

REMARKS BY FOSTER LOUCKS, CHAIR, CENTRAL EAST LHIN BOARD OF DIRECTORS
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CHECK AGAINST DELIVERY

Welcome to our Fourth Annual Symposium – Save One Million Hours! Save Ten Thousand Days. It has been quite a journey since our first Symposium in 2007. Along the way we as a LHIN and a health care system have become a little wiser having accomplished so much but realizing that the cupboard is not bare of new and persistent challenges. Success and failure have been experienced, both of which embolden us to continue to face the important work that remains undone, incomplete and perhaps even unknown.

But despite lessons learned and changing clinical, economic and political climates, new Integrated Health Service Plans and new priorities – what has remained constant is our values, our vision, and our commitment to engaging the health care consumer and improving their health care experience through integration. It is these things – values, mission, mandate – that unites the past with our collective future.

With this in mind, I would like to take this opportunity today to share and explore with you the new Central East LHIN Mission Statement. I trust that most of you are already aware of the CE LHIN Vision Statement of “**Engaged Communities. Health Communities,**” and our Strategic Directions of **Transformational Leadership, System and Service Integration, Fiscal Responsibility, and Quality and Safety.** This vision, strategic directions and our values remain unchanged. But until now we did not have a Mission Statement, which is:

*“To lead an **integrated, sustainable healthcare system** that ensures **better health, better care and better value.**”*

In order to understand what motivates this mission, I would deconstruct the whole into its key parts and share what we thinks this means for patients, clients, health service

providers within the Central East LHIN. Specifically, I would like to focus on the terms “**integrated**”, “**system**” and the phrase “**better health, better care, and better value.**”

But before taking the dive into these elements of our mission, it is important to ask “**for whom?**” For whom are we striving to create an integrated system that is sustainable and provides better value?

The answer seems so obvious, but sometimes because we have become so accustomed to its familiarity that it is neglected, forgotten or just plainly taken for granted. **The answer is the patient and the client that you serve each and every day.**

Increasingly the LHIN at all levels is using **patient stories** as a means of elucidating the very real challenges facing the health care system, such as the lack of integration, the sub-optimal health outcomes we obtain when we don’t address the needs of the whole person by working as a unified, integrated system.

Stories bring people together – they help us put aside our territorial concerns in the search for shared solutions – **ONE PATIENT AT A TIME!**

Three years ago we embarked on a partnership with the **Institute for Healthcare Improvement (or IHI)** and over three dozen healthcare organizations worldwide in an ambitious initiative called the **Triple Aim**. In previous Symposiums and meetings we have presented the Triple Aim as an overall Framework for realizing system quality improvements. I will refer more to the Triple Aim throughout my remarks, but the important first step in the Triple Aim is to first **define QUALITY** (that is, better health, better care and better value) **through the lens of the patient or a population**. Patient experience stories are used to begin the process of defining quality from that perspective.

Here is a true example:

Cynthia, 10 years old, came down with symptoms of an ear infection on a Tuesday. By Thursday her parents knew she needed a doctor. However, their family doctor couldn't see Cynthia for 10 days. They suggested an after hours clinic but all the available appointments were booked. On Monday night she woke up several times crying so at 3 a.m. her parents got up and drove to the emergency department. The hospital staff were very understanding when Cynthia's parents apologized and explained that they had tried to see their family doctor or the after hours clinic. After 4 hours in the ED, Cynthia and her parents left home, grateful if not tired and frustrated.

How would Cynthia and her parent's describe "quality" based on her experience? *How would you define it?*

I am sure all of us could describe what the problems are in the system that may have contributed to Cynthia's experience. They are well known and versed. In this example, lack of accessible primary care services resulting in avoidable ED visits. Frequently, at the point where the failure is experienced there is a tendency to point cause or blame elsewhere in the system. From a patient's perspective, this is a culture of silos where there is lack of collective responsibility in helping manage the patient experience and outcomes across the continuum. In a culture of silos, failures are because someone else didn't do their job. In a patient-centred culture, failures in one part of the system represent a collective responsibility to overcome.

Our collective journey to achieve an **integrated health care system** must be motivated by an **overarching commitment to quality improvement** on behalf of the people we serve.

