



Issue 2 - April 2007

LHINKAGES

CONNECTING OUR COMMUNITIES IN HEALTH

A Message from the Chair & CEO

Information and Communications Technology (ICT) was suggested as a possible solution for addressing unmet health service needs in the North West LHIN during nearly all community engagement sessions (provider and public) hosted in 2006. Together with the North East LHIN, we are preparing to launch Phase 3 of a three-step plan focused on improving ICT in the North. The plan has involved stakeholders from across the north during all stages; and the northern LHINS are emerging as some of the provincial leaders in e-Health as a result of this pan-northern collaboration. By ensuring ICT solutions are compatible throughout the Northwest, access to care, continuity of care, and quality of care in the Northwest will be improved.

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On April 1, 2007, the North West LHIN assumed its full mandate of planning, integrating and funding the health system in our geographic area. The specific health services included in the LHIN mandate are: hospitals, Community Care Access Centres, community support service

organizations, long-term care homes, community health centres, and community mental health and addictions agencies. The LHIN will continue to work closely with health service providers who do not fall within our mandate, but are integral system partners.

The North West LHIN is moving quickly to establish teams to support planning and integration activities. Recruitment is currently underway for members on four Advisory Teams: Chronic Disease Prevention and Management, Mental Health and Addictions Services, Seniors' Services and Health Human Resources. Advisory Team membership is a great opportunity to become involved with the health care system. Further information on volunteering as an Advisory Team member, is available at www.northwestlhin.on.ca. We look forward to working with our partners from across the Northwest to advance the priorities outlined in the North West LHIN's Integrated Health Services Plan.

Dr. John Whitfield, Chair
Gwen DuBois-Wing, Chief Executive Officer

www.northwestlhin.on.ca

The Evolution of the Ontario Telemedicine Network (OTN)

It is difficult to imagine the health system in Northwestern Ontario without telemedicine. In the eleven years since the initial pilot project began, telemedicine has evolved to be an integral part of the health system, saving millions in travel costs, enhancing access, and facilitating education and networking.

In 1996, a telemedicine pilot project between Thunder Bay Regional Hospital and the Hospital for Sick Children in Toronto was established. The benefits of virtual clinical consultations with specialists became quickly apparent. In the year 2000, Laurie Sherrington, RN, and Dr. Ed Brown visited hospitals throughout Northwestern Ontario to assess the level of regional interest in expanding the telemedicine program. The positive response they received resulted in the development of NORTH Network in Northwestern Ontario in the spring of 2002.

Initially, videoconferencing units were placed in all of the regional hospitals. The numbers quickly expanded to include diverse areas such as long-term care homes, First Nation Communities, Community Care Access Centres, specialists' offices and homes, family physician clinics, addictions treatment centres and health professional education programs. There are currently 48 systems in place across the Northwest and numerous organizations are planning for the installation of additional units in the near future.

In the fall of 2006, the three provincial telemedicine networks; Care Connect (East and Southeast), NORTH Network (Central and North) and Videocare (Southwest) merged to form the Ontario Telemedicine Network (OTN). From its early beginnings as a forum for clinical consultation, telemedicine's role has expanded to include administrative meetings, client/family visits, mentoring, education, and clinical consultations. Clinical consultations continue to be the most widely used application of telemedicine and represent 80% of utilization time.

Laurie Sherrington, Regional Program Manager for OTN, has been with the telemedicine program since the initial pilot project in 1996. She describes the positive response to telemedicine:

“Throughout the Northwest, people in the health system were eager to support telemedicine when they learned of the positive impact it could have on their communities in the areas of: access to services, care closer to home; clinical support; mentoring and education. There has been a great deal of innovation in the way the system is used to connect people.”

The ability to connect people electronically has resulted in improved access to services for clients throughout Northwestern Ontario. Over 200 specialty areas are now available through OTN.

In the year 2006, 23,333 clinical events took place with the use of telemedicine. This number is expected to increase this year.

Care closer to home is also made possible through the use of virtual consultations. The North West LHIN is a vast and sparsely populated area. According to OTN, patients travel an average of 579 kilometers to visit a specialist physician. Patients and their families avoid the often treacherous driving conditions on Northwestern Ontario highways when their clinical consultations are conducted through telemedicine. Disruption to family and professional life is also minimized. In addition to the savings in travel time, there are significant cost reductions in using telemedicine. OTN estimates that the monthly savings to the Northern Travel Grant program due to telemedicine are approximately \$582,000.

Education is an important service offered through OTN. In 2006, 4,998 educational events were hosted. Sessions were well attended and offered in a variety of topical areas. It is expected this area will grow considerably.

