

## Connecting for Care

Autumn 2012 Edition - Issue: 12-3

Welcome to the **Connecting for Care** newsletter.

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We would appreciate hearing from you related to any of the articles included in the newsletter. Please send us your comments using the '**Feedback Feature**' on the newsletter or by emailing [northsimcoemuskoka@lhins.on.ca](mailto:northsimcoemuskoka@lhins.on.ca).

Thanks so much.

**Susan French, Communications Coordinator**  
**NSM LHIN**

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## Electronic Patient Order Sets Come to Collingwood Hospital



**Photo:** Applications Specialists, **Jan Sparling (L)** and **Sandy Dilworth (R)** at the Collingwood General and Marine Hospital working on the Patient Order Sets project to support physicians as adopters of the technology.

The Collingwood General & Marine Hospital (CGMH) is one of the first hospitals in Canada to adopt electronic patient order sets. CGMH chose to partner with PatientOrderSets.com of Toronto, the leading provider of evidence-based patient order set libraries, tools and methodologies.

Order sets are detailed, evidence-based checklists that allow doctors to quickly and easily specify appropriate treatments for hundreds of medical conditions in all parts of a hospital. Improvements in patient safety and quality of care as well as cost efficiencies result when order sets are used. With order sets, physicians have the important clinical information they need right at their fingertips at the moment they are treating patients. PatientOrderSets.com is the only order set technology in the world that employs a "wiki-like" collaborative model that allows over 170 hospitals to share and learn about the unique ways each

hospital deploys order sets.

All of the five acute care hospitals in the North Simcoe Muskoka Local Health Integration Network have joined the expanding PatientOrderSets.com network and are committed to implementing its systems for the benefit of patient care.

Order sets work by organizing and presenting medical information to the practitioner in a format that facilitates the application of evidence-based best practices to individual patients. The content of an order set can be modified as required by the ordering practitioner to meet an individual patient's needs.

The technical team at PatientOrderSets.com along with applications and IT staff at CGMH partnered to test and implement PatientOrderSets.com's EntryPoint software for physician order sets used at the CGMH where Meditech Electronic Health Record is already in use. CGMH has pioneered the use of an interface that links this software directly to the patient's electronic record. This program is now "live" with pilot groups, paving the way for its use at other Meditech hospitals including Royal Victoria Hospital in Barrie and Georgian Bay General Hospital in Midland and Penetanguishene.

Dr. Janet Clarke, Chair of the Order Set Committee, has been instrumental in piloting the project in Collingwood. "Using Order Sets electronically reduces the potential for error. With the tools provided by PatientOrderSets.com, we now have an improved process for developing and using order sets. We have about 40 order sets being used and it's a big advantage to have them all accessible electronically," said Dr. Clarke.

Physicians in the Collingwood area have been strong advocates of the use of computer technology to benefit patient care. Office Electronic Medical Records are widely used and local innovations have included bringing the physicians' access to their own electronic records into the hospital itself, and running a pilot project for e-Prescribing.

CGMH has now carried out a complete hospital-wide integration of the PatientOrderSets.com system with the hospital Electronic Health Record. Using a single click, physicians can move seamlessly from the electronic patient record into the PatientOrderSets.com application, and the patient's identification data moves with them.

Dr. Christopher O'Connor, PatientOrderSets.com President and founder said, "Everyone at CGMH needs to be congratulated for the rapid and successful implementation of the order set project. Patient safety will be improved, doctors and other clinicians will save valuable time, and CGMH will save money as a result of their leadership in implementing electronic patient order sets."

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## LHIN Aboriginal Leads Provincial Planning Session

On May 24, 2012 the second annual LHIN CEOs and Aboriginal Leads Provincial Planning Session took place. This year's theme was **Our Children/Our Future**.

The event was held at **Enaahdig Healing Lodge & Learning Centre**, co-hosted by the North Simcoe Muskoka Local Health Integration Network and North Simcoe Muskoka Aboriginal Health Circle. Representatives from the fourteen LHINs were in attendance.

The day began with a smudging and pipe ceremony, followed by the keynote address of Renee Linklater, Manager, Aboriginal Community Engagement, Centre for Addiction and Mental Health (CAMH). Renee spoke passionately about the need to improve – do better not the same - mental health and addiction services that Aboriginal children and youth require, and how the only way to accomplish this improvement was through service and system collaboration.



