

Progress Report on Current IHSP: 2007 - 2010

What have we accomplished? Where are we now?

Draft

Context

- IHSP from 2007 – 2010 outlined five integration priorities and many deliverables for each
- Many things have changed within the political, economic and legislative landscape since the first IHSP was written
- Deliverables, outcomes and current status will be outlined

Changing Landscape for the MH LHIN

The MH LHIN operates in a changing environment. Below are a number of factors that have directly or indirectly impacted the implementation of the 2007- 2010 Integrated Health Service Plan:

- MOHLTC targeted funding initiatives
 - Wait Times Strategy
 - Aging at Home
 - E-Health
- Community and Provider Readiness
- MOHLTC 2020 Strategic Plan
- Increased fiscal and budgetary accountabilities
- Urgent Priorities
- Utilization of services

Strategic Local Integration Priorities: 2007 - 2010

Improving Health System Performance

Local Solutions for Provincial Priorities:

- Alternate Level of Care
- Surgical Throughput
- Critical Care Capacity
- Wait Times
- Long-Term Care Placement Time
- Quality of Care – Patient Perception
- Readmissions for Acute Myocardial Infarction

Preventing & Managing Long-lasting (Chronic) Conditions

Integrating Mental Health & Addictions Services



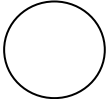
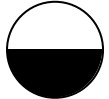

Strengthening Primary Health Care

Enhancing Seniors Health, Wellness & Quality of Life

Enabling Strategies:

- Information and Technology Solutions
- Human Health Resources Planning
- Promotion and Prevention
- Education and Knowledge Sharing
- Transportation
- Easy Movement Through the System

Legend for Status of completion for IHSP initiatives

| Status | Description |
|---|----------------------------|
|  | Planned/To be implemented |
|  | Underway/Being implemented |
|  | In place/Completed |

Strategic Integration Priority: Improving Health System Performance

Deliverables / Action Plans in the IHSP:

- 1) Strengthen coordination and integration across providers to improve client/patient access and movement across the continuum
- 2) Develop innovative local solutions to provincial priorities in partnership with providers across the LHIN

Local Integration Priority

Improving Health System Performance

Deliverable 1: Strengthen coordination and integration across providers to improve client/patient access and movement across the continuum

Activities and Current Status

Regional Clinical Services

- Vascular Program
- Neurosurgery Program
- Thoracic Cancer Surgery
- Chronic Kidney Disease
- Regional Peritoneal Dialysis Program
- Regional Specialized Geriatric Services

Flow of Patient Services Across the Continuum

- ASSIST model
- FLO collaborative
- Access to Palliative Care in the appropriate setting
- Palliative Care Education, Physician consult time
- CCC & Rehab Admission and Discharge criteria

Local Integration Priority

Improving Health System Performance

Deliverable 1: Strengthen coordination and integration across providers to improve client/patient access and movement across the continuum

Activities and Current Status

Regional Shared Services

- Hospital Benchmarking Study

Infrastructure Renewal and Development

- Trillium Health Centre's Mississauga site, phase II redevelopment plans, including 135 additional acute care beds, 2 new cardiac catheterization suites, 1 new cardiac OR, expanded Diagnostic Imaging, fracture clinic and emergency areas. The West Toronto Site plans including relocation of their Outpatient Oncology Program and renovations to Urgent Care are under construction.
- Credit Valley Hospital, the phase II redevelopment is underway. It will add 70 more beds (20 acute oncology, 10 complex care, 29 rehabilitation, 4 obstetrical and 7 Paediatric beds) and several major areas of the Hospital including Obstetrics.
- The new Halton Healthcare Services hospital which was approved for construction in 2010/11, now deferred for one year by Infrastructure Ontario

Local Integration Priority

Improving Health System Performance

Deliverable 1: Strengthen coordination and integration across providers to improve client/patient access and movement across the continuum

Activities and Current Status

Community Shared Services

- Shared IM/IT Director
- ◐ Community Sector Purchasing/Shared Services West
- ◐ Accreditation process across CSS agencies

Regional Infection Control

- Implement Best practices

Managing information flow across the system

- ◐ Linking LTC homes, community support agencies and MH&A services through a secure provincial email system

