

# CEO Report to the Central West LHIN Board of Directors

August 31, 2017

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## 1. Build Integrated Networks of Care

### 1.1 Patients First / LHIN Renewal

- As it continues to move forward from transition into the important work of system transformation, the Central West LHIN is hosting three workshops that highlight the vision and structure that will enable a collaborative approach to integrated care in Sub-regions. The first workshop, held on August 22, was attended by over 50 people. Attendees included health service providers, service provider organizations delivering home and community care, public health, Emergency Medical Services, physicians and many others.
- The LHIN will be creating five Sub-region Collaboratives that will align to our existing Health Link boundaries. Inaugural Sub-region meetings are being scheduled for the first week of October, 2017. It will be an open invitation to participate in the Collaboratives.

### 1.2 Health Links and Primary Care

- Central West LHIN Health Link Leads and Co-Leads continue to meet with LHIN staff to plan for the rollout of Sub-region Collaboratives. The most recent meeting focused on the alignment and embedding of Health Link outcome metrics and work planning into the Collaboratives. To ensure a smooth Sub-region transition, these discussions will continue to occur.
- Provincially, 12 of 14 LHINs and their associated Health Links have committed to utilizing the Client Health and Related Information System (CHRIS) as a digital health solution that will support coordinating care for patients with complex needs. CHRIS is a web-based platform that provides LHINs with detailed client records, case-management tracking and support, while enabling health-system integration to and from the community. Discussions are now underway to determine timing and enhancements required within the CHRIS system. While these discussions continue, Health Links are expected to adopt the new version of the revised Coordinated Care Plan in paper form. The Central West LHIN will continue to be involved and support these provincial discussions.
- Central West LHIN Primary Care Network physicians continue to support the development of a clinical model that will be incorporated - in partnership with the Ontario Telemedicine Network (OTN) - into the eVisits pilot. Various meetings with physicians have taken place throughout the summer to support the model and a community of practice. A first wave rollout is expected to occur in September after which, it is expected that eVisits will be introduced within each of the five sub-regions to support enhanced access to care and build clinical partnerships between physicians in varying models of care.

### 1.3 Telemedicine and Telehomecare

- Central West LHIN staff are currently reviewing Telemedicine progress reports that have been submitted by Health Service Providers (HSPs). These annual progress reports are part of Hospital Service Accountability Agreements (HSAAs) and Multi-Sector Accountability Agreements (MSAAs) local obligations, and ensure consistent engagement and integration of virtual care in services provided to residents. For some – not many – community funded programs, there are some barriers associated with the ongoing costs of virtual care. These are being worked through in partnership with OTN. Telemedicine Engagement Leads, funded by the LHIN, are working with HSPs to target specific programs that create more accessibility to care such as diabetes education, palliative care and mental health services. The regional Telehomecare program continues to provide support to those with Chronic Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD), with sustained positive results in patient satisfaction, reduced emergency department visits and inpatient admissions.

### 1.4 Mental Health and Addictions Services (MH&A)

- LHIN staff are working with a team of addictions services providers to develop an opioid services strategy by spring 2018. The strategy will outline plans to prevent opioid addiction and overdoses in our area. As Ministry of Health and Long-Term Care (MOHLTC) information becomes available on implementation plans for the provincial Opioids Strategy, it will be incorporated into the service plan. Stakeholder engagement will occur, including with Public Health departments. The Region of Peel is confirmed to be on board and information exchange regarding LHIN planning and public health surveillance and rapid response continues in this area. Initial contact has been made with Wellington Dufferin Guelph Public Health.
- Central West, Mississauga Halton and Toronto Central LHINs are initiating a project to determine a long-term service model for Early Psychosis Intervention (EPI) in Peel Region. This is the historic catchment area of the Centre for Addiction and Mental Health's (CAMH) EPI program which, in October 2017, is relocating from Mississauga to CAMH's clinic in Toronto. The need for relocation has been identified by CAMH as relating to the need for improved access to psychiatry with a specialty in the EPI provincial model. In consultation with community and hospital stakeholders, the three LHINs will determine a solution that best serves the residents of Peel Region, including those located in both Central West and Mississauga Halton LHINs. CAMH is a Toronto Central LHIN HSP, and a continuing role is anticipated for CAMH as the provincial psychiatric hospital designated to serve all three LHINs. Transition plans are being finalized for clients currently enrolled with CAMH's clinic, none of whom are residents of the Central West LHIN. New referrals are being accepted at the Toronto site within seven to 10 days.

