Waterloo Wellington
Local Health Integration Network

Annual Business Plan
2010 - 2011 to 2012 - 2013

July 5, 2010

Table of Contents

Introduction

The Waterloo Wellington Local Health Integration Network's (WWLHIN) Annual Business Plan (ABP) is the document that translates Working Together for a Health Future, Integrated Health Service Plan (IHSP), 2010 - 2013 into action. The IHSP, 2010 - 2013 is the three-year strategic plan for Waterloo Wellington's health care system. It calls for collaborative work that will see the WWLHIN, health service provider organizations, networks, and local residents come together to create a system that enables everyone to "Live and Live Well in Waterloo Wellington."

The Annual Business Plan is the action plan for the eight priorities identified in the IHSP, 2010 - 2013. The Plan outlines how we are going to implement the system improvement initiatives for each of the priorities, and how we will measure our achievements to track our progress. This Plan builds on previous successes and identifies new opportunities. It also outlines which organizations and networks are accountable for delivering the priority initiatives.

The local action plan demonstrates that the Waterloo Wellington priorities are aligned with the provincial direction and acknowledges targets set in the Ministry-LHIN Accountability Agreement (MLAA). The WWLHIN ABP supports the overall vision of the province to have a patient / client focused, results based, and sustainable health system. Four of the five identified provincial focus areas are identified within the eight WWLHIN priorities. They are:

- improve access to emergency department (ED) care
- decrease alternate level of care (ALC) days
- support the implementation of Ontario's diabetes strategy
- enhance addictions and mental health services.

The fifth provincial focus area, build on the existing eHealth framework, is identified as one of the three enablers by the WWLHIN to support the implementation of the priorities.

Through the implementation of the Annual Business Plan, the WWLHIN and health service providers can focus their collective efforts on addressing the issues identified by our communities, which are organizational efficiency, long-term sustainability, outcomes and results.

CONTEXT

Mandate

The Waterloo Wellington Local Health Integration Network is responsible for planning, coordinating, integrating and funding health services in Waterloo Region, Wellington County and South Grey County.

Recognizing the role of health care in the Waterloo Wellington community, the WWLHIN, in consultation with the community, developed the following mission:

Inspiring people to improve quality of life now and in the future through collaborative relationships and health system integration.

The WWLHIN's vision is the same as the Ministry of Health and Long-Term Care (MOHTLC).

Health care system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren.

The MOHLTC's vision provides a common direction for the LHINs and all health service providers in Ontario. The vision was reconfirmed as part of the community engagement consultations for the IHSP, 2010 - 2013.

In addition to the mission and vision, which define what our role is in the Waterloo Wellington community, the WWLHIN values guide how we do our work.

Accountability - Follow through, evidence-based outcomes and transparency

Integrity - Sound decision making processes and honesty

Innovation - Creativity, future focus and change

Community - Respect, engagement and focus on people

Strategic dimensions are key focus areas that will help advance the vision for the WWLHIN health system. As part of the development of the IHSP, 2007 - 2010, the WWLHIN, with input from the community, identified these four strategic dimensions, and they remain relevant today.

- improve access to health services
- improve the health of the population
- enhance system effectiveness
- build capacity to achieve a sustainable health care system.

In addition to the strategic dimensions, three areas have been identified as being vital enablers that will facilitate the achievement of system improvement and transformation; they are eHealth, health human resources, and strategic leadership.

Based on the WWLHIN's mission, vision, values and strategic dimensions, an integrated health system for Waterloo Wellington means:

> A system that is easy to use and access, is coordinated and effective, promotes health and wellness, ensures the highest quality of care and services, recognizes and leverages the contributions of all stakeholders, encourages innovation, partnership and excellence and will be there for us today and tomorrow.

Strategic Plan

The WWLHIN undertook an extensive community consultation process from January - October 2009, to develop the strategic plan for the local health system, *Working Together for a Healthier Future, Integrated Health Service Plan, 2010 - 2013.* The IHSP, 2010-2013 lays the foundation to transform the local health system to the envisioned integrated system. For each priority, we worked with our health system providers and other partners to identify specific system improvement initiatives in each of the 3 years of the IHSP. The improvement initiatives form the basis of this 2010 - 2011 Annual Business Plan.

The IHSP, 2010 - 2013 focuses on the following eight priorities:

- improving patient safety and enhancing quality of care
- improving wait times for MRI exams
- improving access to emergency department (ED) care
- improving access to primary care
- improving access to, and coordination of, addictions and mental health services
- improving chronic disease prevention and management (including diabetes)
- improving outcomes for stroke patients through integrated programs
- decreasing alternate level of care (ALC) days.

Assessment of Issues

In order to determine which priorities the Waterloo Wellington health care system should focus its energy on over the next three years, a careful analysis of the issues facing our residents was completed. For each of our four strategic dimensions, we developed a list of indicators that, based on best practice research, would tell us how well our health care system was performing. For example, we looked at wait times for acute care services, access to primary care, readmission rates for certain conditions and prevalence of chronic conditions, to name a few. Where possible, we compared not only how well Waterloo Wellington was doing in relation to the province, but also how our numbers have changed over time. Once this task was completed, certain issues for Waterloo Wellington residents began to emerge, for example, our high rates of chronic conditions and readmission rates for stroke.

Then, another layer of analysis was applied to account for certain population risk factors; population demographics, health behaviours, changes in the economy and

unemployment rates were all examples of criteria examined. For example, the analysis of readmission rates showed that Waterloo Wellington had a high rate of stroke readmissions. This on its own is troubling; however, once the second layer was applied, it became even more apparent that stroke should be one of the eight priorities as our risk factors for stroke including obesity, high blood pressure and physical inactivity were increasing over time among WW residents. As well, our seniors population is growing and stroke rates are highest among seniors.

For a more detailed look at our analysis of each of the eight priorities, please see the attached appendix.

Implementation and Measurement

How the initiatives will be implemented is described in the document and provide health service providers, community partners, residents, and the WWLHIN with a clear direction that leads to the work that must be done, the investments that must be made, and the outcomes that are expected. While implementing the initiatives, the WWLHIN, together with its health service providers, community partners and the residents of Waterloo Wellington, will continue to be patient/client focused, effective and efficient in the provision of all health care programs and services in Waterloo Wellington. Together, we will continue to see system-wide improvements to our health system.

Specific organizations or networks within the WWLHIN have been identified to lead the implementation of each system improvement initiative outlined in the IHSP 2010 - 2013 and the Annual Business Plan. Ongoing regular reporting of performance has been incorporated into plans and will ensure all partners involved are aware of the work that is being done and can make any changes required to support timely delivery of the initiatives. The implementation of the initiatives will be rigorously monitored using the identified indicators. The reporting mechanism also includes regular communication to stakeholders to keep them informed of progress being made.

French Language Service Plan

The WWLHIN has 15,300 Francophone residents according to the new 'Inclusive Definition of Francophone'. While there are no cities designated under the French Language Services Act, we are committed to ensure that the needs of the Francophone community are met and we are aware that some communities in our area have already started the process of designation through the Office of Francophone Affairs. We are continuously working with the French Language Health Services coordinator for the WWLHIN and the Francophone community to assess the best way to capitalize on the existing resources within and outside our geographical area, especially in the sectors identified as priority by the Francophone community during consultation in July 2009.

While all of the initiatives outlined in this Annual Business Plan apply to both our Francophone and non-Francophone residents, we will undertake initiatives specific to our Francophone communities. Our Action Plan for 2010 - 2011 includes:

- Analyzing data from French speaking Health Human Resources (HHR) survey to identify existing capacity to offer services in French.

- Supporting the Francophone community in developing partnerships with existing service providers to facilitate communication and awareness of the needs of the francophone community.
- Integrating the needs of the Francophone community within all the initiatives of the WWLHIN such as HHR planning, integration activities and special programs.
- Developing a process to meet the obligations of the WWLHIN under the up-coming regulations pertaining to the planning of French language health services.

The work planned for 2010 – 2011 is foundational to the action plans for subsequent years (2011 - 2012 – 2012 - 2013). As such, direction for action planning in the second and third year annual business plans will reveal itself as year-one learnings begin to unfold.

CORE CONTENT – IHSP 2010-2013 Priorities

Improving patient safety and enhancing quality of care

Description:

Our health services providers are already providing safe, high quality care. However, as a system manager, the WWLHIN has a responsibility to support and promote the provider's continuous search for improving safety and quality of care.

The focus on quality means that the WWLHIN health system will 'do the right things the right way' and as such this priority will not only ensure that our residents receive the safest and best care possible at a level of excellence that is equal across our LHIN but also contribute to creating a sustainable system by reducing "waste".

Waste refers to health care spending that can be eliminated without reducing the quality of care. Examples of this include duplication of unnecessary services, administrative inefficiencies, inefficiency in providing care and errors, preventable conditions and providing care that has limited proven effectiveness. For our patients, reducing waste can also mean that there is a reduced risk of harm (e.g. unnecessary surgical procedures with risk of complications, such as infections).

