



Erie St.Clair LHIN
Local Health Integration Network

The Connection

Health Service Provider Edition

October 2007

Enabling our Seniors with the Aging at Home Initiative

With overwhelming support for the concept of supporting seniors at home, the Ministry of Health & Long-Term Care (MOHLTC) launched the Aging at Home initiative this past August. The provincial initiative will invest \$702 million dollars over the next three years into an integrated continuum of community-based services with the goal of keeping our senior citizens healthy and living more independently in their homes.

The 14 LHINs have accepted the task of managing the initiative. Each LHIN will have the flexibility to plan, fund and coordinate services at a local level, with the needs of the local senior community driving their efforts.

For the Erie St. Clair LHIN this initiative means \$31 million dollars directed to community support services in accordance with our Strategic Integration Directions and the intent of the initiative. In the current fiscal year, \$187,000 dollars has been invested into Erie St. Clair to effectively plan how the Aging at Home initiative will be tailored to our community's needs.

Erie St. Clair's 3 Year Funding Allocation

2007/08	\$187,000
2008/09	\$3,937,535
2009/10	\$9,785,302
2010/11	\$17,282,348
Total	\$31,005,184

What does Aging at Home Mean?

Aging at home is all about providing services in the home and community that fill the gaps where the physical limitations, family supports and general health

& wellness affect the ability of seniors to live healthy and independent lives in their homes. These enabling services may vary in nature and can include:

- | | |
|---|---------------------------------|
| supportive housing | meal services |
| adult day centres | caregiver relief/respite |
| friendly home calling & visits | home care |
| case management | transportation |
| specialized geriatric services | primary care |

Although the title of the initiative is Aging at Home, it has been interchanged with Aging in Place. This difference implies that seniors require community supports wherever they reside, be it in supportive housing, retirement homes, in a home of their own or with their family.

While there are already a variety of quality services that exists in the community, there are gaps that need to be addressed in Erie St. Clair. To determine what programs and services will be right for the Aging at Home initiative in our region, five key province-wide principles will be applied:

1. **Maximize independence and dignity**
2. **Prevent deterioration and crisis**
3. **Keep seniors living in their homes**
4. **Cost effectiveness and sustainability**
5. **Measurable results**

These parameters, alongside the LHIN's survey of the current system and other critical demographic and utilization data, will guide LHIN investments into the community.

An additional criterion for the initiative is that 20% of the funds must be used to offer Innovative Solutions. By year three of the initiative,

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Aging at Home, continued...

Erie St. Clair residents can expect to see a minimum of \$6,201,037 dollars invested into innovation. While the definition of what constitutes *innovation* can be broadly interpreted, the direction being used for Aging at Home will be services and/or providers that are non-traditional. Through the support of our healthcare providers and stakeholders, this definition and its applications will be focused into unique solutions that fit our community's needs.

A System-wide Approach

With tight time lines driving the initiative, the Erie St. Clair LHIN's Planning and Integration team have launched the Aging at Home Clinical Advisory Network (CAN). The Network, comprised of various multi-disciplinary healthcare stakeholders, has been on an aggressive meeting schedule to lay the foundations for the program, including the solicitation of ideas/interest for community service supports. The LHIN is required to formulate and submit a preliminary high level service plan by October 31st and will rely upon the consultation of the CAN to complete this objective.

A detailed service plan is due to the MOHLTC by January 31st, 2008 in anticipation of the beginning of the initiative in April 2008. The plan will include proposed services and service providers, service levels and financial allocations from 2008/09 – 2010/11.

Having a system-wide approach will require mobilizing the mass of Erie St. Clair healthcare providers to be part of the solution. The Request for Ideas/Interest process initiated by the Aging at Home CAN in September is their call to action. This process is a recognition that unique and innovative solutions exist in the community, within the health service providers and stakeholders, who understand the needs of their patients and consumers.

Last but not least will be direct community engagement with residents of Erie St. Clair. Through community engagement, the CAN will collect input from seniors and their caregivers about what their needs are so that they can be considered when formulating the plan.

Ultimately, the Aging at Home initiative will be an instrumental piece in delivering the LHIN's Integrated Health Service Plan. The plan recognizes the need to further develop community-based supports with Supporting People at Home as one of its Eight Strategic Integration Directions. By providing community-based supports we can improve the health and quality of life for seniors. By keeping seniors healthy and independent we also reduce the demands on hospital based services and, in turn, improve timely access to care for all residents of Erie St. Clair.

