

Mississauga Halton LHIN

Governance to Governance: Community Sector Focus

**“How can the Community Sector be involved
in enhancing home care?”**

Provider Dialogue Session: January 18, 2012

Dialogue Sessions

In response to HSP interest, and as part of an integrated approach to HSP stakeholder engagement, the MH LHIN has scheduled regular governance-to-governance dialogue sessions throughout 2009-2012. The overarching objective of these sessions is to support HSP governors as they continue to:

- Ensure that HSP organizations do their very best with the resources they have to serve their clients.
- Ensure that our HSP organizations do this in a fiscally and ethically responsible way.
- Understand the risks and opportunities that face our HSP organizations and to do their best to mitigate those risks and seize those opportunities.
- Ensure that our HSP organizations work more closely together; not only to improve efficiencies, but to significantly enhance the quality and accessibility of the services delivered in the community.

This session on January 18, 2012 marked the first of three sessions dedicated to the community support service sector and was held at the Holiday Inn, Oakville, ON. The theme for the session was “Governance to Governance: How can the Community Sector be involved in enhancing home care?” Health service provider governors and their executive staff from across the LHIN were invited to participate as well as board member candidates. Over 60 people participated in the session. Following is a summary of the dialogue.

Session Introduction

Ron Haines, MH LHIN Board Vice-Chair, welcomed everyone and set the context for the session. He then introduced the session facilitators, Linda Moore and Brad Quinn of *tng*.

Context

Bill MacLeod, MH LHIN CEO, gave the group an overview of the MH LHIN’s perspectives on the following areas:

- Role of Community Sector in advancing integration and the IHSP
- Ontario’s Health Care Plan: The role of Home Care
- The expanded role of the CCAC
- Post-election realities and their impact

Bill reviewed the post-election Liberal Platform of “Making Ontario the Healthiest Place In North America to Grow Up and Grow Old. Specifically, the focus is to:

- Continue building on strong foundation to reach goal of ensuring that every Ontarian who wants family care can access it.
- Ensure that Ontario keeps the shortest surgical wait times in the country and continue to reduce waits for the 2.5 million Ontarians who rely on our Emergency Rooms each year.
- Investing in new hospitals and renovating existing facilities.

- Build on successful Aging at Home strategy to reform the health care system to provide Ontarians, and especially our seniors, with the tools they need to receive care in the dignity of their own homes.
- 3 million hours of Homecare added

Bill then shared with the group the Top Priorities for 2012-2013. These include:

- Implementing Quality Agenda
- Providing Programs within Communities
 - Acute Care – Clinically Home
 - Right Community Care in right settings at right cost [continue innovation in community care]
- Improve Patient/Client Flow Processes with the health care system
- Focus on Health Equity to address social determinants of health and facilitate health promotion and disease prevention
- Enabling & Facilitating Innovation
- Ensure Smarter Health Care Funding

A question and answer session took place following the presentation.

Group Discussion

The group was asked to consider the following question:

How should/can the Community Sector be involved/more involved in the Province's Home Care priority?

Following is a summary of the key themes that came out of the feedback provided by the participants.

How should/can the Community Sector be involved/more involved in the Province's Home Care priority?

- Need to have increased communication between all community agencies
- Greater communication needed between discharge planners/patients/community care providers; create a linkage
- Connect with Primary Care physicians so they are aware of the services that are provided within the community
- Need a consolidated list of the appropriate agency to contact when we encounter a need
- Need improved communication within communities so they know what services are available
- There is fragmentation within the sector; need to better understand what each of us does
- Have better communication about what we have/who we are from the client view/need
- Need to communicate the need for advance care planning

- Savings can be made found but services still have a cost; need to have transfer funding and resource consideration
- Need additional funding to communities to be able to handle off-load from hospitals
- Need to make funding available to residents so renovations can take place to allow people to stay in their homes
- Need to have coordination and infrastructure to better serve our clients
- Whenever new infrastructure is built include “hub” in community; have “centres” built into plans (i.e. new hospital)
- Building a community hub within the municipalities; build into the infrastructure plans
- Need integrated processes for care-givers/care-takers
- Need to provide more education to care-givers to direct them to the correct agencies
- Consideration needs to be given to multiculturalism and providing the required support
- Provide support to family care-givers to prevent burnout
- Need to expand adult daycare programs
- Have prescription advocates to assist in eliminating errors and unnecessary Emergency Room visits
- Issues remain with cross-border transportation; capacity in Mississauga and lack of capacity in Oakville
- What will the role of the “volunteer” be in the future?
- Use technology to support the dissemination of information seamlessly
- Utilize technology to coordinate scheduling of care
- Investing in technology to allow patients to self-monitor and to allow caregivers to monitor patients at a distance
- We shouldn't overlook the simple solutions
- LHIN's rarely mention the “client”; need to bring them/their perspectives into the discussions
- What is the role of the LHIN's in cutbacks?
- Need clarity about how the LHIN's will act on the ideas and suggestions that have been shared at this and previous sessions

Closing Remarks

Ron closed the session and thanked everyone for participating. A detailed communication will be sent to all participating organizations requesting they do the following:

- 1. Establishment of a Community Sector Governors' Resource Group**
 - Review this session's material with your entire board
 - Determine if any board member want to participate on the new resource group
 - Submit names to LHIN Office
- 2. Preparation for G2G session #2 – March 2012**
 - Add item to board agenda for discussion
 - Suggestions for helping transition clients from hospital to home
 - Suggestions for helping clients avoid unnecessary visits to ER
 - Document board's suggestions
 - Submit to LHIN Office
- 3. Preparation for G2G session #3 – May**
 - Add item to board agenda for discussion

- What programs do we have &/or are aware of that should be adopted across the MH LHIN
- Document board's suggestions
- Submit to LHIN Office

The group was encouraged to continue to post and share their success stories on the Governing Together™ Portal. If any provider board would like further information or assistance to please contact the LHIN board through the Executive Office, Kitty Varley (kitty.varley@lhins.on.ca).

The presentation along with a copy of this summary report is available on the www.governingtogether.ca portal under the Shared Resources tab in the Board Education section. Past sessions' materials are also archived in the portal.

