

Hamilton Board Committee

Thursday, February 28, 2013

15:30 pm

*Dofasco Boardroom – Juravinski
Innovation Tower*

Open Session

St. Joseph's
Villa  Dundas

St. Joseph's
Healthcare  Hamilton

St. Joseph's
Home  Care

Hamilton Board Committee – OPEN SESSION - Agenda

Date:	Thursday, February 28, 2013
Time	1530-1605 hours
Location:	Dofasco Boardroom, Juravinski Innovation Tower, Charlton Campus, St. Joseph's Healthcare Hamilton
Members:	B. Gould, Chair, M. Dow, W. Doyle, H. Fuller, M. Guise, J. Kelton, J. LoPresti, S. Monzavi, G. Chaimowitz, R. Rocci, C. Santoni, I. Schachler, M. Taylor, T. Thoma, P. Tice.
Resource:	D. Higgins, K. Ciavarella, S. Gadsby, S. Filice-Armenio, M. Ellis, J. Fry, F. Ros.
Guests:	R. McDonagh, R. Cercone
Regrets:	

Item	Topic	Page	Responsibility	Time
1.0	PROTOCOL			1530-1535
1.1	Call to Order		Mr. B. Gould	
1.2	Opening Prayer		Mr. J. LoPresti	
1.3	Introduction of Guests		Mr. B. Gould	
1.4	Declaration of Conflict of Interest		All	
2.0	AGENDA & MINUTES			1-3
2.1	Approval of the Agenda		Mr. B. Gould	
2.2	Additions to Agenda		Mr. B. Gould	
2.3	Approval of Minutes – January 31, 2013		Mr. B. Gould	
2.3.1	<u>Motion for Approval by Hamilton Board Committee: THAT THE OPEN MINUTES OF THE JANUARY 31, 2013 HAMILTON BOARD COMMITTEE BE APPROVED</u>			
3.0	REPORTS			1535-1600
3.1	Chair's Report		Mr. B. Gould	
3.2	President's Report	4-8	HBC Presidents	
3.3	President of the Medical Staff Association		Dr. G. Chaimowitz	
3.4	Presidents of SJH Foundation and SJV Foundation		Ms. S. Filice-Armenio Ms. M. Ellis	
4.0	NEW BUSINESS			1600-1605
5.0	INFORMATION ITEMS			
5.1	HBC Summary	9		
5.2	HNHB LHIN Article - Imagine	10-12		
6.0	ADJOURNMENT <u>Motion for Approval by Hamilton Board Committee: THAT THE OPEN SESSION OF THE HBC BE ADJOURNED AND THAT THE HBC MOVE INTO THE CLOSED SESSION</u>		Mr. B. Gould	1605

Note: Trustees who wish to have items moved from the Consent Agenda to the Closed/Open Agenda should contact the SJHH President's Office prior to the Board Meeting. Trustees also have an opportunity to make this request when the open agenda is presented at the Board Meeting.



Committee: Hamilton Board Committee – OPEN SESSION **Date:** January 31, 2013
Called to order at: 1530 hours **Adjourned:** 1615 hours
Location: Dofasco Boardroom – 2nd Floor Juravinski Innovation Tower
Present: Mr. B. Gould, Chair, Mr. S. Monzavi, Mrs. M. Taylor, Mrs. M. Dow, Dr. M. Guise, Mr. J. LoPresti, Ms. W. Doyle, Dr. G. Chalmowitz, Mr. P. Tice, Mr. R. Rocci, Mr. T. Thoma, Dr. H. Fuller, Mrs. I. Schachler.
Regrets: Dr. J. Kelton, Mr. C. Santoni, Mr. S. Monzavi.
Resource Staff: Dr. D. Higgins, Ms. F. Ros, Ms. J. Fry, Mrs. S. Filice-Armenio, Mrs. M. Ellis.
Guests: Dr. M. Soth
NEXT MEETING February 28, 2013

