

North West LHIN

2011-2012 Accomplishments



Ontario

Local Health Integration
Network

I am pleased to present the North West Local Health Integration Network's 2011/12 report to you on the activities and successes that are transforming our health care system in Northwestern Ontario.

Health care is about people and their families, and over the past year we have worked together with our health service providers to improve the health services on which people in our region depend.

Together we have focused on improving the health of the population, enhancing quality of care, improving access to care and creating a sustainable health care system for future generations to come.

In March, we released the *North West LHIN Health Services Blueprint: Building Our Future*, a 10-year plan to create an integrated health care system in Northwestern Ontario. Integration among service providers is necessary to bridge gaps in services and coordinate services to serve local populations better. We need every part of our health care system pulling together, organizing services and delivering care in such a way that patients don't actually experience the system in parts – they experience it as one smooth, responsive and efficient system.

Many of the accomplishments in this document could not have been achieved without the support and hard work of the health service providers in our region. Together we're moving forward to realizing the North West LHIN's vision for the Northwest – *Healthier people, a strong health system – our future.*

Laura Kokocinski
CEO



The North West LHIN covers 47% of Ontario's total land mass and is home to just 2% of Ontario's population. Our boundaries extend from just west of White River to the Manitoba border and from Hudson Bay in the north to the United States border.

Health Status of Northwestern Ontario

In comparison to the rest of the province, the North West LHIN has a higher:

- Percentage of residents age 12 and over who smoke (23.9% versus 18.9%);
- Percentage of heavy drinkers (20.9% versus 16%);
- Percentage of residents 18 and over who report being overweight or obese (61.7 % versus 52%);
- Occurrence and earlier onset of many chronic diseases; and
- Mortality (death) rate due to all causes, all circulatory system diseases, unintentional injuries and suicide and self-inflicted injuries. Mortality rates are up to 2.3 times higher than the provincial rate for males and up to 3.4 times higher for females.

And a lower:

- Percentage of individuals having contact with a medical doctor in the past year (83.5% versus 91.1%);

- Life expectancy for females (81.1 years versus 83.6 years provincially) and males (76.2 years versus 79.2 years provincially); and
- Percentage of residents that self-reported their mental health as “excellent” or “very good” (68.2% versus 74.3%).

Population

- According to the new Census data for 2011, the North West LHIN's population has decreased by 5.3% to approximately 222,000 between 2006 and 2011. However, 13 First Nations communities did not participate in the 2011 Census – and these communities accounted for approximately 8,000 people in 2006.
- The number of seniors (age 65 and over) living in the North West LHIN is projected to increase 79% between 2011 and 2030.
- 19.2% of the population in the Northwest self-identify as Aboriginal. This is the highest of the 14 LHINs and much higher than the provincial average of 2%.
- The Aboriginal population in the North West LHIN is younger, with up to half of the Aboriginal population in Thunder Bay and Kenora under the age of 25.
- The percentage of residents who are Francophone is slightly lower than the province as a whole at 3.5% versus 4.4%.

The North West Local Health Integration Network (LHIN)

The North West LHIN and its Board of Directors are responsible for the planning and integration of the regional health care system and for funding over \$600 million of local health care services delivered in Northwestern Ontario, including:

- 13 hospitals
- 15 long-term care homes
- the North West Community Care Access Centre
- 2 community health centres (one with two satellites)
- 64 community support services
- 36 mental health and addictions agencies

Together with our partners, the North West LHIN:

- Encourages health service providers to work together to improve access to quality care for Northwestern Ontario residents;
- Identifies the health care needs of the population and coordinates care as an integrated system;
- Makes local decisions in response to local health care needs; and
- Holds health service providers accountable for the public dollars they receive.

