North East **LHIN**

North East **LHIN** NEWS Spring 2010

A Message from the NE LHIN CEO, Louise Paquette

I am amazed at how fast my first three months at the NE LHIN have flown by.

As I travel throughout Northeastern Ontario in my role of NE LHIN CEO, people often stop and ask me… "So, how's it going?… Do you like it?... How do you find health care?... There are a lot of challenges, aren't there?"

Well, let me start by saying…

- It's going great.
- I love it.
- I am continually struck by the ying and the yang of health care – our hearts tug at our emotions while our heads tell us to be realistic, pragmatic and logical – always an interesting internal conversation.
- I am not so surprised by the challenges, but struck by the gaps in health care delivery across our vast region, startled at the long list of detriments to health that characterize our health care environment and astounded by the sheer number of organizations providing care within Northeastern Ontario.

And, here are a few additional 'did you knows' that continue to amaze me…

- Our NE LHIN region is huge! - 44% of the total land mass of all Ontario - that's the equivalent of 5 New Brunswicks and 6 Prince Edward Islands! - Oh, and 20% of our region is only accessible by air or ice roads in the Winter.
- Our LHIN has one of the highest rates of alternate level of care patients in hospital beds at 31%. ALC refers to those people who are admitted to a hospital for an acute care issue and once they are finished being treated for their acute illness, they stay in the hospital, only because there is nowhere else for them to go. We in Northeastern Ontario are short on available long-term care beds, supportive housing units, extra home care services, rehabilitation services, to mention a few. As a result, our hospitals are more prone to gridlock - more people going in than going out.
- 17% of the people in our region are age 65 and over, and by 2030 this number is expected to increase to 30%.

More than ever before, we, as citizens of Northeastern Ontario, have the opportunity to shape our health care system so that it meets our unique needs of who we are as Northerners.

The ***Local*** in Local Health Integration Network is not something I take lightly. This one word signifies that we have the legislative power to place our collective energies into a health care system that is here for us both today and tomorrow, as our parents age and our children grow.

I am committed to building a health care system with you as a partner. A system that speaks to our cultural diversity, our unique health care needs, our prevalence of chronic disease and our rapidly aging population, to name a few.

I look forward to working with you and focusing our energies in the same positivie place because together, we're stronger and our voices are louder.

Mark Your Calendars

Rural Health Summit

A NE LHIN *Rural Hospital Summit* will be held in Sault Ste. Marie on September 23rd and 24th, 2010. Under the theme of ***Integrating Innovative Ideas***, this summit will focus on our region's 22 rural hospitals. Discussions on how all of our hospitals can best work together to meet the acute care needs of the region's 555,000 people will be the main area of focus. Stay tuned for more information.

Ontario
Local Health Integration Network

Money...The Million Dollar Question$

Where does it come from? Where does it go?

When the provincial government tabled its budget on March 25, 2010, we learned that Ontario has one of the largest and most complex publicly funded health care systems in the world - representing $44 billion in annual investments. We also learned that $0.46 of every provincial program dollar is spent on health care, and if left unchecked, in twelve years, it could rise to 70 cents.

Half of the 2009-2010 provincial health care budget is flowed to Ontario's 14 LHINs – close to $22 billion dollars.