Finally, the focus on quality will also ensure that the provision of services is aligned with best practices to ensure that patients receive the best quality care in the most efficient and effective way possible.

Key Issues:

- some preliminary analysis and discussions with senior hospital administrative leaders and Chiefs of Staff identified a number of areas for improvement in quality of care including but not limited to:
    - unnecessary tests: e.g. four out of ten cataract surgery patients had a cardiogram which is significantly higher than the LHIN with the lowest ratio[1]
    - significant variation in readmission rates for cardiology and readmission rates for gastrointestinal patients are higher for most hospitals than expected as well readmission for labor and delivery are higher in Waterloo Wellington than the provincial average[2]
    - challenges with regard to inter-hospital transfers of patients
    - the need for a centralized referral process for rehab services
    - backoffice (HR, finance, Information and Communication Technology and systems, Biomedical Services, materials management, other

[1] Ontario Health Quality Council. QMonitor. 2009 Report on Ontario's Health System. Toronto, ON: Ontario Health Quality Council; 2009

[2] Inpatient Separations Data Table, accessed through Intellihealth 12-02-09

administrative functions) activities that can be delivered through shared services.

- pharmacy costs account for 2% or $12.8 M of the total expenditure across the eight Waterloo Wellington LHIN hospital corporations (10 sites) and there are some opportunities for cost savings in providing pharmacy services by integrating (parts of) the medication management process. In addition there are challenges in ensuring that there are enough pharmacists and technicians (currently there are 5 full-time positions vacant) that can be addressed through better integration and coordination.
- lack of clarity around what services are provided by the 31 Community Support Agencies in our LHIN and difficultly in ensuring easy coordinated access for those most in need of this type of care.

Successes of the past year:

- development of a wound management program that has improved wound care for patients with chronic wounds leading to improved healing, reduced risk of infections and hospitalization
- implementing an electronic infrastructure that will give clinicians access to hospital, community care and other data sources in a consolidated view of patient information which will result in better access to information for all care providers in WWLHIN
- half of the long term care homes in the WWLHIN have implemented an information system (RAI MDS 2.0) that enables monitoring of outcomes of care in long-term care homes leading to improved clinical care, assessment and information sharing across the system
- introduction of the position of Medical Director of Infectious Diseases for two Waterloo Wellington hospitals is expected to improve infectious disease rates.

Goals and Action Plans

Consistency with government priorities:

The continuous effort of improving patient safety and enhancing quality of care is consistent with Ontario's goal of attaining the safest and highest quality health system in Canada. The focus on safety and quality will also contribute to improving sustainability as it will reduce resources that don't add value to population health.

Goals:

- have the lowest adverse events and infection rates in the province
- improve outcomes of care
- minimize duplication of administrative, support and clinical activities within and across our health service providers
- 95% of Waterloo Wellington residents are satisfied with the care they received.

Improvement Initiatives:

Goal: Have the lowest adverse events and infection rates in the province

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Monitor adverse events and infection rates for all WW hospitals on an ongoing basis	25	25	25

Goal: Improve outcomes of care

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Develop and implement improvement initiatives across our hospitals	25	25	25
Continue to implement information system that enables monitoring of outcomes of care on long-term care homes	100	0	0

Goal: No duplication of administrative, support and clinical activities within and across health service providers

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Develop and implement service models to align services with needs	25	25	25
Develop and implement a Regional Medication Management System in Waterloo Wellington	20	20	20
Develop and implement a model for coordinated access to community support services for seniors	40	60	0
Develop a plan for integrating the delivery of administrative and support services across the system	0	0	30
Implement resource matching and referral system for ALC referrals	25	50	25

Goal: 95% of Waterloo Wellington patient clients are satisfied with the care they received

This goal will be accomplished by the various initiatives to improve patient safety and quality of care mentioned above as well by including performance expectations related to patient/client care and experience in future accountability agreements.

How will we know we have succeeded?

- reduced readmission rates on selected conditions to provincial levels
- adverse events will be reduced to expected levels on selected events
- ratio of actual number of deaths to expected deaths (Hospital Standardized Mortality Ratio) will be below 100 among all Waterloo Wellington hospitals
- infection rates are at or below provincial levels
- 95% of Waterloo Wellington patients report they are satisfied with the care they received.

What are the risks/barriers to successful implementation?

- timeliness of data availability
- availability of 'real time' data
- commitment of Health Service Provider's (HSPs) to act upon findings
- human resources constraints across the system
- may require some financial resources to conduct analysis (ie. decision support) and not all providers have access to this type of support
- HSP's may be challenged to prioritize the funding capital or system changes during times of constraint
- lack of system thinking among some HSP's (ie. concerned about their organization as opposed to the needs of the Waterloo Wellington health care system)
- adoption of improvements across the continuum of care by all providers.

Improving wait times for Magnetic Resonance Imaging (MRI) exams

Description:

The wait time for non urgent MRI exams has significantly improved over the past two years. Waterloo Wellington had one of the longest wait times in the province when this data was first collected and publicly reported. As of 2008 - 2009, the area has the third shortest wait time in the province. However, there is still room to improve as the wait times remain above the provincial target of 28 days.

Key Issues:

- as of September 2009, 90% of MRI scans were completed within 90 days[3], which is below our target of 28 days.
- as wait times have declined, referrals for MRI services in WWLHIN have increased. We are also experiencing growth in the number of referrals from other LHINs with longer wait times.
- referral patterns are slow to change.

Successes of the past year (2009-2010):

- reduced wait times for non-urgent contrast studies
- increased operating hours for MRI machines to 16 hours per day / 7 days per week
- reduced wait times from 163 days in 2008 to 90 days in 2009.

Goals and Action Plans

Consistency with government priorities:

When residents get their diagnostic imaging completed in a timely manner their physician is able to determine a course of treatment and perform potentially life-saving surgery in the shortest time possible. This improves quality of care for patients and patient safety by ensuring that procedures are performed as closely within the recommended guidelines as possible. This also aligns with our Ministry-LHIN Accountability Agreement (MLAA) wait time indicators that track whether or not we are completing certain procedures within the recommended time frames.

[3] MRI Wait times, accessed through iPort Access, September 2009

Goals:

- reduce MRI wait times to 28 days

Improvement Initiatives:

Goal: Reduce MRI wait times to 28 days

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Implement guidelines for appropriate use of MRI across WWLHIN	100	0	0
Implement prioritization guidelines and tools	75	25	0
Review all scan protocols (sequencing) and appointment allocation time	100	0	0
Implement additional MRI capacity in WWLHIN	100	0	0
Implement a central intake process for MRI	100	0	0
Implement a central intake/booking process for MRI	0	100	0
Reassess and continue to pursue additional capacity	0	0	100
Expand central booking/intake process to other diagnostic tests	0	0	100

How will we know we have succeeded?

- wait time for MRI scans will be reduced to 28 days

What are the risks/barriers to successful implementation?

- finding an appropriate balance between the hours of operation needed to reach our goal of 28 day wait time and health human resources concerns
- ensuring that all machines are operating as efficiently as possible and reducing individual scan time.

Improving access to emergency department (ED) care

Description:

Based on data from May 2009, WWLHIN residents who go to the emergency department for an urgent medical issue spend an average time of 8.8 hours, (which is above the recommended 6-8 hour time frame), from the time the nurse assesses them until they leave the building or are admitted to the hospital.

Similarly, the WWLHIN emergency department length of stay is higher than the recommended time frame (5.5 hours versus 4 hours) for those residents who have less severe medical issues. This data supports comments from the residents of Waterloo Wellington – people are waiting too long in the emergency department. Based on current data, we know that approximately 45 per cent of people who go to the emergency department are less urgent and non-urgent cases. This is an area where there is great potential for improvement.

Key Issues:

- 45% of patients that go to the ED are non-urgent patients. This increases the total volume of patients, which increases the average length of stay for all patients[4]
- patients in rural areas of the WWLHIN have fewer primary care providers per capita and higher rates of ED visits[5]
- ALC pressures contribute to a high ED length of stay for patients that need to be admitted to hospital, as a result, only 46% of urgent ED patients and 16% of non-urgent ED patients are admitted within the recommended timelines[6]
- patients who present to the ED as a result of an injury/poisoning or other external cause account for the highest ED volume, however patients who present with endocrine, nutritional and metabolic diseases account for the highest 90th percentile ED Length of Stay (LOS)[4]
- there is significant variation in 90th percentile ED LOS between hospitals within WWLHIN[4].

