Erie St. Clair LHIN Community Workshop

Priorities for Health Report

February 7, 2005

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Introduction

This report has been compiled according to the requirements of the Ministry of Health and Long Term Care resource guide ***Taking Stock: Setting Integration Priorities – A tool to guide the initial LHIN transformation process*.** The report contains the following information specific to the Erie St. Clair LHIN and is formatted according to the prescribed templates.

- a description of the process by which the report was developed
- key learnings
- an overview of the unique characteristics of the LHIN area
- 11 priorities with high level action plans
- a list of involved organizations

A list and description of all 25 initiatives identified at the Community Workshop held in Chatham on November 22 for the Erie St. Clair LHIN area can be found on the web site http://www.prioritysetting.ca.

E. Describing the Transformational Thinking and the Process that guided your approach to the task

Please describe the approach and process used to complete this task (please limit your response to 3 pages)

On November 22, 2004, the Ministry of Health and Long Term Care held a one day Community Workshop entitled Local Health Integration Networks, Building a True System in Chatham for the Erie St. Clair LHIN. Approximately 150 attended representing the full spectrum of health care providers. This workshop was sited as the "formal start to creating a new community, based on collaboration and partnership".

The objective of the workshop was the "kick-off of the planning process for integration of services within the LHIN" and the "first formal opportunity for providers to work together to achieve a common LHIN objective – help to establish shared values and norms for the LHIN community". These objectives were founded on the premise that: services are fragmented and misaligned; services lack coordination and consistency; misalignment of funding and incentives among providers hinders system integration and efficiency across the continuum of care; there are no community-based strategic plans for delivery of health services, a backdrop for collaborative inter-organizational planning does not exist; and, Ontario health care providers have never been more willing to work together as demonstrated by the number of integration activities currently underway.

Twenty-five integration initiatives were identified through an "open spaces" format. Ten priority initiatives were identified by workshop participants applying guiding principles and expectations to a voting system established by the workshop coordinators. One or two "Leads" (total of 17) were identified by "interest groups" established for each of the ten priority initiatives. The "Leads were charged with completing workshop templates for their respective priority and, in collaboration with the other "Leads", develop a complete report for submission to the Ministry by February 7, 2005. The "Leads" met briefly at the end of the workshop to discuss a process. The workshop organizers offered to arrange a teleconference for the "Leads". Representatives of the Essex, Kent and Lambton District Health Council agreed to coordinate the agenda.

On November 29, the "Leads" met by teleconference and agreed to the following steps.

1) Leads would develop draft Templates A/B and C for their respective priority according to a process determined to be appropriate by the Leads and without initiating any "public consultation" until after the next meeting.
2) Primarily the Leads would use the LHIN workshop interest groups to obtain preliminary feedback for the initial draft although some projects would require a broader base of provider input (i.e. back office, integrated health record).
3) Leads would forward the drafts to the DHC contact for circulation prior to a meeting.
4) Leads would review the other 15 initiatives identified at the workshop to identify possible consolidation opportunities.
5) A meeting of all Leads was scheduled for December 20.
6) DHC reports, data and staff support would be made available upon request to assist in draft development.
7) Emphasis would be placed on promoting consistency and avoiding duplication with other priorities where possible.

At the December 20 meeting, a confirmation on the workshop priorities was received from the Ministry and discussed. This was necessary because errors had been detected on the workshop web site. Templates were shared, presented and discussed. Feedback was recorded and taken by the leads for consideration in the second draft.

Broader consultation was discussed. It was generally agreed that broad public consultation was not possible given the timelines nor was it required to complete this phase. LHIN workshop participants would continue to be a prime source of feedback. Some groups indicated that consultation with existing consumer and provider groups might be attempted. However, it was also agreed that before conducting these broader consultations, all Leads would be made aware and given the opportunity to "piggyback" if appropriate or to avoid duplication. Following the meeting, a newsletter/bulletin was Sent to all LHIN workshop participants as well as a significant portion of the EKL DHC newsletter mailing list. The newsletter provided an update on the process to date a list of priority topics and their respective Leads. An invitation was issued for those interested in a particular priority and not already involved through a workshop interest group to contact the Leads by e-mail.

On January 12 and 13, 8 of the 17 Leads attended a workshop in Toronto sponsored by the Ministry of Health and LTC. Those in attendance were provided an opportunity to put forward their priority or a particular issue for group discussion and input using the "open spaces"" technology. Information gathered was intended to inform the template development.

On January 20, another meeting of the LHIN Leads was held. Draft templates were distributed for discussion. Additional process information was collected and a list of participating agencies was generated. Following the meeting a complete report was sent to all LHIN workshop participants.

Please describe key learnings that came out of this process (please limit your response to 2 pages)

At the January 20th meeting of the LHIN Leads, a roundtable discussion was held on the key learnings. The following points are a compilation of the individual comments that were made by the LHIN Leads.

? The process has demonstrated an opportunity for change and willingness to make change – this process has highlighted it or brought it to the table
? Appreciated the process, got to meet people from other counties – exchange of ideas regarding how doing things
? More information regarding what is happening about LHINs, generated more discussion locally regarding integration and ways to create a seamless system
? For the most part, all are on the same process regarding priorities
? Few flaws - person responsible for putting the initial report together from the November session held in Chatham, missed whole sections & some of the people facilitating in Toronto, didn't have facilitation skills
? template has been sent to community agencies; hardly any kind of response, shows what people did or did not know about LHINs
? opportunity to put the cancer priority forward; identified there was a provincial cancer plan

? some individuals had not really been exposed to larger region; process provided an opportunity to understand the other's priorities
? success relies on good care paths, information technology – all related
? in future, good to have group together to see how things will shake out; good to come together
? no one wants to say Regional Health Authority
? the process is similar to "a frog knowing he's being boiled" – doing it incrementally
? example of cancer surgery and the wait lists for surgery being maintained in doctor's offices, with funding incentives, now put through computer system; funding strategically placed is a driver of change –LHIN may do it
? opportunity to meet other people; even in Toronto, connecting with other Leads
? interesting to see how the government works
? certainly some passion for this project from the Minister
? at the initial workshop in Chatham, the way the votes were cast is not the way to do it, confusion, lesson learned
? opportunity to listen to barriers and enablers that all are experiencing
? lack of information is glaring, the Leads are a little more informed than others
? louder or clearer voice on how LHIN will proceed, will give better advice in future
? increased awareness regarding what's happening across the sectors; lays the foundation to more forward to address integration
? the process helped people to think out of the box a bit
? interesting common priorities across the province
? voting process could have been improved
? it will be interesting to see what the public feels the priorities are; where was the public; what was the process and why weren't they involved
? people get in their own little bubble and forget about the other bubbles that are out there
? how many intersectoral priorities – benefit from the work done in other areas
? how to sustain a non-threatening environment – people not posturing; this has been a highly collaborative process, already know each other in the tri-county area
? the process has not been barrier free – more of an excursion; if the Ministry is leading by example, then we are in trouble – not inclusive of French, sign language, need to pay more attention in terms of leading by example, others are held to a higher standard; some individuals couldn't even get into the hotel in Toronto
? process was not prepared for an individual who was blind
? on a positive note, reaffirming belief in broader community, restructured as Erie St Clair – community as Erie St Clair – 1 larger family – no such thing as Sarnia-Lambton, Chatham-Kent, and Windsor-Essex
? requires us to be focussed on serving people regardless of geographic area
? incumbent upon Leads as a group to keep before LHINs that Erie St. Clair is a strong united community, expect to be respected, needs etc,. expect at least the same thing from the LHINs
? governance – spoke to 2 former premiers, don't need to repeat the same mistakes, should not continue to be by Order In Council – happened in other areas, community has no connection to its Board, a real disconnect – build upon the knowledge gained, but not make the same mistakes
? even if group of Leads met informally to identify concerns to the LHIN board, perhaps work as a sounding board to LHINs; great political here, opportunity to make a difference

? in the mid 1990s there were opportunities and great expectations, didn't follow through, hopefully will this time
? people have ownership of the process
? everyone knows that LHINs are the foundation, if we didn't have the Leads process, would only get the updates on the 15th of each month
? this process at least gets people together to talk about own local priorities, big piece, this group can say let's sit down and talk about our priorities
? locally for the new CEO, use the Leads group and report to start charting the course
? no formal announcement, what is the status of District Health Councils
? while a good process, establishing priorities –curious that doing process before LHIN in place, would have been good to have them participating
? in terms of transition, District Health Councils are done March 31st, LHINs start in April
? District Health Councils have been a pivotal mechanism for facilitating priorities –what happens there, not much information that comments on the downsizing of DHCs with the creation of LHINs, other than LHINs will be doing planning; DHCs will be winding down, looking to bring some closure to groups, Regional Office may play a role; is there anything regarding continuing with the expertise to create continuity; only the CEO position is advertised
? The role of the Leads ends on February 7 when the report is in
? No guarantee that any of the things will be implemented; it may be prudent for the Leads to stay connected informally, welcome opportunity to meet with the LHIN, say we are here, want the LHIN to hear what we have to say
The Ministry templates are not-user friendly and a major source of frustration

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UNIQUE CHARACTERISTICS OF ERIE ST. CLAIR

D. Capturing Unique Characteristics of each LHIN

What role Academic Health Sciences Centres and voluntary Networks (eg Emergency Network, Child Health Network) play within each LHIN (please limit your response to 2 pages)?

