Regional Health Planning Partnership

REGIONAL INTEGRATION IN SOUTHWESTERN ONTARIO

A profile of Regional and District Integration Initiatives and Networks

February 2004

This paper was prepared by:
Steve Elson, Manager
Integrated Strategic Alliances & Networks (ISAN)
London Health Sciences Centre and St. Joseph’s Health Care, London
www.lhsc.on.ca/isan

Additional materials were provided by the Essex, Kent and Lambton; Grey Bruce Huron Perth; and Thames Valley District Health Councils and the Southwest Regional Office of the Ontario Ministry of Health and Long-Term Care.

The Regional Health Planning Partnership is a collaborative health system planning group involving the District Health Councils; Regional Office, Ministry of Health & Long-Term Care; and, Integrated Strategic Alliances & Networks (ISAN) of the London Health Sciences Centre and St. Joseph’s Health Care, London.
PREAMBLE
In order to have a regional healthcare system that is fully integrated, there are a number of important components that need to be in place.

These include:

1. Having a regional organizational structure and processes to lead and support regional priority setting and decision-making;

2. Having a collaborative management structure and processes that can bring key management staff together to address integration issues and opportunities (clinical, technological etc.) including making decisions regarding the allocation or reallocation of resources;

3. Having the capacity to do system planning and evaluation to ensure the system is evolving as intended and that the protocols etc. put in place to support integration are effective;

4. Having the capacity to integrate clinical support and communications services so that they can support the provision of care on a regional basis, not only within a particular sector of services (among hospitals for example) but also across sectors (e.g., between community services and hospitals);

5. Having the capacity to take a broad systems approach to the provision of health care, especially for those populations that have chronic diseases so that the priority setting and decision-making factors in the full continuum of care - from health promotion and prevention through acute care, rehabilitation and on-going community support services;

6. Having the capacity to support program and service evaluation and to promote and share evidence-based interventions among service providers so that the consistency and quality of care across providers is as high as possible.

7. Having financial incentives in place that promote integrated service delivery and enable regional integration initiatives to be sustained on an on-going basis.

8. Having expertise in change management, facilitation, negotiation and conflict resolution available to provide leadership and support to system and health care integration initiatives.

A map and profile of some of the characteristics of Southwest Ontario are included on pages 7 and 8 of this paper.
A Profile of Regional Integration Initiatives in Southwestern Ontario

In terms of addressing the components of regional integration as outlined on the previous page, there are a number of initiatives that have been taken in Southwest Ontario that are important to note:

**Regional Imaging Needs Assessment Project**
This project was undertaken as a region-wide process to assess current and future diagnostic imaging service needs in the region. (to see a copy of the final report visit [http://www.lhsc.on.ca/isan/rip/rip.htm](http://www.lhsc.on.ca/isan/rip/rip.htm)

**Southwest Ontario Digital Imaging Network Project**
This project, currently being implemented among the Thames Valley hospitals, will use digital technology to support the integrated delivery of diagnostic imaging services throughout Southwest Ontario. For more information visit [http://www.lhsc.on.ca/isan/imaging/home.htm](http://www.lhsc.on.ca/isan/imaging/home.htm)

**VideoCare - Southwest Ontario Telehealth Network**
VideoCare links all of the hospital sites in Southwest Ontario together through a secure telemedicine network. It supports the regional integrated delivery of clinical services, education and system administration through videoconferencing.

**Mental Health Networks – Local and Regional (proposed)**
The Southwest Mental Health Implementation Task Force, whose report was recently released by the Minister of Health & Long-Term Care (December 12, 2003), has put forward a governance model for the coordination of mental health services in Southwest Ontario. This model calls for the establishment of a number of local networks and a regional network. [http://www.health.gov.on.ca/english/providers/pub/mhitf/south_west/south_west.html](http://www.health.gov.on.ca/english/providers/pub/mhitf/south_west/south_west.html)

**Regional Cardiac Care Services Network**
This network, while still in its formative stages, is designed to be a regional forum to address the coordination of cardiac services delivery in the region, especially in light of the high mortality rates associated with cardiac disease in Southwest Ontario.

**Regional Perinatal Services Project**
This project is designed to "identify viable and practical strategies to ensure on-going access to appropriate perinatal care throughout the region, using a collaborative, partnership approach". The recommendations coming out of this project will establish a framework and action plan for the future.

