

**BOARD MEETING HIGHLIGHTS**

January 30, 2019

The following are highlights from the Open Board Meeting of the Erie St. Clair Local Health Integration Network (ESC LHIN):

<b>Agenda Item</b>	<b>Highlights</b>
<b>Board Chair Report</b>	<p><b>Patient's Role on Their Health Care Team</b> Martin Girash presented the items below to prompt further discussion with the Board and senior team:</p> <p><b>Professionals' Acceptance of Patients on Their Health Care Teams</b></p> <ul style="list-style-type: none"><li>• Are some health care providers reluctant to view patients as members of the health care team? If so, why and what can be done to overcome this barrier?</li></ul> <p><b>Patients' Preparation for Participation on Their Health Care Teams</b></p> <ul style="list-style-type: none"><li>• How can patients prepare for their participation on their health care teams?</li><li>• What are some of the risks in this "preparation?"</li><li>• Patients' decisions to access hospital ERs vs. their care provider vs. other non-emergency health</li></ul> <p><b>Care Services</b></p> <ul style="list-style-type: none"><li>• How can patients be better prepared to make these decisions?</li><li>• What are the risks in leaving these decisions to solely the patient?</li><li>• What changes are necessary in accessibility to assist the patients in making the correct decisions?</li></ul> <p><b>Patients' Responsibility to Follow-Through On Agreed Upon Treatment Plan</b></p> <ul style="list-style-type: none"><li>• What are the reasons patients may not follow-through on an agreed upon treatment plan?</li><li>• What should patients do if they believe they have a legitimate reason not to continue with the treatment plan?</li><li>• How can patients be supported in following through when it is appropriate to do?</li></ul>

To view the full Board Chair Report, please visit:

<http://eriestclairlhin.on.ca/Board%20and%20Governance/Board%20Meetings.aspx>

**Presentations**     **Clinical Care Coordinators vs. Care Coordinators: Roles and Accountabilities – Kris Bannerman, Director, Home and Community Care**

Kris Bannerman spoke to the Clinical Care Coordinator (CLCC) role:

- Clinical CLCCs are nurses with acute care experience (RN role + intensive case management). ESC LHIN is the first in the province to leverage this model to support primary care and patients with high utilization of system resources
- CLCCs are required to complete a nursing competency test before moving forward to an interview panel inclusive of the executive director from the primary care organization
- The CLCC is integrated within that team working alongside their primary care partners and it's imperative the ED is involved in the interview process to ensure right fit
- CLCCs are specialists and are required to do 'hands on nursing' tasks and clinical nursing assessments

Clinical Care Coordinators' target population can include:

- People living with four or more complex or chronic conditions
- Those with mental health and addictions challenges
- People who have fragile supports – at risk for falling through the cracks: such as, economic characteristics (e.g. low income, unemployment)
- Social determinants; (e.g. challenges with housing, social isolation, language)
- High users of hospital services (e.g. emergency departments) or primary care visits
- Clinical judgment – patients that require intensive case management

Community Care Coordinators' target population can include:

- Patients that require support to navigate the health care system (e.g. day programs, short stay respite, convalescent care, community resources, long-term care placement)
- Patients that require home and community care purchased services to facilitate aging at home successfully (e.g. nursing, PSW, therapies)
- Patient profiles are long-stay in nature (e.g. MS, Dementia, Parkinson's, COPD)

How do people access this service?

