Mississauga Halton **LHIN**

healthyoutlook

COMMUNITY REPORT
September 2010

Generating improved health care outcomes

A message from the Chair and CEO

Throughout the pages of this communiqué, we are pleased to share with you some of the exciting developments that have taken place in the Mississauga Halton Local Health Integration Network (LHIN) over the past year in our ongoing efforts to further strengthen your local health system.

And who better to talk about these initiatives than the patients, clients and families who have experienced their benefits firsthand. On the following pages, we share with you some of the compelling personal stories that define how our health system is evolving to better meet the needs of our communities.

Over the past year, we invested $1.14 billion in provincial funding to support the work of 77 health service providers including three hospitals with six sites, 34 community support services, 27 long-term care homes, 12 mental health and addictions services and one community care access centre.

Serving the communities of Mississauga, Oakville, Milton, Halton Hills and South Etobicoke, these health service providers have worked tirelessly to improve emergency department wait times, increase supports for seniors and caregivers, more effectively prevent and manage chronic disease and improve access to mental health and addictions services.

Guiding their work has been the input of more than 800 residents from across the LHIN whose insights have been instrumental in helping us determine health care priorities over the next three years.

Health care touches us all whether we're patients, clients, family members or providers. Please take time to read about what we're doing in your community to improve the health care experience and outcomes for you and your family.

John Magill
Board Chair

Bill MacLeod
CEO

Engaging our community in planning for the future

Over the past three years, the work of the Mississauga Halton LHIN and our 77 health service providers has been guided by an Integrated Health Service Plan (IHSP).

This year, we developed a new plan that will serve as our roadmap for health system planning over the next three years.

The health care directions outlined in the IHSP reflect the voices of our community and health service providers and take into account both provincial and local health system priorities.

To read a copy of our 2010-2013 IHSP, please visit our website at www.mississaugahaltonlhin.on.ca.

Improving care for seniors

In 2009/10, the Mississauga Halton LHIN invested $18.9 million in initiatives to support improved care for seniors through our Aging at Home Strategy. Aging at Home will enable seniors to live healthy, independent lives in their own homes by ensuring they receive the right care at the right time in the right place.

Working together with our health care partners across the LHIN, we are committed to making our health system senior-friendly by improving access to services and offering those services in a more coordinated manner. This means reducing hospital lengths of stay, reducing unnecessary visits to hospital emergency departments, seeking alternatives to Long-Term Care Home placements and reducing the waiting list for Long-Term Care Home admissions.

The following initiatives are just a few of the many exciting developments that have surfaced over the past year in our efforts to better meet seniors' needs.

Helping seniors to remain living at home

Supports for Daily Living (SDL) improves in-home support

In 2009, AH suffered a stroke that left her confined to either her bed or a wheelchair. By the time she was ready to be discharged from hospital, the wheels were already in motion to provide her with mobile support visits in her home, including overnight care.

Nucleus Independent Living's *24-Hour Mobile Supports for Daily Living (SDL) Program* provides at risk seniors with practical, non-medical, intermittent support services in their own homes throughout a 24-hour period, allowing them to maintain a level of safe, independent living within familiar surroundings. Clients are eligible for up to 1.5 hours of care during a 24-hour period, 7 days per week, 365 days a year. Seniors are able to preschedule their services at regular intervals – day, evening or overnight and have on-call access to customer service reps for unscheduled situations.

> "It's a wonderful program. The staff is really nice and very helpful. I would not be at this stage where I am able to use a walker without the assistance provided by Nucleus Independent Living."
>
> AH, SDL Client

Upon returning home from hospital, AH received assistance with dressing, bathing, safety checks and other activities of daily living. Thanks to her involvement with this program, she is now able to use a walker some of the time, frequently walking short distances to strengthen her muscles.

The *24-Hour Mobile SDL Program* is allowing AH to continue her recovery while living independently at home.

About Supports for Daily Living

Nucleus Independent Living is one of eight approved SDL providers within the Mississauga Halton LHIN. SDL offers a full range of services in the home for at risk seniors including personal care, homemaking and attendant care.

Thanks to SDL, *over 1,000 visits to local emergency departments were averted in 2009/10, 379 clients were able to return home from hospital sooner and close to 300 unnecessary Long-Term Care Home admissions were avoided*, resulting in approximately $5.3 million in savings for our local health system .