The North West LHIN's Strategic Directions

The North West LHIN Board of Directors' Strategic Plan 2010-2013 *Leading Health System Transformation in Our Communities* provides a common vision and common directions to the LHIN and health service providers for the health system. Four strategic directions are outlined in the plan:

1. Improved health outcomes resulting in healthier people.
2. Access to health care that people need, as close to home as possible.
3. Continuous quality improvement.
4. Well-managed resources.

Our Mission

Develop an innovative, sustainable and efficient health system in service to the health and wellness of the people of the North West LHIN.

Our Vision:

Healthier people, a strong health system – our future.

Priorities for Change to Our Local Health System

There are 14 LHINs in Ontario, each dedicated to serving its own geographic area of the province. Because of LHINs, health care planning and decision making about resource allocation happens locally, close to home. As a result, changes to our local health system are shaped by the people who use it and work within it.

Every LHIN in Ontario is guided by an *Integrated Health Services Plan* (IHSP), which provides an assessment of local health care needs and existing health services, identifies priorities for health system improvements, and sets out plans to address these priority health care issues. Our 2010-2013 IHSP is based on information gathered through significant community engagement with residents and health care professionals in Northwestern Ontario.

The 11 local and provincial priorities in the plan are focused on three areas:

Access to and Integration of Services:

- Emergency Department Wait Times & Alternate Level of Care
- Primary Care
- Specialty Care & Diagnostic Services
- Chronic Disease Prevention & Management
- Long-Term Care Services
- Mental Health & Addictions Services

Enablers:

- Health Human Resources
- eHealth
- Integration of Services along the Continuum of Care

People of Northwestern Ontario:

- Aboriginal Health Services
- French Language Health Services

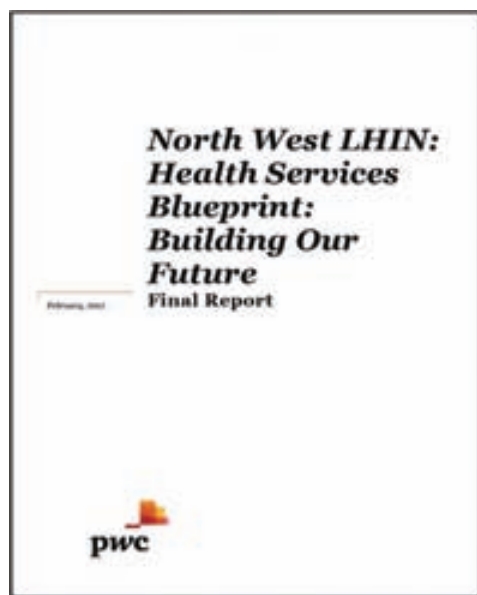


Sharing the Good News

This is our report back to you – the residents and communities in the North West LHIN - on the progress being made in each of the priority areas to continually improve health care for the people of Northwestern Ontario. Many of the accomplishments could not have been achieved without the support and hard work of our health service providers.

First, we'd like to introduce our new plan for transforming our health system – the *North West LHIN Health Services Blueprint: Building Our Future*.

Health Services Blueprint A Blueprint for a Better Health Care System for Northwestern Ontario



“We need every part of our health care system working together, organizing services and delivering care in an integrated way so that patients experience it as one smooth, responsive and efficient system.” – Laura Kokocinski, CEO

Patients and health service providers have been telling us that changes to the health system are needed to address the gaps in service and improve access to health care services. In response, the North West LHIN embarked on a plan to create an integrated health care system that puts patients and clients at the centre of the system, reducing duplication and closing the gaps that exist between services and providers, so that patients can receive the care they need, when they need it, as close to home as possible.

Prepared for the North West LHIN by PricewaterhouseCoopers, the *Health Services Blueprint: Building Our Future* was released in March 2012. The 10-year plan is based on a comprehensive evaluation of health care in the Northwest, including extensive input from health service providers and communities across the region.