New Funding Formula Brings Equity to Healthcare

The Ministry of Health & Long-Term Care (MOHLTC) has introduced a new formula for healthcare funding that promises to bring equity to the way our local health systems are funded regionally. The Health-Based Allocation Model, or H-BAM, is a formula that has been in the works since early 2006 and uses direct measures of health status, population-based factors and provider characteristics to calculate the funding that LHINs will receive in the future.

There have long been voices expressing concerns with how funding is distributed across the province. The announcement of H-BAM addresses this issue with goals of not only providing equitable sharing of funds, but also:

- promoting equitable access to services
- ensuring that money follows the patient and addresses the volume of patients treated
- supporting integration
- accounting for true differences in health and need
- promoting innovation through incentives
- supporting evidence-based decision making

following criteria are considered:

Population-based factors

- demographics
- population growth and aging
- health status
- vulnerable populations
- patient flow

Provider-based factors

- economies of scale
- case mix
- specialized programs
- teaching & research mission

Although the formula has not been launched system-wide, the first application of H-BAM came with the recent Aging at Home initiative. This three year program that will enable independence for our seniors, will receive a base-funding increase modified by the application of H-BAM. For the Erie St. Clair LHIN this translates into a \$31 million dollar increase in base-funding by 2010/11.

In terms of the make-up of the H-BAM formula the

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Newsreel

Quarterly Reporting

The LHIN's are required to submit quarterly reports to the Ministry of Health & Long-Term Care as part of the Ministry-LHIN Accountability Agreement. These reports are board approved public documents that are made available for download on the LHIN's web site at www.eriesclairhin.on.ca. The Quarterly Reports can be found along side the LHIN's annual reports and other financial documents under the Financial Reports section of Reports and Publications menu.

The Q2 report, which will be posted October 31st, features financial reporting and forecasting as well as an update on integration and operational activities.

HAPS Submission Deadlines

The Hospital Annual Plan Submission (HAPS) is due this October 31st. Guidelines for the 2008/09 submissions are currently posted on the Web Enabled Reporting System (WERS). The template is expected to be posted to WERS in the coming weeks.

Any questions regarding the HAPS can be addressed to Anthony Sirizzotti, Senior Funding & Allocations Consultant @ anthony.sirizzotti@lhins.on.ca

New Funding Formula, continued...

The Erie St. Clair LHIN staff feels that the H-BAM funding equation will have a positive impact on our region once adopted broadly into our local healthcare system. The formula is still considered a preliminary model and may undergo revisions as the

MOHLTC continues stakeholder consultations and validation testing. The LHIN will keep health service providers up to date with new information about this long anticipated system.

Dr. William Sibbald Award Promotes Patient Safety and Innovation

The Ministry of Health and Long-Term Care (MOHLTC) is seeking submissions for the newly created Dr. William Sibbald Award for Excellence in Patient Safety. The annual award, which has a \$25,000 grant attached to it, will recognize an organization or collaborative for innovative patient safety initiatives across Ontario's provincial healthcare system.

The award will be announced this December following a review of the applications. Submissions will be judged by a committee who will use the following four criteria for deciding a winner:

System Innovations - changes designed to make the environment of care safer

Knowledge Translation - have a broad applicability across the healthcare system

Advocacy - actively engages patients and families in the development process

Research - scholarly exploration of patient safety-related topics

To put forth an application for the award and grant, a written submission must be received by the MOHLTC by 5:00 PM on October 30th. Submissions are required to include:

1. Concise description of the initiative
2. Time frame in which the project was completed
3. Evaluation of the initiative with measured outcomes
4. Partners who participated in the initiative
5. Plans for sustaining the program including any identified changes needed
6. Description of how the grant funds will further support the program and its objective

Submissions must be sent to:

Mr. Aldelsteinn Brown
Assistant Deputy Minister
Health System Strategy Division
Ministry of Health & Long-Term Care
80 Grosvenor St., 8th Fl, Hepburn Block
Toronto, ON M7A 1R3

Correct Level of Care Completing LHIN Report

The Correct Level of Care Project Team is on track to table a final report to the Erie St. Clair LHIN by November. Since its inception in June of this year, the team has met five times to look at the issue of Alternate Level of Care (ALC) in the communities of Chatham-Kent and Sarnia-Lambton.

