



April 2010

# LHINKAGES

CONNECTING OUR COMMUNITIES IN HEALTH

## The Difference a LHIN Makes

The province's 14 LHINs are now implementing their second Integrated Health Services Plan (IHSP). It has been three years since the LHINs' inaugural IHSPs were developed that focused on improving the local health system. Regional health plans are very important to a province as vast as Ontario. Each IHSP details a set of priorities for change to improve the local health system and improve the patient experience for the residents in their respective communities.

Like our counterparts, the North West LHIN is responsible for planning, integrating and funding health service providers in our region including community support services (61), long-term care homes (14), community health centres (2), mental health and addictions services (37), community care access centre (1) and hospitals (13).

In our role as health system planner, we have prepared and released the North West LHIN 2010-

2013 Integrated Health Services Plan (page 3), and finalized our 2010-2013 Strategic Plan (page 3). In addition, the LHIN has worked with our partners to develop a Moderate Surge Capacity Plan (page 5) to ensure sustainability of critical care services 24 hours per day/seven days per week within the Northwest. Each plan involved significant engagement with health service providers, stakeholders and, in the case of the IHSP, residents from across the region.

The Triple Aim Framework is being used by the North West LHIN to support the IHSP priorities with a focus on optimizing the care experience, optimizing health and optimizing the use of resources within the LHIN.

Integration is the responsibility of both LHINs and the health service providers. Together, we are identifying opportunities to integrate services, through coordination, partnering, *Continued on page 2*

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- Celebrating Innovation in the North West LHIN





## Mission

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

## Vision

Healthier people, a strong health system – our future.

## Values

- Person-centred
- Culturally sensitive
- Sustainable
- Accountable
- Collaborative
- Innovative

If you have comments or ideas for future issues, please contact Kelly Arnold at (807) 684-9425 ext. 2030 or [kelly.arnold@lhins.on.ca](mailto:kelly.arnold@lhins.on.ca)

### North West Local Health Integration Network

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transferring, merging or amalgamating services. Five integration activities have taken place locally (see page 6) to help streamline providers' operations and improve the patient experience. A toolkit titled *Governance Resource and Toolkit for Voluntary Integration Activities* has been posted on our website (under For Health Service Providers section) to assist health service providers as they look at integration opportunities. The North West LHIN is planning an Integration Leadership Institute for June 2010 in Thunder Bay to talk with providers about integration opportunities.

You can see the positive effects of North West LHIN funding in the accomplishments from our 2007-2010 IHSP (see page 3). Each of the providers we fund is required to sign a Service Accountability Agreement (SAA) with us. We have negotiated these agreements with all of our service providers except long-term care operators, which will enter into their first agreements with the LHINs this summer. Hospitals were to negotiate new agreements for 2010-2012 but the previous (2008-2010) agreements with the hospitals have been extended for one year at current funding levels until their 2010-2011 funding allocation is known.

Service Accountability Agreements provide the foundation for health service providers to address performance management, accountability and system thinking. They are the tools used to ensure the performance of health service providers are consistent with provincial and local targets for improvements. The LHINs also sign an agreement (Ministry-LHIN Accountability Agreement) and are accountable to the Ministry of Health and Long-Term Care.

In addition to accountability, the North West LHIN is focused on quality improvement and best practices to help transform the health system in the region. Two quality improvement initiatives are under way in the hospital and long-term care sectors

(see page 7-8). The hospital program – called the Flo Collaborative – started in Thunder Bay and is now being spread to other hospitals across the LHIN. The Residents First initiative, involving long-term care homes in the region, is just getting started.

There have been some staffing changes at the North West LHIN and new faces on the board and in the office (see page 10). What is unchanged is our commitment to work with our health service providers, partners and communities toward our vision: *Healthier people, a strong health system – our future.*

## Congratulations

**Dr. Robert Algie**, Fort Frances Family Health Team, is the 2009-10 President of the Ontario College of Family Physicians. In his inaugural address, he highlighted the importance of engagement with the LHINs. "We are reaching out to the CEOs of LHINs to help with their need to engage the primary care sector. We believe we are making a difference in responding to the LHINs. The OCFP also recognizes individual physicians already doing good work in LHIN engagement and we reach out to offer support to those individuals."

