Central West **LHIN**

Community update

Summer 2015

Together, Making Healthy Change Happen

The Central West LHIN is pleased to publish "Community Update – Summer 2015", providing you with an update on the progress and achievements being made across your local health care system.

"Together, Making Healthy Change Happen" takes its title from a shared sense of responsibility. It reflects an acceptance that by working collaboratively – as a group of Health Service Providers, community partners, residents and the LHIN organization – we can do so much more to bring about healthy change across the local health care system.

The Central West LHIN remains hard at work, committed to the development of an integrated system of health services that places patients first... building a more accessible and integrated local health care system responsive to community needs, while delivering better value for money.

Highlights include the ongoing development of five local Health Links and implementation of a highly successful telehomecare program; significant investments in home and community services for seniors; enhancements to mental health and addictions services; and, advancements in palliative and end-of-life care.

Now in the final year of its third strategic plan, more commonly referred to as an Integrated Health Service Plan or IHSP, the Central West LHIN is planning for tomorrow... IHSP 4.

Meeting the complex health care needs of communities requires smart local planning, and an ability to address broader provincial priorities as outlined in Ontario's *Patients First:* Action Plan for Health Care. When complete, IHSP 4 will outline the LHIN's local priorities for the three year period April 1, 2016 through March 31, 2019.

(continued on back page)

Maria Britto, Board Chair

Scott McLeod, CEO

Ontario
Local Health Integration Network

Improve Access to Care

Placing a priority focus on improved access to primary and family health care

One of the most important touch points in a person's health care journey is with primary care. Whether residents receive care from a family doctor, a nurse practitioner, or a multi-disciplinary team of primary care health care professionals, these are the experts who can help people of all ages stay healthy and avoid making unnecessary trips to the emergency department.

While more than 95 per cent of residents living within the Central West LHIN report having a family doctor, many are unable to arrange appointments within a day or two of having a non-urgent health-related concern.

The Central West LHIN continues to work closely with Family Health Teams, Community Health Centres, Health Links, the Community Care Access Centre, and the Central West Primary Care Network to put the necessary systems and processes in place so that residents have timely access to the primary care services they need, when and where they need them.

These actions are expected to improve access to after-hours care and same-day or next-day appointments, as well as management of health care conditions that are best treated within a primary care setting.

The Impact of Coordinated Care

Sanjeeve, an 82-year-old married man, who speaks no English, frequently visited his nearby hospital emergency department to obtain free acetaminophen.

A Care Coordinator and translator, from the local Health Link associated with the Central West Community Care Access Centre, discovered the man had been visiting the emergency department to relieve pain from an untreated hernia, and did not know how to arrange for surgery through the specialist he had been referred to. Through the Health Link, the patient's primary care provider and the CCAC developed a personalized, coordinated care plan for him, and arranged for the surgery with someone to accompany him.

The care coordinator continued to work closely with Sanjeeve and his family doctor to ensure he continued to receive appropriate, coordinated primary and community care in line with the care plan.

– Submitted by Sandra Hastings
Care Coordinator, Central West CCAC

Helping residents to manage chronic diseases at home

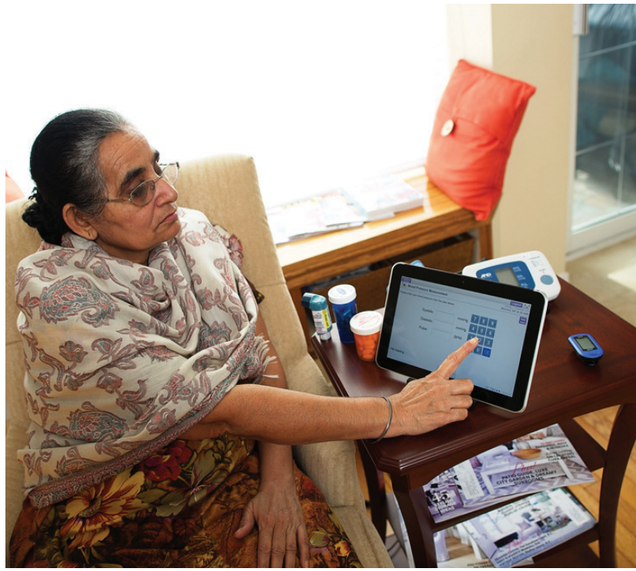
Education and self-management programs are just two of the ways the Central West LHIN is helping local residents to better manage the chronic diseases they live with such as diabetes, Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD).