Role of the Academic Health Sciences Centre
The counties within Erie-St. Clair associate with the academic health sciences centres in different ways. The Essex hospitals are largely independent of the London teaching hospitals, and only refer patients for very specialized programs such as cardiac surgery. The Windsor hospitals provide several specialized programs (regional cancer centre, neurosurgery, Level 3 neonatal intensive care unit, burn unit, cardiac catheterization, mental health and regional rehabilitation services) to Essex residents and some residents of Chatham-Kent Provision of these specialized programs is dependent on the availability of qualified personnel. Chatham-Kent and Lambton are more reliant on the London hospitals for tertiary and some secondary level acute care and regional rehabilitation. Regional Mental Health Care is to provide longer-term mental health services for Lambton, and for Chatham-Kent and Essex until the longer-term beds are in place in Windsor.

Separations from Ontario Hospitals by EKL Residents by Level of Care & Hospital Location for the period 1999/00-2003/04

	Essex Residents		Chatham-Kent Residents		Lambton Residents	
Hospital Location	#	%	#	%	#	%
Primary/Secondary						
Essex	178,567	95.7	3,709	5.9	107	0.2
Chatham-Kent	789	0.4	50,548	80.0	1,754	2.6
Lambton	100	0.1	1,018	1.6	53,577	79.0
Toronto	831	0.4	242	0.4	281	0.4
London	4,805	2.6	6,079	9.6	6,707	9.9
Other Middlesex	28	0.0	958	1.6	3,618	5.3
Other Ontario Hospitals	1,526	0.8	597	0.9	1,757	2.6
Total	186,646		63,151		67,801	
Tertiary/Quaternary						
Essex	12,080	65.0	457	8.7	28	0.5
Chatham-Kent	15	0.1	990	18.8	16	0.3

Lambton	7	0.0	107	2.0	1,872	30.4
Toronto	748	4.0	187	3.6	192	3.1
London	5,498	29.6	3,475	66.0	3,901	63.3
Other Ontario Hospitals	210	1.1	50	0.9	155	2.5
Total	18,588		5,266		6,164	

The majority of residents with primary/secondary level of care are served locally. 65% of tertiary/quaternary separations for Essex residents occurred in Essex and roughly 30% in London. The leading case mix groups provided to Essex residents in London were bypass surgery with heart pump & without catheterization angioplasty with and without complicating cardiac conditions, cardiac valve replacement, and minor cardio-thoracic procedures without heart pump. The leading case mix groups for Chatham-Kent cases served in London were normal newborn deliveries, bypass surgery with heart pump & without catheterization, angioplasty without complicating cardiac conditions, chemotherapy and craniotomy. Normal newborn delivery was also the leading cause of hospitalization among Lambton residents treated in London, followed by bypass surgery with heart pump & without catheterization, angioplasty without complicating cardiac conditions and craniotomy. The shortage of physicians locally has increased the number of residents seeking care out-of-county.

The University of Western Ontario's (UWO) Schulich School of Medicine established the Southwestern Ontario Medical Education Network (SWOMEN) satellite campus in Windsor in 2002, and UWO has made significant attempts to expose medical students to clinical settings in smaller communities in Southwestern Ontario. All first year medical students from UWO are placed in one of 30+ Southwestern Ontario communities to experience community medicine with the support of 200+ local physicians and providers. In 2004, hospitals within Erie-St. Clair hosted 44 1st year medical students. During the 3rd year clinical clerkships, students are members of clinical teams in family medicine, internal medicine, OB/GYN, paediatrics, psychiatry &general surgery. The majority of these clerkships take place in London or Windsor, but 4+ weeks must be spent in rural or regional settings including Wallaceburg, Petrolia &Leamington. Post-graduate training is also provided through the Windsor campus with rotations in communities including Sarnia & Chatham. 3 area physicians serve as academic directors for SWOMEN. In 2004 the Windsor satellite was supporting 50 medical students as full or part-time clerks.

Role of Voluntary Networks

A wide range of voluntary networks exist within the LHIN geography (list attached). Networks are usually created around common issues and service systems. They exist for a range of services and population groups. Most of the networks are based on county boundaries; however some cover 2 counties (i.e. Windsor/Essex and Chatham-Kent Crisis Bed Services for Children) or the entire LHIN area (i.e. End of Life Care Network). Networks perform activities including coordination, planning, information sharing, promoting best practices, education etc. The membership of a network can be homogeneous (i.e. Nurse Practitioners) or diverse (i.e. System Coordination Group).

Lambton Networks

Long Term Care Facility Operators Group (FOG)
Mental Health Services Coordination Work Group
Cancer Services Network
Concurrent Disorders Network
Base Hospital Utilization Committee
Dual Diagnosis Advisory Committee
Health Sector Work Group - Sarnia Lambton Training Board
Healthy Living Lambton
Education/Awareness Long Term Care Services
Long Term Care Providers Network
Hospice Palliative Care Advisory Committee
Sarnia Lambton Task Force on Health Care Worker Recruitment
Stroke Strategy
Cancer Prevention Network
Pandemic Planning Committee
Caregiver Support Network
Mental Health & Criminal Justice (beginning stages)
Healthy Babies, Healthy Children

Sarnia-Lambton Systems Coordination Group	
Essex Networks	
Windsor Essex CCAC Community Advisory Council	Windsor Essex FOG
Windsor Essex Mental Health System Coordination	Essex Palliative Care Committee
Essex County Laboratory Services	Regional Cardiac Care Services Network
Regional Health Planning Partnership – Essex	Windsor Essex Stroke Strategy Steering Committee
Providers of Addictions Treatment Group	Physician Recruitment Municipal Group
Cancer Care Ontario – South	Cancer Supportive Care Providers Network
Essex, Chatham-Kent Base Hospital Utilization Review Committee	Diabetes Monitoring Group
Dual Diagnosis Monitoring Group	Windsor-Essex & Chatham-Kent Concurrent Disorders Services Working Group
Essex County Health System Coordination Group	Windsor-Essex & Chatham-Kent Crisis Bed Services for Children Working Group
Windsor Essex Hospitals: -Integrated Information Systems	Laboratory Services, Physician Recruitment, Regional Pharmacy Services
Chatham-Kent Networks	
Chatham-Kent Facility Operators Group (FOG)	Chatham-Kent / Sarnia Lambton CCAC Community Advisory Committee
Chatham-Kent Mental Health Alliance	Kent Palliative Care Committee
SW Ontario Regional Hospital Laboratory Alliance	Cancer Services Network Chatham-Kent
Chatham-Kent Stroke Strategy	Chatham-Kent Addiction Network
Physician Recruitment	Pain & Symptom Management
Community Support Services Group (formerly known as COG)	Chatham-Kent System Co-ordination Group
Chatham-Kent Diabetes Planning Group	Chatham-Kent Eating Disorders Committee
Chatham-Kent Nurse Practitioner Network	Chatham-Kent Dual Diagnosis Group
Chatham-Kent Dementia Network	Windsor / Essex – Chatham-Kent Infant Hearing Committee

Describe any unique characteristics/features of your LHIN that impact this process and/or future Integrated Health Services planning activity (please limit your response to 2 pages.)

Unique Features of Erie-St. Clair LHIN

Features noted reflect the characteristics of Essex, Chatham-Kent and Lambton Counties as a whole and are not specific to the Erie-St. Clair LHIN area.

Geographic/Demographic Features

- The Erie-St. Clair LHIN is in the far southwest corner of Ontario surrounded by the Great Lakes and the associated rivers, and bordered by the United States to the west. This may contribute to a sense of geographic and cultural isolation from the rest of Ontario and will influence perceptions of acceptable access to health care services. Essex and Lambton residents were more likely to report that they had unmet health care needs relative to Ontario.
- Essex has the highest growth rate (7% 1996 to 2001) in the Southwest, almost twice the rate of Middlesex and 3 times that for Ontario excluding the GTA. Much of this growth is due to migration within Canada and immigration, particularly from China, Iraq, United States, Romania and Pakistan. Recent immigrants will have significantly different health care needs,

and may experience significant barriers in access. Chatham-Kent (CK) and Lambton have declining populations, primarily due to migration of residents to other areas. Essex and Chatham-Kent are designated French Language Service areas.

- Essex (1 year) is a slightly younger population while CK (1 year) and Lambton (3 years) populations are older than the provincial median age.
- The district has fewer individuals with low-income status, but also has lower levels of education compared to Ontario. Essex has lower unemployment and higher median income relative to Ontario, while CK and Lambton have lower median income and CK has somewhat higher unemployment compared to Ontario.
- The leading employment category is manufacturing. There is growing evidence of the negative impact of shift work on health status. CK and Lambton have larger proportions of farmers compared to Ontario. There is some evidence that rural residents and farmers have more conservative patterns of health care use, which may explain some differences in health status and health care utilization.
- Lambton has a significant aboriginal population. Aboriginal individuals have lower socioeconomic status and poorer health status, which will impact health care need.

Health Status

- CK and Essex have significantly shorter life expectancy and disability free life expectancy compared to Ontario. Lambton females also have significantly shorter disability free life expectancy compared to Ontario. Roughly 24% of Essex and CK and 28% of Lambton populations have an activity limitation due to a physic inaor mental condition or other health problem.
- The all cause standardized mortality ratio (SMR) for Essex is 7% higher than the Ontario average and Essex residents have significantly higher rates of death for ischaemic heart disease (IHD), hypertensive disease, diseases of the arteries, irterioles & capillaries, digestive diseases, and liver disease. The all cause SMR for CK is 19% higher than Ontario and residents had significantly higher SMRs for most leading causes including cancers, diabetes, IHD, stroke, COPD, digestive diseases, liver disease, congenital anomalies, genitourinary disease and irthropathies. The all-cause SMR for Lambton is comparable to Ontario; however residents have significantly higher SMRs for stroke, IHD, hypertensive disease and diseases of the arteries, irterioles & capillaries.
- Despite reports to the contrary, the local rates of cancer incidence and mortality are not dramatically different than the Ontario average; however there are specific cancer types that are problematic. Males across the district have higher incidence and mortality due to lung cancer and incidence is also significantly higher among Essex and Lambton females and mortality is higher among Essex females. Pancreatic cancer incidence and mortality is somewhat higher for Essex and CK residents. CK and Lambton males have significantly higher average cancer incidence, which can be attributed to higher rates of screening for certain cancers. Essex and CK males have elevated average mortality due to cancer which may be attributed to higher rates of incidence of cancers with poor prognosis.
- Despite higher rates of circulatory disease mortality across the district and higher rates of diabetes mortality within CK there were no differences in the self-reported prevalence of heart disease and high blood pressure and diabetes for Chatham-Kent. This suggests that lack of early detection may be a significant issue.
- The prevalence of smoking and obesity is elevated across the district.

