North Simcoe Muskoka **LHIN**
RLISS de Simcoe Nord Muskoka

NSM LHIN LEADERSHIP COUNCIL

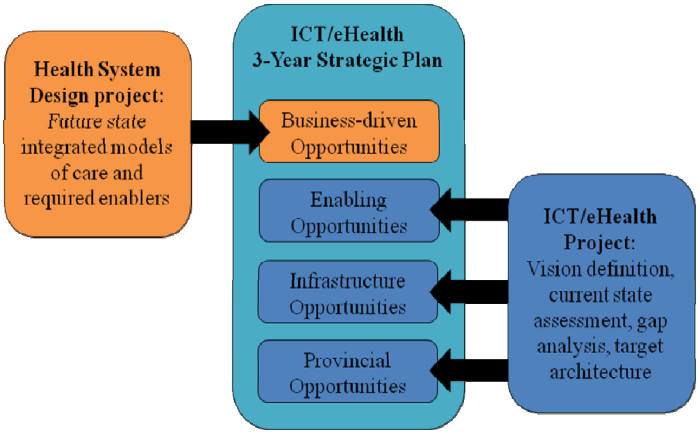
ICT / eHealth Draft Plan Reviewed!

December 8, 2010 – Update #11

CARE CONNECTIONS
ICT/eHealth Draft Plan

There were two primary inputs to the draft list of ICT/eHealth opportunities:

- Health System Design project – meeting the business needs for integration as envisioned by the working groups
- ICT/eHealth project – looking at the foundational and infrastructure current state and needs of the LHIN



The ICT/eHealth Project team explained the scoring and weighting of how the recommendations were made – emphasizing that this plan will be fluid in staying in step with the priorities identified by the province and through the Integrated Health System Design priorities.

There were some foundational infrastructure items in the first three years that will be important in moving the technology capabilities of all the health care and community support partners forward. The draft priority recommendations for ICT/eHealth were provided for the leadership council to review and provide comment on at their January meeting.

LHIN CEOs PRIORITIES

Bernie Blais, NSM LHIN CEO provided an overview of the priorities for the next year that were identified recently by the LHIN CEOs. These included the Seniors Friendly Hospital Strategy, expansion of the successful Falls Prevention Program and looking to reduce ALC duration.

HEALTH RESEARCH OPPORTUNITY

An NSM LHIN position on Health Research was presented to council for review and comment. A definition of translational research will be added to the report and re-sent to Leadership Council, the Chiefs of Staff and Nursing Executives. Organizations may include their research leads too. Please provide all comments and feedback to Susan Plewes.

SENIORS FRIENDLY HOSPITAL STRATEGY

The LHINs, together with the ministry, have identified five strategies to be implemented province-wide. These strategies are expected to support improvements in quality of care while directly contributing to system outcomes like reduced ED wait times and ALC in hospitals. These strategies are already underway in various LHINs in different forms, and are already part of the work of many hospitals, CCACs and other agencies.

The goal is to encourage a standardized province-wide approach to the implementation and evaluation of these five strategies.

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One of these key LHIN-wide priorities to be rolled out largely over 2011/12 is the Seniors Friendly Hospital Strategy. Approximately 69,875 individuals age 65+ live in NSM. This population accounts for 19.3% of our region's population, surpassing the provincial average of 16.9%. In 2009/10 in NSM, seniors age 65+ accounted for:

- 20.3% of all area ED visits (47,363 visits)
- 61.2% of all hospital LOS days (136,855 days) – which equals 375 hospital beds; and
- 84.1% of all hospital ALC LOS days (35,323 days) – which equals 97 hospital beds.

There is strong evidence that seniors' health declines the longer they stay in hospital, as a result of adverse events and hospital-acquired infections. This is a significant contributor to longer hospital stays and ALC in hospitals. By acting together, hospitals can address many of the causes of seniors' functional decline and create more senior friendly environments. In the face of a rapidly growing seniors' population, the time is now to put in place the processes, policies and, over a longer time frame, the physical design requirements needed for optimal seniors' care.

In winter 2010/11 every hospital in the province will be required to complete, by early March 2011, a self-assessment focused on 'senior-friendly environments'. A report will be created which will identify targeted improvement actions in hospitals for mid to late 2011/12.

The self-assessment and identification of targeted actions will contribute directly to the development of hospital Quality Improvement Plans (due April 2011). It will also support hospitals to engage patients about quality needs and priorities. As such, the Seniors Friendly Hospital Strategy is a key quality improvement initiative that will help hospitals across the province deliver Excellent Care for All.

SIMCOE MUSKOKA HEALTH SERVICES – EMERGENCY PLANNING COMMITTEE

The Simcoe Muskoka Health Sector Emergency Planning Committee (SMHSEPC) presented their pandemic planning tool. It was developed through the participation of over 40 healthcare and emergency response agencies.
On April 29, 2010 the SMHSEPC came together to discuss H1N1 experiences, share information and review the updated 2009 plan. Input and recommendations were sought in order to finalize the 2010 version. All sectors were invited and most sectors had some representation present to provide input. It was also an opportunity to clarify roles and responsibilities.

A key area the group is looking at enhancing is communications so that it is multi-faceted to reach all stakeholders.

To accomplish mass immunization they found that:

- Near complete redeployment of Health Unit staff needed for vaccine provision (90% actually took place)
- Primary care providers and other partners are essential (including municipalities, hospitals, EMS, LTC, CCAC)
- Health care surge capacity – local plans needed to serve each area

Further details of the ***Response to H1N1 in Simcoe Muskoka 2009*** document may be viewed at: **http://www.simcoemuskokahealth.org/Libraries/HU_Library/100820ResponseTopH1N1InSimcoeMuskoka2009_100618Final.sflb.ashx**

The committee is also recommending that the crisis exercise be done every five years – the next one would be in 2011.

NEXT STEPS

Monthly Meeting – Wednesday, January 12, 2011

If you have any questions, please feel free to contact the LHIN at northsimcoemuskoka@lhins.on.ca.