

Connecting for Care

January 2011 Edition

Welcome to the **Connecting for Care** newsletter - the informative link for all that's happening within the **Care Connections - Partnering for Healthy Communities** project.

If you would like to receive **Connecting for Care** automatically, please click on '**Subscribe for Updates**' and follow the steps that prompt you through the subscription process. You will receive email notification when new content is added to the North Simcoe Muskoka LHIN website or a new **Connecting for Care** newsletter is published. Information collected through this process is not used for any other purpose. Subscriptions can also be updated or cancelled at any time.

We would appreciate hearing from you as to the design of the improved newsletter. Please send us your comments using the '**Feedback Feature**' on the newsletter or by emailing northsimcoemuskoka@lhins.on.ca.

Thanks so much.

Susan French, Communications Coordinator
NSM LHIN

Care Connections - Partnering for Healthy Communities

North Simcoe Muskoka
Care Connections

Tell Us What You Think!

North Simcoe Muskoka
Care Connections
Partnering for Healthy Communities

As part of our community engagement associated with the **Care Connections - Partnering for Healthy Communities** project, during the month of February a series of consultative sessions have been planned throughout the LHIN. All sessions will follow the same format, providing the same information and materials. We are encouraging everyone to join us and we will take you through the recommendations made by health care delivery experts for a more responsive health system for North Simcoe Muskoka.

Public Sessions - 6-8 pm

Tuesday, February 15, 2011 - Midland

Midland Alliance Church – enter through back door labeled “Office” - 829 Yonge Street

Thursday, February 17, 2011 - Barrie

East Bayfield Recreation Centre, 80 Livingstone Street East

Tuesday, February 22, 2011 – Bracebridge

Turner Centre, 120 Taylor Road

Wednesday, February 23, 2011 – Orillia

Lakehead University, Room 2015, 500 University Avenue

Thursday, February 24, 2011 – Collingwood

Leisure Time Club, 100 Minnesota Street

Physician Sessions

February 15th – Barrie

February 16th – Collingwood

February 17th – Muskoka

February 22nd – Midland

February 24th – Orillia

Governance Sessions (by invitation only)

February 10th – Midland

February 16th – Collingwood

February 17th – Barrie

February 22nd – Muskoka

February 23rd – Orillia



A Year in Review

Below are just some of the exciting initiatives and accomplishments that occurred between January and December, 2010.

January

- LHIN Leadership Council supports the:
 1. Ongoing development of a regional critical care plan, proposed implementation timetable and evaluation criteria for an integrated regional critical care system.
 2. Reciprocal Inter-Facility Patient Flow Agreement, recommended by the Chief Nursing Executive, which would see patients needing services at one hospital, returned to the hospital they were sent from when services were completed.
- Behavioural Support Systems project launches, a partnership comprised of the NSM LHIN, Alzheimers Knowledge Exchange and Ontario Health Quality Council. The project assists Ontarians with behaviours associated with complex and challenging mental health, dementia or other neurological conditions living in long-term-care homes or in independent living settings.
- Health System Design and Information and Communications Technology Strategy projects get rolling.

February

- LHIN Leadership Council supports the:
 1. Ongoing development of the complex continuing care program as well as development of a work plan for implementation of the recommendations proposed by the NSM LHIN Complex Continuing Care Steering Committee.
 2. Development, implementation and monitoring of standardized wound care protocols based on research and best practice across North Simcoe Muskoka LHIN.
- Launch of four of the five geographic Local Leadership Councils:
 - Barrie and Area
 - Midland / Penetanguishene and Area
 - Muskoka
 - Orillia and Area

The Councils will be the 'local' champions in moving forward the three strategic priorities identified in the LHIN's Integrated Health Service Plan.

- The NSM LHIN completes a document outlining a three year strategy to improve ED wait times and reduce ALC length of stay to improve patient flow.

March

- Official launch of the re-branded health system design project as **Care Connections – Partnering for Healthy Communities**.
- Launch of the Collingwood and Area Local Leadership Council.
- The NSM Integrated Regional Falls Program launches LHIN-wide and begins accepting patients.

