

Remarks by Deborah Hammons, CEO, Central East LHIN
May 5, 2010 – CHECK AGAINST DELIVERY

“Thank you Jeanne. And thank you Foster for your motivating and insightful reminder of our vision, mission and values that will continue to propel us forward.

Ladies and gentlemen, my name is Debby Hammons and on behalf of the Staff of the Central East LHIN, I would like to welcome you to our 4th Annual Symposium “Save a Million Hours! Save Ten Thousand Days!”

Foster has shared with us an in-depth examination into our mission statement and the guiding principles behind it. In doing so, he has briefly introduced our two Integrated Health Service Plan Strategic Aims. I will take this opportunity to delve deeper into these Strategic Aims by providing what some may call a “state of the union” – where we are, where we are going, and what we hope to achieve today.

Before doing so, I would like to recollect briefly on our previous Integrated Health Service Plan and some of our accomplishments. It would be wrong to assume that the new IHSP represents a clean break with the past. On the contrary, the first IHSP set the foundation for current Plan. In fact, I expect our collective hard work over the past three years will pay dividends going forward.

In our first IHSP we identified four priority areas.

- Mental Health and Addictions Services
- Seamless Care for Seniors
- Chronic Disease Prevention and Management
- Wait Times and Critical Care

We then laid out 117 unique action items to support these four priorities. The implementation of these priorities and action items required the coordinated efforts of hundreds of individuals from across the Central East region. These individuals, whether organized by health service providers, or into Collaboratives, Networks, Task Groups and Project Teams – lent their energy and expertise in identifying and realizing opportunities for health care improvements. Their insight and input was invaluable and their hard work and dedication to the residents of the Central East LHIN resulted in new priority projects and programs – some of which have had an impact well beyond the borders of this LHIN – informative reports, recommendations for improvement, new relationships and dialogue and much more.

In a summary report yet to be released, we will review the encouraging implementation results of the first IHSP. Of the 117 goals identified, 95% have either been completed, linked to another initiative or project or are currently underway.

As I have suggested, some of the accomplishments over the past three years have provided us a “head start” on the Strategic Aims of the new Integrated Health Service Plan. Before giving examples, let me recap those Strategic Aims:

Our Emergency Department Strategic Aim is to

Save 1,000,000 Hours of Time Patients Spend in Central East LHIN Emergency Departments by 2013.

This will be accomplished by reducing avoidable ED Visits, improving Emergency Department length of stay performance, and improving hospital capacity largely through reducing Alternate Level of Care or ALC.

Our Vascular Strategic Aim is to

Reduce the Impact of Vascular Disease in the Central East LHIN by 10% by 2013.

The progress towards this aim will be measured by a reduction in hospital inpatient days attributed to a vascular condition, such as stroke, diabetes, heart and kidney disease, and vascular dementia. This aim will be accomplished through primary and secondary prevention, improving acute care delivery, reducing adverse events, system coordination and education.

The Vascular Strategic Aim is a direct descendant of the first IHSP Chronic Disease Prevention and Management Priority, the provincial CDPM

Framework and the Central East LHIN Clinical Services Plan. As a LHIN we have made significant strides over the past three years that are reaping rewards in the goal of reducing vascular impact by 10% or 10,000 hospital in-patient days.

Take for example the Chronic Disease Self-Management program for Consumers and Caregivers. The Self-Management program was an ambitious plan to deliver a standardized, coordinated delivery, broadly accessible and free resource to help people better manage their chronic conditions. If successful, it would be the first of its kind in Ontario and one of the few regional coordinated programs in Canada. Thanks to the vision, perseverance and hard work of leaders in our LHIN like Margery Konan – the Self-Management program truly is a made-in-Central East LHIN success story!

In less than two years:

- 1435 residents participated in 112 self-management workshops across all regions of the LHIN.
- The program has trained 206 Peer Leaders, 253 graduates from Leader Training, and 37 Master Trainers.

