Upcoming Events

February 24

WWLHIN Board Meeting

6 p.m. to 9 p.m.

50 Sportsworld Crossing, Suite 220,
East Building, Kitchener

Provincial Update

In November, the Minister of Health and Long-Term Care Deb Matthews visited Guelph General Hospital (GGH) to recognize the hospital for improving patient care in its emergency department (ED). The Minister announced that the province is providing GGH with $89,900 for treating 688 more patients within target as compared to last year. Two other WWLHIN hospitals are also receiving additional funds for improving care in their EDs, Cambridge Memorial Hospital and St. Mary's General Hospital. Also in November, the province announced that it is providing Grand River Hospital with an additional $4,967,300 in operating funding. The money will support the hospital's recently redeveloped and expanded services. Finally, Minister Matthews visited Guelph to officially open 96 new long-term care beds at St. Joseph's Health Centre.

In December, the Ministry of Health and Long-Term Care announced that Ontario is setting up a new French language health planning entity to ensure the needs of local francophones are reflected in health planning. The Entité de planification pour les services en français dans les régions de Waterloo, Wellington, Hamilton, Niagara will be working together with the Waterloo Wellington LHIN to provide guidance on engaging the local francophone community and identifying their health needs.

In January, Minister Matthews visited Cambridge Memorial Hospital to announce that Cambridge-area patients will soon have increased access to diagnostic scans and benefit from reduced wait times with a new MRI machine at Cambridge Memorial Hospital – a first for this hospital.

ILCWR clients Peter Hulme, Dan Lajoie, and Josh Kortlieve

Health Service Provider Profile

Independent Living Centre of Waterloo Region (ILCWR)

What type of services does your organization provide?

The Independent Living Centre of Waterloo Region provides a full suite of services to help people with disabilities achieve independence. Through our Attendant Services, we offer consumer-directed care to persons with physical disabilities, either in their homes or in assisted living environments. Our Community Support Services provide information, networking, activities and support to persons with disabilities and their families as well as educational opportunities to the community at large on subjects pertaining to disability and accessibility.

What would your clients say is the best thing you do?

Stated simply, we listen. Our consumers truly value the emphasis we place on self-direction and consumer control. We take great pride in contributing to the independence of those we serve by providing service according to their needs and wishes.

How many clients do you serve and how many staff do you have?

Currently, ILCWR provides daily attendant services to over 200 individuals with disabilities, either at home or in assisted living environments. We also serve over 1,000 others in Waterloo Region through our Community Support Services. Currently, ILCWR employs over 250 full-time and part-time staff.

How can someone access your services?

All of our services are available through self-referral—prospective consumers of Attendant or Community Support Services can contact our Centre by telephone or e-mail and their requests will be appropriately directed by our receptionist.

What is your favourite part about your work?

The best part about our work is the fact that we are not providing any one identifiable service: we are providing an entire independent lifestyle to our consumers.

Bil Smith, Executive Director. For more information contact Bil at 519-571-6788 or *bsmith@ilcwr.org*.

LIVE AND LIVE WELL IN WATERLOO WELLINGTON

Waterloo Wellington Local Health Integration Network

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Veuillez communiquer avec nous pour obtenir un exemplaire de ce document en français.

Ontario

Waterloo Wellington **LHIN** *WWLHINformation*

January 2011

Helping Families Access Support Services up to One Year Earlier

WWLHIN Funds Alzheimer Society program to encourage early diagnosis and support for dementia

Eric Kennedy and Gayle Salter-Kennedy of Ayr, Ontario, at the Alzheimer Society of KW.

Eric Kennedy was a 37-year veteran of Kitchener Hydro when his wife started noticing changes in his behaviour. He was having trouble remembering and understanding certain things. His family doctor was concerned and referred him to Geriatrics Associates at St. Mary's General Hospital, where most patients are seen within two months and urgent patients are seen within two weeks.

Dr. Gagan Sarkaria, one of five geriatricians in the Waterloo Wellington Local Health Integration Network (WWLHIN), diagnosed him with Frontotemporal Dementia (FTD). FTD is a degenerative condition of the front (anterior) part of the brain. It is marked by dramatic changes in personality, behavior and some thought processes.

