

Working Together to Make Hamilton the Best Place to Work, Live and Play

Presentation to the Hamilton Board of Health

Michael Shea – Chair, HNHB LHIN Board

Donna Cripps – CEO, HNHB LHIN

September 21, 2015

What is a LHIN?

Local Health Integration Network

- Created by the Ontario government in March 2006
- 14 not-for-profit corporations that work with local health providers and community members to determine the health service priorities for their regions
- Local Health Integration Networks (LHINs) plan, integrate, and fund local health services
- Vision: A health care system that helps keep people healthy, gets them good care when they are sick, and will be there for our children and grandchildren





HNHB LHIN Health Service Providers

(as of April 1, 2015)

95

**COMMUNITY
SUPPORT
SERVICES**

85

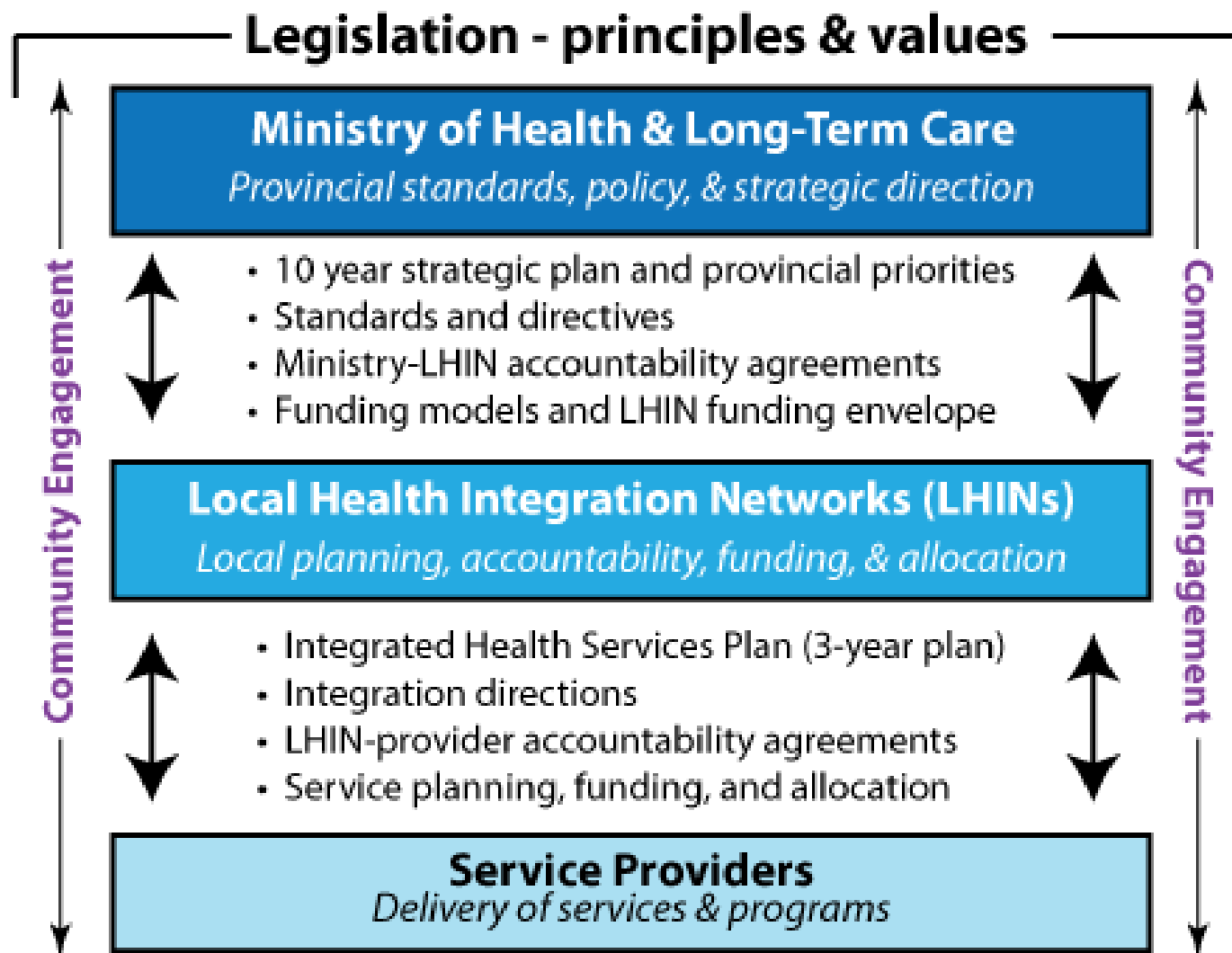
**LONG - TERM
CARE
HOMES**

9

**HOSPITAL
CORPORATIONS**