Successes of the past year:

- all WWLHIN hospitals with an emergency department participated in the Emergency Department Process Improvement Project (ED PIP) and have achieved an overall 10% reduction in wait times

[4] Emergency Department Visits, 2007/08 – LHIN Support Unit
[5] Rural Health Strategy for the WWLHIN, October 2009
[6] Emergency Department Reporting System Highlight Report, July 2009

- 2 hospitals participated in the ED Pay for Results Program which resulted in a one hour reduction in average length of stay and fewer patients leaving without being seen. Examples of ED PIP initiatives include:
    - M.A.R.I – electronic dashboard on demand
    - Mental Health Rapid Response Nurse

- implemented nurse-Led outreach to long-term care homes which provides nursing expertise to LTC staff to support treating patients in their home as opposed to sending them to the hospital

- Family Health Teams (FHTs) across the WWLHIN are fully functioning and working collaboratively with system partners to reduce demand on ED services. For example, the Guelph FHT Flu Assessment Clinic during H1N1 was able to provide care to 346 patients and appropriately identify 21 that required acute care.

- launched Health Care Connect – system of matching patients to a primary care provider which resulted in 271 patients being successfully referred to a physician between April 1, 2009 and September 30, 2009

- WWLHIN has applied resources given to Community Health Centres (CHCs) to enhance access to primary care

- increased Personal Support Worker capacity through the Waterloo Wellington Community Care Access Centre (WWCCAC)

- launched Integrated Assisted Living Program in 3 sites across WWLHIN which will give seniors access to unscheduled Personal Support Worker services where they live

- two hospitals are operating Clinical Decision Units in the ED which have contributed to an overall reduction ED length of stay

- developed Critical Care Surge Capacity plan which will help hospitals coordinate WWLHIN-wide services in response to increased patient volumes

- ambulance offload nurses are being utilized at one WWLHIN hospital

- expanded Geriatric Emergency Management (GEM) nurses in EDs which has resulted in improved follow up care for seniors at risk of functional decline.

Goals and Action Plans

Consistency with government priorities:

Reducing Emergency Department wait times is a key component of the provincial ED/ALC strategy. By focusing our efforts on two key areas, reducing non-urgent ED visits and ensuring that ED resources are appropriately utilized, we will drive down our overall ED wait times for WWLHIN residents.

Goals:

- non-urgent ED visits (CTAS 4,5) will be reduced by 10 percentage points
- ensure appropriate utilization of ED resources.

Improvement Initiatives:

Goal: Non-urgent ED visits will be reduced by 10 percentage points*

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Expand supportive living services for seniors	100	0	0
Implement ED-WWCCAC notification solution	25	25	50
Open 50 longer-term mental health beds	100	0	0
Expand communication strategy of appropriate use of ED and alternatives to ED	25	25	25

* Initiatives in both the primary care and chronic disease prevention and management priorities will impact on our goal of reducing non-urgent ED visits by 10 percentage points. For example, ensuring that patients have access to after-hours primary care and improving prevention and management of chronic disease will both aid in reducing demand on ED services.

Goal: Ensure appropriate utilization of ED resources

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Expand ED Process Improvement Program to other areas within the hospitals	100	0	0

Reassess and optimize ED Pay for Results program	75	25	0
Reassess and optimize ambulance offload nurses program	75	25	0
Implement Critical Care Surge Capacity recommendations	100	0	0
Strengthen capacity and capability related to process improvement in hospitals	75	25	0
Develop and implement a broader communication strategy to inform the public about ED performance	0	75	25
Enhance public reporting of system ED performance and information	0	75	25

How will we know we have succeeded?

- increased proportion of non-admitted high acuity patients treated within the length of stay target of less than 8 hours
- increased proportion of non-admitted low acuity patients treated within the length of stay target of less than 4 hours
- decreased percentage of non-urgent (CTAS 4,5) ED visits from 45% to 35%.

What are the risks/barriers to successful implementation?

- ensuring that gains achieved during ED PIP project phase are maintained and applied to other areas of the hospital
- lack of primary care service providers in certain areas across WWLHIN means some people have fewer options for after hours care
- Health Human Resources constraints continues to be a limiting factor in implementing certain initiatives
- rising rates of chronic diseases in WWLHIN will lead to greater demand on emergency department resources.

Improving access to primary care

Description:

According to several sources, (MOHLTC Primary Care Access Survey 2008, WWLHIN survey 2009, Statistics Canada, Canadian Community Health Survey), approximately 95 per cent of residents in Waterloo Wellington have a primary care physician or place where they go for regular primary care. Primary health care services play an important role in prevention of disease and treatment of illness as well as chronic disease management and we are committed to ensuring that these services are easily accessible for all residents in Waterloo Wellington.

Key Issues:

- specific vulnerable populations have challenges to accessing primary care, as an example, only 68-80% of recent immigrants reported having a regular doctor.[7] Access for people who are homeless or at risk of homelessness is also a major problem. Members of the Lesbian Gay Bisexual Transsexual/Transgender Queer (LGBTQ) community also reported having to go outside of their local area to find a provider who has knowledge of their specific health needs and issues.[8]

- overall in the WWLHIN, we have more than the recommended 72 primary care physicians per 100,000 population. However, the ratio of primary care physicians to residents is below the recommended ratio in the three rural areas of the WWLHIN (rural Waterloo Region, rural Wellington, and rural North Wellington and South Grey).[9]

- 63% of WW residents said it was very to somewhat difficult to access after-hours care[10]

- 45% of total emergency department visits were non-urgent (CTAS 4,5) – these people could have been managed in another setting[11]

Successes of the past year:

- the Guelph Family Health Team participated in an Ontario Telemedicine Network pilot project that gave patients access to health monitoring equipment in their own home. Information about the health status of the patient was available to the primary care provider electronically which enabled better management of illness and improved patient care.

- the ***HEALTHeCONNECTIONS*** project is well underway in WWLHIN. To date, more than 850 patients are enrolled in the program, which enables

[7] Primary Care Access Survey Waves 5-12 January 2007-December 2008

[8] WWLHIN Lesbian Gay Bisexual Transsexual/Transgender Queer (LGBTQ) Online Survey, July 2009

[9] Ontario Physician Human Resources Data Centre – Active Physicians in Ontario by Census Subdivision, 2008

[10] Attitudes and Behaviours Toward the Health Care System in the Region Served by the WWLHIN, Final Report April 2009

[11] Emergency Department Visits, 2007/08 LHIN Support Unit

patients to manage their own care in partnership with their primary care provider. Some of the tools include: personal health record, diabetes management tools and the ability to securely message their primary care provider.

- introduction of the care connectors through the Waterloo Wellington Community Care Access Centre has helped match 491 registrants with a primary care provider.

- the Rural Health Care Review was finalized, which identified opportunities to build on the current community resources to better meet the needs of our rural residents

Goals and Action Plans

Consistency with government priorities:

Improving access to primary care services will help improve emergency department wait times by decreasing demand for emergency department services. When residents of Waterloo Wellington have a primary care provider who offers after-hours care and those residents know how to access this care, we will have less people going to the emergency department. This means that ED resources will be freed up for more complex patients, which will lead to an overall reduction in ED wait times. Furthermore, patients receive the best care in the most appropriate setting.

Goals:

- ensure all residents of Waterloo Wellington have access to primary care

- improve utilization of primary care by vulnerable populations

- increase the number of residents who access after-hours care.

Improvement Initiatives:

Goal: Ensure all residents of Waterloo Wellington have access to primary care

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Implement recommendations from Rural Health Care Review	50	50	0
Expand tele-health and tele-home care	75	25	0

Explore and pursue, where needed and appropriate, Family Health Teams (FHT), Community Health Centres (CHC), or Nurse Practitioner led clinics	25	25	25

Goal: Improve utilization of primary care by vulnerable populations
Goal: Increase number of residents who access after hours care

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Develop alternative models for primary care services to address needs for vulnerable populations	25	25	25
Implement alternative models for primary care services	0	25	25
Provide information to primary care providers on health issues affecting vulnerable populations	0	0	75
Increase awareness among residents that after hours care is available and how to access it	25	25	25

How will we know we have succeeded?

- the percentage of WWLHIN residents who have a primary care provider will increase – specifically among rural residents and various vulnerable populations
- the number of inappropriate ED visits for people who have a primary care provider will decrease.

What are the risks/barriers to implementation?

- WWLHIN does not have service accountability agreements with most primary care providers which makes it more difficult to influence behaviour changes and measure outcomes
- recruiting primary care practitioners to areas where there is most need continues to be a challenge
- the way health care professionals practice is changing, for example many are now working part time, are retiring earlier and are working in teams

- communication with primary care providers can be difficult given the number of primary care providers in Waterloo Wellington as well as their differences in preferred communication methods

- implementing changes in legislation resulting in greater scope of practice for certain health care professionals will take some time. Local policies will need to change accordingly.

- the number of physicians within the region is not equally distributed throughout the area. If statistics are analyzed at the WWLHIN level, the challenges faced by certain areas will be missed.

- given the wide range and depth of health and social services provided by primary care providers, it is difficult to focus on one or two initiatives that will have the greatest impact.