Rays of Sunshine for the Support Staff

There are some rays of sunshine
Come in my door each day
Bringing joy and cheerfulness
To help me on my way.

Their laughter and their cheerfulness
Just make my spirit smile
So when they leave, the happiness
Stays with me quite a while.

Of course they have their duties
Which I appreciate too
To make me feel more comfortable
And do things I cannot do!

They work without complaining
And help to keep me clean
They do so many kindnesses
And treat me like a Queen!

They're our supporting Angels
At Bronte OSCR
I thank God for each of them
Rays of Sunshine they sure are!

Nora Groves
Resident, Oakville Senior Citizens Residence
June 2010

At the age of 87 years, Nora is a resident of the Oakville Senior Citizens Residence (OSCR) and a recipient of the organization's Supports for Daily Living (SDL) program where she receives help with personal care, homemaking and laundry. She is determined to stay in her apartment and live as independently as possible, ever grateful for the SDL program that has allowed her to do so.

Preventing unnecessary admissions to Long-Term Care Homes (LTCH)

RESTORE program helps seniors return to functional independence

After falling in her son's home, MD suffered a compound ankle fracture and was admitted to hospital for surgery. As is often the case with seniors, MD was experiencing other health issues including a heart condition and incontinence and she was having trouble coping with activities of daily living (going to the bathroom on her own, dressing and practising personal hygiene).

"My transition home was very good and I would recommend the RESTORE program to anyone who needs it."

MD, Client, RESTORE Program

It was clear that she would be unable to manage the stairs in her son's multi-level townhouse following her surgery, so returning home to live with her son and his family appeared to no longer be an option and long-term care was considered.

However, thanks to Mississauga Lifecare's RESTORE program, another alternative was available to MD. The RESTORE program, initially launched in 2008, was designed to help adults restore the physical ability needed to return to activities of daily living following an admission to hospital. A multidisciplinary team works on building clients' confidence, strength and endurance all with the goal of helping them to return to a more independent lifestyle at home. On average, most patients remain in the program for four to six weeks.

After taking part in the RESTORE program, MD was successfully discharged home to her family having overcome her incontinence issues and having mastered the physical ability to climb stairs. Upon completion of the program, she was also able to independently manage the activities of daily living. Rehabilitation staff completed a safety home assessment and she was provided with a home exercise program to continue her recovery at home.

About the RESTORE Program

The RESTORE Program is a joint initiative of The Credit Valley Hospital, Halton Healthcare Services, Trillium Health Centre, the Mississauga Halton Community Care Access Centre (CCAC) and Mississauga Lifecare. Over the past two years, the RESTORE Program has played a significant role in reducing hospital lengths of stay, generating the equivalent of 35 acute care hospital beds and *diverting more than 230 people from Long-Term Care Homes*.

Giving caregivers a much needed break

ReCharge program offers worry-free in-home relief

As the primary caregiver for her father, EP's mom has little time for herself. Her waking hours are spent caring for her husband who requires constant supervision. What little time she has available when he is sleeping is used to run quick errands to the local store.

> "The whole process has been a wonderful experience and a great success! My mother was able to enjoy some much needed time socializing and reconnecting with her family and friends and the staff had my father laughing and made a wonderful connection."
>
> EP, Daughter of Caregiver

As with most caregivers looking after loved ones in their home, caring for the day-to-day needs of a family member can be demanding and stressful. It's important that caregivers, like EP's mom, set aside time for themselves so that they can remain focused and healthy to continue taking care of their loved ones. That's where the ReCharge program for caregivers can help.

This joint initiative between AbleLiving Services and Nucleus Independent Living, in consultation with the Alzheimer Society of Peel, provides up to one week of worry-free in-home relief when caregivers need a scheduled break or have a last minute emergency. ReCharge respite employees temporarily assume caregiving responsibilities in the home. This alternative to traditional away-from-home respite programs allows loved ones to remain in comfortable and familiar surroundings while the caregiver takes a break.

Improving ED wait times

One of the most compelling priorities for health service providers in the Mississauga Halton LHIN is reducing emergency department wait times with support from the province's ED Pay-for-Results program as well as Aging at Home Strategy initiatives.