### 1.5 Palliative and End-of-Life Care

- The Central West Palliative Care Network launched the new Long-Term Care Home (LTCH) Working Group and refreshed Early Palliative Identification working group. The groups have a Co-Chair model of a Palliative Care Network team member and a Stakeholder member. The Work Groups are using a Quality Improvement Framework to support their work, including establishing an aim statement, and using driver diagrams to identify change ideas for testing. The remainder of the working groups are set to launch in August and September.
- Planning for the Annual Central West Palliative Care Network Conference has begun with a successful Call for Abstracts. The conference is set to take place on Wednesday, November 15, 2017, with registration opening up in September.

## 1.6 Long-Term Care Renewal

- The LHIN continues to work with the Region of Peel on the development of a Program for All-Inclusive Care for the Elderly (PACE), to be located at the redeveloped Peel Manor site. A meeting was held on July 20 to scope out the basket of services that would be delivered by the program. Next steps are to quantify the existing funding available and analyze the policy implications of proposed changes. A Steering Committee for the implementation of the project is under development and is slated to hold its first meeting in September.

## 1.7 Home and Community Care

- **Integrated Stroke Rehabilitation Pay for Results (P4R) Project:** As a result of this year's P4R funding, home and community care and out-patient resources are being enhanced in order to provide the appropriate post-stroke care within the right care environment that supports transition to community independence. Planning is underway with William Osler Health System (Osler) and the West GTA Stroke Network to develop a unique integrated rehabilitation program specifically for high functioning patients who have experienced stroke.

Last year, over 70 stroke patients in the Central West LHIN accumulated over 1,000 hospital inpatient days, driving up system costs and impacting patient flow in the hospital. Many of these patients could have been serviced within the community setting instead.

Based on an evidence-based framework, the Integrated Stroke Rehabilitation project will increase capacity of specialized stroke rehabilitation services in the community. So too will it provide patients with high-intensity home- and community-based rehab, which has been shown to improve patient outcomes and satisfaction. This program is built on best practices noted from other jurisdictions.

Expected outcomes (50 patient cohort) include:

- Redirect inpatient admissions to Central West Community Stroke program and/or outpatient rehab staff
- Reduce inpatient days for targeted patients by 25 per cent
- Decrease the number of stroke patients on waitlist for the Osler outpatient rehab clinic
- Reduce hospital readmission rates
- Increase navigation to Central West LHIN sub-region stroke exercise and falls prevention programs
- Reduce wait times from Acute Care referral to Rehab admission
- Reduce Hospital Length of Stay (LOS) on Rehab for patients by 25 per cent

The project elements also include a longer term sustainability strategy and development of a Central West LHIN vision for an integrated stroke model of care.

- **Connect Protect Initiative – Orangeville Police:** Orangeville Police invited Central West LHIN staff to a presentation by the MedicAlert Foundation Canada. MedicAlert Safely Home is a national program of MedicAlert Foundation Canada and the Alzheimer Society of Canada. Launched in 2013, the program helps individuals living with Alzheimer's/dementia return safely home by providing an effective way to identify an individual who has wandered. Orangeville Police are looking at implementing a Connect Protect initiative that will provide police officers with further insight when called to an emergency involving a MedicAlert resident, equipping them with vital information necessary to achieve positive outcomes and save lives. This initiative will not only provide another layer of safety for the community but will also be expanded to include other vulnerable residents who may be affected by autism,

acquired brain injury and other cognitive issues. Work is underway to include the Dufferin Home and Community Care team in this alert system, as well as increasing opportunities to develop collaborate care plans for vulnerable populations with policing partners.

## 2. Drive Quality & Value

### 2.1 Improve the Patient Experience

- Health Quality Ontario (HQO) has confirmed that several patient experience questions will be added to the Health Care Experience Survey (HCES) administered provincially through York University. These additional questions were based on feedback from patients, clinicians and advisory groups and are intended to align with sector-specific questions to support transitions in care. The six new questions will include sections on specialists, Emergency Department use and general questions focused on care confidence. Usable data from the HCES is expected to be available in early 2018 (following two quarters of data for reporting purposes).