Other activities and presentations included:

- Touring the grounds of Enaahdig Healing Lodge and Learning Centre
- Participating in a medicine walk and sweat lodge visit
- *Aboriginal Community and Social Development* presentation by Greg McGregor, Manager, Georgian College Aboriginal Studies
- *Western and Mainstream Methodology and health practices* presentation by John Rice, Traditional Healer
- *Sweet Grass Road Project* viewing - a video developed by Aboriginal students to identify how tobacco use, diabetes, and mental health contribute to the significant health challenges in their communities.

Discussion was held on the topic of Aboriginal culture and collaboration with western society, highlighting the importance of

relationship building, trust and understanding the historical context of the relationship between Aboriginal peoples and the Canadian government.

To further this understanding, Barrie Area Native Advisory Circle has created a Culture Card available in English and French, which is being used widely by persons working in Aboriginal communities.

The successful conclusion to the day ended with a closing ceremony. All participants are looking forward to next year's planning session.

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## Being a Proactive Family in the Care-Giving Process

by Hilary Blackett



This is a story about my grandmother who recently spent 6 months in a North Simcoe Muskoka Hospital and my family's journey to find her a place to live that was not a hospital bed.

It all started last fall when my grandmother lost her balance and fell in her own home.

In 2009, my grandfather passed away and my grandmother decided to live on her own in the apartment they had shared. Despite having support systems in place, such as a meal delivery program and a personal care worker who visited daily, my grandmother was not consuming an adequate daily intake of food and water and her body slowly began to weaken. Her fall likely resulted from a dizzy spell; an effect of her inadequate nutritional intake and poor hydration. She had fallen in her home before, however, this fall was worse and left her with a broken leg. She was rushed to the nearest emergency room. Her leg was casted and she was admitted to the hospital, deemed too weak to return home.

My grandmother spent the first few weeks on the surgery floor before being moved to the rehabilitation wing of the hospital. With my grandmother involved in the decision making process, it was decided she wouldn't be able to move back to her home once she recovered, but instead would need to relocate to a long-term care home (LTCH) as soon as a room became available. My family wanted the best for my grandmother and was quite selective with where we wanted her to go, which meant that the facilities we chose for her ended up having 3 months to 2 year waiting lists. We were naïve; we truly thought that something would come up sooner than 3 months. It wasn't as though she could stay in the hospital for months at a time... Regrettably, 6 months later she was still on the rehab wing.

Our extended family spent more time at the hospital visiting my grandmother than I ever hope to spend in a hospital myself. With virtually no privacy, hospital wards are not pleasant places for family visits. However, I always reminded myself that we were the lucky ones; we were able to return to our houses at night. The constant and repetitive sounds of machines, telecoms and fellow patients in a hospital wing make it almost impossible for patients to sleep through the night.

A prolonged hospital stay also raises a person's risk of developing a hospital-acquired infection. Hospitals take numerous precautions to prevent the transmission of these infections; however, they do occur and in the worst cases people can die. Luckily during my grandmother's lengthy stay there was only one outbreak and it did not spread to her hospital wing.

My grandmother received very good hospital care. It was a slow recovery, with good and bad days. Through my grandmother's perseverance, and the very dedicated and supportive team of nurses, physicians and physiotherapists, she made a full recovery and by the first weeks of spring she was able to stroll the halls of the hospital with her walker.

By May 2012 my grandmother had spent 5 months in the hospital. It was at this time that my sister was approaching her 20<sup>th</sup> birthday. She was determined that we keep our family tradition of celebrating her birthday dinner with our grandmother. She also insisted that we not have this dinner at the hospital. Surprisingly, it was quite easy for us to have a doctor grant my grandmother a day pass so that she could join us. We had a wonderful dinner, followed by a stroll with my grandmother in her wheel-chair down by the water and returned her to the rehabilitation floor of the hospital before dark.

When I mentioned the birthday outing to a colleague at the North Simcoe Muskoka Local Health Integration Network (LHIN), she was shocked that my grandmother, currently on a LTCH wait list was ambulatory, able to leave the hospital for dinner, yet still residing in the hospital. This colleague recommended that we have my grandmother reassessed and learn about options outside

of LTC homes. Within a couple of days the family was out visiting retirement homes and by the end of the week my grandmother was re-examined and deemed fit for a retirement home. After visiting a few homes in the area, we were pleasantly surprised by the excellent services available at these facilities - services that would be a perfect fit for my grandmother's needs.