Health Service Utilization

- Residents had higher acute care use compared to Ontario in 2003/04, with separation rates 3% higher for Essex, 26% higher for Chatham-Kent and 14% higher for Lambton.
- Utilization of inpatient mental health beds is markedly different than the HSRCs bed allocations. Essex and CK residents had somewhat higher use of acute care beds for psychiatry separations but had markedly lower use of tertiary care beds compared to the HSRC allocations. The total use of psychiatry beds by Lambton residents is roughly 2 times higher than the HSRC bed allocations.
- The district has the greatest shortage of primary care physicians in Ontario with physician ratios 33-41% lower than the Ontario average. The specialists to population ratios for the district are 35-62% lower than the Ontario average.
- Over 40% of CK and Lambton GPs are over age 55, compared to 28% for Ontario and over 35% of EKL specialists are age 55+ compared to 33% for Ontario. This means that a large proportion of local physicians could choose to retire at any time.
- Despite the shortage, Essex and Lambton residents had significantly more physician visits on average compared to Ontario, while CK residents had significantly fewer average visits. Essex and Lambton residents received comparable OHIP services /payments per capita compared to Ontario. Chatham-Kent residents received roughly 2 fewer or $58 less in OHIP services per person compared to Ontario.
- Among those with a physician visit in the past year Essex residents were 3 times more likely to report that the most recent visit occurred at a walk-in clinic compared to Ontario. CK (22% higher) and Lambton residents (65% higher) had significantly higher rates of ER use compared to Ontario.

For more information on these issues see the EKL DHC Health System Monitoring Report

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Priorities

Patient Care/Services

I. Improving Health Care and the Quality of Life for Seniors – Through Improved Service Provider Integration

II. Health Sector Information and Referral Services

III. Integration of Children's Mental Health with Adult Mental Health Services

IV. Cancer Integration Across the Continuum (Regional Cancer Plan)

V. Enhancing Integrated Pathways Across the Health Care Continuum

VI. Improving Access to Primary Care through an Integrated Delivery System

VII. Development of Erie St. Clair Women's Health Network

Administrative Support Services

I. Integrated Back Office, including IT

II. Integrated Health Record

III. Local Governance Model

IV. Integration of Mental Health and Addictions across the Continuum of Care, including Primary Care, Long Term Care and Chronic Disease Management

C. **Priority Setting** of new Integration Opportunities

Guide for Priority-Setting
The following list of questions may facilitate and guide your priority-setting of top 5 new initiatives for patient care/services and admin support services. It is recognized that some are competing questions and require a balanced evaluation for priority-setting:

- ✓ Does the initiative have the potential for high-impact (direct or indirect) enhancements to patient care services and outcomes?
- ✓ Does the initiative include a broad-spectrum of providers/stakeholders (e.g. horizontal *and* vertical integration)?
- ✓ Is the initiative conceptually feasible? Does the initiative have the potential to succeed, if the appropriate incentives, etc. are in place?
- ✓ Is there strategic alignment of the initiative with other existing health care priorities/initiatives? Can it build on existing strengths/efforts?
- ✓ Can the expected outcome of the initiative be measurable/quantifiable? In the short-medium term? In the long-term?
- ✓ Can the initiative be replicated/duplicated across the province or adopted as a province-wide approach?

Based on the new integration opportunities identified and the above criteria for priority-setting, please recommend 5 priorities (at a maximum) for each category and a corresponding high-level action plan (please limit your response to 4 pages for Patient Care/Services Integration priorities & 4 pages for Administrative Support Integration priorities):

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1	**Promoting FHTs - Estimate of need**	**Based on up-to-date data on available local primary care services including GPs, FHNs, FHGs, CHCs, NPs and others, determine the need for and general geographical distribution of FHTs.**
2	**Promoting FHTs - Identify and solicit involvement of potential sponsors**	**Develop a list of agencies and groups that could be eligible sponsors for FHTs based on Ministry criteria. Organize and facilitate information sessions and working groups to develop applications.**

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
3	**Promoting FHTs - Application Working Groups**	**Application working groups would be supported through DHC and other resources. Complete applications submitted to Ministry.**
4	**Strategic Plan Development**	**Establish and support an expert steering committee. Consolidate an inventory of current primary care resources. Identify through a consultative approach a model(s) of service delivery for the LHIN area. Apply the model(s) to the area taking into account the inventory, demographics, geography, needs etc. Develop an implementation plan based on current resources and the model(s).**
5	**Primary Care Network Development**	**Hold a symposium on integrated primary care for the LHIN. At the symposium spend some time discussing the creation of a network. Identify interested parties. Develop Terms of Reference.**

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1		
2		

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
3		
4		
5		

C. Priority Setting of new Integration Opportunities

Guide for Priority-Setting
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- ✓ Does the initiative include a broad-spectrum of providers/stakeholders (e.g. horizontal *and* vertical integration)?

- ✓ Is the initiative conceptually feasible? Does the initiative have the potential to succeed, if the appropriate incentives, etc. are in place?
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I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1		
2		
3		
4		
5		

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1		**Establish a working group to conduct an inventory of back office and IT solutions, resources, best practices, skills, suppliers, etc. for all members of the LHIN.**
2		**Through an inclusive process, building on best practices and priorities established thorough the e-health initiative, identify priorities for the future that will improve patient care across the continuum of care.**
3		**Establish a working group, with LHIN support, to identify the gaps across the LHIN, and recommend specific projects.**
4		**Through the working group, establish an action plan that also identifies specific technical, financial and human resource requirements and governance models for the specific recommended projects.**

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
5		**Through the LHIN, establish a process to gain consensus and commitment across the LHIN for recommended projects.**

D. Priority Setting of new Integration Opportunities

Guide for Priority-Setting
The following list of questions may facilitate and guide your priority-setting of top 5 new initiatives for patient care/services and admin support services. It is recognized that some are competing questions and require a balanced evaluation for priority-setting:

- ✓ Does the initiative have the potential for high-impact (direct or indirect) enhancements to patient care services and outcomes?
- ✓ Does the initiative include a broad-spectrum of providers/stakeholders (e.g. horizontal *and* vertical integration)?
- ✓ Is the initiative conceptually feasible? Does the initiative have the potential to succeed, if the appropriate incentives, etc. are in place?
- ✓ Is there strategic alignment of the initiative with other existing health care priorities/initiatives? Can it build on existing strengths/efforts?
- ✓ Can the expected outcome of the initiative be measurable/quantifiable? In the short-medium term? In the long-term?
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I. Patient Care/Services Integration Opportunities

	Priority Opportunity	High-Level Action Plan
1		
2		
3		
4		
5		

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1		**Establish a working group to conduct an inventory of back office and IT solutions, resources, best practices, skills, suppliers, etc. for all members of the LHIN.**

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
2		**Through an inclusive process, building on best practices and priorities established thorugh the e-health initiative, identify priorities for the future that will improve patient care across the continuum of care.**
3		**Establish a working group, with LHIN support, to identify the gaps across the LHIN, and recommend specific projects.**
4		**Through the working group, establish an action plan that also identifies specific technical, financial and human resource requirements and governance models for the specific recommended projects.**
5		**Through the LHIN, establish a process to gain consensus and commitment across the LHIN for recommended projects.**

C. Priority Setting of new Integration Opportunities

Guide for Priority-Setting

The following list of questions may facilitate and guide your priority-setting of top 5 new initiatives for patient care/services and admin support services. It is recognized that some are competing questions and require a balanced evaluation for priority-setting:

- ✓ Does the initiative have the potential for high-impact (direct or indirect) enhancements to patient care services and outcomes?
- ✓ Does the initiative include a broad-spectrum of providers/stakeholders (e.g. horizontal *and* vertical integration)?
- ✓ Is the initiative conceptually feasible? Does the initiative have the potential to succeed, if the appropriate incentives, etc. are in place?
- ✓ Is there strategic alignment of the initiative with other existing health care priorities/initiatives? Can it build on existing strengths/efforts?
- ✓ Can the expected outcome of the initiative be measurable/quantifiable? In the short-medium term? In the long-term?
- ✓ Can the initiative be replicated/duplicated across the province or adopted as a province-wide approach?

Based on the new integration opportunities identified and the above criteria for priority-setting, please recommend 5 priorities (at a maximum) for each category and a corresponding high-level action plan (please limit your response to 4 pages for Patient Care/Services Integration priorities & 4 pages for Administrative Support Integration priorities):

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1	**Prevention**	**Consistent with Cancer 2020 report "Targeting Cancer" an action plan for cancer prevention and detection.**
2	**Diagnostics***	**Coordinated and organized access to cancer diagnostics; Facilitate and prioritize diagnostic imaging**

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	High-Level Action Plan
3	Patient Navigators*	Nurse navigator to assist patients and families through the cancer system
4	Regional Palliative Care Program*	Formalizing regional palliative care model, to coordinate and advise on regional palliative care needs.
5	Nurse Practitioners* (Physicians extenders)	Improve patient access to prevention and screening initiatives, including mobile prevention and screening teams.

