ENGAGED COMMUNITIES. HEALTHY COMMUNITIES

Central East LHIN e-Newsletter - October 2008

Welcome to the October 2008 edition of the Central East LHIN e-Newsletter "Engaged Communities. Healthy Communities". This newsletter is designed to keep you updated on current events and opportunities for involvement as together we build a stronger, more integrated public health system to serve the residents of the Central East LHIN. As a monthly communication vehicle, it will supplement the information that is continually being posted on the website behind navigations links such as "Resource Documents", "Newsroom" and "Board of Directors". If you would like to receive up to the minute information, be sure to subscribe to the Central East web alert function called MY PAGE. If you have friends, clients or colleagues who do not have access to the Internet, please print this newsletter and share with them.

Improving caregiver support focus of project

Caregivers - individuals who provide on-going care and assistance to family members and friends, in home or institutional settings, who are in need of support due to physical, cognitive, mental health or addiction conditions - play an essential role in the delivery of health care. You meet caregivers every single day of your life. Its your coworker who checks in on his or her parents, its your sister or your brother who is caring for a dependent child, its your own mother or father supporting each other through health issues, its YOU!!! Being a caregiver can be stressful since in many cases it can be a 24/7 committment. Caregivers provide personal care, co-ordinate medical appointments and home support and provide the mental and emotional support that allows their family member or friend to make it through the day. But this can lead to "caregiver burnout" and sometimes caregivers themselves can get sick.

The Caregiver Support and Wellbeing Priority Project is one of a number of projects that have been approved and funded by the Central East LHIN and has two goals - 1) to develop a plan containing recommendations that will guide investments to strengthen a support system for caregivers and 2) to implement some of the recommendations. The Caregiver Support and Wellbeing Project Team consists of caregivers and staff from healthcare agencies from across the Central East LHIN region.

This group has worked very hard to develop a definition of caregiver support and a framework of support components. They now need caregivers from each of the Central East LHIN communities, from diverse cultural backgrounds, from urban and rural areas, and from those caring for family members and friends with a variety of needs to review their work and provide comments and advice. In October and November the Project Team will be meeting with caregivers in communities throughout the Central East LHIN to get their feedback on a chart that they have developed which outlines the definition of caregiver support and the components that make up a caregiver support system. Through this website, you have the opportunity to participate in this process by reviewing the chart and completing a short survey. The results of this community consultation will be posted on this website in the upcoming weeks. To view a copy of the chart and complete the survey, please visit the Caregiver Support and Wellbeing Project Project webpage by clicking here.

Assessment centre shortens wait times for surgery

After five years in search of an answer, it took less than one hour at the Central East Musculoskeletal Assessment Centre (CEMAC) for Eleanor Mooney to learn why her left knee was increasingly painful. Thanks to the new assessment program, Mooney is going to receive the treatment she needs within a matter of weeks, not years.

CEMAC, a Central East Local Health Integration Network (CE LHIN) initiative, is a partnership between TSH and Rouge Valley Health System (RVHS). It recently opened its doors as a single access point for orthopaedic and musculoskeletal care for patients from Scarborough, Durham and beyond. The CEMAC team, which currently consists of two advanced practice physiotherapists and is recruiting a Nurse Practitioner, will spend four days at the Grace campus of TSH and one day at the Ajax site of RVHS.

“Decreasing wait times for patients is important to Rouge Valley so we’re delighted to be active partners in this initiative,” says Natalie Bubela, RVHS Vice-President, Programs. “Partnerships like this point the way to the future of healthcare delivery in Ontario.”

Wendy Abbas, Patient Care Manager, Orthopaedics and Rehabilitation at TSH, says faster access to care is “probably the biggest benefit for patients.”

“Patients normally wait up to six months to see an orthopaedic surgeon who may or may not recommend joint replacement. But CEMAC cuts down total wait time from referral to seeing an orthopaedic surgeon to eight weeks,” Abbas says.

Physician referral forms are downloaded from www.tsh.to/cemac.aspx and faxed to central intake. An appointment is booked within two weeks of receiving the physician’s referral. A “comprehensive assessment” by the CEMAC team determines whether the patient requires a consult with a surgeon or a rheumatologist, or needs other care such as an exercise routine or nutrition counselling.

