



Creating a Climate for Integration

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To

Yee Hong Centre for Geriatric Care

June 9, 2009

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Overview of the Discussion

Yee Hong's Question:

How does the CE LHIN envision integration at the systems level and among constituent health service providers?

- What is meant by integration?
- Change Management and Leadership.
- What is needed to make it happen? Strategy. Framework. Plan.
- The Quality Agenda

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Integration



"It's not my fault we're short of beds."

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Local Health System Integration Act

“The purpose of this Act is to provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, coordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by local health integration networks.” 2006, c. 4, s. 1.

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The LHIN Mandate and Functions



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Integration: In simple language...

- Health system experienced as a **coordinated system**: People will get the right treatment at the right time by the right provider
- Seamless **flow of information** that supports patient care
- A system that begins with **primary care** providers with an equal focus on prevention and health maintenance
- Create timely **access to quality services** by aligning people, processes and resources
- **Elimination** of wasteful and time consuming duplication
- **Involvement** of patients, residents, family and informal caregivers

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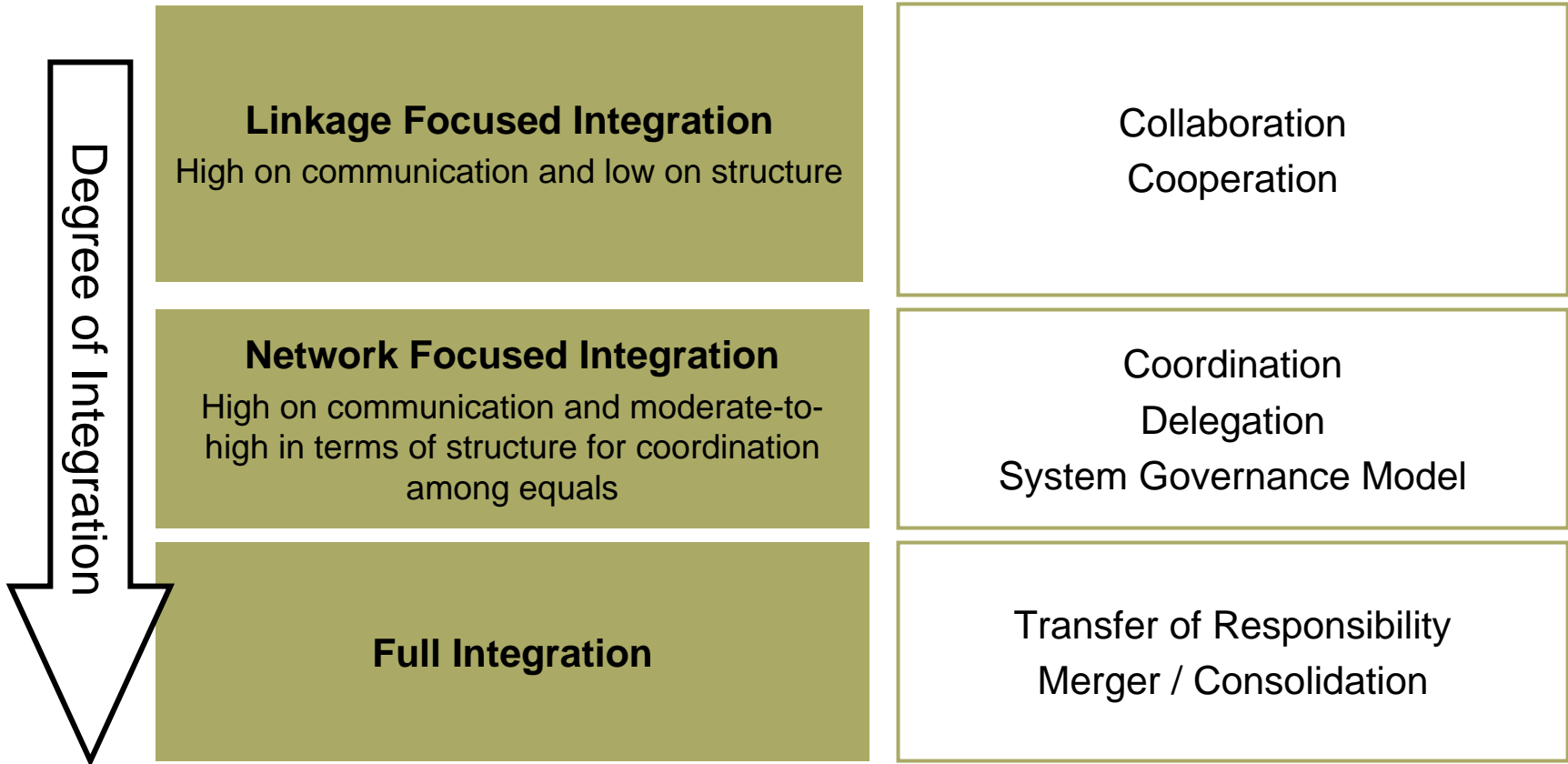
Legislative Context for Integration

- The LHSIA defines “**integrate**” to include:
 - Coordinating services/interactions between different persons and entities.
 - Partnering with others in providing services or conducting operations.
 - Transferring, merging or amalgamating services, operations, or entities.
 - Starting or ceasing to provide services.
 - Ceasing to operate, dissolving or winding-up operations.

