NSM LHIN LEADERSHIP COUNCIL

May 9, 2012 – Update #12-4

NSM CCAC SUSTAINABILITY REVIEW

NSM CCAC CEO Bill Innes and Senior Director Corporate Services, Trevor Clarke provided Council with information on the results of the CCAC's sustainability review that took place over the winter.

Interesting facts for fiscal year 2011-2012 included:

- 2,000 NSM CCAC clients were visited by service providers each month
- 1,300 children received care at school
- Over 4,000 clients were assisted with placement services
- 1,400 clients were placed in long-term care homes

In the March 2012 budget, the government committed to increasing community support services funding by 4%. Any increase in the CCAC budget would help address some of the following:

- Personal support utilization has increased by 70% over the past 4 years
- Spending for clients with high or very high needs has increased from 44% in 08-09 to 72% in 11-12
- Home care referrals from hospitals has risen by 12% from 08-09 to 10-11

The CCAC presentation will be available for viewing on the LHIN Leadership Council webpage on the NSM LHIN website.

WHAT DOES 'ONE SYSTEM' MEAN TO YOU?

During a roundtable discussion, Council members were asked to provide their thoughts on the above question. Some of the comments included:

- Makes all stakeholders focus on the common problem to achieve solutions
- People would like to see one system – irregardless of how it operates
- In designing MAHC's recent strategic plan, we often went back to the LHIN vision – what could and should a health system look like that focuses on healthy people, excellent care, one system. It's language that is inspiring, succinct and has been used already in our organization
- Gi ves us courage
- Strongly believe it happens when you get it across to front line / office / administration staff- enables a greater sense of one system
- Enthusiastic about where this can go if people understand and work towards a common solution.

Council agreed that a roundtable discussion focused on one particular question, would occur at all future meetings. Council members would be encouraged to share their individual perspectives on the 'question of the day'.

CARE CONNECTIONS

Operations Committee Report

Susan Plewes, Chair reported that online registration for the May 30th forum has been closed as we have reached our maximum capacity for the event. A wait list has been started for those individuals who missed the online registration. Individuals should contact Sue Colwell at sue.colwell@lhins.on.ca .

Terms of reference for both the Operations Committee and Leadership Council are being reviewed. Input was sought and revised drafts will be discussed at the Leadership Council's June meeting.

Several new coordinator positions have been requested by Care Connections Coordinating Councils to support implementation of objectives within some 'areas of focus'. Recommendations on how new positions could be funded will be included in the final report.

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The three new (one-time funded) shared positions to support Coordinating Councils implement workplan objectives over the next 12 months are now or soon will be on board. As these are shared positions across all 12 Coordinating 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.

Discussion on what Leadership Council requires in the way of status reports from the Coordinating Councils for the 12 areas of focus was discussed. It was suggested that Council updates should focus on what Council members need to know with regard to activities of Coordinating Councils and their associated steering committees and what each Council is trying to accomplish. A revised reporting framework will be reviewed by Operations Committee and brought back to the Leadership Council.

Coordinating Councils Quarterly Reports

In Home and Community Capacity Council

Elisabeth Riley, Chair

Alternate Level of Care

Sandra Easson-Bruno, NSM LHIN ALC Lead presented information on the ALC messaging campaign that has now been expanded to reflect the three initiatives of the Council – Alternate Level of Care, Home First and Seniors Friendly Hospital Strategy. "I choose home first" and a standardized approach to ALC in NSM are the two key themes of the messaging campaign.

Key components of the campaign are:

1. We need to change the way we deliver care to encourage and support the idea that often a patient is better off at home than in hospital or a long-term care home – provided the resources are there to make that happen.
2. All health service providers need to apply a standardized approach to ALC across North Simcoe Muskoka.
3. Providers need to have '*the discussion*' with patients / clients as to what they need to keep them safe at home for as long as possible. And then - take the action to make that happen.
4. Finally, front-line staff need to take the test … every day – have "I had the discussion, with two people, today?"

Home First

Home First as a separate steering committee is now being combined with the Alternate Level of Care steering committee because of the overlap of many of the objectives for these committees. Future reporting will focus on the ALC - Home First Steering Committee.

Senior Friendly Hospitals

Senior Friendly Hospital Strategy is a province wide initiative. The strategy has done some wonderful things, focused on what can we do with what we have. Each NSM hospital has initiated one particular activity that will assist seniors in remaining active while in hospital. Elisabeth Riley, CEO, OSMH commented about a patient, designated Alternate Level of Care with a return to long-term care, was able to have their catheter removed and with the assistance of staff, participate in the 600 steps a day program that got them up walking and able to go home – not to long-term care! A big success and confirmation that encouraging seniors to remain active works!

Surgery Council

Linda Davis, Chair

The Surgical Council has developed criteria for a LHIN-wide Surgical program that will be used as a template for other surgical areas as they are reviewed. The Surgical Council continues to support the work of the Musculoskeletal Steering (MSK) Committee. Since the last report the MSK Steering Committee carried out the following activities:

- Through the assistance of Dr. James Waddell and Ms. Rhona McGlasson from the Bone and Joint Network of Ontario, data has been collected regarding the current and future volume of orthopaedic surgery cases. It is expected that due to population growth and aging, our volumes will continue to increase. As well, it was identified that that approximately 200 trauma cases and over 800 elective cases are going outside of our LHIN for care on an annual basis.

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- All orthopaedic surgeons and leaders from each acute care hospital have been interviewed and asked for their input in terms of building a LHIN-wide MSK program.
    - From these interviews and the data collected, a number of recommendations have been identified for the short, mid and long term. One of the short term recommendations is to work to repatriate orthopaedic trauma cases over the next 12 to 18 months.
- Following review of the data, the MSK committee has also come to consensus that 3 acute care sites will be the best approach to support current and future orthopaedic surgery volumes and to provide care close to home. Work will now begin to identify the financial, capital and human resource impacts of a proposed 3 site program. A full proposal will be developed which will include resource impact, service details, timelines, evaluation requirements, community engagement initiatives and a communication plan.
- As of March, the Orthopaedic Patient Registry has gone live at all acute care sites.

Integrated Health Human Resources Council

Tammy McLennan, Chair

The Council has struck four steering committees to work on:

- Standardization of Process and Policy
- Organizational Development
- Workforce Planning and Education
- Recruitment and Retention

The consultant's final NSM HHR report will be presented to the IHHR Council on May 23, 2012. The report will be circulated to all Coordinating Councils for review. Feedback will be sought with regard to the IHHR needs of each Council related to voluntary integration initiatives – as example the Surgery Council re a Musculoskeletal LHIN-wide program; Mental Health & Addiction Council re a Child and Adolescent LHIN-wide program.

Communications Council

Susan French, Chair

The Council is working on a template for use by all Coordinating Councils to assist them in identifying communication needs.

Goals and indicators, charter and terms of reference have all been completed.

Communicators will be involved at the Spring Forum 2012, documenting patient stories that arise from the interactive sessions. These stories will be used to enhance websites, develop videos and for other communication products.

NEXT STEPS

Monthly Meeting – Wednesday, June 12, 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.