

WWLHIN Hospital Annual Plan Community Presentation

September 13, 2007



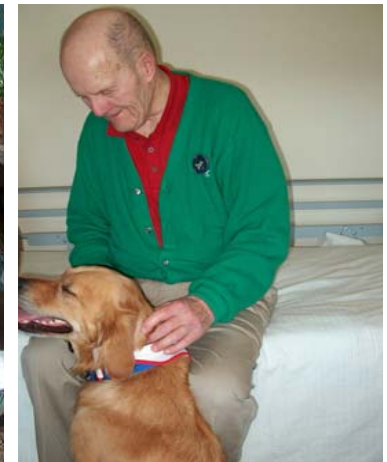
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Anne Groulx, VP Finance & Information Management
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Clinical Services-Beds

Number of funded beds **235**

- **Specialty Hospital:**
 - Complex Continuing Care 64
 - Rehabilitation 27
 - CCC Patient Days 23,080
 - Rehabilitation Patient Days 8,520

- **Residential Long Term Care** 144
 - Will build and open 96 new beds by 2010
 - Resident Days 52,103



Clinical Services- Ambulatory

Out-Patient Therapies

- Physiotherapy
- Occupational Therapy
- Respiratory Rehabilitation

Community Outreach

- Frail Elderly Program
- Alzheimer's Day Program
- Acquired Brain Injury
- Assisted Transportation

Clinics

- Geriatric Assessment
- Speech Language Pathology (children's)
- Electro Diagnostic Medicine
- Rheumatology, Osteoporosis
- Ophthalmology
- Falls Clinic

Bone Mineral Densitometry



Primary Care

Current Initiative:

- Family physician students complete their clinical rotation with the Geriatrician.
- Exploring with FHTs the feasibility of recruiting physicians.
- NP provides primary care for residents and patients.

Pressure:

- Physicians are seeking a quality life balance and therefore limiting the number providing hospital or LTC support.
- Inadequate remuneration for physicians to provide care in CCC & LTC
- Limited funding models for NPs.

Integrated Solutions:

- Develop partnerships with FHTs and provide incentives to provide primary care for patients and residents.
- Explore feasibility of funding models for NPs.

Mental Health and Addictions

Current initiatives:

- The CMHC team was meeting with hospital and LTC teams monthly to assist in the management of LTC residents and patients with mental health or behavioural issues. This collaborative care planning resulted in the reduction of crisis and visits to ER. Working with the CMHC to secure psycho-geriatric services.

Pressures:

- Due to recruitment issues the above service is no longer available.
- Increase in behavioural and mental health issues without mental health support.
- Mental health crisis teams do not provide service in LTC homes or CCC and patients must be sent to ERs for assessment.

Integrated Solutions:

- LHIN wide strategy to recruit and retain psycho-geriatrician services.
- Explore possibility of crisis teams assessing residents in CCC and LTC homes.
- Explore feasibility with CMHC and Homewood of implementing a behavioural unit in CCC.

Creating Sustainable Solutions to Wait times

Current initiatives:

- Significant decrease in the length of stay in short and long term rehab has resulted in an increase in the number of patients accommodated. Developed an agreement to increase the number of rehabilitation beds if required by GGH.
- Providing leadership within the Rehab Network.

Pressures:

- Significant fluctuations in wait list and occupancy.

Integrated Solutions:

- Continue to work with the GGH to plan and manage the peaks and valleys in referrals.
- Collaborate with LHIN health care partners to accurately identify continuum of services and roles of providers.

Services for Seniors

Current Services:

- Specialized Geriatric Services (SGS) program-partnership with the CCAC, CMHC and SJHC-goal.
- Falls prevention clinic.
- Community Support Services (CSS) and leadership in the CSS Network.
- Seniors At Risk Advisory.
- Leadership in LHIN Services for Seniors COI.

Pressure:

- Wait list for SGS due to lack of resources.
- Wait list for Community Support Services.

Integrated Solutions:

- Alternate Funding Arrangements for physicians, use of NPs and physician assistance, and video conferencing.
- Explore the possibility of creating a LHIN wide SGS program.
- Increase education and discussion with acute care and CCAC about CSS.
- Balance of Care e.g. supportive housing.
- ALC transition beds.

Chronic Disease Prevention & Management

Current Initiatives:

- Osteoporosis clinic
- Rheumatology clinic
- Chronic Obstructive Pulmonary Disease Rehabilitation
- Geriatric Clinic
- Arthritis Clinic
- Bone Mineral Densitometry Clinic

Pressures:

- Gaps in service and needs must be determined, and who are the service providers.