The LHIN's Telehomecare program is a good example of how residents are using self-management of their chronic disease to reduce emergency department visits and hospitalizations.

The Telehomecare program makes it possible for residents with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) to self-manage their own care at home. Using wireless technology, residents are connected with a nurse who can monitor and coach them between appointments with their care provider. This collaborative approach results in faster treatment and greater patient support from all levels of the local health care system.

Within six months of introducing the program to residents living with CHF and COPD, there was a 40 per cent drop in visits to emergency departments and a 49 per cent reduction in inpatient hospital admissions–evidence that chronic disease self-management programs work. To date, the Telehomecare program has received 2,040 new referrals, 1091 clients have been enrolled and 806 clients have been discharged.

The Central West LHIN's approach to diabetes care has led to better outcomes for people living with diabetes and is the model being used to introduce self-management and education programs that support residents living with chronic diseases, including CHF and COPD.



The Central West LHIN continues to work with Health Links and local Health Service Providers to help more residents living with diabetes, CHF and COPD manage their care in the community. And, the LHIN is building upon its highly successful diabetes education and Telehomecare programs to further improve the treatment and management of chronic diseases in the community.

Improve Access to Care *continued*

Supporting better transitions between mental health services

For children, youth and adults living with mental health and/or addictions issues, timely access to services is their key to living a better quality of life. As people age, their ongoing support needs can change. This means mental health and addictions services need to evolve to ensure the right services are available to the right people in the right place at the right times in their lives.

In the LHIN's efforts to help residents transition between services as their needs evolve, it has continued to invest in programs and services that reduce wait times for access to early intervention services, enhance supports available to families, and improve the quality and use of crisis services. Investments in mental health and addictions services have also enabled 1,150 additional residents to gain more timely access to treatment and care.

The Central West LHIN continues to work with hospital and community mental health and addiction service providers, as well as child and youth agencies, to make sure residents of all ages have access to the services they need close to home. This includes services for adults to benefit from a multi-disciplinary approach to treatment, and to provide treatment in the most appropriate locations to meet their needs whether that is in a hospital or community-based setting.

Improving the quality and use of crisis services is a key strategy to provide residents with an alternative to repeated use of the Emergency Department (ED) and to better identify when it is necessary to visit the ED.

A new program in the Central West LHIN, Short-Term Emergency Department Diversion or "In-STED", is helping to provide patients with immediate short-term case management, often while still at the ED.

Through this innovative program, 88% of patients seen by the crisis intervention team at William Osler's Etobicoke General Hospital site did not have a repeat visit to the ED.

Improving access to community-based services for seniors

The fastest growing age group in the Central West LHIN is seniors between the ages of 65 to 75 years. With this population expected to grow by 19 per cent over the next two years, the LHIN has been working closely with community service providers to deliver services that help seniors to remain living healthy, independent and active lives for as long as possible.

Many seniors are taking advantage of the expanded exercise and falls prevention classes for seniors coordinated through the Community Care Access Centre (CCAC). These programs are available in 50 locations throughout the LHIN, providing seniors with easy access to classes close to home. Further investments were also made to provide seniors with increased access to assisted living facilities, adult day programs, rehabilitation services, and behavioural supports, all with the goal of keeping seniors out of hospital and preventing unnecessary emergency department visits and premature placement in long-term care.

The Central West LHIN is continuing to improve the care delivered to seniors by building strong partnerships with the Central West CCAC, Long-Term Care homes, Health Links, local hospitals and community-based health service providers and investing in community-based services that provide seniors with the supports they need to continue living healthy, independent lifestyles.

The Kipling Acres Adult Day Program

"Mary", a proud and independent senior once able to cook and clean for herself and, from time-to-time, look after her young grandchildren, was diagnosed with Alzheimer's/Vascular Dementia. Her cognitive impairment was sudden and rapid, leaving her daughter with a great sense of loss for the mother she once knew.

Mary began to attend the Kipling Acres Adult Day Program and soon started to come home with stories of days filled with people she had met and activities that she enjoyed including dancing, singing and spending time with the children who attend the day care facility.

"I have watched my Mother over the months since she has been in the Program," said Cathy, Mary's daughter. "The program at Kipling Acres has helped me to see a whole new side of my Mother and, while she will never be the same person she once was, she is still a remarkable woman. The Program has given me back my Mother, helping me to see all that I have in her rather than what I had lost."

