Central East **LHIN**

Positive Patient Experiences the result when care is coordinated

Supporting *Patients First* by improving access to care for patients with complex conditions

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Across Ontario, patients with complex health care needs and their caregivers can find themselves struggling with health concerns that threaten their independence and function leading to frequent visits to hospital emergency departments and caregiver fatigue. Additionally, quality of care and patient experience can be impacted as patients and caregivers are challenged to navigate the system with their health care journey taking them from their primary care provider, to hospital, to home with supports and perhaps to long-term care.

Now, through enhanced collaboration between patients and their caregivers, primary care providers, care coordinators, hospitals, community based agencies and other health care and social services providers, local residents across the Central East Local Health Integration Network (Central East LHIN) are benefitting from the development of individual Coordinated Care Plans that more effectively meet their goals and ensure smoother transitions in the health care system.

Joe* is a recently widowed senior who struggles with Chronic Obstructive Pulmonary Disease (COPD) and experiences frequent falls, which as a result brought him to the hospital emergency department four times in a six month period. To help Joe achieve his goal of continuing to live healthy and independent in his home, a Coordinated Care Plan was developed with his Care Team which consists of Joe, his daughter, family physician, pharmacist, social worker, care coordinator and personal support worker.

Watch Joe's coordinated health care journey here https://www.youtube.com/watch?v=ILpjW4oO5kE
The video is available in English, Traditional Chinese, Simplified Chinese, Tamil and French closed captioning through the video "settings" button.

Mrs. Chan* lives with her husband and has Parkinson's disease, hypertension, arthritis, osteoporosis, chronic pain, depression and uses a walker to assist with mobility issues. Her husband, Mr. Chan, struggles with caregiver stress and memory issues. Concerned about whether Mrs. Chan was consistently taking her medication, as well as the stress of caregiving on her loved ones, the Chan's family physician referred her and her family to a local team who initiated a Coordinated Care Plan.

Watch Mrs. Chan's coordinated health care journey here: English: https://youtu.be/HlOzEM64EPU; Traditional Chinese: https://www.youtube.com/watch?v=VkCldGG_1AM; and Simplified Chinese: https://youtu.be/VkCldGG_1AM

Since the launch of this coordinated care planning initiative, over 3,000 patients from across the LHIN's seven sub-regions have benefitted from a Coordinated Care Plan. This approach to care effectively demonstrates how increased communication between health care providers, patients and caregivers ensures that patients with complex health needs are identified and better supported through a Coordinated Care Plan to achieve the best possible health outcomes.

Ontario
Local Health Integration Network

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QUOTES

"The advancement of coordinated care planning supports the *Patients First: Action Plan for Health Care* and the ongoing design and implementation of integrated systems of care as described in the LHIN's 2016 -2019 Integrated Health Service Plan (IHSP). Already we have seen how integrated teams of health care providers, in partnership with patients and their caregivers, are using Coordinated Care Plans to provide timely and coordinated care so that people are able to live healthier at home rather than having to continually return to a hospital emergency department or be readmitted to the hospital."
- Deborah Hammons, Chief Executive Officer, Central East LHIN

QUICK FACTS

- The Central East LHIN is comprised of seven sub-regions which provide a geographic foundation for the development and implementation of local integrated systems of care.

- Central East LHIN Health Link Community Profiles provide a comprehensive demographic environmental scan of the Central East LHIN and its seven sub-regions, highlighting the diversity and health care needs across the Central East LHIN region.

- At present, the target population for Coordinated Care Plans focuses on complex patients with multiple chronic/high cost conditions including:
  - Vulnerable populations (a focus on mental health and addictions conditions, palliative patients, and the frail elderly);
  - Economic characteristics (low income, median household income, government transfers as a proportion of income, unemployment);
  - Social determinants (housing, living alone, language, immigration, community and socials services etc.);
  - Complex, high needs patients.
- In addition, patients can be identified as complex and appropriate for a *Health Links* Coordinated Care Plan based on clinical judgment.

LEARN MORE

To learn more about Central East LHIN's approach to Sub-regions and Coordinated Care Planning, please visit the Central East LHIN website at http://www.centraleastlhin.on.ca/goalsandachievements/healthlinks.aspx

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**The experiences portrayed in these videos are based on stories shared by patients and their caregivers. Names and details related to personal health information have been changed to protect their privacy. Any resemblance to any person living or dead is purely coincidental.*