Community Support Services include CCAC, mental health and addictions, community health centres, and other community programs

Accountability



Health Status for HNHB Residents compared with Ontario Averages

Significantly Higher in HNHB Residents

- % Self-report health as 'fair' or 'poor'
- % Self-report activity limitations due to pain or discomfort
- % BMI indicating they are overweight or obese
- % Smoke on occasional or daily basis
- % Diagnosed with arthritis
- % Diagnosed with COPD
- % Diagnosed with high blood pressure
- % Diagnosed with asthma
- % Diagnosed with diabetes
- % Report perceived mental health as 'fair' or 'poor'
- Potential years of life lost from preventable causes*
- Rates of premature mortality and potentially avoidable mortality*
- Rates of ambulatory care sensitive conditions**

Data source: Statistics Canada Canadian Community Health Survey, 2013

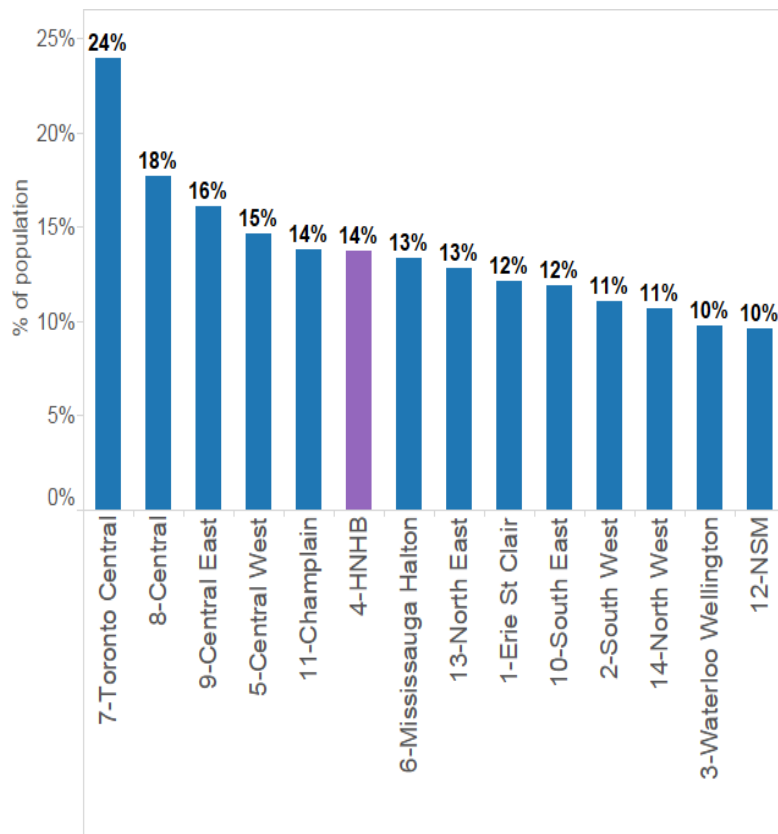
*Data source: CIHI Health Indicators Interactive Tool, 2010