The Case for Change

The information and data collected in the study makes a very strong case for change. The study found that:

- The North West LHIN has a high rate of preventable disease compared to the provincial average;
 - More people smoke, drink heavily and are overweight compared with the provincial average, contributing to risk factors for certain chronic diseases;
 - 25% of people over age 65 have diabetes versus around 20% provincially;
 - 58% of people over age 65 have high blood pressure versus around 51% provincially; and
 - 23% of people over age 14 have arthritis versus 17% provincially.

- Transitions between care settings are not handled efficiently and effectively, meaning that patients frequently wait too long in hospital until home care or long-term care is available.
- The Northwest has the highest rate of acute care (hospital) use in the province because patients are visiting the hospital with health problems that could be treated in their communities.
- North West LHIN area residents have high rates of hospitalizations and emergency department visits for many chronic diseases, suggesting the need for more community-based services.
- Health costs are higher in the North West LHIN.

Our Goals for the System

The Health Services Blueprint outlines the changes we need to make in order to reshape, integrate, strengthen and sustain our health care system – using the resources we have more effectively.

The Blueprint focuses on reducing demand for expensive hospital services by shifting and improving access to care and delivery of services in the community, particularly for seniors, people with mental health and addiction conditions, and people with chronic diseases. The plan also proposes a new integrated health system model in which providers explore new partnerships - locally, as a district and regionally - to better plan and deliver services to patients across the Northwest.

We need a health system that is sustainable in these challenging economic times. Currently, 42 cents of every government program dollar is spent on health care in Ontario and could increase to 70 cents in 12 years.

Changes have to be made if our local health care system is going to continue delivering first class health services to our children and their children.

Next Steps

The North West LHIN Board of Directors has engaged health service provider chairs, board members and CEOs across this region to build awareness of the vision and model of the health care system for our region. Next, community engagement sessions will be held in communities across the LHIN to share information about the Blueprint and to help inform the implementation phase of the plan.

“At the end of the day, we’re looking to health care providers in this region to see themselves in this plan, and to take this plan and make it their own,” says Laura Kokocinski, North West LHIN CEO. “They are the people who make health care happen.”

For full details on the Health Services Blueprint, visit the North West LHIN website at www.northwestlhin.on.ca. Link through our homepage to:

- Video introduction to the Health Services Blueprint
- Video overview of the Health Services Blueprint project, findings and recommendations
- Full Report and Appendices
- Executive Summary
- Brochure
- Q&A

Health System Transformation in 2011-12

Together with our health care partners, we have made great strides in improving access to quality care, and identifying and responding to local health care needs. Health care providers and partners in communities around Northwestern Ontario have already begun to change, innovate and integrate, with the common goal of better outcomes for patients.

The North West LHIN is pleased to share the successes and innovations achieved in 2011-12 through partnership with our health service providers and other partners. Below are examples of the changes that are transforming health care in the North West LHIN, summarized under our strategic directions – so you can see how our strategic plan is advancing:

Improved health outcomes resulting in healthier people

**Alternate Level of Care (ALC)
Home First in Kenora and Thunder Bay
has contributed to an overall reduction
in ALC.**

Alternate Level of Care (ALC) days refer to the number of days which a patient spends in hospital, when he or she could potentially have been receiving

more appropriate care in the community. Reducing ALC days in this region is a top priority of the North West LHIN, as is reducing emergency department (ED) wait times. The key to achieving both goals is to improve access to community-based health care services. This will ease the strain on hospitals, freeing them up to deliver the kind of acute care they were intended to deliver, while at the same time delivering care to patients when and where they need it, closer to home.

This past fiscal year, the North West LHIN invested in 40 initiatives to improve community-based health services, thereby helping avoid unnecessary visits to the emergency department, lowering rates of hospitalization, and helping expedite discharge from hospital. These include:

- Assess & Restore Programs in Thunder Bay, Kenora, Dryden and Sioux Lookout which provide short-term intensive services to help patients recover strength and/or basic functioning before returning home or to the next level of care;
- Increased investment in the Nurse Led Outreach team, which provides care in-house at long-term care homes;
 - The team assessed over 660 residents in 2011/12, resulting in 40 % fewer residents transferred to the

emergency department and a 60 % reduction in the number of hospital admissions than in the same period the previous year.

