ENGAGED COMMUNITIES. HEALTHY COMMUNITIES

Central East LHIN e-Newsletter - September/October 2009

Welcome to the September/October 2009 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 an on-going 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 already have a MY PAGE account be sure to update your subscriptions to include "Get Connected with Care." If you have friends, clients or colleagues who do not have access to the Internet, please print this newsletter and share with them.

CE LHIN's second Integrated Health Service Plan (IHSP) 2010-2013

IHSP to focus on reducing time spent in EDs and Vascular Disease

The results are in and they are overwhelming. In a recent telephone poll of Central East LHIN residents, over 87% of respondents agreed that saving a million hours of time patients spend in the emergency departments was important and 90% agreed that reducing the impact of vascular disease such as stroke, cardiac disease, diabetes or dementia meant something to themselves or their families. This validation of the two big goals for the Central East LHIN's next Integrated Health Service Plan (IHSP) has provided the team with the community feedback they needed as they work with health service providers to map out health care system priorities and initiatives for the next three years.

In late 2006, in Central East and across Ontario, Local Health Integration Networks (LHINs) developed Integrated Health Service Plans (IHSPs) as their first major initiative. Hundreds of volunteers, community residents and health care professionals provided invaluable contributions to the development of the Plan. The plan represented the first stage in the transformation of Ontario's health care system, from centralized to local health care system planning and funding. It was an initial blueprint for change, a three-year plan towards building a better health care system and started the Central East LHIN on the path towards its ultimate goal of realizing our vision of Engaged Communities. Healthy Communities.

The CE LHIN is committed to continuing to address the priorities of its local citizens and its priority populations specifically seniors, mental health and addictions, chronic disease prevention and management along with aboriginal/first nations populations and francophones.

To save one million hours of time, the LHIN will be working with hospitals, primary care providers and agencies to provide alternatives to an emergency department visit, ensuring that patients who don't require acute hospital care can receive the appropriate level of care in their local communities. In the survey, over 80% of respondents said they would have avoided the emergency department if they had known of somewhere else to go. The Ministry of Health and Long-Term Care has made an effort to address this issue by providing a Health Care Options website which includes a Health Care Options Medical Services Directory, a user-friendly searchable database of walk-in and after hours clinics, urgent care centres, and family health care providers.

Vascular diseases are the major causes of illness, disability, hospitalization and death in the Central East LHIN, in the province and across Canada. This group of diseases leads to high numbers of people going to the emergency department and being admitted to hospital and has a costly impact to patients, their families and the health care system. With over 30% of the households in the survey reporting that someone had diabetes, close to 70% reporting high blood pressure and over 50% reporting high cholesterol, the opportunity to reduce the impact is very high and aligned with the province's focus on integrated diabetes care and healthy living.

For more information on the Central East LHIN's IHSP, please visit the IHSP page on the CE LHIN website.

Accountability Agreements guide the work of Health Service Providers

On April 1, 2007 the LHINs assumed full responsibility for planning, funding and integrating health services. Begining the first year, hospitals and the Central East LHIN negotiated Hospital Service Accountability Agreements (HSAAs). In the second year this process was repeated as multiple sectors including the Central East Community Care Access Centre, Community Support Services, Community Health Centres and Community Mental Health and Addictions negotiated Multi Sectoral Accountability Agreements (MSAAs). In 2009-10, the LHIN will be negotiating Long Term Care Service Accountability Agreements (LSAAs) with the Long Term Care sector and renegotiating the next round of Hospital Service Accountability Agreements (HSAAs).

Representatives from the Long Term Care sector, the LHINs, the Ontario Hospital Association, the Association of Municipalities of Ontario, OANHSS, OLTCA and the Ministry of Health and Long-Term Care worked together to finalize the Long Term Care Homes Accountability Planning Submission (LAPS) Guidelines which were distributed to all long term care homes across the province on September 24th. The guidelines outline the process for how long term care homes will document activities related to their financial health, their organizational capacity, their quality health services provided to their residents and their integration activities with other partners in the health care system. The Planning Submission and the resulting Accountability Agreement will provide the basis by which long

term care homes receive funding from the LHIN and how their performance is measured.

