

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

MEETING DATE: January 11, 2011

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REGIONAL INITIATIVES & PROJECTS

Hospital Patient Access & Flow Project – South West LHIN

It is now over eight months since this project was implemented and it continues to be widely supported by physicians and hospital staff across the South West LHIN. The new protocol continues to be actively used and improvements continue to be made. Communications to hospital leaders in both LHINs 1 and 3 are also taking place as patients move in and out of all three LHINs.

On November 10th the project was featured at the annual *Innovations Expo* in Toronto through a booth display.

Steps have been taken to more clearly define the protocol as it applies to CritiCall related calls and so there are now two processes – one for all CritiCall related calls (critically ill and emergent patients) and one for non-CritiCall related calls (urgent patients - those needing transfer within 24-48 hours).

In a related development, Dr. Michael Sharpe, the SW LHIN Critical Care physician lead has been spearheading the development of a SW LHIN-wide **Life or Limb policy** – this is a policy that operationally defines patients as being critically ill or in a life or limb state. The policy has been vetted by physicians across the SW LHIN and on January 13, 2011 there will be a LHIN-wide meeting of hospital staff to review the policy and its operational implications. Hospital representatives from LHINs 1 and 3 have also been invited to this event.

To learn more about this project go to the SW LHIN web site http://www.southwestlhlin.on.ca/Page.aspx?id=4250&ekmensenl=e2f22c9a_72_238_4250_7
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South Western Ontario Maternal, Newborn, Child and Youth Network (update)

*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 (Erie St. Clair and South West LHIN).

A. Short-term Network Priorities

At this point, the MNCYN continues to focus on 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.

Our goals are to:

- Reach 100% SWO hospital implementation by March 2011, with a program compliance rate of 90-95% of families of newborn infants;
- Assist with the development of a framework for public health planning, implementation and evaluation;
- Complete the appropriate media campaigns (triple-dose approach) following hospital implementation (phase 2);
- Develop and implement a regional evaluation strategy.

Hospitals providing obstetrical services across our region have either implemented the program or are in the process of doing so. We have seen an increase in the implementation rate from approximately 60% to 80%. Also, we are increasingly collaborating with our partners in Public Health to complete triple-dose approach (Dose 1- Hospitals, Dose 2- Public Health, and Dose 3- Media Campaign) for optimal effectiveness of program.

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 is developing a regional dashboard to track 10 -15 key perinatal and paediatric indicators. The MNCYN's Executive Committee is now reviewing a draft regional data sharing agreement intended to govern all relevant facets of this activity, including data collection, analysis and reporting.
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; six of which are undergoing final review. The Network will be piloting the regional order sets at three hospitals in the Erie St. Clair LHIN and three in the South West LHIN.
Early adopters not included in the pilot stage have offered to also participate.

B. The South Western Ontario Paediatric Advancement Program

This program is off to a great start! Following a period of time spent engaging our partners and assessing regional needs, the Paediatric Advancement Program is providing a videoconferenced Lunch-and-Learn paediatric series, with the following dates and topics being confirmed for early 2011:

- January 27 - Care and management of central lines in the paediatric patient (Janet Barr RN, Children's Hospital)
- February 24 - Paediatric asthma care (Dr. Ian Johnston, Chatham Kent Health Alliance)
- March 24 - Care of the child with gastroenteritis (Dr. Kirsten Blaine, Huron Perth Health Alliance)
- April 28 - Intraosseous access: use in the emergency department and inpatient units (Dr. Paul Dick, Grey Bruce Health Services)

C. MNCYN Website

We look forward to launching our Network website sometime before the end of the current fiscal year. This will primarily serve as a tool and resource for health care providers across our region. In addition to being a regional order set repository, it will link to guideline-generating organizations and keep professionals informed about upcoming educational events.

For more information about the South Western Ontario Maternal, Newborn, Child and Youth Network contact Felix Harnos at felix.harnos@lhsc.on.ca

LHSC and St. Joseph's clinical services visioning process- update

As noted in the last report to the RCEC, LHSC and St. Joseph's are undertaking a joint clinical services visioning process called Clinical Services Vision 2020. A discussion paper was released in August 2010 and based on feedback received it is scheduled to be finalized by the Steering Committee this month (January 13, 2011). The next step in the process will involve the development of department and portfolio specific plans based on the broader 2020 vision.

Thames Valley Hospital Planning Partnership

- **Voluntary Integration Initiative**
Each of the eight hospital Boards in the Thames Valley Partnership have approved a set of Guiding Principles to guide their decision-making in the area of voluntary integration.
- **Strategic priorities** – the TVHPP is currently considering engaging an external resource to document current integration initiatives and accomplishments among the partner hospitals; define a future vision and then identify key strategic priorities for the future in the context of both LHIN and provincial priorities.
- **Northern and Rural Hospital Network survey results**
Based on findings of a survey of Northern and Rural Hospital Networks undertaken by the TVHPP in 2010, only a handful of networks continue to be active. These include the Grey Bruce

and Thames Valley networks in the South West LHIN area and the Northeast Hospital Network in the Timmons area of Ontario. Most of the others have either been absorbed into LHIN-related work, continue to meet in informally – as information sharing sessions or were not active by the time the LHINs were established.

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

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2010 Canadian Best Practice Recommendations for Stroke Care were released in December. The guidelines are available and downloadable at www.strokebestpractices.ca. The website is easily searchable and smart-phone friendly. It delivers research evidence on the best stroke care across the continuum, as well as useful resources and tools, for healthcare professionals, patients and families. The Stroke Centres across Southwestern Ontario will be working hard to facilitate improved uptake of these guidelines across the region.

