

# Mississauga Halton LHIN

## Governance to Governance: Community Sector Focus

**“How can the Community Sector be involved  
in enhancing home care?”**

**January 18, 2012**

# The Role of Governance in Health System Transformation

# Our Shared Roles & Expectations

As governors of health service providers we all share an obligation to:

- Ensure that our organizations are doing their very best with the resources they have to serve their clients.
- Ensure that our organizations do this in a fiscally and ethically responsible way.
- Understand the risks and opportunities that face our organizations and to do our best to mitigate those risks and seize those opportunities.

PLUS – Take a Health System’s View to:

- Ensure that our organizations are working more closely together; not only to improve our efficiencies, but to significantly enhance the quality and accessibility of the services we bring to our community.

# Agenda

1. Share MH LHIN perspectives:
  - Role of Community Sector in advancing integration and the IHSP
  - Ontario's Health Care Plan: The role of Home Care
  - The expanded role of the CCAC
  - Post election realities and their impact
2. Dialogue and explore together:
  - How should/can the Community Sector be involved/more involved in the Province's Home Care priority
  - What is the vision for the sector going forward, locally?
  - What role will Community Sector governors play in this evolution?
3. Next steps in the Community Sector Focus G2G

## LHIN Perspectives

- Role of Community Sector in advancing integration and the IHSP
- Ontario's Health Care Plan: The role of Home Care
- The expanded role of the CCAC
- Post election realities and their impact

## Our Obligation

- Be as informed as possible about health system transformation, priorities and accountabilities
- Engage as fully as possible in strategic discussions and decisions that can advance the system
- Ensure our operations and leaders are aligned with provincial and local priorities
- Make a significant contribution to building the new system together.

## The End Goal: Integrating Health Systems

- Improve the coordination of complex systems that include multiple professionals, organizations and sectors by:
  - Improving the timeliness and quality of care
  - Minimizing the duplication of services
  - Increasing coordination of and access to services
  - Lowering or aligning operating costs
  - Building community capacity

...TOGETHER

# What's new-post election?

## **Liberal Platform: Making Ontario the Healthiest Place In North America to Grow Up and Grow Old**

- Continue building on strong foundation to reach goal of ensuring that every Ontarian who wants family care can access it.
- Ensure that Ontario keeps the shortest surgical wait times in the country and continue to reduce waits for the 2.5 million Ontarians who rely on our Emergency Rooms each year.
- Investing in new hospitals and renovating existing facilities.
- Build on successful Aging at Home strategy to reform the health care system to provide Ontarians, and especially our seniors, with the tools they need to receive care in the dignity of their own homes.
- 3 million hours of Homecare added

## Messages From The Province

- “When you fish for efficiencies you have to fish where the fish are and there are a lot to be found in health care” The Honourable Dalton Dalton McGuinty, Premier, as quoted in The Toronto Star, Nov. 23, 2011
- “Our greatest opportunity for reform and renewal will be found in health care”—Hon. Dwight Duncan, Minister of Finance, 2011 Ontario Economic Outlook
- “We will need to shift spending from the things that aren’t working to things we know will deliver results” –The Honourable Deb Matthews, Minister of Health & Long-Term Care, OHA HealthAchieve, Nov. 9, 2011