Central West LHIN... By the Numbers

Residents

840,000+ PEOPLE
7% of Ontario's total population*

POPULATION GROWTH BY 2021 23%
Compared to 13% Ontario*

Over 50% VISIBLE MINORITIES
Source: Canadian Census

SENIORS GROWTH 64% BY 2021 Age 65+*

86% URBAN

8% SUBURBAN (urban/rural)

6% RURAL

Source: Canadian Census

36% OF POPULATION HAS ONE OR MORE CHRONIC CONDITION
Source: LHIN Environmental Scan 2012

*Source: Ministry of Finance, Estimates and Projections 2012

Health Service Providers

23	14	8	2	2	1
LONG-TERM CARE HOMES (LTC)	COMMUNITY SUPPORT SERVICES (CSS)	MENTAL HEALTH & ADDICTIONS AGENCIES	HOSPITAL CORPORATIONS ACROSS 3 SITES	COMMUNITY HEALTH CENTERS (CHC) ACROSS 5 LOCATIONS	COMMUNITY CARE ACCESS CENTRE (CCAC)
Over 750,000 Resident Days/Year	Over 40,000 clients/year		Over 70,000 admissions and 233,500 Emergency Department visits/year	Over 25,000 primary care visits/year	Serving 32,500 clients/year

Plus 500 primary care physicians, including 6 Family Health Teams, funded by the Ministry of Health and Long-Term Care.

Role

To plan, fund, integrate and manage the local health care system with the aim of providing residents with the right care, at the right time and in the right place.

Vision

To create a health care system that helps people stay healthy, delivers good care when people need it and that will be there for our children and grandchildren.

Values

Local Decision-Making and Transparency

- Important health care decisions, including funding, are now made locally at Board meetings open to the public and media.
- All Board materials are posted on the LHIN's website one week prior to Board meetings.

Increased Accountability and Performance

- Ontario's health care system is more accountable than ever due to accountability agreements between the LHIN and the Ministry of Health and Long-Term Care, and between the LHIN and Health Service Providers, that outline responsibilities and performance requirements.
- The LHIN sets targets to improve the lives and services of patients/clients/residents and holding organizations accountable for achieving results.
- The LHIN ensures public reporting of all of our performance results.

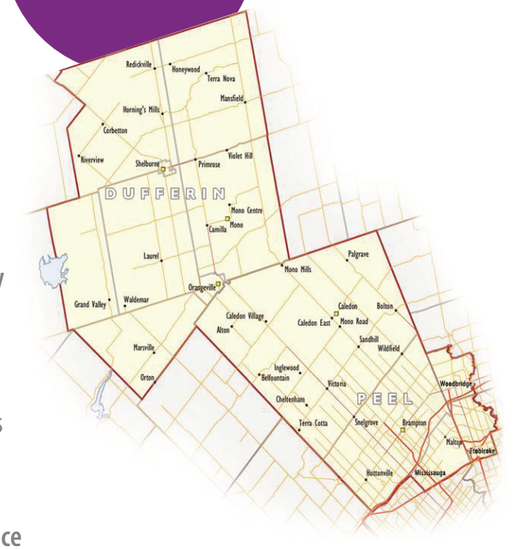
A "System" Approach to Health Care

- LHINs break down silos by providing a structure to connect Health Service Providers.
- LHINs ensure that Health Service Providers not only do what is right for their own organization, but also for the patient/client/resident and health care system.

Community Engagement

- The health needs of local communities are best understood by those who live and work in them. LHINs engage residents and Health Service Providers in a variety of ways to educate, inform, consult, involve and empower the health service planning and decision-making processes.

Geography



Streamline Transitions & Navigation of the System

Coordinating care for people with complex needs

Close to 42,000 people living in the Central West LHIN have complex health needs and many benefit from individualized coordinated care plans arranged through one of the LHIN's five Health Links.

Health Links encourage coordination between an individual's health care providers, to improve the overall patient experience by providing faster access to the right care and helping to improve patient transitions between services.

The Central West LHIN will continues to partner with Family Health Teams, Community Health Centres, Health Links and the Community Care Access Centre to ensure seniors and individuals with complex needs have access to the right care in the right place at the right time. This will be achieved through improved care coordination and communication among primary care, acute care and community service partners.

Helping people connect with the right services

One of the greatest challenges facing residents as they move through the health system is the transition between health service providers as their health needs change. For seniors, those with complex health needs, and children shifting from youth to adult services, the experience can sometimes create barriers to care.