---

1 This list of initiatives, projects and networks is not intended to be exhaustive but to capture those with which the author is most familiar.
development and organization of hospital-based perinatal care. For more information go to http://www.lhsc.on.ca/isan/rpsp/rpsp.htm

Southwest Ontario Geriatric Assessment Network (SWOGAN)
This is a regional clinical network that brings together agencies that serve elderly persons. Through this network local teams have developed the capacity to undertake the primary assessments of elderly persons who present with health care problems. For more information see http://www.swogan.ca/

Southwestern Ontario Medical Education Network (SWOMEN)
The Southwestern Ontario Medical Education Network (SWOMEN) is an initiative of the University of Western Ontario’s Faculty of Medicine and Dentistry, the University of Windsor and communities throughout Southwest Ontario. Through SWOMEN rural / regional and Windsor-based medical education and training experience is being provided to undergraduate and postgraduate trainees from the University of Western Ontario. For more information go to http://www.med.uwo.ca/education/SWOMEN/

Southwest Ontario Perinatal Partnership (SWOPP)
SWOPP is a clinical network that brings together providers of perinatal services in Southwest Ontario, primarily hospital-based services. Through this network standardized reporting processes and evidence-based protocols for addressing the perinatal needs of mothers and babies have been developed. For more information about SWOPP as well as the Regional Perinatal Outreach Program of Southwestern Ontario go to: www.sjhc.london.on.ca/sjh/profess/periout/periout.htm

South Western Ontario Regional Stroke Strategy
The Regional Stroke Strategy in Southwest Ontario (part of the Ontario Stroke Strategy) is working collaboratively with health promotion, prevention, acute, rehabilitation and long-term care providers throughout the region. The goal is to develop stroke services and protocols that will support improvements in the quality of stroke care throughout the region and help manage expected increases in service demands in the coming years. For more information go to http://www.lhsc.on.ca/isan/rss/rss.htm

ENABLING REGIONAL HEALTH SYSTEM DEVELOPMENT
The focus of health system development is on developing the organizational linkages and infrastructure to support regional integration.

Community Care Access Centres – Southwest Ontario Executive Director’s Group
On a monthly basis the Executive Directors of the nine CCACs in the Southwest region meet to exchange information and coordinate their responses to region-wide issues.

Ontario Hospital Association - Region 5
On a bi-monthly basis the Regional Council Executive Committee (RCEC) meets to address OHA-specific hospital issues and well as regional system issues from a regional hospital perspective.

Regional Health Planning Partnership
On a monthly basis, the three District Health Councils in Southwest Ontario, the regional office of the Ministry of Health & Long-Term Care (MOHLTC) and the ISAN portfolio meet to exchange information and coordinate efforts to support current regional planning and coordination initiatives.
Regional Integration in Southwest Ontario

Regional Partnership Leadership Forums
Twice a year, with the support of the Integrated Strategic Alliances & Networks (ISAN) portfolio of the London Health Sciences Centre and St. Joseph’s Health Care, London, day-long forums are held that bring senior health care leaders from across the region together to discuss regional health care issues. Past themes have included Telehealth, Genomics, primary health care reform, new models of medical education, laboratory reform and regional initiatives. The next forum (to be held on April 1, 2004) will focus on regional integration. For more information see http://www.lhsc.on.ca/isan/partners/partners.htm

Sub-regional Hospital/Health Networks
In addition to these regional forums, there are three rural and northern healthcare framework-based hospital networks in Southwestern Ontario – one in Grey Bruce (Network #2), one in Huron Perth (Network #10) and one in Thames Valley (Network #5). The Grey Bruce Health Network, in addition to the hospital members, includes the District Health Council and Community Care Access Centres as full members. These networks provide sub-regional forums for collaborative planning and actions to be taken among the participating organizations. With respect to Windsor-Essex, Chatham-Kent and Sarnia-Lambton, both Chatham-Kent and Sarnia-Lambton have fully integrated or merged hospital systems. There is a high level of collaboration and increased integration among the three hospitals in Windsor-Essex. Among the many integrated services to-date in Essex County, the most significant ones are the Integrated Laboratory Services and Integrated Chief Information Officer among the three hospitals. In addition three broader system coordination groups (Sarnia-Lambton, Chatham-Kent and Essex County), organized through the Essex Kent and Lambton District Health Council, meet on a regular basis.