# Priorities Going Forward

## Results of Right Care, Right Setting Review 2007

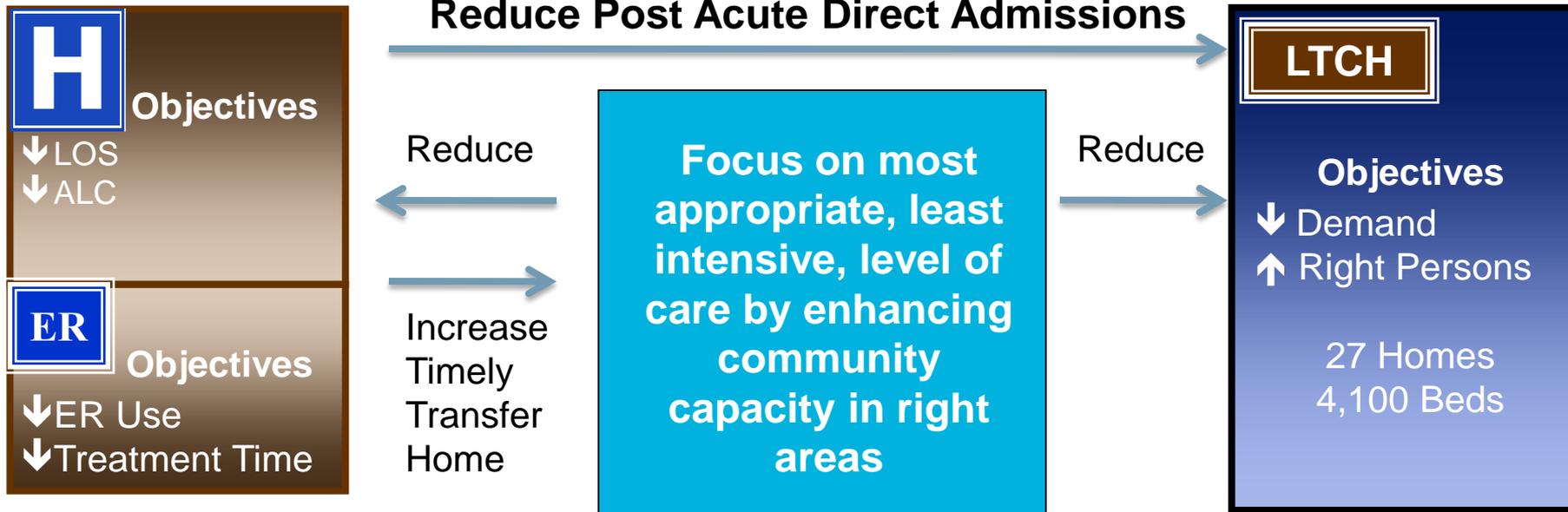
Current Program	% Who Can Be Cared For in “Lighter” Care Setting
CCAC Home Care	10% →no service to CSS agencies
Existing LTC Residents	12%
Existing “Supportive” Housing	17%
CCAC Clients on LTC Wait List	37%
Complex Continuing Care Who Were Deemed ALC (in acute care)	67%

# MH LHIN Overall Evidence-Based Strategic Approach

Right Care, Right Place, Right Time, Right Cost

\$ 905 M

\$181 M



## Strategic Objectives: That are Measured!

- I. Reduce ALC days and LOS in hospitals
- II. Reduce demand (wait list) for LTC homes
- III. Increase Community Capacity for High Need Seniors (MAPLe 3,4,5) – Focus on 75+
- IV. Reduce unnecessary ER visits

# Annual Business Plan 2012-2013

## 2011-2012 Operational Plan Map

JUNE 2011

**Overarching Goal: To build a patient-centred health care system that delivers quality, value and evidence based care in Ontario**

### Preventing Injury and Illness

1. **Managing disease**
  - Diabetes Strategy
  - Chronic disease management
  - HIV and Hepatitis C
2. **Providing public health programs to promote healthy living; prevent illness, injury and disease**
  - Public health programs
  - Ontario Agency for Health Protection and Promotion
  - Public Health Renewal
  - Panorama
3. **Providing screening programs to prevent illness and promote early detection of disease**
  - Early detection of disease screening programs
  - Integrated Cancer Screening
4. **Increasing access to immunization programs and adding new programs to prevent illness and disease**
  - Immunization programs
5. **Emergency preparedness**
  - Emergency management

### Improving Access to Health Care

6. **Ensuring access to Primary Health Care**
  - Community Health Centres
  - Advancing and aligning Primary Health Care Models
  - Family Health Teams (FHTs)
  - Nurse Practitioner-Led Clinics
  - HealthCare Connect
  - IT solutions to support primary care reform
  - Midwifery
  - Teletriage services
  - Telehealth
7. **Decreasing Wait Times**
  - Wait times for targeted services and populations
  - Wait times related to ER/ALC including Aging at Home Strategy
  - Wait times related to CCAC services
8. **Improving access to care within hospitals and related organizations**
  - Targeted funding – priority services; critical care
  - Independent and related health facilities
  - Out of country/out of province
  - Canadian Blood Services
  - Organ Donation
9. **Improving access through ambulance services**
  - New response time standards
  - 50-50 Funding
  - Dedicated Nurses
  - Simultaneous Notification (Emergency Medical Services Technology Interoperability Framework (EMS-TIF) Project
  - Mobile Communications Project (GMCP)

### Providing Programs Within Communities

10. **Providing better health care for children**
  - Best Start to Life
  - Complex Care
  - Maternal, Child & Youth Health (MCYH) Strategy
  - Fertility
11. **Ontario Poverty Reduction Strategy (MOHLTC component)**
  - Healthy Smiles Ontario
12. **Improving women's health**
  - Programs/services focussed on improving women's health
13. **Improving health outcomes in Rural and Northern/Aboriginal populations**
  - Aboriginal initiatives
  - Rural and northern initiatives
14. **Programs and services for Francophone communities**
  - Implementation of French language health planning entities
15. **Providing support services and devices**
  - Assisted living in supportive housing
  - Assistive devices and home oxygen program
  - Community Support Services
16. **Providing programs to specific populations to support them**
  - Mental Health and Addictions

