

Regional Affairs & Special Projects - update to the OHA Region 5 RCEC

MEETING DATE: August 24, 2010

FROM: Steve Elson, Director, Regional Affairs & Special Projects

REGIONAL INITIATIVES & PROJECTS

Changes in the care people with Kidney Disease

*This report was submitted by **Sharon White**, Regional Director, South West LHIN Ontario Renal Network & Director, Regional Renal Program, London Health Sciences Centre*

The Ontario Renal Network which was established in 2009 has now appointed LHIN Regional Directors in each of the 14 LHINs in Ontario. This is a part time role and responsibilities include ensuring a process for regional stakeholder participation in achieving the following:

1. Improving the quality of care and outcomes in all steps the in the Chronic Kidney disease pathway
2. Enhancing earlier detection and slowing the progression of kidney failure
3. Increasing the prevalence of home and care closer to home dialysis

The Regional Director (RD) appointed for the SW LHIN is Sharon White who will also continue in her leadership role as the Director of the Regional Renal Program. Sharon will work closely with the RD in the Erie St. Clair LHIN since two of the London program satellites (Bluewater Health and CKHA) are in the Erie St. Clair LHIN. The Regional Director for the Erie St. Clair LHIN is Patricia Dwyer.

Sharon will also work closely with other stakeholders in the SW LHIN who are involved with Chronic Disease Management to reduce the growth rate of kidney disease.

Other regional renal collaborative efforts include:

1. Enhancing the partnership of LHSC and Bluewater Health in Sarnia to expand hemodialysis services in the new hospital
2. Submission of a joint proposal to the South West and Erie St Clair LHINs by LHSC and CKHA to expand the hemodialysis unit in Chatham.

For more information contact Sharon White, sharon.white@lhsc.on.ca

For more information about the **Ontario Renal Network** visit their web site at www.renalnetwork.on.ca/

Regional Systemic Therapy Services

*This report was submitted by **Brian Orr**, Regional Vice President, South West Regional Cancer Program & Director, Vice President Cancer Services, London Health Sciences Centre*

The provision of systemic therapy services on a regional basis is one of the important components of the South West Regional Cancer Program. Within the South West LHIN systemic therapy services are provided to cancer patients at the Owen Sound, Stratford, Wingham, Woodstock and St. Thomas hospitals along with the London Regional Cancer Program. In addition, London supports systemic therapy services in Sarnia and Chatham/Kent in collaboration with the Windsor Regional Cancer Centre. A goal of the regional cancer program is to increase the volume of systemic therapy provided in the community hospitals as part of the strategy to locate appropriate cancer care services "closer to home" at suitable locations across Southwestern Ontario. One of the challenges has been to provide sufficient funding and other support services to enable community hospitals to sustain and increase their systemic therapy capacity.

This year work continues, with support from Cancer Care Ontario, to increase funding and financial stability for systemic therapy provided at community hospital sites - to increase allocated volumes, and to improve other support needed to provide timely and safe care to cancer patients at all locations. In addition, support is being provided to the Woodstock General Hospital to gain approval to open a new 6 chair chemotherapy suite in their new hospital. The goal is to increase the delivery of systemic therapy, at community hospital locations from the current 21% to over 25% in the next three years.

For more information contact Brenda Fleming, brenda.fleming@lhsc.on.ca

Hospital Patient Access & Flow Project – South West LHIN

This project went "live" on May 4, 2010. On this date a single "One Number" contact number at each hospital in the South West LHIN began to be used to expedite access to consultations or transfer of patients whose immediate health care needs cannot be addressed by the facility in which they are currently located.

Up until May 4, 2010 physicians with a patient about whom they needed advice or who they needed to transfer to another hospital called CritiCall (www.criticall.ca) or the physician specialist they knew and respected. Then once the physicians talked either advice was given or a decision was made to transfer the patient. The hospital to which the patient was being sent was, unfortunately, not part of this conversation. The hospital staff would only find out after the fact that a decision to transfer a patient had been made. This put hospital staff in a reactive position rather than one in which they could proactively manage the added demands being placed on them.