Integration Idea Form and Submission Process

- Health System Integration Proposal form completed and in use

Local Integration Priority

Improving Health System Performance

Deliverable 2: In partnership with Providers across the LHIN develop innovative local solutions to provincial priorities

Activities and Current Status

Appropriate Level of Care – [MH LHIN ALC Steering Committee](#)

1) Appropriateness

- Post Acute Services Framework *see next slide
- MEDworx Utilization Tool
- RAI Tool
- ALC profile

2) Long Term Care

- RESTORE
- LTCH Hard to Place
- LTCH placement process
- Development of Special Care Units
- NP outreach (6 NPs for 27 homes)
- Psycho geriatric outreach
- Specialized ABI outreach

3) Supports for Daily Living

- Regional Service Delivery Model
- RAI Adoption/Common assessment/intake
- Performance Indicators

4) Transitional Care / Capacity

- Hospital Transition Beds: 20 beds as of Aug 08
- Hospital Transition Beds: 25 beds as of Apr 08
- Dorothy Ley Hospice – alternating beds b/w ALC and palliative patients

5) Seniors Friendly Hospital Initiative

- SPICCESS (Screening Tool)
- Seniors Friendly Hospital Business Plan

Local Integration Priority

Improving Health System Performance

Deliverable 2: In partnership with Providers across the LHIN develop innovative local solutions to provincial priorities

Activities and Current Status

Appropriate Level of Care

- Adult Day Programs – Frail Seniors (incl congregate dining)
- ABI

CCAC ED and Service Enhancements

- Stay at Home
- Wait at Home
- Geriatric CM Navigator

Local Integration Priority

Improving Health System Performance

Deliverable 2: In partnership with Providers across the LHIN develop innovative local solutions to provincial priorities

Activities and Current Status

Surgical Throughput - Acute Care Integration – MH LHIN Acute Care Steering Committee

Key program areas identified for immediate consideration for LHIN-wide integrated programs include:

- Vascular Surgery/ EVAR – lead Trillium Health Centre
- Thoracic Surgery/Thoracic Oncology Surgery – lead Credit Valley Hospital
- Chronic Kidney Disease – lead Halton Healthcare Services
- Neurosciences – lead Trillium Health Centre

Critical Care Capacity – MH LHIN Critical Care Committee

- Critical Care Response teams introduced in all hospitals
- Critical Care Information System (CCIS) implemented in all hospitals

Local Integration Priority

Improving Health System Performance

Deliverable 2: In partnership with Providers across the LHIN develop innovative local solutions to provincial priorities

Activities and Current Status

Wait Times – MH LHIN Wait Times Committee (see next slide for progress)

- Orthopedic Hip and Knee Protocol developed and implemented across the MH LHIN
- Meet provincial targets in all areas
- ◐ Developed and monitoring regional wait time accountabilities
- ◐ Hospital Pay for Results Strategies
- DI: shared scheduling / common intake

Long-Term Care Placement Time – MH LHIN LTC Administrators Group

- ◐ Placement time being monitored through ALC work

Quality of Care

- ◐ Established LHIN lead Quality Council
- ◐ Regional Infection Control Network - provided one-time funding of \$350,000 for implementation of a regional solution

Readmissions for Acute Myocardial Infarction - MH LHIN Cardiovascular Steering Committee

