

## BOARD MEETING HIGHLIGHTS

October 17, 2017

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

Agenda Item	Highlights
Open Mic	<p>The ESC LHIN Board of Directors and senior staff watched a video regarding the ESC LHIN eRehab Pilot Program. In the video, Alana Bellmore, an ESC LHIN Clinical Care Coordinator, provides her insights into the program, an overview of how the program works, and stories of patient successes so far. eRehab is an eight-week rehabilitation program that provides in-home services to help people regain their independence through therapy designed to meet their specific recovery needs. While in the home, specially-trained therapy assistants communicate in real-time with regulated therapists through safe and reliable electronic technology.</p> <p>Following the video, ESC LHIN VP, Home &amp; Community Care, Cathy Kelly, explained to the Board that this pilot is a first of-its-kind program in Canada. For the pilot, mild and moderate stroke patients were trialed through partnering agency, Windsor Regional Hospital. The team is completing the evaluation process of the pilot, hoping to expand the program to benefit patients recovering from fractured hips/knees.</p>
Presentations	<p><b>Erie St. Clair LHIN Regional Vision Care Strategy</b></p> <p>ESC LHIN Board of Directors heard a presentation from ESC LHIN Quality Lead, Julia Jacobs, on the ESC LHIN's Regional Vision Care Strategy. In 2011, the National Coalition for Vision Care, predicted an impending crisis in eye health care due to:</p> <ul style="list-style-type: none"><li>• The increase of elderly citizens</li><li>• A shortage of specialists</li><li>• Lack of program coordination and preventative programming</li><li>• Lack of timely and appropriate diagnosis</li><li>• Lack of culturally appropriate treatment for elderly, Indigenous, Francophone, diabetics, and special populations</li></ul> <p>Julia went on to explain that while more than 817,000 Canadians are living with vision loss, over 3.4 million other Canadians live with some form of age-related macular degeneration, diabetic retinopathy, glaucoma or cataracts. If these Canadians are left untreated, most will be at high risk of vision loss. Statistics show that vision loss also affects women slightly more than men, with the number of cases of vision loss doubling approximately every decade after the age of 40, tripling at age 75.</p>

Recognizing the anticipated need for greater comprehensive eye care, in 2013, the Ministry of Health and Long-Term Care released *A Vision for Ontario: Strategic Recommendations for Ophthalmology in Ontario*. The report recommended that all LHINs develop vision plans to outline how each region will meet the vision care needs of their communities.

In September 2016, the ESC LHIN embarked on a review of the current state of vision care across the region and developed strategic priorities/recommendations to provide for current and future eye care needs of Erie St. Clair residents. The ESC LHIN engaged with eye care specialists, optometrists, hospital administrators, patient advisors, and members in each community to better understand the current gaps in service and opportunities for improvement. An ESC LHIN Regional Vision Care Strategy Steering Committee was also assembled to develop a comprehensive strategic plan for vision care in Erie St. Clair.

Next steps include ESC LHIN Board endorsement of the draft strategic plan at an upcoming meeting, as well as the formation of working groups to create business cases.

### **Rehabilitation Strategy: Addressing Deconditioning in Hospital**

ESC LHIN Board of Directors received a presentation from ESC LHIN Manager, Rehabilitative Care, Helen Johnson, regarding a regional rehabilitation strategy to address deconditioning in hospital and best practice care for hospitalized frail seniors. The regional strategy was a request of the ESC LHIN Board of Directors following the June Open Board Meeting's Open Mic presentation by a retired physician in regards to his personal experiences in hospital.

Helen explained to the Board that seniors account for the majority of inpatient days in Ontario hospitals; and with the cohort aged 90+ expected to quadruple by 2033, we need to look at strategies to better address this population. Helen defined deconditioning as a loss of mobility that often precipitates an ED visit in older adults. Often, deconditioning is the first symptom of acute illness or injury and 49% of admissions from ED are older adults. Studies show seniors spend approximately 83% of their hospital stay in bed and 12% of their time sitting in a chair; this often results in a decline that the patient did not have before their injury or disability.