The Central West LHIN has been developing a spread strategy and implementation plan to gather feedback on specific confidence questions posed to patients around their individual care plans and care goals. Not identical but certainly aligned, the data received from the HCES, the Health Links care plans and care goals discussions will support the identification of quality improvement opportunities across Central West. HQO has credited the Central West LHIN with influencing the direction of the additions to the HCES, specifically around measures of patient confidence.

- The result of a collaboration between HQO, Cancer Care Ontario, CorHealth Ontario (formerly the Cardiac Care Network) and the MOHLTC, surgical wait time information is now publicly available on HQO and MOHLTC websites. Information also includes wait times for specialists. This collective data is intended to support patients in making informed decisions about their health care. Wait time information is reported at both the provincial and local levels (where applicable) and will be updated regularly according to the type of surgery being monitored.

### 2.2 Quality and Innovation

- Planning for the Central West Patient and Family Advisory Committee (PFAC) is well underway, with an inaugural meeting of the PFAC expected to take place during the week of October 23, 2017. A comprehensive recruitment process for members is currently underway. We hope to obtain members who reflect the diversity of Central West and who can share their experiences and perspectives in order to strengthen the engagement of patients, families and caregivers in local health planning decisions and policies.
- Dr. Tamara Wallington, Clinical Quality Lead for Central West has been appointed to the Ontario Quality Standards Committee (OQSC), which is a committee of the Ontario Health Quality Council through HQO. The intent of developing and implementing provincial quality standards is to reduce variations in health care and improve patient outcomes. As a result of this appointment, Dr. Wallington will be in a position to influence this important work and share it throughout Central West through the Regional Quality Table (RQT).
- HQO is leading the spread of *Change Day* across the province. Change Day originated in the U.K. through the National Health Service (NHS) in 2013 as a way to improve health services and make positive change by engaging providers in small and large-scale change across various health sectors. Since its inception, Change Day has

become a global movement across several countries and in the Canadian provinces of British Columbia, Alberta and Saskatchewan.

Change Day involves teams or individuals making and acting upon pledges to make small acts of change by improving things that matter to them. Pledges do not need to be, nor are they expected to be large scale in nature – the success of Change Day lies in the collective improvements that happen across the system.

HQO is presently recruiting organizational ambassadors who can act as champions to generate enthusiasm and involvement across all LHINs. They are also inviting organizations to partner with them by adding their logo to the HQO website partner page to visibly demonstrate support for the initiative. Change Day is scheduled for November 17, 2017 and Central West LHIN plans to be an active partner and participant.

## 2.3 Enabling Technology Integration

- Please see the attached PowerPoint providing a detailed update.

# 3. Connect & Inform

## 3.1 Communications and Community Engagement

- **News Releases**
  - **New Wait Times Data Now Available for Surgeries and Procedures Across Ontario** | Ontario has launched a new online tool to help people find wait times information for surgeries and procedures at hospitals across the province, and is providing more digital tools to help improve the patient experience. [Read more...](#)
  - **Ontario Launches Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System** | Ontario has appointed the Honourable Justice Eileen Gillese, an experienced Judge of the Ontario Court of Appeal, to lead an independent public inquiry into the policies, procedures and oversight of long-term care homes. [Read more...](#)
- **Past Events**
  - **Reflet Salvéo AGM** | Tuesday, August 29, 2017 - 6:00 PM - Women's College Hospital (Auditorium) – General remarks delivered by Jeff Payne, Director, Central West LHIN Board of Directors.
- **Upcoming Events**
  - **Rexdale CHC AGM and Community Health Fair** | Saturday, September 9, 2017 - 11:00 AM - Rexdale Hub, 21 Panorama Court – Marla Krakower, VP, People Services, Employee Experience and Public Relations to attend.
  - **CMHA Peel Dufferin AGM** | Tuesday, September 12, 2017 – 6:00 PM – Mississauga Convention Centre, 75 Derry Road West, Mississauga, Kimberley Floyd confirmed to attend.

- **Hospice Dufferin AGM** | Wednesday, September 13, 2017 – 6:00 PM – Hospice Dufferin, 30 Centre Street, Orangeville
- **Bethell Hospice AGM** | Tuesday, September 19, 2017 - 6:15 PM - Caledon Country Club
- **Services and Housing in the Province AGM (SHIP)** – Wednesday, September 20 – 5:30 PM – The Hansen Building, 247 Queen Street East, 15<sup>th</sup> Floor, Brampton
- **Heroes in the Home** | Wednesday, November 1, 2017 – 5 PM – Millennium Gardens Banquet Centre, 20 Polonia Avenue #100, Brampton. Hosted by the Central West LHIN, this event celebrates caregivers – paid and unpaid – in our area who go to extraordinary lengths to improve the lives of those limited by age, illness and disability.

