

Mississauga Halton **LHIN**

MOVING FORWARD TOGETHER

REPORT TO THE
COMMUNITY 2018

INSIDE:

- Alternate Level
of Care Management
- Patient, Family and
Community Engagement
- Palliative Care



Welcome

The Mississauga Halton Local Health Integration Network (LHIN) guides ongoing and future initiatives in the development and implementation of a seamless health system for our communities.

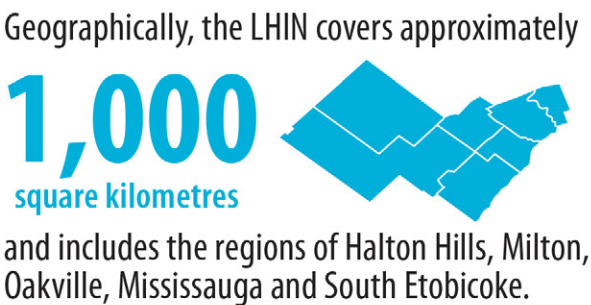
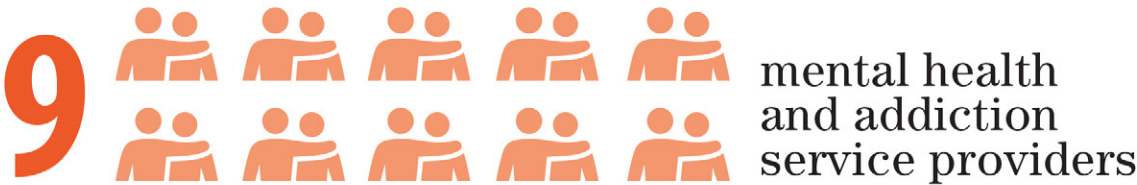
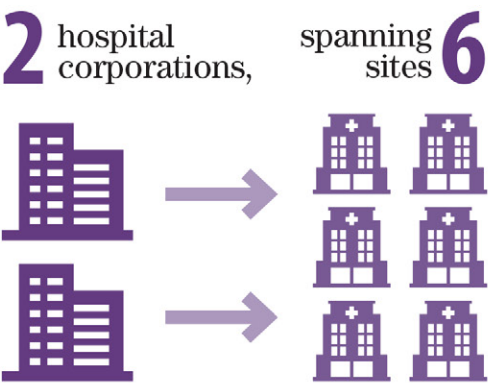
Our priority is making the system work better for people, and strengthening the continuum of care as people move from one part of the health care system to another – such as from hospital to home or another care setting in the community.



The Mississauga Halton LHIN brings together local providers to develop innovative, collaborative solutions to improve access to health care and enhance the experience of patients and clients. We also deliver and coordinate home and community care.

Through the stewardship of approximately \$1.6 billion of public funds allocated to our health service providers and home and community care, the Mississauga Halton LHIN has laid foundations for the future, finding better ways to provide services to the 1.2 million people in our communities.

Through our provincial mandate, we have been entrusted to plan, fund, integrate and deliver health care across our region, partnering with our many diverse health service providers, including:



Putting people and patients at the forefront

We are building a system that allows for seamless transitions, for more connected care and one that always puts the patients and people of the Mississauga Halton LHIN at the forefront.

Our region is home to more than 1.2 million residents and covers over 1,000 square kilometres. As the LHIN mandate expands to a population health focus, part of our work is concentrated on identifying and responding to each of the unique community needs. This will lead to more coordinated and consistent home and community care and primary care, while also reducing wait times.

Throughout this year, the Mississauga Halton LHIN partnered with health providers to develop innovative solutions to strengthen health services for our residents. We have chosen to highlight three in our 2018 Community Report:

Alternate Level of Care Management

Patient, Family and Community Engagement

Palliative Care

As we continue moving forward together, our steadfast focus and dedication will result in high quality health care services to patients, families and residents in the region.

Bill MacLeod
Chief Executive Officer, Mississauga Halton LHIN



Alternate Level of Care Management

Helping patients transition to the most appropriate care setting so that hospital care is available for patients who need it most.

Patient, Family and Community Engagement

To partner with and empower patients, families and community members to improve the quality of health care for Mississauga Halton LHIN residents.