Mentoring and networking are also offered through telemedicine. Professional isolation is often an issue for health professionals in rural and remote areas. Networking with colleagues through virtual clinical and administrative meetings also helps to reduce this isolation. There were 3,307 administrative events hosted in 2006.

The Ontario Telemedicine Network recently completed a three-year strategic plan. Areas of potential growth include: geographical expansion; expansion across the continuum of care; new clinical, educational and administration programs; and innovative applications beyond videoconferencing. Webcasting, webconferencing, telehomecare, storeforward and eICU are probable areas for expansion.

It is likely this innovation success – OTN – will continue to improve the lives of patients and health care workers in the North West LHIN over the coming years.

For further information on OTN in Northwestern Ontario, please contact Laurie Sherrington, Regional Program Manager at (807) 684-6713.



Introducing the North West LHIN Board of Directors

Local Health Integration Networks are governed by an appointed Board of Directors and bound by accountability agreements with the Ministry of Health and Long-Term Care. Each Board member is appointed by an Order-in-Council. Board members are selected using a merit-based process, with all candidates assessed for the fit between skills and abilities of the prospective appointee and the needs of each Local Health Integration Network.

The North West Local Health Integration Network Board has eight members, and will have nine at its full complement. Board members are expected to possess relevant expertise, experience, leadership skills, and have an understanding of local health issues, needs and priorities. Board recruitment information is available at www.pas.gov.on.ca. For additional information about our Board, open board meetings, and board committee meetings, please visit www.northwestlhin.on.ca.

Biographies for Dr. John Whitfield (Chair), Janice Beazley (Vice-Chair) and Ennis Fiddler (Secretary) follow. Information on the remaining five Board members and LHIN staff will be profiled in upcoming editions of *LHINKages*.



Chair – John Whitfield (Thunder Bay)

Dr. John Whitfield is a Professor Emeritus, Lakehead University, where he served for 36 years as a professor of mathematics prior to retirement in 2001. While at Lakehead, Dr. Whitfield held several senior administrative positions including Dean of Arts and Science, Vice-President Academic, Interim President and Vice-President Research and Development. Dr. Whitfield also facilitated the corporate merger of two acute care hospitals in Thunder Bay and has served on many Boards and committees including Contact North, Northern Ontario School of Medicine, Thunder Bay Community Foundation and Northwestern Ontario District Health Council.



Vice Chair – Janice Beazley (Fort Frances)

Janice Beazley, a Certified Health Executive and Lifestyle Coach, has 25 years of health care experience which focused on planning and executing strategic initiatives. From 1999 to May 2005, she worked at Trillium Health Centre in Mississauga on the executive team where one of her primary responsibilities was to execute the redesign of a new governance structure. Prior to that, she was Foundation Director at Riverside Foundation for Health Care in Fort Frances and also served, from 1990 - 1998 as Assistant Executive Director, Corporate & Special Services at Riverside Health Care Facilities providing leadership in that portfolio across a multi-site organization. Jan is a graduate of the University of Minnesota in Health Services Administration and has taken business studies from the University of Manitoba and Lakehead University. She is a member of the Canadian College of Health Service Executives, and has been actively involved in a number of community, regional and provincial initiatives and boards. She is currently self-employed and operates the Loon's Call Bed and Breakfast on Rainy Lake.



Secretary – Ennis Fiddler (Sandy Lake)

Ennis Fiddler, a native languages teacher and CBC radio broadcaster, was involved with the organizational development of the Sioux Lookout Health Authority, and the Tikinagan Child and Family Services. He was Chief of the Sandy Lake First Nation from 2000 to 2002, and band councilor from 1998 to 2000. Before joining the North West LHIN, Ennis was chair and member of the Meno-Ya-Win Health Centre in Sioux Lookout where his focus was the amalgamation of the hospital's native and non-native services in Sioux Lookout and planning for a new hospital. In acknowledgement of his outstanding community involvement and leadership, he was awarded the Queen's Jubilee Medal in 2003.

Call for Advisory Team Members

At the North West LHIN, we believe that local people are the ones who best understand the needs of their communities. Last year we asked you to tell us about your local health service needs and priorities. Based on what you said, we created the North West Integrated Health Services Plan (October 2006) to guide us in improving the health system in Northwestern Ontario.

Now it is time to put the Plan into action!

We are seeking interested people, for the following Advisory Teams* who would like to work with the LHIN to give guidance on how this plan should be put into action:

- **Chronic Disease Prevention and Management Advisory Team**
- **Mental Health and Addictions Services Advisory Team**
- **Seniors' Services Advisory Team**
- **Health Human Resources Advisory Team**

For more information or to download an expression of interest form, please visit the North West LHIN website at www.northwestlhin.on.ca or call our office at (866) 907-5446 or (807) 684-9425.