- **2016-2017 Annual Report**

Final English and French versions on the Central West LHIN 2016-17 Annual Report were submitted to the MOHLTC, LHIN Liaison Branch (LLB) in English and French on Monday, July 31, 2017.

- **Ministers Medal Recognition Program**

Nominations for the 2017 Minister's Medal, Honouring Excellence in Health Quality and Safety, closed on Tuesday, August 8.

The Ministers Medal is a competitive, annual award program that recognizes excellent work done by health care partners across the province. Recipients of the award place patients at the centre of the circle of care while promoting value and quality in the health care system. The theme of this year's awards is Patients as Partners, which focuses on health system issues being addressed in collaboration with people that matter most – patients, caregivers and their families. By highlighting the importance of collaborating with individuals with lived experience, the MOHLTC is working to ensure patients' voices are heard in health care decision-making at all levels.

Each year, LHINs are asked to act as the repository for local submissions and to evaluate each prior to submitting the entire package to the MOHLTC for consideration.

This year the LHIN received five nominations, all within the team category – three from Osler, one from Punjabi Community Health Services, and one from Central West Home and Community Care. Following the review and recommendation process, all were submitted to the MOHLTC for consideration.

Awards will be presented on October 24 at Health Quality Transformation 2017.

## 3.2 French Language Services (FLS)

- **Collaborative Partnership Model Developed in the North Etobicoke-Rexdale Area Recognized as a Replicable Best Practice for Implementing Active Offer**

The Société Santé en français (SSF), a national umbrella group for 16 federally-funded health networks, has recognized the collaborative partnership model developed in North Etobicoke between Central West LHIN, Reflet

Salvéo, Rexdale Community Health Centre (CHC) and other community partners, as a best practice in implementing Active Offer of French Language Services. SSF has asked Reflet Salvéo and its partners to present this collaborative model at its annual conference in Ottawa on November 1, 2017.

- **FLS Self-Management Chronic Disease Workshops**

Through the Maximize Your Health/Self-Management Chronic Disease Program, three bilingual Peer Leaders have recently completed their training in the Central West and Mississauga Halton LHIN regions. Building on this great opportunity, Four Corners Community Health Centre (CHC) is planning to run a six week Chronic Disease Self-Management workshop totally in French within the Central West LHIN area in early October. The same workshop will be replicated in the Mississauga Halton LHIN region, so francophone communities within both Peel and Halton regions would benefit from this opportunity.

### 3.3 Indigenous Services

- **Indigenous Holistic Wellness Business Case Submitted to the MOHLTC**

The joint business case for the Indigenous Holistic Wellness Project has recently been submitted to the MOHLTC for financial support. Should it be approved by the MOHLTC, both the Central West and Mississauga Halton LHINs have committed to equally cost share this initiative.

If moved forward, the Indigenous Holistic Wellness initiative will have a positive impact on our Indigenous communities, facilitating easier access to culturally-appropriate supports and services for families and individuals and allowing them to develop and maintain holistic wellness that is essential for their wellbeing.

- **Indigenous Cultural Safety Training (ICS) Update**

To date 15 participants have been registered for the ICS training, including eight LHIN staff (Home and Community Care) and six Board Members. There are still spots available for ICS training this fiscal year. LHIN staff and Board members are encouraged to register and we will start sending registration invitations to Central West LHIN HSPs in September.

## 4. Demonstrate System Leadership

### 4.1 Population Health

- **Diversity and Health Equity:** Central West LHIN staff are currently reviewing health equity progress reports submitted by HSPs. These annual progress reports are part of Hospital Service Accountability Agreements (HSAA) and Multi Sector Accountability Agreements (MSAA) local obligations and ensure consistent engagement and integration of health equity practices in organization functions and services. There are themes that identify the need for a system wide approach and support for health equity best practices that improve accessibility to services for the vulnerable and marginalized in the LHIN. With the LHIN's shared commitment to a health equity charter, there will be continued work on improving equity in health care. There is an opportunity for the LHIN to also work with Peel Public Health to focus on priority populations that require a partnered approach to health. Members of the LHIN's

Diversity and Health Equity Core Action Group (CAG) will also serve as local champions to align organizational initiatives with leading health equity practices that can be shared and built upon locally and provincially and within Sub-Region Collaboratives.