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	High-Level Action Plan
1	Radiation Wait Times* .	Redesign process for radiation to reduce wait times, including setting treatment date at onset during booking process.
2	Wait Times for	Address bottleneck in system, through innovative changes in HR, processes, technology to enable

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
	expert pathological reports*	**access to expert pathological opinion**
3	***See Ontario Cancer Plan 2005-2008**	
4		
5		

E. Priority Setting of new Integration Opportunities

Guide for Priority-Setting

The following list of questions may facilitate and guide your priority-setting of top 5 new initiatives for patient care/services and admin support services. It is recognized that some are competing questions and require a balanced evaluation for priority-setting:

- ✓ Does the initiative have the potential for high-impact (direct or indirect) enhancements to patient care services and outcomes?
- ✓ Does the initiative include a broad-spectrum of providers/stakeholders (e.g. horizontal *and* vertical integration)?

- ✓ Is the initiative conceptually feasible? Does the initiative have the potential to succeed, if the appropriate incentives, etc. are in place?
- ✓ Is there strategic alignment of the initiative with other existing health care priorities/initiatives? Can it build on existing strengths/efforts?
- ✓ Can the expected outcome of the initiative be measurable/quantifiable? In the short-medium term? In the long-term?
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Based on the new integration opportunities identified and the above criteria for priority-setting, please recommend 5 priorities (at a maximum) for each category and a corresponding high-level action plan (please limit your response to 4 pages for Patient Care/Services Integration priorities & 4 pages for Administrative Support Integration priorities):

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1		**Establish a Working Group with representatives from 3 Ministries (Health, MCSS, and Children's), Schedule I Hospitals, Child Psychiatrist, Adult Psychiatrist, GP/FP, Canadian Mental Health Association, Children's Mental Health Centres, Childrens Aid Societies, Education Sector, Tertiary Services.**
2		**Working Group to discuss and agree on "mental illness" definition, identify current total resources in LHIN area, which are available for all mental health services.**
3		**Working Group to seek/recommend approval to commission "Best Practice" Report on organization of integrated menetal health system models for providing services to persons with DSM-IV Diagnosis, across the lifespan. Working Group to review "best practices" report in context of current system in LHIN area.**
4		**Working Group undertakes process to consult with stakeholders on potential new models for delivering service.**

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
5		**Propose "Pilot" of preferred model in Erie St. Clair LHIN**

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1		
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II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
5		

F. Priority Setting of new Integration Opportunities

Guide for Priority-Setting
The following list of questions may facilitate and guide your priority-setting of top 5 new initiatives for patient care/services and admin support services. It is recognized that some are competing questions and require a balanced evaluation for priority-setting:

- ✓ Does the initiative have the potential for high-impact (direct or indirect) enhancements to patient care services and outcomes?
- ✓ Does the initiative include a broad-spectrum of providers/stakeholders (e.g. horizontal *and* vertical integration)?
- ✓ Is the initiative conceptually feasible? Does the initiative have the potential to succeed, if the appropriate incentives, etc. are in place?
- ✓ Is there strategic alignment of the initiative with other existing health care priorities/initiatives? Can it build on existing strengths/efforts?
- ✓ Can the expected outcome of the initiative be measurable/quantifiable? In the short-medium term? In the long-term?
- ✓ Can the initiative be replicated/duplicated across the province or adopted as a province-wide approach?

Based on the new integration opportunities identified and the above criteria for priority-setting, please recommend 5 priorities (at a maximum) for each category and a corresponding high-level action plan (please limit your response to 4 pages for Patient Care/Services Integration priorities & 4 pages for Administrative Support Integration priorities):

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1	**Role clarification of each sector, i.e., hospitals, community, long-term care**	**Each sector to provide a written description of their services, key responsibilities and client target groups.**
2	**Development and upkeep of comprehensive I&R service database for Erie St. Clair LHIN area**	**As information is received from service sectors, enter into comprehensive I&R database and update as changes to programs occur.**
3	**Education regarding sector roles services to occur with system-wide partners**	**Development of a website, brochures and education sessions for system-wide use and disbursement.**
4	**Promotion of consistent point of contact for information and help as clients make their choice and transit the system**	**Public promotion of and education to population of Erie St. Clair LHIN areas regarding consistent point of contact/access for information and help as clients transit the health care system. Clients will still be able to independently access and obtain community services/programs at any time.**
5	**Development of measurable benefits to the consumer**	**Involve appropriate stakeholders in the development of tools to measure the benefits to the consumer, i.e., customer satisfaction surveys.** **Develop an evaluation tool which will determine whether client received the right service at the**

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
		right time by the right person.

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
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II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
5		

G. Priority Setting of new Integration Opportunities

Guide for Priority-Setting
The following list of questions may facilitate and guide your priority-setting of top 5 new initiatives for patient care/services and admin support services. It is recognized that some are competing questions and require a balanced evaluation for priority-setting:

- ✓ Does the initiative have the potential for high-impact (direct or indirect) enhancements to patient care services and outcomes?
- ✓ Does the initiative include a broad-spectrum of providers/stakeholders (e.g. horizontal *and* vertical integration)?
- ✓ Is the initiative conceptually feasible? Does the initiative have the potential to succeed, if the appropriate incentives, etc. are in place?
- ✓ Is there strategic alignment of the initiative with other existing health care priorities/initiatives? Can it build on existing strengths/efforts?
- ✓ Can the expected outcome of the initiative be measurable/quantifiable? In the short-medium term? In the long-term?
- ✓ Can the initiative be replicated/duplicated across the province or adopted as a province-wide approach?

Based on the new integration opportunities identified and the above criteria for priority-setting, please recommend 5 priorities (at a maximum) for each category and a corresponding high-level action plan (please limit your response to 4 pages for Patient Care/Services Integration priorities & 4 pages for Administrative Support Integration priorities):

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1		

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
2		
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II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1	**Ensure that mental health/primary care settings are available in Windsor, Chatham and Sarnia**	**Establish or enhance Primary Care Settings with a specialization in mental health in each major population center in the LHIN area (Windsor, Chatham and Sarnia). In this model the primary care centre would also be able to support other GP's and primary care providers in serving their patients who have a mental health and addictions problem. A review of the literature on primary care for people with a persistent mental illness suggests that traditional models of primary care present barriers to this population that can be overcome by developing primary care centers with a**

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
		specialization in mental health, where the setting and staff are skilled at responding to the unique needs and presentation of people with serious mental illness.
2	**Improve access to primary care for people with mental health and addictions problems, and improve access to mental health services and reduce stigma associated with mental health and addictions.**	**Enhance the capacity of community based mental health services to act as "Mental Health Resource Centers" (Access: A Framework for a Community Based Mental Health System, CMHA Ontario 1998) in each of the major population center in the LHIN area. ACCESS Centers provide a single point of access to a continuum of mental health and other health services, such as primary care. Similar to the barriers for people with a serious mental illness accessing primary care, these same barriers exist for a centralized health information referral and assessment service for the general population. Improving access to mental health services, including people with mental illness who do not meet Serious Mental Illness criteria, would reduce pressure on and assist primary and emergency care providers who are currently serving this population.**
3	**Revisit MOHLTC policies that diminish continuity of care by restricting access to community based mental health and long-term care services**	**Revisit policies to ensure access to community based long-term care services for adults with a primary diagnosis of mental illness when required. Current MOHLTC policy exists which limits adults with a primary mental health diagnosis from qualifying for community based long-term care services. Similarly, revisit policy to ensure access to community based mental health services for adults who do not currently meet Serious Mental Illness critiera.**

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
4	**Improve integration of mental health and addiction services**	**Strengthen integration with the mental health and addiction providers. Integrat language and communication between the mental health and adiction sectors. To some extent work is underway in each of the three population centers to enhance integration and strengthen services to people with concurrent disorders. Acceptance to moving forward on a larger scale appears to be emerging and acknowledging that at least 50% of people with a serious mental illness have a concurrent disorder (substance misuse or abuse problem) it would seem appropriate to continue to move forward on integration. Establish a Stakeholder Advisory Committee for Mental Health and Addictions, chaired by a LHIN Board member. Review existing systems being utilized in the Mental Health, Addictions and Primary Care areas to identify programs of maximum benefit and build an integrated information system across the LHIN region.**
5	**Ensure that MOHLTC separate funding streams promote innovation in integrating mental health, addictions and primary care**	**Currently MOHLTC funding for Nurse Practitioner initiatives, Community Health Centers, Mental Health, hospital outpatient services and Addictions are inconsistent with respect to: regulations for budget allocation; funding support for central administration/back office; IT; pay equity statutory obligations and maintenance; etc. This environment presents barriers to integration. Harmonization of the funding streams is a critical enabler of integration success.**

H. **Priority Setting** of new Integration Opportunities

Guide for Priority-Setting
The following list of questions may facilitate and guide your priority-setting of top 5 new initiatives for patient care/services and admin support services. It is recognized that some are competing questions and require a balanced evaluation for priority-setting:

- ✓ Does the initiative have the potential for high-impact (direct or indirect) enhancements to patient care services and outcomes?
- ✓ Does the initiative include a broad-spectrum of providers/stakeholders (e.g. horizontal *and* vertical integration)?
- ✓ Is the initiative conceptually feasible? Does the initiative have the potential to succeed, if the appropriate incentives, etc. are in place?
- ✓ Is there strategic alignment of the initiative with other existing health care priorities/initiatives? Can it build on existing strengths/efforts?
- ✓ Can the expected outcome of the initiative be measurable/quantifiable? In the short-medium term? In the long-term?
- ✓ Can the initiative be replicated/duplicated across the province or adopted as a province-wide approach?