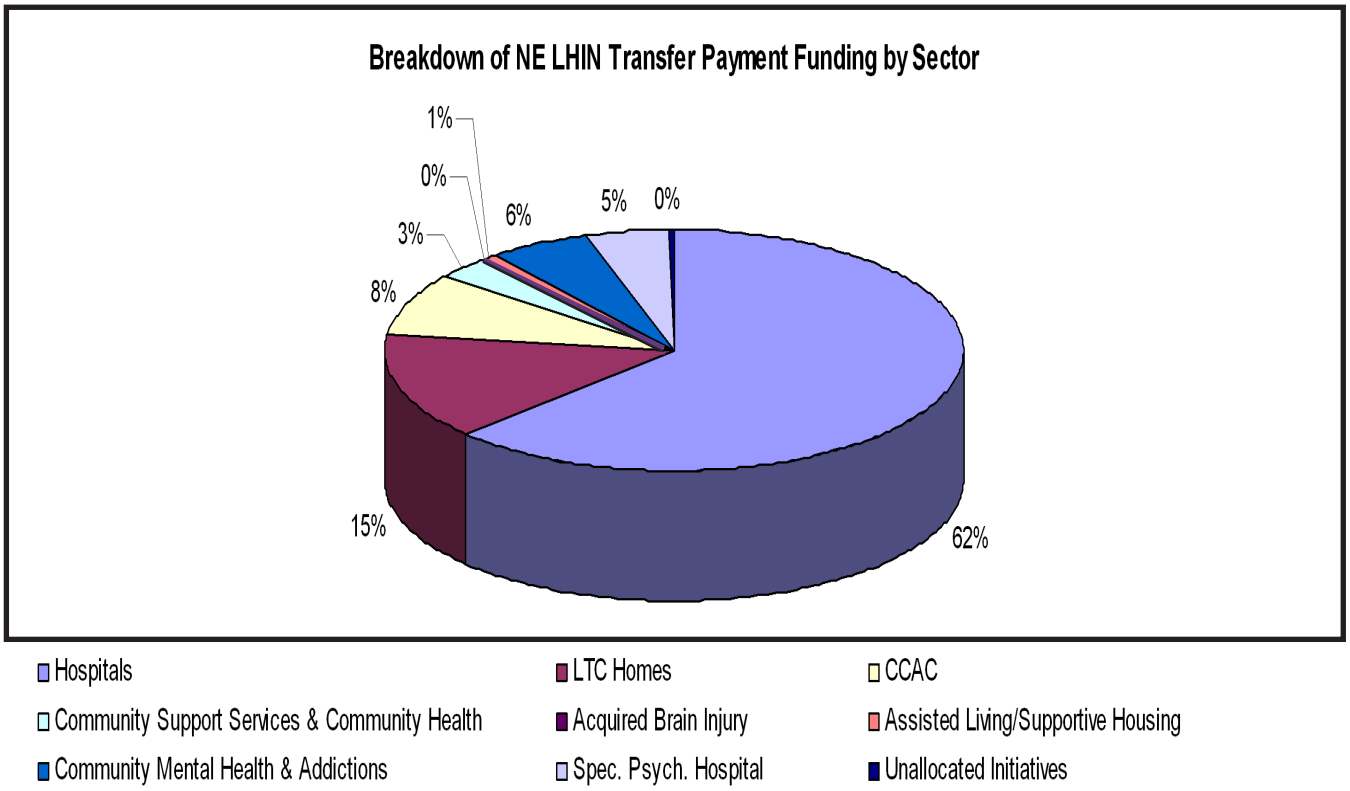
The NE LHIN has a total of $1.2 billion dollars that goes to more than 200 health service providers, with whom we hold accountability agreements. As part of the terms to receive their funding from, health service providers agree to meet certain performance indicators such as the number of clients served, number of cases performed, balanced budget, etc. Health service providers report back to the NE LHIN quarterly and if their indicators are not being met, the LHIN meets with them to discuss the issues/challenges to achieving their targets.

In addition to accountability agreements between the LHIN and health service providers, LHINs also hold an accountability agreement with the province, where indicators are established and reports are monitored on a quarterly basis. Examples of these indicators include emergency wait time targets, hip and knee volumes, surgeries, cataract surgeries and number of alternate level of care patients in acute care hospital beds.

Of the $1.2 billion the NE LHIN receives each year, roughly 62% goes towards our 26 hospitals, 15% to our region's 41 long-term care homes, 8% to the North East Community Care Access Centre and 14% to 132 other health service provider organizations.

Every year, the NE LHIN can re-allocate funding that health service providers did not spend. This amount of discretionary dollars allows the NE LHIN to fund one-time requests. While this amount varies each year, in the last two years it has been approximately $1.7 million.

Staff of the NE LHIN engage with our health service providers and communities on a regular basis to ensure that the health care priorities of people living in Northeastern Ontario are being met. Opportunities for integration of services between one or more health service provider are continually being leveraged as a means to ensure a more patient-focused and efficient system.