## 4.2 Dementia Strategy

- **Behaviour Supports Ontario Funding 2017-18** – As part of the MOHLTC's Dementia Strategy, the Central West LHIN will receive up to \$447,845.00 in additional base funding to support enhancement of the Behaviour Supports Ontario (BSO) initiative. The primary area of focus for this funding year is:
  - New staff and training
  - Retention of LTC licensees MOHLTC funded BSO staff
  - Qualitative - BSO services are aligned to LTC and other Cross Sector Services.
- A comprehensive review is under way from a financial and operational perspective, to provide insight into best options available to the LHIN stakeholders in support of the BSO program.

## 4.3 Build on the Momentum

- **Chronic Disease Prevention and Management (CDPM):** With a goal to develop recommendations, plan and implement strategies to support Central West LHIN home and community care staff in the provision of chronic disease patient care, the LHIN conducted a survey with home and community care staff to gather information regarding the care and management needs of adults and children living with chronic conditions and receiving services in home and community settings.

Recommendations arising from the survey are currently under review and include:

1. Increased knowledge for staff regarding the common chronic diseases affecting adults and children, including the management of these conditions and ways to promote health through self-management education.
2. Development of an easy to access repository by sub-region for Care Coordinators of educational resources to support patient education that can be printed/mailed to share with patients, caregivers or school staff as appropriate.

# 5. Operational Excellence

## 5.1 2017-18 Service Accountability Agreement (SAA) Cycle

- **Hospital Service Accountability Agreement (HSAA) Amending Agreement**

**William Osler Health System (Osler):** The 2017-18 HSAA amending agreement with Osler extending the current HSAA to March 31, 2018 was executed at the end of June 2017.

Osler continues to anticipate significant operating pressures over the coming year, based on higher-than-anticipated volumes at the Brampton Civic site and the new Peel Memorial Centre for Integrated Health and Wellness. The

LHIN continues to work with Osler to assess pressures they outlined in a briefing note submitted to the LHIN on July 20, 2017.

**Headwaters Health Care Centre (HHCC):** The 2017-18 HSAA amending agreement with HHCC extending the current HSAA to March 31, 2018 was executed at the end of July 2017.

HHCC is also experiencing operating pressures and is anticipating further streamlining of its clinical operations in 2018-19 in order to reduce operating costs. HHCC is currently working on a revised business case that details its operating pressures for LHIN review and submission to the MOHLTC. The LHIN and HHCC are scheduled to meet on September 14, 2017 to discuss the business case submission.

- **2016-17 Year End Review of Health Service Provider (HSP) Performance**

The 2016-17 year-end review of HSP performance is nearing completion. The review focused on each HSP's achievement of financial and performance targets over the year, as well as contribution to LHIN initiatives and compliance with reporting expectations. A risk-stratified approach was used to identify providers that would require a deeper review and, following an integrated internal review of all HSPs, the Central West LHIN met with a total of 12 providers in August. These face-to-face meetings were held to gain greater clarity regarding year-end results and to address further action required. A report on the findings and recommendations will be brought forward to the Finance and Audit Committee of the Board in September 2017.

## 6. Select CEO Updates

### 6.1 Vice President Clinical

- Recruitment for the Vice President Clinical have been ongoing and interviews with short listed candidates occurred in late July and early August. It is expected that we will finalize recruitment in the next few weeks and then work to finalize the Sub Region Clinical Leads

### 6.2 Board Member Recruitment

- The Nominations Committee has continued to work to fill the final three Board vacancies. The Committee interviewed two candidates on July 26 and have provided recommendations to the Public Appointment Secretariat.

### 6.3 Health Shared Services Ontario (HSSO) / LHIN Relationship Building

- On July 31, LHIN CEOs participated in a meeting with HSSO. Discussion items included:
  - Ongoing updates:
    - Information Technology (IT) services and performance
    - Executive compensation
    - LHIN fiscal auditors

- Knowledge exchange topics
  - Review draft knowledge exchange topics
- Committees and collaboration tools
  - Reviewing / renewing prior committees
  - Identifying new committees to achieve priorities
  - Process for creating committees and working groups, determining membership and reporting structure
- Governance and agreements
  - Determine what general agreements and documents could help facilitate the work between HSSO and LHINs (e.g. Memorandum of Understanding, Committee Terms of Reference, and IT Service Level Agreements).