Legislative Context

Integration Type	Description
Voluntary Integration <i>LHSIA S.24 & 27</i>	HSPs at their own initiative, plan to integrate services funded by the LHIN.
Facilitated and Negotiated Integration <i>LHSIA S.25</i>	The LHIN and/or HSPs explore appropriate integration strategies and the LHIN facilitates or negotiates integration with the HSPs.
Required Integration <i>LHSIA S.26</i>	The LHIN orders HSPs to integrate services.
Funding <i>LHSIA S.19</i>	The LHIN uses its funding authority to promote integration of services with/between HSPs.

Integration Continuum

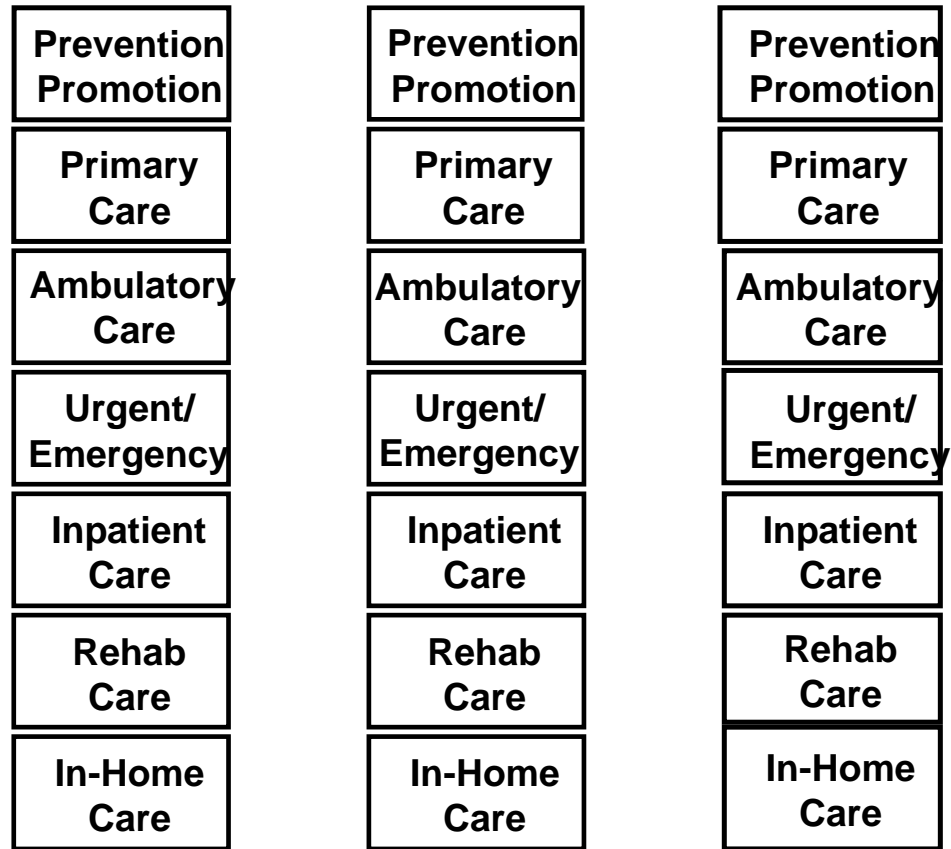


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Modality of Integration

Most of our focus to date has been on vertical integration, that is improving the continuum of care

Hospital clinical services planning largely reflects “horizontal integration”



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Components of Integration

Clinical Activities	Physician activities The clinical team Integration of Clients / Caregivers
Support Activities	Management Supplies, technology & specialized support personnel
Culture Norms and Values	Related to the action of integrating <u>and</u> the services to be integrated.

At its best,
integration happens
all levels.

**Ignore at your
peril one of these
components!**

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Integration:

*It doesn't just
happen because
you said so!*



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8 Steps to Successful Change

- **Creating a Climate for Change**
 - Increase Urgency
 - Build the Guiding Team
 - Get the Right Vision
- **Engaging and Enabling the Whole Organization**
 - Communicate for Buy-in
 - Empower Action
 - Create Short-term Wins
- **Implementing and Sustaining Transformation**
 - Don't Let Up
 - Make it Stick

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Change Management

- Accept stakeholders as they are
- Put stakeholder issues out in the open
- Plan how to deal with and respond to each stakeholder
- Help the stakeholders identify the “What’s in it for Me”
- Tell the truth about the change and the impact it will have
- Build business benefit delivery into change plans and be clear about the behavioural change needed to achieve them
- Leadership involvement is key
- **Be Explicit – not implicit!!**

Assessing your Readiness

- Organizational Readiness
- Team Effectiveness
- Leadership Alignment, Action and Commitment
- Change Enrollment
- Communications
 - To execute planned communications to move all stakeholders along the continuum from awareness, understanding, commitment and leadership in the new integrated model

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So what is the LHIN Doing to Promote / Facilitate Change

- **Set the Vision, Strategic Direction and the Goals for the local system**
 - Where do you want the local health system to go?
- **Establish a Plan**
 - Bring together the stakeholders in the development of a plan that will take everyone there
- **Focus on Collective Interests**
 - Patient experience and the Quality agenda
- **Support and Reward Leadership!**

