NSM LHIN LEADERSHIP COUNCIL

Care Connections – Moving Forward with Great Commitment!

April 13, 2011 – Update #11-3

COUNCIL MEMBERSHIP CHANGES

The Leadership Council welcomed its newest members at their recent meeting:

- ***Albert Henriques***, Executive Director, South Georgian Bay Community Health Centre
- ***Olivia Schmitz***, Administrator, Victoria Village Manor; and
- ***Marie LaRose***, Executive Director, Georgian Bay Family Health Team.

In addition, ***Harold Featherston***, Vice-Chair, Muskoka Local Leadership Council has joined the Leadership Council and will be representing the five LHIN geographic Local Leadership Council Vice-Chairs.

ROYAL VICTORIA HOSPITAL PHASE I REDEVELOPMENT UPDATE

Garth Matheson, Vice-President, and Sandy McFarlane, Chief Nursing Executive for Royal Victoria Hospital provided a status report on the redevelopment project. An overview document was provided to Council members and is attached as part of this meeting update.

CARE CONNECTIONS - GOVERNANCE

Ruben Rosen, NSM LHIN Board Chair, provided the Council with information on the governance information sessions that took place in February of this year.

Health service providers with Boards of Directors were asked to send up to three members to one of five sessions offered. Sessions were not well attended and conversations often moved away from a governance/leadership aspect to more of an operational one.

That sparked some interesting discussion by Council on how the LHIN can better inform and involve our health service provider governors. Governance training for our provider boards and a robust Governance session at the Spring Forum on June 20, 2011 were two of the topics suggested.

Feedback from the five sessions has been reviewed by the NSM LHIN Board and the LHIN's Governance Working Group.

Next steps will be discussed at the May Leadership Council meeting.

CARE CONNECTIONS - CRITICAL CARE SYSTEM

The new Critical Care System Coordinator for NSM LHIN, Linda Gravel, and Dr. Adarsh Tailor, Intensivist presented a short overview of the Critical Care System Coordinator's 2011-2012 workplan and the key indicators for excellent health care:

- Performance
- Community
- Quality
- Safety

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Leadership Council expressed enthusiastic support for the plan .

Implementation of the Critical Care System is part of the Care Connections areas of focus over the next three years.

CARE CONNECTIONS - OVERSIGHT COUNCILS

At the March Council meeting, the initial planning of lead agencies and supporting organizations were discussed for each area of focus. Following that, the LHIN met with several health service providers and presented the final structure to the Council at the April meeting.

The Council agreed to move forward with the following motion:

The NSM LHIN Leadership Council supports the nomination of Oversight Organizations and Coordinating Council Chairs for the Care Connections Areas of Focus as presented.

Please refer to the attached chart relative to the above motion.

CARE CONNECTIONS - CCAC EXPANDED ROLE

Bernie Blais, NSM LHIN CEO and Bill Innes, NSM CCAC CEO spoke to Council about the implementation of the CCAC's expanded role. This role was identified in legislative changes in September 2009 and more recently in policy change to the Assisted Living Services for High Risk Seniors.

Over the next two years, the CCAC will assume a "system navigator" role for placement in not only long-term care homes, but also for the following programs:

- Adult day programs
- Supportive housing programs funded through the ministry or LHIN
- Complex continuing care beds
- Rehabilitation beds
- Residential hospice beds
- Assisted living services for high risk seniors

Mr. Innes noted the CCAC and LHIN will be actively engaging health service providers to collaboratively implement this expanded 'system navigator' role for completion by March 31, 2013.

An overview has been attached to this update for information.

CARE CONNECTIONS - SENIORS HEALTH CARE

Cheryl Faber, A/Senior Director, NSM LHIN brought forward a briefing note based on planning and discussions that have occurred at the Barrie & Area Local Leadership Council, identifying the need for a seniors' health care vision and specialized geriatric care.

Council agreed the need for increased geriatric care in North Simcoe Muskoka should be forwarded to the Care Connections - Health Human Resources Council to develop a mitigation strategy on how to address this issue.

