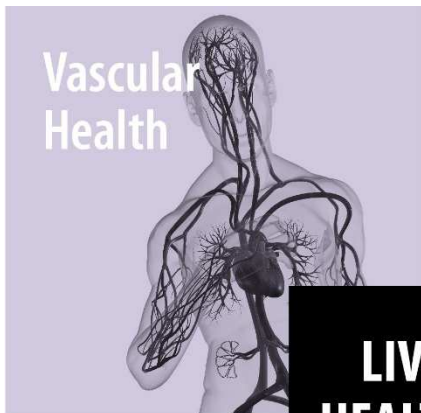


Vascular  
Health



Mental Health  
& Addictions



**LIVING  
HEALTHIER  
AT HOME**

Seniors



Palliative Care



***Living Healthier at Home***  
**Integrated Health  
Service Plan 2016/19**  
**Advancing Integrated  
Systems of Care**

A presentation to the  
City of Peterborough  
September 21, 2015

## Sessions Objectives

### *What we would like to share with you today*

What is the role of the LHIN and what **value does it continue to bring to the overall health care system?**

What has the LHIN been doing to **improve the delivery of health care** in your community?

What are the **priorities and areas of focus** for the next three years?

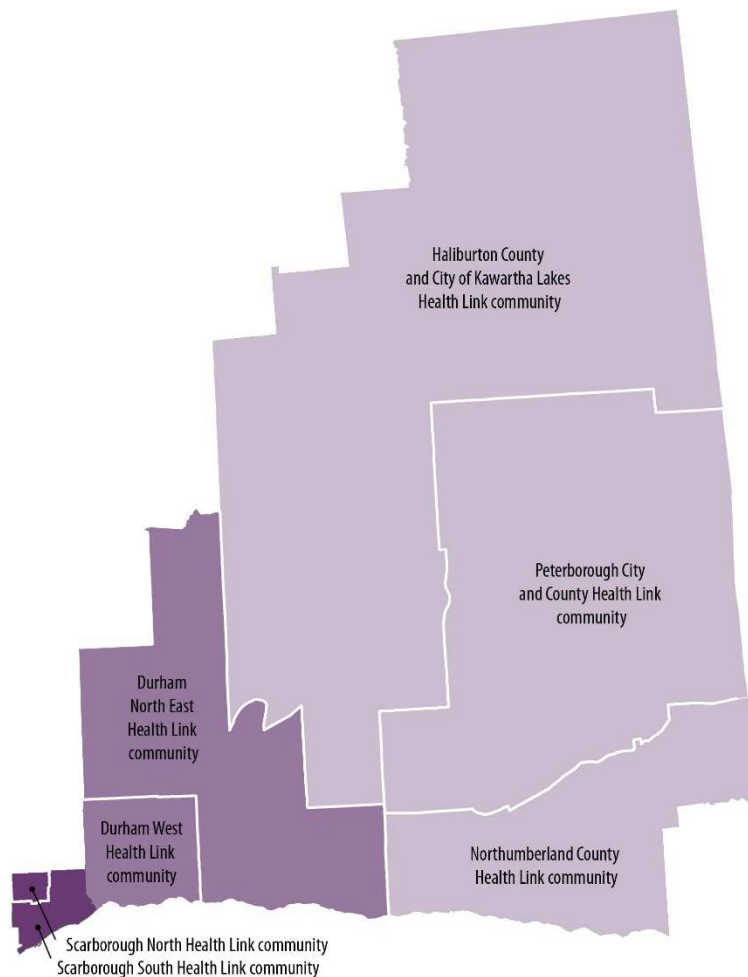
How will the **LHIN and its partners** be supporting your residents to *live healthier in their homes and community?*

# Section 1

What is the role of the LHIN and what value does it continue to bring to the overall health care system?