Palliative Care

All Ontarians have the right to quality palliative care. This includes the right to enjoy the highest quality of life possible, to have access to physical, psychological, social, bereavement and spiritual care, to be treated with respect and to die with dignity in their place of choice.



Alternate Level of Care Management

Helping patients transition to the most appropriate care setting so that hospital care is available for patients who need it most.

The Mississauga Halton LHIN is home to one of the fastest-growing senior populations in Ontario, with an increasing number of patients with complex care needs. It also has the lowest number of long-term care home beds in the province for every 1,000 people 75 years and older. These factors have contributed to a high percentage of patients designated Alternate Level of Care (ALC) in Mississauga Halton LHIN hospitals.

ALC is a designation assigned to a hospitalized patient who no longer requires acute medical services but remains in hospital awaiting care in a more appropriate setting. High ALC percentages impact health service use, quality-of-care delivery and lead to increased costs to the overall health care system.



Members of the ALC Management Project team, pictured at Trillium Health Partners' Credit Valley Hospital

THEN

There were fewer transitional bed spaces in the community for patients who no longer required hospital care. In March 2017, the Mississauga Halton LHIN's ALC rate was 14.2 per cent, compared to the provincial ALC rate of 14.4 per cent.

NOW

The Mississauga Halton LHIN, Halton Healthcare and Trillium Health Partners are collaborating on the ALC Management Project to enable effective transitions for patients from hospital to locations in the community that can best meet their ongoing health needs.

In March 2018, the Mississauga Halton LHIN's ALC rate was reduced to 11.8 per cent as a result of innovative programs, services and partnerships that led to the creation of new short- and long-term transitional bed spaces in the community.

- **Capacity 99:** The Mississauga Halton LHIN established the Capacity 99 Project in partnership with Trillium Health Partners to operationalize 99 transitional care beds in the community for patients with specialized needs. The project established key partnerships with:
 - West Park Healthcare Centre for five beds; retirement homes and community organizations, as part of the Bridges to Care program for 44 beds; and the University Health Network for five beds
- **Milton District Hospital:** Halton Healthcare created a 35-bed regional unit to alleviate capacity pressures
- **Home and Community Care expansion:** Mississauga Halton LHIN-delivered services and programs such as Bridges to Care, My Way Home and Supports for Daily Living provide enhanced short-term care in the community to support safer and smoother patient transitions from hospital to alternative care settings
- **Intensive care unit patients:** The Mississauga Halton LHIN and Trillium Health Partners worked collaboratively to safely transition seven patients from the intensive care unit to alternative care settings
- **Runnymede Healthcare Centre:** Trillium Health Partners expanded their relationship with Runnymede Healthcare Centre to transition patients with rehabilitation-based needs
- **Community Addiction Liaisons to the Emergency Department:** Community addiction personnel provided warm transfers from hospital to community addictions and mental health support services and programs for 360 people
- **Long-term care homes:** The Mississauga Halton LHIN is expected to receive more than 600 new long-term care home beds over the next two to three years



LOCAL HEALTH SYSTEM IMPACT

By relieving pressure in hospitals and improving the flow of patients from hospital to the community, patients who require hospital care are able to access acute care medical services more readily.



HEALTH SERVICE PROVIDER IMPACT

Hospitals and community health service providers have partnered with the Mississauga Halton LHIN and service provider organizations to provide shared models of care for patients in the community, to avoid interruptions and gaps in services.



PATIENT IMPACT

Patients who received acute care services in hospital are able to await long-term care in a more appropriate setting, while patients in the community have more timely access to acute care medical services.

Did you know?

- Since February 2017, Halton Healthcare and Trillium Health Partners transitioned 219 patients to alternative care settings
- By transitioning patients safely to the community, the Bridges to Care program created the equivalent capacity of approximately 11 hospital beds
- The My Way Home program helped transition 933 patients from hospital to alternative care settings in the community during the 2017-2018 fiscal year



“The Bridges to Care program helped immensely. I don’t know what I would have done without it. My brother and I think we would have had to move my mom to a long-term care home very far away if it wasn’t for this program.”

