

North East LHIN Board Highlights

Meeting of March 7, 2018

Our Meeting Opener

The North East LHIN Board of Directors met by teleconference and videoconference on March 7th taking the Board meeting from the closest LHIN office or health service provider including: Sudbury, North Bay, Kapuskasing, Haileybury, and Sault Ste. Marie.

Patient Story; Grounding Discussions on System Transformation within Mental Health

The meeting opened with a [patient story from Chelsea Gauthier](#), a 28-year-old mother from Sudbury who has dealt with anxiety disorder and panic attacks since she was a young teenager. Chelsea talked about the fragmentation of the mental health system, the need for navigators to be available when people in crisis present themselves to an emergency department, as well as the benefits of a more holistic approach to mental health and alternative therapies made available to people in need. As part of her journey to recovery, Chelsea is now an advocate for others: “I truly believe that the mental health system needs to be more inclusive and holistic in caring for patients. There needs to be more therapeutic conversations with all patients and the understanding that the patients being seen in the emergency rooms are suffering.”

Chelsea offered several ideas for mental health providers on how to improve access and care including:

- Treating patients with respect and taking the time to hear their story which can make the difference during a crisis.
- While medication is important, other forms of treatment should also be discussed with patients, for example; mindfulness, yoga, exercise and diet.
- More awareness is needed by practitioners of resources available in community and the value they bring to patients.
- Patients need to be able to access their psychiatrist or physician in a timely manner when in crisis so that their medications can be addressed rather than accessing help through the emergency department.

“Remember to treat each patient with respect, compassion and dignity. It means the difference between hope and despair,” she said.

The NE LHIN’s internal and Board Patient Quality Committees will address appropriate follow up actions with regards to improving access to mental health services, based on Chelsea’s experience.



Ron Farrell -
Board Chair



Kim T. Morris -
Vice-Chair



Denis Bérubé



John Febbraro



Mark Palumbo



Anne Stewart



Betty Stone



Petra Wall

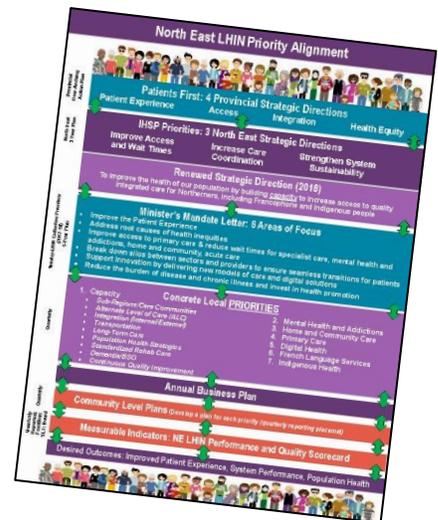
Report from the Chair R.M. (Ron) Farrell

In addition to ongoing meetings, Chair Farrell also had seven meetings with system partners and/or community engagements. Notables were participating in the LHIN Chairs' council to review a renewed Ministry/LHIN Accountability Agreement followed by a planning retreat to explore governance structures of LHINs, Board evaluation development, a meeting with the Chair and CEO of DSSAB North Bay Parry Sound to discuss pressures they are facing with meeting the housing needs of vulnerable populations and a meeting with the CEO of the College of Pharmacists to present the NE LHIN's pharmacy initiative.

The NE LHIN Board model of collaborative governance is working well and Board Directors expressed continued interest in meeting with fellow governors to support the advancement of NE LHIN priorities and system transformation efforts.

Report from CEO Jeremy Stevenson

Jeremy advised the Board of work to date team to streamline and align priorities that the NE LHIN is focussed on this year. He shared an **Alignment Framework** (see and click on framework to the right) which outlines the NE LHIN's key works areas that are centred around six pillars in the Minister's Mandate Letter and identified Concrete Local Priorities. Highlights from his report are below.



Improve the Patient Experience:

- Process established to ensure tangible outcomes to improve Northeastern Ontario patient experience following telling of a patient story at NE LHIN tables.
- Sub-committee of the Patient and Family Advisory Committee (PFAC) struck to establish priorities and a 2018 work plan.

Address root causes of health inequities by strengthening social determinants of health:

- Worked collaboratively to create the Northern Health Equity Strategy to ensure all Northerners have equal opportunities for health, including access to social and economic resources, as well as high-quality health care, regardless of where they live, what they have or who they are. This work includes working with the public health units and stakeholders within and outside the health system. The strategy will be launched later this month.