ESC LHIN Board Members spoke to the specific concerns around weekend and holiday access to physiotherapy in hospital that were raised during Open Mic at the June Open Board Meeting. Helen responded that the concerns regarding weekend and holiday therapy could be improved utilizing the *MOVE* approach: Mobilization of Vulnerable Elders (MOVE). This initiative promotes early mobilization practices for vulnerable seniors admitted to hospitals. If this philosophy is implemented across an organization, physiotherapists can focus on patients with highest need, and those patients who can ambulate, can work with their entire care team on mobilization.

Recommended next steps include:

- Tracking of delirium indicators implemented in all hospitals to start April 2018
- Adopt MOVE approach in all organizations with support of Access and Restore funding by March 2018
- Tracking in-hospital falls as a measure of functional decline
- Evaluate current state of allied staffing across all ESC LHIN hospitals
- Examine impact and cost of extending therapy services for weekend coverage

**Funding**

**Funding Allocations – Transitional Care Models – Opioid and Overdose**

ESC LHIN CEO, Ralph Ganter, presented to the Board regarding new funding allocations for consideration. In recent weeks, the ESC LHIN received funding allocations to address the opioid crisis, as well as for short-term transitional care models to address ALC and surge pressures.

The following tables identify the ESC LHIN’s plan for distribution:

Table 1: Opioid Addiction and Overdose Initiatives

<b>Organization</b>	<b>Initiative</b>	<b>Base Funding</b>
Hotel Dieu Grace HealthCare	Outreach Withdrawal Management Staffing Enhancements (3 FTE’s Certified Addiction Workers)	\$200,000
Windsor Essex Community Health Centre	Outreach and Harm Reduction Workers (3 FTE’s Community Based Harm Reduction Workers)	\$175,000
Chatham-Kent Health Alliance	Community Withdrawal Management (1 FTE)	\$ 80,000
Victoria Order of Nurses	Opioid Case Managers for Pain Clinic Program (2 FTE’s Opioid Case Managers)	\$100,000
Bluewater Health	Temporary Withdrawal Management Beds	\$445,000

Table 2: Short Term Transitional Care Models

<b>Organization</b>	<b>Initiative</b>	<b>Funding</b>
Assisted Living Southwestern Ontario	Independent Living Capacity for up to 48 clients	\$476,250
March of Dimes Chatham Kent	Independent Living Capacity for up to 12 clients	\$122,250
March of Dimes Sarnia Lambton	Independent Living Capacity for up to 15 clients	\$151,500
Home and Community Care Program	Intensive Hospital in the Home Services for Windsor Essex with capacity up to 79 clients	\$627,102
Home and Community Care Program	Intensive Hospital in the Home Services for Chatham Kent with capacity up to 20 clients	\$155,261
Home and Community Care Program	Intensive Hospital in the Home Services for Sarnia Lambton with capacity up to 25 clients	\$194,225

ESC LHIN Board of Directors voted in favour of the funding allocation plan, as presented by LHIN staff.

## Reports

### Board Chair & CEO Reports

The Board Chair's report topics were as follows:

- Comments on Best Practices
- The Journey from Innovation to Acceptance

The CEO's report topics were as follows:

- LHIN Operations
- Communications Public Affairs & Organizational Development
- Integrated Delivery Systems
- Home and Community Care
- Funding and Allocations
- Performance, Accountability, and Finance
- CEO Engagement and Development

For more information and to review the full Board Chair & CEO Reports, click the link below:

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

## Board Meeting Materials

For further details and to access all materials from the October 17, 2017, Open Board Meeting of the ESC LHIN, click the link below:

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

## Next Meeting

**Nov 21, 2017**

Open Board Meeting

1:00 p.m.

ESC LHIN, 180 Riverview Drive, Chatham ON N7M 5Z8

## More Information

For more information on the Board Highlights or about the Erie St. Clair LHIN, please contact:

Shannon Sasseville

Director Communications, Public Affairs, & Organizational Development

Erie St. Clair LHIN

Phone: 1-866-231-5446 ext. 3225

Email: [shannon.sasseville@lhins.on.ca](mailto:shannon.sasseville@lhins.on.ca)