# Role of the Central East LHIN

## *Devolving health care decision-making to the local level*



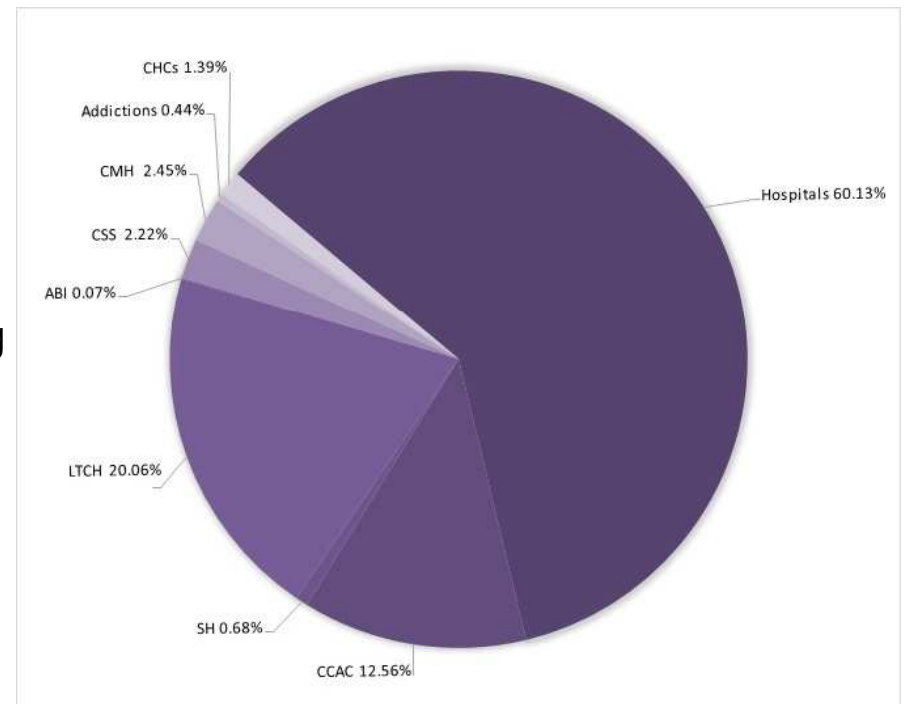
- The Central East LHIN works with its stakeholders - patients and caregivers, health care providers and other local organizations, community leaders, local residents and the Ministry of Health and Long-Term Care - to **create an *integrated sustainable health care system that ensures better health, better care and better value for money.***
- With dramatic changes underway in health care finance, clinical practice, demographic shifts, and technology, **the LHIN provides *strategic oversight and system leadership*** to a diverse health care system that encompasses Scarborough, the Region of Durham, Northumberland County, Peterborough City and County, the City of Kawartha Lakes and Haliburton County.

## Central East LHIN Funded Health Service Providers

### *Which organizations are accountable to the LHINs?*

LHINs have responsibility for approximately half of the Ontario health care budget. In the Central East LHIN this means providing over \$2 billion on an annual basis to:

- 10 hospitals operating on 16 sites
- 68 Long-Term Care Homes
- 1 Community Care Access Centre
- 36 Community Support Services
- 3 Acquired Brain Injury Services
- 16 Assisted Living Services in Supportive Housing
- 7 Community Health Centres
- 17 Community Mental Health Programs
- 4 Addictions Providers



***Over the past three years, funding to the community sector has increased by over 17% as hospitals focus on delivering acute care services.***

## Health Services in the City of Peterborough

Peterborough Regional Health Centre  
Central East Community Care Access Centre  
Alzheimer Society Peterborough, Kawartha  
Lakes, Northumberland and Haliburton  
Canadian Hearing Society (Peterborough)  
CNIB HKPR District  
Community Care Peterborough  
Community Counselling and Resource Centre  
Four Counties Brain Injury Association  
Four Counties Addiction Services Team Inc  
Hospice Peterborough  
Kawartha Participation Projects  
St. John's Retirement Home  
Victorian Order of Nurses

### Long Term Care Homes:

- Centennial Place Long-Term Care Centre
- Extendicare Peterborough
- Fairhaven Home for the Aged
- Marycrest Home for the Aged
- Riverview Manor Nursing Home
- Springdale County Manor
- St. Joseph's at Fleming

## Why is the LHINs' Role so Crucial?

*Building a health system around people, not providers*

- Ontario's fourteen LHINs **plan, fund, integrate** and **monitor** local health care systems and also align their strategic directions with provincial priorities.
- LHINs provide a structure to help **break down traditional silos** and **connect health service providers**.
- LHINs are the one organization responsible for the **transition points in health care** – our greatest opportunity for **improvements in patient satisfaction, quality and safety**.
- LHINs ensure that health service providers not only do what is right for their own organization, but also **what is right for the system**.
- LHINs help create a **more efficient health care system** that is **easier for patients to navigate**.

