Mississauga Halton **LHIN**

Your local health care leader, bringing health care innovations to Mississauga Halton communities.

Report to the Community 2012

Right Care at the Right Place – Close to Home

The Mississauga Halton Local Health Integration Network (LHIN) is one of 14 LHINs established to develop innovative, collaborative solutions to create a sustainable high-quality health system for the residents of Ontario.

Building on Ontario's Action Plan for Health Care, we have steadily prepared for major improvements in the health care system since our early beginnings. The needs of our communities are changing with the number of patients growing, and the complexity of patients increasing; enhancing the programs and services in our communities to support these local needs continues to drive some of our most important work.

QUICK GLANCE

Mississauga Halton LHIN population:

- 46% growth is expected from 2010-2030.
- 43% of the population is made up of immigrants.
- By 2035, the MH LHIN population is projected to be over 1.8 million.

The Mississauga Halton LHIN is the hub of your local health system's planning and decision making – addressing the diverse and unique needs of the Mississauga Halton community we serve.

For 2011/12, Mississauga Halton LHIN's budget was $1.3 billion, distributed across a range of health programs, served by:

- 2 hospital corporations with six sites
- 34 community support service providers
- 28 long-term care homes
- 11 mental health and addictions service providers
- 1 Community Care Access Centre (CCAC)

The Mississauga Halton LHIN is home to over 1.1 million residents, representing 8.8 percent of Ontario's total population. Our LHIN includes the regions of Halton Hills, Milton, Oakville, Mississauga (excluding Malton) and South Etobicoke – part of the City of Toronto and covers approximately 900 square kilometres.

This report gives an overview, highlighting some of the programs we have put in place to address the needs and challenges in our communities. We continue to work to make sure appropriate health care services are available and accessible to improve the overall health of our communities.

Ontario
Local Health Integration Network

QUICK GLANCE

The top ranked non-official language spoken by MH LHIN residents in 2011 was Urdu. The predominant visible minorities are South Asian, Chinese, Black and Filipino.

The Mississauga Halton LHIN is home to 35,730 Francophones.

Compared to other LHIN areas, Mississauga Halton has one of the smallest numbers of Aboriginal residents with approximately 4,300 people who self-identify themselves as Aboriginal and close to 10,000 people who report Aboriginal ancestry/origin.

The Importance of Community Involvement

Community engagement helps make sure that health system decisions in the Mississauga Halton LHIN are informed by the experiences and stories of those who provide and receive care in the Mississauga Halton LHIN.

The results of community engagement, along with research evidence, help define priorities and point to solutions for health services. This input is critical for health care decision making.

Within our neighbourhoods we enjoy a diverse cultural and linguistic community. Our LHIN has a significantly higher proportion of immigrants and visible minorities than the province.

The Mississauga Halton LHIN respects the unique roles of providers, consumers and community partners. The foundations for change are these mutually respectful relationships which are a key component of the values that guide our work.

Our Values

Accountability
Integrity
Respect
Innovation
A Holistic Approach
Partnership

QUICK GLANCE

Over the past four years, we have seen an important drop (45%) in the total number of hospital-based ALC consumers, due in large part to innovative strategies implemented by the Mississauga Halton LHIN.

Improving the Performance of the System

What is Alternate Level of Care?

We want to make sure patients are receiving the best care in the right setting. We remain focused on patients who occupy a bed in a hospital who could be better cared for at home or in the community. This is known as **Alternative Level of Care or ALC** where the patient no longer requires the intensity of resources and services provided in that care setting. Usually this happens when all treatments and services that can only be performed in the hospital setting are complete.

Reducing the number of alternative level of care bed days in hospitals is important. It helps improve emergency department wait times and allows patients who need hospital care to obtain it more quickly.

Care in our Community

Enhancing and increasing the right type of services is necessary to enable our population to stay in their homes and community safely – it is what our population wants. This helps the entire system, because it makes hospital beds available for those who need them, reduces pressure on emergency departments and saves money.

HELPING SENIORS AGE AT HOME

Aging at Home

The Aging at Home initiative provides a wide range of "care at home" and community support services that are tailor-made to meet local seniors' needs. It allows our residents to stay healthy and at home longer and prevents trips to the emergency department.

Thanks to the following programs, more seniors are receiving care in their own homes and communities:

- Supports for Daily Living (SDL) programs including SDL Mobile Program
- Restore
- Enhanced Home Care for patients discharged from hospitals
- Enhanced Home Palliative Care
- Community Concurrent Disorder Program
- Acquired Brain Injury Programs

Home First

Home First is a philosophy focused on keeping patients – specifically high needs seniors – safe in their homes for as long as possible with community supports.

The Home First philosophy is a way of supporting patients to return home, after discharge from hospital, to recover prior to assessment for and/or admission to a long-term care home or other appropriate care setting.

Home is a comfortable setting where people can make the right choices about their future care without the urgency faced in a hospital situation.