Improving access to, and coordination of, addictions and mental health services

Description:

During the past several years, addictions and mental health issues have been increasing among residents in the WWLHIN. Between 2005 and 2007, both mood and anxiety disorders have increased and, with the current economic state, the number of residents with these illnesses will continue to rise. Data from 2007 shows that substance use among Waterloo Wellington students exceeds that of the provincial average in all categories, as does substance use among Waterloo Wellington adults.

Specific areas of concern for this priority include long wait times for services, lack of appropriate follow up upon discharge of patients, high rates of readmissions, not enough community-based addictions and mental health professionals and a general stigma associated with these types of services and those who use them.

Key Issues:

- lack of availability of services that focus on prevention and management of addictions and mental health issues lead to more ED visits and hospitalizations for this group
- need for better follow-up care after initial assessment, hospital stay and other addictions and mental health programs, including withdrawal management programs
- lack of medically supervised withdrawal management beds
- lack of case management services
- substance use among youth[12] and adults[13] has been increasing over the past several years and is higher than the provincial averages
- prevalence of mood and anxiety disorders have also been on the rise[14]
- ED visit rate and hospitalization rate related to depression are significantly higher in Waterloo Wellington, compared to the province[15]
- WWLHIN suicide rate is higher than other areas in the province[16]
- rural residents in WWLHIN have reported difficulty in accessing necessary services

[12] Ontario Student Drug Use and Health Survey, 2007
[13] CAMH Monitor Report 2004/05
[14] Canadian Community Health Survey Cycles 3.1 and 4.1, 2005 and 2007
[15] Chronic Conditions: Mortality (2004-05), Hospitalizations (2007/08) and ED visits (200708), LHIN Support Unit
[16] Crude and age-standardized suicide mortality rates in Ontario by LHIN of residence (2004 and 2005), LHIN Support Unit

- lack of respite services for caregivers

- short-term programs are not enough – community members have identified a need for long-term supports to help people make a successful transition back into the community

- wait times for addictions and mental health programs are long.

Successes of the past year:

- launched youth residential addictions program which resulted in the establishment of a new and integrated suite of residential treatment services in the WWLHIN

- initiated development of a Drug Strategy in Waterloo Region which resulted in a plan to develop a comprehensive evidence-based strategy for alcohol and drug issues in Waterloo Region

- implemented a Drug Strategy in The City of Guelph and Wellington County which resulted in strategies to respond to the issues, gaps and needs related to drug and alcohol misuse in this area

- implemented specialized mental health supports in emergency departments to improve effective discharge planning of patients with addictions and mental health issues

- launched Access to Care and Housing for Homeless and those at Risk of Homelessness Program (AAH year 1). This program reaches out to those who are homeless or at risk of becoming homeless and brings medical and other support services directly to those individuals.

- coordinated intake through community support coordination team which will improve coordination, integration and allocation of individualized care

- developed common crisis planning process, including a common crisis pathway and orientation DVD, shared assessment tools and WWLHIN-wide sharing of crisis plans to improve coordination of crisis services

- developed program for addictions supportive housing and outreach in Waterloo Wellington which will increase housing stability for people with problematic substance use and reduce frequency of readmissions to addictions programs

- developed a detailed map of addictions and mental health services across Waterloo Wellington which identified opportunities to optimize services and reduce gaps resulting in strategies to allow for better access to addiction and mental health services in Waterloo Wellington

- developing an integrated program for severe and persistent mentally ill which will allow patients to receive treatment closer to home, facilitating strong linkages to community and family support, while enhancing local mental health expertise and resources

- the WW Addiction and Mental Health Network has been fully engaged in the development of the IHSP, 2010-2013 and will take a lead role in ensuring the implementation and monitoring of addictions and mental health strategies and initiatives.

Goals and Action Plans

Consistency with government priorities:

People who suffer from addictions and mental health issues are putting significant pressure on our health system. In Waterloo Wellington, mental disorders account for the second highest number of long-stay ALC patients among patients over the age of 55. The inpatient hospital separation rate for depression in Waterloo Wellington is twice as high as the province and the ED visit rate in WW is greater than the province. By targeting preventative programs for this group and focusing on better follow-up care, we can reduce some of the pressure experienced by hospitals and ensure that patients get the best possible care in the most appropriate setting.

Goals:

- reduce substance use among youth to the provincial average in all categories

- reduce mental health issues among youth

- decrease readmissions and inappropriate ED use to provincial averages

- improved access to services.

Improvement Initiatives:

Goal: Reduce substance youth and mental health issues among youth

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Implement Drug Strategy across Waterloo Wellington	25	25	25
Implement Suicide Prevention Strategy	25	50	25
Implement a coordinated approach for addictions and mental health promotion and education in schools	0	75	25

Provide improved access to addictions and mental health services for students	0	50	50

Goal: Decrease readmissions and inappropriate ED use to the provincial averages

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Expand coordinated intake and common assessment through community support coordination team	75	25	0
Increase the availability of case management	50	50	0
Implement effective discharge processes and follow up for all addictions and mental health services	75	25	0
Improve links and supports to address crisis mental health needs	75	25	0
Increase supports for long-term addictions and mental health conditions	0	75	25
Implement provincial program called “no wrong door approach”	0	75	25
Improve transition from crisis services to more stabilized services	0	50	50
Enhance mental health services for seniors	0	0	50

Goal: Improve access to services

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Develop health services component of supportive housing program for mental health clients	100	0	0

Implement integrated program for severe and persistent mentally ill	75	25	0
Open 32 additional addictions supportive housing beds	50	50	0
Implement coordinated intake and common assessment	0	75	25
Increase access to (medically supervised) withdrawal management beds	0	50	50
Increase primary care capacity to address addictions and mental health issues	0	0	25

How will we know we have succeeded?

- the percentage of students reporting substance abuse will decrease to that of the provincial average in all categories
- the percentage of mental health issues among youth will decrease
- 30-day readmission rates for addictions and mental health issues will decrease to the provincial average
- the ED visit rate for addictions and mental health issues that could be managed elsewhere will decrease
- the rate of repeat mental health ED visits within 30 days will decrease
- the percentage of WWLHIN residents accessing community addictions and mental health services will increase.

What are the risks/barriers to successful implementation?

- the WWLHIN does not have service accountability agreements with most primary care and some mental health providers who play an integral role in ensuring we achieve our objectives. As a result, it is more difficult to influence behaviour change and measure outcomes.
- Ministry of Health and Long-Term Care has not yet released their collection of reports from the Mental Health and Addictions Advisory Panel which will provide information on how services should be delivered across the province

- the state of the economy will likely lead to an increased demand for addictions and mental health services
- procurement of the operating dollars needed to support expansions in infrastructure
- stronger linkages needed between primary care and community services related to addictions and mental health
- need to address underlying causes and other diagnoses for ED visits and hospital discharges
- addictions and mental health services are funded from many sources, including other ministries, insurance companies and private providers which create challenges in managing distribution and outcomes for these services.

Improving chronic disease prevention and management

Description:

Healthy behaviors among WWLHIN residents are on the decline. Between 2003 and 2007, physical activity levels decreased as did fruit and vegetable consumption. During the same time period, obesity rates steadily increased as did rates of many chronic diseases, including diabetes, high blood pressure, arthritis and asthma. These four chronic conditions account for a high proportion of doctor visits, emergency department visits and hospitalizations, and negatively influence a person's quality of life. Compounding these negative trends is the fact that, in a survey conducted in April 2009, less than half of WWLHIN residents indicated that their health professional was involved in managing their chronic condition or provided them with necessary support that enables them to manage their disease.

Key Issues:

- while prevalence of chronic conditions is lower in the WWLHIN compared to the province, the rate at which these conditions are increasing is higher in WWLHIN[17]

- unhealthy behaviours such as smoking, drinking and obesity are all more prevalent in WWLHIN than the province, and the trend in these unhealthy behaviours will negatively impact on chronic disease prevalence. For example, obesity is increasing, while physical activity and fruit and vegetable consumption are decreasing.[16]

- in 2009, only 42.8% of WWLHIN residents who are living with diabetes have had all three tests completed within the recommended timelines (A1C test, LDL test, Retinal exam). The provincial target is that 80% of residents with diabetes complete all three tests within the recommended timelines.[18]

- the percentage of residents completing all three tests within the recommended timelines varies across the WWLHIN; from 22% of people in Rural South Grey and North Wellington to 49% of residents living in Urban Guelph. This could indicate issues with access to service, physician practice or patient compliance.[17]

- based on results from a 2009 WWLHIN survey, only 32% of residents living with a chronic condition reported that their primary care provider was involved in managing their condition, 42% reported that they receive reminder letters regarding the management of their condition and 38% said they were given written instructions to help manage their condition at home[19]

[17] Canadian Community Health Survey, 2007

[18] Diabetes Care Report, July 2009

[19] Attitudes and Behaviours Toward the Health Care System in the Region Served by WWLHIN, Final Report April 2009

- standards of diabetes care vary across the WWLHIN and across the different primary care models.