Pay-for-Results strategies in 2009/10 included expanding bed capacity, creating a Rapid Assessment & Fast Track unit to more quickly respond to patient needs and adding a dedicated patient care manager to focus on patient flow and the monitoring of patients in emergency departments.

"The strategy has already had a huge impact on our LHIN: patients are waiting less time to see a health care provider and are spending less time overall in emergency departments," says Dr. Eric Letovsky, Emergency Department Lead for the LHIN.

A public awareness campaign, 'Feel Better Faster', launched in the spring of 2010 is being used to further reinforce when to use emergency departments and how to access other health care services. Many of the stories on these pages reflect initiatives designed to support a reduction in emergency wait times.

Enhancing quality of care for Long-Term Care Home residents

Nurse practitioners help avert unnecessary emergency department visits

NPSTAT Coordinator Lori Brown (blue top) and her NPSTAT team (on right) are joined by client Stephanie Gierczak and her sons, Ted and Eugene.

EC lives in a Long-Term Care Home and relies on a feeding tube to meet his nutritional needs. When it became apparent that EC's feeding tube needed to be changed, the nurse practitioner (NP) assigned to his Long-Term Care Home saw an opportunity to avoid transferring EC to the local hospital emergency department for the procedure.

It's not unusual for Long-Term Care Home residents transferred to emergency departments to experience emotional or physical distress or to be vulnerable to skin ulcers, dehydration, delirium and infection. The Mississauga Halton LHIN's Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT) seeks to enhance quality of life by reducing unnecessary hospital transfers.

Through NPSTAT, a program managed by The Credit Valley Hospital, a team of nurse practitioners provides support to the LHIN's 27 Long-Term Care Homes. Here they work collaboratively with the homes' physicians and staff to assess residents' urgent needs when they experience illness or injury, determine the need for hospital care and provide interventions such as intravenous therapy, antibiotic management and administering oxygen. These interventions can frequently help to avoid unnecessary transfers to hospital.

In EC's case, the NP recognized that the changing of his feeding tube would normally be managed in hospital by a radiologist and would involve EC remaining there for 12-24 hours. It would also mean two ambulance transfers between the Long-Term Care Home and the hospital's emergency department.

The NP coordinated a discussion between the Long-Term Care Home, The Credit Valley Hospital's NP, the consultant radiologist and the radiology department to identify possible options. Meeting with EC, his family and EC's attending staff and physician they mapped out a new plan of care that would make it possible for the changing of his feeding tube to take place at the home. The radiologist was available for back-up and support.

Thanks to NPSTAT, the procedure was completed successfully in the comfort of EC's home with his family around him, ultimately averting an unnecessary visit to the emergency department and alleviating any undue stress for EC.

About NPSTAT

NPSTAT seeks to reduce unnecessary transfers of Long-Term Care Home residents to emergency departments, improve the quality of ongoing resident care and simplify the discharge of residents from hospital back to their Long-Term Care Homes.

In 2009/10, the LHIN invested close to $450,000 to expand the NPSTAT program. The presence of nurse practitioners in long-term care homes was *successful in averting more than 1600 visits to hospital emergency departments.*

Dealing with concurrent disorders

New program helps people facing mental illness and substance abuse

After visiting The Credit Valley Hospital's emergency department for alcohol abuse and anxiety, KP was referred to the LHIN's Community Concurrent Disorders Program (CCDP), a new initiative launched with support from the Mississauga Halton LHIN and Community Mental Health and Addiction partners.

> "I didn't know I was resilient because I had let things get so bad. I'm finding it easy to bounce back with the support I have received. I wasn't aware of all the resources that were out there. I feel great!"
>
> KP, Client, Community Concurrent Disorders Program

It is estimated that concurrent disorders (combined mental illness and substance abuse) affect up to 50% of people with mental illness.

KP was met by one of the program's transitional crisis workers who then referred her to Trillium Health Centre for case management. KP demonstrated a strong desire to stop drinking. Working with KP and her doctor, the case management team planned her withdrawal from alcohol.

She was referred to a three-week day withdrawal management program which KP successfully completed. She has been sober now for 27 days.