Not satisfied with second highest growth rate in Chronic Kidney Disease and dialysis among all 14 LHINs, Central East LHIN physicians, administrators and First Nation leaders like Dr. Paul Tam, Dr. George Buldo, Helen Leung, Helen Brenner, Jay Wilson, and Chief Marsden came together to implement various programs that would improve the quality of care for individuals with

– or at risk of – Chronic Kidney Disease through prevention, early detection, enhanced referrals, timely diagnosis and self-management. The results are impressive:

In Scarborough:

- Over 3700 individuals screened over 129 screening clinics carried out at 71 locations in Scarborough. Of those screened, 38% demonstrated risk factors
- 90 pre-screening workshops to promote CKD awareness, with over 11,000 tracks of Kidney Health education disseminated in multiple languages such as Chinese, Tamil, Punjabi

In four First Nations in the North East Cluster of the CE LHIN,

- Screened 555 clients (total >19 =670), with almost 50% identified at risk for CKD. Of this number, 18 clients were diagnosed as having End Stage Renal Disease 3, and 5 clients End Stage 4

And at Lakeridge Health, the objective was to implement a comprehensive program to support Chronic Disease Management and Self Management among its dialysis patient population, and to support the uptake of alternative home-based dialysis modalities. The results and legacy are truly remarkable! Tools developed through this program are now being shared provincially as best practice. Through a focus on home modalities and quality improvement, Lakeridge Health is not only reporting better patient

outcomes and satisfaction, but has realized an estimated \$1.9 million dollars in savings to the CKD program.

Reducing the burden of vascular disease will not only be achieved through primary prevention, but also be delivering better acute care in our hospitals. That is why the LHIN recently funded RVHS Code STEMI – or primary PCI – to support the Durham and Scarborough Regions. By providing immediate access to interventional cardiology and PCI at RVHS, not only was the LHIN delivering on one of the recommendations of the Clinical Services Plan, but we were also reducing the impact of Vascular disease and improving Emergency Department performance. Code STEMI has shown to not only to improve patient outcomes, but it also reduces Emergency Department Length of Stay and overall Hospital Length of Stay. This investment would not have been possible without the vision of leaders in our LHIN like Dr. Joe Ricci, Dr. Peter McLaughlin, Natalie Bubela and Jayne White.

And provincially, this LHIN with the support of people like Kasia Luebke of PRHC, have provided the leadership to re-tool and sustain the provincial Telestroke program. Compared to our LHIN counterparts, the Central East LHIN is heavily dependent on Telestroke in order to support our District Stroke Programs and community hospitals deliver tPA. Without Telestroke, we would not be able to provide timely, effective treatment to Stroke Patients in our EDs, resulting in significant reductions in patient health outcomes and increased hospital and health care utilization.

In all of these achievements, the theme of better health, better care and better value resonate loudly!

Turning to the ED Strategic Aim.... to this we also received a significant boost in our first IHSP when we identified Emergency Department access and ALC as a IHSP priority. We established two Task Groups who examined the issues, challenges and opportunities facing this LHIN and put forward many recommendations. Largely through our Aging at Home Strategy, we have made significant investments based on these recommendations including expanding the Geriatric Emergency Management Nurse positions to 9 CE LHIN Emergency Departments, expanded supportive housing capacity, improved discharge planning and coordination between the CCAC and hospitals, funded transportation and settlement services such as the Home at Last program, built capacity across the system through Nurse Practitioner outreach teams to long-term care, and made significant strides in the application of process improvements such as LEAN that have removed non-value added processes are both inefficient, ineffective and are detrimental to the overall patient's experience.