Mississauga Halton LHIN Wait Time Trend Analysis - Feb 09 Data

| Service | ...90% Completed Within... | | | | | % completed within target | | | Trend Analysis | | | | | |
|---------------------|----------------------------|---------------|-----------------------|----------|-----------|---|--------------------------------------|---------------------------------------|-----------------------------------|----------|--------------------------|----------|----------------------|----------|
| | Baseline | Previous Year | Last Reporting Period | Current | LHIN Rank | Priority Level 4 (PL4) access target (days) | % completed within PL4 access target | % completed within each access target | Current vs. Last Reporting Period | | Current vs Previous Year | | Current vs. Baseline | |
| | (Aug/ Sept05) | (Feb 08) | (Jan 09) | (Feb 09) | | | | | Net change | % change | Net change | % change | Net change | % change |
| General surgery | 90 | | 100 | 127 | 10 | 182 | 98% | 90% | 27 | 27.0 | | | 37 | 41.1 |
| Cancer surgery | 78 | 64 | 59 | 52 | 7 | 84 | 96% | 76% | -7 | -11.9 | -12 | -18.8 | -26 | -33.3 |
| Angiography | 63 | 10 | 17 | 14 | 1 | - | - | - | -3 | -17.1 | 4 | 45.4 | -49 | -77.7 |
| Angioplasty | 21 | 11 | 10 | 14 | 8 | - | - | - | 3 | 31.7 | 3 | 26.9 | -7 | -34.8 |
| Bypass surgery | 30 | 28 | 36 | 30 | 3 | 182 | 100% | NA | -6 | -16.7 | 2 | 8.7 | 0 | 1.0 |
| Ophthalmic surgery | 92 | | 83 | 83 | 3 | 84 - 182 | 97% | 91% | 0 | 0.0 | | | -9 | -9.8 |
| Cataract surgery | 216 | 93 | 83 | 82 | 3 | 182 | 97% | 92% | -1 | -1.2 | -11 | -11.8 | -134 | -62.0 |
| Other ophthalmic | 145 | | 86 | 152 | 11 | 84 - 182 | 93% | 80% | 66 | 76.7 | | | 7 | 4.8 |
| Orthopaedic surgery | 165 | | 166 | 156 | 7 | 182 | 93% | 84% | -10 | -6.0 | | | -9 | -5.5 |
| Hip replacement | 246 | 142 | 158 | 152 | 9 | 182 | 93% | 86% | -6 | -3.8 | 10 | 7.0 | -94 | -38.2 |
| Knee replacement | 435 | 218 | 215 | 211 | 10 | 182 | 85% | 75% | -4 | -1.9 | -7 | -3.2 | -224 | -51.5 |
| Other orthopaedic | 142 | | 139 | 145 | 6 | 182 | 94% | 86% | 6 | 4.3 | | | 3 | 2.1 |
| MRI | 97 | 103 | 102 | 98 | 8 | 28 | 28% | 22% | -4 | -3.9 | -5 | -4.9 | 1 | 1.0 |
| CT | 58 | 32 | 45 | 36 | 11 | 28 | 86% | 78% | -9 | -20.0 | 4 | 12.5 | -22 | -37.9 |

Baseline Wait Times for General Surgery, Ophthalmic and Other Ophthalmic Surgery, Orthopaedic and other Orthopaedic surgery are based on April 2008 data

LEGEND

significant decrease

no significant difference

significant increase

NOTE: significant change is defined as +/- 10%; must be > +/-3 days

Strategic Integration Priority: Strengthening Primary Health Care

Deliverables / Action Plans in the IHSP:

- 1) Strengthen inter-disciplinary practice across providers by improving communication and linkages among physicians and primary health service providers and partners
- 2) Improve and strengthen support programs available for expectant mothers, new mothers and newborns
- 3) Enhance inter-disciplinary service delivery and service availability to children and youth to better meet the needs of this population throughout the LHIN

Local Integration Priority

Strengthening Primary Health Care

Primary health care is a cornerstone of an efficient and robust health care system. As an initial entry point to the health system for patients and families, an integrated and comprehensive primary health care system also acts to ensure continuity of care.

Deliverable 1: Strengthen interdisciplinary practice across providers by improving communication and linkages among physicians and primary health service providers and partners.

Activities and Current Status

- Implemented Detailed Planning and Action Team
- CCAC Case Manager / Family Health Team expansion completed
- ◐ Regional Credentialing being implemented across all 3 hospitals
- ◐ DPA Team received \$200,000 in funding to develop increased electronic access for physicians and to develop PHC Emergency Room avoidance strategies → work plan and alignment with physician eHealth strategy in progress
- Gaps in Primary Health Care report completed, focusing on the need for integrated services and Emergency Room avoidance
- Shared Care model and process examined and next steps recommended

Local Integration Priority

Strengthening Primary Health Care: Maternal & Newborn/Child & Youth

Deliverable 2: Improve and strengthen support programs available for expectant mother, new mothers and newborns.