Subject	Discussion
1. PROTOCOL	
1.1 CALL TO ORDER	The meeting was called to order at 1530 hours by B. Gould.
1.2 OPENING PRAYER	R. Rocci opened the meeting with a prayer.
1.3 GUESTS	All guests in attendance were introduced.
1.4 DECLARATION OF CONFLICT OF INTEREST	There was no declaration of conflict of interest.
2. AGENDA AND MINUTES	
2.1 APPROVAL OF AGENDA	It was MOVED by R. Rocci, SECONDED by M. Guise, VOTED AND CARRIED: THAT THE HAMILTON BOARD COMMITTEE AGENDA BE APPROVED AS CIRCULATED
2.2 ADDITIONS TO THE AGENDA	There were no additions to the agenda.
2.3 APPROVAL OF THE MINUTES	It was MOVED by J. LoPresti, SECONDED by M. Dow, VOTED AND CARRIED THAT THE (OPEN) MINUTES OF THE HAMILTON BOARD COMMITTEE OF DECEMBER 20, 2012 BE APPROVED
3. REPORTS	
3.1 Chair's Report	B. Gould reported the following: <ul style="list-style-type: none"> • The HBC Retreat was held on January 16th and members were thanked for their attendance and participation. Further discussion with respect to follow up will take place in the generative discussion.

3.2 President's Report

- Dr. G. Chaimowitz was welcomed to his first meeting of the HBC as President of the Medical Staff Association.
- A formal report from the IHI Conference has been developed and will be circulated to the HBC via the Quality Committee.
- The events calendar was circulated for information.

- The Minister of Health visited SJHH last week to see the Integrated Comprehensive Care (ICC) project in action and this included a visit to the Firestone Clinic.
- The feature "St. Joe's in the News" has been re-instated in The Spectator.
- With respect to the Quality and Value in Home Care Project, it was noted that SJHC and other community advisory groups are suggesting a "hub" model designed to assist various patient populations in the city. One has been funded as a pilot project at this time.
- In response to a question, it was noted that 20% of patients apply to only one nursing home placement and this is a provincial regulation. Patients and families are encouraged to apply for a minimum of five to ten nursing home placements.

3.3 President of the Medical Staff Association

The following was noted:

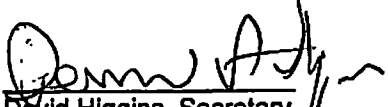

- The Medical Staff Association has undertaken two projects – physician website and physician support which are going well.
- The Medical Staff Dinner was held on January 11th and was very well attended. All HBC members in attendance were thanked for their participation.

3.4 St. Joseph's Healthcare Foundation and St. Joseph's Villa Foundation**St. Joseph's Healthcare Foundation**

- The Around the Bay Road Race will be held on March 24th. It was noted that five more corporate teams have signed up this year and that a new component of fundraising is the 5K Squared Challenge.
- The 1st Annual Mental Health Morning will be held on May 7th at Carmen's Banquet Centre to support the Mental Health and Addiction Program. Guest speakers are journalist/broadcaster and mental health advocate Valerie Pringle and her daughter Catherine who is a frequent speaker as someone who lives with a mental illness.

St. Joseph's Villa Foundation

- The Capital Campaign is ongoing at this time.
- The SJVD Gala will be held on May 3rd at Liuna Station.
- Various activities will be taking place over the course of the year to celebrate the SJVD Foundation's 35 year anniversary.
- Review of policies and procedures is currently underway.

Subject	Discussion
4. NEW BUSINESS	There was no further business and the meeting adjourned at 1615 hours.
5. INFORMATION ITEMS	<ul style="list-style-type: none">• HBC Summary• Article – Mental Maps to a New Governance Model
6. ADJOURNMENT	<p>It was MOVED by M. Taylor, SECONDED by R. Rocci, VOTED AND CARRIED</p> <p>THAT THE OPEN SESSION OF THE HBC BE ADJOURNED AND THAT THE HBC MOVE INTO THE CLOSED SESSION</p> <p>_____ Ben Gould, Chair</p> <p> _____ David Higgins, Secretary</p> <p> _____ Fadia Ros, Recorder</p>