A family member of a Bridges to Care patient



Members of the ALC Management Project team, pictured at Halton Healthcare's Oakville Trafalgar Memorial Hospital

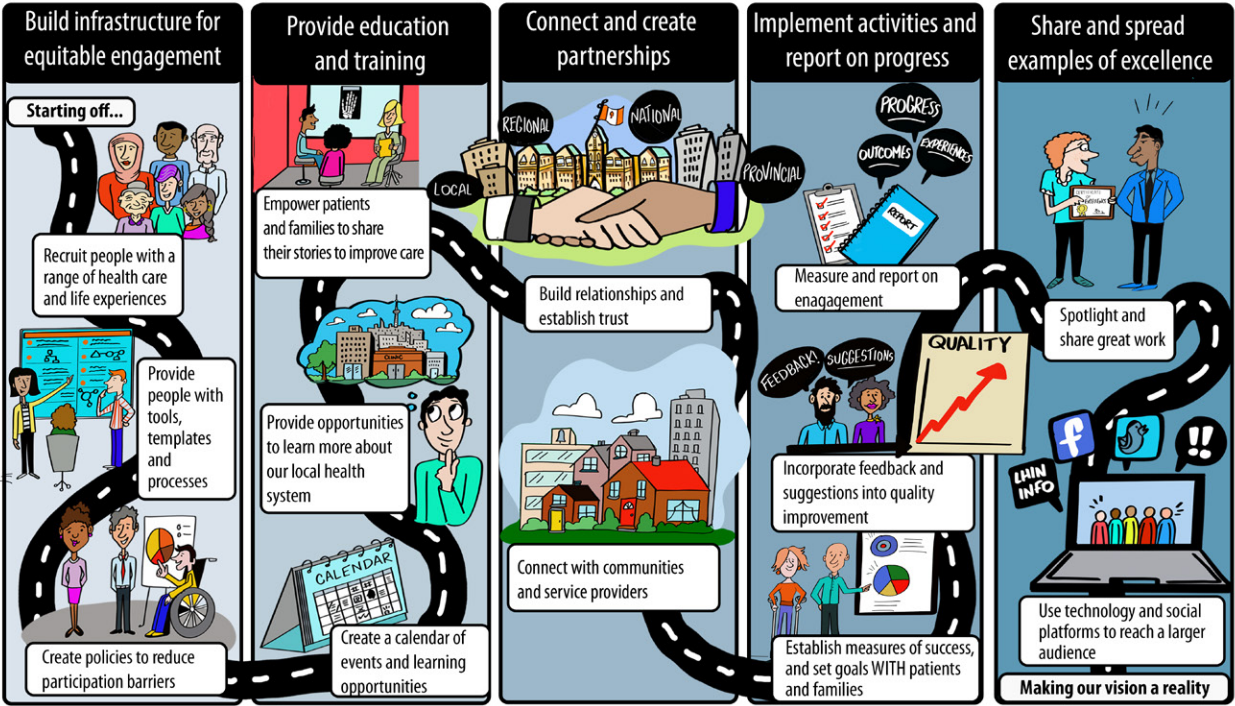


Patient, Family and Community Engagement

To partner with and empower patients, families and community members to improve the quality of health care for Mississauga Halton LHIN residents.

Patient, family and community engagement is central to supporting decision-making within the Mississauga Halton LHIN. Meaningful engagement of individuals with lived experience enables health system development in the Mississauga Halton LHIN to be informed by the experiences and stories of those who receive care in the region.

Empowering Agents of Change: A Roadmap for Patient, Family and Community Engagement in the Mississauga Halton LHIN



The Patient, Family and Community Engagement Roadmap is a starting point for future activities and is intended to spark other ideas and actions. For more information, contact mh.engagement@lhins.on.ca

THEN

- Engagement activities occurred within health service provider organizations across the Mississauga Halton LHIN, with strong engagement programs within hospitals. However, no formal structure existed for organizations to collaborate and engage on issues that affected residents across the entire region.
- Individuals participating on planning tables and committees at a regional level were sector-specific and primarily identified through our community partners and providers, individual recruitment or word of mouth. There was no formal method for recruiting and orienting patients, caregivers and individuals with lived experience.