Activities and Current Status

- Implemented Detailed Planning and Action team
- Conducted MH LHIN wide New Mothers survey. Received over 500 responses from providers and new mothers.
- ◐ Evolved to become an advisory group as this work is also being done within other ministries.

Deliverable 3: Enhance inter-disciplinary service delivery and service availability to children and youth to better meet the needs of this population.

Activities and Current Status

- Implemented cross-ministerial Detailed Planning and Action team which focused on:
 - ✓ Availability of services; Accessing services
 - ✓ Child and Youth Mental Health Services
 - ✓ Service and program gaps for children and youth transitioning into to Adult service
- ◐ Evolved to become an advisory group as this work is not in our span of control AND Child Health Network has lead.

Strategic Integration Priority: Enhancing Seniors' Health, Wellness and Quality of Life

Deliverables / Action Plans in the IHSP:

- 1) Execute the detailed planning and implementation of the integrated service delivery model for seniors
- 2) Enhancing the role of long-term care homes
- 3) Building on the End-of-Life Strategy to develop a comprehensive approach for Palliative Care

Local Integration Priority

Enhancing Seniors' Health, Wellness and Quality of Life

As our population ages, the ability of seniors to continue living healthy and active lives in the comfort and security of their own homes continues to be a priority focus, committed to creating an accessible, comprehensive and coordinated continuum of care for seniors.

Deliverable 1: Implement the integrated service delivery model for seniors

Activities and Current Status

- Implemented Detailed Planning and Action team
- Developed a Framework and Resource Guide for Falls Prevention in Mississauga Halton; developed clinical algorithms to prevent and manage falls
- Designed the intake, information and referral and navigation processes for the ASSIST model using the lean methodology for quality improvement
- Created detailed implementation plan to improve the ability of seniors and their caregivers to access and navigate the health system in a timely and efficient way
- Developed a profile of seniors and a summary of current supply and utilization of services
- Engaged with 1000+ seniors and caregivers (2 public forums; 31 focus groups; online survey; and telephone poll)
- Expansion of geriatric mental health outreach (serving the community and LTCH)
- ◐ Beginning to implement the All-inclusive, Seamless Services for Independence of Seniors for Today and Tomorrow (ASSIST Model)
- ◐ Implementing programs to reduce / prevent falls in seniors – expansion of falls clinic, Home Support Exercise Programs for homebound seniors, and program for community-dwelling seniors
- ◐ Developing a LHIN-wide specialized geriatric strategy and expanding services
- ◐ Expanding access to Respite Care
- ◐ Expanding access to Transportation Services

Changing Landscape – Seniors Health and Wellness DPA Team and Aging at Home

- The 3-year, Aging at Home Strategy is a significant commitment of resources and provided a major opportunity to enhance the seniors' health, wellness and quality of life in the Mississauga Halton LHIN. In addition to strengthening existing services, it provided a rare opportunity to bring forward new ideas, engage diverse and often marginalized groups, and build a system that taps in to the capacity of communities to respond in innovative ways to support aging at home. The MH LHIN has embraced this initiative and considers “Aging at Home” one of its top priorities for the next three years.
- In an effort to streamline and consolidate the work under the Aging at Home Strategy and Enhancing Seniors' Health, Wellness and Quality of Life, the MH LHIN merged the Seniors Health and Wellness DPA Team and Aging at Home.
- The Seniors Health and Wellness DPA Team evolved into Seniors Health and Wellness Advisory Group. The Group will bring a system perspective and will provide advice to the LHIN on strategies and initiatives aimed at improving the continuum of care for seniors.
- In addition, a Core Team comprised of internal LHIN staff and external experts has been formed to oversee the implementation of the Aging at Home Strategy. Additional internal and external resources would be brought in to lead or assist in specific initiatives.

Local Integration Priority

Enhancing Seniors' Health, Wellness and Quality of Life

Deliverable 2: Enhance the role of long term care homes

Activities and Current Status

- Developed and implemented Nurse Practitioner program for Long Term Care Homes (currently have 3.0 NP FTE's; 3 additional NP FTE's to be hired 09/10)
- Implemented Emergency Room Screening for Frail Seniors

Local Integration Priority

Enhancing Seniors' Health, Wellness and Quality of Life

While end of life care is a provincial priority, there is recognition locally of the importance of providing individuals with choice and dignity not only at this time in your lives but also as you possibly face a life threatening illness. Our goal is to relieve suffering and improve the quality of living and dying.