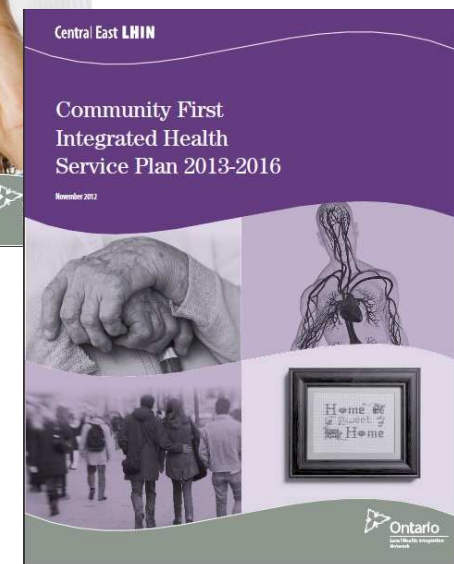
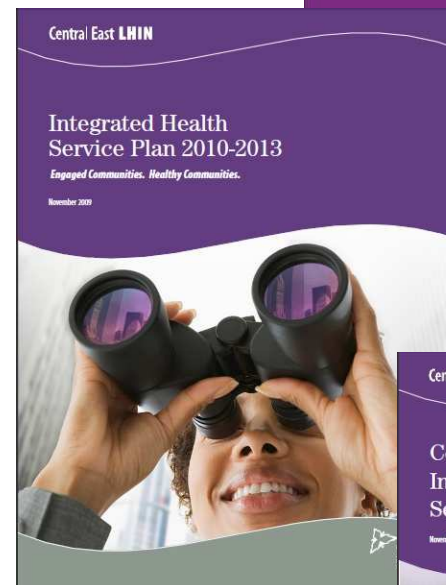
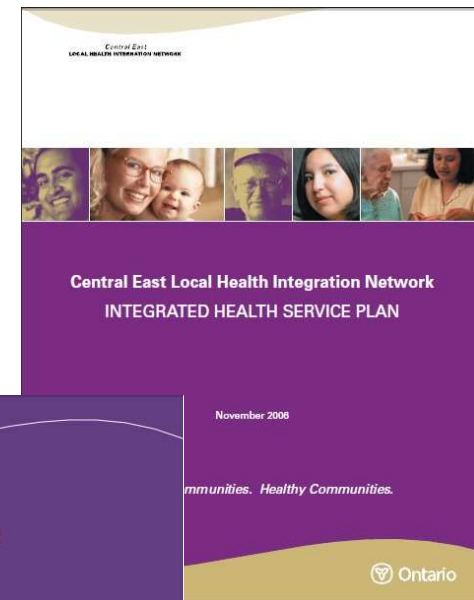
# Section 2

What has the LHIN been doing to improve the delivery of health care in your community?



# Integrated Health Service Plan (IHSP)

- The strategic planning document which **identifies system-level goals** for Central East LHIN.
- A provincial **'road map'** for pursuit of better health, better care and better value for money for residents.
- **Aligned** with provincial and pan-LHIN priorities.
- **Guides identification of priorities and funding decisions** for a 3 year time period.
- **Provides direction** for all LHIN Accountable Health Service Providers.