NOW

- The Mississauga Halton LHIN launched its Patient and Family Advisory Committee in October 2017 as part of Ontario's Patients First: Action Plan for Health Care. The committee, which builds on existing patient and family engagement efforts, seeks to

- ensure that resident and lived experience feedback guides health care planning and delivery within the entire LHIN.
- In April 2018, the Mississauga Halton LHIN, in collaboration with committee members, launched a Patient, Family and Community Engagement Roadmap to empower and encourage the region's residents to participate in patient engagement activities across the local health care system. This work engaged individuals with lived experience from hospital, community, mental health and addictions, Health Links, LHIN, cancer care and palliative care services.
- There is a dedicated team within the Mississauga Halton LHIN focused on making progress on the roadmap. Opportunities for individuals with lived experience to participate on tables and forums have expanded significantly as a result of this focus.
- The Mississauga Halton LHIN ensures the patient voice is heard by bringing patient stories and experiences to the forefront at internal and external events.



LOCAL HEALTH SYSTEM IMPACT

The Patient, Family and Community Engagement roadmap provides guidance on improving partnerships with patients, families and community members across the region. Collaboration creates opportunities to improve the planning and delivery of care across the Mississauga Halton LHIN.



HEALTH SERVICE PROVIDER IMPACT

The roadmap provides a valuable resource for health service providers who are beginning to embark on engagement activities. It also provides an opportunity for providers and patients to exchange ideas and learnings with other organizations in the region.



PATIENT IMPACT

Having patients and families actively involved in the design of health care services ensures that organizations are better prepared to meet patient needs.

Did you know?

The Patient, Family and Community Engagement Roadmap's target destination is a health care system in which more patients, family and community members are seated at decision-making tables. Key initiatives in which patients, caregivers and community members have had an impact include:

Strategic planning: Patient and Family Advisory Committee members have played a key role in supporting the Mississauga Halton LHIN's six-year strategic planning process. They have helped shape the LHIN's mission, vision and values, ensuring the organization's goals are aligned with the individuals it serves.

Project implementation: Individuals with lived experience have participated in various Mississauga Halton LHIN initiatives, including the implementation of the Musculoskeletal Central Intake and Rapid Access Clinics and the Inter Professional Spine Assessment and Education Clinics project, where they bring a unique lens and perspective to health care planning. They've also participated in committees for the Mississauga Integrated Care Centre project and the Inter Professional Primary Care Team.

Sub-region planning: Patients, families and community members are playing a key role in helping the Mississauga Halton LHIN understand the local needs of its residents and communities.

"I am excited to know that my story as caregiver and voice for my mother is being heard in meaningful ways that can affect positive change. I've also been privileged to see tangible signs that my input, as a Patient and Family Advisory Committee member, has been implemented in projects like the roadmap, and that I've been able to tell my story at events and conferences. In a very short period of time, my view of the relationship between patient and health care provider has changed from 'us and them' to 'we,' which has been most rewarding."

Paula Layne, Patient and Family Advisory Committee member





Palliative Care

All Ontarians have the right to quality palliative care. This includes the right to enjoy the highest quality of life possible, to have access to physical, psychological, social, bereavement and spiritual care, to be treated with respect, and to die with dignity in their place of choice.

In 2016, the Ministry of Health and Long-Term Care established the Ontario Palliative Care Network (OPCN). The OPCN is a partnership of community stakeholders, health service providers and health system planners accountable for the development of a coordinated, standardized approach for the delivery of hospice palliative care services in the province.

Cancer Care Ontario partnered with the LHINs to co-lead the governance of the OPCN. With this partnership, 14 Regional Palliative Care Networks were established across the province, aligned with LHIN boundaries.



THEN

Despite outstanding work being done by those in the palliative care sector, not enough patients received hospice palliative care supports and services at the right time and in the most appropriate setting. Because of a lack of a unifying vision and clear accountability for the delivery of palliative care, Ontario faced challenges to ensuring equitable, integrated access to quality palliative care for patients and their families.