- Increased funding to the Red Cross for home maintenance and housekeeping services in Thunder Bay; and
- Increased funding for the provision of homemaking services offered by the North West Community Care Access Centre (CCAC) through the Wait at Home and Intensive Case Management programs.

Overall, we saw a decrease in the rate of Alternate Level of Care (ALC) patients in hospital from 21.76% to 18.59%, resulting from these new investments in community-based health services and adoption of *Home First* in Thunder Bay and Kenora.

Emergency Department (ED) Wait Times

Wait times for patients treated and released from the emergency department at Thunder Bay Regional Health Sciences Centre were among the lowest in the province in 2011/12.

We reduced emergency department wait times in 2011/12. The Emergency Department Pay-for-Results (P4R)

Program funding helps hospitals implement initiatives that improve the flow of patients through the ED and meet specific ED wait time reduction targets. P4R initiatives at the Thunder Bay Regional Health Sciences Centre (TBRHSC) have contributed to:

- Improved laboratory turnaround times;
- Improved emergency wait times for admitted patients from 31.6 hours in early 2011 to 28.4 hours at the end of the year; and
- Improved wait times for non-admitted patients. Emergency department wait times improved for both low and high acuity patients (6.7 hours and 4 hours respectively) making us one of the best performers in the province.

We still have more work to do to further reduce the emergency department wait times for admitted patients. The goal is to reduce the admitted wait time from emergency to an inpatient bed to 25 hours for 9 out of 10 patients. Together with our system partners, we will continue to implement strategies that address this particular emergency department wait time.

Home First

Home First was launched in September 2010. The initiative is a philosophy of care rather than a program. *Home First* introduces a new way of thinking and approach to patient-centred care. What *Home First* seeks to change is the long-established pattern of having older patients remain in hospital or get placed directly into long-term care, when in fact, with the right community supports in place, their health care needs could be addressed at home.

With the *Home First* approach, health care providers in the hospital work together with Community Care Access Centre case managers and other health system partners in the community to explore all possible patient discharge options for safe transition to home. Successes include:

- A 21% reduction in ALC patients in hospital from September 2010 to February 2012 at Thunder Bay Regional Health Sciences Centre;
- A 25% reduction in ALC patients waiting in hospital in the post-acute care setting of St. Joseph's Care Group;
- An 8% reduction in ALC patients waiting in hospital from November 2011 to February 2012 at Lake of the Woods District Hospital in Kenora;
- A 23% reduction in the total number of ALC patients in the City of Thunder Bay since October 2010;
- Shorter number of ALC days for patients waiting for rehabilitation, complex continuing care and long-term care;
- A 10.7% decrease in the number of patients on the long-term care wait list in the North West LHIN between July 2010 and July 2011, (532 to 475 individuals); and
- A 39% reduction in the number of individuals waiting in hospital for long-term care between July 2010 to July 2011.

Health System Transformation in 2011-12

Mental Health and Addictions Services

The North West LHIN invested in health human resources across Northwestern Ontario to support seniors with complex mental health needs.

In 2011/12, the Ontario government introduced a comprehensive 10-year Mental Health and Addictions Strategy titled *Open Minds, Healthy Minds* with the first three years of this strategy focused on Child and Youth services.

Under the strategy, Thunder Bay was one of four sites in the province to establish a Service Collaborative. Led by the Canadian Mental Health Association, Service Collaboratives bring together service providers to plan and deliver a seamless continuum of care for people with mental health and addictions issues in a region or community: for example, transitions in care between child/youth and adult services.