Susan Plewes, Director, Care Connections will provide the Local Leadership Council Vice Chairs with an educational document outlining how the three-year Care Connections Implementation Plan and areas of focus support the implementation of a seniors' health care vision and the development of a Specialized Geriatric Services (SGS) System of Care for this population.

CARE CONNECTIONS - SPRING FORUM – JUNE 20TH

Leadership Council members were asked to hold June 20th for the forum being held at the Rama Conference Centre. Planning continues for this event.

NEXT STEPS

Monthly Meeting – Wednesday, May 11, 2011 from 4:00 – 7:00 pm.

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

RVH

PHASE 1 EXPANSION PROJECT

Update to NSM LHIN Leadership Council
April 2011

Bringing care closer to home

Royal Victoria Hospital's Phase 1 Expansion project is more than 70 per cent complete and on schedule to open in early 2012. The project officially began in March 2009 and progress to-date has been astounding.

"Progress on this project has been truly remarkable and given the explosive population growth of our region, completion can't come soon enough," says Janice Skot, RVH President and CEO. "The Province of Ontario has demonstrated its understanding of the growing need of our community by investing in this critically important project. We also greatly appreciate the outstanding support of this project from our municipal partners – the City of Barrie, $52.5 million; County of Simcoe, $20 million and the District of Muskoka, $3 million."

According to Statistics Canada, Barrie is the fastest-growing metropolitan area in the country, growing at a rate four times the national average, and population growth throughout Simcoe and Muskoka is also on the rise. Demand for RVH's services is unprecedented; in fact, on most days there isn't an empty bed to be found in the hospital.

RVH exceptional People exceptional Care

"We just can't keep pace with the demand most days. But the redevelopment is the light at the end of the tunnel," says Skot.

Most of the redevelopment will be located on the Georgian Drive side of the facility, with the self contained Simcoe Muskoka Regional Cancer Centre located at the far northeast corner of the facility.

The expansion, which carries a total price tag of $450 million, not only doubles the size of the hospital, adding another 440,000 additional square feet, but also includes renovations to an existing 100,000 square feet.

For more information on RVH's Phase 1 Expansion Project, visit our website at www.rvh.on.ca

What will the new RVH look like?

LABORATORY

- Undergoing a six-phase renovation
- Growing approximately 6,000 additional sq. ft.
- First fully automated laboratory in Canada
- Capability to increase workload by 30 per cent

DIAGNOSTIC IMAGING

- Doubling in size
- Additional Magnetic Resonance Imaging (MRI) machine
- Three Interventional Radiology Suites for minimally invasive surgeries
- State-of-the-art low dose, dual energy Computed tomography (CT)
- Four new digital mammography suites
- Two new single photon emission computed tomography (SPECT) CT's for more detailed scans
- New SPECT for nuclear medicine

SURGERY

- Two new operating rooms and renovation of another
- New operating rooms equipped with "Smart" technology
- Fully integrated, automated surgical suites for more complex surgeries

EMERGENCY DEPARTMENT

- Tripling in size
- Two specialized trauma rooms and seven additional trauma rooms
- Direct access to trauma rooms from ambulance bay
- Three mental health observation rooms and onsite crisis team
- Larger ambulance bay
- Dedicated area that can be turned into an isolation unit
- Dedicated security office at the entrance to Emergency
- 15 bed Clinical Decision Unit for patients who require further testing but may not need hospital admission

CANCER CENTRE

- 75,000 sq. ft.
- Three new radiation treatment suites
- Canada's first Robotic Intravenous Automation System (RIVA arm) for preparation of chemotherapy treatments
- 34 Chemotherapy treatment spaces all overlooking gardens and a lake – all with their own bedside computing / patient entertainment system
- Two private chemotherapy spaces and an isolation room

What does the expansion include?