**Data source: CIHI Health Indicators Interactive Tool, 2012

Population Living Below Low Income Cut-off

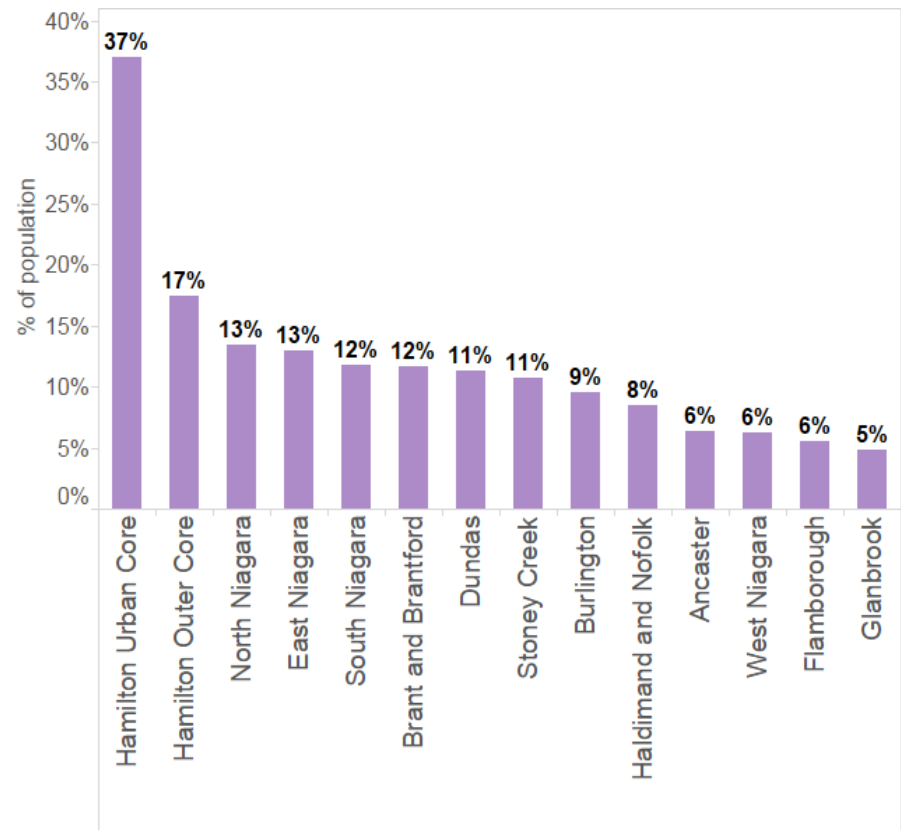
- Provincial Comparison**

HNHB LHIN at 14% (comparable to Champlain, Mississauga Halton, and Central West LHINs)