Better Access and Less Wait Times for Surgeries in Northeastern Ontario

The NE LHIN leads a Surgical Optimization Project along with health service providers and physicians across the region. To date, a review and evaluation of surgical services delivered by hospitals across Northeastern Ontario has been completed with a focus on surgical volumes and required resources in five specific areas: gynecology, orthopedic surgery, thoracic oncology, urgent and emergent access to surgical specialty services, urology and vascular surgery.

As a result of this work, last May, the NE LHIN Board of Directors received a report which included thirty-three recommendations, such as: exploring a partnership between the NE LHIN and the Northern School of Medicine to develop training programs for general surgeons who are willing to offer a broad scope of surgical care; and developing a surgical human resources plan.

A three year action plan (2010 - 2013) to carry out all of the recommendations is now underway.

The Surgical Optimization Steering Committee is co-chaired by Dr. Joseph Reich, Medical Director of the Surgical Program at Sault Area Hospital, Carol Halt, Chief Nursing Officer and Director of Patient Services at Timmins and District Hospital and Louis Andreghetti, Administrative Director, Surgical Programs at Sudbury Regional Hospital.

For more information, please contact: Monique Rocheleau, (705) 840-2872 ext. 218.

eHealth, just what the doctor ordered

OTN Telehomecare Pilot

The NE LHIN eHealth Advisory Council meets each month to discuss current eHealth activities across the region and to learn and share the positive aspects of initiatives underway, ensuring th eoverall success of the provincial eHealth and NE regional eHealth strategies.. Recently, Joy Galloway, a Council member and Executive Director of the Timmins Family Health Team (FHT) shared information on a successful eHealth provincial pilot taking place in Timmins.

The Timmins FHT was one of eight FHTs selected by the Ontario Telemedicine Network (OTN) to participate in a four-month Telehomecare pilot to monitor patients with congestive heart failure (CHF) and congestive obstructive pulmonary disease (COPD). Approximately 150 patients throughout North East Ontario were supplied with touch screen monitors and peripheral devices. A telehomecare RN specialist nurse from the Timmins FHT was then able to review and upload the patient's data received from their blood pressure cuff, oxymeter and weigh scale.

Proof is in the numbers:

- Hospital visits during the pilot decreased by 48% for CHF patients and 46% for COPD patients.
- Hospital admissions were reduced by 61% for CHF and 55% for COPD.
- Walk-in clinic visits were lowered by 34% for CHF.

Following the success of the Telehomecare Pilot, OTN will be expanding to Diabetes Care. "The projection of Ontarians with diabetes is expected to increase dramatically in the coming decade," explains Joy. "The Telehomecare Program can help to manage this growing epidemic."

The Ontario Diabetes Strategy will help tackle a growing and expensive health care challenge. In 2008, approximately 900,000 Ontarians were living with diabetes. In the last 10 years this number has increased by 69% and is projected to reach 1.2 million by 2010.

"Telehomecare has been the very best thing that has happened to me in a long time…with Telehomecare I can talk to someone anytime. My family is relieved and I feel secure and safe. Thank you so much."

Patient of Timmins Telehomecare Pilot Program

It's a Joint Effort

NE LHIN works to improve Wait Times for Surgical Procedures through Central Intake Registry and Joint Assessment Centres

The NE LHIN and its Wait Time Advisory Panel have requested the development of a NE LHIN Central Intake Registry in Sudbury. In addition to this recommendation, a Joint Assessment Centre was established in September, 2009 by Hôpital régional de Sudbury Regional Hospital with satellites anticipated for the West Parry Sound Health Centre and North Bay General Hospital.

With over 500 patients having to travel outside the region each year for hip and knee surgeries, the recommendation for a central intake registry and joint assessment center is welcomed news. "Once this project is completed, patients identified for hip and knee surgery will be assessed at the nearest Joint
Assessment Centre and processed through the NE LHIN Central Intake Registry," explains NE LHIN Senior Director Martha Auchinleck. "This approach will help the NE LHIN, hospitals and surgeons manage their case load more efficiently, reduce the amount of time a patient needs to wait for surgery, and decrease required travel."