OPEN REPORT TO THE HAMILTON BOARD COMMITTEE – FEBRUARY 2013

1. Environmental Scan

1.1 SJHH: St. Joseph's Healthcare Hamilton in the News

- ***Pediatric mental health transfer:*** All mental health care for children will be consolidated under one roof in Hamilton as emergency services move to McMaster Children's Hospital. In the past pediatric mental health emergencies have been referred to the St. Joseph's Hospital ED while the mental health beds, outpatient programs and pediatric specialists were housed at McMaster. This new system provide more aligned and patient-centered care (*Hamilton Spectator*).
- ***Hamilton hospitals to monitor DI quality:*** The February issues of *Canadian Healthcare Technology* magazine ran a spotlight on an innovative project undertaken by the SJHH-HHS integrated Diagnostic Imaging program. Radiology and nuclear medicine specialists in Hamilton will participate in a pilot project to check the quality of their reporting in real time. The system will direct radiologist reports to another radiologist for a quality check before it is transmitted to the referring physician. The purpose of the project is to help identify and correct areas of potential improvement with the ultimate goal of developing a city wide DI-quality assurance project (*Canadian Healthcare Technology*).
- ***Testing expectant mothers for bipolar disorder could save lives:*** New research out of St. Joseph's Healthcare Hamilton into the relationship between bipolar disorder and pregnancy has the potential to save lives. For a year and a half, the staff at the St. Joe's Women's Health Concern Clinic used a simple questionnaire to gauge the risk for bipolar disorder in their pregnant patients. Previous research has shown that one in four bipolar women relapse in symptoms when pregnant and bipolar women are at an increased risk for postpartum depression and postpartum psychosis. The researchers found the questionnaire was able to identify bipolar disorder with 80 per cent accuracy and, just as important, detect negative screening for the disorder with 98 per cent accuracy. The questionnaire serves as a screening tool to help identify patients who are most at risk of the illness (*CBC News Hamilton*).
- ***New birthing simulator at St. Joe's:*** St. Joseph's Healthcare Hamilton recently acquired a state of the art birthing simulator (Noelle and baby boy Hal) that truly brings labour and delivery training to life. The simulator is controlled by a hand held device and can simulate normal delivery or emergency situations both for mom and baby. Thank you to the Sandra Schmirler Foundation for their \$50,000 gift to the St. Joseph's Healthcare Foundation (Hamilton) to help the hospital to acquire this equipment (*Global News Toronto, Hamilton Spectator, CBC News Hamilton*).

1.2 SJHH: CIHR Research Awards

- St. Joseph's Researchers have recently been awarded a number of Canadian Institutes of Health Research (CIHR) Principal and Co Investigator Awards. In total 5 Principal Investigator Awards (worth over \$1.5 Million) and at least 3 Co-Investigator Awards (worth over \$1 Million) were awarded. The CIHR awards are the most prestigious and competitive awards in the sphere of health research.
- SJHH Principal Investigator Awards:

- Dr. Rick Austin (\$813,920 over 5 years) Role of TDAG51 in apoptotic cell death associated with cardiovascular disease
- Dr. Bruce Christensen (\$321,303 over 3 years) Investigating behavioural, electrophysiological, and neurochemical facets of dorsal auditory stream impairment in persons with schizophrenia
- Dr. Deborah Cook (\$223,231 over 2 years) Probiotics: Prevention of Severe Pneumonia and Endotracheal Colonization Trial (PROSPECT): A Feasibility and Proof of Concept Pilot Trial
- Dr. Ann Holbrook (\$112,076 over 18 months) Real world Comparative Effectiveness and Safety of Dabigatran vs Warfarin
- Dr. Z. Samaan (\$100,000 for 1 year) The impact of genetic variants on response to methadone in opioid addiction.
- SJHH Co Investigator Awards:
 - Dr. Benicio Frey (\$893,950 over 5 years) Predicting Antidepressant Treatment Response in Major Depressive Disorder: An Integrated Clinical and Neuroimaging Approach
 - Dr. Mike Noseworthy (\$100,000 1yr bridge funding) Early identification of cardiac dysfunction in obese adolescents: mechanisms & modulation
 - Dr. M Anvari; Dr. Mike Noseworthy; Dr. Maria Taboni (\$100,000 1yr bridge funding) Evaluation of the early effects of roux-en-y gastric bypass surgery combined with perioperative caloric restriction on hepatic fat in obese patients with type-2 diabetes as compared to caloric restriction alone

1.3 SJHC: HNHB CCAC Expanded Role (Update)

SJHC continues to work with community partners on the expanded role of the CCAC in Seniors Supportive Housing. It is crucial that there is close collaboration between Community Support Services (CSS) agencies, CCAC and seniors housing providers to ensure successful implementation of the expanded role.