## 6.4 Ministry-LHIN Executive Strategy Retreat

- The strategy retreat was held on August 1 and 2 and included the Deputy and his senior team along with the 14 LHIN CEOs. The purpose of the retreat was to identify the priorities needed to advance the transformation agenda and identify specific Workstreams to support advancing the priorities. Agenda items included:
  - Transformation agenda and vision
  - Ministry-LHIN plenary panel – provincial strategies and how to achieve goals through Sub-Regions across the LHINs:
    - Home and Community Care
    - Primary care
    - Digital health
    - Mental health and addictions
    - Musculoskeletal Care in Ontario
  - Refining our approach to implementation
    - Lessons learned from Transition
    - Nominations for LHIN leads of:
      - Working groups (Home and Community Care, primary care)
      - Projects
    - Terms of Reference for Steering Committee
  - Transformation communication strategy – “What is our narrative?”
  - Looking ahead to 2018/19
- The retreat was highly successful and we are in the process of populating the various Workstreams with CEO Co-Leads and LHIN VPs.

## 6.5 LHIN Privacy Training Webinar

- On August 3, LHIN Legal Services arranged an educational/training webinar on privacy (personal health information) for LHIN CEOs, Chairs and Board members. Agenda items included:

- Healthcare Insurance Reciprocal of Canada (HIROC) coverage scope and options
- Home and Community Care – privacy in practice
- Legal concepts for LHINs as Health Information Custodians (HIC) under PHIPA

## 6.6 LHIN Board Chair Council

- On August 10, Kim Delahunt (as Acting CEO) attended this session with Central West Board Chair, Carmine Domanico. HSSO provided an update on the following:
  - Mandate
  - Integrated services
  - Formula for continuous patient care improvement
  - Patient care at the core of technology design
  - CHRIS
  - Alignment with LHIN mandate
  - Digital health opportunities
  - HSSO future opportunities

## 6.7 LHIN CEO Videoconference

- A videoconference with LHIN CEOs was held on August 17. Discussion items included:
  - LHIN renewal and transformation update
  - Use of Infrastructure Ontario services
  - HSSO / LHIN work plan update
  - LHIN appointments to MOHLTC / LHIN working groups
  - Health Links update
  - Health Quality Ontario (HQO) recommendations
  - Statement of work – Provincial eReferral management strategy

## 6.8 Meeting with the new Medical Officer of Health for Peel

- On August 18, I met with Dr. Jessica Hoskins, the new Medical of Officer of Health for Peel.

## 6.9 Meeting with William Osler Health System's new CEO

- On August 24, I met with Dr. Brendan Carr, the new President and CEO of William Osler Health System.

## 6.10 Health Leaders Forum

- On August 24, Kim Delahunt and I met with the following:
  - Brendan Carr, President and CEO, William Osler Health System
  - Peter Varga (delegate for Stacy Daub, President and CEO), Headwaters Health Care Centre

- Jessica Hoskins, Medical Officer of Health, Peel Region
- Nancy Polsinelli, Commissioner, Health Services
- David Smith, CEO, Canadian Mental Health Association Peel Dufferin
- The Forum has been in existence for four years and with the significant change in members it provided an opportunity discuss the role of the forum going forward. Discussion items included:
  - Terms of Reference / membership
  - Operational updates
  - Funding updates
  - Provincial emerging priorities
  - Policy guidelines for statutory authorities under LHSIA
  - Digital health strategy
  - Patient transfer feed (non-urgent)
  - MSK / CIAC / QBP
  - Crisis services - Dufferin

## 6.11 Meeting with Directors

- Over the last few weeks, I have been meeting with LHIN directors on a 1:1 basis for informal chats, to get to know the team and to get feedback on how they are doing at the “new” LHIN. These meetings will continue into the next few weeks until I have met with all Directors.

## 7. On the Horizon

### 7.1 Review of Best Practices for the Provision of Community Support Services

- A meeting is scheduled for August 30. The purpose of this discussion is to review best practices for the provision of community support services.

### 7.2 MOHLTC Executive Leadership Team and LHIN CEOs Joint Meeting

- The next meeting will be held on September 5.

### 7.3 Virtual Healthcare Marketplace Advisory Committee

- A meeting is confirmed for September 9.

### 7.4 Health Care Leadership Summit

- The Summit will take place from September 6 to 8 and will be held in Blue Mountain, Collingwood.