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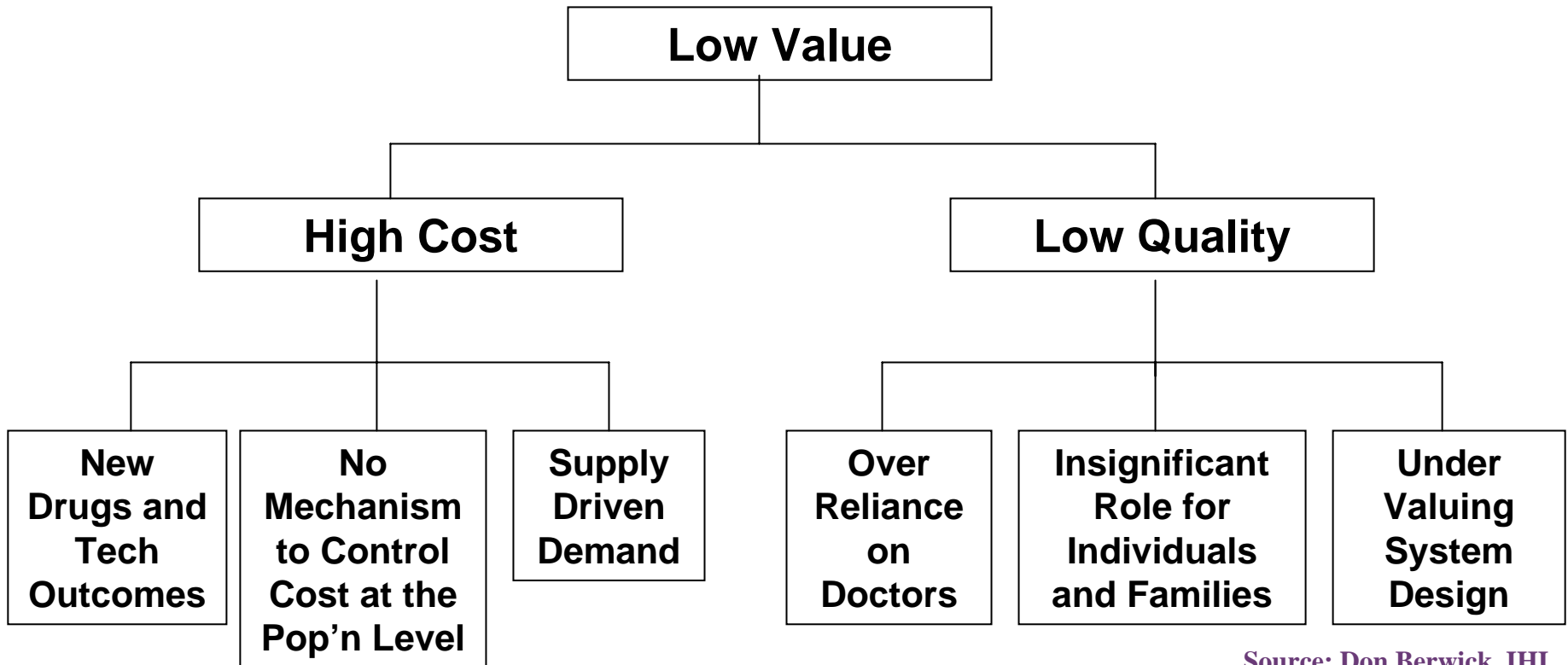
Where are you starting from?

**Create a realistic
picture of your
current reality
that appeals our
shared interest in
making things
“better”**



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We are Here... A Low Value Health System



Source: Don Berwick, IHI

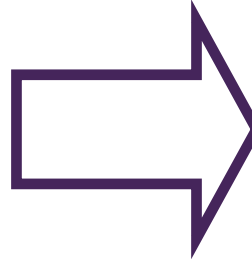
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We want to go here... our Vision!

Engaged Communities	Healthy Communities
<p>People are supported and proactively engaged in</p> <ul style="list-style-type: none">• managing their own health and wellness• providing direction and solutions for their health care system and their LHIN• coordinating the delivery of timely health care services	<ul style="list-style-type: none">• Supportive and sustainable environments that address the social determinants of health and cultural competency• Timely and equitable access to care• The health of the population has improved
<p>Values: Accountability. Responsiveness. Respect. Integrity. Innovation. Equity.</p>	

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CE LHIN Strategic Directions



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1. The LHIN Board will lead the transformation of the health care system into a culture of interdependence.

THE LHIN ORGANIZATION

WILL:

- Demonstrate accountability and systems-thinking in all decision-making and leadership actions
- Reward innovation which is aligned with the IHSP
- Model fair, transparent, and honest interaction with one another and with HSPs

THE LHIN WILL:

- Bring forth integration opportunities aligned with IHSP
- Self-organize to solve problems
- Proactively manage their organizations beyond organizational boundaries (e.g., geographic catchment, etc)

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Three Years from now, in the Central East LHIN:

- Evidence-based decisions are understood by all
- Providers have self-initiated service improvements and assumed accountability in partnership with other providers
- There are no surprise decisions by the LHIN or HSPs
- Rewards take many forms and are frequent (ie., acknowledgement, latitude, monetary, etc)
- HSPs understand each other's contribution to health system performance
- Pooling of resources to reach common objectives is actively demonstrated

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3. Create an integrated system of care that is easily accessed, sustainable and achieves good outcomes.