Integrated Solutions:

- Review the work of the COI and determine how we support the initiatives.
- Continue to partner with community providers and FHT's.

Aging in Place

Current Initiatives:

- Ambulatory Clinics
- CSS:
 - Satellite program in Fergus
 - Family Counseling
 - Case Management
- SGS:
 - On-site geriatric psychiatry consultation clinic with CMHC.
 - Partnership with the Alzheimer Society for education.
 - Leadership in the LHIN Respite COI.

Pressures:

- Wait list for CSS.
- Inadequate support for daily living in the home (balance of care).

Integrated Solutions

- Implement further satellite CSS programs.
- Weekend Alzheimer Overnight Respite Program.
- Supportive housing and life lease.

E-Health

Current Initiative:

- LHIN 3 & 4 Diagnostic Image Retrieval.
- LHIN wide dictation system.
- Meditech link for referrals with the GGH.
- Plans to move towards an Electronic Health Record.

Pressures:

- Lack of funding to invest in the continuation of the EHR.
- Limited pool of experts.
- Lack of system compatibility with other LHIN health care organizations' systems creates barriers, e.g. drug dispensing.

Integrated Solutions:

- Continue to participate in the E-Health Council and E-Health Alliance.
- Allocate adequate dollars for EHR implementation plan.
- Continue to explore opportunities of partnerships.

Complex Continuing Care (CCC)

Current Initiatives:

- ❑ External review of patients appropriateness in CCC beds has just been completed.
- ❑ Changes to admission and discharge criteria.
- ❑ Partnership with CCAC for discharge planning.
- ❑ Participate in the Hospice Palliative Care Network.

Pressures:

- ❑ Wait list for palliative care.
- ❑ Inconsistent admission criteria for CCC patients across the Province.
- ❑ Increase in complexity of patients and discharge planning.
- ❑ LTC not accepting behavioural patients.
- ❑ Increase in patient complexity increasing costs and requirement for education for staff.

Integrated Solutions:

- ❑ Working with the GGH to determine the correct mix of CCC patients.
- ❑ Collaborate with hospice palliative care.
- ❑ Develop program that facilitates a shorter CCC LOS to assist in the flow.
- ❑ Work with LHIN partners who provide CCC services to develop consistent approach.

Rehabilitation

Current Initiatives:

- Collaborative wait list program with GGH.
- Leadership role within the Rehab Network.

Pressures:

- Lack of specialized rehab services to meet community needs.
- Limited numbers of referrals from northern care partners and community.
- Lack of access to video fluoroscopy in Guelph for swallowing assessments.
- Increasing numbers of patients waiting for alternate levels of care.

Integrated Solutions:

- Explore possibility of providing specialized in-patient rehab services.
- Working with primary care physicians for direct referrals from the community.
- Work with partners on LHIN Rehab COI to share information.
- Work with partners to implement a common referral form.
- Host education and prevention activities for the community to focus on services we provide.
- Continue to collaborate with CCAC to enhance discharge planning process.

Speech Language for Children

Current Initiatives:

- Speech language provided through an integrated network within Wellington.

Pressures:

- Increased wait time up to one year for pre-school services.
- Several funders - MOHLTC, Ministry of Children & Youth Services (MCYS) and County of Wellington.
- Funding has not kept pace with demand.
- Shortage of Speech Language Pathologists.

Integrated Solutions:

- Continue to work with partners, the LHIN and MCYS to stabilize and centralize funding for paediatric services.
- Collaborate with partners to develop speech language HR pool to address needs.

Health Human Resources

Current Initiatives:

- Shared Chief of Staff/Medical Director with GGH.
- Formal Human Resources Plan.
- Participation in New Graduate and Late Career Initiatives.
- Strategic initiative of the organization.
- Sharing of staff with other health care organizations.

Pressures:

- Limited pool of health leadership.
- Challenges in maintaining staff knowledge and skills to provide quality care.
- Increasing complexity of patients.
- Ongoing challenges in recruitment and retention of professional staff.

Integrated Solutions:

- Collaborate with LHIN partners to develop LHIN wide staff recruitment and education strategy.
- Continue to partner with colleges and universities to develop effective strategies to encourage and enhance student placements.
- Explore the opportunity within the LHIN to provide developmental opportunities through secondments and formal coaching/mentoring programs.