A profile of the integration initiatives being supported by the three District Health Councils in Southwestern Ontario is included on pages 9-15 of this paper.

Basic Prerequisites

Behind each of the networks and initiatives profiles above are some basic prerequisites that have enabled them to evolve from words and good intentions to action and commitment. These include:

- An recognition that in order to serve the best interests of patients, health care organizations need to collaborate
- An understanding that collaboration and partnership development is something that requires a set of skills, abilities, attitudes and perspectives, and that these can be learned and developed with learning, time and experience
- An understanding that individual and organizational interests can be balanced with broader health care system interests
- An understanding that there is a responsibility among service providers and organizations for the effective delivery of health care that goes beyond particular boundaries and mandates, and that this responsibility does not fall to government

For an excellent review of this subject visit The Change Foundation website and their publication, Cooperation & Collaboration: Melding Tradition with Innovation.
http://www.changefoundation.com/tcf/tcfbul.nsf/(S001)/435CB6BD9442323D85256D82004E703D
Summary of the fit between regional initiatives and components of regional integration

<table>
<thead>
<tr>
<th>Integrated Priority Setting and Decision-making</th>
<th>Collaborative Management</th>
<th>Integrated System Planning and Evaluation</th>
<th>Integrated Clinical Support and Communications Systems</th>
<th>Integrated Service Delivery</th>
<th>Integrated evidence-based approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>VideoCare</td>
<td>VideoCare</td>
<td>Regional Imaging Needs Assessment Project</td>
<td>VideoCare</td>
<td>VideoCare</td>
<td>VideoCare</td>
</tr>
<tr>
<td>CCAC Executive Director’s Group</td>
<td>CCAC Executive Director’s Group</td>
<td>Regional Perinatal Services Project</td>
<td>Southwest Ontario Digital Imaging Network Project</td>
<td>Regional Perinatal Services Project</td>
<td>Southwest Ontario Digital Imaging Network Project</td>
</tr>
<tr>
<td>Regional Stroke Strategy</td>
<td>Regional Stroke Strategy</td>
<td>Regional Stroke Strategy</td>
<td>Regional Stroke Strategy</td>
<td>Regional Stroke Strategy</td>
<td>Regional Stroke Strategy</td>
</tr>
<tr>
<td>Sub-regional hospital/health networks</td>
<td>Southwest Ontario Digital Imaging Network Project</td>
<td>Regional Health Planning Partnership</td>
<td>Sub-regional hospital/health networks</td>
<td>Regional Cardiac Care Services Network</td>
<td>SWOGAN</td>
</tr>
<tr>
<td>Sub-regional hospital/health networks</td>
<td>Sub-regional hospital/health networks</td>
<td>Regional Cardiac Care Services Network</td>
<td>Mental Health Networks (proposed)</td>
<td>SWOPP</td>
<td>SWOPP</td>
</tr>
<tr>
<td>OHA Region 5 RCEC</td>
<td>SWOMEN</td>
<td>SWOMEN</td>
<td>SWOMEN</td>
<td>SWOMEN</td>
<td>SWOGAN</td>
</tr>
</tbody>
</table>

While the various regional initiatives, projects and networks outlined above do not provide an exact fit with the components of regional integration as set out, the summary table illustrates that single initiatives are playing multiple roles from a regional integration perspective. They will continue to evolve.

**Concluding Remarks**

There is a consistent history of collaboration and partnership development in Southwest Ontario that provides a solid footing on which to grow and develop. There is a culture of collaboration that has enabled the Southwest Region to realize important improvements in the development of the health care system that would otherwise not have been possible.

Some of the regional projects (the Regional Stroke Strategy for example) are, at this time, very well developed and enjoy the advantages of having both provincial financial and policy frameworks to support their evolution. Although a policy framework is a key enabler, progress and success on regional integration initiatives can be achieved, with extended timelines and regional leadership.

One component that currently needs further attention and development is regional integration priority setting and decision-making. This needs to be addressed in order to provide the organizational infrastructure and broad regional leadership necessary to sustain specific regional initiatives and their ongoing development.