THE LHIN ORGANIZATION

WILL:

- Engage the community to identify opportunities to enhance their healthcare experience
- Create and implement strategic plans such as the IHSP that will serve as a guide for local decisions on healthcare

THE LHIN WILL:

- Align their service and strategic plans to the goals and objectives identified in the IHSP
- Participate in LHIN planning activities and support implementation
- Self-identify opportunities that advance the performance of the local health system

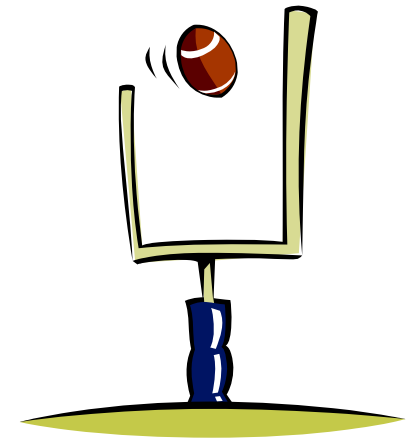
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Set Big Goals that propel you to the Vision



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Big Goal # 1



**Save 1,000,000 hours spent by
patients waiting in hospital
Emergency Departments by 2013.**

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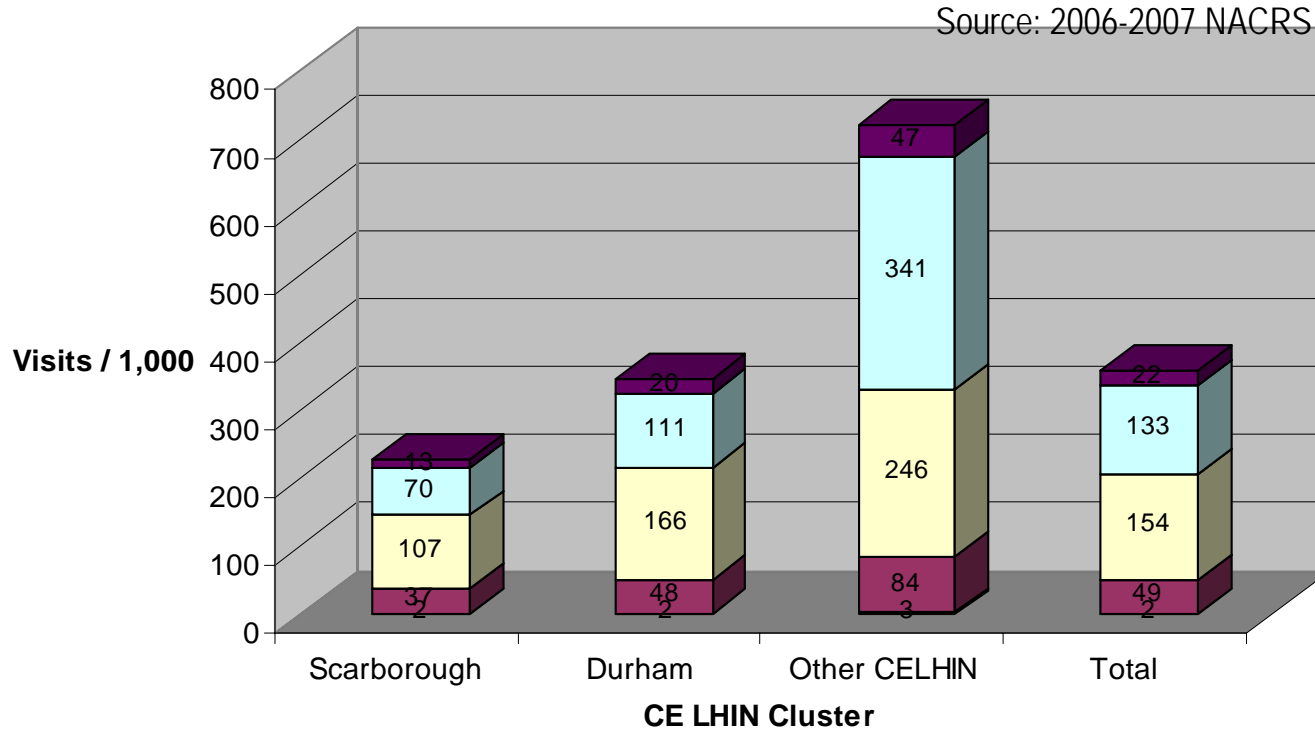
Big Goal # 1 : 1 Million Hours in the ED

- How:
 - **By reducing ED demand**
 - **By reducing the amount of time patients spend in the ED**
 - **By reducing ALC**

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Big Goal # 1

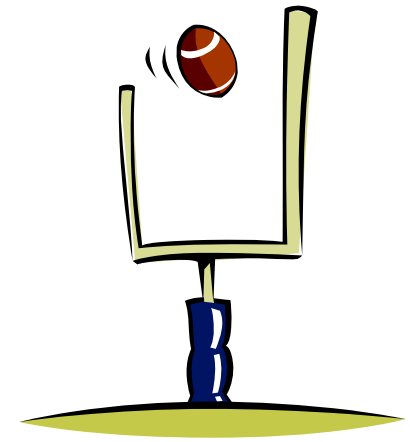
Unscheduled ED Cases / Visits per 1,000 Population CELHIN Residents



- 1-RESUSCITATION/LIFE THREATENING
- 2-EMERGENT/POTENTIALLY LIFE-THREATENING
- 3-URGENT/POTENTIALLY SERIOUS
- 4-LESS-URGENT/SEMI-URGENT
- 5-NON-URGENT