Home First uses a variety of "cornerstone" programs to assist with discharge home. These programs include:

- CCAC Enhanced Home Care services
- Short-Stay Restorative program
- Supports for Daily Living

QUICK GLANCE

The number of people aged 75 years and older will increase 143% by the year 2030 in the Mississauga Halton LHIN.

Introduced by the Mississauga Halton LHIN in 2008, the Home First concept is currently being put into practise across the 14 LHINs.

IN DEPTH: SUPPORTS FOR DAILY LIVING – Right Care, Right Place, Right Time, Right Cost

An Innovative Program to Support Seniors 24/7 in their Homes

Supports for Daily Living is providing support for seniors who want and are able to continue living in their own homes. SDL bridges the gap between scheduled home care visits and long-term care. It provides high needs seniors with services in their own home through 24/7 access to supports with onsite personal support workers or mobile patrol.

SUPPORTS FOR DAILY LIVING

QUICK GLANCE

Our Supports for Daily Living program has helped nearly 3,000 high needs seniors in their homes and for this reason avoided placement in long-term care homes. This has resulted in over $17 million in savings over the past three years and continues to improve.

This pioneering program is reducing unnecessary stays in hospitals for seniors once the acute care phase is managed. It is reducing unnecessary emergency department visits by developing alternatives in the community.

This is a collaborative effort among our eight approved SDL providers:

- M.I.C.B.A. Forum Italia Community Services
- Nucleus Independent Living
- Oakville Senior Citizens Residence
- Ontario March of Dimes (Etobicoke)
- Peel Senior Link
- Region of Halton
- Victorian Order of Nurses – Peel
- Yee Hong Centre for Geriatric Care

In the last two years 3,331 emergency department diversions took place avoiding the average $166 cost per emergency department visit resulting in a net savings of $379,734.

Chronic Disease Management

Promoting health and preventing and managing chronic conditions such as diabetes, arthritis and Chronic Obstructive Pulmonary Disease (COPD) helps prevent multiple complications as people age and therefore helps improve health outcomes.

Through better management of chronic conditions, we can reduce hospital stays, reduce health care costs, promote healthy habits and help people live healthier lives.

"Providing education, support and better access to health care is a priority. The work of the Mississauga Halton LHIN, together with their partners, is making an important difference in the quality of life for patients living with COPD and their families in our community."

Charles Sousa, MPP Mississauga South

Neeta Fraser; Registered Respiratory Therapist and Coordinator Breathe Better – Live Better Mississauga Halton Community COPD Education Program, Trillium Health Partners

QUICK GLANCE

Chronic conditions currently account for six out of 10 deaths in the Mississauga Halton LHIN community and one-quarter of all acute hospital days.

Breathe Better – Live Better: Improving the Quality of Life for People with COPD

In partnership with the Mississauga Halton LHIN and a grant received through GlaxoSmithKline's (GSK) PRIISME, Mississauga Halton community partners launched a critical education program to support people with Chronic Obstructive Pulmonary Disease, a long-term lung disease often caused by smoking which includes chronic bronchitis and emphysema. COPD is a progressive disease that makes it hard to breathe. "Progressive" means the disease gets worse over time.

Clients with mild to moderate COPD are learning how to self-manage this condition at four convenient community and recreation centres in Mississauga, Milton and Oakville that are easily accessible, on a public transit route and offer free parking. Active living programs already exist at these locations making it convenient for program participants to get involved in a healthier lifestyle which helps manage COPD.

"I have a phobia about hospitals and medical clinics, so accessing this education program at my local community centre has been a big help. I am now aware of the tools available to me to help cope with my COPD such as exercise, proper nutrition, education to help correctly use smoking cessation tools, and a support network. This has been a total lifestyle change for me. I walk three times a week, jog twice and have added weights and stretching which allows me to include something in my daily routine to keep me focused. I'm staying the course and the quality of my life is improving every day."

Glenn Hayes, Breathe Better – Live Better program participant

Working Together to Link Mental Health and Addictions Services

During this past year, the Mississauga Halton LHIN increased its investments for mental health and addictions health service providers to further support the residents of the Mississauga Halton LHIN.

TAY launch; Representatives from STRIDE (Supported Training & Rehabilitation in Diverse Environments)

Closing the Gap for Vulnerable Youth

The Mississauga Halton LHIN and its mental health and addictions health service providers came together to pilot a Transitional Aged Youth (TAY) Protocol. The protocol is aimed at ensuring transitional aged youth between 16 and 24 receive continuous care when transitioning from the youth health care system to adult care. There were 22 adult and child and youth mental health and addictions health service providers participating in the four month pilot. Pilot sites included Mississauga and Halton.

QUICK GLANCE

The MH LHIN provided a $2.1 million or 8.2% increase in funding to the community mental health sector and approximately $300,000 or 6.8% to the addictions sector.

"As the Chair of the Select Committee on Mental Health and Addictions, I often heard the difficulties that youth face transitioning into adult services. Far too often young people found themselves unaware of where to turn next. The Mississauga Halton LHIN saw this as a challenge to overcome and is taking the lead in creating a seamless transition for young people into the adult sector by bringing together community agencies and service providers."

