

LHINC Council Meeting December 3rd, 2010 *Communiqué*

This communiqué provides an overview of the key messages stemming from the December 3, 2010 meeting of the LHIN Collaborative (LHINC) Council. The principal focus of the meeting was on three priority projects that are part of a broader initiative by the LHINS to improve quality of care and quality of life of seniors.

Development of a Province-Wide Falls Prevention Program:

Dr. Robert Cushman, CEO, Champlain LHIN introduced the Falls Prevention Program project that has the principal goal of bringing together LHIN and Public Health partners to build a more coordinated and cohesive Falls Prevention Program province-wide. This project will build on current Falls Prevention Programs across all the 14 LHINs. Falls are the leading cause of injury and accidental deaths among Canadian seniors. A falls prevention strategy is important to the LHINs' overarching goal of reducing Alternate Level of Care (ALC) rates and reducing avoidable Emergency Department (ED) visits, hospitalizations and admissions to Long-Term Care homes.

A Steering Committee and Sub-Committees for this project will be established in January 2011 to:

- Compile and analyze existing Falls Prevention Programs in practice at the 14 LHINs and 36 Public Health units in Ontario; and
- Develop a Provincial Falls Program strategy based on leading practices.

Other health system partners will be engaged during the development and implementation process.

Transition Management: Home First:

Narendra Shah, COO of the Mississauga Halton LHIN and Co-Chair of the Home First Working Group provided LHINC Council with an update on the project's deliverables and work done to date. This project is supporting a shift to a 'home-first' philosophy and approach across the LHINs.

Home First is an evidence-based, patient-centred, transition management approach that aims to optimize patient care by providing the necessary care to allow a patient (specifically high risk seniors) to remain in their home with community supports for as long as possible. If and when acute hospital care is required, Home First aims to support patients (who are in hospital) return home on discharge, prior to assessment for and/or admission to a Long-Term Care (LTC) home or other appropriate care setting. Under Home First, home is the primary destination post-discharge, allowing for patients to make any longer term decisions within the comfort of their homes, surrounded by their family and loved ones.

The project's key deliverables by the end of January, 2011 are as follows:

- A resource guide and toolkit based on leading practices to support province-wide implementation within the LHINs. A draft has been developed and is currently being reviewed by the Working Group.

- Strategies for the rapid cycle adoption of leading Home First practices across LHINs along with strategies to address barriers and risks to implementing leading Home First practices
- Development of a set of outcome indicators for performance measurement and management

Senior Friendly Hospitals Initiative:

Staff at the Toronto Central LHIN and the Regional Geriatric Program of Toronto presented on the Senior Friendly Hospital Strategy Provincial Rollout project. This project builds on a similar initiative that the Toronto Central LHIN has launched with the support of the Toronto Regional Geriatric Program. The goal is to enhance the care of seniors within hospitals and reduce the risk of their functional decline while in acute care. It is expected that implementing this priority will support the *Excellent Care for All Act* (ECFAA) and the LHIN's quality agenda and will help support a reduction of ALC pressures by:

- Preventing adverse events
- Decreasing lengths of stay
- Improving the capacity for older adults to live independently, and
- Reducing readmission rates.

The initiative will be implemented across all LHINs over the next year.

LHINC will be working in partnership with the LHINs, the Ministry of Health and Long-Term Care and other health sector partners in the development of a communications strategy for these and other high priority initiatives that have been identified by the LHINs.

Other Projects

LHINC has completed the following two projects:

- ***Engagement of Primary Care Physicians in LHIN Processes:*** The draft Resource Guide and Toolkit was reviewed and supported by the Ontario Medical Association and the Ontario College of Family Physicians. The final document was approved by the LHIN CEOs. The final Resource Guide and Toolkit will be released in January 2011 once it has been translated into French.
- ***Priority Setting and Decision Making Framework:*** The recommended Priority Setting and Decision Making Framework was supported by LHINC Council and is proceeding through the LHIN approval process. James Meloche, Senior Director of the Central East LHIN will lead the implementation and rollout to all LHINs, beginning in January 2011.

Communications strategies will be developed for these two documents.

LHINC Council also discussed the status and next steps on the other projects outlined below:

Development of Service Accountability Agreements: LHINC supports the development of and communications for the Hospital Service Accountability Agreement (H-SAA) and Multi-Sector Service Accountability Agreement (M-SAAs). LHINC has been engaged to work with the Steering Committees, Working Groups and Sector Consultation teams.

Health System Indicator Initiative: This LHIN-led initiative brings health system partners together to collectively advance and improve system performance by creating awareness, alignment and a system focus for indicator identification, development, maintenance, reporting and monitoring. LHINC has facilitated and supported the achievement of the following over the past few months:

- LHIN Indicator Framework & Guide created to facilitate identification and development of indicators in alignment with LHIN and provincial system goals and priorities.
- Technical Working Group established to determine the technical details for LHIN indicators.
- Indicator Classification & Criteria created to facilitate indicator selection and use.
- Cross Sector Engagement Plan developed.
- Recommended list of indicators identified for the 2011-14 M-SAA and 2011-12 H-SAA.

Improving Access and Coordination – Mental Health and Addiction Services: This project is developing tools and processes based on leading practices to support transitions of mental health and addictions clients across health providers. The work to-date has focused on defining transitions and identifying leading practices. The next steps involve engaging key informants from the mental health and addictions sector to obtain advice on key leading transitions-related practices and related accountability measures.

Future Enhanced role for CCAC project: This project will define a vision for an enhanced CCAC role within an integrated health system along with a directional plan for the implementation of that vision. Practical steps that CCACs and LHINs should undertake to consistently implement enhanced roles for CCACs in placement as per the recent regulatory changes will also be identified. LHIN and CCAC CEOs will meet on December 6, 2010 to discuss the project's findings and next steps.

The LHIN Collaborative (LHINC) is an advisory structure formed to work at a provincial level to strengthen relationships among health service providers (HSPs), their Associations and the LHINs collectively, and support system alignment. LHINC provides a system structure to engage HSPs on system-wide health issues. LHINC is led by a Council and supported by a Secretariat.