

Advantages of LHINs

➡ Less bureaucracy

- LHINs replaced 7 regional offices of the Ministry and 16 District Health Councils
- South West LHIN has 40 employees, replacing 80-90 District Health Council and regional office employees
- LHINs reduce 'big government'

➡ Local decision-making

- All health care decisions, including funding, are now made locally at board meetings open to public and the media
- All board packages posted publicly and on website five working days in advance of the board meeting
- Local health service provider (hospital, community agencies, etc.) boards have been maintained

➡ Increased accountability

- LHINs have an accountability agreement with the Ministry of Health and Long-Term Care
- Health services providers have service accountability agreements with the LHIN
- Public reporting of all of our performance targets
- Ontario's health care system is more accountable than ever – accountability agreements outline responsibilities and performance requirements

➡ A 'System' approach to health care

- LHINs provide a structure to connect health service providers – breaking down silos
- LHINs are the one structure responsible for the transition points in health care
- LHINs ensure that health service providers not only do what is right for their own organization, but also for the patient/client/resident and the system

➡ Health performance — *For the first time in Ontario:*

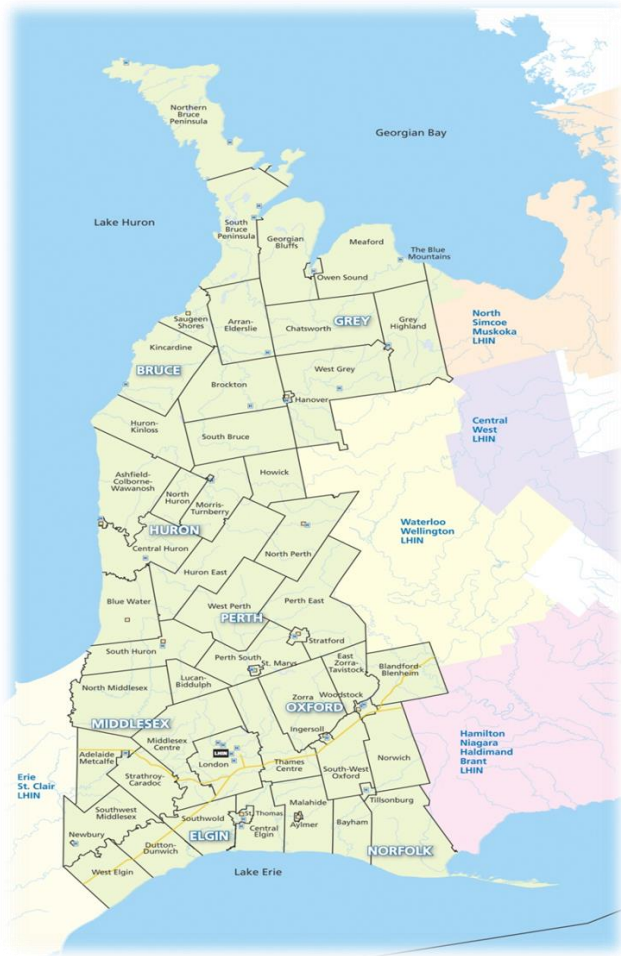
- We are setting targets, measuring and publicly reporting health care performance
- Holding organizations accountable for achieving these targets
- Achieving targets which are improving the lives of patients/clients/residents
- Majority of hospitals in the province have balanced budgets

➡ Community Engagement

- LHINs engage health service providers and the public in a numerous ways to inform, educate, consult, involve and empower in health service planning and decision-making processes

Impact on Patients/Clients/Residents *Attached pages provide stories of success*

South West LHIN Snapshot (2014)