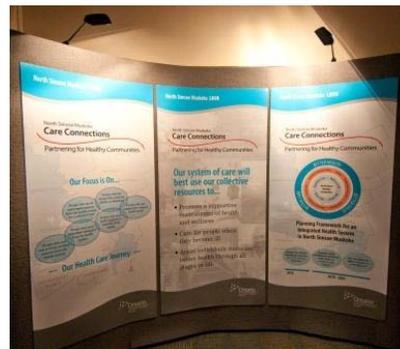


April

- LHIN Leadership Council supports the implementation of the nine recommendations outlined in the final 'Proposal for a Sustainable, Coordinated LHIN-Wide Hip and Femur Fracture Service' report.
- Richard (Rick) Antaya, Severn Bridge, is appointed to the NSM LHIN Board of Directors.

May

- Over 300 health service providers participate in the very successful two-day **Care Connections – Partnering for Healthy Communities** symposium.
- Orillia Soldiers' Memorial Hospital is recognized as one of the seven best performing hospitals in the province with one-time funding in the amount of \$495,900. The funding targeted 2009/10 Pay for Results hospitals who saw the most improved performance in ER wait times.
- **LHINfo Minute** initiative is launched – bi-weekly one-page updates that highlight patient or health service provider success stories throughout the LHIN.
- Royal Victoria Hospital, Barrie and Community Family Health Team and others begin implementation of the new electronic Hospital Report Manager, a computer application that has enabled physicians using an Electronic Medical Record to electronically receive reports in 30 minutes – a process that used to take up to 12 days.
- The NSM LHIN begins its Home First journey. Home First is a philosophy of care which is supported by increased home supports for patients and their caregivers. This philosophy supports patients to remain at home for as long as possible and reduces the demand for LTC.



June

- LHIN Leadership Council supports the Principles of the Children's Complex Care Navigation care model in North Simcoe Muskoka, along with efforts to secure ongoing funding.
- Midland pulls together as a community when faced with the aftermath of a tornado.



- G8 Summit takes place in Huntsville.



July

- Northern Ontario School of Medicine and NSM LHIN sign collaborative partnership agreement.
 - Stronger post-secondary education, greater access to medical services at the

Muskoka Algonquin Healthcare receives additional funding to address an identified structural deficit.

- Georgian Bay General Hospital completes their participation in the provincial "Emergency Department Performance Improvement Program" (ED PIP). ED PIP helps support organizations in implementing strategies to reduce ER wait times.
- Additional funding is provided to the NSM Palliative Care Network to expand existing resources to create a LHIN-wide Palliative Care Resource Team. This team will support health care providers as well as patients and their caregivers across all NSM regions.
- Hospice Simcoe opens an additional 3 beds to bring the total operating beds to 10.
- The final of four planned fall 2010 Clinical Decision Units opens in the OSMH ER. These units, now located in OSMH, RVH and at both sites of MAHC, are designed to improve the quality of care provided to targeted ER patient populations.
- MAHC opens a Physician-Assistant Led Fast track area in the ER at the Huntsville site to improve wait times for low acuity patients.
- **Whitney Gowanlock, RN**, Orillia, is named 2010 Diabetes Educator of the Year at the Canadian Diabetes Association's annual conference in Edmonton, AB.
- **Dr. Anne DuVall**, Barrie, is named the 55th President of the Ontario College of Family Physicians.
- **Dr. Rick Irvine**, Barrie, is named the 2010 Family Physician of the Year, Region 6 (North Simcoe Muskoka and Central East LHINs).
- **Dr. Andrea Moser**, Huntsville; **Dr. Stuart Murdoch**, Barrie; and **Dr. Mohammad Gandhi**, Stayner are recognized for their hard work and dedication with Ontario College of Family Physicians Awards of Excellence.
- **Dr. Deb Harrold**, Huntsville, is named 2010 recipient of the Muskoka YWCA "Women of Distinction" **Health, Sports and Wellness Award**.



December

- 'Doorways' portal pilot project goes live. The portal establishes a secure, single point of entry for providers to electronically access a range of clinical and assessment information from any location. 'Doorways' provides strengthened connections between providers and patients and is currently being piloted for mental health and addiction patients.
- French Language Health Planning entity, Centre Sud-Ouest, is announced for the North Simcoe Muskoka, Central and Central East LHINs.
- Additional Aging at Home funding is flowed to the NSM CCAC to help provide services for clients identified for the 'Home First' program. Home First enables the CCAC to look after people in their homes and if admitted to hospital, to help them return home as quickly as possible as the first and primary action.
- The Senior Friendly Hospital Strategy launches in NSM. This strategy is designed to support area hospitals in improving the hospital environment to better meet the needs of seniors.