We are in the process of discussing eligibility criteria for individuals in this program, wait times and a process for the access to the program (goal is to have assisted living services available on the day of discharge for hospital in-patients who have been determined eligible for these services). Our next steps are to gather an inventory of the capacity all supportive housing agencies and populations served.

Opportunities for SJHC include a proposal to transition Gwen Lee Supportive Housing from a *building-based* supportive housing program to a *neighbourhood-based* assisted living program. This will enable us to be more responsive to community and stakeholder needs. We will bring updates on progress back to the Board.

1.4 SJHC: Personal Support Worker/Homemaking - Elimination of Regulation 386/99

The Ministry of Health is going through a consultation right now on the Personal Support Worker (PSW)/Homemaking policy which, if approved, will allow Community Support Agencies the opportunity to provide Personal Support and Homemaking services under the Home and Community Care Act. The Ontario Community Support Association (OCSA) will be making a formal submission and will be supportive of the recommendation. SJHC gave feedback to the OCSA on their recommendations and some further recommendations for consideration.

- Implications for SJHC:
 - This may open up the opportunity for CSS to provide PSW/Homemaking services to low acuity clients who are long stay but do not require nursing support and could benefit from additional supports available through CSS.

- We are hopeful that this legislative change will allow us more autonomy to work in partnership with the client to determine the right service based on client need and that the funding should be flexible enough to give the client support options (e.g. personal support, homemaking or respite). At the moment we are restricted to provide the level of care determined by the CCAC.
- At present SJHC is already involved in a small pilot project "Transfer of Personal Support" (TOPS) providing service to low acuity CCAC clients.

1.5 SJVD: Ministry Announcements

Deb Matthews, Minister of Health and Long-Term Care, announced funding enhancements for long term care. Investments announced by the government included 250 new convalescent care beds and restorative care; recruitment and training of 200 personal support workers to support people with challenging behaviours in long term care homes; funding for staff training and development to improve resident safety, quality of care and abuse prevention; and funding for specialized supplies and equipment for long term care residents with complex needs.

The Ministry announced its expectation that all Personal Support Workers in home care and community services sector to be registered by April 1, 2013 and that as part of its expectation, the Ministry will release a "Mandatory Registration Policy" for all publicly-funded PSWs. The Ministry further noted its intention to enforce the policy through amendments to "appropriate contractual agreements will be amended or when registration will be mandatory in other sectors, such as long term care. This does not include LTC staff at this point but does impact the Villa Adult Day Program who have approximately 7 Personal Support Workers.

1.6 SJVD: Long Term Care Homes Act (LTCHA) Regulation Amendments

Proposed changes to the LTCHA are as follows:

- Qualification requirements for certain staff in long term care homes to improve the mobility of human resources across the LTC sector as well as retention and recruitment of staff
 - Critical incident reporting
 - Discharge requirements from specialized units to support flow from these units
 - Admission requirements for specialized units and the admission process for convalescent care beds
- These changes will not result in significant implications for the Villa. We will update our processes and reporting as needed to comply with amendments.

2. Mission, Vision and Values Update

2.1 SJHH: Mission Legacy Awards – Call for Nominations

The Sisters of St. Joseph's Mission Legacy Awards are the highest honour bestowed by our organization to those who have made a significant contribution to the health care ministry of the Sisters of St. Joseph of Hamilton, St. Joseph's Health System (SJHS) or the St. Joseph's Resource Development System (SJRDS).

The award is open to past and current staff, physicians, researchers, volunteers and Board members who, in their time at St. Joe's, have left a lasting impression on those whose lives they have touched by living the Mission and Values that are the hallmarks of our organization: dignity, compassion, respect for the individual.

Board members and any member of the community are welcome to nominate individuals for this award. Nominations are due by March 8th 2013 and the awards will be presented in June of this year. Please contact Jessica Fry for nomination forms.

2.2 SJHC: Poor and Marginalized - Food Security

SJHC subsidizes the Good Food Box (GFB) for 150 low income clients in the downtown core. This program is linked to our community kitchens that run in the 226 Rebecca and 30 Sanford locations. To encourage clients to eat healthy, SJHC developed a Community Kitchen Cookbook. Environment Hamilton, who is a partner with SJHC for the GFB project, will be including this Cookbook in a project they have planned with Mission Services and Cable 14.