And since the second year of the Emergency Department Pay for Results Program, we have begun tallying ED visits avoided, ED hours and ALC days saved. Here are some examples:

- The addition of a Physician's Assistant at Ross Memorial Hospital saved 8,000 hours of ER time in only five months

- In a partnership with Community Care Kawartha Lakes, the Ross Memorial has implemented a Wrap Around Service that focuses solely on addressing the question of “what does this patient need to return and remain home safely.” Through this partnership over 2,000 ALC days have been saved.
- The Ambulatory Care Area at Rouge Valley Centenary has saved over 41,000 ER hours. The magnitude of this achievement is even more impressive given Rouge Valley Centenary has experienced a 13% increase in ED volume.
- Dedicated CCAC Case Managers in CE LHIN Emergency Departments prevented 1400 repeat Emergency Department visits, corresponding to a minimum of 5,180 ER hours saved.
- Lakeridge Health realized over 3700 ALC days saved within a period of seven months through a transitional care program operated by the Village of Taunton Mills retirement home.
- The Mental Health ED Avoidance Coalition – comprised notably of Lakeridge Health, Rouge Valley, Durham Mental Health Services, United Survivors, CMHA Durham and Ontario Shores - implemented six initiatives which prevented 400 Emergency Department visits, corresponding to a minimum of 1,480 ER hours saved. This was a major quality improvement undertaking that has had a direct impact on the provincial mental health and addictions strategy.

- Through its ED-Performance Improvement Plan and Rapid Admission unit, the Scarborough Hospital has saved over 57,000 hours of ED time. The contribution of ED PIP to patient flow has been very positive. From small changes in processes such as wayfinding and equipment location to large processes such as the See and Treat Model in the Rapid Assessment Zone, and patient flow whiteboards on medical units.

We have already begun measuring hours saved in emergency rooms (ER), and last year surpassed the 300,000 hour mark!

While the Central East LHIN has demonstrated significant provincial leadership in Chronic Disease Management and Vascular Health, the same unfortunately is not the case in Emergency Department performance and ALC. In this regard, we are in the middle of the pack. For despite the achievements noted above, considerable challenges continue. Consider:

- ED demand is below the provincial average, but has remained steady
- ED performance for lower acuity patients discharged home is improving slightly, it is not meeting our performance targets.
- ED performance for admitted patients is our biggest challenge, and only minimal improvements have been realized across the system. A major cause of this is our very high rates of ALC.

This brings me to our purpose today...

Although the sentinel measure of both Aims is hospital-related, they are dependent upon the broad continuum of care. Success can be achieved only with the continued efforts of all service providers to align their current activities to the achievement of these Aims and by collaborating with the LHIN to develop indicators for regular reporting on the contribution of these activities to the Aims.

Therefore, we are asking you during your break out sessions to:

- Identify a small number (1-3) of current activities or programs that contribute directly to one or both of the two Aims,
- Provide a rationale as to why those projects should be included as contributing to the Aim measurement.

At today's break-out sessions, sector-based (Acute, Community, and Long Term Care) and cluster-based (Scarborough, Durham, North East) discussion groups will have the opportunity to discuss the activities that the sector leaders have identified.

The goal of today's break-out sessions is to:

- Achieve consensus within sectors as to which current activities are already aligned with the two Strategic Aims.
- Identify which current activities could be modified to be in alignment with the two Strategic Aims.

- Develop a simple logic model for each agreed-upon activity that maps how the outputs of that activity contribute to one or both of the two Strategic Aims.

The selected activities should be clearly defined, and include existing performance monitoring tools/metrics where these exist. Where they do not, articulation of the logic model will assist you in discussing how to develop monitoring tools/metrics to map initiative level performance to Strategic Aim contribution.

The ideas and plans generated today will help to establish a broader system implementation plan for achieving the Strategic Aims over the next three years. They will be important information and inputs to our new Strategic Aim Coalitions. Once agreed upon by the Coalition, stakeholders and the CE LHIN, these activities will be rolled up into the public reporting on the Strategic Aims.