The "One Number" protocol has changed all this. Now both physicians and hospital staff are on the phone at the same time sharing key information that will support fully informed decision-making. It also means that hospital staff is able to expedite the work that needs to be done to get things happening as quickly as possible to prepare for the patient, arrange for transportation etc. The role of EMS and CACC services does not change with the introduction of this protocol.



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On the back side of the process – if patients need to be returned to their community hospital, staff at the sending and receiving hospitals now work together, in advance, to ensure the patient is appropriate. This happens up to 48 hours before the patient is ready to be transferred. After this, they arrange for the physicians to receive information and talk about medical issues. It allows the physicians to focus on what they know best – providing medical care – and enables other parts of the process to be managed by hospital staff.

Steps are currently being taken to collect both quantitative and qualitative information to access the impact of the protocol and determine what changes should be made to both the protocol and support tools that have been developed.

Thanks to the SW LHIN, project documents are now being posted to the open section of the SW LHIN web site and can be assessed by going to
http://www.southwestlhin.on.ca/Page.aspx?id=4250&ekmense1=e2f22c9a_72_238_4250_7

For more information contact:

Catherine Glover, Director, Corporate Clinical Operations, London Health Sciences Centre catherine.glover@lhsc.on.ca; **Ann Toman**, Manager, Patient Access, London Health Sciences Centre ann.toman@lhsc.on.ca or **Steve Elson**, Director, Regional Relations & Special Projects (London Health Sciences Centre and St. Joseph's) steve.elson@lhsc.on.ca

South Western Ontario Maternal, Newborn, Child and Youth Network (update)
 (Formerly the Ontario Perinatal Partnership (SWOPP) and the Regional Pediatric Network (RPN))

*This report was submitted by **Felix Harnos**, Regional Leader, South Western Ontario Maternal, Newborn, Child and Youth Network*

The purpose of the South Western Ontario Maternal, Newborn, Child and Youth Network (MNCYN) is to enable the consistent delivery of safe, quality maternal, newborn, child and youth care in across our region. The Network covers the Erie St. Clair and South West LHIN geography.

The South Western Ontario Paediatric Advancement Program

In response to clearly expressed regional needs, one of the current key Network activities has been the development of a paediatric outreach program. As of early August, the program's staffing requirements have been met and it is now well-positioned to work with our regional partners in achieving our common goals, including:

- Better health outcomes;
- Better operational management;
- Better systems integration; and
- Enhanced learning and growth.

Short-term Network Priorities

At their most recent meeting, the MNCYN Regional Steering Committee identified a set of three short-term priorities for our region:

1. Shaken Baby Syndrome Prevention → This effort is aimed at implementing an empirically-based prevention program to reduce a **preventable** health burden in the Southwest Region. It incorporates best practices, but goes beyond that by:

- Using an empirically tested program (*The Period of PURPLE Crying®*) previously tested in British Columbia;
- Using the home visitor nurse program, unique in North America for optimal program delivery; and
- Bringing about a cultural change in understanding crying and shaking baby syndrome to sustain improvement.

All hospitals providing obstetrical services have either implemented the program or are in the process of doing so. Although this initiative is being introduced in hospitals with obstetrical programs, it was agreed that broader implementation would be beneficial. (i.e. Emergency Departments, school boards, police, fire, emergency services transport, Children's Aid Society, etc.).

2. Regional "dashboard" → Making effective and efficient use of Network resources will require increased reliance on data to inform future regional activities. To this end, the MNCYN will develop a regional dashboard to track 10 -15 key indicators.

3. Order Sets/Care Paths → The regional task force charged with the development of perinatal and paediatric order sets is currently working on eight care plans, most of which being either complete or nearly complete. Once finalized, the Network has committed to piloting these care plans before rolling them out to the region. Next steps will include:

- Outlining a regional deployment strategy;
- Developing a regional order set evaluation approach.

