

NSM LHIN LEADERSHIP COUNCIL

April 11, 2012 – Update #12-3

CARE CONNECTIONS

Operations Committee Report

The Council agreed to move forward with the following motion:

That the NSM LHIN Leadership Council approves the terms of reference for the Communications Coordinating Council.

An evaluation of the role of all existing LHIN-wide program coordinators is currently underway. Several new coordinator positions have been requested by Care Connections Coordinating Councils to support implementation of objectives within their 'area of focus'. Recommendations on how new positions could be funded will be included in the final report.

A selection committee has completed the recruitment process for three new (one-time funded) positions to support Coordinating Councils implement workplan objectives over the next 12 months. As these are shared positions across all 12 Councils, a protocol is being established to enable appropriate and timely access to the persons providing support in three areas; project management, communications and decision support.

Quarterly Reports of Coordinating Councils

Complex and Chronic Health Needs (CCHN) Council

Paul Heinrich, Chair

Chronic Disease Prevention and Management (CDPM)

- An inventory of preventative and management programs related to chronic disease in NSM is being developed and added to the 211 database. This work will be incorporated into the overall inventory that the System Navigation Council is undertaking.

Complex Continuing Care (CCC)

- Waypoint has begun work on creating the CCC bed registry reports - expected completion is within 2 months.

- Policies for repatriating CCC patients back to their originating hospital once they have been discharged from a CCC bed are being finalized by all hospitals impacted.
- CCAC is utilizing the Resident Assessment Inventory (RAI) tool for determining a patient's eligibility for the CCC program
- Palliative Care – GBGH will be piloting an application and admission process to assess patient's eligibility for CCC palliative admission (hospital only). After the three month pilot is completed, the trial process will be replicated at the other two CCC sites - OSMH and MAHC.

Behavioural Support System (BSS)

- Orientation of the new mobile BSS team occurred at the end of March
- Val Powell has been hired as the NSM BSS Coordinator (new position)
- BSS training sessions for over 100 staff and 28 physicians occurred in February and March
- 14 new BSS staff have been hired by local health service providers
- Quality improvement initiatives are underway in key areas e.g., access to primary care, access to respite, standardized assessment and centralized intake.

Transportation Council

Jane Sinclair, Chair

Susan Plewes, on behalf of Jane Sinclair, provided an update on the Request for Proposal issued for a vendor to provide an assessment of the current state of transportation services and a strategic roadmap for future state needs with respect to inter-facility transportation services.

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The County of Simcoe, NSM hospitals along with the Alliston and Newmarket hospitals are sharing the cost of this study. The Community Transportation Committee has reached out to several municipalities, cities, towns and other transportation providers and is incorporating existing and future plans for transportation across the LHIN into the overall future state requirements.

Maternal Child Council

Elisabeth Riley, Chair

Council heard about the importance of the continuation of funding for the Children's Complex Care Navigation Program - a partnership between Orillia Soldiers' Memorial Hospital, Royal Victoria Regional Health Centre, Children's Treatment Network of Simcoe York, NSM CCAC and the Hospital for Sick Children. This program was initially funded through one-time dollars and now in order to sustain the program, \$325,000 annually is required to continue providing service for approximately 100 children and their families or caregivers.

These children have medically complex conditions which place a significant lifestyle burden on families when they have to access care in urban centres such as Toronto or London. Having the ability to link remotely with their physicians, therapists or other health care providers, enables easier access to care and improved quality of life for everyone involved.

The Council supported continuing work of the Maternal Child Council to investigate how the program could remain in NSM and the means for funding it.

Mental Health & Addictions (MHA) Council

Carol Lambie, Chair

Adult Acute Mental Health & Addiction Beds Redistribution

- Transfer of the 11 beds to RVH is expected to occur on June 1, 2012
- RVH will provide psychiatric support to the 11 beds at Waypoint until the beds are physically transferred.
- The Clinical Services Working Group has documented an agreement on how the three sites – Waypoint, GBGH and RVH - will work together including agreement on service roles and scope of treatment offerings, clinical skill mix and common admission and discharge protocols to be available at each site.

Building Child & Adolescent Capacity

- NSM hospitals completed an Expression of Interest if they wished to be considered as the host organization for inpatient Child and Adolescent Mental Health and Addictions Schedule 1 beds. This area is significantly under resourced in NSM.
- Committee members reviewed two proposals and recommended the MHA Council select RVH
- The Committee suggested the following important next steps in the development of this LHIN-wide single-site service at RVH:
 - Further development of a Health Human Resources plan that includes plans for additional recruitment of Child and Adolescent Psychiatry and allied health providers.
 - Embed the principles of partnership and sharing of clinical expertise in order to be cost effective and improve client satisfaction.
 - Development of an integrated approach with a need to support follow up services – with a focus on the least intrusive intervention.
 - Include surrounding LHINs in the development of an NSM LHIN-wide model as Southlake Regional (Newmarket) and Sudbury and North Bay Regional Hospitals currently support Simcoe and Muskoka residents.
 - Enhance the partnership that currently exists with Southlake (NSM uses 2 out of the 7 child and adolescent Southlake beds) as NSM waits for the RVH inpatient unit to be created.
 - This new inpatient bed siting is an enhancement of a LHIN-wide Child and Adolescent service, one that includes the entire continuum of services from prevention and early intervention to acute hospital and community treatment -and follow up.

The Council agreed to move forward with the following motion:

That the NSM LHIN Leadership Council endorses the recommendation to site an Inpatient Child and Adolescent Mental Health and Addictions Services at Royal Victoria Regional Health Centre and that a LHIN-wide Child and Adolescent Mental Health Services be developed as per the requirements outlined in the Local Health System Integration Act, 2006.

Crisis Management and Community Resources

Key accomplishments for this reporting period were the development of working groups to:

- Improve substance-related crisis management and prevention.
- Develop 'walk-in' counselling capacity and urgent care.
- Continue expanding police training and mobile partnership development using the Crisis Intervention Team model that has been successfully implemented in the Barrie area.

ICT/eHealth Council

Gary Hurd, Chair

Resource Matching and Referral – the provision of a LHIN-wide health care referral system ensuring improved access, quality and equity of care for patients.

- Expected implementation in NSM to be fall 2013.

Orthopaedic Patient Registry – patients requiring trauma surgery are entered in the registry – access to surgery services, beds and other resources is managed electronically allowing for more timely access to emergency and urgent surgical care, greater patient tracking, referral and data collection.

- 'Go live' date was March 26, 2012
- Reporting requirements to be developed as part of the Council's workplan for the next quarter.

Hospital Report Manager – expansion of electronic transmission of reports from hospital to a physician's office for insertion in the patient's Electronic Medical Record.

- Currently implemented at RVH in conjunction with the Barrie & Area FHT; GBGH and CGMH with the Georgian Bay FHT.
- Next hospitals to implement will be MAHC and OSMH with their area physicians.

NEXT STEPS

Monthly Meeting – Wednesday, May 9, 2012 from 4:00 – 7:00 p.m. If you have any questions, please feel free to contact the LHIN at northsimcoemuskoka@lhins.on.ca.