Speaking of Coalition Members, I would like to acknowledge in advance the leadership and commitment of these individuals for their willing to serve on the Strategic Coalitions. Take time to talk to them today, share with them your thoughts and ideas, they are here to help all of us. At present, the members of our Strategic Coalitions are:

VASCULAR AIM COALITION

- Helen Brenner – Vice President, Patient Services and Chief Nursing Executive, Northumberland Hills Hospital

- Natalie Bubela – Vice President Regional Programs, Program Integration and Chief Nursing Executive, Rouge Valley Health System
- Laszlo Cifra – Program Director, Aging at Home, Central East CCAC
- Dr. Howard Clasky – Director, Intensive Care Unit, The Scarborough Hospital
- Ethel Doyle – Patient Care Director, Nephrology and Diabetes, The Scarborough Hospital
- Jillian Ghesquiere – District Stroke Centre Coordinator, Lakeridge Health Corporation
- Margery Konan – Senior Manager, CE LHIN Self-Management Program, Central East CCAC
- Helen Leung – Executive Director, Carefirst Seniors and Community Services Association
- Kasia Luebke - District Stroke Centre Coordinator, Peterborough Regional Health Centre
- Heather Munro – Metabolic Health Educator, Metabolic & Weight Management Clinic, Ontario Shores Centre for Mental Health Sciences
- Dr. Joe Ricci – Program Chief, Cardiac Care, Rouge Valley Health System
- Dr. Andrew Steele – Nephrologist, Diabetologist and Internist, Lakeridge Health Corporation
- Jay Wilson – Director Special Projects Nephrology, CE LHIN Renal Network Coordinator, The Scarborough Hospital
- Dr. John You – Vascular Surgeon, The Scarborough Hospital

- Murad Younis – Owner, Operator, Westmount Pharmacy
- Long-Term Care Home Representative - TBD
- Primary Care Representative – TBD
- Regional Diabetes Coordinating Centre - Medical Leadership - TBD

ED AIM COALITION

- Rob Adams – Executive Director, Durham Mental Health Services
- Elaine Burr – Director, ER/ICU and Ambulatory Care,
Northumberland Hills Hospital
- Keith Cameron – Patient Care Director, Mental Health, The
Scarborough Hospital
- Dr. Thomas Chan – Chief, Emergency, The Scarborough Hospital
- Linda Dacres – NP Clinical Director, Central East CCAC
- Randy Filinski – Member at Large
- Jean Kish – Program Director, Acute/Transitional Care, Central East
CCAC
- Elizabeth Loftus – Interim Executive Director of Home Care,
Southeast District, VON
- Sheila Neuburger – Vice President, Clinical Services, Ontario Shores
Centre for Mental Health Sciences
- Lisa Shiozaki – Vice President Patient Services, Lakeridge Health
Corporation
- Carol Smith Romeril – Vice President Patient Care & CNE, Ross
Memorial Hospital
- Clara Tsang - Geriatric Emergency Management Nurse, Rouge Valley
Health System

- Brenda Weir – Director Emergency and Medicine, Peterborough Regional Health Centre
- Cheryl Williams (Dianna Harrison as delegate) – Vice President Acute Care Services, Rouge Valley Health System
- CCGA/GAIN - Medical Director - TBD
- ED LHIN Lead
- Long-Term Care Home Representative - TBD
- Primary Care Representative – TBD

Thank you very much to all of you for your past, current and future support. We are collectively relying on each other to achieve these goals and I for one am optimistic that we can do this together!

Now it is my very great pleasure to introduce...Dr. Mark MacLeod.”

Dr. Mark MacLeod, who was just elected President of the Ontario Medical Association this past weekend, completed medical school (1988) and orthopaedic residency (1993) at the University of Western Ontario. He then completed fellowships in Vancouver (1995, Orthopaedic Trauma), Pittsburgh (1996, Adult Reconstruction, Pelvic and Acetabular Surgery), and Lecco, Italy (Ilizarov techniques). He has been in the Orthopaedic Division of the Department of Surgery at the University of Western Ontario from 1996 to present. His surgical practice includes orthopaedic trauma, foot and ankle surgery, and adult deformity surgery.