

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

DATE: March 26th, 2010

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

CHANGES IN ROLES AND RESPONSIBILITIES

As you will notice from the new title to this report, I have assumed new responsibilities as Director of Regional Affairs & Special Projects for LHSC and St. Joseph's. This is a new role that was created as a result of some internal changes. The former ISAN (Integrated Strategic Alliances & Networks) is now called Strategy & Project Leadership and will take on a more internal focus. My new role, as the name indicates, will focus on regional relationships and related projects. I will therefore continue to serve in a liaison role to the RCEC and am most pleased that this on-going relationship will continue.

REGIONAL INITIATIVES & PROJECTS

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 MNCYN is seen as adding significant value through its ability to:

- Provide **better health outcomes** through systematic improvements in health promotion, illness and injury prevention, acute and follow-up care and patient safety;
- Provide **better operational management** through improved asset management within the organization and across the region resulting in greater return on investment;
- Provide **better systems integration** through improved communication, program planning, and support resulting in greater coordination across the region; and
- **Enhance learning and growth** by promoting and advocating for a consistent standard of care throughout the region.

The South Western Ontario Paediatric Advancement Program

The MNCYN has been working to make advancements in the above domains through activities and projects sanctioned by the Regional Steering Committee at its September, 2009 meeting. In response to clearly expressed regional needs, one of the current key Network activities has been the development of a **paediatric outreach program**. Work has progressed beyond the initial engagement and consultation process required to successfully establish this program, with focus on leadership, staffing, priority-setting and engagement.

- **Leadership** –medical Co-Directors have been identified. In addition to championing this initiative, they are providing expert input and are liaising with hospital and community-based pediatricians, paediatric nurses and decision makers across the region
- **Staffing** – the Network is collaborating with the Co-Directors and partner organizations to recruit a Paediatric Nurse Consultant
- **Priorities** – the Network is facilitating the program priority-setting process
- **Engagement** – opportunities for additional paediatrician and nursing staff involvement are being explored at the regional level

For more information about this project contact Felix Harnos at felix.harnos@lhsc.on.ca

Southwest Ontario Digital Imaging Network Project (update)

A Purchase of Service Agreement (PSA) with the Windsor-Essex hospitals has recently been finalized and signed off by both Cliff Nordal (on behalf of LHSC and its partner hospitals) and Warren Chant (on behalf of Hotel Dieu Grace Hospital and its partner hospitals). This PSA governs the on-going operating relationship of the Windsor-Essex hospitals with the Regional Shared Service - which functions as the operating arm of the shared digital imaging system.

The last connection into the shared system for all the hospitals in LHINs 1 & 2 will involve the Hotel Dieu Grace Hospital and Leamington District Memorial Hospital. While the timetable for this work has not yet been finalized, discussions are active. The completion of this connection – to be made later this year – will mark the conclusion of the SW Digital Imaging Network Project that was started in 2001 and launched in 2003. This will mark a significant milestone in the history of collaboration among all the hospitals in Southwestern Ontario (new LHINs 1 & 2).

Meanwhile, to the east of this region, the hospitals in LHINs 3 & 4 (Waterloo Wellington and Hamilton Niagara, Haldimand, Brant) continue to install their PACS system and also connect to the same Regional Shared Service.

For more information about this project contact Stephane Ouellet, Director, Regional Shared Service at stephane.ouellet@lhsc.on.ca

Hospital Patient Access & Flow Project – South West LHIN

For the last eight months all of the acute care hospitals within the South West LHIN have been actively engaged in a project designed to develop a standardized process for the transfer and repatriation of patients who are critically ill, emergent and who require urgent care. In terms of the transfer to a higher level of care, these are patients who have been identified by physicians as needing treatment within 4 hours, 24 hours and 48 hours respectively.

The sponsors of this project are the SW LHIN/Hospitals and SW CCAC Leadership Forum (the CEOs of these organizations); the project steering committee is made up of the vice presidents of patient care for the hospitals and CCAC and in addition a Regional Physician Leaders' Group has been providing direct medical input into the project on an on-going basis.



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The protocol – which includes four algorithms (critically ill, emergent, urgent and repatriation) has been designed and implementation planning is currently underway. A standardized Patient Transfer Record has been developed and evaluation and monitoring processes are being developed. In addition, each hospital will be asked to sign off on a Letter of Agreement that will formally commit them to participate in and support the on-going implementation of the protocol. The Letter of Agreement will be tabled with the project sponsors on April 9th, 2010.