The **Marathon Family Health Team** was named as one of two recipients of the "Family Practice of the Year" award for the province of Ontario. The award was given based on the challenges overcome since the inception of Marathon Family Practice in 1996, and the current range of services offered through the clinic and by the physician staff at the hospital to the citizens of the communities it serves. Marathon FHT consists of 8 Physicians, 1 Social Worker, 2 Registered Nurses, 2 Registered Practical Nurses, a Dietician, 1 Nurse Practitioner, a part time Epidemiologist and administrative support staff.

# Planning

## North West LHIN Strategic Plan to be Released Soon

Positive changes are being implemented in the health care system in Northwestern Ontario over the next three years that will improve people's health, their care experiences, and better utilize and manage available resources.

The North West LHIN is about to release its 2010-2013 strategic plan titled "*Leading Health System Transformation in Our Communities*". Health service providers from all sectors were consulted throughout the development of the plan and their message was clear – they believe the health system needs to be transformed. The plan provides common vision and directions for the health system over the next three years.

There are four strategic directions outlined in the strategic 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.

The following factors will be critical to the success of the plan:

- Integration and redesign of health system
- A spirit of engagement and collaboration
- Learning, innovation, and research capacity
- A system-wide culture of accountability

Our health service providers have provided feedback to ensure the strategic directions and related goals are relevant and achievable and will

move the strategic goals forward in the North West LHIN. The plan is to be released before summer.

## Our Health Care Priorities for the Next Three Years

The North West LHIN's second *Integrated Health Services Plan* (IHSP) came into effect April 1st, 2010. The priorities for improving the health system in Northwestern Ontario from 2010-2013 are (*listed by primary area*):



### 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 (factors that support the priority implementation plans):

- Health Human Resources
- eHealth

- Integration of Services along the Continuum of Care

The plan reflects the People of Northwestern Ontario with attention to:

- Aboriginal Health Services and,
- French Language Health Services

The priorities were identified using information gathered through community engagement with over 8,000 people in the region. We engaged communities, health care workers, health service providers and the public through more than 480 meetings, roundtable discussions, forums, workshops and education events over the past two years.

The 2010-2013 IHSP is available on our website, under the Integrated Health Services Plan tab.

### Leveraging Our Accomplishments

The 2010-2013 IHSP is not a new plan, rather it builds on the findings and progress made with the priorities identified in the first IHSP. We are compiling the accomplishments into one document which will be available on the North West LHIN website under the IHSP tab later this spring.

Here is a sampling of some of the initiatives the North West LHIN has funded or facilitated that are improving the health of the people and strengthening the health system in Northwestern Ontario:

- The training of 75 Master Trainers across the Northwest and in Aboriginal communities who are teaching people throughout the region to better manage their chronic disease(s) independently.
  - A Mental Health and Addictions project in Thunder Bay that is providing support to vulnerable persons with
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serious, unstable and complex mental illness and addictions issues on site in shelters, food banks, soup kitchens, and the streets. (Getting Appropriate Personal and Professional Support (GAPPS) Program

- St. Joseph's Care Group's outpatient mental health centre in Victoria-ville Mall opened in 2007, where clients can be assessed or receive services without a physician referral.
- An Environmental Scan of Aboriginal health services and programs is being conducted, with particular attention to the challenges and gaps in accessing mental health and addiction services.
- The Alzheimer Society's First Link program in Thunder Bay links individuals and caregivers to coordinated services and education from the point of diagnosis and through the stages of the disease.
- Fourteen new, innovative programs initiated through Aging at Home funding are providing more community support services to help seniors across the LHIN to age at home while helping prevent admission to long-term care homes.
- Supportive housing services have increased, with the addition of 20 supportive housing units in Kenora, 6 units in Sioux Lookout, and supportive housing in Thunder Bay for long-stay younger patients who would otherwise be in hospital as an Alternate Level of Care (ALC) patient.
- A new Centre of Excellence for Integrated Seniors' Services (CEISS) is being built in Thunder Bay and will feature a full range of Aging at Home-funded seniors' services including: 336 long-term care beds (including regional behavioural beds); enhanced supportive housing services; 132 new supportive housing apartments; community support services for 120 additional clients and special funding for service providers who need to provide a higher level of care to a senior client temporarily.
- The NorWest Community Health Centres' Mobile Unit (van) travels to

small remote rural communities in the Thunder Bay District to provide primary health care to residents who have limited access to care due to distance and a lack of service providers.