Based on the new integration opportunities identified and the above criteria for priority-setting, please recommend 5 priorities (at a maximum) for each category and a corresponding high-level action plan (please limit your response to 4 pages for Patient Care/Services Integration priorities & 4 pages for Administrative Support Integration priorities):

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1	**Development of care path working group**	**Solicit involvement from all sectors - physicians, CCAC, hospital, LTCH, Community Provider & Support Agencies and consumers**
2	**Determine existing care path continuum activities in the Erie St. Clair LHIN**	**1. Develop an inventory of all care paths in hospital and community sectors** **2. Review and analyze existing care paths**

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
3	**Comprehensive care path embracing developments that are consistent across the LHIN service area**	**Establish a format for review and development of care paths that migrate best practice and high client/patient outcomes throughout the health care continuum**
4	**Communicate and implement new care paths**	**Develop most effective care path roll out including comprehensive communication plan**
5	**Determine ongoing evaluation process**	**Establish process for ongoing care path review & evaluation**

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1		
2		

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
3		
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I. **Priority Setting** of new Integration Opportunities

Guide for Priority-Setting
The following list of questions may facilitate and guide your priority-setting of top 5 new initiatives for patient care/services and admin support services. It is recognized that some are competing questions and require a balanced evaluation for priority-setting:

- ✓ Does the initiative have the potential for high-impact (direct or indirect) enhancements to patient care services and outcomes?
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Based on the new integration opportunities identified and the above criteria for priority-setting, please recommend 5 priorities (at a maximum) for each category and a corresponding high-level action plan (please limit your response to 4 pages for Patient Care/Services Integration priorities & 4 pages for Administrative Support Integration priorities):

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1	**Build on the synergy of existing MOHLTC and LHIN IT priorities**	**Develop a common unique patient identifier** **Design an Electronic Health Record start with Hospital - to Primary Care Physician Info Exchange**
2	**Establish Privacy and Security**	**Secure email for health care providers** **Common consent for services that define the clients whishes, health care professionals needs to**

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
	Requirements for eHealth	**share information within the circle of care**
3	**Unique Identifier**	**Identifier Ontario Health Card # as unique indentifier** **Solicit stakeholders support to align identifier with other LHIN, MOHLTC IT priorities and back office IT priorities and back office IT priority**
4		
5		

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1		
2		

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
3		
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J. **Priority Setting** of new Integration Opportunities

Guide for Priority-Setting

The following list of questions may facilitate and guide your priority-setting of top 5 new initiatives for patient care/services and admin support services. It is recognized that some are competing questions and require a balanced evaluation for priority-setting:

- ✓ Does the initiative have the potential for high-impact (direct or indirect) enhancements to patient care services and outcomes?
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Based on the new integration opportunities identified and the above criteria for priority-setting, please recommend 5 priorities (at a maximum) for each category and a corresponding high-level action plan (please limit your response to 4 pages for Patient Care/Services Integration priorities & 4 pages for Administrative Support Integration priorities):

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1	**Promoting FHTs - Estimate of need**	**Based on up-to-date data on available local primary care services including GPs, FHNs, FHGs, CHCs, NPs and others, determine the need for and general geographical distribution of FHTs.**
2	**Promoting FHTs - Identify and solicit**	**Develop a list of agencies and groups that could be eligible sponsors for FHTs based on Ministry criteria. Organize and facilitate information sessions and working groups to develop applications.**

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
	involvement of potential sponsors	
3	**Promoting FHTs - Application Working Groups**	**Application working groups would be supported through DHC and other resources. Complete applications submitted to Ministry.**
4	**Strategic Plan Development**	**Establish and support an expert steering committee. Consolidate an inventory of current primary care resources. Identify through a consultative approach a model(s) of service delivery for the LHIN area. Apply the model(s) to the area taking into account the inventory, demographics, geography, needs etc. Develop an implementation plan based on current resources and the model(s).**
5	**Primary Care Network Development**	**Hold a symposium on integrated primary care for the LHIN. At the symposium spend some time discussing the creation of a network. Identify interested parties. Develop Terms of Reference.**

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
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II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
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K. **Priority Setting** of new Integration Opportunities

Guide for Priority-Setting
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Based on the new integration opportunities identified and the above criteria for priority-setting, please recommend 5 priorities (at a maximum) for each category and a corresponding high-level action plan (please limit your response to 4 pages for Patient Care/Services Integration priorities & 4 pages for Administrative Support Integration priorities):

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1	**Establish among service providers a common understood continuum of care for seniors and negotiate how each service provider fits into the continuum, supporting their role thus leading to an improved co-ordinated and integrated quality of**	**- Arrange to meet with all service providers in each area of the region to gain buy-in to the concept of the continuum of care for seniors.** **- Develop a clear understanding of each service provider's contribution to services for seniors and develop a catalogue of services that each provider will bring to the continuum.** **- Establish "working together" mechanisms, protocols etc. that will enhance individual and collective service provision quality and quantity.**

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
	service for seniors	
2	**Establish through working with service providers and consumer groups if there exists any gaps and or barriers to enhancing service quality and quantity.**	**- Develop information mechanisms to gain information from service providers and consumers as to the service gaps and or barriers to service.** **- Share this information with existing service providers to determine if some or all the concerns can be first addressed by existing service providers. Build first on the capacity and capability of existing service providers and utilize and build on their expertise.** **- Service gaps and or barriers that can not be addressed through existing service providers will be addressed through exploring other sources of service provision and or funding to establish new service entities.**
3	**Review existing services and determine if duplication of services exists, identify key service entities that need to be expanded, and determine if service provider capability exists for them to assume additional workload within their existing funding levels and professional expertise.**	**- Arrange working sessions with all service providers to begin to address the issues of service duplication, capability and capacity to assume increased workload, capability to assume new responsibilities and willingness to give up duplicated services.** **- Set in place new mechanisms to enhance service co-ordination and integration that will be more cost effective and efficient in providing services throughout the continuum of care for seniors.**

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
4	**Determine if new service programs (that do not now exist or that can not be provided by existing service providers given their current resources) are required to improve service capacity and quality of service in keeping with the key components of the agreed upon continuum of care.**	**- Establish working committee(s) of service providers including consumers to provide ongoing monitoring of the continuum of services for seniors and who will make recommendations for changes and or addition of new services to enhance service quality, quantity and effectiveness and efficiency in service provision. This is an ongoing process. - Seek new funding and or means to develop new required services.**
5	**Establish baseline information from the onset involving all service providers and develop a common data set and mechanism to gather ongoing information on a regional basis related to services for seniors and consumer satisfaction.**	**- Gather from all service providers' workload data and client service provision data and determine if common data sets can now be kept by all service providers. - Establish a data gather process to begin gathering relevant data on a community/regional wide basis that will demonstrate both workload volume and client service provision. - Survey consumer group periodically following the introduction of changes to determine level of satisfaction with the services for seniors and if in their view have their concerns been addressed as compared to the initial findings from consumer group involvement in the change process.**

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
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II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**

L. **Priority Setting** of new Integration Opportunities

Guide for Priority-Setting

The following list of questions may facilitate and guide your priority-setting of top 5 new initiatives for patient care/services and admin support services. It is recognized that some are competing questions and require a balanced evaluation for priority-setting:

- ✓ Does the initiative have the potential for high-impact (direct or indirect) enhancements to patient care services and outcomes?
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- ✓ Is the initiative conceptually feasible? Does the initiative have the potential to succeed, if the appropriate incentives, etc. are in place?
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Based on the new integration opportunities identified and the above criteria for priority-setting, please recommend 5 priorities (at a maximum) for each category and a corresponding high-level action plan (please limit your response to 4 pages for Patient Care/Services Integration priorities & 4 pages for Administrative Support Integration priorities):

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
1	**Complete a needs assessment and environmental scan**	**Develop and distribute a survey to appropriate agencies/women. From the survey, determine what current best practices are being used, identify uniqueness of services provided/identify gaps /challenges faced. This would assist in the environmental scan to help determine current services**

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
	of women's health services	**available and identify strengths and opportunities/gaps in service. From this survey and scan, clarity of roles will be established. This will also assist in identification of priorities for women's health.**
2	**Identify best practice guidelines that are available for women's health**	**Through the environmental scan, current usage of best practice will be identified. Each sector will describe what best practice guidelines are currently used. The network will build on the existing strengths of what is currently in place. The opportunity to implement existing developed evidence-based guidelines is available, making application attainable.A plan to implement best practice guidelines for women's health would be implemented ie. continence guidelines; baby friendly initiatives; breastfeeding best practice; Women Abuse: Screening, Identification and Initial Response(under development by RNAO); Prevention of FAS (fetal Alcohol Syndrome and FAE(fetal alcohol effects).**
3	**Develop clinical pathways based on best practice**	**Form task team to begin implementation of best practice guidelines across all sectors. Care paths could be duplicated across the province, ensuring that women receive a consistent approach to care.Long term goal: The opportunity exists to develop electronic pathways across sectors throughout the region.**
4	**Establish data base for women's health**	**Integration of data for the Erie St. Clair LHINPartner with all agencies within the LHIN to develop a comprehensive data base unique to sex, age and service ie perinatal, cancer services, osteoporosis, hip fractures etc. Determine what existing data is available and build upon this.Data is required to measure and evaluate health care for women. Gaps identified could then become priorities to address continued improvement of care. Each sector of care would then provide the appropriate element of care within that sector, with co-ordination throughout. This approach would provide all providers and consumers with an understanding/framework so that the right care is provided by the right place at the right time.Develop an Erie St. Clair LHIN Women's Health Web site. This will provide an avenue for providers and consumers to obtain information & education, as well as provide an opportunity for a local forum for women's health issues.**

I. Patient Care/Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
5	**Evaluation**	**With good data, best-practice and clinical pathways, the evaluation of outcomes can be identified. Variance tracking, service utilization, wait times and access issues could be identified and addressed. Needs identified and potential service provider partnerships will be addressed through funding recommendations made by the Women's Health Network to the LHIN's Board.**

II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
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II. Administrative Support Services Integration Opportunities		
	Priority Opportunity	**High-Level Action Plan**
4		
5		

A. Description of **Patient Care/Services** Integration Initiative *(Copies of Template A available at the end of this document. Please limit your response to 2 pages per initiative.)*

<table>
<tr>
<td colspan="2">Title of patient care/service initiative:

Improving health care and quality of life for seniors - through improved service provider integration</td>
<td>Type of integration (more than one box can be checked)

☐ Horizontal ☐ Vertical ☒ Intersectoral
☐ Other, describe:</td>
</tr>
<tr>
<td>Existing or new initiative?