It was 6 months from the day that my grandmother broke her leg until she left the hospital. The day she was discharged to her new home, she walked out of the hospital with tears streaming down her face as the physiotherapists clapped and applauded her recovery. She is now walking well (with the assistance of her walker) and is thrilled with her new home. Filled with familiar furnishings and portraits, she has her own room offering independence and privacy, while there are numerous physically and mentally stimulating activities in her building and plenty of opportunity for socialization.

I want to spread the message to all families with a loved one who is at the stage where they must transition to a new type of housing or living situation. Had we not requested the reassessment and looked into other options, my grandmother would likely still be sitting in her hospital ward room, having sleepless nights and watching the time pass until her next visitor dropped by.

To some people reading this, I'm sure it seems like common sense to be proactive and take charge of the situation. Why wouldn't you search for other, better options? Unfortunately, when you are a caregiver or family member responsible for a loved one who requires additional care, there can be periods of burnout - families simply become tired. When someone finally performs a thorough assessment - involving medical professionals and community workers - it is easy to feel relief that a decision has been made that your loved one requires a certain level of care and that they will be put on a list for that care.

The truth is that our health care system is often understaffed and lacking resources.

**Families and the persons requiring care must remember that they are in charge of their situation. If I could pass along one message to families in this situation it would be:**

- **know the options**
- **always ask questions**
- **be proactive whenever possible.**

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## NSM LHIN Board Vice-Chair Receives Diamond Jubilee Medal



Congratulations to **Anne Gagné**, North Simcoe Muskoka Local Health Integration Network's Board Vice-Chair, on recently being awarded the Queen Elizabeth II Diamond Jubilee Medal. Anne, a resident of Penetanguishene, received this honour as a result of her contributions to the development and promotion of francophone communities and organizations at the local, regional and national levels.

The medal is manufactured by the Royal Canadian Mint. It depicts a picture of Queen Elizabeth II on one side and the anniversary of the Queen's ascension to the throne in 1952. The anniversary side reflects a central diamond shape with the dates 1952 and 2012, along with maple leaves which refer to Canada and the motto VIVAT REGINA meaning "Long Live the Queen!"

Congratulations Anne from the NSM LHIN Board and staff.

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## NSM LHIN Welcomes A New Member to our Team!

**Bob Sloss - Analyst, Financial Health & Accountability**

The NSM LHIN is delighted to welcome **Bob Sloss** as Analyst, Financial Health and Accountability.

Bob grew up in North Bay, Ontario. He holds an Advanced Business Administration Diploma from Canadore College and a Four Year Bachelor of Business Administration Degree (advanced



standing) from Laurentian University.

Bob joins the NSM LHIN from the NSM CCAC where he most recently held the position of General Accountant.

Bob enjoys spending time with his family and friends, and most recently became the proud uncle of a beautiful niece. In his spare time, Bob likes to travel, scuba dive, hunt and kayak.

Bob joined the team on July 30, 2012. Welcome Bob!

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## Convalescent Care Beds Come to Collingwood!



On October 23, 2012, Collingwood Nursing Home, in collaboration with the North Simcoe Muskoka Local Health Integration Network, opened four new convalescent care beds in an effort to help people transition from hospital to home.

The purpose of the program is to ensure patients recovering from hospital stays get the supports they need for up to 90 days, ensuring they're well enough to return to their homes.

The four new convalescent-care beds provide a new way of looking at the provision of care: staff members will be learning how to use different skills to care for these residents in transition.

On the long-term care side, Collingwood Nursing Home is geared to help do things for other people - but in the convalescent-care environment it's to offer support to those people as they prepare to go home.

Collingwood Nursing Home already has programs in place, such as therapists working with residents on a daily basis, that fit well with the mandate to reduce hospital transfers and enhance residents' mobility. These types of programs will be expanded to convalescent-care residents.

*"We're elated to be able to add on to community services", says **Peter Zober, President, Collingwood Nursing Home.** "We want the convalescent care service here to be the same as what individuals are getting elsewhere".*

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## Behavioural Support System

### *Mobile Support Teams get rolling!*

On July 12<sup>th</sup>, Debbie Islam, Chair of the North Simcoe Muskoka LHIN's Behavioural Support System (BSS) Project Steering Committee was proud to host a gathering of providers and others in recognition and celebration of all that has been accomplished in building a better behavioural support system for the residents of North Simcoe Muskoka, as well as to launch an important component of behavioural supports in our region.

