

## North East LHIN Board Highlights

*Meeting of August 9, 2018, Sudbury*

The meeting began with a **patient story** about a transient gentleman requiring intravenous therapy who was referred to the NE LHIN by a regional hospital for a same day discharge. The patient had been staying at a crisis centre shelter, and was unable to return there due to his disruptive behaviour. There were no available hotel rooms for the crisis centre to arrange accommodation, so the patient had no discharge destination from hospital. It was winter and the outside temperatures were very cold.

The NE LHIN assessing Care Coordinator identified numerous concerns with the proposed discharge, including the potential for the patient to access the central line port for IV drug use, homelessness, no phone, short notice for hospital discharge and time-frames to arrange for Infusion drugs and supplies. A discussion took place with a Director at the hospital regarding the concerns and a hospital Social Worker arranged for the patient to stay in a “safe bed” for two nights, with the possibility of extending the length of stay. The Care Coordinator arranged for the patient to attend the local VON clinic for daily visits and worked closely with the hospital to ensure follow up and minimize patient risk.

Ultimately, the patient attended one clinic visit and then returned to the emergency department the day after discharge, showing signs of drug use. He would be brought in later the same day by EMS after being found unresponsive in a coffee shop. He was discharged back into the community again and has since left the North East LHIN’s catchment area.

A quality and safety huddle was held with NE LHIN staff to review the situation and discuss high-risk hospital discharges for IV infusion for known drug users. Lessons learned included the importance of taking into account a patient’s rights to self-determination, having staff teach a patient how to properly access a central line if he chooses to do so may be a good harm reduction strategy, informed decision making in discharge planning and the necessity of taking reasonable measures to provide care as long as it is safe to do so, the utmost importance of treating all patients with dignity and respecting their choices, and the importance of including a patient advanced care directives on their file. Learnings from this situation case have helped the NE LHIN better manage similar situations,

As per the NE LHIN’s **Patient Story Process**, the Board also received an update on its first quarter patient story – “**Bettys Journey.**” Betty and her story of having to receive multiple assessments and system hand-offs, were the subject of a workshop held in March with about 120 home and community care leaders across Northeastern Ontario. The workshop generated more than 200 ideas. The NE LHIN’s **One Client, One Plan (OCOP)** team used ideas developed by workshop participants to create an action plan which was validated by participants in May. Next steps will see the creation of several work groups, developing terms of reference for focus groups, and continued engagement with the NE LHIN Patient and Family Advisory Committee (PFAC).



Ron Farrell –  
Board chair



Kim T. Morris –  
Vice Board Chair



Denis Bérubé



John Febraro



Mark Palumbo



Anne Stewart



Betty Stone



Petra Wall



Cheryl St-Amour



Lorraine Dupuis

## CT Scanners for Hearst and Kirkland Lake

The Board enclosed renovations required to install new CT scanners in Notre Dame Hospital in Hearst and Sensenbrenner Hospital in Kapuskasing. Both hospitals were at a point within their capital process where LHIN Board approval was required to proceed to further stages.

## Report from the Chair, R.M. (Ron) Farrell

In addition to ongoing work, Chair R.M. (Ron) Farrell also had several meetings with system partners. Some of the highlights include:

- Participated in a collaborative governance committee with Health Sciences North (HSN). We have revised terms of reference and will continue this process to reduce alternate level of care (ALC) patients.
- Attended the HSSO conference in Toronto and met with senior Ministry officials and other LHINs.
- Attended a board meeting of NOAH, a seniors housing initiative for East Parry Sound.
- Had a good meeting with board chairs from Minto counselling and Cochrane Mental Health & Addictions to explore opportunities for voluntary integration.
- Participated in two Chairs' Council meetings.

In addition to the Chair's report, updates were received from the Board's Governance, and Quality Committee Chairs.