## 2013-2016 Integrated Health Service Plan

### Strategic Directions and Aims

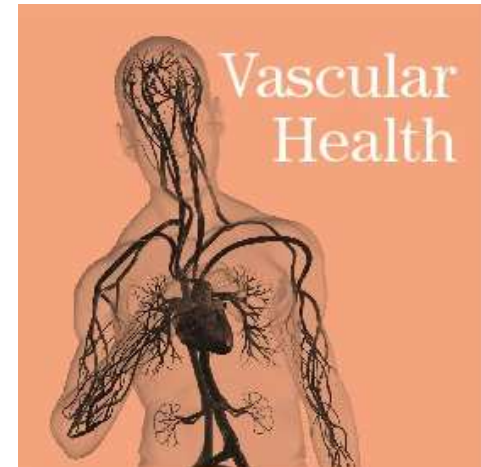


With an overall theme of “Community First – Help Central East LHIN residents spend more time in their homes and their communities”, four aims have been guiding the system over the past three years:

- Continue to improve the **vascular health** of residents so they spend 25,000 more days at home in their communities by 2016. - **SURPASSED**
- Strengthen the system of supports for people with **Mental Health and Addictions** issues so they spend 15,000 more days at home in their communities by 2016. - **SURPASSED**
- Increase the number of **palliative patients** who die at home by choice and spend 12,000 more days in their communities by 2016. - **SURPASSED**
- Reduce the demand for **long-term care** so that seniors spend 320,000 more days at home in their communities by 2016. – **WILL NOT ACHIEVE\***

## Investing in our Strategic Aims – 2014/15

Expand access to Cardiac Rehabilitation and Secondary Prevention to continue to improve the vascular health of residents so they spend fewer days in the hospital



- ***Rouge Valley Health System***
  - Regional Cardiovascular Rehabilitation and Secondary Prevention (CRSP) - \$1,480,000

***CRSP is a regional approach to providing comprehensive care with a centralized, integrated referral process for Cardiovascular secondary prevention services in the Central East LHIN for patients at high risk including those with diabetes, chronic renal disease, stroke, cardiac disease, congestive heart failure and peripheral vascular disease.***

***The latest Community Site to open was in Peterborough at The Wellness Centre.***

***At the end of 2015, CRSP was serving over 2,250 patients across the Scarborough-Durham and North East clusters of the LHIN. Through operational efficiencies, the cost per case has reduced from \$1180 to \$900 per patient.***

## Investing in our Strategic Aims - 2014/15

Advance a comprehensive mental health strategy, building on success and including innovations to increase supports within housing

- **CMHA HKPR**
  - Hospital to Home Enhancements – CTO Case Management Expansion- \$180,000
- **Fourcast**
  - Hospital to Home Enhancements – Substance Abuse Case Management Implementation- \$270,000
- **Fourcast**
  - Housing, Housing Co-ordination and Housing Now: North East Housing Co-ordination - \$90,000
- **Fourcast/City of Peterborough/Family Health Team/VON 360 NP Clinic/Brock Mission**
  - Housing, Housing Co-ordination and Housing Now: Homelessness Strategy - \$249,000
- **CMHA HKPR**
  - Comprehensive Mental Health and Addictions Investments: OTN Expansion - \$100,200



*The Housing, Housing Co-ordination and Housing Now: Homelessness Strategy is a collaborative partnership between municipal services and community-based mental health and addictions providers. With the investment from the LHIN, partners are working together to provide enhanced after hours supports to people with Mental Health and Addictions issues who are homeless or precariously housed within the City of Peterborough.*

## Investing in our Strategic Aims – 2014/15

**Develop Palliative Care Community Teams to support palliative patients to spend more days in their home and community**

- ***Central East Community Care Access Centre***
  - Ongoing provision of community-based palliative care to over 750 patients a day - \$2.7 million
- ***Central East Regional Palliative Care Plan: Five Priority Recommendations***
  - Establish Dedicated Interdisciplinary Palliative Care Community Teams – City of Peterborough – Pending
  - Enhance Hospice Palliative Care Education & Training – Ongoing
  - Create Integrated Hospice Palliative Care Hospital Programs - Pending
  - Create Integrated Hospice Palliative Care Programs in LTCHs - Pending
  - Promote Community Hospices as Central Hubs - Pending



## Investing in our Strategic Aims – 2014/15

Strengthen comprehensive Primary Health Care models for at-risk seniors through new Geriatric Assessment and Intervention Network (GAIN) Community Teams, expansion of Adult Day Programs and Assisted Living Services to helping individuals and their caregivers lead active lives and spend more time in their homes and communities