Deliverable 3: Build on the End of Life Strategy to develop a comprehensive approach for Palliative Care

Activities and Current Status

- Implemented a Detailed Planning and Action team (Mississauga Halton Palliative Care Network took on role of DPA Team).
- Received Aging@Home funding (\$250,000) to fund a medical director, improved Pain and Symptom management resources, conduct Advanced Care Planning Sessions.
- Completed the governance transfer from prior Halton-Peel Network to MH LHIN Palliative Care Network
- Updated MHPCN Strategic Plan for 2009-2012
- Palliative Care Situation Analysis completed for the MH LHIN
- Developed and currently implementing a common referral form and MH LHIN wide pain and symptom management kit and guidelines
- Completing a Framework with key providers looking at the Continuum of Care for Palliative – appropriate level of care (ensuring that palliative patients are receiving care at the right place at the right time)

Strategic Integration Priority: Preventing and Managing Long-Lasting (Chronic) Conditions

Deliverables / Action Plans in the IHSP:

- 1) Development of a comprehensive chronic disease prevention and management approach to service delivery across the continuum of care
- 2) Development and dissemination of integrated, comprehensive care pathways for specific chronic disease issues

Local Integration Priority

Preventing and Managing Long-Lasting (Chronic) Conditions

Research has shown that chronic disease management uses multiple strategies and intervention and therefore CDPM must involve the full continuum of care

Deliverable 1: Development of a comprehensive chronic disease prevention and management approach to service delivery across the continuum of care

Activities and Current Status

- Implemented Detailed Planning and Action team
- ✓ Identified the Ontario Chronic Disease Prevention and Management (CDPM) Framework to guide the team's work
- ✓ Focused on diabetes because of increasing incidence and prevalence in LHIN, co-morbidities with other chronic conditions, provincial priority
- ✓ Initial work focused on increasing understanding of the Ontario CDPM, gathering quantitative and qualitative information, understanding the role of diabetes education centres and examining best practices in other jurisdictions in Canada and Ontario
- Established two (2) key priority areas and Task Groups: i) **Access to diabetes education, ii) Self-Management**

Local Integration Priority

Preventing and Managing Long-Lasting (Chronic) Conditions

Deliverable: Development of a comprehensive chronic disease prevention and management approach to service delivery across the continuum of care.

Activities and Current Status

Diabetes Education Task Group

- Implemented two surveys (physician and client) to identify ways to improve access to diabetes education in the MH LHIN; 10% response rate for physicians (150); 227 client surveys completed
- Conducted an inventory of the diabetes education centres in the MH LHIN
- Conducted a retrospective chart audit of 271 individuals with hypoglycemia at the three hospital emergency rooms
- Developed and implementing a standardized, integrated education program for health service providers in LTC Homes

Self-Management Task

- Implementing 12 CDPM self-management programs in partnership with Saint Elizabeth Health Care across the MH LHIN.
- Developed and implementing a Self-Management Strategy to increase awareness and application of the principles of Self-Management for Health Care Professionals and individuals with chronic conditions in the MH LHIN

Strategic Integration Priority: Integrating Mental Health and Addictions Services

Deliverables / Action Plans in the IHSP:

- 1) Develop an integrated approach to service delivery across the continuum and life cycle which builds on current initiatives and previous studies
- 2) Focus on an early win approach which leverages current partnerships and concentrates on the development of new ones to enhance coordination

Local Integration Priority

Integrating Mental Health and Addictions Services

This priority addresses the challenges facing people mental illness and/or addictions and their families. The model is driven by placing individuals and their families at the centre and streamlining access and availability (no wrong door approach).

Deliverable 1: Develop an integrated approach to service delivery across the continuum and life cycle. Focus on an early win approach leveraging on partnerships to enhance coordination.