3. Planning and Development

3.1 SJHH: West 5th 'Shaping Our Future Together' Event

On February 14th, patients, staff, physicians and volunteers joined together to celebrate the coming 365 days until we move into our new West 5th building. The focus of the event was on the historical events and planning that has brought us to our current state, as well as all the tremendous achievements of all those involved in the final days of planning and preparing for this milestone opening in February of 2014.

3.2 SJVD: Strategic Planning

The St. Joseph's Villa Executive Team is now in the final steps of our internal strategic planning. Working to the internal vision of "To Be the Centre of Health and Wellness in Our Community" the team formulated objectives to the goals that were previously created. A few of our goals follow:

- To implement a monitoring/reporting mechanism to allow us to measure/compare and implement/evaluate relevant metrics that are determinants of good performance
- Implement five process improvements (two collaborative interdepartmental and three departmental) each year and demonstrate the benefit to the teams involved
- Adopt one innovative practice per year and share findings/outcomes with our Joseph's Health System partners and other stakeholders

The goals and objectives align with the HBC Strategic Plan and Mission/Vision/Values. The new strategies will be rolled out to staff in June 2013.

3.3 SJVD: Elder Care – Human Resources

Elder Care has also created a draft work plan with some of the following objectives:

- To reduce the number of ALC patient days in acute care.
- To reduce the need for LTC beds by increasing functioning so that patients can be discharged home.
- To Improve access/service to LTCHs
- To develop an Annual QIP for LTC and Home Care and promote consistency, transparency, & accountability.
- To standardize our adult day programs as appropriate
- To reduce ALC patients in acute care and increase access to Adult Day Programs
- To develop a common philosophy of care
- A review of Human Resources integration

4. Operational Information

4.1 SJVD:

Quality Improvement Plan (QIP)

The Villa's most recent Quality Improvement Plan is housed on the Villa's website. The LHIN have now mandated that long term care homes have Quality Plans in place according to the LSAA for April 1, 2014. There was a meeting of the senior team to formulate the Quality Improvement Plan for 2013.

Hamilton Board Committee (HBC) – Summary of December 20th, 2012 Closed Meeting Session

Motions Summary

Recommending HBC Committee	Motion Summary
Governance, Mission and Values Committee	<p>It was voted that the:</p> <ul style="list-style-type: none"> ▪ Minutes of the Governance, Mission and Values Committee of December 4, 2012 be accepted for information (Hamilton Board Committee).
Quality Committee	<p>It was voted that the:</p> <ul style="list-style-type: none"> ▪ Minutes of the Quality Committee of December 3, 2012 be accepted for information (Hamilton Board Committee).
Resource and Audit Committee	<ul style="list-style-type: none"> ▪ It was noted that the minutes of the Resource and Audit Committee of December 19th will be brought back for approval by the HBC at January's meeting.
The Medical Advisory Committee	<p>It was voted that the:</p> <ul style="list-style-type: none"> ▪ Minutes of the Medical Advisory Committee of December 6, 2012 be approved (Hamilton Board Committee – St. Joseph's Healthcare Voting Members) ▪ Recommendations on research from the Medical Advisory Committee of SJHH of December 6, 2012 be approved (Hamilton Board Committee – St. Joseph's Healthcare Voting Members) ▪ Recommendations on credentials of the December 6, 2012 Medical Advisory Committee be approved (Hamilton Board Committee – St. Joseph's Healthcare Voting Members)

Presentations and Reports to the HBC - Summary

- Dr. Seigel Deputy Chief of the SJHH Department of Pediatrics presented to the HBC on the 'late preterm' patient population and why this group is different and requires specialized care compared to full term infants. The presentation highlighted the importance of identifying these infants as 'late preterm' and not 'near term' so that they receive appropriate care to optimize short term and long term outcomes. Dr. Seigel also updated on successful collaboration with peer hospitals to ensure access to care for preterm babies.
- It was noted that an update will be provided to all members of the Board on the December 'Institute for Healthcare Improvement' conference. The Board shares knowledge gained from any conferences attended by members so that the Board and standing committees of the Board can benefit as a group.
- It was noted that the Hamilton Board Committee will be holding a retreat in January with a focus on integration to provide more comprehensive, patient centered care for our community in an efficient and effective environment.
- The St. Joseph's Health System (SJHS) updated on the SJHS corporate renewal process. A follow up discussion took place with regards to opportunities for integration across the sector and the increasing importance of partnerships to improve the patient experience.