- **Central East Community Care Access Centre**
  - 5 Day Wait Time Target for Personal Support and Nursing Services - \$8,735,100
- **Victorian Order of Nurses: Peterborough**
  - Adult Day Programs- \$86,000
- **Victorian Order of Nurses: Peterborough**
  - Assisted Living for High Risk Seniors - \$364, 927



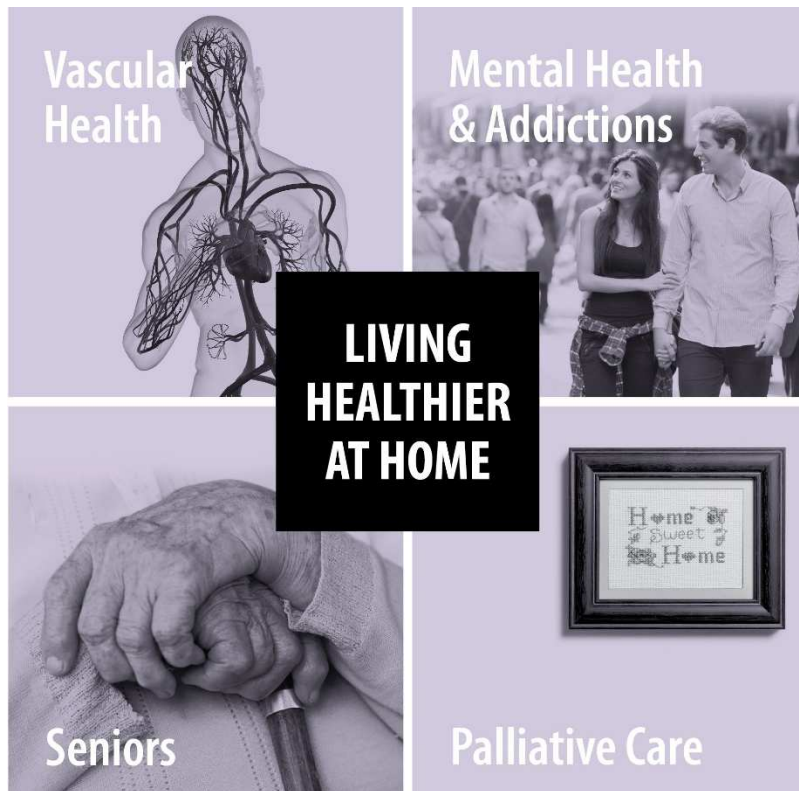
*The City of Peterborough also houses one of the first hospital-based Geriatric Assessment and Intervention Network (GAIN) clinics in the LHIN at PRHC. Initially a hospital-based model, these clinics serving seniors, typically aged 75+, living at home or in retirement residences who are frail and require comprehensive assessment, has now been successfully expanded across the LHIN and is offered in three other hospitals and eight community-based settings.*

# Section 3

What are the priorities and areas of focus for the next three years?



## 2016-2019 Central East LHIN Integrated Health Service Plan



***Living Healthier at Home – Advance integrated systems of care to help Central East LHIN residents live healthier at home.***

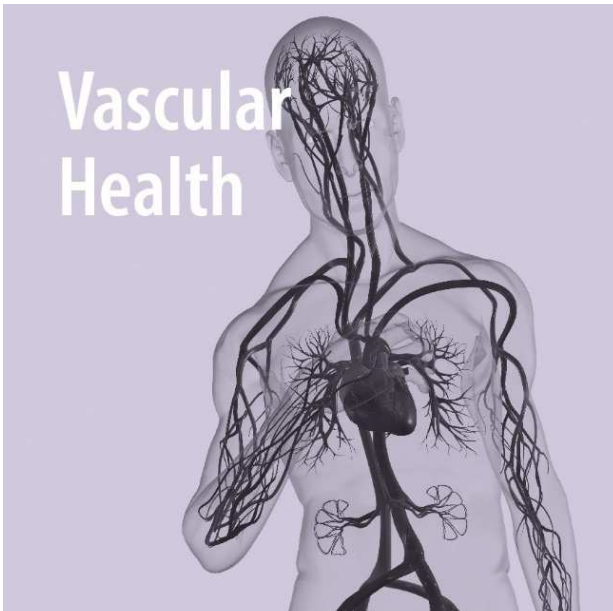




***Continue to support frail older adults to live healthier at home and reduce the need for hospital care.***

- Improving health care for seniors (also referred to as older adults) and their caregivers is a top priority of the Central East LHIN, made all the more so, by an increasing senior population and the fact that the health care needs for older adults are often complex and require high resource utilization.

