I VP Report

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Local Health Integration Networks (LHINs)
We’re Off!!!

While it would be easy for me to say that many others have lots to say about LHINs and where they might go, I would be remiss, given the mandate and work of ISAN not to use the introduction of LHINs as my theme for this newsletter. So here goes.

Typical of any new change brought forward there are many unanswered questions, a fair amount of anxiety - high among some, and general uncertainty about what LHINs will mean.

Nevertheless, people are quickly learning the number or name of the LHIN in which they reside, LHIN specific meetings are being called and people are using the acronym LHIN in daily conversations.

So what can we say so far? Well, the LHIN geography or turf has been staked out, subject to some modifications. Their general mandate has been defined and a set of guiding principles has been outlined. Communities across Ontario have been engaged through workshops to define opportunities for integration, and the MOHLTC is producing monthly Bulletins to keep everyone up-to-date. Various groups (including consultants) are writing position papers and generating ideas about what should be done and how the LHINs should go about doing their business. All this before there has been much indication (beyond a date and the appointment of Board members through Orders in Council) of how the LHINs, as an organization will be established.

This is fertile ground for added speculation (ground which I will leave for others).

What I would like to add by way of commentary is that regardless of how LHINs may impact us, we have the first opportunity in a long time, certainly since the HSRC put out its papers on integration in the mid to late ’90s, to have a serious look at systems issues and solutions, rather than individual or sector specific agendas.

The promise of LHINs is that serious health care system issues, which have long been ignored or been frustratingly slow to address, will now have an audience and a way of being resolved.

I have often thought of health care as being like a whole set of loosely connected fiefdoms, each with its own mandate, resources, interests, priorities. Who has the best interests of the person who moves from service to service or from organization to organization at heart? Well, in a way, everyone and no one. Everyone espouses or practices patient or client centred care but they do so from within their organization, not from a system-wide point of view or from the perspective of those who move from service to service, program to program.

If LHINs are going to be successful they are going to have to be seen as enabling, supporting, resourcing and enforcing health system integration initiatives that are, from a system wide perspective, in the public’s best interests. After all it’s the public’s system!
Building on Clinical Success

As VideoCare continues to stabilize the technical and operational components of the network, the team has witnessed a significant increase in the number of clinical consults and also in the number of regional and local clinical programs requesting accesses to the network. 2,904 clinical consultations have occurred over the first 10 months of this year. While mental health and renal dialysis are consistently among the top clinical providers, new clinical programs have been launched in response to local need (tele-wound care and speech therapy). VideoCare’s Clinical Team continues to work with the regional clinical programs and our partner organizations to sustain current clinical activities and to support the development of new activities.

VideoCare is the second largest telemedicine network in Ontario. With 104 telemedicine units deployed across 45 sites in the Southwest region, the total utilization of the network by clinical, educational and administrative applications reached a record-high of 1,103 hrs for the month of October. From a tele-education perspective, the SW Regional Stroke Strategy continues to lead the way in consistently delivering high-value, high-attendance programs across nearly all the sites in the region.

Stabilization continues to be VideoCare’s primary focus. With rapid increase in clinical activity and network utilization, the team is currently undertaking a site readiness process. The goal of the readiness process is to standardize the operational process to schedule, launch and facilitate both education and administrative sessions. Developed in conjunction with the Telemedicine Networks of Ontario, the highest level of site readiness, namely Clinical Readiness, ensures that sites have available the appropriate clinical resources to support the delivery of patient care.

Numbers don’t begin to describe the human impact!

In this era of ‘accountability’ we are committed to being able to describe a program’s success based on quantitative measures such as dollars spent/saved, time saved, percent change in waiting lists, etc. However, numbers alone do not begin to describe how technology has improved the ability to connect patients with healthcare providers, or medical school students training in rural and remote hospitals with their university-based professors. The heart warming stories shared day in and day out by young and old alike confirm the profound impact that the clinical telehealth programs have on the ability to support and provide care for patients, families, and care providers despite geographic and socio-economic barriers.

Telehealth is not about wires or cameras – it’s about bringing people together; patients with their healthcare providers, in the right place - closer to home!

For further information regarding VideoCare, please contact Neil MacLean at (519) 685-8500 x20025

Tell us what you think.

Would you like to submit a story to this newsletter?

Would you like to be added to our distribution list?

Isan@lhsc.on.ca
A busy fall has resulted in a number of new initiatives.

**We are pleased to announce that we have developed our own web-page at [www.lhsc.on.ca/rss](http://www.lhsc.on.ca/rss).** This site is a work in progress and we welcome any suggestions for improvement.