Dr. Sarkaria asked the couple if they would like a referral to the Alzheimer Society for information and support. They said yes. It was a difficult diagnosis to receive and they didn't know what to expect.

"I knew about the Alzheimer Society but I probably wouldn't have called them. Having them call me right away made it easier. They explained how they can help and what programs are available," said Gayle Salter-Kennedy.

The immediate referral to the Society is part of a new initiative called First Link™, an information and referral program offered by the Alzheimer Society of Cambridge, Guelph-Wellington, and Kitchener-Waterloo. First Link™ is funded through the Waterloo Wellington LHIN's Aging at Home program and focuses on developing partnerships with the primary care sector and other community agencies to more effectively support individuals and families affected by Alzheimer's disease or a related dementia.

Continued on next page |

OTHER TOPICS IN THIS ISSUE

| *Continued from previous page*

"A lot of people don't know what is out there to help them. That's why the First Link™ program is so important," said Dr. Sarkaria, a Geriatrician who works at St. Mary's and Grand River Hospitals in Kitchener and St. Joseph's Health Centre in Guelph. "We also see a fair number of patients who do not have anyone at home to support them. These are the people most likely to end up in the emergency department. By connecting them with the Alzheimer Society, we can better support them at home without the need for hospitalization."

Of the referrals made to the Alzheimer Society, 16 per cent live at home alone. "If someone lives alone we are more pro-active in our follow-up," said Julie Wheeler, Executive Director for the KW Alzheimer Society. "We call them frequently to check-in, focus on resolving any issues they are having, and we look for supports in their community to help them - whether it's a neighbour or a volunteer. We try to build a support network around them."

Hellen Jarman, a Nurse Practitioner at the Geriatric Clinic at St. Mary's General Hospital, shared that a high percentage of those they see in the clinic have some form of dementia. They are then able to refer them to the Society for programs and support.

"I can't think of another program that has such an impact on quality of life for the patient and efficient use of resources in the health system. When patients are informed about their disease and accessing supports, we see less medication use, decreased emergency department visits, decreased length of stays in hospital, and reduced caregiver burden," she said.

Program Improves Quality of Life for Seniors on Dialysis

For those diagnosed with end-stage renal disease, having treatment options that support patient independence and mobility can make all the difference in quality of life. While local residents have the option to receive hemodialysis in the hospital or peritoneal dialysis (PD) at home, residents in long-term care homes were only able to receive hospital care. This meant travelling to the hospital three times per week, for four-hour treatments.

Fortunately, as the result of a new partnership initiated and supported by the Waterloo Wellington LHIN and developed between the Grand River Hospital Regional Renal Program and two local long-term care homes, residents can receive peritoneal dialysis in these long-term care facilities, eliminating the need for travel, and greatly improving their quality of life.

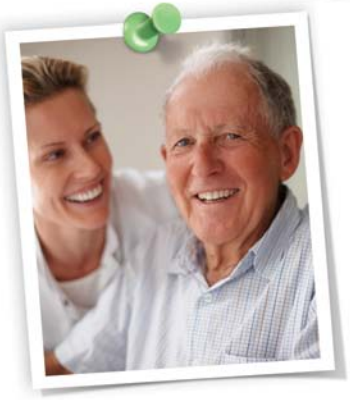
Hemodialysis requires a patient to be hooked up to a machine that performs the function of the kidneys by filtering toxins out of the bloodstream. PD is a more mobile form of treatment, using a special solution and the abdomen as a filter to remove toxins from the body.

Stirling Heights Long-Term Care in Cambridge welcomed their first resident receiving PD in March 2010. The home has space for two residents needing PD, while Royal Terrace in Palmerston has space for one. The feedback from families and residents has been extremely positive.

RPN Annette Bernier, RN Anna Liza DeMocorro and RN Diane Pental demonstrate the use of the PD equipment at Stirling Heights Long-Term Care.