- A mobile unit providing primary care specific to seniors is operating in the Kenora District through the Mary Berglund Community Health Centre in the Ignace area.
- A Regional Emergency Department (ED) Study was conducted in 2009 to identify possible new models for the region's emergency system and to ensure high quality emergency care

**“The 2010-2013 IHSP is not a new plan, rather it builds on the findings and progress from our first plan.”**

is available and sustainable for residents of Northwestern Ontario. The study's recommendations are being reviewed and prioritized by our ED Advisory Team.

- Sixteen priority projects identified in our eHealth tactical plan are currently being carried out including:
  - The North West LHIN Project Management Office that is helping health service providers develop and implement eHealth technologies.
  - The development of an e-referral and resource matching system that, once patients are assessed and their needs identified, automatically searches and matches them with the care setting or health service they need, resulting in more timely discharges from hospital.
  - The set up of a Picture Archiving Communications System that gives health professionals across Northern

Ontario secure access to view digital images such as patient x-rays, ultrasounds, magnetic resonance imaging (MRI's) and computerized tomography (CT) results, allowing for quicker diagnosis and treatment.

#### **Wait Times Successes**

- Wait times for non-admitted patients in the emergency room at Thunder Bay Regional Health Sciences Centre have decreased through new initiatives implemented in 2009-2010.
- Wait Times for surgical procedures within the LHIN including cataracts, and hip and knee replacements have been significantly reduced.
- Wait times for cancer surgery continue to be among the lowest in the province.

#### **Provincial Announcements of Benefit to the North West LHIN**

- The nurse-led outreach team for long-term care homes in Thunder Bay that assesses residents' problems and provides care on site in cases where visits to the hospital can be avoided.
- Two Nurse Practitioner-Led Clinics: one in Thunder Bay and another at Anishnawbe Mushkiki Aboriginal Health Access Centre to provide service to the Aboriginal community in Thunder Bay. Both are to start enrolling clients in 2010.
- Twelve Family Health Teams (FHT) in the North West LHIN have been established to improve access to primary care. Two more FHTs, announced in 2009, are to open in 2010.
- New diabetes teams have been announced for Thunder Bay, Sioux Lookout and Fort Frances to help individuals better manage their diabetes, with a focus on working with Aboriginal people. Also, the Canadian National Institute for the Blind (CNIB) and the Northern Diabetes Health Network are collaborating to have diabetes teams travel with the mobile CNIB unit to enhance diabetes education across the north.

## Planning Ahead For Possible Surges in Critical Care

The Ministry of Health and Long-Term Care (MOHLTC) has been working to improve critical care services in Ontario through the Critical Care Strategy. This system improvement is the result of ongoing collaboration between critical care health care providers, hospital administrators, ministry officials and others.

Ontario's Critical Care Strategy includes a Surge Capacity Management Program, which focuses on meeting the needs of patients facing an immediate life-threatening health condition in an intensive care unit within the LHIN during a surge in critical care (i.e. flu pandemic situation).

There are three categories of levels of surge capacity for critical care services:

- Minor surge – can be managed within a hospital and requires no outside support.
- Moderate surge – critical care services have been extended by 15% above maximum capacity and can no longer be sustained internally by the hospital or across the Local Health Integration Network. The LHIN is responsible to manage this situation with Critical at the provincial level
- Major surge – critical care services have been extended across several Local Health Integration Networks or the province and a coordinated provincial response is required. This situation will be managed centrally by the MOHLTC.

### The North West LHIN's Moderate Surge Capacity Plan

The North West LHIN has been working with its health care partners to develop a Moderate Surge Capacity Plan for Northwestern Ontario. The focus of the plan is to ensure sustainability of critical care services 24/7 within the LHIN region. Details of the Moderate Surge Capacity Plan will be posted on our website later this spring.

## eHealth Update

### Project Management Office Taking Shape

**W**e are pleased to announce two new faces in our Project Management Office (PMO).

**David Newman**, a 17 year Information and Communication Technology (ICT) veteran with significant eHealth experience has joined the North West LHIN on a full-time basis. Additionally, **Frank Scarpino** from Healthtech Consultants has joined us to work with our stakeholders over the next few months to build the PMO for the usefulness and benefit of all. He can be reached via email [nwpmo@lhins.on.ca](mailto:nwpmo@lhins.on.ca). Please feel free to contact Frank or David if you have an interest in this area or have any questions.

