Integrated Health Service Plan 2013/16
The Work of Local Health Integration Networks
A presentation to the Scarborough Community Council
November 6, 2012

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Central East LHIN
Session Objectives

• What is the LHIN’s role in the health care system?

• What has the LHIN been doing to improve the delivery of health care in your community over the past three years?

• What are the priorities and areas of focus for the next three years?
Local Health Integration Networks

Ontario LHINs

1. Erie St. Clair
2. South West
3. Waterloo Wellington
4. Hamilton Niagara Haldimand Brant
5. Central West
6. Mississauga Halton
7. Toronto Central
8. Central
9. Central East
10. South East
11. Champlain
12. North Simcoe Muskoka
13. North East
14. North West
Ontario’s LHINs manage approx $22 Billion in Health Care Expenditures

<table>
<thead>
<tr>
<th>LHIN</th>
<th>Provincial:</th>
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<tbody>
<tr>
<td>• Public and Private Hospitals</td>
<td>• OHIP &amp; Doctors</td>
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<tr>
<td>• Long-Term Care Homes</td>
<td>• Family Health Teams</td>
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<tr>
<td>• CCAC</td>
<td>• Other Practitioners</td>
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<tr>
<td>• Community Mental Health and Addictions</td>
<td>• Provincial Drug Programs</td>
</tr>
<tr>
<td>• Community Health Centres</td>
<td>• Trillium GoL / organ donations</td>
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<td>• Community Support and Service Agencies</td>
<td>• Ontario Drug Benefit</td>
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<td>e.g. Meals on Wheels</td>
<td>• Public Health</td>
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<td>• Private Labs</td>
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<td></td>
<td>• Ambulance Services</td>
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<td>• Independent Health Facilities</td>
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<td>• Provincial Networks / Programs</td>
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Overview of the Current Central East Local Health Care System

One of the fastest growing geographic regions and home to over 11% of Ontario’s population

A mix of urban and rural geography boasting a rich diversity of community values, ethnicity, language and socio-demographic characteristics. 138 organizations provide:

- **10** hospitals operating on 16 sites
- **68** Long-Term Care Homes
- **1** Community Care Access Centre
- **39** Community Support Services
- **3** Acquired Brain Injury Services
- **17** Assisted Living Services in Supportive Housing
- **7** Community Health Centres
- **27** Community Mental Health Programs
- **5** Addictions Programs

Engaged Communities.  
Healthy Communities.
Total Allocation: $2,121,796,385

For a breakdown of funding by provider and a link to the accountability agreements, please visit the Central East LHIN website: [http://centraleastthin.on.ca/Page.aspx?id=92&ekmensel=e2f22c9a_72_206_92_4](http://centraleastthin.on.ca/Page.aspx?id=92&ekmensel=e2f22c9a_72_206_92_4)
The LHIN Mandate and Functions

- Patient Centred
- Community Engagement
- Accountability & Performance Monitoring
- Integration & Service Coordination
- Local Health System Planning
- Funding & Allocation
- Engaged Communities. Healthy Communities.
## Health Services Providers in the Scarborough Cluster

- The Scarborough Hospital
- Rouge Valley Health System
- Bellwood Health Services
- Central East CCAC
- Community Care Durham
- Ontario Shores
- Chinese Family Services of Ontario
- Salvation Army Harbour Light
- Scarborough Centre for Healthy Communities
- TAIBU Community Health Centre
- Carefirst Seniors Community Services Association
- Centre for Information and Community Services Ontario
- Momiji Health Care Society
- TransCare Community Support Services
- St. Paul L’Amoreaux
- **Long Term Care Homes**
  - Bendale Acres
  - Craiglee Nursing Home
  - Ehatare Nursing Home
  - Extendicare Rouge Valley, Extendicare Guildwood, Extendicare Scarborough
  - Hellenic Home for the Aged
  - Leisureworld Altamount Nursing Home, Leisureworld Scarborough, Leisureworld Ellesmere, Leisureworld Rockcliffe
  - Mon Sheong
  - Kennedy Lodge
  - Seven Oaks
  - Shepherd Lodge
  - Tendercare Living Centre
  - The Wexford
  - Tony Stacey Centre for Veterans Care
  - Trilogy Long Term Care
  - Yee Hong Centres
2010-2013 STRATEGIC DIRECTIONS AND AIMS
So how are we doing so far?

- Save 1,000,000 Hours of Time Patients Spend in Central East LHIN Emergency Departments by 2013.
- 443,267 Hours Saved
- Reduce the Impact of Vascular Disease in the Central East LHIN by 10% by 2013.
- 17,430 IP Days Saved
HOW ARE WE IMPROVING CARE FOR YOUR RESIDENTS?
Major Recent LHIN Initiatives

- Home First
  - Investments in Home Care services
- Assisted Living for High Risk Seniors
- Geriatric Assessment and Intervention Network (GAIN)
- Restorative Care Programs
- Senior Friendly Hospitals
- Behavioural Supports Ontario
- Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT)
- Integrations to streamline access — hospice services, cardiac rehab, thoracic surgery, community based mental health services
PROPOSED STRATEGIC AIDS FOR THE 2013-2016 IHSP
What is the Integrated Health Service Plan?