The Regional Stroke Centre LHSC Stroke Prevention and Cardiac Rehabilitation Programs were successful in securing funds to conduct a provincial pilot project. The purpose of the pilot project is to evaluate the feasibility and benefits of providing medical exercise prescription and risk factor management to patients after TIA or mild/non-disabling stroke. The results of this project will be available by January 2006.

The MoHLTC will fund a joint initiative between VideoCare and the Regional Stroke Strategy to implement and evaluate a tele-stroke pilot project between the Chatham-Kent District Stroke Centre and LHSC. This project will encompass the implementation and evaluation of an education and mentorship program, “tele-stroke” (an emergency service to support the delivery of stroke thrombolysis and other acute stroke therapies using video-conferencing and tele-radiology), cost-benefit and recommendations for further development of tele-stroke. This project will move into high gear when the project leader, Jennifer Mills, starts on December 6, 2004.

The RSS will receive $60,000 annually to support professional education. Based on needs and with guidance from the Regional Education Group and the Regional Stroke Strategy Steering Committee, the FY 05 education plan has been submitted.

On September 22, regional rehabilitation stakeholders met to discuss the results of the Southwest and other provincial stroke rehabilitation pilot projects and the provincial stroke rehabilitation business plan. The meeting focused in feasibility and sustainability for SWO in relation to recommendations of the pilot projects and best use of funds targeted for the region in the business plan.

**A strategic planning day was held on November 1** with a focus on discussing the enhanced accountabilities for the Regional and District Stroke Centres and the Regional Steering Committee. Members of the steering committee and stroke centre executive champions attended. As a result of the meeting the terms of reference will be revised and stroke centres committed to moving forward on some key initiatives.

**If you have any questions, suggestions or would like more information** on any of the above items or any aspect of the stroke strategy, **please contact Delynne Felder**, Administrative Assistant, Regional Stroke Strategy. (delynne.felder@lhsc.on.ca)

**Working to provide Ontario with the best possible stroke care.**

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**BRAND NEW Website**

[www.lhsc.on.ca/rss](http://www.lhsc.on.ca/rss)
South West Ontario Perinatal Partnership (SWOPP)

Laura Parizeau, Region Facilitator, ISAN

CEOs Endorse New Terms of Reference
Over the last few months, a newly drafted Terms of Reference for the South West Ontario Perinatal Partnership (SWOPP) was circulated to all hospital CEOs in the region.

CEOs were asked to reaffirm their organization’s participation on SWOPP by endorsing the Terms of Reference, and identifying a senior member (an administrative and clinical leader) to represent the interests of their hospital on the SWOPP executive committee. All organizations have agreed to participate, and endorse the Terms. This presents an excellent opportunity to address clinical issues and concerns, as well as systems issues, since hospitals in the region providing perinatal services are highly interdependent.

One of the key recommendations in the report “AT RISK: Perinatal Services in Southwestern Ontario” (www.lhsc.on.ca/isan/rpsp/rpsp.htm) is that SWOPP take a leadership role in moving the recommendations forward into action.

“New” SWOPP Executive Committee to meet Dec. 2nd
On October 20th, 2004 members of the existing SWOPP executive met to discuss revising the executive as per the newly accepted Terms of Reference, which states that executive membership will include at least one member from the following organizations or networks that active provide perinatal services:
- Bluewater Health (Sarnia-Lambton)
- Chatham-Kent Health Alliance
- Grey Bruce Health network
- Huron Perth (Hospital) Network
- LHSC/SJHC, London (in their role as Teaching Hospitals)
- Midwifery practices in Southwest Ontario
- Regional Perinatal Outreach Program
- Thames Valley Hospital Planning Partnership
- Windsor Essex (Windsor Regional, Leamington Memorial)

The Regional Perinatal Outreach Program, Ministry of Health and Long Term Care (Southwest Regional Office), Integrated Strategic Alliances & Networks (ISAN, LHSC/SJHC, London) and the District Health Councils in Southwest Ontario will all be providing resource members to attend meetings and provide advice and support. Laura Parizeau, Region Facilitator with ISAN, will be providing staff support. The first teleconference of the “new” SWOPP executive will be on December 2nd, with the goal of setting priorities for action to address the perinatal issues in the region.

Ontario Women’s Health Council

Expert Panel to examine access to maternal and newborn care
Increasing concerns about maternity services have prompted the Ontario Women’s Health Council (OWHC) to create an expert panel to review access to maternal and newborn care. The fifteen-member Ontario Maternity-Care Expert Panel will research such issues as: education and training; healthcare human resources; the ongoing monitoring and evaluation of maternity services; funding; and access. It will also gather information on women’s needs, preferences and experiences. The panel will present recommendations for a provincial maternity-care strategy to the OWHC in one year.