☒ Initiated/existing integration activity*
☐ New integration opportunity

*Note: initiated/existing activities do not need to be confined within LHIN boundaries</td>
<td colspan="2">List of partners involved:

Long-Term Care Facilities, Community Care Access Centre, Physicians, Seniors Centres, Community Support Service Agencies, Day Programs, Nurse Practitioners, Community Health Centres, Hospitals, Faith Groups, Public Health, Seniors Advocacy Groups, Family Health Teams, Rest and Retirement Homes, Volunteer Services, Supported Living, and all other groups and or agencies that serve seniors.</td>
</tr>
<tr>
<td colspan="3">Please briefly describe the initiative:

This initiative will bring a wide, diverse group of service providers together who now serve seniors to begin to explore opportunities to: improve service quality, improve operational effectiveness and efficiencies, modify existing services that will enhance services and implement new service entities. Resulting in a more comprehensive, seamless service system with a focus on improving health care and quality of life for seniors.</td>
</tr>
<tr>
<td colspan="2">If this is an initiated/existing activity...
What is the current status?

With the significant growth of seniors, there is already established an array of fragmented services that support seniors. The senior population has unique needs from transportation to remain independent, to palliative care for end-of-life care.

The system has built barriers for seniors to access appropriate services. Transportation education, access to which services meet the needs - leads to the need for advocacy for each individual.</td>
<td>
What are the outcomes/lessons learned (if any)?

There was a great interest in this topic at the LHINS workshop by representatives from many different service organizations. It was apparent that there is a willingness to work more closely together and to collectively explore options that will improve services for seniors in our LHIN community. Including:
? Need to exploit opportunities for integration including at point of hand-off of care, to improve service</td>
</tr>
</table>

The priority is to keep or support individuals at the highest level of independence for as long as possible and free up high cost services and allow other organizations to meet their needs in a more cost -effective manner. The outcome should result in a highly integrated, cost effective and efficient service system for seniors while reducing costs at her more expensive and cost inefficient location, allowing new innovative services and care.	**capacity and capability , and for better resourcing (staff and physical)** **? Focus on enhancing quality, effectiveness, and efficiency.** **? Maximize use of existing services, such as CCAC Case Management, seniors centres to facilitate circle of support, hand-off of care between professionals in different settings through face-to-face visit with senior/family.**

Lead contact person:

Name: **Lloyd Jackson**
Title: Director, Senior Services — Organization: Municipality of Chatham-Kent LTC Homes
Telephone: 519-352-4823 x 315 — Email address: lloydj@chatham-kent.ca

B. Description of **Patient Care/Services** Integration Initiative *(Copies of Template A available at the end of this document. Please limit your response to 2 pages per initiative.)*

Title of patient care/service initiative:	**Type of integration** *(more than one box can be checked)*
Health Sector Information and Referral Services	☒ Horizontal ☒ Vertical ☒ Intersectoral ☐ Other, describe:

Existing or new initiative?	**List of partners involved:**
☒ Initiated/existing integration activity* ☐ New integration opportunity **Note: initiated/existing activities do not need to be confined within LHIN boundaries*	**All three sectors within the Erie St. Clair LHIN: Hospital, community service, and long-term care homes.**

Please briefly describe the initiative:

To provide a consistent point of central access, information, and linkage for clients on available services, high quality service providers and institutions within Erie St. Clair LHIN area, as they transit the health care system. **Education for the public and system-wide partners, i.e., hospital, long-term care, community services sectors, regarding consistent point of central access.**	
*If this is an **initiated/existing** activity…* **What is the current status?**	**What are the outcomes/lessons learned (if any)?**
Information bases disjointed, fragmented. Hospital staff unaware of who can provide what service and/or to whom to refer. Clients with certain aliments falling through cracks in system. Duplication of assessments being performed on individuals accessing same sector services.	**System too big and complex for clients to navigate alone. Clients as well as system-wide partners need a consistent point of access/contact for information and guidance as clients pass through the various stages of care, in a manner that appears seamless and coordinated. System navigation education will ease the anxiety of patients and their families and allow the patient to access the right service at the right time. It will also allow for more timely preventative measures to be put into place.**
Lead contact person: Name: **Mary Wilson** Title: Executive Director Telephone: (519) 258-8211	Organization: Windsor/Essex Community Care Access Centre Email address: Mary.Wilson@we.ccac-ont.ca

B. Description of **Administrative Support Services** Integration Initiative *(Copies of Template B available at the end of this document. Please limit your response to 2 pages per initiative.)*

<table>
<tr><td colspan="2">Title of administrative support service initiative:

Integration of Children's Mental Health Service with Adult Mental Health Services</td><td>Type of integration (more than one box can be checked)

☒ Horizontal ☒ Vertical ☒ Intersectoral
☐ Other, describe:</td></tr>
<tr><td>Existing or new initiative?

☐ Initiated/existing integration activity*
☒ New integration opportunity

*Note: initiated/existing activities do not need to be confined within LHIN boundaries</td><td colspan="2">List of partners involved:

Would involve Ministry of Health and LTC, MCSS and Ministry of Children's Services.</td></tr>
<tr><td colspan="3">Please briefly describe the initiative:

The current Children's Mental Health System suffers from the following problems:
? Fragmented funding and Administrative oversight
? Maldistribution of resources throughout the Erie St. Clair LHIN area
? Severe shortages of Child/Adolescent Psychiatrists.
? Philosophical differences among Ministries regarding the nature and causes of mental illness results in a lack of delineation/defintion of mental illness versus "emotional problems" and causes problem re effective use of limited resources.
Difficulties in "transitioning" from Childrens to Adult Mental Health System
Proposed Initiatives:
? With the formation of Erie St. Clair LHIN there is an opportunity to develop an innovative model to meet the needs of individuals with a DSM-IV Diagnoses across the lifespan, beginning by "linking/integrating" the services which deal with children, to the Adult system.
through a DSM-IV disorder, to the Adult system.
? Within the LHIN total funds available for Children and Adult Mental Health could be identified and a system plan developed for the provision of Mental Health Services.
? Outcomes would include more efficient use of limited HR resources, diagnosis and early intervention for children with mental health problems, and improved long-term programs for children with mental illness</td></tr>
</table>

*If this is an **initiated/existing** activity…* **What is the current status?** **N/A**	**What are the outcomes/lessons learned (if any)?** **N/A**
Lead contact person: Name: Frank Chalmers Title: Executive Director Organization: Esses, Kent and Lambton District Health Council Telephone: 519-944-5888 Email address: ldhcfc@ebtech.net	

B. Description of **Administrative Support Services** Integration Initiative *(Copies of Template B available at the end of this document. Please limit your response to 2 pages per initiative.)*

Title of administrative support service initiative: **Cancer Integration Across the Continuum (Regional Cancer Plan**		Type of integration ***(more than one box can be checked)*** ☒ **Horizontal** ☒ **Vertical** ☒ **Intersectoral** ☐ **Other, describe:**
Existing or new initiative? ☒ Initiated/existing integration activity* ☐ New integration opportunity **Note: initiated/existing activities do not need to be confined within LHIN boundaries*	**List of partners involved:** **Windsor Regional Cancer Centre, Hospitals, Hospices, Community Care Access Centres, District Health Council, Public Health Units, MOHLTC, Medical Societies Cancer Care Ontario**	
Please briefly describe the initiative: **Cancer Services are fragmented with the result that cancer patients often face sequential waits for service. A regionalized system of care is required to help streamline the patient journey and lead to an improved patient care experience. In a recent planning exercise led by Cancer Care Ontario, every regional plan in Ontario supported the need for an ongoing mechanism to bring together regional cancer service providers to enhance regional programs. Despite some examples of voluntary co-operation, cancer services are not regionalized. Therefore the following is required:**		

? A model of regional cancer services and a regional network of palliative care services are proposed.

? A regional cancer services program that focuses on initiatives in prevention, the diagnosis stage, cancer surgery, treatment and end-of-life (palliative care) and are organized in a manner that is vertically and horizontally coordinated amongst the various partners.

? Expectations of a Regional Cancer Plan are outlined in the Ontario Plan 2005-2008.

If this is an ***initiated/existing*** *activity...* **What is the current status?**	**What are the outcomes/lessons learned (if any)?**

Lead contact person:

Name: Moyez Jadavji
Title: Acting Regional Vice President, Cancer Services Organization: Cancer Care Ontario/Windsor Regional Hospital
Telephone: 519-253-3191 ext 58545 E-Mail Address: moyez_jadavji@wrh.on.ca

Name:
Title: Organization:
Telephone: Email address:

C. Description of **Patient Care/Services** Integration Initiative *(Copies of Template A available at the end of this document. Please limit your response to 2 pages per initiative.)*

Title of patient care/service initiative:

Enhancing Integrated Pathways Across the Health Care Continuum

Type of integration *(more than one box can be checked)*

☒ Horizontal ☒ Vertical ☒ Intersectoral
☐ Other, describe:

Existing or new initiative?

☒ Initiated/existing integration activity*
☐ New integration opportunity

**Note: initiated/existing activities do not need to be confined within LHIN boundaries*

List of partners involved:

CCACs, Physicians, Hospitals, Long Term Care Homes, Community Provider & Support Agencies, Consumers

Please briefly describe the initiative:

Historically, both the hospital and community have formulated care paths/pathways for their unique sector. This initiative involves care paths that follow patient/client progress across the continuum of care. All sectors will collaborate to develop disease/surgical specific care paths that will utilize evidence based practice to streamline service delivery resulting in greater system efficiencies.