NOW

Co-led by the CEO of the Mississauga Halton LHIN and the Regional Vice President of the Mississauga Halton Central West Regional Cancer Program, the Mississauga Halton Palliative Care Network provides leadership, direction and structure to facilitate the development of a comprehensive, integrated and coordinated system of palliative care. The Network has established five working groups – primary care engagement, education, long-term care, patient experience and metrics and evaluation – and has embarked on several key initiatives, including:

- **Education and training sessions** to primary care physicians, nurses and other health care providers, focusing on palliative care and end-of-life care
- **Identifying and understanding** palliative care needs of the region's vulnerably housed population

- **Improving conversations around goals of care** to enhance informed patient-centred decision making
- **The Mississauga Halton Palliative Care Network website**, www.mhpcn.net, where providers, patients and caregivers can access information about palliative care and available services

Mississauga Halton LHIN Palliative Program

The LHIN's leadership role in the Mississauga Halton Palliative Care Network strengthens the Mississauga Halton LHIN's ability to provide high quality, patient-centred care for patients with palliative care needs and their families.

The Mississauga Halton LHIN's Palliative Program includes a team of palliative care coordinators, team assistants and nurse practitioners who specialize in supporting patients and their families during the last year of their life through to end-of-life and into the bereavement phase of their journey.

Key initiatives include: developing palliative home care services that best meet patient and family needs; providing wrap-around end-of-life care for patients in their last month of life; and ensuring patients are identified earlier in their disease trajectory, so they can receive a palliative care approach to their care as early as possible.



LOCAL HEALTH SYSTEM IMPACT

Providing care for patients and their families dealing with a life-limiting illness in a culturally-appropriate, sensitive and timely manner at the right place can contribute to a reduction in unnecessary ambulance transfers, emergency room visits and hospital admissions and readmissions.



HEALTH SERVICE PROVIDER IMPACT

Through increased collaboration, health service providers will have the skills and knowledge to better meet patient and family needs through their palliative journey. Working together allows for integrated care and the planning of new programs and services based on best practices.



PATIENT IMPACT

The Mississauga Halton LHIN Palliative Program supports smooth transitions for patients between settings, provides patients with access to psychosocial, spiritual, bereavement and other supports, and ensures they are supported to die comfortably in their place of choice.

Did you know?

- The Mississauga Halton LHIN collaborates with hospitals, hospices, the community service sector, service provider organizations, specialized and primary care physicians and long-term care homes to ensure seamless transitions for patients, and to support them to die in their place of choice
- Three residential hospices – Dorothy Ley Hospice, Ian Anderson House and The Darling Home for Kids – provide hospice care for patients with palliative care needs in the Mississauga Halton LHIN



“The care my stepfather received was wonderful. The palliative doctor and palliative nurse practitioner were amazing. I was well-prepared for his death as I work in the medical field and knew what to expect. I felt we all worked together and were able to provide him with his wish of dying at home. Thank you all so much.”

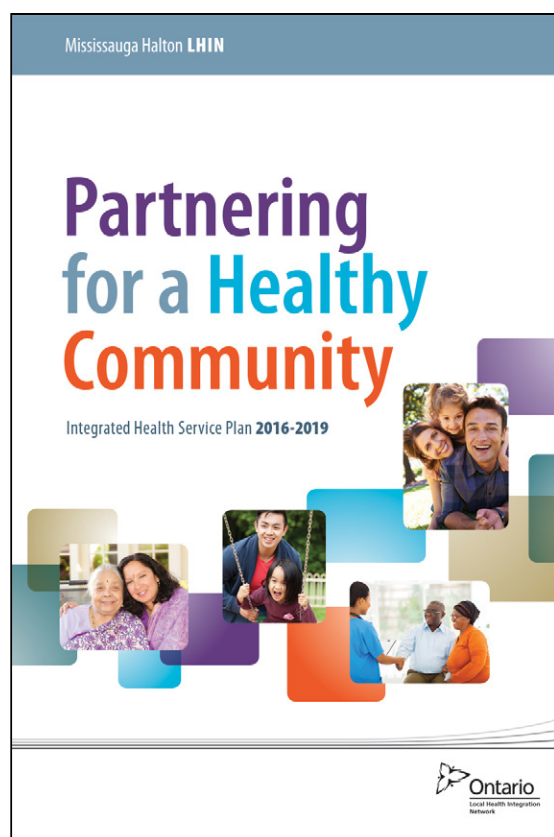
Comment from the Caregiver Voices Survey about the Mississauga Halton LHIN Palliative Program