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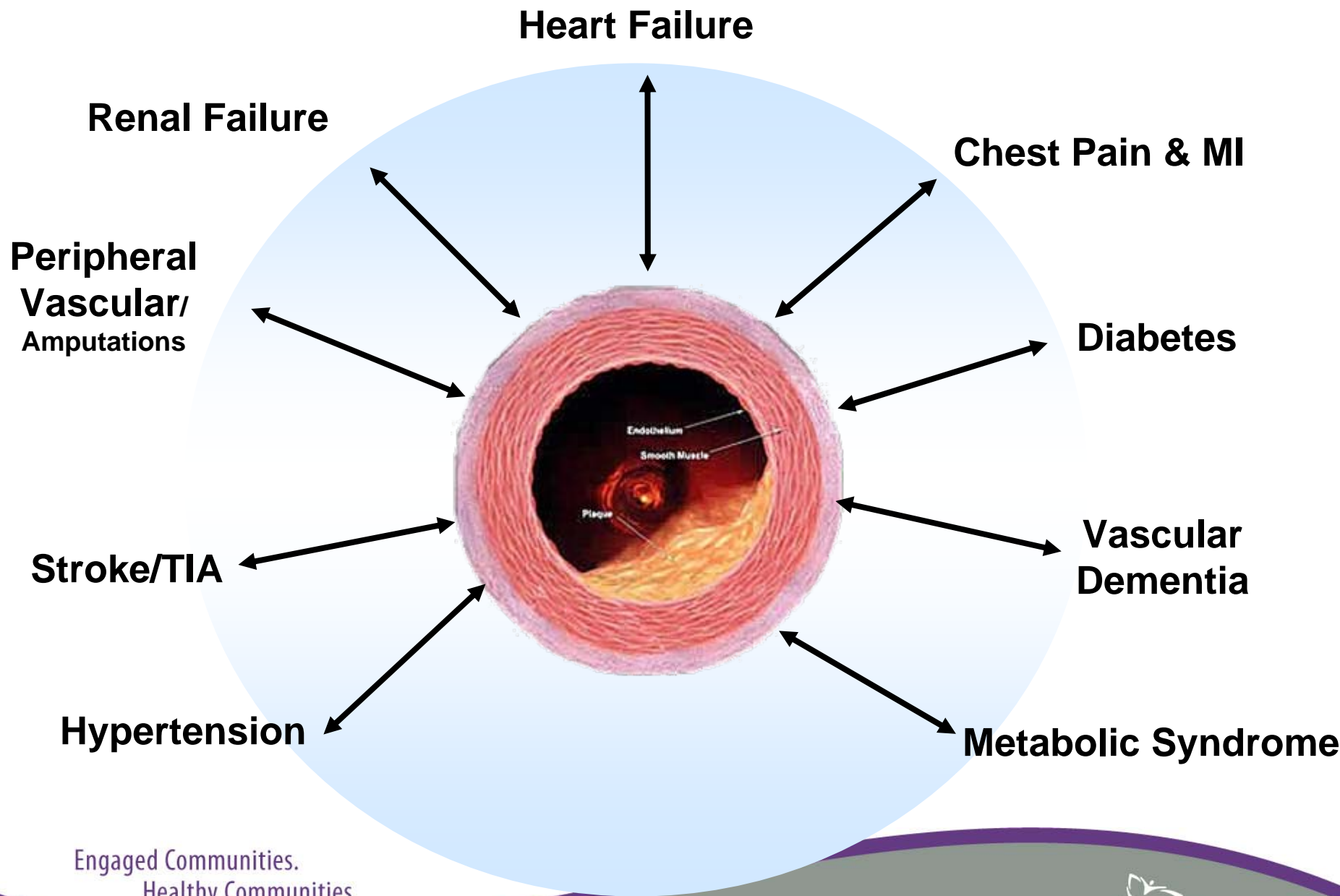
Big Goal # 2



Reduce Impact of Vascular Disease by $X\%$ by 2013

X to be determined!