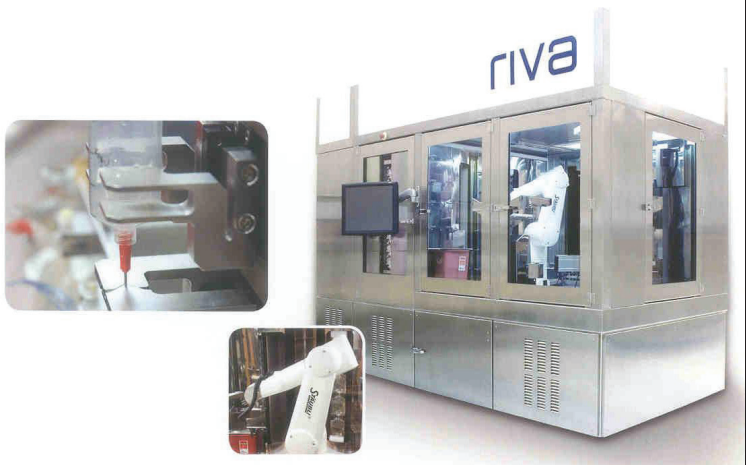
- Capacity for 165 new in-patient beds
- Dedicated Coronary Care Unit
- Expanded Emergency Department
- Expanded Laboratory
- Expanded Diagnostic Imaging Department
- 2 new Operating Rooms
- Simcoe Muskoka Regional Cancer Centre

"The Simcoe Muskoka Regional Cancer Centre, and in fact the entire hospital, will feature state-of-the-art technology. The cancer centre will feature four radiation treatment suites, as well as 34 chemotherapy treatment spaces, all overlooking gardens and Little Lake," says Garth Matheson, Vice President, Regional Cancer and Clinical Services. "From the new automated laboratory and the addition of new MRI and CT machines, to the interventional radiology suites and digital mammography units, the patient who enters our facility can do so knowing they have access to the most advanced technology in healthcare."

How big is the project and when will it be completed?

The 440,000 sq. foot expansion will double the size of the existing hospital and is expected to open in early 2012. About 100,000 square feet of renovations will occur within the existing hospital through 2013.

Also being built adjacent to the hospital is Rotary Place, which will be connected to the Simcoe Muskoka Regional Cancer Centre by an underground tunnel. Rotary Place will contain Rotary House, a residential lodge for cancer patients who live more than 40 kilometres outside of Barrie, the Family Medicine Teaching Unit, and administrative offices.



North Simcoe Muskoka
Care Connections
Partnering for Healthy Communities

NSM LHIN Board of Directors – Chair, Ruben Rosen

NSM LHIN Leadership Council (*Care Connections* Steering Committee) – Chair, Bernie Blais; *Care Connections* Project Sponsor, Jill Tettmann; Project Director, Susan Plewes

Areas of Focus	Oversight Organization & Coordinating Council Chair	Project Title	Organization Responsible for Project & Lead	*Project Steering Committee Chair	NSM LHIN Staff Lead / Liaisons for each Project
1. Complex and Chronic Health Needs	GBGH Paul Heinrich	1.1 LHIN-wide Complex Continuing Care System	MAHC Natalie Bubela	TBD	Cheryl Faber/ Ann-Marie Kungl-Baker
		1.2 LHIN-wide CDPM Program, including Diabetes	OSMH Elisabeth Riley	Elisabeth Riley	Cheryl Faber/ Ligaya Byrch
		1.3 LHIN-wide Behavioral Support Services Program	Alzheimer's Society Debbie Islam	TBD	Cheryl Faber / Ann-Marie Kungl-Baker
2. In Home / Community Capacity	OSMH Elisabeth Riley	2.1 Emergency / Alternate Levels of Care Strategy	OSMH Elisabeth Riley	TBD	Sandra Easson-Bruno
		2.2 LHIN-wide Home First Program	NSM CCAC Bill Innes	Bill Innes	Sandra Easson-Bruno
3. Medicine	RVH Janice Skot	3.1 LHIN-wide Critical Care System	NSM LHIN Susan Plewes	Dr. Giulio DiDiodato	Susan Plewes/Brian Putman
4. Mental Health and Addictions	MHCP Carol Lambie	4.1 Redistribution of Schedule 1 beds from MHCP Plan	MHCP Carol Lambie	TBD	Lynn Huizer
		4.2 Enhancing Child and Adolescent Mental Health and Addictions Capacity	MHCP Carol Lambie	TBD	Lynn Huizer/Gary Hurd
		4.3 Enhancing MHA Crisis Management and Community Resources	CMHA Nancy Roxborough	TBD	Lynn Huizer
5. Surgery	TBD	5.1 LHIN-wide Bone and Joint Care Program	CGMH Linda Davis	Linda Davis	Susan Plewes / Neman Khokhar
6. System Enablers	NSM LHIN	6.1 ICT/e-Health Plan (17 Projects supporting all 'areas of focus')	NSM LHIN / eHealth Council	Rod Burns	Rod Burns / Gary Hurd / Shannon Brett
	NSM LHIN	6.2 Integrated Health Human Resources Plan	NSM LHIN /IHHR Council	Tammy McLennan	Tammy McLennan / Susan Plewes
	CCAC Bill Innes	6.3 LHIN-wide System Navigation Plan	NSM CCAC	Karen Taillefer	Susan Plewes
	County of Simcoe Jane Sinclair	6.4 LHIN-wide Transportation Plan	County of Simcoe	Jane Sinclair	Susan Plewes /Sheila Winegarden