Other advancements related to mental health and addictions include:

- A new Behavioural Supports Ontario (BSO) strategy was introduced to improve the care of patients with responsive behaviours such as aggression and wandering. More than 10% of the current senior population in the North West LHIN has Alzheimer's disease and related dementia. The North West LHIN's BSO Action Plan, led by St. Joseph's Care Group, includes the development of mobile outreach teams to help educate and support regional health service providers as they provide care to patients with responsive behaviours, as well as a plan to develop behavioural support services at Hogarth Riverview Manor.
- As a result of the GAPPS (Getting Appropriate Personal and Professional Supports) program, visits to the emergency department (ED) by people enrolled in GAPPS declined by 65%. Even after discharge from the program, ED visits by these individuals were down 27%.

Primary Care

2,500 individuals who previously did not have access to primary care have been linked with a primary care provider through Health Care Connect.

Primary care is the first contact that patients have with the health care system. Whether it is with a family physician or nurse practitioner, that first encounter with a primary care provider is of tremendous importance, laying the groundwork for whatever other steps might be required on a particular person's health care journey.

Improving access to primary care for the people of Northwestern Ontario is a significant priority for the North West LHIN. The LHIN hired a Primary Care Physician LHIN Lead this past year to help improve linkages and access to primary care health services in the community. This will be done in collaboration with local primary care providers including the Family Health Teams, Nurse Practitioner-Led Clinics and Community Health Centres. In addition:

- The North West LHIN continued to work with the North West Community Care Access Centre to support the Health Care Connect initiative. To date, the program has linked 37% of registered clients with a primary care provider - a total of more than 2,500 individuals who previously did not have suitable access to primary care.
- The LHIN provided funding for 28 nursing positions to work in the area of telemedicine. Nursing positions were allocated across the region and it is expected that 10,000 more telemedicine visits will occur in 2012/13. (*read more on this under Health Human Resources*)
- The North West LHIN is participating in a project that will provide health service providers with secure access to patient/client personal health information across the North West, North East, Champlain and South East LHIN areas. Health care professionals such as physicians, pharmacists and nurses will be able to quickly view patient information, improving the quality and safety of patient care at and away from home.
- All of the hospitals in the North West LHIN are now connected to a provincial system that uniquely identifies a patient, regardless of where in the province they receive care.
- Approximately 61% of family physicians have adopted electronic

eHealth

The North West LHIN met 100% of its eHealth Ontario deliverable projects and exceeded the target number of eHealth integration projects.

In 2011/2012, more than 250,000 reports were electronically transmitted from hospitals to clinician EMR systems in the Northwest region, reducing the costs of paper and delivery, providing patients' clinical health information to health providers in a timely manner, and increasing the efficiency and quality of patient/client care.

One of the defining features of health care in the 21st century is the rapidly emerging importance of electronic health information, and the move by most jurisdictions to prepare their health care systems for the day when every citizen has an interoperable Electronic Health Record (iEHR).

eHealth Ontario released its new 2015 Blueprint during the fall of 2011 and, in alignment with that Blueprint, the LHIN pursued a number of eHealth initiatives designed to improve access to high quality health care right here, close to home, while also advancing the provincial plan:

About GAPPS

Getting Appropriate Personal and Professional Supports (GAPPS) is a collaborative outreach program, involving the St. Joseph's Care Group, Canadian Mental Health Association, Alpha Court and the NorWest Community Health Centre. The program was created to respond to the frequently unmet needs of people with serious, unstable and complex mental illness and addictions issues.

Workers engage with people who require, but are having trouble accessing, health and social services. Individuals are provided assistance and support in navigating the various health, mental health/addictions and social services, and housing that are available in the Northwest.

Kane's Story

'Kane' lived on the streets for many years. He slept on park benches, visited food banks, and pushed a shopping cart filled with all his belongings. He came from another country and struggled with mild language barriers. The GAPPS outreach team reached out to Kane, first with brief conversations, then through regular engagement. The team determined that his principal need was food. Initially, Kane did not want help with anything else, but after a few months he decided he wanted help in obtaining identification, finances, and housing. The GAPPS team maintains contact with Kane who now has a higher quality of life shaped by his individual needs and understanding.