Members from the Southwest Region include: Elana Johnson, a registered midwife from London and the current president of the Association of Ontario Midwives, and past co-coordinator of the Canadian Confederation of Midwives; Renato Natale, Chief of Obstetrics at SJHC, London; and Rosana Pellizzari, Medical Officer of Health at the Perth District Health Unit, Stratford office and a practicing family physician. Michael Barrett, Manger of Planning and Support, Ministry of Health and Long Term Care, Southwest Regional Office, will be acting as a resource member. More information is available at http://www.womenshealthcouncil.on.ca/scripts/index.asp
Ontario Perinatal Partnership presents at the OHA Convention

On November 15th, Dr. Renato Natale, Co-Chair of the Outreach Program and the Ontario Perinatal Partnership (OPP), presented at an educational session at the Ontario Hospitals Association’s annual convention. The theme of this year’s convention was Advancing Leadership & Accountability, and Dr. Natale’s presentation Perinatal Care in Ontario: Creating Partnerships to Improve Care provided excellent information related to advancing leadership and accountability for care of mothers and babies throughout Ontario.

For more information, comments or questions, please contact Laura Parizeau at laura.parizeau@lhsc.on.ca or Michael Barrett at michael.barrett@moh.gov.on.ca

Grey Bruce Health Network Launches Website

The Grey-Bruce Health Network (GBHN) is a voluntary formal partnership of the Community Care Access Centre (CCAC) and three Hospital corporations located in Grey-Bruce. The GBHN has become an important mechanism for collaborative action between local service providers to better meet the healthcare needs of its rural residents.

For more details, go to http://www.gbhn.ca.

“Barriers to Integration” in the Southwest

Integrated Strategic Alliances & Networks (ISAN) is undertaking a regional “Barriers to Integration” project, at the request of the Ontario Hospital Association (OHA) Region 5 Executive Committee. The importance of integration efforts has been recognized across the health care system and is an integral component of the Ministry of Health and Long-Term Care’s transformation agenda. The integration project will identify:

- Groups addressing integration issues;
- Barriers to integration;
- What strategies have been used to address barriers;
- What barriers remain unresolved; and,
- Who has the responsibility and accountability for taking action to address identified issues.

Phase One of the integration project entails a regional inventory of groups in Southwest Ontario working to integrate the delivery of health care services across all or part of the continuum of health services, delivery sites, or service providers. The information provided will be used to create a profile of each group. Once compiled, the information will be made available on the ISAN public website (www.lhsc.on.ca/isan), and to provincial authorities (such as the Ontario Hospitals Association and the Ministry of Health and Long-Term Care).

Phase Two of the integration project will involve an in-depth examination of the barriers to integration and strategies for success in the Southwest Region. This work will engage only a sample of groups from phase one, and will consist of focus group meetings with identified groups. It is hoped that the final report will be presented at the next OHA conference in Toronto – November 2005.
**People on the Move…**

**Sue Hocking,** Coordinator with ISAN, has decided not to return to her position following her maternity leave. She will be greatly missed but I am sure everyone can appreciate her decision to spend time with her two young boys.

**Mr. Neil McEvoy** has been appointed to the position of President and CEO of Hotel-Dieu Grace Hospital in Windsor. Mr. McEvoy is currently the Associate Executive Director at Hotel-Dieu Hospital in Kingston, with over sixteen years of experience in the health care field. At the executive level he has successfully managed numerous portfolios including Medical Staff, Diagnostics and Therapeutics, Finance, Information Systems, and Ambulatory Clinics. He assumed his duties on November 22, 2004.

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**Congratulations to**

**STEVE ELSON**

**Director, Integrated Strategic Alliances & Networks (ISAN)**

Steve was presented with the 2004 R. Alan Hay Hospital Executive Award at OHA HealthAchieve 2004, having been nominated by the OHA Region 5 Executive Committee.

This is an educational grant, which has traditionally been awarded annually to three Masters of Health Administration students in Ontario; one from each of the universities that offer this program. The 2004 award has been expanded to include both hospital Trustees and Executives. Next year there will be one student, one Trustee and one Executive Award. The award comes with a $5,000 bursary, which will be matched by the OHA Region 5, for a total of $10,000.

Steve will be researching governance and management models that support health services integration, and will present his completed report at the OHA Conference in the fall of 2005.