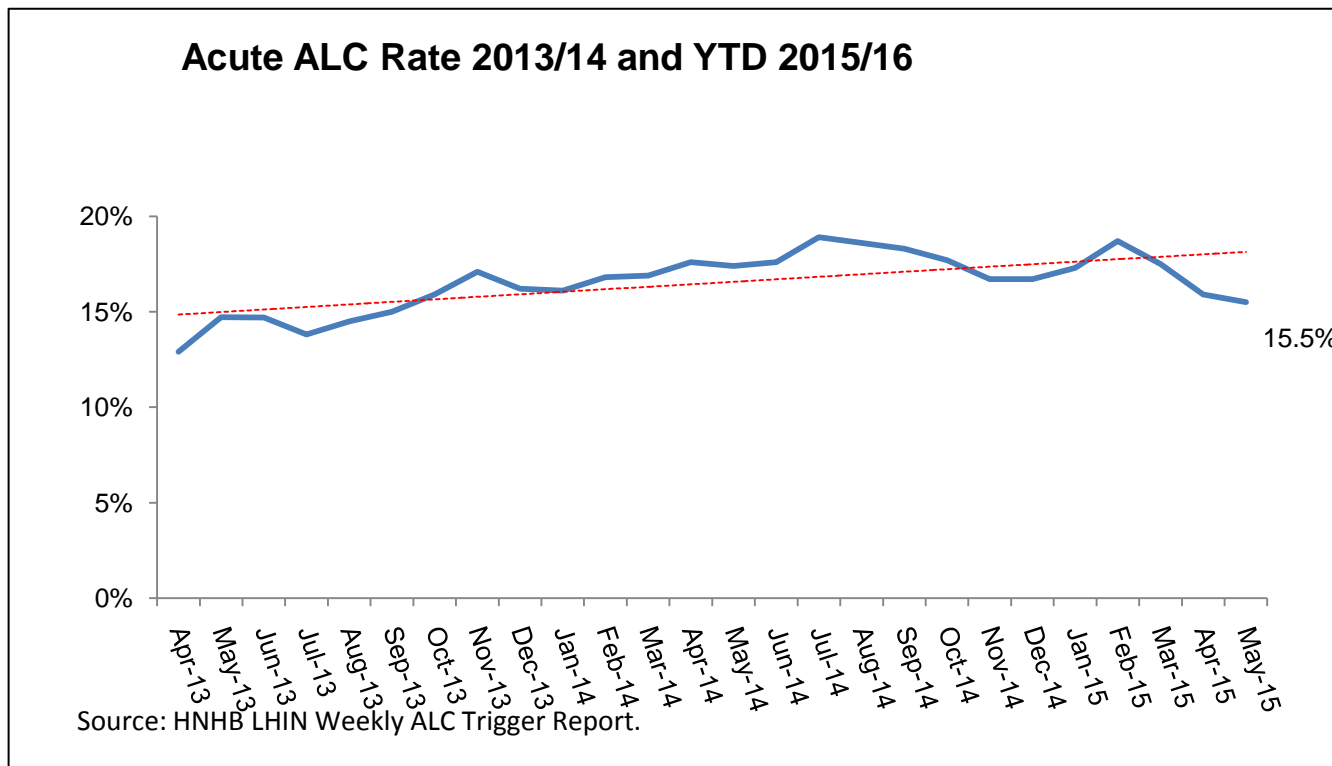
- HNHB Sub-LHIN Region Comparison**

Large variation within HNHB LHIN



Hospital Patient Flow

- In 2013-14, the LHIN noted a rising trend in the number of people waiting in hospital for an alternate level of care (ALC Rate) which prompted a review to understand why.
- 'In August 2014, 18.6% (17,460) HNHB LHIN acute hospital bed days were occupied by individuals waiting for an ALC. (40,445 ALC days all bed types – equates to 110 hospital beds*)



What are we doing?

Strategic Health System Plan

What?

Dramatically Improving the Patient Experience

How?

Quality

Integration

Value

**Supported
by a focus
on:**

Primary
Care

Home and
Community
Care

Health and
wellness of
our
populations

Engaged
communities

Future-
ready
thinking

That is:

Accountable, transparent, and evidence-informed

Health Links

Goals:

- Enhance patient experience
- Improve the delivery and coordination of care for people who have complex conditions



Health Links – Doreen's Story

- *73 years old with multiple chronic conditions, lives alone*
- *Required a walker to get around and experienced extreme shortness of breath with minimal exertion and anxiety around changes in medications*
- *Frequent ER visits (63) and multiple hospitalizations (34) since 2008, mainly related to COPD and abdominal pain (Diverticulitis)*

Identified through IDS

- *Personal Care Plan was developed which included review of medications, education to help her manage her conditions and referrals to Respiratory Therapist, Dietician and Caring for My COPD program*
- *Outcome – No exacerbations or hospital visits in 6 months and patient reports new sense of empowerment living with her illnesses*

Transitional Bed Program

- In 2013-14, the LHIN, Hamilton hospitals and the HNHB CCAC commissioned a report looking at alternative solutions for community transitional wellness environments.
- Opportunity identified to leverage local assets such as capacity in Registered Retirement Homes and Assisted Living environments where congregate care settings could be established.
- This type of environment provides residents access to 24-hour personal support services while maximizing efficiencies for a sustainable community model through existing funding methodologies.