Members of the Mississauga Halton Palliative Care Network, from left: Leah Clarke, Kathy Davison, Laura Harild and Elliot Archer

Integrated Health Service Plan

Mississauga Halton LHIN's 2016-2019 Integrated Health Service Plan (IHSP): Partnering for a Healthy Community came into effect on April 1, 2016. This three-year strategic plan represents the voices of our citizens and what is needed to build a stronger system of care that focuses on the needs of the diverse people living in our community. We identified three strategic priorities for 2016-2019:



Access:

Health care when and where you need it

Capacity:

Required resources, now and for the future

Quality:

Positive person experiences and outcomes across the care continuum

Throughout 2018, the Mississauga Halton LHIN embarked on a collaborative planning process to develop a **six-year strategic plan (2019-2025)** that will inform two successive three-year Integrated Health Service Plans.

Our health system belongs to all of us. This strategic plan provides a transformational opportunity to co-create an innovative and shared vision for our local health system, that established shared priorities and one that places patients, families, caregivers and citizens at the forefront.

For a copy of our 2016-2019 Integrated Health Service Plan,

At a Glance and additional resources, visit:

www.mississaugahaltonlhin.on.ca > **Goals and Achievements** > **IHSP**

“As we think about health system transformation, we know that to be successful, we need to better engage those that are affected most directly by the system. My vision for the future is that patient involvement will be embedded into every aspect of the design and delivery of health care services. That will require not just token patient engagement, but meaningful discussion, dialogue and participation.”

Bill MacLeod, Chief Executive Officer, Mississauga Halton LHIN



Honouring Quality and Innovation

Partnering for a Healthy Community 2018 Quality Forum and Awards

The Mississauga Halton LHIN celebrated the transformative work being done among health service providers across the region at the inaugural Quality Forum, co-hosted by Health Quality Ontario, and the third Partnering for a Healthy Community Awards on June 5, 2018



From left: Bill MacLeod, CEO, Mississauga Halton LHIN; Mary Davies, Acting Chair, Mississauga Halton LHIN; Dr. Chris Hayes, Chief Medical Information Officer, St. Joseph's Healthcare Hamilton; Jutta Schafler Argao, Vice President, Quality and People, Mississauga Halton LHIN; Dr. Amir Ginzburg, Clinical Quality Lead and Chair, Regional Quality Table, Mississauga Halton LHIN

Quality Forum

The Quality Forum provided a platform for peer-to-peer learning about the different improvement initiatives being generated in collaboration by teams of professionals, patients and families. Speakers throughout the day sparked important conversations around partnering with patients, data collection, care integration for complex patient populations, seamless transitions and building capability and capacity.

Quality Awards

Collaborative initiatives underway among health service providers across the LHIN were showcased at the third annual event, named after the 2016-2019 Mississauga Halton LHIN Integrated Health Service Plan, which puts the needs of patients at its centre by focusing on three key priorities: Access, Capacity and Quality.

The Mississauga Halton LHIN was delighted to present awards recognizing quality and innovation. Recipients, awarded in two categories that aligned with the LHIN's strategic priorities, included:



In the category of Access: Reducing
Emergency Department Transfers
from Silverthorn Nursing Home,
led by Trillium Health Partners,
Silverthorn Care Community and
Sienna Senior Living

Bill MacLeod, CEO, Mississauga Halton LHIN (left)
and Dr. Shaan Chugh, Trillium Health Partners





In the category
of Capacity:
No Wrong Door

From left: Monty Montgomery, Senior Manager,
Mental Health and Addictions, CMHA Halton
Region Branch; Amandeep Kaur, COO, Punjabi
Community Health Services; Saba Baig, Project
Lead, No Wrong Door Initiative, Peel Addiction
Assessment and Referral Centre

This year, the Mississauga Halton LHIN awarded one-Link with the Pinnacle Award, an accolade which is only bestowed based on an initiative's outstanding merit in achieving exceptional marks in all three key strategic priorities.



One-Link-System Access
Model for Addiction and
Mental Health Services

Members of the one-Link team



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