## Report from Senior Leadership Team

The Board received updates on key files from NE LHIN senior leadership team which focus on the LHIN's **2018-19 Seven-Point Plan**, as outlined in the NE LHIN's **Priority Alignment Framework**. Some of the highlights since the previous Board meeting are outlined below.

- **Integrated Health Service Plan (IHSP5):** Eleven focus groups are being developed across the region to help validate draft IHSP priorities for 2019-2022, including:

Date	Time	City
September 21	09:00-10:30	Sault Ste. Marie
	2:30-4:00	Elliot Lake
September 24	10:30-noon	Little Current
	2:00-3:30	Sudbury
September 25	10:00-11:30	Parry Sound
September 26	09:00-10:30	North Bay
	1:30-3:00	New Liskeard
September 27	10:30-noon	Sturgeon Falls
October 1	1:30-3:00	Kirkland Lake
	6:30-8:00	Timmins
October 2	11:00-12:30	Hearst



Since launching our IHSP survey on July 27, more than 650 Northerners have responded. The survey is available on-line at [www.nelhin.on.ca](http://www.nelhin.on.ca) until September 7.

### Capacity

- **Long-term Care Capacity in the Nipissing Sub-Region:** As part of sub-region planning, we have been monitoring the impact of the April 2018 closure of the Lady Isabelle Long-term Care home. Further to our own analysis, we have recommended and supported a proposal submitted by the Municipality of Powassan for the development of a 96-bed Long-term Care home in Trout Creek. We have also advocated for the increased capacity of Cassellholme in North Bay as they embark on their redevelopment plans and their request for 8 additional beds, for a total of 264 beds.

### Digital Health

- **ONE:** Excellent work has been accomplished with the MediTech collaborative and synchronization is starting to happen. Work continues to review project and team scope documents in order to remain in scope for all aspects of the project, except for essential adjustments that are required to take place.

The Sudbury business project review and planning session held on July 11, 2018 resulted in an updated action plan and team building between the Finance, Human Resource, Steering Committee, managers and CORE team leads. Over the past month, the RFP document was finalized for Downtime and Conversion and forwarded to the Northern Supply Chain. A solid working relationship has been established with the provincial collaborative and information. Many of the required Standards are now approved to support the Wave ONE implementation in Meditech. The Business stream general ledger chart of accounts, dictionaries, CMS settings and style guides are also now largely approved by the MTC collaborative and are now being implemented into the Meditech test system build.

### French Language Health Services

- **Long-term Care Homes (LTCH) Study:** A review was conducted by the Réseau du mieux-être francophone du Nord de l'Ontario in collaboration with the NE LHIN and LTC administrators. The report covers the challenges faced by Francophones in minority situations who reside in LTCH, presents the importance of culturally appropriate care, and provides examples of best practices gathered from LTCHs across the province.
- In July 2018, the Centre de Santé Communautaire Francophone de Timmins had its first nomination committee meeting in Timmins. The committee is underway with their action plan, to plan, develop, and create board profiles and matrices along with an application process for the interim board of directors. As of today, the committee is hoping to announce the interim board by the end of October 2018.

## Home and Community Care

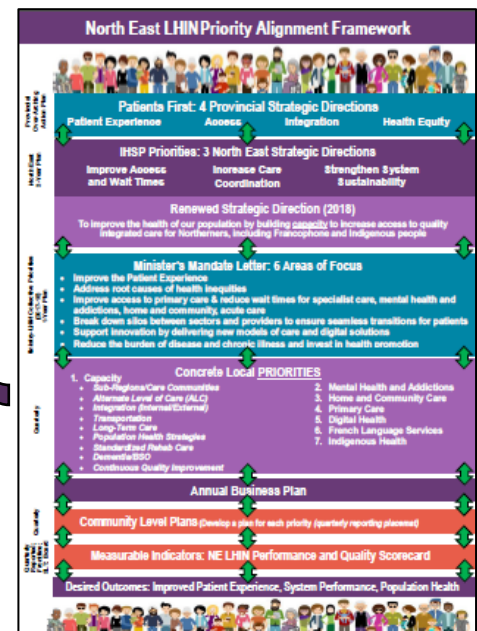
- **Optimizing Care Coordination linkages with Primary Care:** NE LHIN staff continue to meet with physician groups and individual physicians in the Nipissing area. In recent weeks, memorandums of understanding have been signed by primary care providers in North Bay, Mattawa and West Nipissing. To assist with building linkages, an information tool for Primary Care providers and Care Coordinators has been developed. This tool outlines expectations and provides role clarity.
- **Innovative Models of Care:** We are developing a model for integrated care at the neighbourhood level. Over 60 social housing buildings across the North East with 40 or more seniors units have been identified. We are currently gathering data on NE LHIN service volumes for personal support, nursing, assisted living, respite, transportation, meals on wheels, as well as residents' visits to emergency departments and EMS visits.