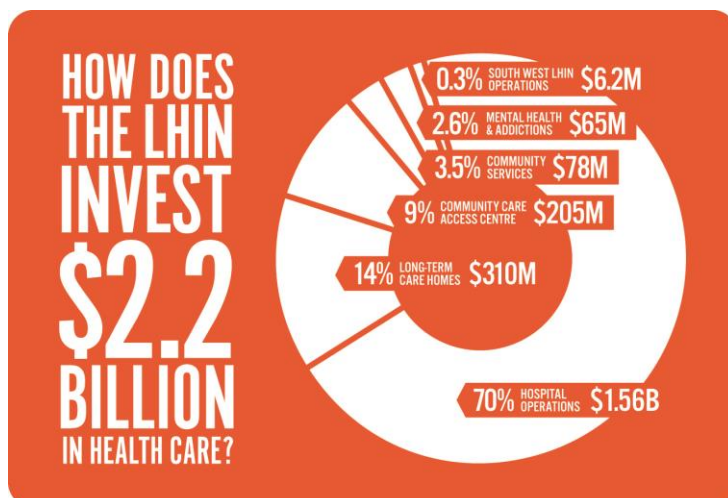
Population Profile:

- The South West LHIN is one of the largest LHINs in southern Ontario geographically covering almost 22,000 km²
- Population of over 924,000 people
- Large urban population within the City of London
- Large proportion of seniors
- Small proportion of immigrants
- 5 First Nations communities
- French Language Services designation

Current Board of Directors:

Jeff Low, Chair (London)
 Ron Bolton, Vice Chair (St. Marys)
 Ronald Lipsett (Annan)
 Gerry Moss (Port Elgin)
 Aniko Varpalotai (Elgin)
 Barbara West-Bartley (Warton)
 Andrew Chunilall (London)
 Wilfried Riecker (Port Stanley)
 Lori Van Opstal (Tillsonburg)

LHIN-Funded Health Service Providers:



Connect with the South West LHIN

www.southwestlhin.on.ca

1-866-294-5446



The LHIN allocates 99.7% of all funding received to health service providers.

Complex Continuing Care and Rehabilitation Beds

- ISSUE:** Distribution of specialized Complex Continuing Care (CCC) beds and Rehabilitation beds was not balanced geographically throughout the LHIN and in many instances the beds were not being used as intended
- LHIN IMPACT:** South West LHIN led the project to realign beds across the LHIN and implement common criteria for use
- PATIENT BENEFIT:**
- ➔ Improved access to CCC/Rehab beds for areas that did not have them (e.g. Grey/Bruce)
 - ➔ Appropriate use of CCC/Rehab beds
 - ➔ Strategic LHIN Investments enabled patients previously in those beds, who did not require that level of care, to now receive services at home and in the community
- VALUE:**
- ➔ Better use of system resources – a more integrated health system

Jim's Story:

As a result of multiple health issues and difficulty breathing, Jim, a resident of Tillsonburg, received a tracheotomy at University Hospital in October 2012. After spending eight months in London at University and Parkwood Hospitals, Jim and his family were feeling the stress of him being so far from home and they began talking about alternatives.

In late May, Jim was able to transfer to Tillsonburg District Memorial Hospital (TDMH), first as an acute patient then as a patient receiving specialized complex care services. During the five months he stayed at TDMH, he and his family worked with his hospital teams, doctors, and CCAC care coordinator to learn how to manage his care and together they developed a home care plan.

In mid-October, Jim was discharged home from TDMH. According to Jim's wife Carol, "It's working out pretty good so far." Since he has been home, Jim has been able to attend family get-togethers, help with household errands and bake apple pies again, much to the delight of his family.

Life or Limb No Refusal Policy

ISSUE:	Hospitals were refusing transfers of critically ill patients due to a lack of appropriate beds
LHIN IMPACT:	<p>LHIN and area hospitals developed the 'Life or Limb No Refusal Policy' that connects smaller hospitals, with larger sites, like London Health Sciences Centre, to determine site best able to provide care or possibly avoid transfer</p> <p>This policy has now been implemented as a province-wide policy by the Ministry</p>
PATIENT BENEFIT:	<ul style="list-style-type: none">➡ Save lives - the most critically ill patients will receive care when they need it➡ Patients only transferred when needed
VALUE:	<ul style="list-style-type: none">➡ Better use of hospital resources across the system➡ Better coordination of care and repatriation