Work on the Central Intake Registry has begun and completion is anticipated by March 31, 2011.

Did you know...

- The NE LHIN is 44% of the total land mass of all of Ontario, 400,000 square kilometers.
- 20% of our region is only accessible by air or ice roads in the winter.
- 40% of our more than 550,000 people are spread across small towns and villages.
- 17% of people in our region are age 65 and over. This number is expected to increase to 30% in 20 years.
- We have more people being hospitalized due to injury - 652 out of 100,000 people as compared to 434.

"Strength through collaboration is a 2-way street, and this philosophy flavors not only our interactions with the LHIN, but is becoming the business model leading our agencies forward towards efficient and humane integrative solutions for consumers of health services"

Joel Johnson, Nipissing Family Program Manager, People for Equal Partnership in Mental Health

Alternate Level of Care - A continued priority of the NE LHIN

The statistics are alarming...

- Northeastern Ontario has the highest rate of Alternate Level of Care (ALC) patients in our hospital's acute care beds at 31% (according to an Ontario Hospital Association survey in February 2010).
- 17% of the people living in Northeastern Ontario are age 65 and over.
- This number is expected to increase to 30% by 2030.

ALC refers to those patients, often elderly, who occupy a hospital bed long after their acute care treatment is completed because there is no place for them to go -- no long-term care home bed, no supportive housing unit, not enough home care support for them to convalesce safely at home, no retirement home, the list goes on.

High ALC rates are an indication that our health care system is broken and in need of a re-alignment. Too many ALC patients in hospital beds lead to a gridlock - less people being discharged than being admitted. These pressures cause longer wait times in our emergency rooms, fewer available beds for acute care treatement and surgeries, and an uncomfortable feeling for family members and friends of a patient who want, and deserve, the best setting possible for their loved one.

NE LHIN Efforts to Bring ALC Pressures Down

It is clear that no one organization or individual will solve the long-standing and complex issue of ALC. The NE LHIN has been, and will continue to, work in

partnership with health service providers and community leaders on the collective goal of fewer ALC patients in our hospital acute care beds, seniors receiving the care they need in the most appropriate setting, and more home care services available for people who could age in place longer with the proper assistance they need to help them manage their day.

Specifically, the NE LHIN:

- Continues to invest in Aging at Home strategies ($16.9 million since 2007).
- Leads community-led ALC steering groups in Sudbury, Sault Ste. Marie, Timmins, North Bay and Parry Sound. (These groups, with members from both health care and community leaders are actively pursuing short and long-term action plans to help bring positive change in the area of ALC).
- Will build and strengthen a Regional Home First Strategy that is focused on enhancing home care services and improving existing processes within the health care continuum so that seniors receive the care they need faster and more effectively.
- Will continue to build and strengthen community capacity so that people can receive the care they need as close to home as possible. Programs such as specialized geriatric services; transitional hospital space, availability of interim long-term care beds and more supportive housing units.

"Results are being seen", explains NE LHIN Senior Director, Terry Tilleczek. "ALC pressures on our health care system are being addressed through partnerships with our stakeholders and an understanding that an integrated approach to the delivery of care is a step in the right direction"

"We commend the NE LHIN for their leadership in finding solutions to the ALC crisis in Sudbury. We look forward to continuing our relationship with them."

Jo-Anne Palkovits, President and CEO,
St. Joseph's Health Centre

NE LHIN Local Aboriginal Health Committee - First of its Kind

Since its inception, the NE LHIN has engaged in open dialogue with Aboriginal, First Nation and Métis leadership and health service providers. Building on this engagement, the NE LHIN was the first, and currently the only, LHIN to establish a Local Aboriginal Health Committee (LAHC). The LAHC advises the NE LHIN on priorities within Aboriginal, First Nation, Métis, urban and rural communities. Committee members represent communities across the region and serve to identify priorities to better meet the health care needs of this population group.