About the Community Concurrent Disorders Program

The Canadian Mental Health Association – Halton Region Branch is the lead agency for this program. Other participants include Peel Addiction Assessment and Referral Centre, Mobile Crisis of Peel, Halton Alcohol, Drug and Gambling Assessment, Prevention and Treatment Services (ADAPT) and Trillium Health Centre. Together these agencies provide 24/7 community-based crisis supports as well as enhanced capacity for withdrawal and case management.

The program aims to divert emergency department visits by providing enhanced community services for people with addictions or a concurrent disorder.

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Improving safety for seniors

Strong and Steady Clinics aim to reduce emergency visits and Long-Term Care Home admissions

John Griffiths' unsteady walking pattern and poor balance baffled his doctor. Following several tests, John's doctor referred him to The Credit Valley Hospital's Strong and Steady Clinic. The Clinic is part of the Mississauga Halton LHIN's Falls Prevention Initiative to both strengthen and improve balance.

The Clinic, one of three offered through The Credit Valley Hospital, Halton Healthcare Services and Trillium Health Centre, consists of a comprehensive six-week program where participating seniors learn to improve strength and balance, make their homes safer, evaluate the risk of having a fall and learn ways to protect against a fall. A follow-up occurs three months following completion to evaluate the impact of the program on participants.

> "It was truly an inspirational program for me!"
>
> John Griffiths, Client, Strong and Steady Clinic

Following assessment by a geriatrician and a physiotherapist, a program of bi-weekly exercise circuits tailored to John's individual needs and abilities was

Improving senior safety cont'd

developed. He also had access to education sessions with both an occupational therapist and therapeutic recreationist. The goal was to make sure John was moving safely in his home and was confident continuing with his activities following graduation.

Through the program, John rediscovered his passion for Tai Chi, a form of relaxation he had enjoyed in the 1990s. Thanks to a recommendation from the Strong and Steady Clinic's therapeutic recreationist, John has returned to Tai Chi classes.

Continuing his work as a computer programmer specializing in web design, John hasn't had a fall since completion of the program.

About the Strong and Steady Clinic

The Strong and Steady Clinics hosted at The Credit Valley Hospital, Halton Healthcare Services and Trillium Health Centre help seniors to remain safe and healthy in their own homes while helping to reduce their risk for falls.

Falls prevention not only helps improve emergency department pressures, it also leads to reduced hospitalizations and admissions to Long-Term Care Homes.

To date, *171 clients have benefitted from the Strong and Steady Clinics across the Mississauga Halton LHIN.*

Helping seniors maintain independence

Home program supports those at risk for falls

"This exercise program has helped me immensely with my arthritic pain."

Dinshaw Pestonji, Client, HSEP

Dinshaw Pestonji lives with the pain of arthritis in his right knee. It's for that reason that the senior decided to join the Home Support Exercise Program (HSEP) offered through India Rainbow Community Services of Peel. He was hoping it would help.

India Rainbow is among 16 community agencies within the Mississauga Halton LHIN whose staff and volunteers have been trained in the delivery of HSEP under the umbrella of the LHIN's Falls Prevention Initiative. Three of the agency's Day Program Coordinators were trained as HSEP instructors who in turn trained an additional 29 staff, volunteers and caregivers to deliver the in-home program.

HSEP is a home support exercise program designed for frail and homebound seniors who have fallen or who are at risk for falls. It provides participants with 10 simple exercises to do at home to help them enhance and maintain functional fitness, mobility, balance and independence.

For Dinshaw Pestonji, he found the program particularly effective during the winter months as it kept him active and alert.

About the Home Support Exercise Program

The program's success is reflected in its growing popularity. To date over 260 personal support workers, health professionals and volunteers from 16 agencies have been trained in the delivery of the Home Support Exercise Program (HSEP) and *457 seniors from across the LHIN have benefitted from the exercises.* The Alzheimer Society of Peel has implemented HSEP throughout its Adult Day Programs and is looking to expand it to caregivers, while India Rainbow Services indicates growing interest in the program among the South Asian community.

When you're having a heart attack, every minute matters

How Code STEMI is saving lives

Ed Skrlj (right) stands with Dr. Randy Watson, Co-Lead, Code STEMI Program.

On October 14, 2009, Ed Skrlj wasn't feeling well. When pains from indigestion started around 8:00 p.m. and continued to intensify the 55 year old father of three asked his wife to call 911. Ed was having a heart attack.