If this is an ***initiated/existing*** *activity…*
What is the current status?

Excellent care path processes exist in both the hospital and CCAC sector in Chatham, Sarnia and Windsor. A collaborative working group in Windsor has successfully developed integrated care paths that ensure continuum. The priority is to build upon established successes to provide consistencies across the LHIN.

What are the outcomes/lessons learned (if any)?

Integrating care paths across the continuum will:

- **Further develop & implement care pathways across the continuum; Community-Hospital-Community**
- **Identify best practice & outcomes that can be measured and benchmarked**
- **Ensure the pathway follows the client/patient**
- **Enhance & further develop financial efficiencies across the sectors (i.e. decrease hospital LOS)**

	acknowledging a range of acceptable/unique differences

Lead contact person:

Name: **Norma Unsworth**
Title: Director of Quality, Accountability & Partnership Development
Organization: Sarnia-Lambton & Chatham/Kent CCAC
Telephone: (519) 337-1000 or (519) 436-2222 Email address: norma.unsworth@sarnia.ccac-ont.ca

D. Description of **Patient Care/Services** Integration Initiative *(Copies of Template A available at the end of this document. Please limit your response to 2 pages per initiative.)*

Title of patient care/service initiative: **Improving Access to Primary Care through an Integrated Delivery Model**		Type of integration ***(more than one box can be checked)*** ☒ **Horizontal** ☒ **Vertical** ☒ **Intersectoral** ☐ **Other, describe:**
Existing or new initiative? ☒ Initiated/existing integration activity* ☐ New integration opportunity **Note: initiated/existing activities do not need to be confined within LHIN boundaries*	**List of partners involved:** **CHCs, Municipalities, Physicians, Physician Groups (FHN, FHG etc.), NPs, other health practitioners, Hospitals, Community Groups, CCACs, Transfer Payment Agencies, Other Ministries (i.e. MCSS)**	
*If this is an **initiated/existing** activity…* **What is the current status?**	**What are the outcomes/lessons learned (if any)?**	

<table>
<tr>
<td>Currently some existing CHC proposals are being considered for FHTs. Information meetings have been held in selected sites by the MoHLTC to promote the model. Some local groups are preparing applications for the first round of funding to the end of March 2005. Recruitment and retention activities are ongoing and increasing in intensity. NP initiatives in the recent past have been well supported and a NP Network already exists.</td>
<td>What are the outcomes/lessons learned (if any)?

The projected outcomes would be the development of an appropriate number of (needs based) applications for FHTs geographically positioned across the LHIN responding to initial call and future allocations in 2005 and 2006. Adoption of a strategic plan would consolidate a direction and focus recruitment/retention energy. The network would promote and encourage best practices and, help to create a positive environment for practitioners who are interested in providing integrated primary care.</td>
</tr>
<tr>
<td colspan="2">Lead contact person:

Name: Ron Shaw
Title: Director of Planning — Organization: Essex Kent Lambton District Health Council
Telephone: 519 351 1162 ext 106 — Email address: rshaw@srhip.on.ca

Name: Willi Kirenko
Title: Nurse Practitioner — Organization: Chatham-Kent Health Alliance
Telephone: (519) 437-6032 — E-Mail Address: wkirenko@ckha.on.ca</td>
</tr>
</table>

E. Description of **Patient Care/Services** Integration Initiative *(Copies of Template A available at the end of this document. Please limit your response to 2 pages per initiative.)*

Title of patient care/service initiative:

Development of Erie St. Clair Women's Health Network

Type of integration ***(more than one box can be checked)***

☒ **Horizontal** ☒ **Vertical** ☒ **Intersectoral**
☐ **Other, describe:**

Existing or new initiative?

☐ Initiated/existing integration activity*
☒ New integration opportunity

**Note: initiated/existing activities do not need to be confined within LHIN boundaries*

List of partners involved:

The Network will be representative of providers who service women across the life span, including developmental stages of adolescence, child-bearing, mid-life and seniors. The network will encompass multicultural populations within the LHIN.Hospitals, LTC facilities, CCAC, DHC, Women's Groups, consumers, Public Health, Community, Family & Children's Services education etc.Continued partnership with regional initiatives such as SWOPP(Southwestern Ontario Perinatal Partnership)Continued partnership with agencies outside of LHIN's ie. public health

Please briefly describe the initiative:

The development of a Women's Health Network will bring together a wide range of organizations and individuals with interest and representation for women's health issues. This network will provide the structure to develop and enhance partnerships required to address women's issues across the continuum. This will facilitate information sharing, co-ordination and linkages for women's health. This network will establish linkages with other existing networks & agencies whose mandate may expand provincially or nationally. ie. SWOPP, OWHN(Ontario Women's Health Network)

*If this is an **initiated/existing** activity…*

What is the current status?

Currently, a Women's Health Network for our region does not exist. Each organization is limited by their mandate within their current funding envelope. Opportunities are needed to develop joint initiatives that are integrative, efficient an effective. Currently, opportunities are limited doe to funding / mandate restrictions.Currently, linkages occur for some aspects of health

What are the outcomes/lessons learned (if any)?

Outcome of new Women's Health Network for Erie St. Clair LHINThe network will develop strategies to support a consistent, evidence-based approach to women's health issues based on best practice for women across the life span. This will encompass intersectorial integration of care through network

care, but not all. Ie. Partnerships exist with Public Health, early years centres for childbearing women and children. There are gaps in services for women needing support for moderate mental illness. There are gaps for women requiring primary health care related to shortage of family physicians. Primary Care Nurse Practitioners provide services for women with geographic and age related restrictions.	**membership initiatives. Women's Health Champions will be identified. Prioritisation of strategies will be required. The network will prioritise needs and make recommendations to the LHIN for approval to ensure high quality services are available and accessible for all women. The development of a database is required to ensure that data is available to support research related to women's health, recognising the uniqueness of the female population. This will provide the data required for measuring and evaluating health care outcomes for women.**
Lead contact person: Name: **Brenda Foster,** Title: Program Director Women & Children's Health Organization: Chatham-Kent Health Alliance Telephone: 1.519.437.6021 Email address: bfoster@ckha.on.ca	

B. Description of **Administrative Support Services** Integration Initiative *(Copies of Template B available at the end of this document. Please limit your response to 2 pages per initiative.)*

Title of administrative support service initiative: **Integrated Back Office, includng IT**	Type of integration ***(more than one box can be checked)*** ☒ **Horizontal** ☒ **Vertical** ☒ **Intersectoral** ☐ **Other, describe:**
Existing or new initiative? ☐ Initiated/existing integration activity* ☒ New integration opportunity **Note: initiated/existing activities do not need to be confined within LHIN boundaries*	**List of partners involved:** **Would involve MOHLTC, OHA E-Health Council, Smart Systems for Health Agency, Ontario Health Information Standards Committee and all three sectors within the Erie St. Clair LHIN; Hospitals, community service, and long term care facilities.**
Please briefly describe the initiative:	

Integrate back office and IT functions to improve patient care/communication/efficiency across the continuum of care.

*If this is an **initiated/existing** activity...* **What is the current status?**	**What are the outcomes/lessons learned (if any)?**
Currently there are a wide variety of solutions in place with varying emphasis depending on available resources, and organizational complexity, capacity and direction.	**Solutions need to be affordable, patient focussed, physician friendly and value added.**

Lead contact person:

Name: John Coughlin
Title: VP Corporate Services
Telephone: 519) 973-4411 ext. 3379
Organization: Hotel-Dieu Grace Hospital
Email address: jcoughlin@hdgh.org

Name: Ian Campbell
Title: Senior Vice President
Telephone: (519) 326-2373
Organization: Leamington District Memorial Hospital
e-mail Address: icampbell@ldmh.org

F. Description of **Patient Care/Services** Integration Initiative *(Copies of Template A available at the end of this document. Please limit your response to 2 pages per initiative.)*

Title of patient care/service initiative:	Type of integration ***(more than one box can be checked)***
Integrated Health Record	☒ **Horizontal** ☒ **Vertical** ☒ **Intersectoral** ☐ **Other, describe:**

<table>
<tr><td colspan="2"></td><td></td></tr>
<tr><td>Existing or new initiative?

☒ Initiated/existing integration activity*
☒ New integration opportunity

*Note: initiated/existing activities do not need to be confined within LHIN boundaries</td><td colspan="2">List of partners involved:

Stakeholders List - Erie St. Clair LHIN - 144 partners;physicians 166 Hospital Staff, Physicians
Community Partners - from across all sectors</td></tr>
<tr><td colspan="3">Please briefly describe the initiative:

The vision of the Integrated Health Record - contain a patient identifier (i.e., Health Card #, name, address) - this initiative would align with the IT Strategy for Back Office

Demographic information (e.g., emergency contact name, language, primary physician) - this initiative would align with the IT Strategy for Back Office and

Consent to share information. Information sharing must occur with the observance of the appropriate safeguards for the privacy of personal health information, meet health care professional's needs within the "circle of care".</td></tr>
<tr><td colspan="2">If this is an initiated/existing activity...
What is the current status?

Process (transfer of patient info) is labour intense, process inefficient
Each user has different equipment - hardware/software labour intense
Interfaces to connect databases not always available
Some stakholders have no electronic capabilites</td><td>What are the outcomes/lessons learned (if any)?