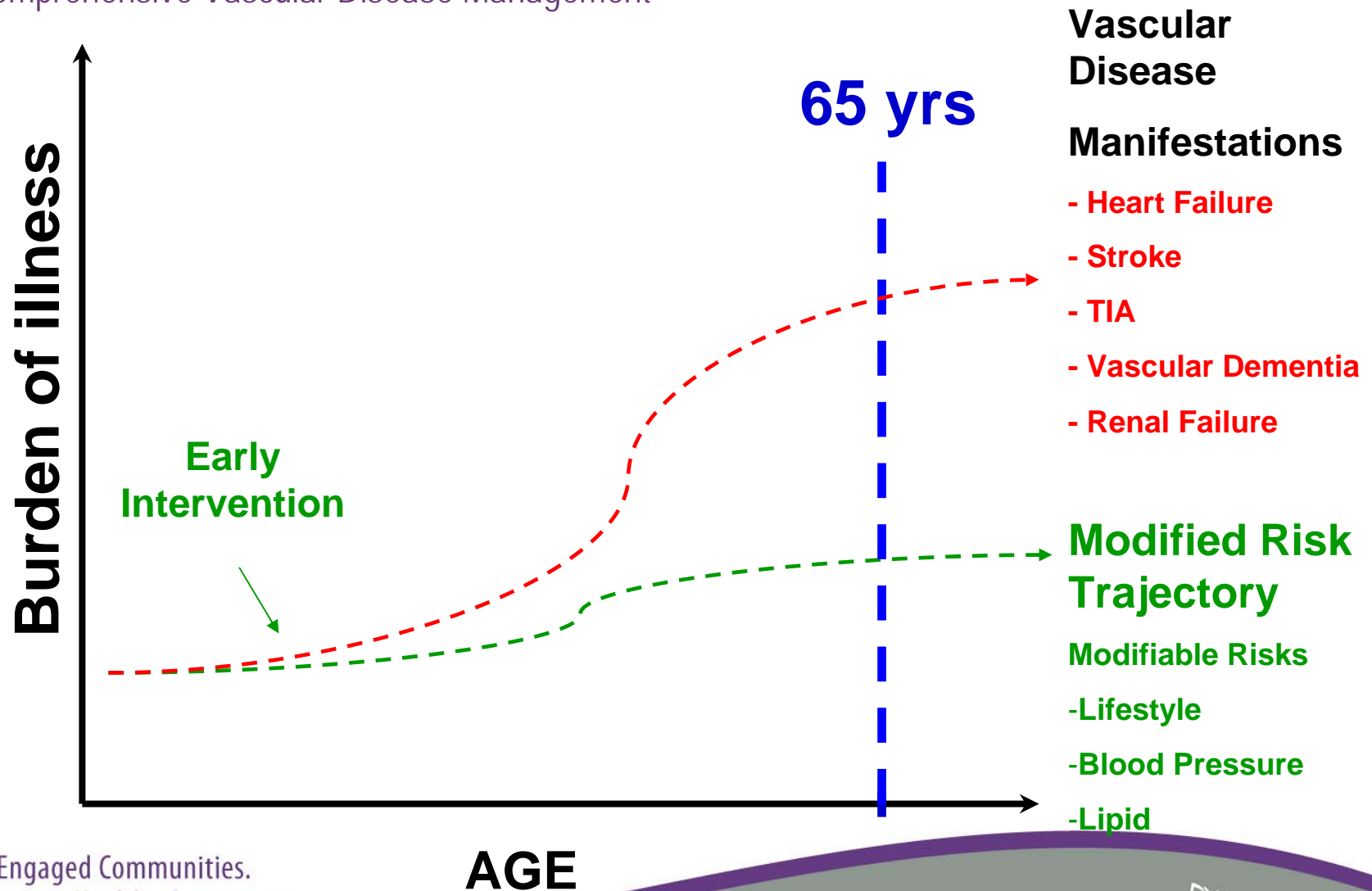
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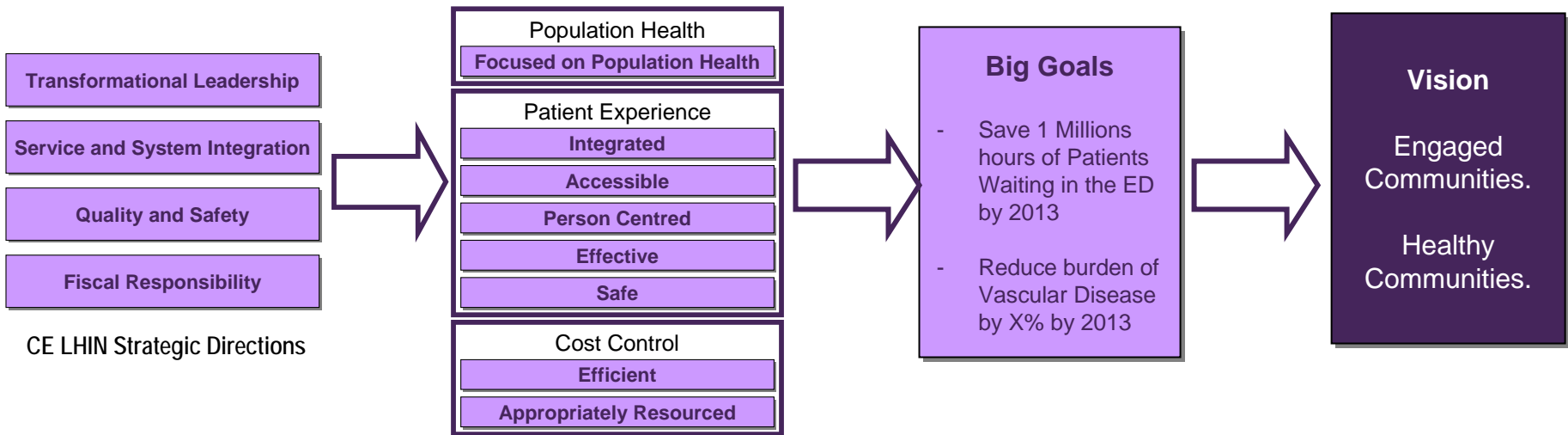
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Big Goal # 2