IMAGINE

a health care system where you and your loved ones get high quality care, where and when you need it.

We think know it's possible.

The Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) is taking ACTION to put YOU at the centre of high quality care by changing the way the health care system works to serve you better.

We're going to do better for people like Bernice.

We've changed her name, but her story is real.

NOW

Cost of Care ≈ \$500,000

(Estimated over 5 years)

82-year-old Bernice lives at home and is visited weekly by her children and a personal support worker from the Community Care Access Centre. She falls and gashes her arm.

- Ambulance takes her to hospital for treatment.
- No one in her circle of care is notified.

- CCAC surprised by injury.

One year later, she falls and breaks her hip. Ambulance takes her to local hospital.

- Waits in emergency department for three days, then transferred to another hospital for surgery.
- Develops skin breakdown while waiting.
- Goes back to local hospital and contracts hospital infection during six-month recovery.
- Functional ability steadily declines.
- Bernice sells her home and moves to a long-term care home.

FUTURE

Cost of Care ≈ \$100,000

(Estimated over 5 years)

Paramedic treats her in her home, notifies her family doctor right away, and makes a referral for a geriatric assessment.

- Providers in her circle of care know what's happening with Bernice in real time.

Enrolled in a falls prevention program to strengthen her muscles.

- Attends bingo with her friends.

Transferred right away to designated referral hospital for surgery.

Goes back to local hospital to recover.

One week later, moves to transitional care program for one month to regain functional ability.

Bernice continues to live at home with ongoing support.

Photo by Ptopia

This is just Bernice's story.

Picture a health care system where we do better for 10, 100 or even 1,000 people just like Bernice.

ACTION PLAN
 Implementing our Strategic Health System Plan
 over the next five years will take us
 on a journey to a new health care system that
 dramatically improves the patient experience through
QUALITY, INTEGRATION and VALUE.

Message from the CEO
 I trust local delivery partners. Our Minister of Health and Long-Term Care
 has set a clear vision for a new health care system. Our delivery partners are the ones
 who will be responsible for the success of this new system. We will work together to
 ensure that the health care system of the future is one that is patient-centred,
 accessible, and of high quality. We will work together to ensure that the health care
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Sharon Grout
 Deputy Chief Executive Officer
 LHIN LHIN

**The Strategic Health System Plan is not a plan for
 to play, but a plan for
 action. ACTIVATE A Call
 to Action. Integration. Now.**

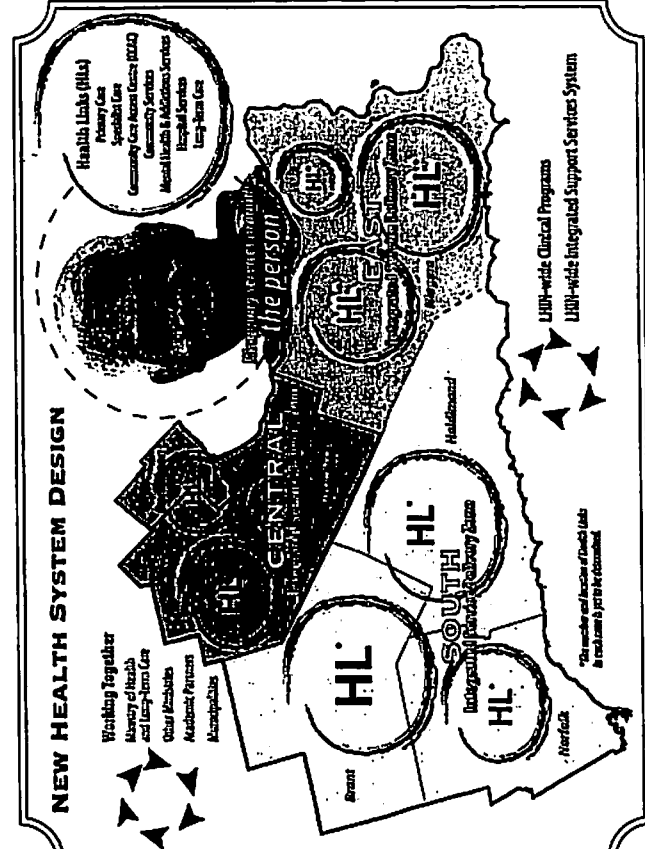
MINISTRY VISION
 Make Ontario the healthiest place in North America to grow up and grow old.