The group's sub-committees have been researching various areas that impact on ALC. Currently work is being done to 1) define what our current definition of ALC is in the context of Erie St. Clair 2) identify what coordination is currently taking place among healthcare

providers in our region 3) identify the scope of Community Care Access Centre's (CCAC) services 4) explain the lack of *Demand Management Strategies* to prevent hospitalization and 5) develop a hospital tool for early identification of patients at risk for acquiring ALC status. The report will focus on these tasks and offer recommendations for ALC solutions in Chatham-Kent and Sarnia-Lambton.

The 23 member Project Team is being lead by Heather Martin of Vision 74' as Chair and Jennifer McCullough of Bluewater Health acting as Vice

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Coming Events

October 23rd

- Emergency Services/Medicine Hospital Program Clinical Advisory Network Meeting

October 24th

- Walk a Mile in Your Shoes job shadow event

October 25th

- Aging at Home Clinical Advisory Network Meeting

October 30th

- Correct Level of Care Project Team Meeting

November 6th

- LHIN Open & Public Board Meeting

November 7th

Alternative Level of Care Project Team Meeting (Windsor, CCAC)

November 8th

- Mental Health & Addictions Clinical Advisory Network Meeting
- Chronic Disease Prevention & Management Integration Leadership Team Meeting

November 20th

- Emergency Services/Medicine Hospital Program Clinical Advisory Network

November 22nd

- Chronic Disease Prevention & Management Integration Leadership Team Meeting

November 23rd

- Diabetes Project Team Meeting

November 27th

- Correct Level of Care Project Team Meeting

Check our web site calendar for additional information

Correct Level of Care, continued...

Chair. Paul Brown and Diana Nedvidek of the Erie St. Clair LHIN have been working in the background to support the group and provide guidance and information as needed. Once officially submitted to the LHIN, the report will be taken to the Board of Directors for adoption.



Brad Keeler is a Data Analyst with the Erie St. Clair LHIN, providing decision support and working with Health Service Providers to implement e-Health strategies.

In this issue, we are going to look at some mental health information featured in the Canadian Community Health Survey (CCHS) 2005, a cross-Canada survey done every two years.

Are Erie St. Clair residents satisfied with their life in general? Compared to Ontarians, 19% more reported being "dissatisfied", but 9% less reported being "very dissatisfied". So, we might be less satisfied with our lives than Ontarians overall.

Satisfaction with life in general	Ontarians	Erie St. Clair	Difference in ESC
Dissatisfied	2.6%	3.1%	19% higher
Very dissatisfied	0.5%	0.5%	-9% lower

What about our self-perceived mental health and general stress levels? Well, 16% of us report having poor mental health, but 34% of us report having "extreme" general stress.

	Ontarians	Erie St. Clair	Difference in ESC
Poor self-perceived mental health	1.0%	0.8%	-16% lower
Extreme self-perceived stress	3.8%	5.0%	34% higher

What about our social interactions? It appears that about 3% of us believe we have difficulty making new friends – about the same as Ontarians overall. However, 41% more of us have difficulty dealing with new people compared to Ontarians. We also report having more difficulty in social situations (by 15%). Why do we have difficulties? We think it is not due to our physical health, but rather it is due to our emotional/mental health (22% higher than Ontarians) and, surprising to me, almost three times more likely due to use of alcohol/drugs.

Answer yes to the following questions	Ontarians	Erie St. Clair	Difference in ESC
Difficulty making new friends	2.7%	2.9%	8% higher
Difficulty dealing with the unknown people	3.0%	4.2%	41% higher
Difficulty dealing with social situations	4.6%	5.3%	15% higher
Cause of difficulty - physical health	76.3%	70.9%	-7% lower
Cause of Difficulty - emotional/mental health	17.4%	21.2%	22% higher
Cause of difficulty - use of alcohol/drugs	0.4%	1.3%	256% higher

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So what? Well, although we report having about the same satisfaction with life in general as Ontarians overall, we believe we have a lot more stress, difficulties dealing with unknown people and we attribute this to emotional/mental health and to the use of alcohol/drugs. Can we take these results to the bank? No. Can we ignore them? No.