Improve access to primary care & reduce wait times for specialist care, mental health and addictions, home and community, acute care:

- Ministry of Health and Long Term Care is increasing Long Term Care bed capacity with 5000 new beds by 2022 and over 30,000 new LTC beds over the next decade. Staff are meeting with operators and participating in weekly MOHLTC calls to review supply and demand data to ensure the NE LHIN receives an equitable share of the beds.

Break down silos between sectors and providers to ensure seamless transitions for patients

- **Optimizing Care Coordinators with Primary Care:** Goal is to ensure smooth transitions of care between home and community care and other health and social services as required.

Early adoption will be focused in the Nipissing-Temiskaming sub-region and communities in other sub-regions with a limited number of primary care providers.

Support innovation by delivering new models of care and digital solutions:

- Musculoskeletal (MSK) eReferral: A two-day workshop was held to begin planning for the implementation of electronic referrals to orthopedic specialists and neurosurgeons. Participants included: hospitals, clinicians, North East Joint Assessment Centres, Ontario Telemedicine Network, OntarioMD, and Systems Coordinate Access (Centre of Excellence). The MSK initiatives will improve outcomes for patients with persistent or unmanageable recurrent low back and better connect patients and primary care to specialists.

Sault Area Hospital: Enhanced Withdrawal Management Services

The North East LHIN Board passed a resolution to support Sault Area Hospital (SAH) business case for a Level III Withdrawal Management facility with the understanding that the business case will be further enhanced prior to submission, addressing the recommendations from the evaluation, input from local and regional Mental health and Addiction Advisory Committees and the Board. The Board asked to ensure that a new facility could be accessed by any North East LHIN resident and that it is able to provide services on a regional basis. As a next step, the Board will write a letter of support to the Ministry of Health and Long-Term Care. SAH's proposed Level Three Withdrawal Management will expand capacity, improve care coordination, and support harm reduction strategies, as well as treatment engagement. It will help more Northerners with addiction issues get the care they need closer to home.

The North East LHIN had reviewed SAH's business case with local and regional partners and the overall response was one of support for the proposal and interest in advancing partnerships. As part of the motion passed, SAH is asked to continue to develop these partnerships and seek input and feedback from local and regional mental health and addiction tables while it works to enhance and strengthen its business case.

Level III Withdrawal Management supports individuals who require medical care when withdrawing from substances. This includes physician and/or Nurse Practitioner oversight, possible medication administration and ongoing medical monitoring. High intensity symptom management is also possible at this level. The SAH Business Case proposes to:

- expand capacity from 16 to 33 beds (including 4 designated/youth beds); youth being 16-24 years of age;
- develop a "Day/Evening Treatment Program" ;
- provide an outreach program that includes harm reduction strategies and supports treatment engagement;
- invest in transportation needs for people accessing services;
- expand the Safe Bed Program to include stabilization and transitional beds at Withdrawal Management Services;
- co-locate existing and potential new mental health and addictions services in the community for improved care coordination.

Family Managed Home Care

Formerly called Self-Directed Care or Patient-Managed Care, this is one of ten commitments in *Patients First: A roadmap to strengthen Home and Community Care*. The goal is to give patients and families greater choice over who provides services and when services are provided. The Minister's formal approval for the North East LHIN to offer Family-Managed Home Care was received March 2, 2018. This is great news for Northerners who meet the criteria to participate in the program. Under Family Managed Home care, patients or their Substitute Decision Makers receive funding directly from the North East LHIN to hire or retain their own service providers for their approved services. Currently, two pilot sites have been established in Parry Sound for adult patients and Sudbury for pediatric patients. In July, expansion of the pilots to remaining areas will begin to take place.



Jeremy Stevenson, CEO of the NE LHIN (right), joined Julie Huestis, NE LHIN Care Coordinator (centre) on a home visit to witness first-hand the caring work LHIN staff do every day.

Enhancing Communities of Care in Sub Regions

The NE LHIN has identified 30+ “care communities” around patients to improve access to health and social services close to home. A care community is “a network of health and social service providers working together to integrate care for *each person*.” This definition includes primary care, allied health services (social workers, pharmacists etc.), related programs such as diabetes education, housing and transportation.

The NE LHIN will apply population health and health equity principals to recognize the unique needs of each care community and the mix of services required to best serve the people of each care community. Engagement with community members will occur throughout 2018 to successfully plan and establish care communities as the LHIN develops its three year strategic plan known as the Integrated Health Services Plan (IHSP).

The next meeting of the NE LHIN Board committee will be held on April 11 in Sudbury.