Hamilton Community Transitional Wellness Capacity Project

March 2014

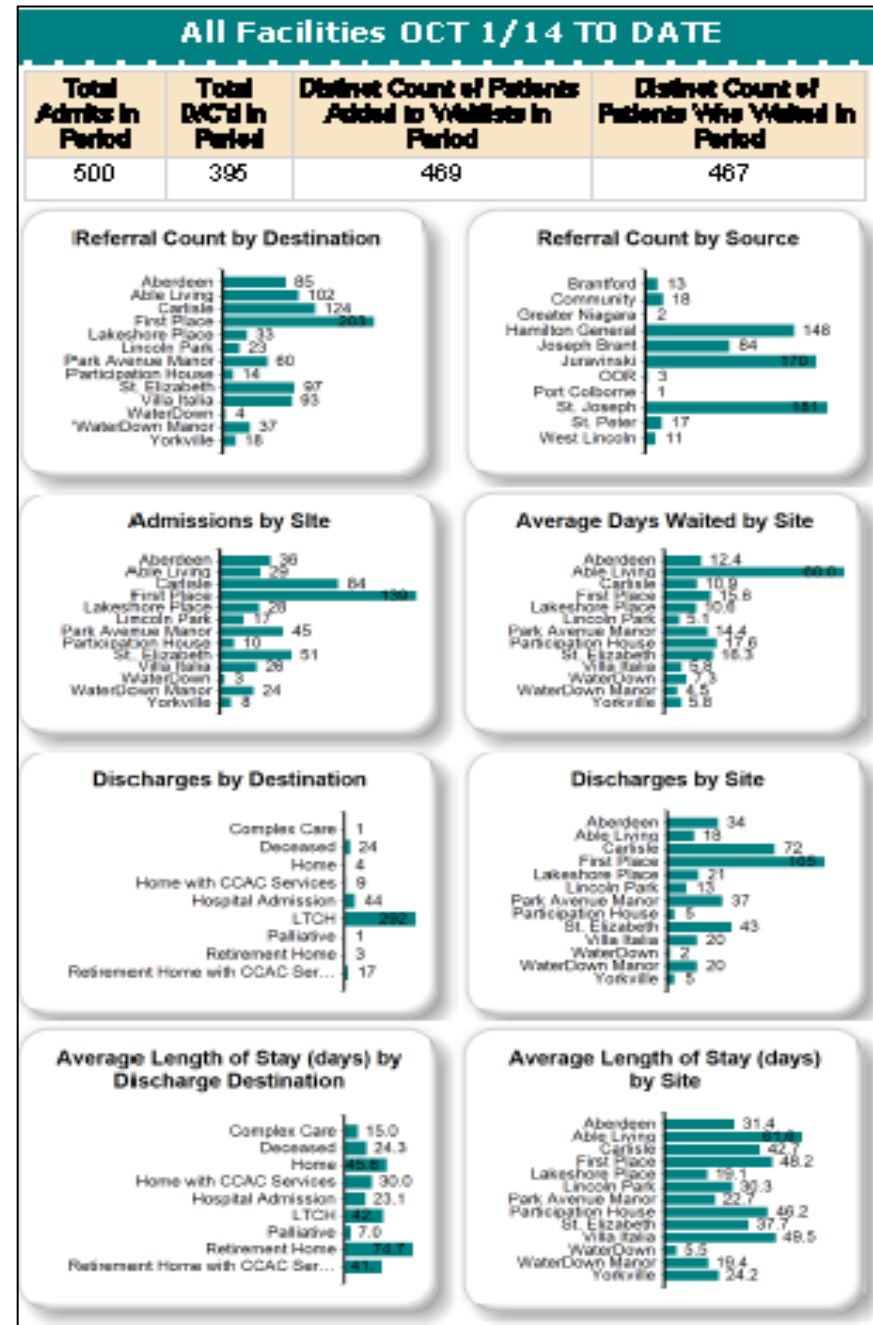
Prepared for
Hamilton Niagara Haldimand Brant
Local Health Integration Network