- The Central East LHIN population for **residents over the age of 65 increased by 17%** from 2010 to 2015.
- The Central East LHIN population for **residents over the age of 75 increased by 12%** from 2010 to 2015
- Central East LHIN has the **3rd highest demand for long term care.**
- Central East LHIN demand (118/1000 pop. 75+) is **higher than the provincial average** (102.4/1000 pop. 75+)



***Continue to improve the vascular health of people to live healthier at home and reduce the need for hospital admission.***

- Vascular diseases are major causes of illness, disability, hospitalization and death in the Central East LHIN and across Canada. Despite reductions in the number of people who die each year from vascular diseases, it remains the leading cause of preventable death in adult Canadian men and women (Public Health Agency of Canada). Nine out of every ten Canadians over age 20 have at least one risk factor for vascular disease and one in three have more than one risk factor (Public Health Agency of Canada: 2009).
- 51.4% of Central East LHIN residents are **overweight or obese**
- In 2014, **48% of Central East LHIN residents reported being physically inactive**
- 65% of LHIN residents **do not consume enough fruits and vegetables**
- The prevalence rate for Central East LHIN residents who have **at least one chronic condition is 40.1%**
- This value is above the provincial average of 37.3% and **has been increasing since 2009-2010**

## Mental Health & Addictions



***Continue to support people to achieve an optimal level of mental health to live healthier at home and reduce the need for hospital care.***

- Ensuring that those with mental health and addictions issues are provided with proper supports will positively impact individuals and families as well as the health system at large. When those supports are integrated in the wider health care system, not only do people recover more quickly, but their recovery is more sustainable.
- Central East LHIN has the **2nd highest number of active mental health cases**
- Support within housing for community mental health services had the **longest median wait times** compared to other wait times for services in the Central East LHIN
- **Active mental health cases increased 6.8%** since fiscal year 2010, slightly higher than the provincial increase of 4.9%



## Palliative Care

***Continue to support palliative patients to die at home by choice and reduce the need for hospital end-of-life care.***

- Living the highest quality of quality life until time of death remains the focus of the Central East LHIN's Palliative Care Aim. All Central East LHIN residents have the right to die with dignity, to have access to physical, psychological, bereavement, and spiritual care, and to be granted the respect and freedom of choice, consistent with other phases of life. Achieving the aim of ensuring timely access to quality palliative is not only an ethical imperative but a vital component of our health care system.
- The Central East LHIN ranks 12th amongst the 14 LHINs **for patients discharged home with support for palliative care** – (3<sup>rd</sup> from the bottom)

# Patients First: Action Plan for Health Care – Key Objectives

**Access:** Improve access -providing faster access to the right care;

**Connect:** Connect services -delivering better coordinated and integrated care in the community, closer to home;

**Inform:** Support people and patients - providing the education, information and transparency they need to make the right decisions about their health; and

**Protect:** Protect our universal public health care system -making decisions based on value and quality, to sustain the system for generations to come.



## LHINs and Patients First: Ontario's Action Plan for Health Care

Ontario's LHINs recognize the value of focusing their collective efforts on common challenges. For this reason, and to better align high-level objectives of Patients First with the work of local health service providers and community partners, LHINs have developed the following provincial strategic initiatives:

- Transform the patient experience through a relentless focus on quality
- Tackle health inequities by focusing on population health
- Drive innovation and sustainable service delivery.