* *Please note:* English will be the working language of all advisory teams.

Deadline for applications is Monday, April 30, 2007

Introducing the North West LHIN e-Health Lead



Bruce Sutton is currently Chief Information Officer for Thunder Bay Regional Health Sciences Centre and St. Joseph's Care Group who share an integrated Information Services department in Thunder Bay, Ontario. In this capacity Bruce provides IS leadership for both organizations, sits on the two senior administrative teams and plays a lead role in the implementation of regional information systems across Northwestern Ontario. Bruce was appointed e-Health lead for the North West Local Health Integration Network in early 2006.

Previously the Executive Director/CEO of the Nipigon District Memorial Hospital, Bruce was chair of the ICT Steering Committee for the Northwest Health Network and was a member of the committee that developed an ICT blueprint for all of Northern Ontario.

Bruce has been employed in the health sector for over 20 years. His career has encompassed complex continuing care, community health services, long term care, emergency health services and acute care. Bruce graduated from Lakehead University with an Honours Bachelor of Commerce degree and holds the designations Certified Management Accountant and Certified Health Executive.

Introducing the North West LHIN Critical Care Lead



Dr. Michael Scott is currently Director of Critical Care at Thunder Bay Regional Health Sciences Centre, a practicing intensivist and anesthesiologist and a member of the Ontario Critical Care Expert Advisory Panel. He was appointed Director of Critical Care at Thunder Bay Regional Hospital in 1998, and has developed and implemented the Intensivist-Directed Critical Care Service at Thunder Bay Regional Health Sciences Centre. Dr. Scott was previous Chief of Anesthesiology from 1996-1998 at Thunder Bay Regional Hospital and continues to be an investigating Coroner since 2001 for Thunder Bay Region.

Building the System:

e-Health, A Collaboration between the North West and North East LHINs

In 2005, a group of health service providers in Northern Ontario undertook the development of an Information and Communication Technology (ICT) Blueprint. The Blueprint strategically positions Northern Ontario health care providers, individually and collectively, with Ontario's broader e-Health vision and strategy. All of the hospitals, Community Care Access Centres, mental health centres, regional cancer centres, and community health centres of Northern Ontario participated in the study. With 52 participating organizations, the study, initiated by the three former Northern Ontario District Health Councils, is now a collaborative project of the North West and North East Local Health Integration Networks, ONe-Health, Ontario Ministry of Health and Long-Term Care and FedNor.

The purpose of the ICT Planning Project was three-fold:

- Conduct an inventory of the current state of ICT in Northern Ontario hospitals, CCACs, regional in-patient mental health programs, regional cancer centres and current regional ICT initiatives.
- Identify opportunities to partner and strengthen ICT linkages between Northern health care providers and sectors.
- Develop a common vision and strategic blueprint for action for ICT in Northern Ontario.

In June 2006, Phase 2 was launched with the goal of aligning mental health, addictions, long-term care, primary/specialist medical care, public health, children's rehabilitation, private laboratory diagnostic sectors, pharmacies/Ontario Drug Benefits, community support services and patient self-management with Ontario's broader e-Health vision and strategy.

The Phase 2 project entailed:

- An assessment of the status of: current individual agency patient records, clinical departmental and business information system; and agency ICT infrastructure;
- The development of a shared vision and strategic direction for ICT in Northern Ontario;
- The identification of barriers to, and opportunities for, partnerships, linkage, and a Northern Ontario approach to health-related ICT;
- The formulation of specific and practical implementation strategies, and options for overall system-wide ICT coordination/governance.

Members of the Northern Ontario ICT Phase 2 include:

Andy Gallardi, NW LHIN
Beth Campbell, Casselhome
Bill Davies, Community Mental Health
Brian Thompson, Alpha Court
Bruce Sutton, Thunder Bay Regional Health Sciences Centre
Denise Brunet, Canadian Mental Health Association
Dennis Reich, MD
Diana Lepere, Thunder Bay Radiology
Eiji Tsubouchi, George Jeffrey Children's Treatment Centre
Greg Berg, MD
James Foreman, Extencicare
Jean-Gilles Lemieux, NE LHIN
Jeff Holmes, Algoma Health Unit
Jeff Morton, MDS Labs
Jessie Bielski, Brain Injury Services of Northern Ontario
Ken Burns, Pharmacist, Errington Pharmacy
Kevin Queen, District of Kenora Home for the Aged
Marcia Scarrow, Red Lake Counselling & Addiction Services
Mark Whittaker, MD
Mike Wilson, MD
Paulina Chow, St. Joseph's Care Group
Phil Avella, Thunder Bay District Health Unit
Russ DeCou, Meals on Wheels Sudbury
Scott Henderson, NW LHIN
Tamara Shewciw, Group Health Centre

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e-Health, A Collaboration between the North West and North East LHINs *(Continued)*

The North West and North East LHINs, together with the health services providers in the North are now in a position to share their knowledge and use the findings of this work to move the health care system forward.