Since this project will have implications for hospitals that refer patients to hospitals in the South West LHIN or who receive patients back from these hospitals, meetings are being organized with LHINs and hospitals in the Erie St. Clair and Waterloo Wellington LHINs to brief them on the upcoming changes.

For more information about this project contact Steve Elson, Director, Regional Affairs & Special Projects at steve.elson@lhsc.on.ca

Regional Mental Health - Tier 2 divestment

(Information provide by Sandy Whittall, Integrated Vice President, Mental Health Services, LHSC and St. Joseph's)

Tier 2 divestment is moving into the concrete planning phase with partners. Based on the current schedule of readiness to accept beds – mental health beds will move to Grand River Hospital, Kitchener in September 2010 and to Windsor Regional Hospital in June 2011. The new construction taking place at both St. Joseph's Health Care, London and St. Joseph's Healthcare Hamilton are part of the Infrastructure Ontario process and have projected completion dates in 2013/14. St. Thomas Elgin General Hospital is experiencing delays achieving approval to develop a functional plan for their new Schedule 1 psychiatric beds (to be transferred from the existing Regional Mental Health Care - St. Thomas site). There is concern that this will create timing issues for divestment and this has been communicated. A CEO summit will take place with Tier 2 partner hospitals and four LHINs for early April to reaffirm divestment principles and process.

Thames Valley Hospital Planning Partnership – Voluntary Integration Initiative

As a result of a retreat held last fall, the eight hospitals that make up the Thames Valley Hospital Planning Partnership have agreed to develop a framework to guide the development of voluntary integration initiatives as defined by the LHIN legislation. This initiative is being led by the Board Chair and Vice Chair Forum, a standing committee of the TVHPP. To date all eight hospital Boards have agreed to participate and a set of guiding principles is currently being reviewed by each Board. The Board Chair and Vice Chair Forum will reconvene in early May to review feedback from each Board and finalize the guiding principles.

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

Southwestern Ontario Stroke Strategy

(Information provided by Sharon Mytka, Manager, Southwestern Ontario Stroke Strategy
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Canadian Stroke Congress – June 7-8, 2010

- Southwestern Ontario Stroke Strategy and our colleagues in the Ontario Stroke System are pleased to have numerous abstracts accepted for the first Canadian Stroke Congress that will be held in Quebec City June 7 and 8, 2010.
- For more program information and to register, visit the Congress website at www.strokecongress.ca

Accreditation Award of Distinction for Stroke announced by Accreditation Canada

Accreditation Canada has recently announced it has finalized standards for the Stroke Services Distinction Program. The Program recognizes organizations that demonstrate clinical excellence and outstanding commitment to leadership in stroke care. Its rigorous and highly specialized standards, developed in consultation with stakeholders from across the continuum, are based on the Canadian Stroke Strategy's Canadian Best Practice Recommendations for Stroke Care (2008). Once awarded, Distinction status is in effect for two years.

Accreditation Canada client organizations must be currently accredited under Qmentum, and have a dedicated stroke services program or unit and dedicated stroke services staff. There are three sets of Stroke Services standards:

- Standards for Providing an Integrated System of Services to People with Stroke
- Standards for Acute Stroke Services and,
- Standards for Inpatient Stroke Rehabilitation Services

H-SAA agreements, Stroke – new indicators

The H-SAA extension will specify new indicators for stroke.

At the provincial level, a task team with representatives from the Ontario Stroke Network Evaluation Advisory Committee and the H-SAA task group are working on data definitions and will meet with Ministry representatives on process for monitoring and submitting the indicators. In addition, Regional stroke steering committees will be required to approve regional work plans and confirm that the stroke infrastructure is maintained. On February 10, 2010 the OHA aired a presentation on the H-SAA process changes that referenced retired, new and continued stroke indicators.

CIHI Special Acute Stroke data capture Project #340

As of March 8, 2010, 32 hospitals in Ontario are participating in this important project.