Here is an excerpt from Debbie's comments at the event:

***"As part of the provincial Behavioural Supports Ontario project, last fall NSM developed an Action Plan using the principle-based, person-centred BSO Framework for Care, focusing on the "tipping point" for older adults with cognitive***



*impairments and their families/caregivers. That 'tipping point' was defined as individuals who experience complex health issues and associated responsive behaviours that may be a result of dementia, mental health, neurological disorders and/or addictions. Our approach was one of leveraging existing resources and integrating services to provide equitable access across NSM.*

*In keeping with the BSO Model, we have taken major steps toward implementing our Action Plan over the past few months. I would like to point out a number of the highlights:*

- *Establishment of a governance structure for BSS as part of **Care Connections**.*
- *Development of an Memorandum of Understanding (MOU) to establish a relationship between the County of Simcoe and the 28 NSM long-term care homes.*
- *Development of an MOU between Waypoint and several transfer payment agencies selected to hire other health care staff to be members of the Mobile Support Teams.*
- *Recruitment of a BSS Coordinator and Medical Advisor.*
- *Recruitment of staff for the new geographically-based Mobile Support Teams that will enhance integrated service delivery.*
- *Creation of a centralized access function and recruitment of a Client Intake Coordinator to facilitate system navigation for families and care providers.*
- *Development of new tools, clinical pathways and processes for intake, screening, triage and referral, as well as assessment and shared care planning.*
- *Development of a behavioural supports website as part of the CCAC's NSM Healthline ([www.behaviourchange.ca](http://www.behaviourchange.ca))*
- *Provision of opportunities for building a knowledgeable care team and capacity through education and training events.*
- *Engagement in several quality improvement change initiatives based on our future state vision developed through a value stream mapping exercise.*
- *Engagement with other LHINs to exchange information, knowledge and ideas, and to receive input on processes and tools.*
- *Recruitment of BSS Liaison Champions in agencies throughout NSM for knowledge exchange, capacity building and enhanced linkages.*

*Literally hundreds of people and thousands of hours have been devoted to this important work! The passion and commitment demonstrated by all in this room and many, many others in our community has been unprecedented and truly inspiring. On behalf of the BSS Project, I wish to thank you all for sharing your time, knowledge, talents to move this project forward.*

*As the Mobile Support Teams (MST) are implemented, the BSS Project Steering Committee will now broaden its scope from the "tipping point" and the role of the MST, to examine the entire continuum in order to identify local needs/ gaps from primary prevention and management of risk factors, to early screening, diagnosis and early intervention, through to specialized inpatient care.*

*There is still much work to be done, but I believe we have started to implement some of the key components of a model Behavioural Support System including a governance structure, leadership team, centralized access and MSTs, and we are building knowledge and capacity among our care providers. "*

Debbie recognized and thanked several people and organizations who have helped make the



Behavioural Support System project in North Simcoe Muskoka a reality including members of the BSS Project Steering Committee, Waypoint Centre for Mental Health Care and the County of Simcoe.



Matt Snyder, Provincial Behavioural Supports Ontario Project Manager formally recognized Tanya deVries-Porter for her work on the provincial BSO Health Human Resources committee.

Debbie introduced **Valerie Powell, BSS Coordinator** who spoke about the proposed directions for BSS in North Simcoe Muskoka and introduced the new Mobile Support Teams.



### Barrie Community and Long-Term Care Mobile Support Team

Back Row (L-R): Stephanie Saunders, Cheryl Biseau (no longer with the team), Katie Yewman, Lisa Losier, Kathy Curtis, Maureen O'Connell

Front Row (L-R): Amber Lake, Shannon Reynolds



### Midland / Collingwood Community and Long-Term Care Mobile Support Team

L-R: Stephanie MacKenzie, Jenny Keresztesi, Barbara Elliot, Jessica Hamelin, Chris Parent, Jill Kavanagh, Janice Pitts, Haley Row, Lorrie-Ann Montgomery, Bailey Vipond

### Orillia / Muskoka Community and Long-Term Care Mobile Support Team



L-R: Bobbie-Anne Colyer, Natalie Kidner, Donna Gordon, Brian Jeffery, Melissa Mark, Tina Dobransky, Jean Leonard

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