## Indigenous Health

- **Local Aboriginal Health Committee (LAHC):** At our spring LAHC committee meeting, it was suggested to hold a "Think Tank" session with the NE LHIN's CEO. LAHC members acknowledged that this is an important step on how the LAHC can assist with informing the LHIN relationship with LAHC, NE LHIN transformation, and the IHSP with respect to Indigenous engagement in light of the health transformation agenda. The meeting was held on July 5. The session generated valuable discussions on the importance of Indigenous engagements and moving forward together.
- On July 26, NE LHIN CEO, Board Director Petra Wall, and Nancy Lacasse, NE LHIN Sub Region Lead, met with senior leadership of First Nation HSPs on Manitoulin Island. The purpose of the visit was to introduce LHIN CEO to First Nations partners (both LHIN and non-LHIN funded), and to discuss challenges and opportunities across the First Nation communities. The discussions reflected the priorities and strategic directions as identified in our Aboriginal Health Care Strategy and Reconciliation Action Plan. Working with the interest of local services providers and aligning local identified priorities related to sub-region planning and the Reconciliation Plan will move us closer to the goal of building a stronger system of care.

### 7-Point Plan

1. Capacity
2. Digital Health
3. French Language Services
4. Home and Community Care
5. Indigenous Health
6. Mental Health and Addictions
7. Primary Care



### Mental Health and Addictions

- **Opioid Strategy:** Rapid Access Addiction Medicine (RAAM) Clinic Hub Site in North Bay is in the process of recruiting Primary Care providers. RAAM Clinic spoke sites in Parry Sound, Espanola and Manitoulin are well underway. We are involved with work being done provincially to ensure fidelity to the RAAM model.
- **Reduce wait times and enhance access to community mental health and addiction services:** Work is underway to spread the Peer Support in the Emergency Department initiative from the North Bay Regional Health Centre to the other three Hub hospitals. The project is due to be completed by August 31st, 2018.

### Primary Care

- **Quality:** The *Northern Ontario Health Equity Strategy* was discussed. Published in April 2018 through a partnership with Health Quality Ontario and organizational partners across the North including the North East LHIN and the North West LHIN, this strategy identifies four foundations for action to reduce health and social disparities in the North.

Health equity is important in the North with a vast geography and thinly dispersed population and unique health challenges to accessing timely health care. Northerners have a life expectancy more than two years lower than the provincial average and are more likely to die before age 75 due to suicide, circulatory disease and respiratory disease. Northerners also have higher rates of illness, higher unemployment rates and lower education levels. Indigenous communities in the North face significant challenges, including higher rates of poverty and poorer health outcomes. These challenges are the result of colonization and systemic racism.

As outlined in the Strategy, a Northern Network for Health Equity is needed to bring key partners together to work on improving the health of people living in Northern Ontario. The network would support cross-sector collaboration, engage governments at all levels to develop solutions to improve health equity, and facilitate knowledge exchange related to evidence and best practices. Visit [www.nelhin.on.ca/quality](http://www.nelhin.on.ca/quality) to view a copy of the strategy.