Technology makes the world smaller -- with treatment information a few keystrokes away

We have heard it said that we are a more global community with continents mere hours apart by travel and seconds through the technology that can link us anywhere. This proved to be a blessing for physicians and staff treating a patient that had overdosed on medication.



It is the fear of every parent of a child struggling with mental health issues -- the child may seek a permanent solution to a temporary problem through suicide. Thanks to the technology of '**Ufirst**' the treating psychiatrist was reached and able to provide background and reaction details to the treating physician in Canada even though the psychiatrist was attending a personal family crisis in India. Having access through technology helped provide quality informed care for a patient in crisis.

The '**Ufirst**' project extends child and adolescent outpatient psychiatry referral services to over 100 Family Physicians in the NSM LHIN. Using an existing system with added features, this tool is intended to

provide an electronic means for family physicians to easily refer adolescents for psychiatrist follow-up. As a client joins the service he or she can privately contact the psychiatrist to talk about updates, focus on crisis management, adjust medications, note side effects or schedule appointment times.

The objective of the program is to enhance access to clients by improving the referral process; reducing patient wait time and improving the clinical collaboration between family practitioners, their patients and patient's family and the specialists involved with their client's care. Physicians and emergency physicians can refer a patient or inquire about an existing patient through online contact with this psychiatrist.

STATISTICS: *Youth are among the highest risk populations for suicide. In Canada, suicide accounts for 24 percent of all deaths among 15-24 year olds and 16 percent among 16-44 year olds. Suicide is the second leading cause of death for Canadians between the ages of 10 and 24. (Statistics from Canadian Mental Health Association of Ontario).*

Conferring with the Doctor – Online



The **'Ufirst'** project extends child and adolescent outpatient psychiatry referral services to over 100 Family Physicians in the NSM LHIN. Using an existing system with added features, this tool is intended to provide an electronic means for family physicians to easily refer adolescents for psychiatrist follow-up as well as offering online collaboration between the psychiatrist and patient or their family.

As a client joins the service he or she can privately contact the psychiatrist to talk about updates, focus on crisis management, adjust medications, note side effects or schedule appointment times.

The objective of the program is to enhance access to clients by improving the referral process; reducing patient wait time and improving the clinical collaboration between family practitioners, their patients and patient's family and the specialists involved with their client's care.

What follows is a real-life example of an electronic consult between parents and psychiatrist.

Parents let the psychiatrist know their child has been the victim of bullying by text messages and on Facebook. Additionally, there has been a recent break-up with the boyfriend that the parents are not fond of. Extreme emotions and medication can be a dangerous cocktail for adolescents struggling with emotional and mental health issues. An attempted suicide results in an ambulance to hospital and three days of hallucinations, with the treating hospital sending the girl to the psychiatric unit.

28 Jul 2010 01:58 pm - Frustrated and upset parents

"I told the ICU doctor take her to another hospital with an adolescent unit. I totally agree she needs help but not on that unit. They told me they would let us take her. How do I get her out of there if the doctor here wants to extend her stay here. We have a meeting with the Social Worker tomorrow at 1 o'clock. I need an appointment from you to see her Friday as her 72 hours should be at 3:30 in the afternoon and she is getting no meds and is in total isolation and she is not going to be better by then. Tell me how to get her out of here. "

28 Jul 2010 04:54 pm - Psychiatrist

You can bring her, with the permission from the Doctor on the ward, to see me on Friday @ 2.30pm or earlier. I will call the hospital to this effect tomorrow. In the mean time we should do something about ensuring no further aggravation of the situation. May be you will have to restrict access to her cell phone or computer etc. let me know what you think.

29 Jul 2010 02:09 pm - Parents

Spoke with the social worker today. Unless our daughter says something to make the doctors doubt her safety she will be out tomorrow afternoon late. If she says something to doubt her safety, social worker states they will try and get her on an adolescent unit in some hospital.