The PMO is working on a number of the priority projects identified in the Northern Ontario eHealth Tactical Plan. A full copy

of the plan is available on our website under the eHealth tab. Along with building a common vision for eHealth project management excellence throughout the LHIN, David and Frank will be leading a current state analysis of ICT support in the LHIN and the feasibility of sharing and building ICT support services amongst health service providers.

### New eNewsletter and Website Coming Soon

So much is happening related to eHealth in the North West LHIN that we have decided to create an electronic newsletter dedicated to communicating about the PMO's many local initiatives and eHealth's progress in the region and Ontario. The first edition will introduce the North West LHIN PMO and highlight some of the important projects it is working on. In addition, a new eHealth section is to be up and running on our website this summer.

If you want to be on the distribution list for the eHealth newsletter, email [nwpmo@lhins.on.ca](mailto:nwpmo@lhins.on.ca)

## Enhancing Francophone Input Into Health Services

**O**ntario is giving the province's francophone community more input into the planning and integration of French language health services in local communities.

At least five new French language planning entities in regions across the province are being created to work with the province's LHINs to ensure the needs of francophone communities are reflected in local health planning. The entities will be selected by the Minister of Health and Long-Term Care by July 1, 2010.

The planning entities will provide advice and input to LHINs on:

- Methods of engaging the francophone community in the area
- Health needs and priorities of the local francophone community
- Identifying francophone health services and health care providers currently available to the community, and
- Improving access to, and the integration of, French language health services in the area.

For information on submitting a proposal for selection as a French Language Health Planning Entity, visit [www.health.gov.on.ca/english/public/program/flhs/health\\_planning\\_entities.html](http://www.health.gov.on.ca/english/public/program/flhs/health_planning_entities.html).

# Integration

Under the Local Health Systems Integration Act (2006), LHINs and health service providers are responsible for identifying opportunities to integrate services through coordination, partnering with others, or transferring, merging or amalgamating services.

A *Governance Resource and Toolkit for Voluntary Integration Activities* was developed jointly by representatives of health service provider associations, LHINs and the Ministry of Health and Long-Term Care. The purpose of the toolkit is to:

- Assist health service provider boards to understand evolving LHIN practices, processes and expectations arising from interpretations and applications of the Act as illustrated by the experience of the participating LHINs;
- Support health service provider boards in understanding their respective roles and responsibilities in providing appropriate leadership to their organizations and in developing strategies to work with one another and with the LHIN Boards on voluntary integration initiatives

The toolkit is available on our website in the For Health Service Providers section.

## Integration in the North West LHIN

Integration of Services along the Continuum of Care is one of the key priorities of our *Integrated Health Services Plan 2010–2013*. The goal is to facilitate and enable integration of services along the health care continuum that optimize health outcomes and improve system performance.

Integration is being pursued through the following objectives:

- Promote a culture of improvement, collaboration and accountability between health service providers for

health system performance and outcomes

- Support integration activities that add value to the health system
- Increase and coordinate the use of technology that supports integration
- Improve client satisfaction with their care experience
- Reduce Emergency Department visits and avoidable admissions to hospital through better integration of clinical programs/services.

Several voluntary integrations have been proposed to the North West LHIN. One integration, aimed at improving the quality of care for patients, involved the expansion of digital Picture Archiving and Communication Systems (PACS) to include hospitals in the North West, North East and Champlain LHINs. This

integration enhances the ability to electronically share images across the three LHINs.

Additionally, five voluntary integrations have taken place. These integrations will reduce administrative burden, better align accountability for the providers and maintain the quality of care in the communities. These integration activities are listed in the chart below.

## 2010 Activity

In February, ten system leaders from across the North West LHIN joined the Ministry of Health and Long-term care in a provincial session on Integration. Key learnings from this session will help inform and advance the integration agenda of the North West LHIN.