Comprehensive Vascular Disease Management



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Strategic Directions

Overall Goals for Health System Transformation

Transformational Leadership

Quality and Safety

Service and System Integration

Fiscal Responsibility

Health Care Priorities

Our initial focus for system change

Mental Health and Addictions

Seamless Care for Seniors

Chronic Disease Prevention & Management

Wait Times & Critical Care

Enablers

Common ways in which we will achieve our goals

Primary Health Care

e-Health

Health Services Planning

Health Human Resources

Back Office Transformation

Diversity

Moving People Through the System

System Outcomes

How we will evaluate our strategies

Accessible

Effective

Efficient

Safe

People Centred

Integrated

Appropriately Resourced

Equitable

Focused on Population Health

IHSP 2009-10 Strategy Map

TOOLS

Community Engagement & Planning Partnerships

Accountability Agreements

Resource Investments in Capacity

Decision Framework and Project Management

**VISION:
ENGAGED COMMUNITIES.
HEALTHY COMMUNITIES.**

*Quality & Patient
Experience*

*must be the driver of
our change agenda*

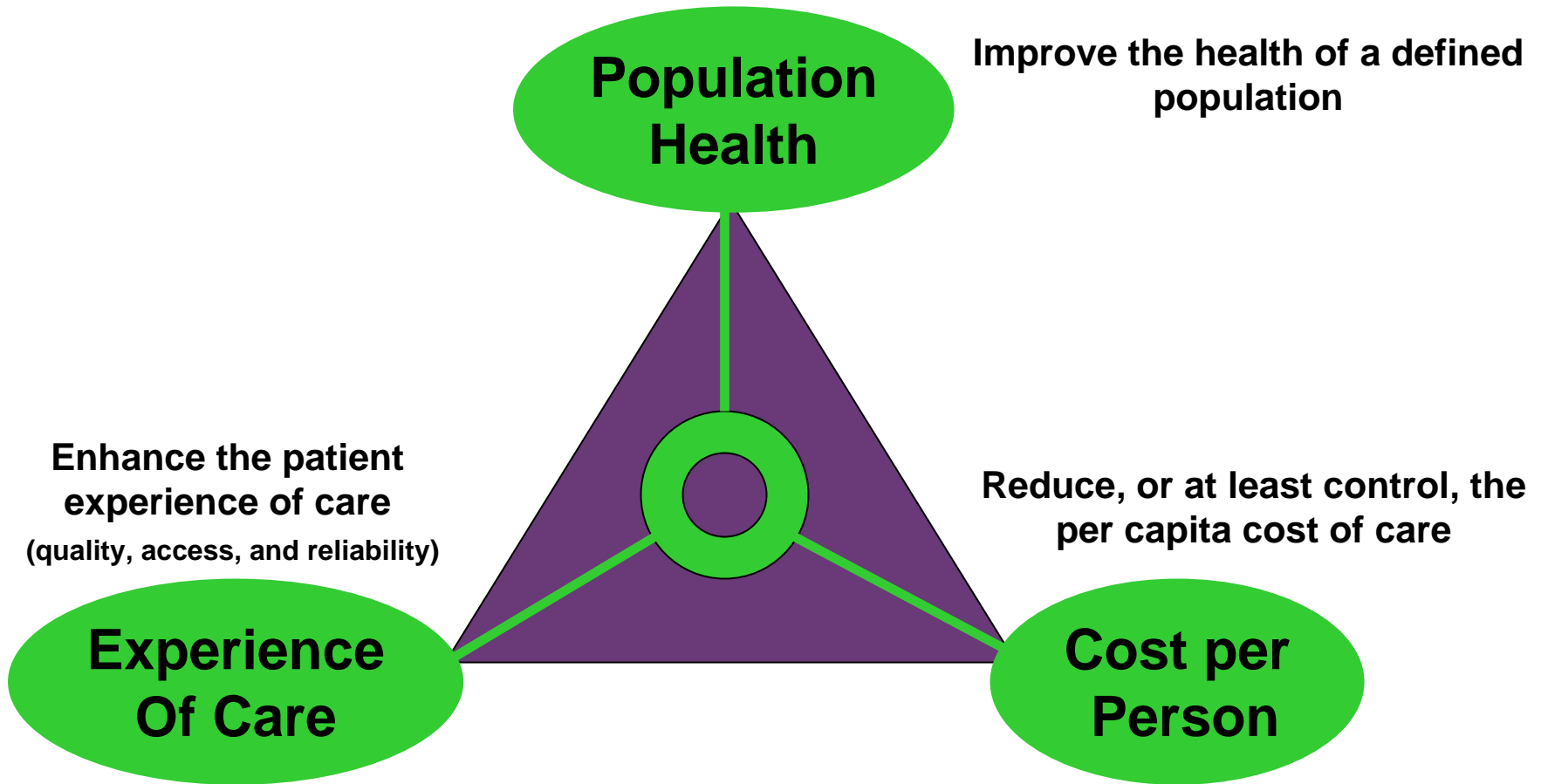


**"I don't think you're strong
enough to get out of bed yet."**

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The Triple AIM

IMPORTANT:
Simultaneous pursuit of ALL Three AIMs



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**INSTITUTE FOR
HEALTHCARE
IMPROVEMENT**

The Clinical Services Plan Vision

‘One Acute Care Network’

Improved and equitable patient access
to an **integrated hospital** system
that provides the **highest quality** of care
across the Central East LHIN

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'One Acute Care Network' – Role of Clusters

All Hospitals Working Together to create a Network of Care ...

Clusters do not create boundaries for clinical care but create planning and service delivery areas that better reflect the needs of local communities within the large geography of the CELHIN.