Successes of the past year:

- launched the ***HEALTHeCONNECTIONS*** demonstration project, which allows patients to securely communicate with their primary care providers and gives them tools to track and monitor their health status

- expanded infrastructure to existing diabetes programs and services across the WWLHIN by expanding three of our current diabetes teams. This will allow more residents with diabetes to have timely access to services closer to home.

- initiated development of a comprehensive framework for prevention and management of chronic disease beyond diabetes which will enhance our understanding of the current delivery system and identify priority populations, and which services and resources are needed to serve these populations

- developed a comprehensive bariatric program to increase access to services for morbidly obese patients

- stabilized the WWLHIN vascular program which resulted in vascular services being available to WWLHIN residents without having to travel outside of the WWLHIN

- implemented peritoneal dialysis program in two long term care homes in partnership with the Regional Renal Program. This allows residents with end stage renal disease to remain in their home while receiving treatment and also provides long-term care options for people requiring this level of care.

- expanded home dialysis program in partnership with the Regional Renal Program which provides more patient-centred options for dialysis care

- developed a Regional Diabetes Coordination Centre to provide leadership for all diabetes-related services in Waterloo Wellington. This will lead to better outcomes for residents with diabetes.

Goals and Action Plans

Consistency with government priorities:

Improving access to, and the provision of, services for residents living with chronic conditions is consistent with the Ministry of Health and Long-Term Care priority of supporting the implementation of Ontario's diabetes strategy. Many of the initiatives underway, and planned for the next three years, will focus on improving self-

management and provision of services for persons with diabetes; however, the infrastructure, IT and programs that are being developed are intended to address other chronic conditions in the future. The sum of this work will lead to fewer ED visits and hospitalizations for people with chronic conditions as well as a healthier community overall.

Goals:

- improve the provision of chronic disease management and self care
- improve access to specialized services for patients with chronic conditions

Improvement Initiatives:

Goal: Improve the provision of chronic disease management and self care

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Implement comprehensive framework for prevention and management of chronic disease, starting with diabetes	25	25	25
Implement Diabetes Registry	50	50	0

Goal: Improve access to specialized services for patients with chronic conditions

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Implement a comprehensive bariatric program	75	25	0
Develop and implement endovascular surgery component of vascular program	50	50	0
Expand peritoneal dialysis to other long-term care homes	50	25	25
Launch Regional Diabetes Centre and associated programming	50	25	25

Continue implementation and pursue cross-LHIN alignment of vascular program	0	0	50

How will we know we have succeeded?

- decreased percentage of ER visits and hospitalizations for patients with diabetes
- increased percentage of people with diabetes who report that their primary care provider is regularly involved in the management of their chronic condition
- decreased percentage of the population with diabetes
- increased percentage of people with diabetes who have access to a primary health care provider
- increased percentage of people with diabetes, aged 18 and older, who have had all three diabetes tests, cholesterol, retinal eye exam and the HbA1C test (a measure of blood sugar control) within the recommended guideline to 80% (Ontario diabetes targets)
- increased percentage of dialysis patients who receive their dialysis at home to 35% (Ontario diabetes targets)
- increased number of approved applicants for funding for insulin pumps and supplies for adults
- increased number of annual bariatric surgeries.

What are the risks/barriers to successful implementation?

- ensuring sustainability of the WWLHIN vascular surgery program
- getting the right partners involved to implement the chronic disease prevention and management framework
- even though services may be available, compliance with testing and lifestyle modifications will remain an issue
- WWLHIN has no service accountability agreements with Family Health Teams or other primary care providers who will play an integral role in ensuring we achieve our objectives.

Improving outcomes for stroke patients through integrated programs

Description:

WWLHIN is currently home to one District Stroke Centre (Grand River Hospital); our Regional Stroke Centre is Hamilton Health Sciences. Patients who have a stroke can receive care at any of the WWLHIN acute care hospitals; however, Emergency Medical Services (EMS) will take any patients that exhibit signs and symptoms of a stroke directly to Grand River Hospital. In certain aspects of stroke care, Waterloo Wellington performs very well. Data from 2006 suggests that this includes getting potential stroke patients to the emergency department in a timely manner so they can receive proper diagnostic testing quickly and receive appropriate medication to reduce the effects of stroke. However, the area that requires improvement is post-stroke care. Waterloo Wellington has a higher than average three-month readmission rate for stroke (2005-2006) as well as 30-day stroke in-hospital mortality rates (2007-2008). These rates can be improved through the availability of more inpatient and outpatient rehabilitation services for both mild and severe stroke patients. Presently, more residents in the WWLHIN (than the provincial average) who were hospitalized for stroke were sent home without any home care services.

Key Issues:

- risk factors for stroke have been increasing among WWLHIN residents between 2003 and 2007; these include smoking, overweight and obesity, physical inactivity and poor diet.[20]

- stroke in-hospital mortality rate for WWLHIN between 2005-2006 and 2007-2008 was 20.3, which was the second highest in the province[21]

- as of 2005-2006 readmission rates within three months following stroke were the second highest in the province[22]

- in 2004-2005, fewer WWLHIN residents who suffered from a severe stroke were sent to inpatient rehabilitation (26.4%), which was lower than the provincial average at that time of 35.1%. The percentage of severe stroke patients sent to inpatient rehabilitation in 2004-2005 dramatically decreased from the percentage in 2002-2003, which was 51.3%. During the same time period, the number of severe stroke patients being sent to LTC increased from 2.0% to 17.9% which was higher than the provincial average of 11.9% in 2004-2005.[23]

- patients who do not get appropriate follow-up care after a stroke are more likely to be readmitted, suffer long-lasting disability and have an increased risk of mortality.

[20] Canadian Community Health Survey, 2007
[21] Health Indicators Report, 2009. Canadian Institute for Health Information
[22] Ontario Stroke Evaluation Report 2006: Technical Report
[23] Registry of the Canadian Stroke Network – Report on the 2004/05 Ontario Stroke Audit

Successes of the past year:

- expanded the timeframe for being able to safely administer the drug tPA from 3.0 hours to 4.5 hours
- implemented Alpha-FIM at Grand River Hospital, which is a tool administered to all acute patients who have suffered a stroke within 48-72 hours that determines the most appropriate level of rehabilitation required
- implemented a dysphasia screening tool at Grand River Hospital, which is being used throughout the hospital. This is a very simple swallowing test that decreases aspiration pneumonia among stroke patients
- developed standardized care maps, routine stroke orders and patient education across the WWLHIN
- implemented a stroke navigation tool which has been given to health care providers across the continuum of care and lays out the best practice procedures that should be undertaken for patients who are at risk of stroke, have had a stroke and are recovering from stroke
- developed a plan for system-wide EMS services
- developed a plan to ensure successful community re-integration of stroke survivors
- conducted a review of stroke services in the WWLHIN, which will guide the provision of best-practice stroke care in Waterloo Wellington for the next three to five years.

Goals and Action Plans

Consistency with government priorities:

By improving outcomes for stroke patients in the WWLHIN, we will see fewer people going to an emergency department, which will decrease wait times and hospital admissions, which will help improve our percentage of ALC days. Furthermore, the primary prevention aspect of the stroke strategy will impact on the chronic disease prevention and management priority by reducing the severity of stroke impairment and the burden of stroke care.

Goals:

- improve prevention and management of patients at risk of stroke by primary care providers

- reduce readmission rates and mortality rates to the provincial average.

Improvement Initiatives:

Goal: Improve Primary Prevention and management in Primary Care

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Implement education sessions for high school students focused on stroke prevention	25	25	25
Implement "Living with Stroke" education program with Mennonite population	25	25	25
Strengthen linkages to promotion and public awareness of signs and symptoms of stroke with CHCs and FHTs – expand to other models of primary care	25	25	50
Implement RNAO best practice smoking cessation guidelines at all WWLHIN hospitals	50	25	25

Goal: Reduce Readmission rates and Mortality rates to the provincial average

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Develop a model for clustering stroke care (acute and rehab) across HNHB and WW LHINs	100	0	0
Implement a plan for system wide EMS services for stroke patients across WWLHIN	100	0	0
Expand Alpha-FIM across WWLHIN	100	0	0
Expand dysphasia screening tool to acute care facilities across WWLHIN	75	25	0
Implement a regional evaluation and monitoring mechanism to track	50	25	25

optimization and best practice stroke care across the continuum			
Implement clustered stroke units across WWLHIN (acute and rehab)	0	50	50
Implement standard assessment tools for acute and rehab across WWLHIN	0	25	50
Implement stroke navigation tool across WWLHIN	25	50	25
Implement recommendations from WWLHIN Stroke Services Review	25	50	25

How will we know we have succeeded?