Sector	Health Service Providers Involved in the Integration	Integration Activity	Type of Integration
Community Support Services	Kitchenuhmaykoosib Inninuwug First Nation, Pikangikum First Nation and Muskrat Dam First Nation	Integration of community support services funding through one paymaster	Back office
Community Support Services	Beardmore, Evergreens, Municipality of Greenstone	Integration of community support services funding through one paymaster	Back office
Multiple/ Other Sectors	LaVerendrye Supportive Housing community Mental Health Program #2025 with the Riverside Health Care Facilities Inc. Community Mental Health Program	Integration of community support service program with hospital based community mental health program	Back office
Community Health Centres	New Directions Counseling Centre (Kenora) Incorporated M-SAA to Canadian Mental Health Association, Kenora Branch	Establishment of new branch under the Canadian Mental Health Association (name change only)	Name change only
Mental Health Services	Thunder Bay Counselling Centre (TBCC)	Thunder Bay Counselling Centre (TBCC) will have a direct funding and accountability relationship with the NW LHIN	Change in funding and accountability relationship with the LHIN

# Quality Improvement

## Flo Collaborative

In September 2007, the Centre for Healthcare Quality Improvement (CHQI) launched the FLO Collaborative, a province-wide initiative intended to help the health-care system provide the continuity of care required by a representative patient named Flo and thousands of others like her.

The aim was to address processes of care delivery - to eliminate the hassles, bottlenecks and irritations - so that Flo's transitions from acute hospitals to other care settings were faster and smoother for everyone, including Flo, her family and the staff who care for her.

The initial launch of the FLO Collaborative in the North West LHIN involved the Thunder Bay Regional Health Sciences Centre (TBRHSC) and the North West Community Care Access Centre (NWCCAC).

### Spreading FLO's Success

Building on the collaborative's momentum; CHQI launched a FLO Spread Strategy in spring 2009 to expand the original partners' successful change ideas to other organizations. Dryden Regional Health Centre, the North West CCAC, and St. Joseph's Care Group actively participated in the spread strategy, with support provided by Thunder Bay Regional Health Sciences Centre Quality Improvement Advisor, Jennifer Bean.

As a result of the FLO Spread Strategy, changes and improvements identified and implemented by the partners include:

- Developed and implemented a standardized admission risk screening tool for interdisciplinary team and
- Continued from page 7*

## What patients, families and staff have to say about the white boards

**A CLIENT:** "When I was first told about my discharge date it seemed so far away and I thought 'no matter what I do or how hard I try I won't get home until that date'...but then I started to see it as a challenge...you know something to beat...and now I'm going home one week sooner than the date on my board!"

**A CLIENT'S SON:** "Yeah, it's helpful having this on the board because then we can talk to Dad about it, encourage him, push him to work a bit harder in order to motivate him to get home to be with mom by that date."

**A NURSE:** "Since the discharge dates have been written on the board, clients and families have asked a lot more questions about discharge...overall there seems to be better communication about discharge from the beginning, not at the end."

The whiteboard form is titled "Welcome Bienvenue Boozhoo" and is from "Regional Health". It is divided into several sections:

- Today's Date - Date:** A field for the date, with "0000" and "0000" as placeholders.
- Special Considerations - Considerations spéciales:** A large empty box for notes.
- Care Team - Équipe de soins:** A large empty box for listing the care team.
- I like to be called - J'aime qu'on m'appelle:** A line for the patient's preferred name.
- At home I use (circle) - À la maison, j'utilise (surligne):** A section with icons for a wheelchair, hearing aid, glasses, walker, and other assistive devices.
- When am I ready to leave? - Quand suis-je prêt à partir?:** A section with a legend for discharge status: Red circle (Not ready for discharge), Yellow triangle (Discharge expected in 2-3 days), Green circle (Discharge expected within 24 hours), and Blue square (Awaiting transfer to another facility).
- Today I Am - Aujourd'hui je suis:** A large yellow triangle icon.
- Care Plan - Plan de soins:** A section with four arrows pointing right, each followed by a line for notes.
- Are you in pain? How much? - Avez-vous de la douleur? Intensité de la douleur?:** A pain scale from 0 to 10, with "NONE/Aucun" at 0 and "Most Severe Imaginable Worst" at 10.
- Bottom Section:** A large empty box with a small icon of a hand holding a pen.

White boards like this one are posted at every medical and surgical bedside at Thunder Bay Regional Health Sciences Centre.

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community agencies (NWCCAC).