Moments later, firefighters and paramedics arrived at his doorstep and Ed learned firsthand what the lifesaving 'Code STEMI' program in the Mississauga Halton LHIN is all about. Code STEMI refers to a particular type of heart attack (called **ST E**levation **M**yocardial **I**nfarction) involving a blocked artery that prevents the flow of blood and oxygen to the heart.

Specially trained advanced care paramedics diagnosed Ed's heart attack as a STEMI using an electrocardiogram (ECG), and called one of four interventional cardiologists at Trillium Health Centre's Cardiac Catheterization Lab to confirm the diagnosis. Ed was immediately transported directly to Trillium's Cath Lab, bypassing the hospital's emergency department. When you're having a heart attack, every minute matters.

Within 54 minutes of the paramedics arriving at his home, Ed was having a catheter inserted into his heart at Trillium Health Centre where an interventional cardiologist reopened the blockage with a balloon-like device. A stent was then inserted to keep the artery open. This procedure, known as primary percutaneous coronary intervention (PPCI), is considered the gold standard in the treatment of STEMI's because it is effective almost every time versus traditional clot busting drug therapy which is effective only 60% of the time.

> "I was impressed with the calmness and knowledge of all the people who worked on me, Their timely care saved my life."
>
> Ed Skrlj, Patient, Code STEMI

The PPCI was instrumental in minimizing damage to the heart helping Ed to remain healthy enough to have triple bypass surgery six days later to open three severely blocked arteries. After eleven days in hospital, Ed was discharged home. Three months later he was walking daily and working out in the University of Toronto-Mississauga gym as a participant in Trillium's Cardiac Rehabilitation Program.

About Code STEMI

As the regional cardiac centre in the Mississauga Halton LHIN, Trillium Health Centre is the hub for the 24/7 Code STEMI program which serves as a model for collaboration amongst health care providers. The initiative is a partnership between Trillium Health Centre and The Credit Valley Hospital, Halton Healthcare Services, William Osler Health System (Brampton Civic Hospital), Halton Region Emergency Medical Services (EMS), Peel Regional Paramedic Services and Toronto EMS (covering patients living in south Etobicoke). The Sunnybrook-Osler Centre for Prehospital Care provides the training and medical directives for the advanced care paramedics who are diagnosing STEMI in the field.

Between April 1 – December 31, 2009, 87 patients from across the Mississauga Halton LHIN bypassed their local emergency departments under Code STEMI. The program's aim is that patients will have PPCI within 90 minutes of paramedics arriving at the patient's side. As of January 2010, the average time from the patient's door to PPCI intervention was a remarkable 65.9 minutes.

Leading health system integration

The Mississauga Halton Local Health Integration Network (LHIN) continues to strive towards improving the health, wellness and quality of life for all residents living within South Etobicoke, Mississauga, Halton Hills, Oakville and Milton. Working together with our health care partners, we develop innovative solutions to address some of the most pressing health care issues facing our local health system today.

"Being able to sleep with peace of mind - you don't know what that's like unless you've lost it."
Recipient of caregiver support
ReCharge Program

"I am convinced that the mental and physical stimulation provided by SENACA is holding back the onslaught of my mother's Parkinson's disease. Without the SENACA program during the day, my mother would be unable to remain at home with the ones she loves in an environment that is familiar and comfortable."
Daughter of Client, seniors day program
Seniors Energizing Nurturing Activity Companionship and Achievements (SENACA)

Our Mission
To lead health system integration for our communities

Our Vision
A seamless health system for our communities –
promoting optimum health and delivering high quality care
when and where needed

Our Values
Innovation
Integrity
Accountability
Partnership
Respect
Holistic Approach

"My balance has really improved and I have become more confident in my stride and I'm getting out more than I have in years".
Client, Strong and Steady Clinic
Falls Prevention Initiative

"We embraced the best of both worlds when we looked at our Attendant Services model on in-building supports and the notion of being mobile and agile. We turned a Supportive Housing Model upside down and put four wheels on it"
Kristina Hall, Executive Director
Nucleus Independent Living