HNHB LHIN VISION
 A health care system that helps keep people healthy, gets them good care
 when they are sick, and will be there for our children and grandchildren.

STRATEGIC AIM
 Dramatically improving the patient experience through Quality,
 Integration and Value.

STRATEGIC DIRECTIONS
 Dramatically improving the patient experience by...

- ...embedding a culture of quality throughout the system
- ...integrating service delivery
- ...evolving the role of the LHINs to become health system commissioners



The HNHB LHIN's Strategic Health System Plan and supporting documents are available at
www.hnhblhin.on.ca

- LHIN-wide Clinical Programs**
Population-Focused Programs
- Coordinated approach to serve priority populations starting with:
- High risk seniors
 - Individuals with mental health and addictions issues
 - Individuals with multiple chronic conditions
- Specialty-Based Programs*
- Highly specialized, high cost programs that require critical mass (for equipment, technology and health human resources) including, for example:
- Stroke
 - Diagnostic services (i.e. Imaging, labs)
 - Cardiology
 - Oncology
 - Respiratory
 - High risk obstetrics
 - Pediatrics
 - Palliative/End-of-Life care
- Standardized approaches for priority populations enhances standard of care and promotes equitable access to services
- ✓ Improves quality and integration
 - ✓ Brings costs down
- Integrated Support Services System**
- All support services will be integrated into one system including:
- Information management/technology
 - Finance/payroll
 - Procurement
 - Decision support
 - Human resources
- ✓ Cost-effective
 - ✓ Improves consistency in decision-making
 - ✓ Supports adoption of a system-wide culture of quality

- Health Links (HLs) (formerly known as Community Care Networks (CCNs))**
- Health Links will be the primary foundation for the system and will provide patients and their families with a broad array of services at a local level with the goals of improving population health and patient satisfaction. Services include primary care physicians, medical specialists, Community Care Access Centres (CCAC), community services, mental health and addictions services, long-term care and hospital services. Services may be co-located for easy access or may be available virtually. Partnerships will be strengthened to embrace non-LHIN-funded providers who have a role in optimizing the health of the population.
- Citizens can make better health care choices
 - Providers share accountability for improved outcomes, focusing on access, healthier populations and value for money.
- Integrated Service Delivery Zones**
- Each zone will report to the HNHB LHIN and be supported by LHIN-wide clinical programs, the Integrated Support Services System and a LHIN-wide approach to quality improvement.
- Services are planned and coordinated around community needs
 - Promotes integration within and across sectors
 - Reduces duplication and fragmentation in the system

Developing the Strategic Health System Plan (SHSP) and ultimately, designing a new person-centred health care system took the collaboration and collective ideas of many, including citizens and health care providers throughout our communities. Led by a Steering Committee comprised of health system representatives, business leaders and HNHB LHIN staff, this work involved more than 2,000 active participants including citizens and providers across our communities.

More than 2,000 stakeholders engaged

- Steering Committee
- Citizens' Reference Panel (CRP)
- Aboriginal Peoples Panel
- Francophone CRP
- Two online surveys open to public
- Provider Working Group
- Physician Leads Group
- Provider Networks
- Survey to health care providers
- Focus groups with consumers and provider experts on priority populations: seniors, mental health and addictions, new immigrants and chronic disease

Getting Started February-March 2012

The project kicked-off by defining the approach, scope, deliverables and roles and responsibilities.

Current State Assessment March-May 2012

The initial phase of the process involved understanding the current state of the health care system, including the needs of people today and in the future, and essentially what's working and what's not working in the best interest of patients. Leading practices from health care systems internationally were reviewed and analyzed in terms of how these successful systems are organized, how they address priority populations, and how they address access, quality and value for money.

Future State Design June-September 2012

Based on the current state analysis, learnings from leading health systems, and feedback from citizens and providers on their ideas for health system change collected throughout the process, options for models of care that would transform the system were developed.

Implementation Planning October-December 2012

A draft Strategic Health System Plan, including a high level five-year Implementation plan and evaluation metrics, was developed and made available for public feedback. A final report was approved by the HNHB LHIN Board of Directors on December 12, 2012. The final report informs the LHIN's 2013-2016 Integrated Health Service Plan (IHSP).

ACTIONing the Plan Starts NOW!

Contact Us

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