For more information about this project or any aspect of this regional Network contact Felix Harnos at felix.harnos@lhsc.on.ca

LHSC and St. Joseph's initiate clinical services visioning process

Called Vision 2020, LHSC and St. Joseph's have initiated a joint clinical services visioning process.

The purpose of the process is to:

- address future clinical service needs for the community,
- identify the clinical care components and their capacity within the campus of care,
- determine the academic and research requirements essential for our academic health sciences centre/network,
- inform human resource planning and the development of education, training, talent management and career planning programs,
- set the context for a new master program and master plan for each hospital organization,



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- establish the capital and operational resources required to accommodate the master program and master plan, and
- identify priorities for facility development.

A consultation paper has been produced and meetings will be taking place during August and September to get feedback to the paper. It is expected that the consultation paper will be posted on the internet of both hospitals. The RCEC will be notified once this happens.

Thames Valley Hospital Planning Partnership

- **Voluntary Integration Initiative**

By the end of September it is expected that each of the eight hospital Boards in the Thames Valley Partnership will have approved a set of Guiding Principles that will guide their decision-making in the area of voluntary integration.

- **Physician Services Planning**

The Chiefs of Staff Committee of the TVHPP in collaboration with the South West Regional Hospital Lab Alliance (SWRH LA) has developed a plan to address the current and pending shortage of pathology and lab services among the community hospitals in the TVHPP. The report has been tabled with the Executive Committee for review and approval.

- **Annual Retreat – TVHPP**

On the evening before the upcoming OHA Region 5 conference, the TVHPP will be holding its annual retreat in Stratford. The retreat theme is “Challenges and Opportunities” and it will cover two themes: the impact of recent legislative changes on Board, CEO and Chiefs of Staff relationships, and who to strengthen the delivery of secondary level services among community hospitals.

- **Northern and Rural Hospital Network survey**

As a way to put its own future in context, the TVHPP has undertaken a survey of the original Northern and Rural Hospital Networks proposed by the MOHLTC in 1999. The goal is to gain an understanding of what changes have taken place with these networks since they were established; knowing that some no longer exist while others continue to be active. The results will be tabled with the Executive Committee in September.

For more information about the TVHPP contact **Paul Collins**, President and CEO, St. Thomas Elgin General Hospital and Chair, TVHPP Executive Committee pcollins@stegh.on.ca or **Steve Elson**, Director, Regional Affairs & Special Projects at steve.elson@lhsc.on.ca.

Southwestern Ontario Stroke Network

(Information provided by Sharon Mytka, Manager, Southwestern Ontario Stroke Network
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Report to OHA Region 5

August 2010

Annual Report

A summary of the activities and accomplishments across the region, our annual report for 2009-10 is available on our website at www.swostroke.ca

The high level work plan for the region is also available at the website

Staff Update

Dr. Mike Nicolle, Chief of Neurology at LHSC, has assumed the role of Medical Director for the Southwestern Ontario Stroke Network.

Paula Gilmore Regional Stroke Coordinator for Long Term Care and Community returned from her leave in August. We bid farewell and thank you to Donna Scott, who ably filled this role over the past year.

Alexandra Marine and General Hospital (AMGH) - a Telestroke Referral Site

The District Stroke Centre for Huron Perth and the Regional team of the Southwestern Ontario Stroke Network are working closely with the hospital staff and OTN (Ontario Telemedicine Network) to achieve a "go live" date of late October 2010. Revision of the medical redirect agreement, to include AMGH as a destination for stroke patients who are potentially eligible for thrombolysis, is underway.

Bluewater Health Opens an Acute Stroke Unit

Congratulations to Bluewater Health on the opening of its acute stroke unit in July. The 2008 Canadian Stroke Strategy guidelines for best practices in stroke care recommend that patients admitted to hospital because of an acute stroke or transient ischemic attack should be treated in an interdisciplinary stroke unit. Stroke unit care reduces the likelihood of death and disability by as much as 30%. Evidence suggests that stroke patients treated on acute stroke units have fewer complications, earlier recognition of pneumonia and earlier mobilization.