- increased change in FIM scores (rehabilitation assessment tool) during inpatient rehabilitation
- patients had appropriate length of stay in rehabilitation
- decreased 30-day readmission of patients with stroke to acute care
- decreased 30-day stroke in-hospital mortality rate
- increased percentage of stroke patients discharged to rehabilitation
- increased percentage of stroke patients managed on a designated stroke unit.

What are the risks/barriers to successful implementation?

- funding/time/motivation on behalf of necessary partners in implementing our improvement initiatives
- availability of current data which affects our ability to make decisions about where services should be offered and what issues are facing our community
- community resources available to post-acute stroke patients
- current stroke data sets are not linked to one another.

Decreasing Alternate Level of Care (ALC) Days

Description:

Alternate level of care (ALC) refers to patients in hospital who no longer require treatment for an acute illness; however, they cannot be discharged for a number of reasons including lack of appropriate home care supports or they are waiting for placement into a long-term care home.

ALC patients occupy hospital beds which are needed for others who are being admitted through the emergency department. As of August 2009, in Waterloo Wellington, there are approximately 17% of patient days classified as ALC, which means that at any given time, approximately 150 beds across all WWLHIN hospitals are occupied by patients who no longer require care provided by the hospital. The provincial average for the same period is 15.6% ALC days. The WWLHIN target for 2009 - 2010 is 9.46%.

Key Issues:

- patients who have long ALC length of stays experience significant functional decline
- between September 2008 and August 2009 in the WWLHIN, approximately 60% of all acute ALC patients were waiting for placement to a long-term care home, 17% were waiting for a rehabilitation bed, 9% were waiting for a palliative bed[24]
- current location and type of Long-Term Care (LTC) beds does not align with current demand
- as of August 2009, long-term care occupancy in WWLHIN was at 99.7%[25]
- average length of stay in long-term care homes in WWLHIN is 2.5 years[24]
- WWLHIN has the lowest supply of semi-private beds per 1,000 residents 75+ in the province and the second highest demand and waitlist per long-stay bed in the province[24]
- characteristics of long stay ALC patients (waiting over 60 days) include: behaviour issues (aggression, severe dementia, wandering), heavy care needs and patient requires two-person lifts.[26]

Successes of the past year:

- implemented various Aging at Home Year 2 initiatives which resulted in a decrease in ALC from a high of 22% to a low of 16%. Examples of these initiatives include:

[24] Hospital Monthly ALC Reporting, 2008-2009
[25] Long-Term Care Home System Report, August 2009
[26] Long-Stay ALC patient reports 2009

- launched the Integrated Assisted Living Program for seniors in 3 sites across the WWLHIN
- community Palliative Supportive Care Teams
- supportive housing
- ABI Transitional Housing
- expanded Attendant Outreach services
- Intensive Geriatric Support Workers across WWLHIN to support the implementation of Geriatric Emergency Management (GEM) nurses in the community
- expanded overnight respite for persons with Alzheimers and related dementias

- launched transition program including Transition Beds, Long Term Care Interim Beds and Palliative Supportive Care, which has allowed ALC patients to move to a more appropriate level of care while waiting placement in their destination

- initiated implementation of the Home First philosophy which will ensure that patients are assessed for LTC in the most appropriate setting and enable appropriate resources to support discharge home

- expanded PSW services through WWCCAC

- expanded Attendant Outreach services in Waterloo Region which ensures that seniors have the opportunity to remain the community with appropriate supports and delay admission to LTC

- implemented the recommendations from the Complex Continuing Care Review which led to CCC resources being optimized across the WWLHIN

- launched 33 bed supportive housing program.

Goals and Action Plans

Consistency with government priorities:

Decreasing Alternate Level of Care days is a key component of the provincial ED/ALC strategy. By focusing our efforts on two key areas, improving acute bed utilization and improving access to community services, we will drive down our per cent of ALC days, ensure that patients receive services in the most appropriate setting and alleviate ED wait time by freeing up acute care beds.

Goals:

- improve acute bed utilization

- improve access to community services to enhance hospital discharge opportunities

Improvement Initiatives:

Goal: Improve acute bed utilization and improve access to community services to enhance hospital discharge opportunities

System Improvement Initiative	2010-2011	2011-2012	2012-2013
	Number indicates % completion of each of the system improvement initiatives anticipated in each of the three years		
Implement integrated WWLHIN palliative care program	100	0	0
Launch 10 bed residential hospice	100	0	0
Implement resource matching tool to facilitate referral to community services	25	25	25
Expand the Integrated Assisted Living Program for seniors	90	10	0
Launch 16 supportive housing beds for Acquired Brain Injury	100	0	0
Implement Home First Philosophy and transition program across WWLHIN	75	25	0
Refine and consistently apply LTC discharge criteria and policies	75	25	0
Open 288 new LTC beds	75	25	0
Develop standardized intake and discharge processes to support specialized care units	50	25	25
Identify opportunities for LTC homes to accept higher acuity level residents	50	25	25

LTC home redevelopment	25	25	25
Identify opportunities for LTC homes to optimize use of community resources	50	25	25

How will we know we have succeeded?

- decrease in the percentage of ALC days to meet the provincial target, currently at 9.46%

What are the risks/barriers to successful implementation?

- ALC initiatives require a coordinated approach with involvement from many partners from different sectors. This causes challenges in implementing system-wide changes as there are different perspectives, funding and processes across the health care system.
- discharge planning processes vary across hospitals which requires system solutions to be adapted to individual facilities
- construction of new LTC homes and redevelopment of LTC homes may potentially be delayed
- current transition program ends on March 31, 2010
- provincial extension of the current L-SAA may affect timelines and/or outcomes for certain improvement initiatives
- policy barriers around implementation of behavioural units in LTC homes.

Resource impact on the system

The previous section outlines the system improvement initiatives, or activities, that will be carried out by various health service providers, networks and committees across Waterloo Wellington during the next three years. These initiatives will help us achieve each of our goals related to the community's eight IHSP, 2010-2013 priorities and ultimately our vision of a health care system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren.

As part of the plan, it is important that we identify the resource impact that the implementation of these activities will have on our health care system. Outlined in Table 1 are the costs associated with all of the planned activities related to our IHSP, 2010-2013 priorities. It is important to note that this only represents funding that will flow directly from the Waterloo Wellington LHIN to our various health service providers and does not include any activities mentioned previously in this document that may be funded directly from the Ministry of Health and Long-Term Care, a health service provider, or another source.

The general assumptions governing the distribution and level of resources include:

- No funding increases for any sector relative to funding provided in 2009/10. This includes the following funding initiatives specifically intended for hospitals:
    - Small Hospitals Funding
    - Growth Funding
    - Funding Formula

- Any changes to funding levels that have already been communicated to health service providers, specifically:
    - Neonatal Intensive Care Units (Hospitals)
    - Sessional Fees (Mental health service providers)
    - Adjustments to physician base salaries (Community Health Centres)
    - RUGS changes (Long-Term Care Homes)
    - Approved Aging at Home projects (All affected providers)
    - M-SAA Agreements (Community providers)

Table 1: Health Service Provider Funding for WWLHIN (2009/10-2012/13)

Base Funding	2009/10	2010/11	2011/12	2012/13
Hospitals	517,338,239	527,549,996 (1)	527,549,996	527,549,996
Long-Term Care Homes	138,749,933	139,189,129 (2)	139,189,129	139,189,129
Waterloo Wellington Community Care Access Centre	96,572,856	101,115,917	101,067,953	101,057,901
Community Support Services	13,822,729	15,073,394	15,073,394	15,073,394
Acquired Brain Injury	1,323,900	2,231,402	2,231,402	2,231,402
Assisted Living Services in Supportive Housing	6,306,400	6,206,398	6,206,398	6,206,398
Community Health Centres	15,453,954	15,544,550	15,544,550	15,544,550
Community Mental Health	27,552,500	27,841,282	27,841,282	27,841,282
Addictions Program	7,674,240	7,674,236	7,674,236	7,674,236
Specialty Psychiatric Hospitals	29,358,500	29,659,129 (3)	29,659,129	29,659,129
Sub-total	**854,153,251**	**872,085,433**	**872,037,469**	**872,027,417**

One-time Funding	2009/10	2010/11	2011/12	2012/13
Hospitals	20,610,892	11,009,894 (4)	11,009,894	11,009,894
Long-Term Care Homes	321,397	-	-	-
Waterloo Wellington Community Care Access Centre	(2,183,296)	-	-	-
Community Support Services	(38,909)	-	-	-
Acquired Brain Injury	-	-	-	-
Assisted Living Services in Supportive Housing	-	-	-	-
Community Health Centres	(318,774)	-	-	-
Community Mental Health	(59,840)	-	-	-
Addictions Program	805,000	-	-	-
Specialty Psychiatric Hospitals	550,000	-	-	-
Sub-total	**19,686,470**	**11,009,894**	**11,009,894**	**11,009,894**

Other Funding	2009/10	2010/11	2011/12	2012/13
Urgent Priorities Funding	-	2,339,761	2,339,761	2,339,761
Aging at Home Strategy	650,556	4,814,107	4,814,107	4,814,107
Aging at Home Holdback		(2,276,950)	(2,276,950)	(2,276,950)
Emergency Department Action Plan	5,750	149,050	149,050	149,050
New Long-Term Care and Mental Health Services	-	10,838,202 (5)	30,989,128	40,799,148
Sub-total	**656,306**	**15,864,170**	**36,015,096**	**45,825,116**

TOTAL	874,496,027	898,959,496	919,062,459	928,862,427

Notes:

(1.) The stated Hospital base funding includes base global funding, base allocations of prior years' Aging at Home funding and Urgent Priorities funding, as well as the following amounts considered as base:

- Nurse Practitioner funding of $738,000;
- Proposed 2010/11 hospital formula funding of $4,176,971 (criteria based) and $3,845,800 (non-criteria based);
- Small Hospital funding of $149,100 (subject to government confirmation);
- High Growth funding of $651,900 (subject to government confirmation);
- Grants to compensate for Municipal Taxes of $159,225.