Through the use of Health Links and Telehomecare, and the coordinated management of several wait lists by the Central West CCAC, the Central West LHIN has worked to help residents navigate their way through the local health system... connecting them with the right services and care providers to meet their needs.

The Central West LHIN continues to work with health system partners to improve access to care by addressing existing barriers so that residents can readily access the care they need when they need it.

Leveraging technology to support timely access to patient information

As residents transition between health service providers within the health care system, it is important that the health care professionals involved with an individual's care have timely access to that person's health care history, diagnostic test results, and other health care information to help make informed decisions about their care.

Information technology plays a key role in allowing for the secured sharing of patient information between health service providers. Many service providers are now using a shared technology platform for common assessment tools, screening tools, and an integrated assessment record. This means that patient information can follow the patient and be securely transferred between service providers. Hospitals are able to share their reports electronically with primary care physicians and specialists.

The hospitals, Community Care Access Centre and Long-Term Care homes have all implemented provincial referral standards which ensure consistency in the information gathered when patient referrals are made between service providers.

The Central West LHIN will continue to is working with government, other LHINs and health service providers to implement innovative technology solutions so that health care professionals have timely and secure access to patient's clinical reports, laboratory results and discharge summaries leading to quicker diagnoses and treatments.

"On the Same Page" | Electronic Medical Record (EMR) & the Ontario Lab Information System (OLIS)

Implementation of an Electronic Medical Record (EMR) system supports physicians to gain access to the Ontario Lab Information System (OLIS), reducing the number of repeat lab tests for the patient, and allowing physicians to participate in the receipt of patient reports electronically from participating hospitals. OLIS is a cornerstone information system that connects hospitals, community laboratories, public health laboratories and practitioners to facilitate the secure electronic exchange of laboratory test orders and results.

In the Central West LHIN, 91% of family physicians and 63% of specialists have adopted the use of EMR, rates which are significantly higher than provincial averages.

In addition to reduced repetition of tests, adoption of an EMR means fewer information gaps among care providers as patients navigate the health care system, timely and broader access to laboratory test results by practitioners, and effective integration and monitoring of laboratory history and treatment progress to support chronic disease management.

Drive Quality & Value

The Central West LHIN remains hard at work to support initiatives that improve quality and increase capacity for improvement.

The patient/client experience has been incorporated into quality indicators. An integrated and collaborative approach with Health Service Providers (HSPs) and community partners has been developed to support further development of quality improvement plans and undertake accreditation processes. Three regional system level aims have been established to build upon and enhance the quality work already being carried out by HSPs across the Central West LHIN.

Progress made

Targeted to improve access to mental health and addiction services, system navigation and patient experience, a broad number of ongoing initiatives support the achievement of three system level aims. Initiatives have been mapped to primary drivers, to better understand progress made in relation to outcomes associated with each system level aim.

What's next

Ontario's Patients First: Action Plan for Health Care places its focus on four key objectives including, a commitment to protect the public health care system by making evidence-based decisions on value and quality. As the Central West LHIN goes about the work of developing its fourth Integrated Health Service Plan (IHSP 4), delivering quality and value will remain an important and foremost priority that will align with Patients First. It will be important to maintain and build on the progress made through IHSP 3; to look for new ways in which to embed a culture of continuous quality improvement in all of our organizations, and expand cross-sectoral initiatives designed to improve high-quality, patient-centred care to local LHIN residents.

Improve System Navigation

Objective
By March 31, 2016 complete 10,000 Health Links care plans for identified complex patients.

Drivers
- Accountability
- Primary Care Engagement and Access
- System Coordination

Selected Initiatives
(completed and/or in progress)
- CCAC care coordinators embedded in physician practices
- Patient navigator model
- Implementation of Care Coordination Tool

Improve Access to Mental Health & Addiction Services

Objective
By March 31, 2016, reduce repeat emergency department visits for patients with mental health and substance abuse conditions by 10%.

Drivers
- Early Identification of Needs
- Continuum of Community Support
- Crisis Intervention

Selected Initiatives
(completed and/or in progress)
- In-STED
- System Access Model
- Crisis services expansion

Improve System Navigation

Objective TBD

Drivers
- Patient/Family Engagement
- Patient Satisfaction
- Patient Relations

Alignment between provincial and local initiatives is essential.

Since October of last year, the Ministry of Health and Long-Term Care (MOHLTC) has released the Patient's First: Action Plan for Health Care.