***Project Steering Committee Chair to be confirmed by respective Oversight Coordinating Council**

April 13, 2011 supported by NSM LHIN Leadership Council

CCAC Expanded Role - Improving Access to Care

What is happening?

Local Health Integration Networks (LHINs) have been working with health service providers to support access to safe, quality health care. While Ontario currently has single points of access for some types of care (e.g. assessment / admission to long-term care homes) in other instances consistent access points do not exist (e.g. adult day programs).

We must continue to work together to ensure Ontarians have timely access to the most appropriate care. To ensure the right care, at the right place, at the right time, at the right cost, the CCACs and LHINs will work in partnership to optimize CCAC capacity to be the single point of access for defined health services; and a connection for Ontarians for the most appropriate health services. This initiative will not only help individuals access the care they need, it will also optimize the use of health system resources and support consistent access to those resources. Many LHINs have already put in place some of these roles.

Why are Community Care Access Centres taking on this role?

In September 2009, regulations came into effect expanding the CCACs role in helping clients access care in adult day programs, complex continuing care beds, rehabilitation beds and supportive housing. New legislation was passed recently extending this to assisted living. CCACs are already working with many health care system partners including hospitals, long-term care homes, adult day programs and others, to support the care of their clients. This role builds on their expertise to provide individualized health needs assessments and match them with the appropriate services.

What happens next?

In each of the 14 LHINs, CCACs are already engaged in supporting Ontarians to access various services. LHINs and CCACs will be collaborating with health service providers and other stakeholders in their respective regions as they develop plans to fully implement the legislation by March 31, 2013. There will also be ongoing engagement of provincial associations and stakeholders.

Quick Facts

- The ministry has endorsed this system navigator role for the CCACs by making regulation changes to the Community Care Access Corporations Act in September 2009.
- The expanded role for CCACs means patients will have a single point of access to local health care services. This change supports some the major goals of the government's Excellent Care For All strategy – to reduce unnecessary hospital visits and increase the quality of each patient's care experience.
- In addition to coordinating placement into long-term care homes, the new regulations expand the CCAC role to also facilitate the transfer of people as they access adult day programs, complex continuing care beds, rehabilitation beds and supportive housing/assisted living programs.
- LHINs and CCACs are committed to ensuring individuals receive the right care, at the right time, in the right place, while at the same time ensuring resources are utilized efficiently from an overall system perspective.
- LHINs and CCACs will continue to collaborate with all health service providers to ensure individuals receive the right care in the most appropriate setting.
- CCACs will continue to work with other providers to fully implement by March 2013 this single point of access for placement over the next two years.
- A key focus is to reduce ED wait times and address alternate level of care patients in acute care settings. Throughout the province there are excellent examples of CCACs implementing "best practice" care that can be adapted for use by other CCACs.

Contact

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Co-Chairs

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