Kevin Flynn, MPP, Oakville

TAY programming builds on the strengths of local health organizations that provide existing mental health and/or addictions services for children and adults in both community and hospital settings. This program will put in place enhanced support in the community to assist the youth living in the LHIN to seamlessly transition to adulthood. The new programming focuses on:

- Enhanced services for youth and young adults
- Improved access for youth to mental health and addictions services
- Prevention and management of chronic conditions

Improved Care for Adults with Dementia in our LHIN

The Behavioural Supports Ontario (BSO) project is the first of its kind in Canada. BSO enhances services for elderly people with complex behaviours wherever they live – at home, in long-term care or elsewhere – through a focus on quality of care and quality of life for this population.

Behavioural Supports Ontario

The project supports older adults at risk or with complex health challenges as a result of mental health, dementia, neurological disorders, and/or addictions to live at home and in the community safely.

We have worked on:

- Better coordination of services that already exist
- Identifying gaps in services and finding solutions
- Establishing teams of specialists who can assess behavioural problems and help educate health care workers already in the field

The Mississauga Halton LHIN has provided funding for additional nurses, personal support workers and other health care providers (e.g. occupational therapists, social workers) who provide care that meets the needs of people with dementia or mental health issues.

Further, the LHIN has developed an Implementation Toolkit in collaboration with health service providers to support frontline workers who help high risk individuals in the community.

QUICK GLANCE

Behavioural Supports Ontario within the MH LHIN:

- As of September 2012, 565 staff have been trained.
- As of September 2012, 1,271 clients have been served in the community and 948 in long-term care.
- Being used extensively since June 2012, the MH LHIN's Implementation Toolkit has resulted in a 27% reduction in responsive behaviours in long-term care homes.

More Integration

THE CREDIT VALLEY HOSPITAL AND TRILLIUM HEALTH CENTRE VOLUNTARY INTEGRATION

Providing the highest quality patient care to the communities of Mississauga, West Toronto and surrounding regions is at the heart of this merger. This merger ensures the best distribution of resources for people in our community by creating one patient experience with interdependent sites.

In 2010, the Mississauga Halton LHIN received a proposal from the board chairs of the Credit Valley Hospital and the Trillium Health Centre to voluntarily merge the two hospitals into one new corporation.

In December 2011, after full consultation with the LHIN and the approval from the Ministry of Health and Long-Term Care, Trillium Health Centre merged with The Credit Valley Hospital.

Today, Credit Valley Hospital, Mississauga Hospital and Queensway Health Centre are now known as Trillium Health Partners.

This merger provides: better access to needed services making it easier for patients to navigate the system and excellent quality of care improved by combining the strengths of both organizations.

Trillium Health Partners
Better Together

"We have an exciting opportunity to work together to shape the future of health care delivery in the communities of Mississauga and West Toronto. We look forward to working with all of our community groups and stakeholders to help us continue to make a difference in the lives of the patients and families we care for."

Michelle DiEmanuele
President and CEO, Trillium Health Partners

24/7 HEART ATTACK PATIENT MANAGEMENT

An integrated initiative, partnering the Mississauga Halton LHIN hospitals with Halton, Peel and Toronto EMS, is assisting heart attack victims to receive life-saving treatment within 90 minutes or less.

The protocol is called 'Code STEMI' because it refers to a particular type of heart attack (called ST Elevation Myocardial Infarction) involving a blocked artery. The new program has trained Peel, Halton and Toronto EMS advanced care paramedics to diagnose heart attacks with the electrocardiogram (EKG) from their sophisticated 12-lead heart monitors. This equipment is far advanced beyond traditional paramedic EKGs.

For potential heart attack victims, the emergency department can receive 12-lead EKGs from the highly trained paramedical staff while they are transporting patients to the hospital. This alerts Trillium's Cardiac Catheterization Lab and surgical teams – which are on standby 24/7 – so that heart attack patients can bypass the emergency department and go right to the lab, saving precious minutes.

QUICK GLANCE

In 2011-12, 312 STEMI patients bypassed emergency departments. Exceeding our target time of 90 minutes, the average time is an outstanding 70 minutes from the moment paramedics arrive to the insertion of a catheter.

PRIMARY CARE INTEGRATION PLANNING

Primary care is a critical piece of the overall health system. The Mississauga Halton LHIN is working to improve access to primary care and maximize service availability across our communities. This will help provide integrated and seamless care for patients.

Dr. Mike Kates, a family physician and Chief of Family Medicine at Trillium Health Partners Mississauga Hospital, was appointed in 2012 as the Primary Care Lead for the Mississauga Halton LHIN.

Looking Ahead

We remain focused on improving health care access and quality, caring for our frail seniors, enhancing the right capacity in the community, seamless transitions across the continuum and ensuring smarter funding and spending.

Looking ahead, the environment will remain challenging. We must continue leading with innovative programs and services that will improve the lives of our residents while working with our communities to partner for a healthier tomorrow.

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