by V. Baird, Project Lead



Transitional Bed Program

- Capacity has grown since October 1, 2014 onward
- As of July 17, 2015, 122 beds available in Hamilton (97), Burlington, Niagara and Brant
- 500 admissions between October 1 2014 and July 17 2015, of which 395 were discharged.
- Provides 24-hours availability of care in congregate settings, rather than 24 hours of Personal Support care in the patient's home



Transitional Programs – Sara's Story

When Sara arrived at First Place she was very optimistic about going home, however her family and medical team felt she would be unable to cope in her own apartment. She had spent a number of months in the hospital and after having both legs amputated due to Vascular Disease, she required assistance with daily tasks.

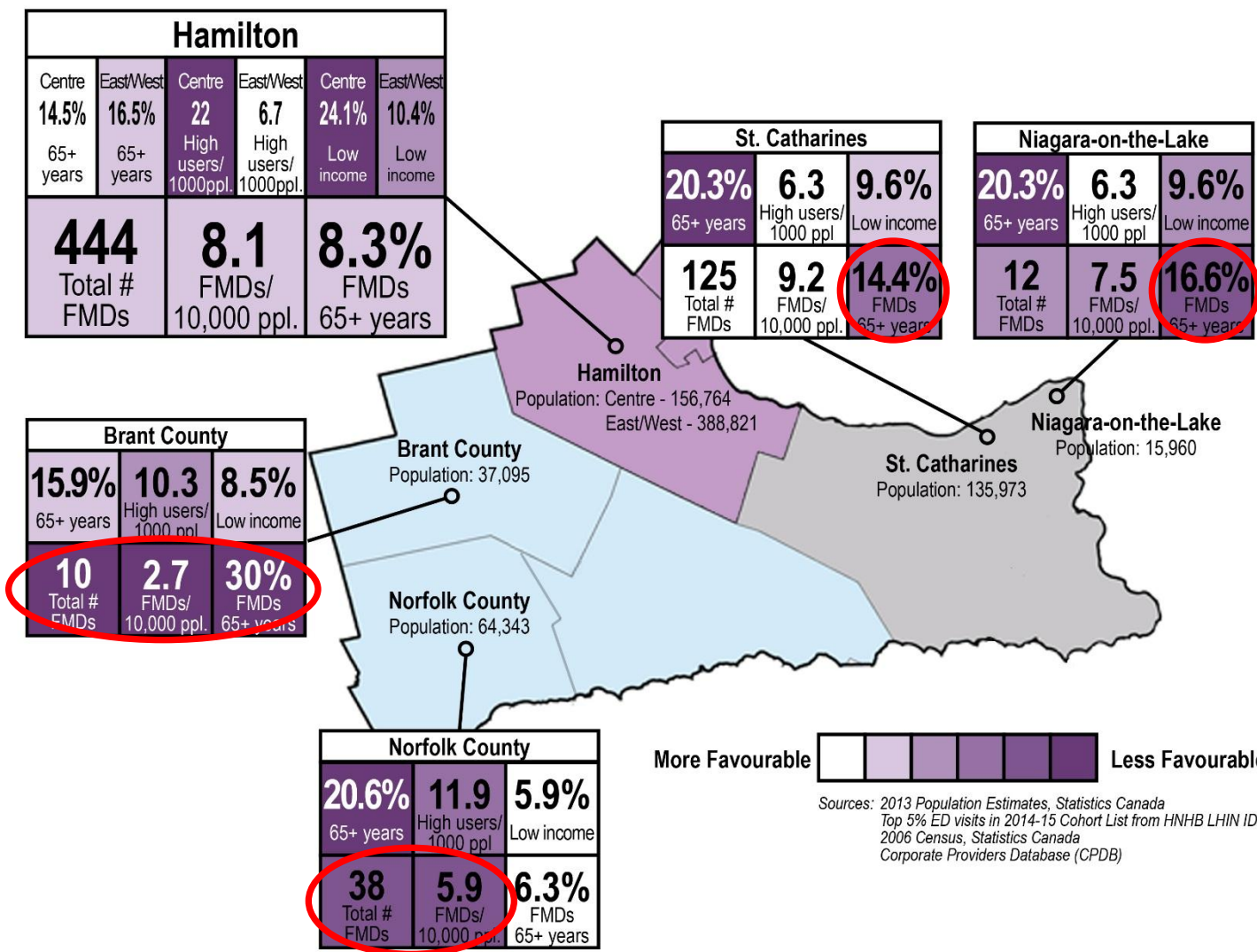
During her stay at First Place she gained strength from daily meals, gained independence with staff support by transferring herself to and from her own wheelchair and eventually she gained mobility by transporting herself to the dining room and events throughout First Place.