### Enabling and Facilitating Innovation

17. **eHealth and related systems**
  - eHealth Strategy
  - Diabetes Registry
  - Medication Management System
  - Identity, Access and Privacy Strategy
  - Integration Services
  - Ontario Laboratories Information System
  - Diagnostic Imaging/Picture Archiving and Communications System (DI/PACS)
  - Portal Services
  - Physician eHealth
  - eHealth Legislation
  - Telemedicine
18. **Promoting health system research**
  - Health system and services research
  - Exporting Health Expertise Project

### Providing High Quality Care, Everywhere

19. **Providing physician services**
  - Physician services (OHIP)
  - Electronic Submission Providers Project (ESPP)
  - Medical Claims Electronic Data Transfer Project (MC EDT)
20. **Improving quality of health care**
  - Excellent Care for All Implementation
  - Health Quality Ontario (HQO)
  - Targeted provincial initiatives on evidence-based practice
  - Quality/performance improvement; patient safety
21. **Improving quality of long-term care**
  - Implementing Long-Term Care Homes Act and associated regulations
  - Long-Term Care Home Projects and Initiatives (Long Term Care Home Review Project)
  - Palliative Care Review
22. **Providing quality diagnostic services**
  - Community laboratories
  - Laboratory reform including quality services
23. **Educating Ontario's future health care workforce**
  - Increase physician supply
  - Allied health professionals
  - International medical graduates
  - 100 medical school seats
24. **Recruitment and retention of Ontario's health human resources**
  - Health system labour relations strategies/Initiatives
  - 9,000 new nurses
  - Healthy work environments strategy

### Ensuring Smarter Health Care Spending

25. **Ensuring effective and efficient use of health care resources**
  - Health System Funding Strategy (HSFS)
  - Post Construction Operating Plan (PCOP)
  - LHIN efficiencies
26. **Capital**
  - Hospital/community capital projects program
27. **Increasing access to pharmaceuticals**
  - Drug system reform including Narcotics Strategy Implementation
  - Pan-Canadian Purchasing Alliance
  - Exceptional/Compassionate Access to Drugs
28. **Ministry learning, growth and HR planning**
  - Building capacity through recruitment and learning strategies
  - Talent management
  - Attract and retain diverse and engaged talent
29. **Ministry core services to support ongoing operations**
  - Improved ministry business processes
  - Administration
  - Ongoing IM & IT operations
30. **Sector and agency administrative support**
  - Broader Public Sector Accountability Act Implementation
  - Administrative funding to organizations providing or supporting health care services
  - Accountability provisions and agreements (e.g. LHINs)

# Top Priorities 2012-2013

- Implementing Quality Agenda
- Providing Programs within Communities
  - Acute Care – Clinically Home
  - Right Care in right settings at right cost [continue innovation in community care]
- Improve Patient Flow Processes and Access within the health care system
- Focus on Health Equity to address social determinants of health and facilitate health promotion and disease prevention
- Enabling & Facilitating Innovation
- Ensure Smarter Health Care Funding

# Large LHIN-Wide Integration Initiatives

Initiative Name	Description/Background
Hospital Common HIS	<ul style="list-style-type: none"> <li>• 5 Hospitals –across MH and CW LHINs</li> </ul>
Community Provider Portal	<ul style="list-style-type: none"> <li>• For all community providers in both MH &amp; CW LHINs</li> </ul>
MH&A Integration	<ul style="list-style-type: none"> <li>• On-going assessment of scope and feasibility</li> </ul>
CVH/Trillium Merger	<ul style="list-style-type: none"> <li>• Merger completed and focus is now on implementation of merger</li> </ul>
CCAC Expanded Role	<ul style="list-style-type: none"> <li>• Province-wide agenda of all 14 CCACs to enhance CCAC case management role beyond acute care to include complex continuing care, rehab, care in hospitals; adult day programs and assisted living</li> </ul>
Behaviour Supports	<ul style="list-style-type: none"> <li>• Provincial initiative with behavioural focus</li> <li>• Continued evaluation of pilot unit at Sheridan Villa</li> </ul>
Integrated Client Care Project – Palliative - CCAC	<ul style="list-style-type: none"> <li>• MH LHIN is one of 3 “spot light” LHINs involved with its CCAC, the Ontario Association of Community Care Assess Centres and the Ministry on an integrated palliative care in the community</li> </ul>
Acute care regional programs	<ul style="list-style-type: none"> <li>• Various hospitals lead the development of regional clinical programs</li> </ul>