An example of the positive and lasting efforts of the LAHC can be seen in Algoma, where additional funding was secured for the Canadian Red Cross to continue to offer the services of a navigator to assist Aboriginal people in finding the appropriate health services within their community.

"The NE LHIN has taken a provincial lead in addressing the importance of engagement with our Aboriginal, First Nation and Métis populations," explains Senior Aboriginal Advisor, Karen Pine Cheechoo. "LAHC has embraced the responsibility of continuing the open-dialogue with our Aboriginal population, lending itself to the NE LHIN's value that people will be heard."

10% of the population of Northeastern Ontario is Aboriginal/First Nation/Métis.

LAHC Members:

Algoma – Gloria Daybutch, Health Director Mamaweswen North Shore

James Bay and Hudson Coasts – Giselle Kataqupit, Health Directo Peetabeck Health Services

Cochrane – Kelly Geddes, Long-Term Care Coordinator APANO

Manitoulin/Sudbury – Roger Beaudin, Health Services Director M'Chigeeng Health Centre

Nipissing – Holly Charyna, Health Director Doreen Potts Health Centre

Parry Sound – Sally Dokis, Health Director

"We are very pleased to see the NE LHIN improve their service delivery by being closer to the community in order to enhance integration and local partnerships."

Roger Walker, President & CEO of Timmins and District Hospital

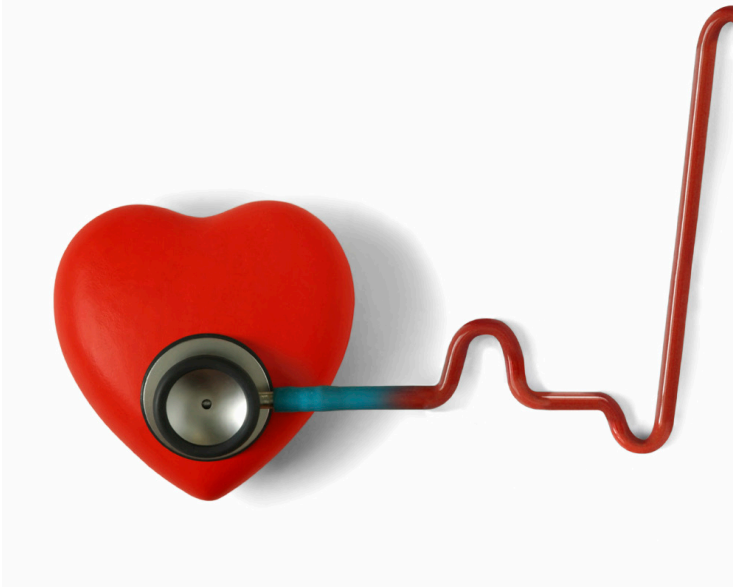
NE LHIN Leads Work on Increasing Health Human Resources in Northeastern Ontario

Last spring, the NE LHIN's Heath Human Resources (HHR) Steering Committee drafted a twelve month action plan to initiate regional planning efforts to help manage our region's chronic shortage of health care professionals.. The plan called for three areas of focus: personal support occupations; HHR inventory and forecasting; issues identification and collaboration.

NE LHIN Planning Consultant Michel O'Connor, "Timely access to health professionals in Northeastern Ontario is arguably the most frequently identified challenge by people working in the various health care sectors. This has been noted throughout the nine priorities of the NE LHIN 2010-2013 Integrated Health Service Plan."

When asked about the effectiveness of this new engagement structure, Lynda Parks Sahadat, Hôpital régional Sudbury Regional Hospital's VP and Chief HR Officer noted "The committee is working towards seeking opportunities that will influence change and collaboration, locally and across the North East - this entails gaining a good understanding of the issues and seeking consensus on action which takes a bit of time"

The committee is now developing a directional plan which will detail initiatives to help resolve the region's lack of health human resources.



Contact Us

Telephone
705-840-2872
866-906-5446 (Toll Free)

Fax
705-840-0142

Address
555 Oak Street East, 3rd Floor
North Bay, ON P1B 8E3

E-mail
northeastlhin@lhins.on.ca

Website
www.nelhin.on.ca