"Before the NPSTAT (Nurse Practitioner Supporting Teams Averting Transfer) program was initiated with LHIN funding, every day an average of five Long-Term Care Home (LTCH) residents would be transferred by ambulance to a hospital's emergency department for treatment of an urgent medical condition. Last year, the NPSTAT program was able to avert 89% of the potential transfers to hospital. This program significantly improves the quality of life of the 4,100 residents in the LTCH in this LHIN by enabling them to remain in the reassuring comfort of their own home."
Executive Director
Long-Term Care Home

For more information on Mississauga Halton LHIN-funded programs, successes, Board activities and links to community and health service provider websites, please visit our website at www.mississaugahaltonlhin.on.ca

Health Service Providers Funded by the Mississauga Halton LHIN

Community Support Services

Acclaim Health and Community Care Services
Alzheimer Society of Peel
BALANCE – Blind Adults Learning About Normal Community Environment
Canadian Hearing Society (The)
Canadian National Institute for the Blind – CNIB – Ontario Division (Halton/Peel)
Canadian Red Cross – Peel Branch
City of Mississauga – Next Step to Active Living Program
Corporation of the Town of Halton Hills (The)
Dixie Bloor Neighbourhood Drop-In Centre
Dorothy Ley Hospice Inc.
Forum Italia Community Services – MICBA
Halton Healthcare Services Supportive Housing
Heart House Hospice
India Rainbow Community Services of Peel
Islington Centre – Etobicoke Senior Citizens
Ivan Franko Home
Joyce Scott Non-Profit Homes Inc.
Links2Care
Milton Meals on Wheels
Nucleus Independent Housing
Oakville Kiwanis Meals on Wheels
Oakville Senior Citizens Residence
Ontario March of Dimes – Peel
Peel Cheshire Homes Inc. (Streetsville)
Peel Halton Acquired Brain Injury Services
Peel Senior Link
Regional Municipality of Halton – Supportive Housing
S.E.N.A.C.A. Seniors Day Program
Seniors Life Enhancement Centres
Trillium Health Centre – CSS
Victorian Order of Nurses – Peel Branch
Wawel Villa Incorporated
Wesburn Manor – Toronto Long-Term Care Homes and Services
Yee Hong Centre for Geriatric Care

Long-Term Care Homes

Allendale – The Regional Municipality of Halton
Bennett Health Care Centre
Cawthra Gardens Long-Term Care Community
Dom Lipa Nursing Home (Slovenian Linden Foundation)
Erin Mills Lodge Nursing Home (Devonshire Erin Mills Inc.)
Extendicare – Halton Hills
Extendicare – Mississauga
Highbourne Lifecare Centre – The Royal Crest Lifecare Group Inc.
Labdara Lithuanian Nursing Home
Leisureworld Caregiving Centre – Mississauga
Leisureworld Caregiving Centre – Streetsville
Mississauga Lifecare Centre – The Royal Crest Lifecare Group Inc.
Mississauga Long-Term Care Facility
Northridge Long-Term Care Facility
Post Inn Village – The Regional Municipality of Halton
Sheridan Villa (Regional Municipality of Peel)
Specialty Care Mississauga Road
Tyndall Nursing Home
Villa Forum Nursing Home – MICBA

Long-Term Care Homes cont'd.

Village of Erin Meadows – Oakwood Retirement
Waterford (The) Regency Care
Wenleigh (The)
Wesburn Manor – Toronto Long-Term Care Homes and Services
West Oak Village Long-Term Care Facility
Westbury (The)
Wyndham Manor – Halton Healthcare Long-Term Care Inc.
Yee Hong Centre for Geriatric Care

Mental Health & Addictions

Canadian Mental Health Association – Halton Branch
The Credit Valley Hospital – Community Mental Health
Grace House Group Home
Halton Alcohol, Drug & Gambling Assessment Prevention and Treatment (ADAPT)
Halton Healthcare Services – Community Mental Health
Halton Recovery House & Hope Place Women's Treatment Centre
North Halton Mental Health Clinic
Summit House
Support & Housing – Halton
Supported Training and Rehabilitation in Diverse Environments (STRIDE)
The Peel Addiction Assessment and Referral Centre
Trillium Health Centre – Community Mental Health

Hospitals

The Credit Valley Hospital
Halton Healthcare Services
Trillium Health Centre

Community Care Access Centre

Mississauga Halton Community Care Access Centre

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