- Three-year **strategic plan** and local road map to better health, better care and better value-for-money for the residents and health service providers in the Central East region
- Identifies areas for focused improvement, and outlines **strategic aims for achievement**
- Developed to align the activities and **accountability agreements** of local health service providers as described in the *Local Health System Integration Act, 2006*
Community FIRST

Help Central East LHIN residents spend more time in their homes and their communities.
Context to Community First

Sustainable health care requires

– improved coordination of hospital and community services;
– Attention to quality and safety at every part of the patient’s journey, especially transitions;
– Services that prevent or shorten costly hospital stays; and
– Focus on value-for-money for all services provided.
2013-2016 Priority Areas and Strategic Aims

- Seniors
- Vascular Health
- Mental Health & Addictions
- Palliative Care
Proposed 2013-2016 Integrated Health Service Plan

Reduce the demand for long-term care so that seniors spend 320,000 more days at home in their communities by 2016.

Seniors
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<th>Who is the priority population?</th>
<th>Why Focus on Seniors?</th>
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<tr>
<td>• All Central East LHIN Seniors</td>
<td>• CE LHIN has the largest population of seniors, and it is growing</td>
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<td>• Focus on frail seniors</td>
<td>• By 2021 18% of the population will 65+</td>
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<td>• Individuals who have lost their resilience to “bounce back”</td>
<td>• Frail Seniors have complex and intensive health care needs</td>
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<td>• 123 of every 1000 seniors aged 75+ require Long-Term Care, the third highest rate in Ontario.</td>
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<thead>
<tr>
<th>What does this Strategic Aim Mean?</th>
<th>How?</th>
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<td>• More seniors living in their preferred environment – at home</td>
<td>• Build a stronger community sector through the Community Health Services Integration Strategy</td>
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<tr>
<td>• Shorter wait-times for long-term care due to decreased demand</td>
<td>• Equity of access to specialized geriatric services across the LHIN</td>
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<tr>
<td>• Impacts many seniors and many other aspects of the health care system (i.e. sustainability)</td>
<td>• Implement Resource Matching and Referral (RM&amp;R), an electronic solution for matching the needs of the individual with the appropriate service</td>
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Proposed 2013-2016 Integrated Health Service Plan

Continue to improve the vascular health of residents so they spend 25,000 more days at home in their communities by 2016.

Vascular Health
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<th>Who is the priority population?</th>
<th>Why Focus on Vascular Health?</th>
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<tr>
<td>• Persons with established vascular disease including: cardiovascular and cerebrovascular conditions, vascular dementia and stroke, peripheral vascular disease and atherosclerosis</td>
<td>• Vascular disease is a major causes of illness, disability, hospitalization and death in the Central East LHIN and across Canada.</td>
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<td>• In 2011 over 15% of people with vascular disease were readmitted to hospital within 30 days of their discharge</td>
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<td>• inter-sectoral action between hospital, primary &amp; specialty care, CCAC and community agencies in partnership with patients and their families.</td>
<td>• Ontario Integrated Vascular Health Strategy – Blueprint (Domain 3)</td>
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<tr>
<td>• Reduced initial hospitalizations, readmissions, and hospital days due to preventable adverse events</td>
<td>• Enhanced access to Stroke acute and rehabilitation services</td>
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<td>• Implement evidenced based care pathways for Stroke, CKD and other Quality Based Procedures</td>
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Proposed 2013-2016 Integrated Health Service Plan

Strengthen the system of supports for people with Mental Health and Addiction issues so they spend 15,000 more days at home in their communities by 2016.

Mental Health & Addictions
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<thead>
<tr>
<th><strong>Who is the priority population?</strong></th>
<th><strong>Why Focus on Mental Health &amp; Addictions?</strong></th>
</tr>
</thead>
</table>
| • People in the Central East LHIN who have a self-identified, or diagnosed serious Mental Health and/or Addiction issue  
  • Concurrent disorders  
  • Seniors  
  • First Nations, Metis, Aboriginal  
  • Youth | • High unplanned repeat emergency visits for Mental Health Conditions (17.6%)  
  • Ranked 10th in Ontario  
  • High unplanned repeat emergency visits for Substance Abuse (22.0%)  
  • Ranked 5th in Ontario |

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<th><strong>What does this Strategic Aim Mean?</strong></th>
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| • Design a holistic system that is connected with other health and multi-sectoral partners  
  • Together hospitals and communities will function as an integrated system which will improve capacity, access and value-for-money | • Integration and capacity building between Primary Care and Mental Health and Substance Abuse Service providers  
  • Establish a “menu” of cluster-based services to ensure local access to basic supports  
  • Support the implementation and sustainability of the Ontario Common Assessment of Need (OCAN) and the Integrated Assessment Record (IAR) |
Increase the number of palliative patients who die at home by choice and spend 12,000 more days in their communities by 2016.
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<tr>
<td>• Expand and promote Advanced Care Planning in primary care settings</td>
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<tr>
<td>• Expand and promote standardization of hospice, palliative and end of life care programs in Long Term Care Homes and hospitals.</td>
<td>• Utilize e-Health solutions to improve patient discharge and help clients locate alternatives to care</td>
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<td>• Increase the number of community palliative care nurse practitioner to support individuals, families and professional care givers</td>
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Priorities, Strategic Aims and their Common Themes

Supporting the Strategic Aims are a set of common themes

- Enhancing Access to Primary Care
- Access and Wait Times
- System Design and Integration
- Capacity Planning & Funding Reform
- Transitions in Care & E-Health
- Quality and Safety
Because of LHINs....

• Because of LHINs, health service providers in this region are working towards common goals that will improve outcomes for patients and families.
• We are well aware of the health care challenges facing all of our communities, specifically the most at-risk populations
• We are working with doctors, nurses, community agencies, patients and their families and other health care providers to improve peoples’ experience of the health care system and take what we hear and what we know to make improvements
• LHINs are driving system change so that together we provide local residents with better health, better care and better value for money.
For More Information

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