The Canadian Stroke Strategy invites all Canadian acute care facilities that provide care to acute stroke patients to participate in this Stroke Special Project. The Stroke Special Project enables the capture of additional data fields for key process and outcome information based on stroke best practices. This additional data collection will support stroke surveillance, quality improvement, benchmarking and the new Accreditation Canada Stroke Program Distinction initiative. For more information contact patty@canadianstrokenetwork.ca

Review of Stroke Regions

On Nov 25, 2009, the Provincial Coordinating Council of the Ontario Stroke Network reviewed and approved the core elements of the Regional Program Managers role and regional committee terms of reference. Strategies to support implementation are underway. The next step is to consider the impact of the recommendations as they pertain to the district stroke centre and district coordinator roles. An advisory committee has been convened and the review of the districts is expected to be completed in the summer. For more information contact Sharon.mytka@lhsc.on.ca

Stroke Evaluation Advisory Committee Report findings

The 2007-8 report will be available on-line within the next month.

Key findings include:

- Annual age- and sex- adjusted rates of acute inpatient admissions for stroke decreased by 23% between 2003/4 and 2007/8 in Ontario despite an expected increase due to an aging population
- More patients received care in stroke centres
- Patients admitted for inpatient acute stroke care at non-designated centres were less likely to be discharged to inpatient rehabilitation and have higher mortality.
- Still there was an overall increase in the proportion of stroke patients discharged to inpatient rehabilitation following an acute stroke hospitalization (from 20% to 23%) and a decrease going to long term care (from 8.5% to 7%)

Check the Southwestern Ontario Stroke Strategy website next month to obtain a copy.
www.swostroke.ca

Ontario Stroke Audit nearing completion

The Ontario Stroke Audit which samples all Ontario hospitals that meet the minimum number of patients admitted with stroke/year is nearing completion. The report is expected mid-summer

Stroke Rehabilitation

– Standard assessment tool being implemented across Ontario

In support of recommendations from the Stroke Rehabilitation Consensus Panel, the alpha FIM, a common stroke rehabilitation assessment tool, is being implemented across the province to promote consistent referral processes. Discussions with CIHI to support implementation and training are ongoing.

- Five outcome tools being considered

In follow up to the National Consensus Panel on Stroke Rehabilitation Outcome Measures, the Ontario Stroke Network's subcommittee on Rehabilitation and Community Engagement is considering five outcome tools that could be used consistently across health care providers, in the domains of body structure and function, activity and participation that would support evaluation of the outcomes of stroke rehabilitation. For more information contact deb.willems@lhsc.on.ca

- Community stroke rehab teams have seen more than 300 patients

The three community stroke rehabilitation teams operating in Thames Valley, Huron-Perth and Grey-Bruce have seen more than 300 patients. This exceeds the number of stroke patients expected to be seen in their first year of operation. These interprofessional teams consist of nurses, physical therapists, occupational therapists, speech and language therapists, social workers, recreational therapists, and rehabilitation therapists. Individual cases have already demonstrated the impact these teams are having with the clients and families they serve including: shortened hospital lengths of stay, reduced placement into Long Term Care Homes, avoidance of hospital re-admission, and increased client community re-integration. A formal evaluation framework is being established. A poster outlining the Interprofessional Stroke Education Program created for the Community Stroke Rehabilitation Teams was presented at the International Stroke Conference State-of-the-Art Nursing Symposium held in San Antonio Texas in February 2010.

Paramedic Prompt Card is being revised

The provincial revision to the paramedic prompt card for stroke is nearing completion. Once implemented, the changes will enable EMS paramedics in areas with medical redirect agreements to extend the time for bypass of nearest hospital to a designated stroke centre. This change will accommodate the revised best practice for tPA administration within 4.5 hours of onset of stroke symptoms.

Self-management in Theory and Practice - a guide for Healthcare Providers

Gina Tomaszewski, Regional Stroke Education Coordinator and Chris O'Callaghan, Past SWO Stroke Strategy Program Manager have completed writing the South West LHIN toolkit, *Self-management in Theory and Practice - a guide for Healthcare Providers*. Available on-line at <http://www.selfmanagementtoolkit.ca/>

Erie St. Clair Community Summit

The Southwestern Ontario Stroke Strategy co-sponsored the Erie St. Clair Community Summit in October 2009. Recognizing the influence of broader determinants of health, this summit, initiated by the Erie St. Clair CCAC, brought together representatives from multiple sectors and communities to focus on promoting healthy living, housing and community design options. A follow-up meeting on November 19th was a call to action to construct a successful course for affordable, livable, healthy homes and communities in Southwestern Ontario.

Southwestern Ontario Stroke Strategy web site www.swostroke.ca