Health System Transformation in 2011-12

medical records (EMRs) – which is the third highest uptake in the province. The integration of EMRs with hospital information is an important step in electronically connecting the health care system.

- An EMR system for the regional cancer program was set up. This system provides a centralized, paperless patient chart for all patients receiving cancer treatment throughout the North West LHIN region, with this information instantly available to authorized clinicians who need it.
- The Kenora Chiefs Advisory is implementing a groundbreaking patient database of the Aboriginal communities they serve. The database, which is being created with investment and support from the North West LHIN, Health Canada and eHealth Ontario, will contain important demographic information about the Aboriginal population in the region. It will be the first of its kind in Ontario and will become a fundamental piece of the electronic health record infrastructure in Northwestern Ontario.

Health Human Resources

Telemedicine nurses are expanding access to specialist assessments and diagnoses for patients across Northwestern Ontario, and helping avoid travel costs.

In 2011/12, the LHIN provided funding for 28 nursing positions to work in the area of telemedicine. It is expected that this expansion of an already highly successful program will result in approximately 10,000 additional clinical

telemedicine visits per year for the patients of Northwestern Ontario.

New Investments in Telemedicine

Telemedicine can be described as the delivery of health care services using information and communications technology. A patient in one location is able to consult with a specialist in another, using video monitors that allow the two to see and hear one another in real time, regardless of how far apart they might be.

The role of nurses during these remote consultations is critical. They provide support to patients at the “host” site, operate the equipment, help patients in the diagnostic and assessment phase, and facilitate communication with the specialist at the other site.

A Telemedicine Patient's Story

A Thunder Bay woman had a meeting in the fall with a specialist in Toronto for what she calls a relatively serious medical issue. Her follow-up consultations in January and February were done via telemedicine. She says that saved her time and money, lowered her stress level, and thanks to the telemedicine nurse who was on hand, it seemed almost exactly like a real face-to-face appointment.

“If you think about what nurses do whenever you go to a clinic, that's what they do in a telemedicine consultation. They make sure everything works. They make sure you're comfortable, and that you understand what to expect. When it's done, they make sure you understand everything the doctor said to you. They make sure the human side of the appointment is not lost,” the woman said.

Since 2006, the North West LHIN has invested in telemedicine to improve access to quality health care for the people of Northwestern Ontario including:

- new and replacement telemedicine equipment for 14 health service providers
- 28 telemedicine nurses
- 2 telehomecare programs

Quick Facts*:

- In 2011/12, the use of telemedicine in the North West LHIN resulted in more than \$21 million in avoided travel costs, and more than 50 million kilometres in avoided patient travel.
- There are 157 active OTN sites and 240 active systems in the Northwest.
- In 2011/12, Northwestern Ontario hosted 28,671 clinical events on the Network.

*Source: Ontario Telemedicine Network (OTN)



Photo courtesy of Ontario Telemedicine Network

Health System Transformation in 2011-12

Improving the Patient Experience through Continuous Quality Improvement

Integration of Services along the Continuum of Care

Already a leader in falls prevention, the North West LHIN is working with service providers and partners to expand services and programs to reduce falls among seniors aged 65 and older.

The North West LHIN continues to pursue integration opportunities and promote better coordination of care, as we look to reduce duplication and eliminate gaps in service, and improve access to health care services for patients across our region.

The most significant integration announcement was the release of the *North West LHIN Health Services Blueprint*, which is highlighted on page 4. Through this plan, the North West LHIN will be looking at integration in governance, clinical, administrative and back office activities.

Another significant achievement over the past year is expansion of the role of Community Care Access Centre (CCAC). The CCAC will be the single point of access into adult day programs, supportive housing and long-term care.