If surgery is the recommended course of action, the patient is referred to one of four orthopaedic surgeons at TSH and RVHS. More surgeons will be added to the roster as the program grows.

“We will book an appointment with the surgeon within six weeks,” Abbas says. “We’re one-stop shopping for patients needing joint replacement surgery. Central intake is located at the Grace campus, where we will manage all the data.”

The program also benefits the surgeons since only those patients who need surgery are sent over.

“Our target is 80 per cent of patients we send to the surgeons truly require surgery,” Abbas adds. “With 1,400 joint replacement surgeries performed this year at TSH alone, it will cut wait times dramatically and save resources.”

Meantime, Mooney is the first of what CEMAC anticipates will be at least 3,000 patients a year seeking their assessment services. And for the 74-year-old retired teacher, the trip to CEMAC is proving to be a life-changing experience.

“I have arthritis in my knee, which causes a lot of pain and affects my mobility,” Mooney explains. “I’m used to being active, and this just holds me back.

“I got the answer I have been looking for and it only took an hour. It’s wonderful. I’m so thrilled!”

Clinical Services Plan teams developing Frameworks

As work continues on the Clinical Services Plan project, physicians, nurses, allied health professionals and administration staff from the 9 community hospitals in the Central East LHIN have already dedicated countless hours developing Frameworks to support improved service delivery for key surgical and medical services including Thoracic Care, Cardiac Care, Vascular Care, Maternal, Child and Youth Care and Mental Health and Addictions.

Gathering the necessary data has been extremely important so that the recommendations in these clinical Frameworks are based on accurate and timely evidence including the current volume of inpatients and outpatients for each of the service areas. Data

collected includes the number of patients receiving care in Central East LHIN hospitals, the number of patients travelling to hospitals outside the Central East LHIN to access services and the number of patients who are coming from outside the Central East LHIN for the five identified services. In addition, the teams are looking at the distance patients and family members are travelling to access care. By capturing current year statistics and projecting out for the next 30 years, these teams can develop models that will provide safe, accessible and quality hospital care now and into the future.

A common physician credentialing system, an on-call system to improve access to specialists and an operating room scheduling system that will maximize surgical capacity across the LHIN are the three areas of focus for the project's Medical Leadership group. Medical Chiefs from each of the 9 hospitals will be seeking feedback from their medical peers in the coming months as the Clinical Service Plan Steering Committee begins to prepare its final report.

The Steering Committee and Advisory Groups are using the Central East LHIN's Decision Making Framework to ensure that there is a fair, evidence-based and transparent decision making process as the Frameworks are developed. This will allow for a co-ordinated approach to collaboration as plans and integration opportunities come forward to the Central East LHIN board. It will also align business and funding decisions to the Central East LHIN vision, values and strategic priorities and provide understandable and objective criteria to evaluate integration proposals and opportunities.

Stakeholders from across the Central East LHIN - including the general public - are encouraged to track the progress of this project by visiting the Clinical Services Plan page on the Central East LHIN website. Questions are very welcome and will be posted, along with the answers, behind the FAQ (Frequently Asked Questions) button. Monthly updates to the Board of Directors of the Central East LHIN are also posted on the website behind the Board Meetings page.

First wave of 1% proposals being reviewed

Health service providers from across the Central East LHIN and even the province have responded to the 1% Challenge and at the October 15th deadline ten re-investment opportunity proposals were posted on the 1% Challenge Agora on the Central East LHIN website. Central East LHIN hospitals and community health care providers have submitted proposals that are aligned with priorities identified in the Integrated Health Service Plan - Wait Times, Mental Health and Addictions, Seamless Care for Seniors, and Chronic Disease Prevention and Management and health care providers are encouraged to review the proposals for possible partnerships.

The 1% Challenge was introduced at the LHIN's June 2008 Symposium to meet the Board's strategic goal of reinvesting $10.3 million of hospital expenditures in CE LHIN funded community health service providers no later than December 2010. It is a challenge of not only Central East LHIN hospital providers, but of Central East LHIN community providers too and is consistent with the Local Health System Integration Act that requires health service providers to identify “voluntary integration opportunities.”