After two weeks it was decided that she could manage on her own and with the assistance of community supports she was able to move back into her apartment to live independently

Primary Care – Managed Entry Program

- In *Patients* First Minister Hoskins committed to ensure that “All Ontarians who want a family doctor will have one
- Certain areas of Ontario have critical shortages of Family MDs
- Certain models of primary care are more popular among new family MDs
- In early 2015 the MOHLTC announced a plan to improve access to physician in communities with high needs
- Areas of high need determined by:
 - Rurality (Rural Index for Ontario (RIO) Score)
 - Family Physician to population ratio
 - Input from LHINs

Primary Care – Communities in Critical Need



Mobile Crisis Rapid Response Team

- A first-in-Canada partnership between Hamilton Police Service and St. Joseph's Healthcare Hamilton
- Mental Health professional rides along with a uniformed officer in a police vehicle to respond to mental health crisis situations in the community
- Defuse/de-escalate in the client/family's environment of choice
- Provide a safe response for all concerned



Mobile Crisis Rapid Response Teams - RESULTS

Pilot

- 997 calls over 491 days
- 85% reduction in police hours spent in hospital compared to uniformed officer response (from 1,056 hours to 184 hours)
- 40% decrease in ED visits paired with 21% increase in admissions among those brought to ED

Since full Funding Deployment

- 829 calls in 80 days – Approximately 10/day
- Apprehension rate down from 75% to all-time low of 16.2% in June 2015
- Similar reductions in police hours and reduction in ED visits

System Strategy Council

Role

- Advisory to the Chief Executive Officer:
 - System transformation strategies that will dramatically improve the patient experience
 - Coordination and alignment of strategies
 - Innovative ideas that will challenge the status quo, promoting new ideas and solutions
 - Identify specific potential strategies for implementation

Citizen's Reference Panel

Originally formed in 2012 to engage with health care consumers from across the LHIN and involve them in the development of the LHIN's Strategic Health System Plan (SHSP)

Important to understand the needs and concerns of health system users and ensuring their priorities were reflected in the SHSP as it served as the basis for key documents including the 2013-16 Integrated Health System Plan (IHSP) and the LHIN's Annual Business Plan.

Working towards the development of our next IHSP (2016-19), the LHIN is once again seeking input of health care consumers and hosted a series of workgroup sessions:

- June 25 – Citizen's Reference Panel
- August 18 – Francophone Panel
- August 25 – Aboriginal Peoples' Panel

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Thank you!

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