(2.) Reflects a funding reduction for an Aging at Home initiative, beginning 2010/11.
(3.) Includes base global funding as well as the following amounts considered as base:

- Proposed 2010/11 hospital formula funding of $82,129 (criteria based) and $218,500 (non-criteria based).

(4.) Reflects approved Wait Times funding of $8,734,300 and Capital funding of $2,275,594.
(5.) Reflects preliminary estimation of the resources required to provide services through 331 new Long-Term Care beds and divested longer-term mental health beds and associated community services, based on the following assumptions:

- 96 new LTC beds will be opened in October 2010;
- 192 new LTC beds will be opened in October 2011;
- 43 new LTC beds will be opened in December 2012;
- The 50 divested mental health beds will be opened in October 2010;
- The divested mental health community services will be provided effective October 2010.

WWLHIN Operations

Table 2 below presents actual expenditures for 2009-2010 and planned expenditures for the period of this Annual Business Plan, 2010-2011 through to 2012-2013.

As the budget announcement has not yet been made and therefore funding targets have not been confirmed, the WWLHIN has assumed a zero per cent increase in funding allocation. The WWLHIN Operations Spending Plan also assumes the following:

- 29.5 FTE's
- Total Employee Benefits as 20% of Salaries and Wages
- Total Governance Costs are flat from the 2009-2010 allocation
- Accommodation cost and LSSO shared cost are both based on anticipated cost increases as at the time of ABP submission

Table 2: WWLHIN Operations Spending Plan

LHIN Operations Sub-Category ($)	2009/10 Actuals	2009/10 Allocation	2010/11 Planned Expenses	2011/12 Planned Expenses	2012/13 Planned Expenses
Salaries and Wages	2,213,360	2,418,801	2,451,904	2,451,904	2,451,904
Employee Benefits					
HOOPP	237,232	226,059	230,472	230,472	230,472
Other Benefits	252,332	214,865	220,908	220,908	220,908
Total Employee Benefits (Note 1)	***489,565***	***440,924***	***451,381***	***451,381***	***451,381***
Transportation and Communication					
Staff Travel	39,505	47,000	58,619	58,619	58,619
Governance Travel	12,239	14,000	11,337	11,337	11,337
Communications	69,097	139,050	72,999	72,999	72,999
Other Benefits	5,000		-	-	-
Total Transportation and Communication	***125,842***	***200,050***	***142,955***	***142,955***	***142,955***
Services					
Accommodation	210,273	252,943	287,080	287,080	287,080
Advertising	31,580	-	44,900	44,900	44,900
Banking	-		-	-	-
Community Engagement	62,195	78,691	-	-	-
Consulting Fees	158,181	255,441	192,375	192,375	192,375
Equipment Rentals	16,589	21,500	35,524	35,524	35,524
Board Chair Per Diems	82,250		72,800	72,800	72,800
Other Governance Per Diems	34,100	149,170	64,685	64,685	64,685
LHIN Collaborative	12,286		50,000	50,000	50,000
LSSO Shared Costs	362,714	300,000	322,941	322,941	322,941
Other Meeting Expenses	41,015	43,000	45,950	45,950	45,950
Other Governance Costs	57,647	24,200	26,627	26,627	26,627
Printing & Translation	49,105	53,000	45,500	45,500	45,500
Staff Development	52,534	45,500	54,698	54,698	54,698
Total Services	***1,170,469***	***1,223,444***	***1,243,080***	***1,243,080***	***1,243,080***
Supplies and Equipment					
IT Equipment			-	-	-
Office Supplies & Purchased Equipment	31,462	71,200	65,099	65,099	65,099
Total Supplies and Equipment	***31,462***	***71,200***	***65,099***	***65,099***	***65,099***
E-Health	***600,000***	***600,000***	***600,000***	***600,000***	***600,000***
LHIN Operations: Total Planned Expense	4,630,697	4,954,419	4,954,419	4,954,419	4,954,419
Annual Funding Target	4,954,419		4,954,419	4,954,419	4,954,419
Variance (Note 2)	- 323,722		-	-	-
One-Time Funding					
Ontario Diabetes Strategy	25,000	25,000	25,000	25,000	25,000
ED Lead	75,000	75,000	75,000	75,000	75,000
ER/ALC Lead	100,000	100,000	100,000	100,000	100,000
Aboriginal Community Engagement	5,000	5,000	5,000	5,000	5,000
Diabetes Self-Management	16,351	35,000			
HEIA Pilot	-	8,500			
French Language Services	15,163	61,700	61,700	61,700	61,700
Total Non-Operational Funding	***236,514***	***310,200***	***266,700***	***266,700***	***266,700***
One-Time Funding Target	310,200		266,700	266,700	266,700
Variance (Note 3)	- 73,686		-	-	-

Note 1: Vacation accrual and higher-than-budgeted mandatory benefits contributed to the 2009/10 total employee benefits exceeding allocation.
Note 2: The 2009/10 variance represents deferred capital contributions in the fiscal year.
Note 3: The 2009/10 variance includes $46,537 in one-time French Language Services funding approved for deferral to 2010/11.

WWLHIN Staffing Plan

Table 3: WWLHIN Staffing Plan (Full-Time Equivalents)

Position Title	2008/09 Actuals as of Mar. 31 FTEs	2009/10 Forecast FTEs	2010/11 Forecast FTEs	2011/12 Forecast FTEs	2012/13 Forecast FTEs
CEO	1	1	1	1	1
Senior Director	2	2	2	2	2
CIO	1	1	1	1	1
Executive Assistant	1	1	1	1	1
Receptionist	1	1	1	1	1
Program Assistant	2	2	2	2	2
Admin Assistant	4	4	4	4	4
Controller	1	-	-	-	-
Planner	1	1	1	1	1
Analyst		1	1	1	1
Sr. Analyst	2	3	3	3	3
Program Lead	2	3	3	3	3
Manager	3	3	3	3	3
Sr. Manager	3	3	3	3	3
Sr. Manager eHealth	1	1	1	1	1
Assistant eHealth	1	1	1	1	1
Community Services Lead	1	1	1	1	1
Webmaster	.5	.5	.5	.5	.5
Total FTEs	27.5	29.5	29.5	29.5	29.5

Communications Plan

The WWLHIN develops an annual Corporate Communications Plan to support its mission, vision, and values. A number of communications strategies are implemented to strengthen relationships with its stakeholders including health service providers, community partners, political leaders (municipal, provincial, and federal), media outlets, consumers and residents. The WWLHIN is committed to working in an open, transparent and accountable manner as it continues to lead the transformation of our local health care system.

The Annual Business Plan contains many elements for announcements, and has been incorporated into the Communication Plan developed for *Working Together for a Healthier Future, Integrated Health Service Plan, 2010 - 2013.*

The WWLHIN will make the Annual Business Plan available to the public, stakeholders and health service providers through a variety of methods, including printed copies, electronic copy posted to the WWLHIN website, and providing regular updates in newsletters or bulletins.

The annual Corporate Communications Plan supports the WWLHIN through:

- Affirming the WWLHIN's role as managing the transformation of the health care system that is in the community's best interest and in an open and transparent manner.
- Raising awareness of the strategic directions and key initiatives of the organization, including fiscal responsibilities.
- Increasing external stakeholders' awareness of current and emerging health related issues.
- Outlining and optimizing opportunities to engage in community activities.
- Increasing public understanding of the WWLHIN while enhancing positive relations with community stakeholders.
- Providing opportunities to support health service providers' in their communication development efforts.

The WWLHIN's Corporate Communications Plan for 2010 – 2011 outlines:

- Strategic Objectives
- Internal and External Stakeholders
- Schedule of Strategies including media and government relations activities
- Measurement and Reporting Mechanism

Appendices

Appendix 1: Improving Wait Times for Magnetic Resonance Imaging (MRI) Exams

Current Status:

Scope of services provided –There are currently a total of two MRI machines operating in two WWLHIN hospitals and one MRI machine operating in a clinic setting.