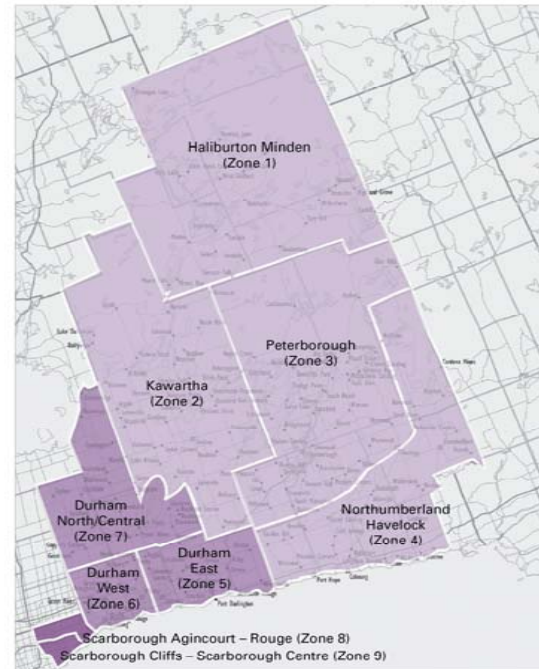
Each cluster would facilitate:

- Patient access locally supported by single point of referral for treating health professional
- 24/7/365 specialist coverage
- Integrated clinical care

and be supported by:

- LHIN-wide leadership accountable for each clinical service

CENTRAL EAST LOCAL HEALTH INTEGRATION NETWORK (9)

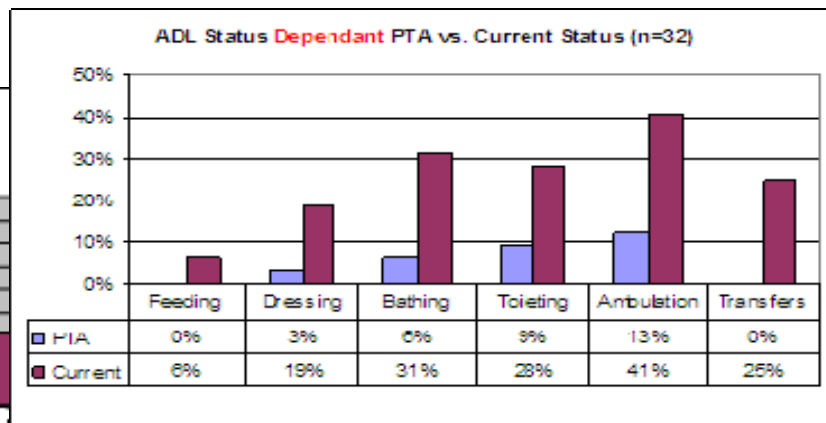
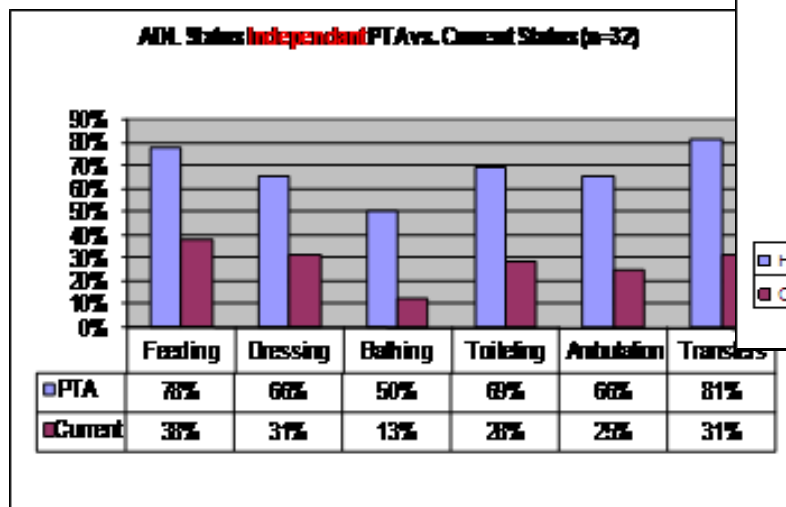


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Quality of Care and Patient Experience: Addressing ALC

- **Soon to be published Peer Review of a Hospitals' ALC Challenges**
examined Activities of Daily Living and Mobility Data of 30 ALC patients
 - Patients showed consistent declines in ADLs from independent status prior to admission to supervised, assistance required or dependent status in every area of self-care since their admission to hospital
 - e.g. 78% could feed themselves PTA and only 38% were able to do so on day of audit

Quality of Care and Patient Experience: Addressing ALC



- The longer a patient remains in the hospital the more likely they will experience functional decline...thus require additional supports to return home
- Patient who requires assistance or is dependent on others for self-care is at higher risk of requiring LTCH placement

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Quality of Care and Patient Experience: Addressing ALC

- The peer review examine the reasons for delay for discharge for clients (n=30) and found that
 - 50% needed assistance with ADLs and/or mobility and strengthening
 - 4 had pain management or palliative care needs
 - 4 had social barriers
 - 1 no plan
 - 2 pending discharge home
 - Only 4 waiting for LTCH

Key Messages for Yee Hong Centre

- Yee Hong is an established leader committed to quality, innovation, and integration
- Quality and patient experience (e.g., diversity) is woven into your culture
- Leverage this position, and bring other LTC into the broader integration and quality agenda
- Consider your own “big dots” and how they would support the two system goals of the CE LHIN

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THANK YOU!

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