## System Coordination and Transformation

### Creating Right Home/Community Capacity

making home the first and preferred destination to minimize need for institutional care

#### How:

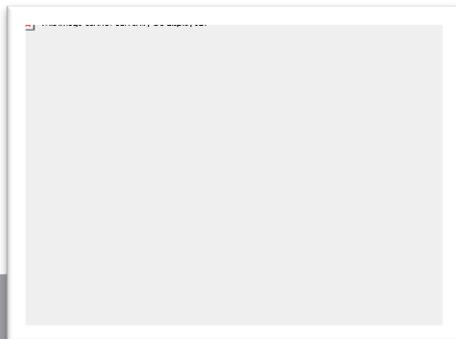
Comprehensive Change Management Strategy

Providers in **all** sectors target seniors with complex needs to avoid ALC

Focus on 4Rs and LHIN invest/reallocate to create Right Community Capacity to manage seniors with complex daily living needs to enable them to stay home/community

Continued LHIN oversight and management of performance

Sustained Leadership and focus required by all HSPs



# Transitions Management

Planned and coordinated movement between sectors and within a sector enabling clients/patients to receive 4R's –right care, right time, right setting and at right cost

## **ABC of transition care:**

**Access-** The services people need, when they need it

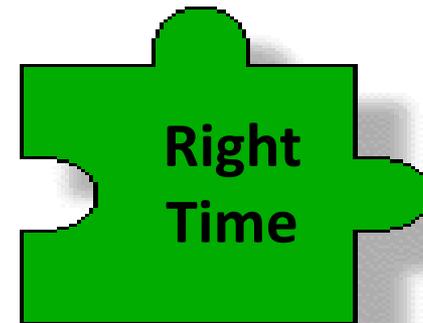
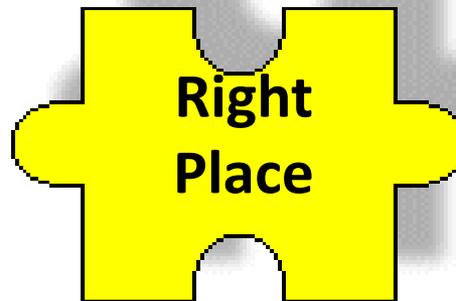
**Best care-** Safe, quality care promoting good outcomes and a focus on living in the home/community and institutionalization is the last option

**Coordination and continuity of care** between different locations/sectors and different levels of care with a **focus on safely living at home**

## Improved Transitions Within & Between Sectors

Often care is rushed and responsibility is fragmented with little communications across care settings and multiple providers

Lack of focus on right care at the right setting at the right time (cost effectively) with a view to independently living in the community/home



From provider driven focus to client driven focus

# Ensuring High Quality Transitional Care

*Foster Greater Engagement of Patients and Family Caregivers  
Elevate the Status of Family Caregivers as  
Essential Members of the Care Team*

- Define Accountability During Transitions
- Build Professional Competency in Care Coordination
- Explore Technological Solutions to Improve Cross Setting
- Communications
- Align Financial Incentives to Promote Collaboration

Eric A. Coleman, MD, MPH  
Director, Care Transitions Program University of Colorado

# What can be done?

## Clinical and Non-Clinical Opportunities

- Acute Care in the Home
- Integration of Primary Care post discharge
- Senior Friendly Hospitals
- Caregiver Strategy
- Enhance and align CCAC & CSS
- Group Home Models of Care
- Community Providers Portal
- Integrated Client Care Projects
- Assisted Living Model
- Integration of Specialized/ Enhanced Supports
- Neighborhood Watch
- Integration with Business Community

# Questions / Clarification

# Dialogue & Exploration

## Small Group Discussion

- How should/can the Community Sector be involved/more involved in the Province's Home Care priority?
  1. Take a moment to form and write down your OWN perspective
  2. Share your perspective with others at your table and hear theirs
  3. Discuss similarities and differences in perspectives

## Next Steps

# Individual Board Perspective & Input

1. Establishment of a Community Sector Governors' Resource Group
  - Review this session's material with your entire board
  - Determine if any board member want to participate on the new resource group
  - Submit names to LHIN Office
2. Preparation for G2G session #2 – March 2012
  - Add item to board agenda for discussion
    - Suggestions for helping transition clients from hospital to home
    - Suggestions for helping clients avoid unnecessary visits to ER
    - Document board's suggestions
    - Submit to LHIN Office
3. Preparation for G2G session #3 – May
  - Add item to board agenda for discussion
    - What programs do we have &/or are aware of that should be adopted across the MH LHIN
    - Document board's suggestions
    - Submit to LHIN Office

**Thank You!**