Activities and Current Status

- Released the Mental Health and Addiction Report recommending an integrated service delivery model and the establishment of the SIGHMA project
- Designed Co-Location initiative, involving 7 mental health and addiction services, to be situated in Oakville
- With a focus on improving quality of MIS data, collaborated with MOHLTC MIS team – 3 sections reviewed and clarified
- Completed a framework for training and education within LHIN 6, including principles
- Organized 3 workshops to promote the integration agenda: attended by service providers, clients and family members
- Assessed current partnerships to determine what factors contribute to the success of the partnership and opportunities to strengthen integration
- Tri-hospital protocol signed to increase access to Child and Adolescent Mental Health beds
- Creating information brochure for primary care

Enabling Strategies cut across all of our priorities

Improving Health System Performance

**Strengthening
Primary Health
Care**

**Enhancing
Seniors Health,
Wellness and
Quality of Life**

**Preventing
and Managing
Long-Lasting
(Chronic)
Conditions**

**Integrating
Mental Health &
Addictions
Services**

Information & Technology Solutions

Health Human Resources Planning

Health Promotion and Disease Prevention

Education & Knowledge Sharing

Transportation

Easy Movement Through the System

Draft

Enabling Strategies

The enabling strategies are fundamental to achieving success across all the priorities.



Information & Technology Solutions

Principles:

- ✓ ***Build Provincially, Align Locally***
 - ✓ ***All sectors, including Public Health, Primary Care and Long Term Care, need to be included and connected***
 - ✓ ***Leverage or re-use IM/IT assets before purchasing***
-
- IM/IT CCAC Integration with a hospital has been initiated
 - MH LHIN Chief Information Officer hired: Andrew Hussain
 - MH LHIN Project Management Office established: Henry Van Boxtel
 - MH LHIN eHealth Program established: Karen McClure

Enabling Strategies

The enabling strategies are fundamental to achieving success across all the priorities.



Information & Technology Solutions

Major Deliverables 2007 - 2009:

- Expanded high speed internet access, connectivity and secure email
- Conducted Community Services Infrastructure Assessment
- Deployed clinical viewers
- ◐ Supporting key provincial initiatives (eg. eMPI, OLIS, EDRS, WTIS, SETP, CCIS, etc.)
- Established MH LHIN Privacy Committee
- ◐ MH LHIN eHealth Strategy Refresh in progress
- FHTs implemented EMRs + 1 integrated for access to hospital information
- ◐ Developing Community Support Services Portal

Enabling Strategies

The enabling strategies are fundamental to achieving success across all the priorities.



Health Human Resources Planning

- Health Professional Advisory Committee established and active
- Health Force Ontario MH LHIN position developed and currently recruiting



Health Promotion and Disease Prevention

- Self Management Task Group for CDPM
- Implementing setting-appropriate, individually tailored, progressive activities evidenced to improve balance and strength, which are important to preventing falls



Education and Knowledge Sharing

- Board/Staff education sessions ongoing
- Best practice sharing through Quality Council, ALC Committees and Best Practices review

Enabling Strategies

The enabling strategies are fundamental to achieving success across all the priorities.



Transportation

- Established a MH LHIN Transportation Strategy Planning Group
- Developed a centralized MH LHIN-wide transportation scheduling, resource management, backroom operations, reporting and standardized policies and procedures and implementation underway
- Funded capacity increase of 7 vans to support the initiative.



Easy Movement through the System



Draft

Summary

- A lot of good work has been done and is currently underway, along with significant investments
- 5 current strategic integration priorities will guide the work and execution in the second IHSP 2010/11 - 2012/13; HOWEVER, the IHSP2 will also align with the Provincial strategic plan and specifically opportunities to:
 - ✓ Improve access to emergency department care by reducing the amount of time that patients spend in the emergency department waiting
 - ✓ Improve access to hospital care by reducing the amount of time that patients spend in alternate level of care beds
 - ✓ Improve access to integrated diabetes care by supporting the roll-out of the current diabetes strategy

Opportunities and Next IHSP: 2010/11 – 2012/13

- **Greater focus will be on defining and executing the integration priorities** – we will build on planning and consultation work already done in the first IHSP
- **The IHSP sets out the local vision, key priorities and strategic direction for our LHIN for the next 3 years aligning with the provincial plan**
- **IHSP2 will not include operational plans – the Annual Service Plan (ASP) will articulate how our LHIN plans to operationalize our IHSP each year**