Integration and Quality improvement are synonymous: They are both systematic efforts to reduce errors, non-value added processes or "waste" in order to improve the client experience while improving the return on our investment. Quality improvement

doesn't happen overnight – but requires the on-going diligence of governors, managers and front-line staff to support a culture of patient-centred **innovation, learning and spread**. In this regard, Quality in a single health care organization is not the sole domain of clinicians, front-line staff, administrators, governors. It is a **collective responsibility** of all parties. Similarly, Quality in a health care system is not the sole domain of hospitals, long-term care, primary care, community services – it is a collective responsibility of the system. This is the true challenge of health care governance today: While overseeing the financial and fiduciary responsibilities of their organization are well defined – boards must now closely monitoring the quality and client experience as they are drivers to their own organization's "bottom line" AND – with the advent of LHINs – they must also be pursuing system and service quality improvements through engagement and integration with other health care providers. These efforts must be directed to achieving **measurable results** in support of the government priorities and their accountabilities to the funder.

This point of "**measurable results**" – brings me to the other key phrase of our mission statement – "*ensuring better health, better care, and better value*". These three areas are the pillars of the Triple Aim Framework. The Triple Aim is a growing global enterprise that is spearheaded by the Institute for Healthcare Improvement – an organization at the forefront of healthcare quality improvement efforts globally. The Triple Aim challenges health systems and health care providers to achieve **simultaneous improvements** in population health, patient experience and value for money. This is no small challenge as frequently our system tends to focus on one or two of these aims without the others. But fundamental to the Triple Aim is the tested theory that improvements in patient experience and health lead to tangible improvements in cost-containment and value-for-money.

While reaching for this Triple Aim, we must be very clear on what our results will be. Locally, Ontario's own Dr. Tom Chan of the Ontario Health Quality Council has challenged all parts of the healthcare system – and in particular our Board – to be **very specific on the improvement goals** we set in order to track progress towards their

achievement. In other words, we need to be very clear on **WHAT** we want to achieve, by **HOW** much, and by **WHEN**.

It is this challenge that has shaped our new Integrated Health Service Plan and the activity of our Board and Staff alike. In our new IHSP we have set two new **Strategic Aims**, they are:

1. Save 1,000,000 Hours of Time Patients Spend in Central East LHIN Emergency Departments by 2013.
2. Reduce the Impact of Vascular Disease in the Central East LHIN by 10% by 2013.
(measured in prevented hospital inpatient days which is the equivalent of 10,000 days).

Why did we choose this approach? The Central East LHIN has an accountability to the Ministry of Health and Long-Term Care to reduce Emergency Department Wait Times and ALC. We also anticipate new accountabilities related to hospital and ED readmission rates of selected priority populations.

Correspondingly, selected hospitals have similar accountabilities to the CE LHIN through our Pay for Results Program. In keeping to our role as the **system integrator**, our vision and our new mission, we sought a means to which to engage the entire healthcare system to achieve the strategic directions of the MOHLTC, the LHIN and hospital accountabilities. Increasingly, the entire healthcare system is engaged in the attainment of hospital specific measures such ED visits, return visits to the ED, ED Length of Stay, hospital admissions and discharge.

Recently, and now specifically today, we are challenging all of you to identify current opportunities and solutions that move us collectively to the achievement of these **Strategic Aims**. No contribution is too small – in fact it is often the small, subtle contributions and improvements that tip the scales from failure to success.

While a formal articulation of our mission, the specificity of the Strategic Aims and our focused dialogue today will be new, the spirit that guides us forward remains the same. Two years ago our Symposium's Theme was "Authenticity, Abundance and Alignment." At that time we had not fully encountered the reality of the economic challenges facing this province and our health care system. I often reflect on the relevance of that message and approach of Authenticity, Abundance and Alignment given our present state of affairs and question if it is still relevant today. What I have come to realize, however, is that if we are going to succeed in achieving our strategic aims, if we are going to deliver on our mandate to establish an integrated, sustainable and patient-centred health care system, if we are to succeed TODAY, then we must be motivated by symbols and language of Authenticity, Abundance, and Alignment. For as I stated two years ago, through them "we might uncover powerful forces of innovation and genuine change... [that the] enduring challenges in our health care system requires new thinking and willingness to engage in new conversations and partnerships. This is the meaning of **Authenticity**. No longer does any one part hold the solution for the whole - rather the solution lies within the collective of the system itself. A collection of parts working independently results in a dialogue of "scarcity" and "competition" - whereas a collection of parts working together as a system reveals a richness of intellect and resources. This is the spirit of **Abundance**. Putting this altogether - Authenticity and Abundance, the healthcare system can truly start to **Align** itself towards common goals and a single vision on behalf of the people who use it."

If you haven't already done so, as a token of your personal commitment to these values, mission and strategic Aims, take a moment to sign the poster outside. Through your signature, you are making a statement of your intent to "lead an integrated sustainable health care system that ensures better health, better care and better value." It is your willingness to raise your aspirations, and to work in collaboration in the achievement of the Strategic Aims.

I look forward to the work today and tomorrow, as together we come closer to realizing this vision and mission, and achieving these Strategic Aims.