Hospitals are guided by a province-wide "Framework for Making Choices" document as they develop their HAPS (Hospital Accountability Planning Submission) documents. In the Central East LHIN, hospitals are working along side the LHIN to develop and evaluate options to improve hospital performance, ensure that core hospital services are stable, are aligned with provincial priorities and the LHIN's IHSP, and consider how service delivery at the hospital level impacts on community services and current and future patient/client need.

Long-term care homes and hospitals are currently working towards a November 30th deadline to submit their LAPs and HAPS.

For more information on the accountability agreement proces and links to current accountability agreements between the LHIN and its health service providers, please visit the Central East LHIN website.

Emergency Department Avoidance Coalition focuses on Mental Health and Addictions

Initiatives part of Pay for Results (P4R) Program

An unique partnership involving three hospitals (Rouge Valley Health, Lakeridge Health and Ontario Shores - formerly Whitby Mental Health Centre), Durham Mental Health Services, Canadian Mental Health Assocation - Durham, United Survivors and Durham Regional Police will mean individuals with mental health and addiction needs will now have more community-based options when they are in crisis. Funding provided through the Central East LHIN and the Ministry of Health and Long-Term Care's Pay for Results program has supported the work of this Emergency Department Avoidance Coalition and already their partnership has resulted in the opening of six new community-based crisis beds, the placement of community agency mental health crisis teams in the emergency departments in LHC Bowmanville, LHC Oshawa, and Rouge Valley Ajax and the development of new processes with Durham Regional Police to divert people in custody into the community system rather than an emergency department.

Hospitals involved in the P4R program are to meet provincial targets of reducing time spent in the emergency department by patients and their families. This priority committment by the province has resulted in over $7 million in funding to the Central East LHIN in 2009/10.

The goal of the Emergency Department Avoidance Coalition is to offer services that are integrated, client-centered and outcome based. The partnership has attracted the attention of health care service providers around the world through the Institute for Healthcare Improvement and will be highlighted at an upcoming Chiefs of Police conference to be held in Oshawa in October. The outcome of the work of the Coalition will be measured, tracked and hours saved will be added to the LHIN's goal of saving a million hours of time spent in Emergency Departments by 2013.

Innovation and Partnership reduces impact of Vascular Disease

Primary care providers in the Peterborough City and County zone of the Central East LHIN are partnering with their specialist colleagues, the Heart and Stroke Foundation of Ontario and Astra Zeneca Canada on a new project called the Comprehensive Vascular Disease Prevention and Management Initiative (CVDPMI). Through this initiative, health

care providers will develop common protocols or care plans to identify, assess and manage patients who have vascular diseases.

Vascular diseases are a broad group of health conditions that impact almost all parts of the body – from head to toe. Vascular disease includes cardiovascular (heart), cerebrovascular (brain) including vascular dementia and stroke, and peripheral vascular disease which presents in other areas of the body such as kidneys, arms and legs. In the Central East LHIN, vascular diseases alone were the number one reason for hospitalizations for chronic diseases.

Primary Health Care Services of Peterborough, the Peterborough Networked Family Health Team, the Vascular Health Network and the Peterborough Renal Network are all partners in this project which could see the successful protocols rolled out across the LHIN. The work of these groups will be measured and recorded against the LHIN goal of reducing the impact of vascular disease by 10% by 2013.

Community Partnership Program supports Physician Recruitment

As part of a provincial government strategy to increase the number and mix of health professionals in the province, HealthForceOntario Marketing and Recruitment Agency (HFO MRA) is playing a leading role in helping to ensure that goal is met. HFO MRA now has a presence at the community level with the introduction of the Community Partnership Program, an initiative designed to integrate and coordinate physician recruitment in the province.

Located in each LHIN, Community Partnership Coordinators (CPCs) offer on-the-ground physician recruitment and best practice support to community recruiters, health care organizations and health care providers. CPCs also connect physicians, nurses, communities and health care organizations to other programs and resources of the Agency. These include HFOJobs, a free online site for physician and nurse postings; physician recruitment advisors who work one-on-one with physicians on issues such as licensing and immigration; and the three programs that provide a coordinated approach to locum physician staff support across the province. CPCs also work with local health care stakeholders and encourage collaborative action between LHINs. Since June, Amanda English, Community Partnership Coordinator for the Central East LHIN, has been meeting with senior staff at local hospitals and community recruiters to provide physician recruitment and retention support. Contact her by e-mail: a.english@healthforceontario.ca.