---

2 Collaborative Management at this time only applies to the eight Thames Valley hospitals.
A PROFILE OF SOUTHWESTERN ONTARIO

Total population 1,479,986 (Census 2001)
Total sq kms 28,838.38
Ave pop per sq km 51.3
% rural 25.0%
% urban 75.0%

There are eight cities in Southwest Ontario – Chatham, London, Owen Sound, Sarnia, St. Thomas, Stratford, Windsor and Woodstock.

Of the 10 counties in Southwest Ontario, two - Huron County and Bruce County have no cities within their boundaries. The other eight have one city each.

Census Metropolitan Areas (CMAs) in Southwest Ontario
London 432,451
Windsor 307,877

In 2001, these two CMAs account for 50% of the total population of the region.

Number of Hospital Corporations/Alliances 19
Number of hospital sites 41
Acute care sites 38
Mental Health only sites 2
Rehabilitation Care only sites 1

Number of multi-site hospital corporations/alliances 8
Number of multi-community corporations/alliances 7

Number of hospitals by level of care*:
Primary Care hospitals 24
Secondary Care hospitals 6
Tertiary Care hospitals 4

* Multiple secondary and tertiary care sites within a single corporation/alliance are only counted once

Number of Active Physicians 2,290
Specialists 1,238
Family Practice Physicians 1,052

Number of Public Health Units 9
Number of Community Care Access Centres 9
Number of District Health Councils 3

Number of LTC facilities 109
Nursing Homes (private) 77
Charitable Homes for the Aged 10
Municipal Homes for the Aged 22
A Profile of District Integration Initiatives in Essex, Chatham-Kent and Lambton

The Essex Kent and Lambton District Health Council is currently leading the following local integration initiatives.

**System Integration Initiatives**

1) System Coordination Groups – Three groups currently meet regularly in Windsor/Essex, Chatham-Kent and Sarnia/Lambton to identify and discuss issues of mutual concern and provide a forum for coordination. Membership includes CEOs from all major health agencies.

2) Health System Monitoring Report – This annual report provides district, regional and provincial information on a number of key indicators, which cut across all sectors health and the health care system. Health care providers use the information for service planning and coordination.

**Long Term Care Integration Initiatives**

1) LTC/CCC Strategic Planning – This project is reviewing the current and future need for complex continuing care services as they relate to LTC facilities, CCAC services and other related services.

2) Transitions from Children’s Services to the Adult Service System – This project will identify transition issues and coordinated responses.

3) Supportive Housing – A needs assessment to determine the role and capacity of supportive housing for the physically disabled relative to other possible housing alternatives.

**Mental Health Integration Initiatives**

Mental Health System Coordination Groups – Three groups of stakeholders currently meet regularly in Windsor/Essex, Chatham-Kent and Sarnia/Lambton to identify and discuss mental health service issues and provide a forum for coordination. Currently, a number of projects are taking place under the guidance of these groups.

- Development of formal mental health networks
- Transitioning from children’s services to adult services (transitional youth)
- Formalized access to mental health services
- Coordinated education for physicians and other mental health providers
- Sharing of in-kind resources for improved psychiatrist recruitment/retention
- Coordination of services for those with concurrent disorders (mental health and addictions)
Other Integration Initiatives

1) Nurse Practitioner Primary Care Services – Proposals for primary care NP services for two different communities were developed and implemented, involving a coordinated effort of a variety of stakeholders (i.e. physicians, CCAC, hospital, municipalities etc.)

2) Diabetes Service Model Development – A service model has been developed with stakeholders to promote access and coordination of a variety of related services
A Profile of District Integration Initiatives in Grey Bruce Huron Perth

The Grey Bruce Huron Perth DHC is currently providing the lead or plays a major leadership role in the following local integration initiatives:

System Integration Initiatives:

- DHC has recently produced, as a discussion document, “Initial Analysis of the GBHP Health System”. This report represents the DHC’s first-ever analysis of how effectively the local health system is meeting the needs of GBHP residents and examines the degree to which integration is being achieved in the GBHP through networks, alliances and partnerships.

