

WWLHIN*news*

WWLHIN BOARD HIGHLIGHTS – AUGUST MEETING

GUELPH, ON – The Waterloo Wellington Local Health Integration Network (WWLHIN) Board of Directors met on Thursday, August 19, 2010. Following are highlights from that meeting.

Report from Closed Session

Kathy Durst, Chair, WWLHIN Board of Directors, reported that during the Closed Session of the meeting, the Board members discussed a human resource matter.

Accelerating the Transformation Agenda - Vision 2020 and Beyond

Bruce Lauckner, Senior Director, System Design and Transformation, WWLHIN, outlined the approach taken by the WWLHIN (Board and staff) in developing the Vision 2020 strategy. He indicated that there are three documents that guide the direction for the WWLHIN. These are the high level outlook through Vision 2020 operationalized by the community's Integrated Health Service Plan, 2010 - 2013 and the WWLHIN's Annual Business Plans.

Lauckner noted a great deal of work has been completed along the journey toward the achievement of the vision of a person-centred, integrated and sustainable health system. A number of key successes were noted, including the increase in community participation in designing local health care solutions, creative and innovative programming being developed by health service providers working together, implementation of a LHIN wide vascular program, LHIN wide coordinated emergency department initiatives to reduce wait times, and back office operational consolidation among community support services to name but a few.

As part of the Board's refinement of our strategic directions, a review of Vision 2020 will be completed to identify further opportunities to accelerate the transformation of our local health system. Over the next number of months, local health service providers and community partners will be engaged in this process to provide input and comment.

Board Chair Report

Ombudsman Report - Durst updated the Board regarding the Ombudsman Report on the Hamilton Niagara Haldimand Brant (HNHB) LHIN's use of community engagement in their decision-making process. She noted that two of the four recommendations are applicable to all 14 LHINs.

Those two recommendations are focused on establishing guidelines setting out basic standards for community engagement by both LHINs and health service providers, and amending By-Law # 2 to cease the practice of holding closed education sessions. She noted that work is now underway to address both of these recommendations.

Durst said, "I want to assure the public that the Waterloo Wellington LHIN will use this report in our ongoing efforts to continue to improve processes that support open, transparent and accountable decision-making."

Durst indicated that the WWLHIN holds their education sessions in the open session of the Board meetings. She confirmed that the Board encourages public participation during the education sessions and will continue to do so.

She added that the WWLHIN will continue to implement stringent and acceptable guidelines to only go in-camera when topics of discussion focus on human resources, legal or land issues.

"We thank the Ombudsman for his report and recommendations," says Durst. "It is important that we continue to review our processes to ensure local decision making is inclusive and transparent. I know that our entire Board is committed to best practice in Board governance and community engagement. This will enable us to make the best decisions for our local communities."

AMO Conference - Durst informed the Board members that the 14 LHINs worked collaboratively to provide an education session at the Association of Municipalities of Ontario Annual Conference in Windsor on August 17. The focus of the session was to identify a number of activities and partnerships the LHINs have developed with municipalities across the province.

CEO Report

Transfer of Mental Health Beds - Sandra Hanmer, CEO, WWLHIN, informed the Board that staff had been working with Grand River Hospital, St. Joseph's Health Care, London, and the South West LHIN to finalize the agreement to transfer 50 mental health beds to the Freeport Site.

"The transfer of beds to Kitchener will allow patients who now travel to London to remain closer to home for specialized care," said Hanmer. "It will serve patients 16 years of age and older who may need stays of up to three months as they receive treatment for a mental illness."

She added that the expansion of the Freeport Site to accommodate these beds will enhance the mental health care options available for patients and families, supported by a range of community mental health providers.

To implement the transfer, the two hospitals, St. Joseph's Health Care in London and Grand River Hospital are legally required to have a formal agreement. While the hospitals have been working on finalizing the agreement, they have not been able to achieve this agreement. To assist in the process, the WWLHIN and the SWLHIN are working diligently with the hospitals to help facilitate their discussions. The Ministry of Health and Long-Term Care are informed of these discussions and are working with the hospitals and LHINs to reach an agreement in a timely manner.

"We are excited to know that the 50 beds will soon be available in Kitchener to further enhance the delivery of quality mental health programs and services for our local residents," added Hanmer.

Physician Assistant – Hanmer indicated that the Centre for Family Medicine, which is associated with the Waterloo Regional Campus, Michael G. DeGroote School of Medicine, McMaster University, was approved for a physician assistant (PA) position. She also noted that the Mapleton Family Health Team has been previously approved for a PA position.

Physician assistants support doctors in a range of health care settings and work under the direction of a doctor to provide patient/client care. The specific duties of the PA vary depending on the individual competencies of the PA, the supervising doctor's area of practice, and the types of duties that the supervising doctor chooses to delegate. This may include conducting patient interviews and taking medical histories, performing physical examinations and certain controlled acts delegated to them by a doctor and providing counselling on preventive health care.

Information Technology Projects – Hanmer noted that the HealthConnections project that was piloted in Waterloo Wellington is now at the benefits analysis phase. This analysis is looking at patient data as well as input from all of the participants including doctors, health care providers and patients. The project provided individuals with diabetes a clinical portal that assisted them in managing their condition as well as having secure electronic access to their doctors and care providers.

The WWLHIN is also working with the HNHB LHIN on a number of projects. Further updates on these initiatives will be provided at future Board meetings by the project teams.

Financial Report

Stewart Sutley, Senior Director, Performance and Accountability, WWLHIN, provided a financial update to the Board for the first quarter (April - June, 2010) operational budget. The WWLHIN is currently showing a small surplus; however, this is due to the seasonality of some projects and initiatives. He indicated that the budget will provide a balanced picture as this work is undertaken.

Annual Business Plan Development for 2011 - 2012

Lauckner outlined the timeline for the development of the 2011 - 2012 Annual Business Plan (ABP). This is the action plan to implement the system improvement initiatives that were developed as part of our 2010 - 2013 Integrated Health Service Plan (IHSP). He indicated that while the plan focuses on the upcoming fiscal year, the initiatives have multi-year impacts.

The Annual Business Plan builds on the previous years' successes and identifies changes for the upcoming year. Lauckner noted that the Plan includes a reporting mechanism to track the work that is being done to ensure we are meeting our targets.

The 2011 - 2012 Draft Plan will be presented to the Board in January 2011.

QUICK FACTS

The Waterloo Wellington Local Health Integration Network is responsible for planning, integrating, coordinating and providing funding to 79 health service providers including hospitals, long-term care homes, community support services, community health centres, the Community Care Access Centre and community mental health and addictions agencies in Waterloo Region, Wellington County and South Grey. The WWLHIN operates an annual health care budget of close to \$858 million.

LEARN MORE

The full reports, briefing notes, and presentations related to the board agenda items are posted to the WWLHIN website at www.wwlhin.on.ca, click on About Our LHIN / Board of Directors – Meeting Minutes / August 19.

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