"We had one resident who said that being able to receive PD at Stirling Heights meant that he could finally move out of the hospital into a real home. He had been living in the hospital for more than a year because there wasn't a home available that could meet his complex needs. He was thrilled to move here, to have all of his personal things with him in a comfortable place, and to be able to receive the treatment he needs,"

shared Cheryl Lawrence-Holmes, Executive Director of Stirling Heights Long-Term Care.



Through the partnership, Grand River Hospital provides the facility with full training for staff, an environmental assessment, equipment set-up, funding for supplies and a daily per diem to recognize the staff time needed to provide the treatment.

"For us, the real benefit is knowing that we are helping residents achieve the highest level of independence," said Peter Varga, Program Director, Renal Dialysis, Grand River Hospital. We really appreciate the WWLHIN's support that has allowed us to partner and provide this service for patients. Our goal is to continue to build partnerships with local long-term care homes to offer this service to more residents."

Focusing on our
Integrated Health Service Plan

Centre of Excellence for Bariatric Surgery Transforms Lives at Guelph General Hospital

In 2009, Guelph General Hospital (GGH) was designated as one of five regional Centres of Excellence for Bariatric Surgery in Ontario. Since then, the hospital has expanded its capacity from 50 surgeries per year, to 240. The hospital is part of the Ontario Bariatric Network Strategy which is working to increase Ontario's capacity to provide both medical and surgical components of bariatric treatment to morbidly obese adults and children. GGH was selected due to its expertise in bariatric surgery. Its lead surgeon, Dr. Ken Reed, has been providing this surgery in the community for over 10 years.

"Dr. Reed was instrumental in setting up the program in Guelph," said Joyce Rolph, Senior Director, GGH. "He also played a key role in recruiting two excellent surgeons, Dr. Pereira-Hong, and Dr. Foute Nelong. They are all committed to the success of their patients."

There's been lots of positive feedback from patients about their experience. One is blogging her journey online at *thebeforeandafterofgastricbypass.blogspot.com*. In the six months following her surgery, "Amy" lost 82 pounds. She blogs "Well it has been 6 months already since I had my surgery and you get to celebrate it by going back to see the surgeon. I would've been nervous if I wasn't so proud of how far I have come... I am now down 82 pounds and my BMI is at 29!! Which means I am no longer classified as obese."

And success isn't just measured in weight loss as evidenced by another patient's testimonial: "With the hospital and surgical care, pre and post operative counseling and support received from the caring professionals in Guelph, I am a weight loss surgery success. This process helped me to identify the issues leading to my obesity, understand the mistakes I made and transform my thinking to lead a healthy lifestyle."


Dr. Ken Reed


Dr. Natasha Pereira-Hong


Dr. Jules Foute Nelong

***IHSP Priority:** Improving chronic disease prevention and management (including diabetes).*

As obesity is a leading risk factor for chronic disease, increasing capacity for bariatric surgery serves an important role in advancing the WWLHIN's priority to improve chronic disease prevention and management.

Message from the Interim Chief Executive Officer

The Waterloo Wellington LHIN is committed to advancing the quality of local health services by improving access and enhancing the patient experience. This will be achieved through the eight key priorities outlined in the Working Together for a Healthier Future: Integrated Health Service Plan 2010-13. While each priority is distinct, they are all connected. Reducing the amount of time patients spend in hospital, as they wait to be transferred to a more appropriate place, helps to improve patient flow and reduce emergency department (ED) wait times. Improving the coordination of, and access to, mental health and addiction services also improves patient safety and enhances quality of care. As we make progress in each priority area, we ultimately make progress in other key areas as well.

In this issue of the WWLHINinformation Bulletin, you will learn about an initiative that is helping residents with Alzheimer's Disease or a related dementia access support services up to one-year earlier. You will also read about a long-term care resident who was able to finally move out of hospital into a "real home" as a result of an innovative local partnership.

In partnership with our health service providers, we are making a real difference in the lives and health of local residents. If you have a story you would like to share, as a provider or patient/client/resident, please feel free to contact our office. We look forward to your comments and feedback.

Sincerely,

Bruce Lauckner,
Interim Chief Executive Officer