Extramural Physician

ISSUE:	Smaller regional hospitals were sending critical patients to London Health Sciences (LHSC) when they could be managed at their own site with some support and consultation from a specialist at LHSC
LHIN IMPACT:	Through a LHIN-funded program, hospitals can consult with a specialist at LHSC, linked through the CriteCall system, to help manage complex patients avoiding unnecessary transfers to LHSC
PATIENT BENEFIT:	<ul style="list-style-type: none">➡ Patients receive care close home➡ LHSC has more resources available for patient transfers, emergency department admissions and 'life or limb' cases
VALUE:	<ul style="list-style-type: none">➡ Better use of system resources➡ More integrated critical care system in the South West LHIN

Home First

- ISSUE:** Studies found that patients recovered better at home resulting in the Home First philosophy where patients return home with appropriate community supports, through the Community Care Access Centre (CCAC), instead of waiting in hospital for long-term care
- LHIN IMPACT:** Funding for Home First implementation at 14 LHIN hospital sites to date with implementation at 14 more sites this spring
- CLIENT BENEFIT:**
- ⇒ Patients can return home
 - ⇒ Reduced number of people in hospital beds when they can be more appropriately cared for at home or in the community
- VALUE:**
- ⇒ Care in the community is less costly than in hospital or long-term care. Analysis of Home First in the South West LHIN shows that the savings to the system was approximately \$10 million in one year
 - ⇒ Better integration between the hospital and CCAC

Faye's Story:

Faye, a senior living in a rural community, was admitted to her local hospital after a fall. She anticipated moving directly from hospital to long-term care. Her care team, which included the hospital, the Community Care Access Centre and community service providers, was able to help her return home through the use of the Home First philosophy of care. Without the support coordinated through Home First, Faye would have had to remain in hospital occupying a complex continuing care bed while waiting for long-term care placement.

For the first three weeks Faye was home, she was supported by a personal support worker 24 hours a day, and through home visits from physiotherapists and occupational therapists, nurses and nurse practitioners. Once Faye's health stabilized, she and her family were able to make decisions about her future. Faye has decided to remain in her home with Assisted Living supports.

Adult Day Programs

- ISSUE:** Inequitable distribution of Adult Day Programs (ADPs) across the LHIN and inconsistent fees and access criteria
- LHIN IMPACT:** Adult Day Program Redevelopment is working to ensure equitable and affordable access and quality care to participants and put new resources in the system
- CLIENT BENEFIT:** ➤ Appropriate distribution and coordinated access means the right people are accessing these services – *over the next 2 years approximately 5,000 additional ADP spaces will be added throughout the South West LHIN*
- VALUE:** ➤ Helps patients and caregivers stay healthy longer in the community, avoiding hospitalizations and long-term care placements

Connie's Story:

For Connie Emmerson, the Day Away Adult Day Program in Warton is more than just a place that offers social activities; it is the highlight of her week and a place where she can feel at 'home.' Connie's life changed after undergoing triple bypass surgery and later being diagnosed with ovarian cancer. Due to her health, she could no longer drive and had to give up her car, making her very upset. It was during this time that she contacted the South West Community Care Access Centre and was referred to the Day Away Adult Day Program. "I am 87 and it sure has brought me out of my sadness," says Connie. "My daughters say they see a difference in me and are very happy that this is available."

In addition to enjoying the music, crafts and the social interaction at the Day Away Adult Day Program, the time away from her home gives Connie something to look forward to every week. Attending the program has improved Connie's quality of life and has given her family the peace of mind in knowing that she feels a sense of fulfillment and happiness.



**Connie Emmerson,
Day Away Program, Warton**

Community Care for Adults with Complex Conditions

ISSUE: Adults, especially young adults transitioning from youth services, can sometimes struggle to find appropriate care outside of an institutional setting, when they are even available. Parents who care for them at home can suffer caregiver burnout

LHIN IMPACT: Funding of more spaces for residential care or day programs for client care and caregiver respite

CLIENT BENEFIT: ➡ Improved quality of life for clients and families

VALUE: ➡ More appropriate use of acute and community resources

Devon's Story:

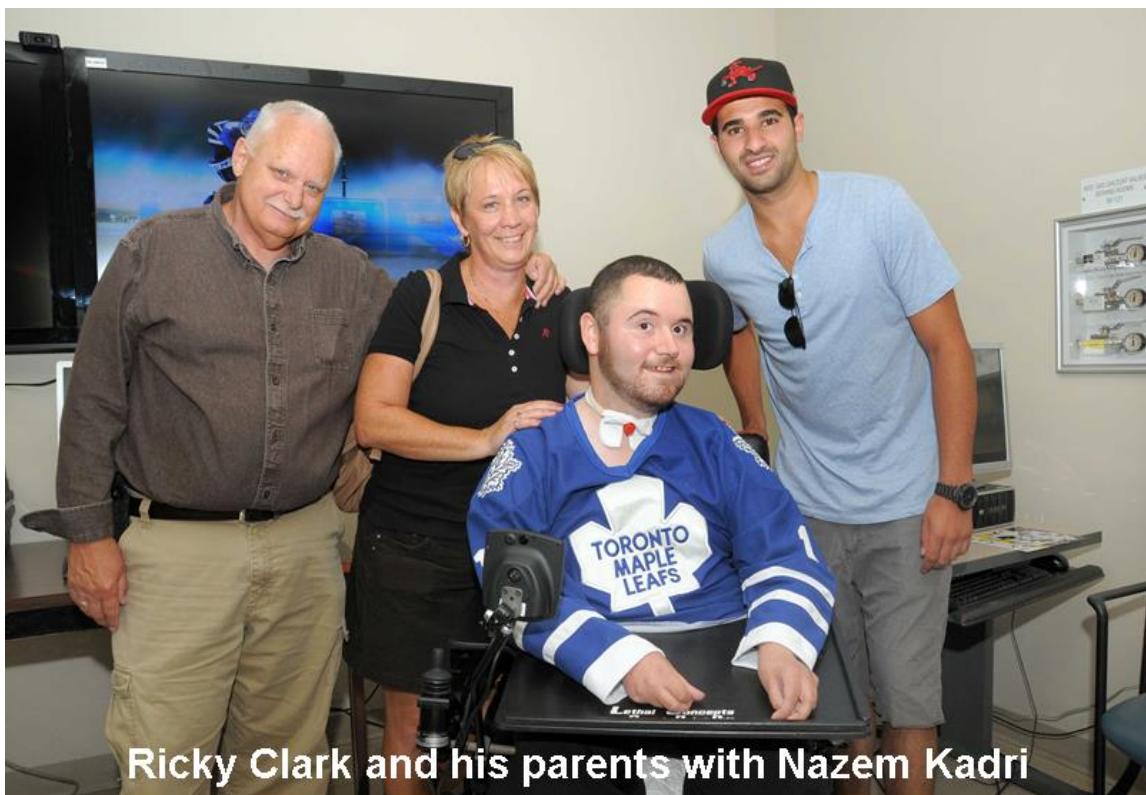
As a child Devon required the support of many caregivers for his complex medical conditions. He received excellent care and support at home from his devoted family and several health service providers. But just before his 18th birthday, Devon had to spend six and a half months in the hospital. When the time came to discharge him, his family discovered that there are less supports in the system for an adult. However, through a South West LHIN funded program at Participation House, Devon is able to live in a residential setting with staff dedicated to him and other adults with complex needs, avoiding a prolonged hospital stay or placement in a long-term care facility.



Devon (front row, middle), at Participation House

Long-Term Ventilation Support

- ISSUE:** Many patients requiring long-term ventilation reside in a hospital or specialized long-term care setting which does not maximize their quality of life and is an expensive way to provide care
- LHIN IMPACT:** Supporting long-term ventilation patients to live in the community at facilities like Participation House, Parkwood Hospital or at home
- CLIENT BENEFIT:** ➡ Improved quality of life for patients and their families
- VALUE:** ➡ Better use of resources by moving patients from most expensive care to more appropriate care