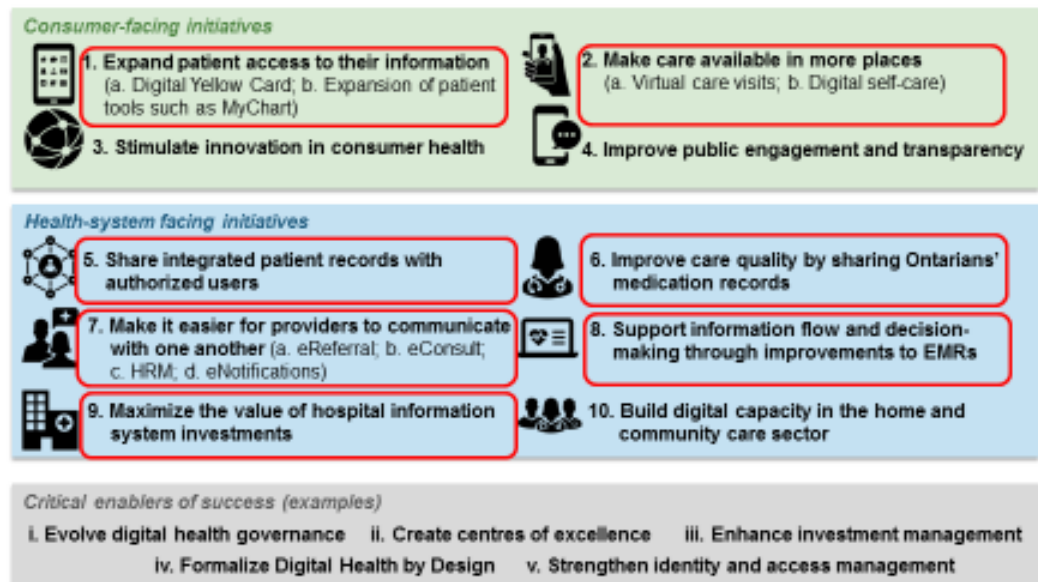
- For information and/or referral:
  - Phone: 1-888-447-4468
  - Email: [information.referral@lhins.on.ca](mailto:information.referral@lhins.on.ca)

**Digital Health – Pete Crvenkovski, VP, Performance, Accountability & Finance**  
Pete Crvenkovski spoke to the Digital Health Action Plan priorities in Southwestern Ontario, as set out in the graph below:

## The Digital Health Action Plan priorities in SWO

Ontario's *Patients First: Digital Health Strategy* is modernizing Ontario's health system and making health care more convenient, high-quality and sustainable.

**Likely areas of focus for the SWO regional program in 2018/19**



Local planning with stakeholders has identified the following digital health themes for focus:

1. Connecting stakeholders to one another
2. Patients/citizen in the centre of care – patients own their own health information
3. Navigating the health care system – optimizing the path
4. Common record – where all information is stored (both personal and health)
5. Developing strategic partnerships across the spectrum of health services
6. Optimizing of existing digital health tools
7. Single source of information
8. Capacity to deliver care virtually
9. Leveraging health promotion

## CEO Report

ESC LHIN CEO Ralph Ganter highlighted several topics including:

### **Personal Support Workers (PSW) Shortage Initiatives:**

Like most LHINs in the province, the ESC LHIN has been experiencing a shortage of PSW supports in the home and community care sector. As a result, multiple engagements with service provider organizations have occurred, resulting in a local six-point strategy. Below is a summary:

#### **1. Human Resources:**

- The ESC LHIN is partnering with Bayshore and Goodwill Industries to identify people who have the skill and a goal to become a PSW

#### **2. Scheduling of Care:**

- The ESC LHIN is implementing changes that will ensure patients are only offered specific timed visits if it is medically required. Otherwise, patient visits will be scheduled within a two or three hour window of time to allow agencies to manage their employee scheduling better

#### **3. Retirement Home (RH) Strategy:**

- The ESC LHIN is meeting with RHs to develop a shared understanding of the services we provide in a RH setting. Our focus is on eliminating duplication and ensuring that services are allocated based on medical need

#### **4. Home & Community Care Sub-regional Alignment:**

- The realignment of geographical assignments and market share in the service contracts is taking place to reduce the number of agencies in each region; thereby, facilitating agencies building stronger teams in smaller districts (which increases efficiencies and reduces travel)

#### **5. Family Managed Care:**

- The provincial strategy has been implemented locally since October 2018 whereby patients and families employ their own worker(s) and enter into a contract with the LHIN to pay for services

#### **6. Caseload Reviews:**

- The ESC LHIN is focusing on right-sizing care plans to be more in-line with provincial standards and transitioning low needs patients to community support services

To view the full CEO Report, please visit:

<http://eriestclairhin.on.ca/Board%20and%20Governance/Board%20Meetings.aspx>

**Board Meeting Materials**

For further details and to access all materials and presentations from the January 30, 2019 Open Board Meeting, click the link below:  
<http://eriestclairlhin.on.ca/Board%20and%20Governance/Board%20Meetings.aspx>

**Next Meeting**

**February 27, 2019**

Open Board Meeting

1:00 p.m.

ESC LHIN, 712 Richmond St., Chatham, ON (North Star Room)

**For More Information, Contact:**

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