Review of Stroke Regions

To align with the recommendations in the Ontario Stroke Network (OSN) Report, *Review of Regional Committees Terms of Reference: Recommended Core Elements*, the regional stroke steering committee approved revisions to its terms of reference. Implementation of the changes, mainly related to its structure and membership, will take place over the next year. To build consistency across the province in naming the various regions, the Southwestern Ontario Stroke Strategy is now renamed the **Southwestern Ontario Stroke Network**. In the interest of cost-restriction, the changeover of letterheads, etc will be taking place as supplies with the current name and logo are exhausted. The reports are available at www.swostroke.ca Select 'About Us' from the top banner, then select Steering Committee from the box on the left.

Review of Stroke Districts

Similar to its review of the stroke regions, the Ontario Stroke Network (OSN) undertook a review of the stroke districts (that are within the various stroke regions), focused on the district advisory councils and on the role the district stroke coordinator. The reports with recommendations were approved by the OSN Board on July 25 2010. Correspondence from the OSN to CEOs of the District Stroke Centres, including the reports, is forthcoming.

Ontario Stroke Audit (OSA)

The 2008-9 Stroke Audit data collection of almost 5000 charts across Ontario acute care hospitals has been completed. Analysis and reporting on this data has been stepped up so it can be included in the National stroke report, scheduled for release in November 2010. Because of the demands related to this task and the need to plan a more ambitious 2010-11 OSA (collecting data on a much larger sample of patients and using a revised sampling strategy), there will not be an OSA for 2009-10, as previously planned. The OSA provides a profile of stroke care across the province, including regional and district stroke centres as well as non-designated hospitals. Reports are provided at provincial, regional, LHIN and sub-LHIN levels.

Tripartite Board Work Group on an Integrated Vascular Health Strategy for Ontario

The Boards of Directors of CCN (Cardiac Care Network), HSFO (Heart and Stroke Foundation of

Ontario) and the OSN (Ontario Stroke Network) have established a Tripartite Board Work Group to provide joint leadership as a catalyst for the development of an Integrated Vascular Health Strategy for Ontario, which is aligned with the Canadian Heart Health Strategy, the Canadian Stroke Strategy and the Ontario Chronic Disease Prevention and Management Framework.

- For the purpose of this work, the term "vascular" is meant to include all forms of vascular and related diseases, encompassing heart disease, stroke, and diseases of other major blood vessels.
- On May 31, 2010, over 50 clinicians, health system partners, patients and representatives of the Ministry of Health and Long-Term Care met in Toronto to participate in the Summit.
- Following the Summit, the Tripartite Board Work Group met to review the input from the Summit and prepared a Joint Statement of Commitment which was subsequently approved by the three Boards of Directors. The Joint Statement identifies the following as the shared commitment for future directions:

- * Adopt the development and implementation of an Integrated Vascular Health Strategy as a priority in our respective strategic planning processes;
- * Collaborate with the Ministry of Health Promotion and the Ministry of Health and Long-Term Care to "cocreate" the "blueprint" for vascular health in Ontario;
- * Develop a practical evidence-based and cost-effective multi-year plan for the development and implementation of the blueprint by health service providers at the provincial, LHIN and local level;
- * Commit to expanding and building upon initiatives that are already underway, including the HSFO's Hypertension Management Initiative, CCN's Vascular Surgery Business Case and OSN's Telestroke Initiative;
- * Identify and pursue joint initiatives among our three organizations and supporting resources to advance the implementation of the Integrated Vascular Health Strategy;
- * As the Strategy is developed and implemented, engage patients, families and communities in continued dialogue to ensure that the Strategy is relevant to their needs;
- * Continue our outreach to link with the Ontario Renal Network, the Diabetes community and other provincial organizations to ensure alignment and co-ordination of the Vascular Strategy with other related strategies and initiatives.

For further information on this initiative, please contact:

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