## **7.5 LHIN Leadership Council**

- A meeting is scheduled on September 7.

## **7.6 CEO Council**

- A meeting is scheduled on September 7.

## **7.7 Joint Board Mental Health ED Proposal Review**

- A meeting with Osler is confirmed for September 11. The purpose of this meeting is to discuss and provide feedback on Mental Health Specific Emergency Department draft proposal.

## **7.8 Regional Digital Health Delivery**

- Discussions will continue with the MOHLTC on September 13.

## **7.9 Home and Community Care Advisory Table Meeting**

- The next meeting will take place on September 13.

## **7.10 eVisits Executive Steering Committee**

- The next meeting is confirmed for September 15.

## **7.11 Digital Health Board**

- The next meeting will be held on September 19.

## 8. Outstanding People



### The Headwaters Home and Community Care Team!

Introducing the Headwaters Health Care Centre Team of Central West LHIN Care Coordinators and Team Assistants.

With a combined total of 78 years of service in the home care sector, the Headwaters team is made up of 5.5 full time Care Coordinators, one casual Care Coordinator and one Team Assistant. The team's position with Headwaters also includes hospital access and flow responsibilities.

Each Care Coordinator supports, on average, 22 beds, not including outpatient clinics and the Emergency Department. The Headwaters team recently added

an additional staff position to better support patients during their stay in hospital, and to provide timely access to discharge planning supports.

Enabling a "Home First" philosophy, the team has built strong relationships in the Dufferin-Bolton-Caledon area, both with Headwaters and community partners. Priding themselves on their sense of unity and their ability to support each other to meet the needs of the patients they serve, the team has admitted 126 new referrals, and discharged 221 referrals since the start of the current fiscal year. Their community-based Care Coordinator colleagues describe them as flexible, responsive and always willing to work together as a system.

**Pictured on T-Day 2017: Back Row** - Adrian Bitá, Board Member; Carmine Domanico, Board Chair; Candace Skinner- Home and Community Care Manager; The Honorable John McDermid, Former Vice Chair, Board of Directors; Sheryl Elliott, TCC; and Annette Kilner, HCC. **Front Row** - Daphne Kyle, CCC; Liz Bernardi, HTA; Patricia Grabb, Director, Home and Community Care; Jackie Snedden, HCC; Wendy Hamilton, HCC; Tom Miller, Director, Communications. **Not pictured** - Elaine O'Donoghue, HCC; and Galina Kirsanova, Casual HCC.



### Appointment of Leslie Starr-Hemburrow as Regional Vice-President of Cancer Services, Mississauga Halton Central West Regional Cancer Program (MHCW RCP)

In this role, Leslie will work collaboratively with regional partners to further the goals of the Ontario Cancer Plan and the MHCW RCP strategic plan. Leslie will also represent the MHCW Regional Cancer Program provincially and participate in the Cancer Care Ontario's Provincial Leadership Council. Since April of last year, Leslie has been serving in the role of Interim Regional Vice President. Leslie and Scott McLeod co-chair the Regional Palliative Network for Central West LHIN.

## 9. Program Profile

### SHIP – Services and Housing In the Province

SHIP is a multi-service organization with its head office in Malton. SHIP's service area includes Mississauga, Brampton, Caledon, Dufferin County, Toronto, and west Woodbridge. The organization's mission is to optimize quality of life through community-based housing and mental health services. Prior to April 1, 2017, SHIP was known as Supportive Housing In Peel. The name change coincided with SHIP integrating Peace Ranch as a program of the organization in April 2017. Peace Ranch will retain its name and rural culture situated on a 25-acre farm, as has been the case since its inception in the 1990s. The integration of Peace Ranch into SHIP enables a broader and more seamless range of housing options for clients.

SHIP's core expertise and competency is in supportive housing and is the Central West LHIN's only supportive housing provider for persons with mental illness and addictions. SHIP has championed the fundamental right of housing for nearly 30 years. As a respected health service and housing support provider, SHIP advocates for Healthy Housing™ by forming lasting relationships with landlords and developers.

SHIP will be sharing a leading practice at Health Quality Ontario's Health Quality Transformation 2017 conference, a day-long interactive event with a singular goal: exchange ideas to achieve better health outcomes and experiences for all Ontarians. SHIP was also profiled in the Ontario Supportive Housing Best Practices Guide for flexible support in their 24 hour supportive model.