Placing considerable emphasis on both overall quality and patient experience, the Central West LHIN is working to determine how best to move this aim forward, aligned with Patients First.

Build on the Momentum

Aboriginal Health

The LHIN continues to meet with Aboriginal community members to better understand their local health and service delivery needs. To help inform local service planning, LHIN staff have engaged in an Indigenous Cultural Competency training program which will help improve access to health services and health outcomes for Aboriginal people. And, the LHIN is working closely with Health Service Providers and community partners to extend this training in an effort to ensure residents have access to culturally-sensitive services within their local communities.

Diversity and Health Equity

Over half of the Central West LHIN's population identifies as visible minorities. Accordingly, the LHIN maintains an ongoing dialogue with Health Service Providers, community partners and residents to ensure necessary supports are in place to deliver culturally sensitive health care services across the local health care system. In partnership with the Ministry of Health and Long-Term Care, local Health Service Providers and cross-sector partners, the Central West LHIN has introduced the Health Equity Impact Assessment (HEIA) tool, which is being used to improve program planning for marginalized populations. Meanwhile, the Central West LHIN's Health Equity Core Action Group has reviewed and endorsed the use of a cultural competency training module. Created by SickKids Hospital, this module has been integrated into the educational curriculum at acute care hospitals. With an eye to having positive impacts on local population health, the LHIN will look to enhance the incorporation of Social Determinants of Health into local health care system program planning and implementation.

French Language Services

Aligned with the province's priority focus on access to French language health care services, the Central West LHIN works closely with Reflet Salvéo and the Mississauga Halton and Toronto Central LHINs on engaging the Francophone community to better understand and address their ongoing health care needs. Together with Francophone residents, Health Service Providers, and community partners, the LHIN is working to further develop equity strategies that promote the delivery of local integrated French language health care services.

Palliative Care Services

It is an important time for palliative and end-of-life care in the province of Ontario. The Central West LHIN has taken a leadership role by enabling the development of a joint Pledge for palliative and end-of-life care between Health Service Providers and community partners. When in place, the Pledge will act as a commitment to coordinating care in such a way as the whole will be stronger than the sum of its parts. As a collective commitment to tackling the palliative and end-of-life care agenda, the Pledge is a call to action with a clear message for all those involved in palliative care across the Central West LHIN. This includes the extent of today's challenges and the future potential for change.

Women and Children's Health

The Central West LHIN continues to work with local, regional and provincial partners to address the specialized health care needs of women and children. In so doing, the LHIN has been moving forward in its work with the Provincial Council for Maternal Child Health on strategies to improve access to care for children with complex medical needs. It also continues to participate in the development of a Special Needs Strategy for Peel and Dufferin to improve services for children and youth with special needs in alignment with the provincial strategy.

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Can we have 5 minutes of your time?

Give us your advice about where the LHIN can make the biggest difference in improving YOUR local health care system!

For more information please visit:
www.centralwestlhin.on.ca

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In so doing, it will align its local priorities with Ontario's *Patients First*: Action Plan for Health Care including:

- **Access | Improve access...** provide faster access to the right care
- **Connect | Connect services...** deliver better coordinated and integrated care in the community, closer to home
- **Inform | Support people and patients** by providing them with the education, information and transparency needed to make the right decisions about their health
- **Protect | Make evidence-based decisions** on value and quality to sustain the local health care system for generations to come.

In addition to working with planning partners to develop IHSP 4, the LHIN wants to hear from residents who have experienced the local health care system first hand.

Become involved in the planning of your local health care system, by giving us five minutes of your time to complete a short but important survey. Your feedback will help the Central West LHIN to better understand the needs of local communities, and to determine where it can make the biggest differences with IHSP 4. Give us your advice by visiting www.centralwestlhin.on.ca.

Together with Health Service Providers, community partners and local residents, the Central West LHIN continues to make notable gains in support of it's the local health care system. There will always be room for improvement, but the local health care system is further ahead today than when the LHIN was first established. Is the LHIN up to the challenges that lie ahead... let there be no doubt, the answer is a resounding yes!

Both residents and health care professionals alike place high value on their health care system and the need for it to be responsive to local communities. The Central West LHIN thanks the many HSPs, community partners and local residents who have taken responsibility for participating in meaningful change. Their dedication, commitment and collaborative efforts toward the provision of high-quality, person-centred, local health care are transforming a bold vision into reality.