The North West LHIN-Wide Falls Prevention Program, involving 32 health service providers, achieved some excellent results in falls reduction in some of the long-term care homes over the past few years. Falls can lead to a drastic change in a senior's mobility, health and independence. To expand this type of prevention, LHINs and public health units partnered to develop an *Integrated Provincial Falls Prevention Framework & Toolkit* for

implementation across Ontario. Along with our public health units, health service providers and partners, the Framework & Toolkit will be used to strengthen existing programs and services, building on our past success in reducing the number of falls and improving the quality of life for seniors.

Chronic Disease Prevention and Management

People with congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) are managing their chronic disease at home, without trips to clinics or the hospital, through LHIN-funded telehomecare programs.

Management of chronic diseases is a vital component of any sustainable health care system. The Health Services Blueprint identified several high impact clinical conditions – such as diabetes, congestive heart failure and cancer – that result in higher admission rates to hospital. The North West LHIN is working closely with health service providers to change the system by moving from reliance on inpatient care to outpatient community-based care.

Specific initiatives have been advanced to improve access and outcomes for people with chronic conditions.



Successes in 2011-12 include:

- The transition and expansion of chronic disease self-management programs to the North West Community Care Access Centre have resulted in better access to programs for patients across the region.
- The NorWest Community Health Centres' diabetes mobile unit exceeded targets for providing primary care services, foot care and nutritional counselling to high risk individuals in nine rural/remote communities.
- Wound care has been expanded to over 200 people to address the high rates of hospital use and to prevent amputations in the North West LHIN.
- Over 400 referrals have been made to the acute centre for diabetes care which was established at Thunder Bay Regional Health Sciences Centre. A satellite at Sioux Lookout Meno Ya Win Health Centre is to serve another 100 people.
- Access to primary care services was expanded to people with congestive heart failure and chronic obstructive pulmonary disease through two new LHIN-funded telehomecare programs.

Health System Transformation in 2011-12

Long-Term Care Services

Community support services have been expanded across the North West LHIN, supporting more seniors to live at home in the community.

Seniors in the North West LHIN

Between 2010 and 2030:

- The number of seniors aged 65-74 is expected to increase by 85%.
- The number of seniors aged 75+ is expected to increase by 62%.
- The number of people younger than 65 is expected to decrease by 10%.
- 32% of seniors in the region live alone, compared to 25% provincially.

In the face of a steadily aging population, the North West LHIN is making every effort to enable the best care for seniors all across the region. Seniors have told us they want to stay at home for as long as possible. The LHIN offers a number of long-term care services along the continuum of care to help maintain seniors in the community. Now many options exist in the community to support seniors.

The North West LHIN focused its investments for seniors in three areas:

- Additional community support services such as respite services in Thunder Bay and the Districts of Kenora and Rainy River;
- Additional assisted living services such as the addition of 39 new supportive housing units/service in Kenora, Rainy River and Dryden; and



- New capacity in long-term care such as the addition of 10 interim long-term care beds in Kenora and 22 long-term care beds in Terrace Bay.

The North West LHIN will continue to invest in community-based supports across the region such as meals on wheels, social and congregate dining, homemaking, home maintenance, transportation and respite.

Wesway Family-Directed Respite

This is an innovative project that offers badly-needed support to the caregivers of frail elderly seniors living in the community. Care can take place in the family's own home, the home of a volunteer or in one of Wesway's Respite Homes in a flexible model determined and managed by the caregiver.

Wesway Story

An elderly woman in Schreiber explained that Wesway's service allows her to get out and recharge for a couple hours. "When I leave my house, the first thing I do is take a deep breath of fresh air. It isn't that I don't like caring for my husband, but I've been in this situation for 15 years, and it is so nice to know someone is there for me. It makes my life feel a little more normal." She explained how she uses her respite time to do the simple things in life she would otherwise be unable to do. "I use Wesway for a few hours every week to visit my sister in long-term care, have a coffee in a restaurant. Believe it or not, it's like being on a holiday to have someone serve me, even just a coffee!"