Stakeholders have to set priorities - limited resources
Stakeholders must let go "ownership" of forms processes
Progress to improve technology is at different stages throughout system</td></tr>
<tr><td colspan="3">Lead contact person:</td></tr>
</table>

Name: **Lynda Monik - Bonnie Storey**
Title: Director, Resource Utilization - Direcotor of Operations
Organization: Hotel-Dieu Grace Hospital/CCAC
Telephone: (519) 973-4411- ext. 3282 - (519) 258-1088
Email address: llmonik@hdgh.org

B. Description of Administrative Support Services Integration Initiative *(Copies of Template B available at the end of this document. Please limit your response to 2 pages per initiative.)*

Title of administrative support service initiative: **Local Governance Model**		Type of integration ***(more than one box can be checked)*** ☒ **Horizontal** ☒ **Vertical** ☒ **Intersectoral** ☐ **Other, describe:**
Existing or new initiative? ☐ Initiated/existing integration activity* ☒ New integration opportunity **Note: initiated/existing activities do not need to be confined within LHIN boundaries*	**List of partners involved:** **Hospitals, Long-term Care facilities, CCACS, Community Service Agencies**	

Please briefly describe the initiative:

The government of Ontario is currently seeking candidates to be chairs and part-time directors for each of the proposed 14 Local Health Integrated Networks. There will be 3 founding board members (1 chair and 2 directors) per LHIN when the boards first meet in April, 2005. These board members will be appointed by Order-In-Council. It is anticipated that, once established, the LHIN boards will help provide insight and advice to the Ministry of Health with respect to the selection of other board members. The final composition of the board will be 7-9 members.

To assist the founding board members in the development of a governance structure which will balance the local needs of health care institutions, other health care services and the general public, we propose the following model for the Erie St. Clair LHIN

Board Composition (9 members):

Institutional Sector (3 members)

Three board members will be selected by the hospitals in Erie St. Clair.

Community Sector (3 members)
Three board members will be selected by the non-institutional MOH transfer payment agencies in Erie St. Clair.

General Public Sector (3 members)
Three board members will be selected by the general public in Erie St. Clair.

Selection of Board Members:

The Institutional and Community Sectors will be responsible for developing their own internal process to select 3 people from each of their sectors for representation on the LHIN board.

The board will post advertisements and public service announcements inviting the general public of Erie St. Clair to consider membership on the LHIN board. One public meeting will be hosted in each of the 3 counties to elect 1 general public sector LHIN board member per county.

Those who are employed by a MOH funded organization or who sit on a MOH funded board will not be eligible to sit on the Erie St. Clair LHIN board.

Note: In the event that either or both the institutional and community sectors do not select their 3 board members in the manner described above, these sectors will automatically employ the selection process as described for the general public representatives.

Terms of Office:

To develop stability in the first 3 years, we recommend the 9-member board remain the same until March 31, 2008. Beginning April 1, 2008, all board members will have a maximum 3 year term, non-renewable. Commencing April 1, 2008, and each year after, three board members – one per sector - will conclude their term of office on the LHIN board.

Executive (3 members):

At the end of the term of the first order-in-council, the board will elect its own chair, vice-chair and secretary-treasurer.

Accountability:

The LHIN board will be accountable to the people of Erie St. Clair and to the Minister of Health for Ontario. There will be three public meetings per year – one for each county. The board will report on its activities over the past year and present plans for the following year.

*If this is an **initiated/existing** activity...* **What is the current status?**	**What are the outcomes/lessons learned (if any)?**
Lead contact person: Name: Dean P. La Bute Title: President Organization: Windsor Teen Health Centre Telephone: 519-944-5504 Email address: thcadvocate@cogeco.ca	

B. Description of **Administrative Support Services** Integration Initiative *(Copies of Template B available at the end of this document. Please limit your response to 2 pages per initiative.)*

Title of administrative support service initiative: **Integration of mental health and addictions across the continuum of care including primary care, long term care and chronic disease management.**	Type of integration ***(more than one box can be checked)*** ☐ **Horizontal** ☐ **Vertical** ☒ **Intersectoral** ☐ **Other, describe:**
Existing or new initiative? ☒ Initiated/existing integration activity* ☐ New integration opportunity **Note: initiated/existing activities do not need to be confined within LHIN boundaries*	**List of partners involved:** **Community based mental health service providers Primary Health Care providers including but not limited to CHCs Addiction service providers Long term care facilities and providersHospitals**
Please briefly describe the initiative: **People with mental illness and addiction experience barriers to accessing primary care, and are demonstrated to have greater un-met primary health care needs than the general public. In each of the three counties of Essex, Kent and Lambton counties, improvements in access to primary care as well as improvements in health outcomes for people with mental illness have been provided through innovative partnerships between primary care and mental health providers. Building on the success of the partnerships that have been established, we propose that existing partnerships be enhanced and expanded to ensure that community based primary care is delivered on site with community based mental health services in each of the**	

three population centers, Windsor, Chatham and Sarnia within the LHIN area. Similarly, a significant number of individuals receiving long term care services, either facility or community based, including individuals with chronic disease, have un-met mental health needs. We envision enhancing the capacity of community based mental health services in each of the three population centers to provide outreach, consultation, assessment, case management and in home supports to the long-term care and continuing care sectors and patients. Likewise outreach service capability by Primary Care providers needs to be facilitated into Mental Health and Addictions programs where clients or residents are at high risk of failing to follow-up for necessary care. Given the specialized nature of mental health services, and the need to ensure quality and continuity of services, we envision these enhancements building on established services. This model is consistent with the system model proposed in the Southwest Mental Health Implementation Taskforce Report (2002). It is also consistent with the system model proposed in CMHA Ontario ACCESS: A Framework for a Community Based Mental Health Service System (1998).

If this is an ***initiated/existing*** *activity...* **What is the current status?**	**What are the outcomes/lessons learned (if any)?**
While integration initiatives are currently underway in each of the three population centers in the LHIN area, they are at different stages of implementation. Enhancement of both primary care, mental health and addiction services is required to ensure full implementation.	**CMHA Windsor Essex County Branch (WECB) Primary Care Review Study identified that integrating primary care and mental health services within a community based mental health delivery site resulted in a reduction of hospital, emergency and walk-in clinic use by adults with serious mental illness, improved client satisfaction and perception of care; and improved continuity of care. Mental health consumers consistently report that they are more likely to access primary care in an integrated primary care/mental health setting as they perceive that the primary care providers in the integrated setting better understand and are more accepting of people with mental illnessAnecdotal evidence in Lambton County with CMHA and the North Lambton and Kettle Point CHCs demonstrates early identification and intervention of serious mental illness among primary care patients, and improved access to primary care services among mental health consumers.CMHA Kent County has entered into a partnership with Chatham Kent Health Alliance and others to utilize Nurse Practitioners for primary care in an integrated model.**

Lead contact person:

Name: Pamela Hines
Title: Chief Exexcutive Officer
Organization: Canadian Mental Health Association, Windsor -Essex County Branch

Telephone: (519) 255-9940 x223
Email address: phines@cmha-wecb.on.ca

List of Involved Organizations

Afton Park Place
Alzheimer Society of Windsor and Essex County
Alzheimer Society – Lambton
Amherstburg Community Services
Amherstburg Pharma Plus
Association for Person with Physical Disabilities – Windsor/Essex
Association for Persons with Disabilities
At Home Oxygen
Banwell Gardens Tecumseh
Bayshore Health Care
Bluewater Health
Brain Injury Association
Brouillette Manor
Bulimia Anorexia Nervosa Association
Canadian Cancer Society – Lambton Unit
Canadian Hearing Society
Canadian Mental Health Association – Chatham-Kent
Canadian Mental Health Association – Sarnia/Lambton
Canadian Mental Health Association – Windsor Essex County Branch
Canadian National Institute for the Blind
Canadian Paraplegic Association
Canadian Red Cross
Can-Am Friendship Centre
Cancer Care Ontario – Windsor Regional Hospital
Catholic Family Services
Centre for Addictions and Mental Health
Centre for Independent Living
Centres for Seniors Windsor
Chateau Park
Chatham-Kent Alzheimer Society
Chatham-Kent Health Alliance
Chatham-Kent Palliative Pain and Symptom Management

CHS
CILT
CiticallOntario
Citizen Advocacy Windsor-Essex
Comcare Health Services (Windsor)
Community Care Access Centre, Windsor/Essex
Community Care Access Centres, Sarnia/Lambton and Chatham-Kent
Community Care Therapy
Community Living
Copper Terrace Long Term Care Facility
Kent Healthcare ( ) Tj -1.15 TD -0.1694 Tc 1.8972 Tw Community Care Access Centre, Windsor/Essex

Lambton Elderly Outreach
Lambton Pro Health
LaPoint-Fisher Nursing Home
Leamington District Memorial Hospital
Leamington Mennonite Home
Leamington Nursing Home
Malden Park
MDS Diagnostics
Meadow Park Nursing Home
Medical Labs of Windsor
Mental Health Connection
Municipality of Chatham-Kent LTC Homes
North Lambton Community Health Centre
Nutritional Management Services
OCSA
OMOD
Ontario Hospital Association
Ontario Ministry of Health and Long Term Care
Ontario Pharmacist Association
OPSEU
Paramed Home Health Care
Pathways Health Centre for Children, Sarnia
Pro Res
Professional Respiratory Windsor/Essex
ProResp – Windsor
Regency Chateau Care Corp.
Richmond Terrace
Riverside Health Care Centre
RNAO
Royal Oak
Sandwich Community Health Centre
SER Nursing Homes
Shoppers Home Health
South Essex Community Council

St. Elizabeth Health Care
Sumac Lodge
Sun Parlour Home
Tecumseh Seniors Transit
Teen Health Centre
The Arthritis Society
The Canadian Hearing Society
The Child's Rehab. Centre of Essex County
The Village Ridgetown
Victorian Order of Nurses
Vision Nursing Home
Volunteer Centre of Sarnia/Lambton
Westover Treatment Center
Windsor Place
Windsor Jewish Community Centre
Windsor Regional Hospital