Went over how she talks over the internet to you daily if she wants and sees you personally too. They were very impressed with your service. I am going to need an appointment for her when you can squeeze her in. She is still on no meds. She is scared. She just wants to come home. I'm thinking to take the computer and cell phone away for now. I don't trust her. Pls. advise.

29 Jul 2010 10:48 pm - Psychiatrist

Please tell her that she is very vulnerable at this time and she should not expose herself to any upset even if it means not talking to those who could be supportive to her. This does mean that she should be away from cell phone and phone and internet. She should just focus on things that help her to be to focus on something immediately at hand. Puzzles are very good . . .

I can see her on the 3rd August @ 3.15pm . Please confirm.

01 Aug 2010 11:50 am - Parents

Thank you for replying. Aug. 3 at 3:15 p.m is great. She told us that the doctor would let her go on Tuesday. She has been tearful at times, but very quiet. Encouraging journaling because I think she finds it difficult to talk about her feelings. There has been no communication between psychiatrist or nursing staff with us. Have only spoke with the social worker. She will be attending a youth group hopefully on Thursday and we have an intake appointment on Friday morning for this.

STATISTICS: Youth are among the highest risk populations for suicide. In Canada, suicide accounts for 24 percent of all deaths among 15-24 year olds and 16 percent among 16-44 year olds. Suicide is the second leading cause of death for Canadians between the ages of 10 and 24. (Statistics from Canadian Mental Health Association of Ontario).

NSM LHIN Welcomes Three New Staff!

Ligaya Byrch - Health System Planner, Diabetes Lead and Geographic Lead for Orillia & Area and Muskoka

Ligaya started her career working in the HIV/AIDS field as a Manager, Community-Based Researcher and Consultant with the Ministry-AIDS Bureau's Ontario Organizational Development Programme. While living and working in Simcoe County, Ligaya has filled various roles including the Executive Director of the AIDS Committee of Simcoe County; Health Promoter for the Simcoe Muskoka District Health Unit; Manager of Program Development and Evaluation for the Barrie & Community Family Health Team; Director of Community Health Promotion for the Barrie Community Health Centre and more recently Ligaya was a Professor at Georgian College.



Ligaya has spent the last twelve years combining her academic background in Applied Social Research with community-based organizational needs. She looks forward to bringing her varied and unique experiences in the community health sector to the LHIN.

Welcome Ligaya!

Lewis Hooper, Senior Director (A), Finance and Risk Management

Lewis has over 20 years of health care experience and has worked in an executive position in both large and small hospitals. He has significant consulting experience, primarily in the application and use of information to support strategic planning and funding.

Lewis has served on a number of province wide initiatives including the Health Services Restructuring Commission, the Ontario Third Party Review, and the Central Negotiations Team with MOHLTC. He has had significant involvement with the Ontario Joint Policy and Planning Committee and health care reform in other provinces. Most recently, Lewis served as the Chief Information Officer and eHealth lead for the Central East LHIN.

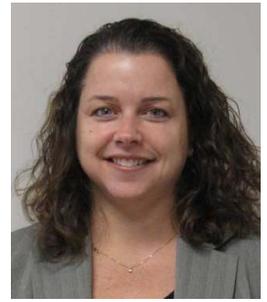


Lewis has a BSC in Pharmacy and a Masters in Health Administration from the University of Toronto. He is a member of the Canadian College of Health Leaders (formerly the Canadian College of Health Service Executives).

Welcome Lewis!

Terri Donovan, Residents First Coordinator

Terri has joined the LHIN, on a one-day a week, three month secondment, as the **Residents First** Coordinator for North Simcoe Muskoka LHIN. **Residents First** is a 5 year long-term care quality improvement initiative funded by the Ministry of Health and Long-Term Care and led by the Ontario Health Quality Council. This initiative is being extended to all 626 long-term care homes in Ontario, which serve over 76,000 residents and employ over 50,000 staff.



Terri comes to the LHIN with very impressive credentials. She serves as the Coordinator of Quality and Development, Long-Term Care Division for the County of Simcoe. Terri's role is to support the County's four long-term care homes through tracking quality, risk, patient safety and the accreditation process.

Welcome Terri!