Access to health care that people need, as close to home as possible

Specialty Care & Diagnostic Services

Wait times for cancer, cataract surgery and MRIs in the North West LHIN are among the lowest in the province.

In 2011/12, the LHIN maintained its high performance in the area of cancer surgery and cataract surgery.

- Cancer surgery wait times decreased to 37 days compared to the LHIN target of 45 days and the provincial target of 82 days.
- Cataract surgery wait times decreased to 103 days compared to the LHIN target of 112 days and the provincial target of 182 days.
- Hip and knee replacement surgery wait times increased primarily due to patients electing to wait for their surgery. The LHIN is working with the Regional Joint Assessment Centre to identify strategies to increase referrals to the first available surgeon to reduce overall wait times.
- Wait times for hip surgery increased from 178 days to 187 days compared to the provincial target of 182 days.
- Wait times for knee replacement surgery increased from 194 days to 216 days compared to the provincial target of 182 days.
- Wait times for Magnetic Resonance Imaging (MRI) scans are among the best in the province - at 78 days.
- Wait times for Computerized Tomography (CT) scans increased to 40 days due to a temporary loss in capacity while the LHIN's main clinical CT scanner at Thunder Bay

Regional Health Sciences Centre was being replaced by a more modern and efficient scanner.



Aboriginal Health Services

The North West LHIN has developed a Cultural Competency Toolkit with specific indicators to measure how diversity is applied within an organization. The toolkit will be made available to health service providers across the region and will support organizations in assessing their ability to provide culturally- appropriate care for the patients they serve.

The North West LHIN meets with Aboriginal Health Directors from 69 First Nations twice each year. The focus of engagement this year was on mental health and addictions, and addressing the related issues and challenges in their communities. The information gathered will help inform our Mental Health and Addictions Strategy.

Other activities in 2011/12 included:

- In the summer of 2011, the North West LHIN supported emergency health planning and mobilized health service providers to support over 3,000 fire evacuees from remote, fly-in First Nation communities north of Sioux Lookout due to the smoke and threat of forest fires.
- In November 2011, the North West LHIN hosted a mental health and addictions forum titled *Better Together – Minosamiigut gii wii doo kadiing*. This forum brought Aboriginal and non-Aboriginal health service providers together to discuss the serious challenges facing the Northwest region related to mental health and wellbeing. Six priorities for action were identified.
- In 2011/12 the North West LHIN engaged 633 participants from 68

communities and 95 organizations across the region. Participants identified community challenges such as mental health and addictions, the need for long-term care services, and better chronic disease prevention and management. The North West LHIN will use this information in the development of strategies to address health system priorities.

French Language Health Services

An action plan is in place to strengthen and improve French language health services.

The North West Local Health Integration Network has made significant progress in its priority of

improving the integration of French language services within the local health care system and working towards improving access to health services for the Francophone population.

Health service providers worked with the LHIN to prepare a French Services Plan to better meet the needs of this population in Northwestern Ontario. This work is ongoing.



Integrated Health Services Plan
SURVEY
Your Region, Your Health Care, Your Voice!



Your Voice Counts!

The North West Local Health Integration Network wants to hear from you as we work together to build a better health care system for the future. Please go to www.northwestlhin.on.ca to fill out an online survey. Or you can call 807-684-9425 or toll-free at 1-866-907-5446 for a paper copy. The survey runs from August 20 to September 14.

Thank you from the North West LHIN Board, CEO and Staff

The North West LHIN will continue to work to address the local and provincial priorities outlined in the **2010-2013 Integrated Health Services Plan** in partnership with local health service providers, stakeholders and the Ministry of Health and Long-Term Care.

We need to maintain our gains achieved over the past year and continue to build on these and other successes as we work towards a health care system that helps people stay healthy, delivers good care to them when they need it and will be there for their children and grandchildren.

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To learn more about the North West Local Health Integration Network, visit our website at www.northwestlhin.on.ca