And, working together, LHINs have agreed to build and foster integrated networks of care in and across each LHIN in the following priority areas:

- Mental Health and Addiction Services
- Health Links
- Home and Community Care
- Long-Term Care Redevelopment
- End-of-Life / Palliative Care

# Section 4

How will the LHIN and its partners be supporting your residents to live healthier in their homes and community?

## Engaging with our Stakeholders

The Central East LHIN has a mandate to engage its community – health service providers, other health and social service partners, patients/caregivers, local residents as it does its work – including developing each Integrated Health Service Plan.

We have actively engaged with our Seniors Care Network, our Vascular Health Coalition, our Mental Health and Addictions Co-ordinating Council and our Hospice and Palliative Care Network on the development, planning, implementation and monitoring of each of our aims.

To support IHSP 4 we have once again engaged with local residents through the use of an on-line survey that is also available in hard copy.

Since the survey was launched in early August, over 200 patients/caregivers and front line health service providers have taken the time to provide their feedback.

Patients are sharing their experiences that are helping our planning teams identify priorities areas and actions for the next three years.



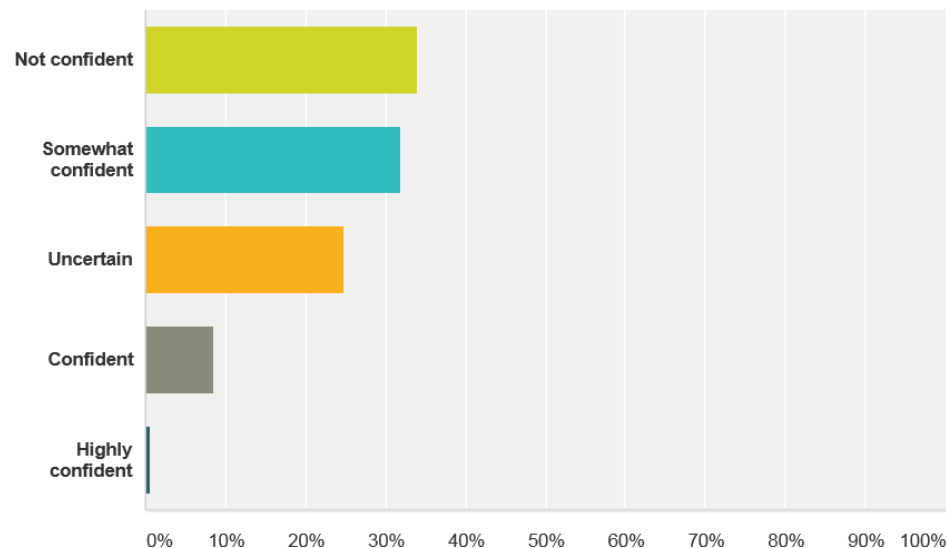
## Highlights from Engagement to date

- Patients and Caregivers are looking for information on nutrition, more timely access to high quality care, support for family members, support with navigating the system.
- Front line Service providers state that they are working with patients and caregivers to achieve better health, better care, better value and that their ability to respond as a co-ordinated system in the last three years has increased.

## But the ongoing challenge remains...

How confident are you that your patients and their family/caregivers can access the health care services they need at the right place, at the right time, and receive the right care?

Answered: 153 Skipped: 6



***As the system managers, the LHIN's role is to facilitate the development, understanding and implementation of an IHSP that captures the interconnection between vision statements, strategic directions, desired outcomes and a range of elements advancing system development so as to enable the achievement of the strategic aims resulting in a strong and sustainable integrated system of care.***

## An Invitation...

- **IHSP 4**
  - Living Healthier at Home – Advance integrated systems of care to help Central East LHIN residents live healthier at home.
- **Survey Link**
  - Patients, clients, consumers, residents and caregivers
  - [www.centraleastlin.on.ca](http://www.centraleastlin.on.ca)
  - Click on IHSP4 button



**For more information**

**Please visit the Central East Local Health  
Integration Network website  
[www.centraleastlhins.on.ca](http://www.centraleastlhins.on.ca)**

**Follow us on Twitter @CentralEastLHIN  
Visit our Facebook Page**

**Contact us directly by phone 905-427-5497 ext. 212  
or email karen.obrien@lhins.on.ca**