- DHC is a regular participant with 30 other health and social service organizations at a Grey Bruce Area Providers Forum. The Forum meets quarterly and provides an opportunity to learn about new local health initiatives and to engage in collective problem solving. The DHC has been requested to lead a discussion on system integration at the Forum’s May 2004 meeting, based on the finding of the Council’s recently completed health system analysis.

- DHC recently facilitated a one day forum, “Opening Doors to Shared Commitments”, hosted by the Community Advisory Council of the Huron & Perth CCACs. The purpose of the forum was to promote increased communication and linkages of key partners including CCACs, hospitals, long-term care facilities and community support services.

Hospital Network Integration Initiatives:

- DHC provides facilitation and planning support to help the Grey Bruce Health Network (GBHN) achieve its stated goals. The Network is composed of the 3 hospital corporations in Grey Bruce and the Community Care Access Centre. A legal agreement binds the four corporations to collectively develop and implement ‘shared deliverables’ in the following areas: Clinical Services Planning; Common Physician Credentialing; Health Human Resource Planning (Physicians and other Health Care Professionals); Information Management Planning; Shared Support Services; Clinical Pathways; and a Patient Repatriation Strategy.

- DHC is supporting the development of a comprehensive clinical services plan for the GBHN that looks at all hospital services (acute care, mental health, rehabilitation, complex continuing care) from a population health perspective. The target completion date for the plan is spring 2004. It will set out a number of recommended strategies for the Network partners to work collectively to improve the integration of clinical services.
Mental Health Integration Initiatives:

- DHC has taken the lead in the establishment of the Huron Perth Mental Health Network and the initiation of the Grey Bruce Mental Health Network. These Networks provide a forum for information sharing, problem solving, and coordination of services, along with enhancing linkages with other service providers.

- DHC established the Huron Perth Dual Diagnosis Committee and provided leadership to both the Huron Perth and Grey Bruce committees, which provide a forum for developmental service providers and mental health service providers to work together to coordinate and enhance services for people with a developmental disability and mental illness.

- DHC is providing planning support to child/adolescent mental health service providers and adult mental health service providers in the development of a plan to implement four child and adolescent acute inpatient psychiatry beds at the Schedule 1 facility in Grey Bruce.

- DHC initiated the Grey Bruce Human Services and Justice Coordination Committee that brings together stakeholders from various Ministries (i.e., Health and Long Term Care, Community and Social Services/Children’s Services, Education, Attorney General and Community Safety and Correctional Services) along with parents. This committee has been established to divert people with a mental illness from the justice systems to the human services systems by improving cross-sector communication, knowledge and coordination of services.

Long Term Care Integration Initiatives:

- DHC has completed an Adult Day Program Review in Grey-Bruce. This project reviewed day program services delivered through long term care community support agencies and hospital corporations. It made a series of recommendations for a future model of integrated primary health care monitoring-social/recreation services to help frail and/or cognitively impaired elderly and their caregivers.

- DHC is playing a leadership role in the Huron County - Aging & Developmental Disabilities Project which brings together developmental service agencies (i.e., Associations for Community Living), long term care community support agencies and long term care facilities in Huron County. These agencies are integrating some of their policies and protocols to help manage the special needs of aging developmentally disabled adults.

- DHC facilitated a process to develop an integrated service delivery model in Grey Bruce to address the needs identified in the DHC’s Paediatric Acquired Brain Injury Report.

Human Services Integration Initiatives:

- DHC is currently co-leading a process to examine opportunities to improve the mechanisms now in place to plan and take collective action for the benefit of the health and well-being of children, youth and their families in Grey and Bruce counties. In partnership with the United Way, the DHC is working with the school boards, social service agencies, municipalities, health agencies and Ministry representatives on this project.

- DHC plays a leadership role in organizing and co-sponsoring an Annual Local Voices Event in Perth County. This event provides an annual opportunity for volunteers, service providers, community organizations and government to come together to focus on a local issue and develop some collective strategy to address the issue. This year’s event focused on increasing local capacity through innovative volunteerism.

- DHC is playing a lead role in working with key stakeholders (including United Way, Perth County Community Planning Council, local municipalities, Senior Services Network) to explore the development of a social planning organization for Perth County.
Integrated Information Technology Systems:

- DHC is a key partner in a Task Group with representation from: Information Management Services at each of the three Grey Bruce Hospitals Corporations, the Community Care Access Centre, and the DHC. The Task Group was formed to develop a Common Health Information Management Plan, an initiative of the Grey Bruce Health Network.