- Streamlined discharge planning processes thereby reducing delays in discharge from hospital.
- Improved communication among inter-professional team with clients and families around expected date of discharge.
- Reduced the number of discharge forms being used.
- Reduced the number of CCAC referrals received on date of discharge.
- Reduced duplication of inpatient assessment documentation.
- Increased consistency of practices among new float and casual staff with respect to unit processes/routines.
- White boards are now used more commonly as a communication tool at the patients' bedsides to ensure patients, family and staff are as informed as possible about the patient's care and discharge plans.

#### The Spread Continues

The North West LHIN is planning to continue spreading the FLO Strategy in 2010-2011 to three additional hospital sites in the region. We encourage interested individuals to visit the Centre for Healthcare Quality Improvement site at [www.chqi.ca](http://www.chqi.ca) to read more about the practices that have been implemented provincially as part of the FLO Collaborative and Spread Strategy.

## Residents First

### Twelve Homes in Northwestern Ontario Registered to Participate in New Initiative to Advance Quality in Long-Term Care

In early 2009 a number of organizations involved in providing long term care collaborated on a broad quality improvement strategy and five year plan for the sector. This led to the development of a new, multi-faceted initiative aimed at bringing the quality of resident care in Ontario to a level that is the best in Canada and comparable to leading jurisdictions the world over. (The Ontario Health Quality Council, 2009)

The North West LHIN is one of four LHINs involved in implementation of this quality improvement initiative. So far in Year One, 12 long-term care homes in Northwestern Ontario have registered for Residents First. Eventually the initiative will spread to all 14 LHINs

The aim of Residents First, which is led by the Ontario Health Quality Council, is to:

- share learnings in quality improvement science
- spread best practices among long-term care homes in Ontario
- accelerate the use of quality improvement tools and methods across the long-term care sector, and
- ensure sustainability through leadership development

Though the vast majority of residents in long-term care rate the overall quality of their care as excellent, it is important to continually improve. Residents First moves information to action to improve the quality of care and outcomes for all residents in long-term care. Quality initiatives such as the North West LHIN-Wide Falls Prevention Program is an example of the improvement work underway. Other potential areas of focus are continence care and pressure ulcer prevention. In year one of the program, participating long term care homes receive training for their leaders, support from an improvement facilitator and are part of a LHIN-based learning collaborative. Access to quality improvement resources will support homes in their quality improvement journey.

It is expected that Residents First will have the following outcomes:

- reduced adverse events and improved clinical outcomes
- reduced Emergency Department transfers from long term care homes
- improved resident experience and staff satisfaction

Ultimately, participation in this initiative will eliminate waste and improve efficiency, allowing staff to take back time so they can provide more direct care to their residents and focus on continuing quality improvement work. (Ontario Health Quality Council, 2009)

## On Our Website:

### Board Meetings

The next North West LHIN Board meeting is Tuesday, May 26th in Nipigon.

### Reports/Publications:

*Recent Posting:*

- What Makes a Successful Interprofessional Team? Views from

Health Service Providers in Northwestern Ontario (July 2009): This study was conducted to determine what interprofessional (IP) models are being used across the North West LHIN. This scan provides evidence related to the potential benefits of IP education (IPE) and IP care (IPC). More importantly, this scan identifies the themes and determinants associated with successful collaborative patient-centred practice.

### Job Postings:

We are currently looking for individuals to join our team in the following positions:

- Manager, Project Management Office and Change Management, Full Time Position
- Project Lead: Alternate Level of Care and Emergency Department Improvement Plan Project, Contract Position (1 year)

# Innovation

Innovations are important to the North West LHIN as we move toward our vision – *Healthier people, a strong health system – our future.*

The 15 innovations from the North West LHIN highlighted at the 2009 Celebrating Innovations in Health Care Expo in Toronto is a real testament to the creative and innovative thinking taking place in our health system.

Here is a recap of the innovations that were celebrated:

## Category: Meeting Community Needs Through Integrated Care

- Centre for Education and Research on Aging and Health, *LEAP Forward: Celebrating Palliative Care Development in Northwestern Ontario*
- Northwestern Ontario Regional Stroke Network, *Developing an Aboriginal Stroke Strategy in Northwestern Ontario*
- Sioux Lookout First Nations Health Authority, *Mental Health Continuum in Service Deliveries*
- Sioux Lookout Meno Ya Win Health Centre, *Healthy Choices for Healthy Babies*
- St. Joseph's Care Group, *Dual Diagnosis Services: Meeting Needs Through Community Partnership*
- The NorWest Community Health Centres, *NorWest Community Health Centres Fetal Alcohol Spectrum Disorder Programs*
- Thunder Bay Youth Suicide Prevention Task Force, *A Community Response to Youth Suicide*
- Wesway, *Respite Services for Seniors in the District of Thunder Bay*