Ricky Clark and his parents with Nazem Kadri

Mobile Crisis Response Team – London-Middlesex

- ISSUE:** Mental health crisis response as a priority concern
- LHIN IMPACT:** Mobile Crisis Response Team in London-Middlesex launched in fall 2012 to handle urgent calls from people in crisis, their families, police and hospital emergency departments – *October 2012 to November 2013 the Response Team handled 1,022 mobile response visits and 618 crisis phone calls*
- RESIDENTS BENEFIT:** ➡ Improved and quicker response to a person in crisis
- VALUE:** ➡ Resources are used more effectively, alleviating the burden on emergency departments and police services

Amalgamation of Mental Health Providers in London Area

- ISSUE:** Need for better coordinated mental health services in the London area
- LHIN IMPACT:** LHIN brought together WOTCH, Search and CMHA London-Middlesex in discussions to create the new organization
- CLIENT BENEFIT:** ➡ Better coordination of services, enhanced crisis response and support when discharged from hospital
- VALUE:** ➡ More accessible mental health services in the community reduces visits to hospital emergency departments and improves client care

Primary Care

ISSUE:	Better connection is needed between primary care and the rest of the health care system
LHIN IMPACT:	<p>Involving and engaging physicians in finding solutions to improve health care including establishing the Primary Care Network, hosting physician engagements to foster physician-to-physician dialogue and hiring of four Primary Care Physician Leads.</p> <p>The Primary Care Physician Leads are working to inform and engage family health teams and physicians throughout our geography and create links between Primary Care and Hospice Palliative Care, Seniors Care, Acute Care, eHealth & Technology, Mental Health & Addictions and Chronic Disease Prevention & Management</p>
CLIENT BENEFIT:	➡ Open Advanced Access – moving to ensure same or next day appointments
VALUE:	➡ Ensuring greater access to the foundation of the health care system – primary care

Technology

ISSUE:	Needed to replace manual sending (mail or fax) of medical documents with electronic methods
LHIN IMPACT:	Development of the South West Physician Interface to Regional Electronic Medical Record (SPIRE) allowing the electronic transfer of records from hospitals to family physician offices – <i>to date, more than 500 physicians in the South West LHIN are connected through SPIRE</i>
RESIDENTS BENEFIT:	➡ Better and quicker coordination of health services
VALUE:	➡ Improved communications and greater efficiency

Community Engagement

Key Events & Meetings in 2013/14

Public Engagements, 2013:

- January 23, Komoka – Board Meeting, Board-to-Board Session, Community Session
- February 27, St. Marys – Board Meeting
- March 27, Chippewas of the Thames – Board Meeting, Board-to-Board Session
- April 24, London – Board Meeting
- May 22, Markdale – Board Meeting, Board-to-Board Session, Community Session
- June 26, St. Thomas – Board Meeting
- July 24, London – Board Meeting
- September 25, Lion's Head – Board Meeting, Board-to-Board Session, Community Session
- October 23, Stratford – Board Meeting
- November 27, Tillsonburg – Board Meeting, Board-to-Board Session, Community Session
- December 18, London – Board Meeting
- January 21, Goderich – Board Meeting, Board-to-Board Session, Community Session

Upcoming 2014...

Tuesday, February 18, Strathroy – Board Meeting

Tuesday, March 18, London – Board Meeting, Board-to-Board Session, Community Session

Tuesday, April 15, Hanover – Board Meeting

Tuesday, May 20, Wiarton – Board Meeting, Board-to-Board Session, Community Session

3rd Annual Quality Symposium, 2013:

- June 6, Stratford – All-day event with over 450 health service provider attendees featuring guest speakers focusing on health system issues.

Planning is underway for the 4th Annual Quality Symposium on May 14, 2014.

MPP Meetings, 2013:

- April 19, MPP Ernie Hardeman
- May 3, MPP Randy Pettapiece
- May 3, MPP Lisa Thompson
- May 10, MPP Bill Walker
- June 7, MPP Teresa Armstrong
- June 26, MPP Jeff Yurek
- August 22, MPP Toby Barrett
- October 4, MPP Monte McNaughton
- December 13, MPP Peggy Sattler
- January 14, 2014, MPP Deb Matthews

Physician Engagements, 2013:

- May 14, Huron-Perth
- May 15, London-Middlesex
- May 29, Grey-Bruce
- October 9, Elgin,
- November 19, Oxford