- The DHC is a partner in the Bluewater Connects Community network proposal that includes a health care component. This is a network infrastructure project, which will allow connectivity between some of the more remote areas of Bruce and Grey Counties.

- DHC is a partner in Huron Perth Connect Ontario which offers an opportunity to attract provincial funding to support service delivery priorities and initiatives of health, caring and community organizations in the Huron Perth region. The goals of the project are to: (1) make reliable, affordable high speed, broadband Internet access available to every business and residence in Huron and Perth counties; and (2) provide the capability for local government, institutions, healthcare organizations, businesses, and community organizations to extend and enhance their services through adopting leading edge information and communications technology (ICT).
A Profile of District Integration Initiatives in Elgin, Middlesex, Oxford and the City of London

The Thames Valley District Health Council (TVDHC) is currently leading the following local integration initiatives.

System Integration Initiatives

1) Health System Planning Committees – Reporting directly to TVDHC, four Health System Planning Committees currently meet regularly in Elgin, London, Middlesex and Oxford to identify and discuss issues of mutual concern and provide a forum for coordination, planning and developing recommendations to Council. Membership includes local providers, consumers and municipal representatives. Current priorities include Primary Health Care, Integration, Information Technology, Children with High Needs, Environmental Scanning, and Health System Monitoring.

2) Thames Valley Hospital Planning Partnership: Together with the eight Thames Valley Hospitals, Council helped form and continues to support this Partnership. This Partnership is achieving integration on many fronts including Diagnostic Imaging, Laboratory Services, Clinical Care, and Capital Planning. TVDHC provides the planning support to this major ongoing initiative.

French Services Integration Initiatives

1) The Virtual Team Pilot Project is designed to meet the health and social service needs of Francophone children, ages 0-18, and their families residing in the City of London. It is based on the sharing of French-speaking health and social service providers from among existing health and social service agencies without the creation of a separate infrastructure. TVDHC’s French Languages Services Committee and its French Languages Coordinator provide leadership and supporting roles to this unique integration strategy.

2) Council’s French Languages Services Committee provides a forum for health providers from every aspect of the London Health System to explore integration activities.

Mental Health Integration Initiatives

1) Mental Health Network – Three networks / alliances with core mental health agencies / organizations and community health and social service agencies meet regularly in the Middlesex/London, Elgin and Oxford County communities. TVDHC helped develop and continues to support these networks/alliances. The networks/alliances’ priorities include:
   - Enhancing community service capacity for mental health services;
   - Creating a local system that is integrated, accessible and accountable for those with serious mental issues; and,
   - Working with regional office of the MOHLTC and DHC to identify issues and solutions, which can be implemented.
2) Children’s Mental Health – Staff assist the Ministry of Children Services as they plan for core mental health services for children.

Health Human Resources Integration Initiatives

1) Health Human Resources Planning Committee – Reporting to TVDHC, Committee members, from the four planning areas and most health professional groups, meet to provide leadership and support to committees of Council in the area of health human resources, and support integrated health human resource planning in Thames Valley.

✓ Nursing Steering Committee is developing local strategies dealing with nursing supply in Thames Valley with an emphasis on recruitment and retention issues.

  - Recruitment and Retention (R&R) Sub-Group of the Nursing Supply Workgroup is responsible for reviewing current Best Practices in Thames Valley in the area of nursing recruitment and retention.

  - PSW (Personal Support Worker) Workgroup (starting in March 2004) - This group has developed a report similar to the Nursing Supply Report. The focus will be on understanding demand, projecting supply and looking at integration improvement strategies.

Other Integration Initiatives

1) Oxford and Elgin Stroke Working Groups – These Groups meet to facilitate and coordinate the development of an integrated delivery system for best practice stroke prevention, care and rehabilitation. The Middlesex Alliance is supporting this development in Middlesex.

2) Long Term Care Integration Initiatives - The Palliative Care Implementation Partnership chaired by staff is defining a single point of access for end-of-life care, and building a complete database for Information and Referral (I&R) purposes through thehealthline.ca partnership.