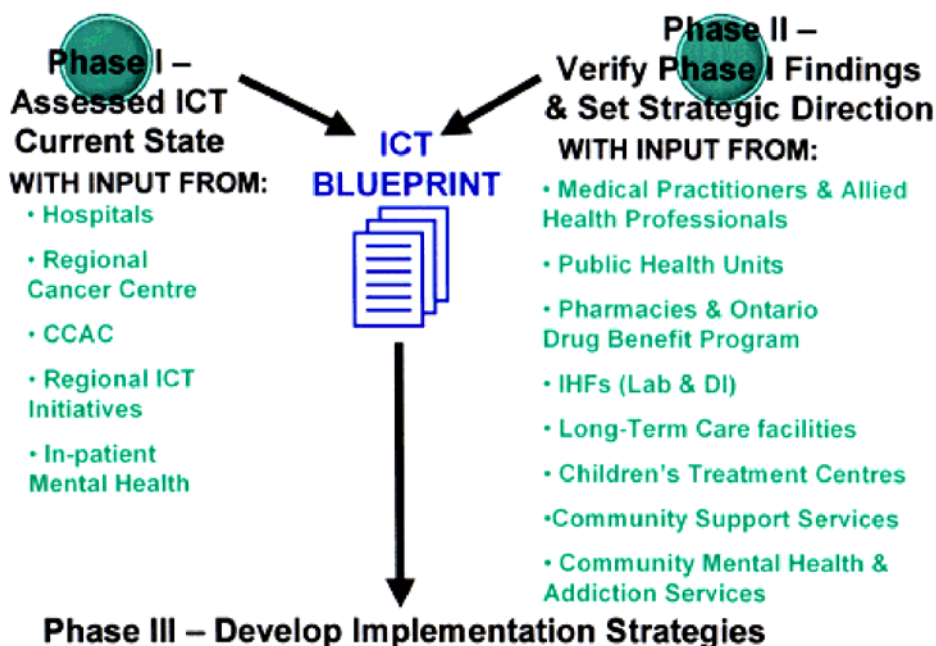
Phase 3 is focused on priority setting, tactical and implementation planning. Short/medium/long-term ICT priorities for Northern Ontario will be identified, along with resource requirements and

technological solutions. This will include the development of LHIN-wide ICT standards, requirements for interoperability and best practices, and system integration approaches.

The project will continue to be carried out under the leadership of the North West and North East LHINs, and guided by the ONe-Health Steering Committee. The project will be completed summer 2007.

HOW CAN YOU SUPPORT THE PROJECT?

- Copy and/or circulate the regular project bulletins and visit the ONe-Health website at <http://one-health.ca/portal/ICTPhaseII/tabid/56/Default.aspx>.
- Participate in a focus group(s) between April 3-May 2 (more information available on website above and North West LHIN website).
- Please ensure that your organization responds to information requests (e.g. surveys, site visits) and participates in any planned consultation sessions.



OHQC Summary

On March 26, 2007, the Ontario Health Quality Council released Q Monitor, its 2007 yearly report on the quality of the publicly funded health care system.

In addition to reporting on the overall performance of the health system, the report examines the chronic disease challenge in Ontario and provides examples of best practices from across the province. The report also looks at the need to strengthen quality assurance at the local service delivery level and the Wait Times Strategy transformation model as examples of how to improve the quality of the health system generally.

Please visit www.ohqc.ca to download a copy of the report.

The Ontario Health Quality Council is an independent agency funded by the Government of Ontario through the Ministry of Health and Long-Term Care. The Council reports directly to Ontarians on access to publicly funded health services, health human resources in publicly funded health services, consumer and population health status, and health system outcomes.

OHQC Ontario Health Quality Council

COQSS Conseil ontarien de la qualité des services de santé

For more information on the North West LHIN or how to get involved, please visit our website at www.northwestlhin.on.ca or contact us at:

North West Local Health Integration Network
975 Alloy Drive, Suite 201,
Thunder Bay, ON P7B 5Z8
Phone: (807) 684-9425 or Toll Free: (866) 907-5446
Fax: (807) 684-9533
E-mail: northwest@lhins.on.ca