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HEALTH PROFESSIONAL ADVISORY COMMITTEE IHSP REFRESH DISCUSSION NOTES – APRIL 20 2009

IMPROVING ACCESS, QUALITY AND SUSTAINABILITY OF THE HEALTH SYSTEM

1. What actions could be taken to improve emergency room waiting times? (in the hospital or community)
   - appropriateness of admissions
   - easier admissions to hospital beds
   - lower length of time for measure
   - appropriate liaison in ER e.g. Quick Response Team
   - board in ER to indicate bed availability, lab/DI wait times, etc. identification for every patient; and what services they are waiting for

2. How will the results be measured?
   - patient satisfaction
   - provider satisfaction
   - percentage of patients for appropriate reasons
   - data on TeleHealth and percentage use by ER
   - use of Nurse Practitioner in ER → data from other LHINs

   ***Consider Nurse Practitioner in MH LHIN

3. What innovative integration opportunities could be implemented to improve access to care, quality of care, and safe care? (in the hospital or community)
   - TeleHealth integration
   - access to hospital records across MH LHIN
   - inter-LHIN integration of hospital records
   - Nurse Practitioner rapid response team → also NPs in a group of Nursing Homes

4. What opportunities could be implemented to integrate “back office” functions to make the health care system more efficient? (for example, purchasing services)
   - wait standardized systems e.g. IS, purchasing
   - payroll
   - HR functions

ENHANCING SENIORS' HEALTH, WELLNESS AND QUALITY OF LIFE

Current State:
- family burnout and inadequate caregiver support
- high turnover rate of PSWs. Is regulation necessary?
- gap in geriatric mental health; need increase community services and supports

1. From your perspective, are there innovative programs or services the LHIN could implement to support seniors to live at home?

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

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- computerized screening mechanism from PC to identify **who** the high need patients are and **why** they fall into that category; do criteria currently exist, or do they need to be developed?

2. How will the results be measured?
   - admission rates to new home (look at assessment tool used by CCAC for admissions to measure accuracy of admissions
   - client satisfaction
   - ER admission rates
   - review current ER data on admissions (reasons)
   - availability of funding for families/caregivers/patients
   - respite care funds

3. What integration opportunities could be implemented to improve access to care for seniors (for example, palliative care, respite care, geriatric care)?
   - palliative care
   - better communication with CCAC; a 'master contact list'
   - look at streamlining CCAC assessment tool
   - streamlining respite care admissions
   - assessment done electronically (by computer)
   - one-stop shop for seniors to access services specific to care in own home

INTEGRATING MENTAL HEALTH AND ADDICTIONS SERVICES

Current State:
- ER most common visits: suicide, alcohol addiction adolescent depression
- fewer resources across continuum of care for paediatric and adolescent patients compared to adults.
- generational differences with regards to access preferences

1. From your perspective, what services or supports would help minimize and/or reduce the early return visits to ER for patients who recently visited the emergency room?
   - linkage and follow-up process from ER
   - more active monitoring of addictions (as opposed to current voluntary basis) to reach more severe patients that may not self report; active follow-up (phone calls/check ups, system navigation, etc.); critical time period of increased vulnerability for addiction patients after leaving hospital.
   - re-establish mechanism to coordinate co-morbid patients (used to be FPs)
   - more support structures for families, including for patients in the home (but consent issues exist)
   - assisting clients to get to programs (transportation)
   - as all 3 MH LHIN hospitals (CVH, HHS, and THC) have schedule 1 facilities in the ER, all mental health and addictions patients can report to the ER

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To be determined:

- patterns of repeat ER visits
  → crisis-based? cyclical disorder? family issues? compliance with medication?

2. How will the results be measured?
   - number of self- vs. police/emergency admissions
   - rate of recidivism; number of patients who relapse
   - number of linkages made; rate of increase

3. What integration opportunities could be implemented to improve access to mental health and addiction services across our LHIN?
   - co-location (could be virtual) vs. local programs
   - tele-psychiatry, websites, blogs (privacy may not be as much of an issue for younger patients)
   - copying successful in-hospital treatments in community sector
   - transparency and communication of follow-ups etc. when patients are discharged from ER
   - transition are important, especially during critical periods so steps should be minimized
   - transfer of information needs to be easy and secure, e.g. encryption key that client controls

PREVENTION AND MANAGEMENT OF CHRONIC CONDITIONS

1. What services and/or supports are needed to help people with diabetes to manage their condition?
2. How will the results be measured?
3. What integration opportunities could be implemented to improve access to diabetes care and chronic kidney disease care across our LHIN?
   - Diabetes and Chronic Kidney Disease are common co-morbid diseases
   - family doctors need to refer to managed programs