs; and continued investments so that NE Ontario citizens can identify health care options in their communities that are appropriate alternatives to ERs.

- NE LHIN Board of Directors receive an update on the ten-point work plan of the Sudbury ALC Community Steering Group and support moving forward to explore options to keep **Memorial Site open to care for ALC patients in order to address the bed capacity issue in the City of Greater Sudbury** in light of the transition of the Hôpital régional de Sudbury Regional Hospital (HRSRH) to one site.

- NE LHIN completes the negotiation of 132 **multi-service sectoral accountability agreements**.

- **Tamara Shewciw** joins the senior management team of the NE LHIN in her role as Chief Information Officer. Tamara is responsible for providing leadership and strategic direction to the NE LHIN, including the coordination of key stakeholders planning and engagement related to eHealth.

- The first meeting of the newly formed **Regional Addictions and Mental Health Advisory Panel (RAP)** is held. The RAP is co-chaired by the NE LHIN and the Northeast Mental Health Centre (NEMHC) and recognizes the need for both regional and local mental health providers to be able to communicate, engage in coordinated planning, and work within the NE LHIN's Integration Strategy, including the expectation of community engagement.

June

- Six open houses are held to seek input into setting health care priorities for the region, as part of **Engage 2009** and the development of the NE LHIN's **Integrated Health Service Plan (IHSP)**.

- **Mathilde Gravelle Bazinet**, NE LHIN's inaugural Chair of the Board of Directors retires. **Peter Vaudry** is appointed Interim Chair.

July

- NE LHIN announces funding for **32 subsidized supportive housing** units to help people living with addictions increase stability and security in their lives and reduce pressure on hospital emergency rooms.

- NE LHIN CEO **Rémy Beaudoin** resigns. **Terry Tilleczek** is appointed Interim CEO. **Phil Kilbertus** is appointed Interim Senior Director for Planning, Integration and Community Engagement.

- **Marc Dumont** is appointed Interim Vice Chair of the Board of Directors.

August

- NE LHIN facilitates the formation of **Hospital Partnerships** to support a collaborative, informed process in the development of the Hospital Annual Planning Submission (HAPS). The region's 26 hospitals form four partnerships which are based on referral patterns and historical relationships. The partnerships are a pivotal way to encourage integration opportunities, working with community partners to enhance patient services and achieving balanced hospital budgets.

September

- MOHLTC confirms support for the **NE LHIN's innovative bed strategy solution** which includes the Hôpital régional de Sudbury Regional Hospital (HRSRH) Memorial Site being used temporarily to care for ALC patients for a period of up to 12 months pending the hospital's transition to one site in early 2010.

- NE LHIN begins negotiations of **service accountability agreements** with 41 long-term care homes across the region.

October

- NE LHIN provides $26,000 in integration funding to support a newly formed **Nipissing ALC Partnership**. The partnership will focus on moving forward with integration initiatives that address current and pending challenges in the Nipissing area, notably ALC pressures.

- NE LHIN hosts additional engagement sessions to confirm the region's 2010-2013 priorities. Sessions include a **Governance Forum, Forum for Francophones** and two **Aboriginal/Métis/First Nations Dialogues**. More than 300 people participated.

- NE LHIN announces the winners of its first-ever photo contest. **1st place, Connie Hergott from Moosonee, 2nd place, Lori Mastelko from Little Current, and 3rd place, Kevin Roy from Sturgeon Falls.** The winners were selected from submissions received from across North East Ontario that represented health and wellness in our region.

- **Loretta Loon** joins the NE LHIN as the new Junior Aboriginal Consultant. With a background in Aboriginal Health Policy and research at the community and government level and International Development, Loretta's interests lie in working to improve the health status of Aboriginal people throughout Ontario.

November

- The 2010-2013 NE LHIN **Integrated Health Service Plan (IHSP)** is published. It outlines nine health care priorities, including: (1) Aboriginal / First Nations / Métis Health Services; (2) Addiction and Mental Health Services; (3) Aging at Home; (4) Alternate Level of Care Strategies and Solutions; (5) Diabetes Care; (6) Emergency Department Wait Times; (7) French Language Health Services – An Integrated Approach; (8) Health Human Resources; and (9) Optimization of Surgical Services.

- NE LHIN participates in **Celebrating Innovations in Health Care** exposition in Toronto which showcases innovative solutions to health care. NE Ontario is well represented by three health service providers, including: Espanola Regional Hospital and Health Centre; Northeastern Ontario Infection Control Network; and Timmins and District Hospital.

- **Diabetes team expansions** within the NE LHIN are announced for the following sites: (1) Sudbury Diabetes Education and Care Program, offering services to Timmins, Elliot Lake, Chapleau via OTN; (2) Moose Factory Patient Care and Diabetes Health Program offering services to the communities of James Bay Coast including Moosonee, Moose Factory, Fort Albany, Kashechawan, Attawapiskat, Peawunuk and Newpost; (3) Little Current Noojmowin Teg Health Access Centre; (4) Timmins Misiway Milopemahtesewin Community Health Centre; (5) Cutler N'Mninoeyaa: Community Health Access Centre (6) Sudbury Shkagamik-Kwe Health Centre

December

- NE LHIN finalizes the staffing of its eHealth Project Management Office. Under the leadership of Chief Information Officer**, Tamara Shewciw**, the office includes a Senior Project Manager (**Laura Boston**), a Project Manager (**Don McGrath**), and a Project Assistant (**Robyn Bangs**). The staff will work towards increasing stakeholder collaboration that has been established over the past three years, and the new cross-LHIN partnerships in order to achieve improved clinical and patient outcomes for patients within the NE LHIN.