## Category: Improving Quality and Patient Safety

- Winner: Registered Nurses' Association of Ontario (RNAO),

Strategies to Support Long-Term Care Staff in the Uptake of Best Practices (Note: North West LHIN representative involved in this initiative)

- Northwestern Ontario Infection Control Network, *First Nations Reprocessing Forum*
- St. Joseph's Care Group, *North West LHIN-Wide Falls Injury Prevention Project*

## Category: Improving Efficiency Through Process Redesign

- Thunder Bay Regional Health Sciences Centre, *Engaging in Caring Together: An integrated best practices approach*

## Category: Innovations in Health Promotion

- St. Joseph's Care Group, Sandy Lake First Nation Health

Authority, Baycrest, *Sandy Lake Stroke Prevention: Collaboration in Community-wide Health Promotion*

## Category: Innovations in Health Human Resources

- Confederation College, *Innovative Delivery of Baccalaureate Nursing Education: 'Home Grown Nurses'*
- Marathon Family Health Team, *An Interprofessional Program for Hypertension Screening and Management*
- Thunder Bay Regional Health Sciences Centre, *Bridging the Gap: Investing in Nurse Internships, Investing in Care*

To read more about these innovations, visit [www.health.gov.on.ca/en/pro/ministry/innovations/docs/online\\_program.pdf](http://www.health.gov.on.ca/en/pro/ministry/innovations/docs/online_program.pdf)



The 2009 Celebrating Innovations in Health Care Expo featured more than 200 exhibitors reflecting six themes that are helping to make a difference in delivering better patient care.

# LHIN Team Profiles



## **David Newman, eHealth Project Manager**

David has extensive experience in Information Technology with the last 4 years of which have been in the eHealth sector. David has held management and consulting positions at InfoMagnetics Technologies Corporation, Tbaytel, MTS Allstream, and IBM Global Services. David has performed in numerous roles throughout his 17 year career including project management, IT management, IT architect, and application development. David is recognized by his colleagues and customers for his

exceptional project management, technical, relationship building and teamwork abilities. David holds a Bachelor of Business Administration majoring in Management Information Systems from Lakehead University.

*"I am looking forward to contributing to the vision of a strong health care system for Northwestern Ontario. This is an important initiative and provides an opportunity to provide significant value to the residents of the region."* **David Newman, eHealth Project Manager**



## **Jane Hohenadel, Epidemiologist**

Jane has extensive experience in the health system in Ontario, first as a public health epidemiologist (including 8 years at two Northern Ontario public health units), and more recently as a senior health analyst/decision support consultant with the Ministry of Health and Long-Term Care in the LHIN Support Unit of the Health Analytics Branch and the North East LHIN. Jane holds two M.Sc. degrees, one in epidemiology and biostatistics and one in statistics and actuarial science.

*"I look forward to working with the staff of the North West LHIN and its community health care partners to improve the health of Northwestern Ontario residents by supporting health system planning and integration, community engagement and accountability initiatives."* **Jane Hohenadel, Epidemiologist**

# LHIN Staffing Update

Laura Kokocinski was appointed Interim Chief Executive Officer, effective February 12th.

Susan Pilatzke was appointed Acting Senior Director, Planning, Integration and Community Engagement, effective March 3rd.

## **New Board Members**

Dianne Miller was appointed to a three year term, effective November 2009.

Gary Phillips was appointed to a three year term, effective November 2009.

L. Joy Warkentin was appointed to a three year term, effective February 2010.

Each of their bios are posted on our website under the Board of Directors tab.

## **New Staff Members**

Nancy Armstrong, Program Assistant, Planning, Integration and Community Engagement

Terry Fodé, Executive Assistant to the CEO

Jane Hohenadel, Epidemiologist (Meet Jane, this page)

Heather Murchison, Senior Consultant, Planning and Community Engagement

David Newman, eHealth Project Manager (Meet David, this page)

Ellen Nowgesic, Senior Consultant, Aboriginal Planning and Community Engagement

Heidi Smith, Corporate Coordinator