Among new recommendations:

- Blood pressure should be maintained at a level that is consistently lower than 140/90;
- Because atrial fibrillation (irregular heartbeat) increases stroke risk, patients with this condition should be closely monitored and the use of new drug therapies should be considered;
- Patients who have a mini-stroke (transient ischemic attack) should be referred immediately to a stroke specialist at a prevention clinic or to an emergency department due to increased risk of a major stroke;
- There should be more widespread use of telestroke - long-distance video and data hookups - between stroke specialists and communities where on-site stroke care does not exist; and
- Improved hospital discharge programs are needed, as well as better community services to enable people to return home sooner from hospital.

LHIN/Stroke Centre Accountability Agreements

The LHINs Health System Indicator Steering Committee (HSISC) is in the process of reviewing all HSAA metrics. It is anticipated that stroke metrics will be included in the 2-11-2013 HSAA refresh but will depend on the approval of the HSAA Steering Committee. The HSISC Technical Working Group has been in contact with the provincial stroke evaluation office to complete data templates for three stroke indicators. The mechanism to support stroke centre performance obligations is being developed and includes a letter from the Regional Stroke Steering Committee Chair to CEOs of hospitals designated as stroke centres or hosting designated secondary stroke prevention clinics, to provide evidence of the regional stroke infrastructure and participation in the regional stroke work plan.

Paramedic Prompt Card

The long-awaited Ministry bulletin and paramedic prompt card to enable paramedics to redirect potential candidates for stroke thrombolysis over an extended window of time is expected in January 2011 with implementation to follow shortly thereafter. For the regional stroke centre and some district stroke centres, this will necessitate revisions to the existing acute stroke protocol agreements. A research project, "Evaluation of the Implementation of the Revised Acute Stroke Medical Redirect Protocol in Urban and Rural Settings of Eastern Ontario" is in progress.

Telestroke

The Huron Perth District Stroke Centre and the Southwestern Ontario Regional Stroke Team have worked closely with Alexandra Marine and General Hospital and its stakeholders to prepare to go live in January 2011.

Ontario Stroke Audit 2008/9

The final report is expected in January 2011 and will be available from the regional stroke centre. This report includes a sample chart audit from designated stroke centres and hospitals that are not designated stroke centres.

A sneak preview of the draft report demonstrates significant progress on best practices, across Ontario, including thrombolysis rates, stroke unit care, mortality, appropriate inpatient rehabilitation and access to stroke prevention clinics. However there has been no progress on prompt hospital arrival, stroke unit admission rates remain below recommended standards and concerns are raised about low Warfarin prescribing rates. Not surprisingly, there is evidence of worse outcomes at non-designated centres and performance variations across our LHINs and at sub-LHIN levels. Work will continue to identify gaps in care.

CIHI Performance Improvement Project 340

This project began in April 2009 and provides a standardized template for those organizations that are looking for a standardized cost-effective mechanism for collecting key stroke process and outcome information for quality improvement, advocacy for services, participation in benchmarking and national reporting in stroke care, and to support accreditation activities. The Southwestern Ontario regional team and District Stroke Coordinators have made a concerted effort to bring hospitals that discharge 100 or more strokes into this project. We are pleased that most of these hospitals in our region are participating. The Ontario Stroke Network and CIHI are discussing making this project mandatory.

Response to “Maximizing the Impact of Rehabilitation and Complex Continuing Care on Reducing ER and ALC Lengths of Stay - Core Messages”

The Ontario Stroke Network and Bone and Joint Health Network have jointly responded to the core messages in the report released in August 2010 by the MOHLTC in conjunction with the OHA and LHINs. Stroke and orthopedic populations represent 75-80% of patients requiring rehabilitation services, including patients within rehabilitation and CCC beds, as well as the majority of outpatient services. The joint response supports the core messages and offers suggestions for system improvements.

Life after Stroke. Let's make it happen! – submitted by Sharon Jankowski, Director, Rehabilitation Services, Parkwood Hospital, St. Joseph's Health Care, London

Specialized expertise, coordinated teamwork and a personalized approach to supporting stroke survivors in their community defines the work of the Community Stroke Rehabilitation Teams (CSRT) in Southwestern Ontario. Three CSRT, each consisting of eight rehabilitation professionals is making rehabilitation readily available after stroke survivors are discharged from hospital. Research tells us recovery occurs rapidly for the first three months after a stroke and continues beyond that time. Intensive and timely therapy is needed to maximize recovery. Our service delivery care model is designed on those principles of latest stroke research and team members implement best practice stroke rehabilitation in the community with an added emphasis on caregiver support and community integration.

Community Stroke Rehabilitation Teams are funded by the South West Local Health Integration Network's *Aging at Home* initiative. The teams are a collaborative partnership between St Joseph's Health Care in London, Huron Perth Healthcare Alliance, Grey Bruce Health Services, South West Community Care Access Centre, the Southwestern Ontario Stroke Strategy and primary care providers.

The CSRT is helping stroke survivors as well as caregivers truly experience life after stroke. The initiative has resulted in statistically significant clinical outcomes for both the clients and their caregivers. Additionally, it has facilitated improved patient flow by impacting the inpatient stroke rehabilitation program indicators by:

- Increased discharge to home
- Decreased discharge to LTC
- Decreased rehabilitation ALC days – improved access to inpatient stroke rehabilitation
- Decreased average length of stay

Referrals to the program are centralized at Parkwood Hospital, part of St. Joseph's Health Care, in London 1-866-310-7577.

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