- Hôpital régional de Sudbury Regional Hospital receives $2.8 million to allow Memorial Site to stay open to care for ALC patients while the hospital transitions to one site in early 2010.

- NE LHIN confirms $350,000 in funding to support the ongoing operation of the Eastern Massasauga Rattlesnake Anti-Venom depot at the West Parry Sound health Centre.

- NE LHIN eHealth Advisory Council meets for the first time.

The North East LHIN staff wishes everyone a Happy and Healthy Holiday and all the best in the New Year

NE LHIN staff, December 2009

Front Row (left to right)
Tamara Shewciw, Cynthia Stables, Terry Tilleczek, Phil Kilbertus, Martha Auchinleck

Back Row (left to right)
Natalie Tarini, Barry Lajeunesse, Monique Rocheleau, Michael Stetch, Lianne Bettiol, Michel O'Connor, Melissa Inch, Brad Halonen, Kathy Murphy, Bruce Villella, Lise Boucher, Mike O'Shea, Dave Pearson, Colette Whitehead, Natalie Valois, Kirstyn Amyot, Carol Philbin Jolette, Joel Séguin, Marc Lefebvre

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 individuals 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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The Transformation of Health Care in North East Ontario

2007

- NE LHIN **assumes authority** for $1.1 billion health care.
- **200+ health service providers**: 26 hospitals; 41 long-term care homes; 5 community health centres; close to 75 community mental health; and addiction and problem gambling services; 76 community support services; CCACs; 1 specialty mental health facility.
- **Vast region**: 400,000 square kilometres; more than 550,000 people.
- **Culturally diverse**: 24% Francophone; 10% Aboriginal, Métis or First Nation.
- **Determinants of health**: 16.5% aged 65 plus; higher rate than provincial average of daily smokers, heavy drinkers, obesity, chronic disease; shortage of health care professionals; limited growth; declining population.
- **Integrated Health Service Plan (IHSP)** with seven priorities for change.
- **ALC Task Force Report** which sets strategic directions, which sets short-, mid- and long-term strategies to stabilize ALC across the region.
- **ALC Action Plan** focusing on alleviating ALC pressures through: resource/capacity strategies and improvements in processes of care delivery.
- Allocation of $900,000 In **urgent priority funding** to alleviate ALC pressures.
- **Highest level of ALC patients in hospital beds – estimated at close to 30%.**

2008

- Creation of six **health system round tables** to ensure local input into NE LHIN decision making process.
- Creation of **Framework for Community Coordination and Process Improvement** to ensure collaborative dialogue among health service providers.
- Adoption of World Health Organization's **Towards Unity for Health** which outlines the foundation for a shared will of multiple partners to shape a sustainable health service system based on people's needs.
- Allocation of $4.2 million to 26 **Aging at Home** projects.
- Creation of NE LHIN **Integration Strategy** to provide health service providers with a process to achieve success with integration efforts.
- Creation of **Sudbury ALC Community Steering Group**.
- Completion of draft **NE LHIN Seniors' Residential Housing/Options Report** (report concludes an 85% increase in adults aged 75 + over in the next 25 years, as well as the need for additional supportive housing options to meet the demand).
- Allocation of $2.8 million in urgent priority funding to alleviate ALC pressures.
- **Highest level of ALC patients in hospital beds – estimated at close to 30%.**

2009

- 26 **hospital service accountability agreements** completed.
- 129 **multi service accountability agreements** completed.
- 41 **long-term care service accountability agreements** underway.
- Accountability agreements include a requirement that HSPs adopt an **integration policy** that outlines a commitment to work with the NE LHIN, other health service providers and the community to integrate services.
- Allocation of $6.2 million for additional **Aging at Home** projects.
- Creation of **community-based groups** to alleviate ALC pressures in four urban areas: Sudbury ALC Community Steering Group, Algoma ALC Working Group, Cochrane Seniors ALC Working Group, and Nipissing ALC Partnership.
- Creation of **Four Hospital Partnerships** to move integration forward at a broad level: Nipissing District; Manitoulin/Sudbury District; Cochrane District; Algoma District.
- Allocation of close to $500,000 for ten **integration projects** across region.
- **Board-to-Board discussions** begin between NE LHIN Board of Directors and health service provider Board members to build the momentum to move forward cohesively on key files, including: integration, ER/ALC Integrated Health Service Plan; unity of governance and planning.
- Identification of nine priorities in the 2010-2013 Integrated Health Service Plan (IHSP).
- **Level of ALC patients in hospital beds stabilizes and shows initial signs of decreasing.**

Health and Wellness for All …

through an innovative, sustainable and accountable system.