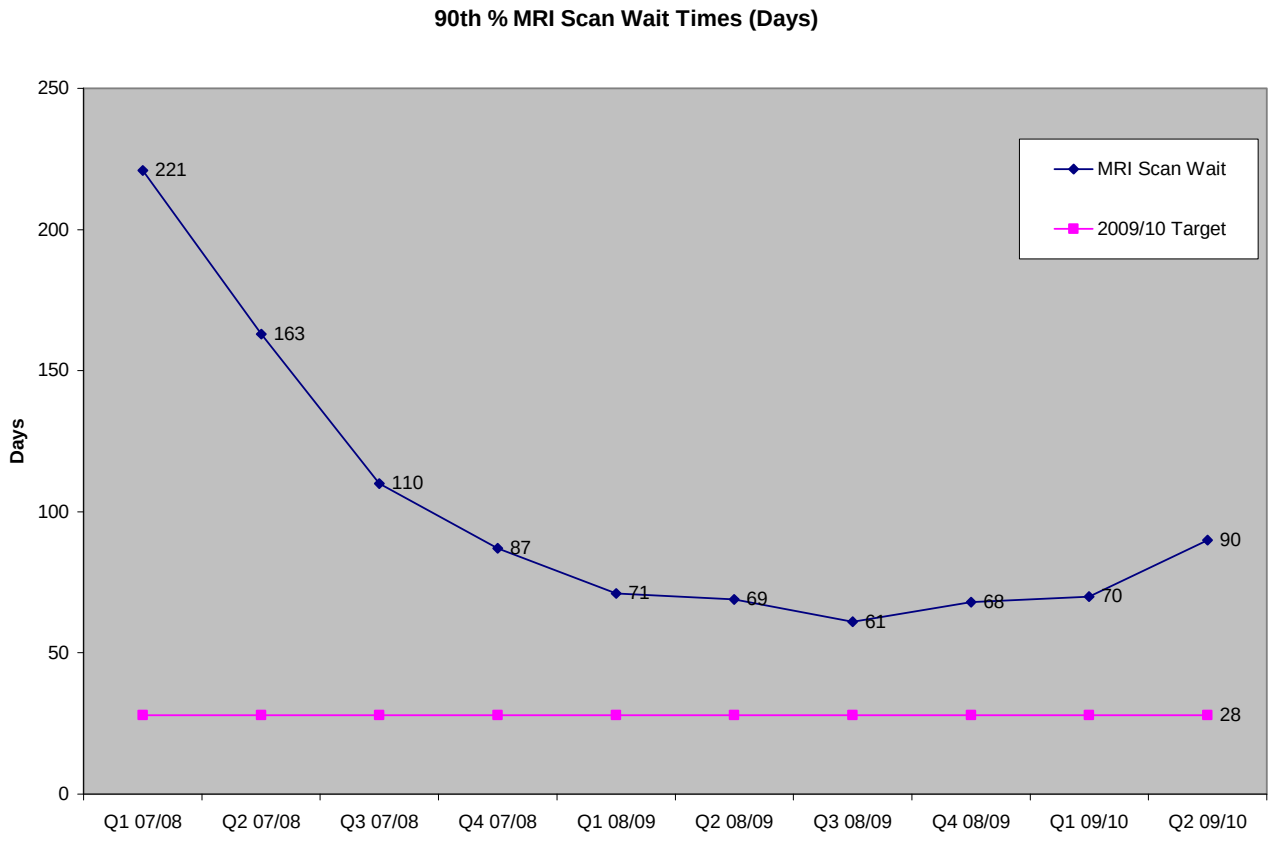
Number and types of clients serviced annually:

Number of scans completed at each of the three MRI locations in Waterloo Wellington during 2008-2009:

Guelph General Hospital – 9,568

Grand River Hospital – 8,078

Kitchener-Waterloo KMH Cardiology and Diagnostic Centre – 3,969



Source: MRI Wait Times, accessed through iPort Access

Appendix 2: Improving access to Emergency Department (ED) care

Current Status:

Scope of services currently provided – There are six hospitals in the WWLHIN that have Emergency Departments and all have undergone significant positive changes during the past year as a result of several initiatives. The ED performance improvement project has seen hospitals reorganize their EDs to ensure better flow of patients, quicker turn around times for important diagnostic tests and more efficient discharge of patients. The ED pay-for-results program has also seen two hospitals add new services and improve on efficiencies. The launch of several programs including, ambulance offload nurses and GEM nurses program have also contributed to more efficient ED operation.

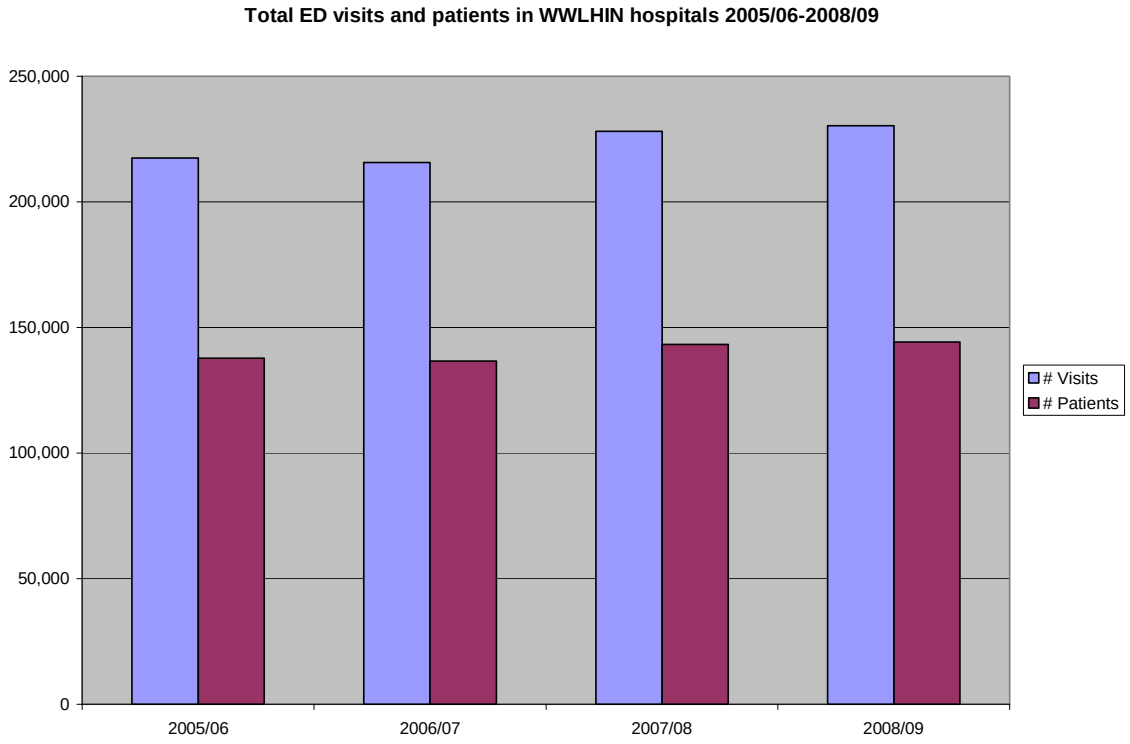
Concurrently, work is underway to provide alternatives to the ED for WWLHIN residents. Some of these include Aging At Home year 1 initiatives, for example First Link and Access to care for the homeless, increased PSW services to residents as well as additional capacity that will be coming online in the next few year (50 longer-term MH beds, 288 LTC beds, 33 Supportive Housing beds, etc.).

Number and types of clients serviced annually:

2008-2009 total volume of unscheduled ED visits in WWLHIN: 230,364 visits, 144,233 patients

Hospital	# Visits	# Patients
GUELPH GENERAL HOSPITAL	43,572	29,562
CAMBRIDGE MEMORIAL HOSPITAL	45,342	29,863
GRAND RIVER HOSPITAL CORP-WATERLOO SITE	55,603	39,405
GROVES MEMORIAL COMMUNITY HOSPITAL	22,727	14,756
ST MARY'S GENERAL HOSPITAL	43,551	30,124
NORTH WELLINGTON HEALTH CARE-MOUNT FOREST	10,922	5,378
NORTH WELLINGTON HEALTH CARE-PALMERSTON	8,647	4,425

Source: Ambulatory Care Data Table, Intellihealth, extracted 11-15-2009



Source: Ambulatory Care Data Table, Intellihealth, extracted 11-15-2009

ED volumes in WWLHIN, 2008-2009 by triage level (CTAS 1-5)

Triage Level	# Patients	# Visits	% of Total Visits
	22	22	--
(1) RESUSCITATION/LIFE THREATENING	820	844	0.3
(2) EMERGENT/POTENTIALLY LIFE-THREATENING	23,154	27,824	12.1
(3) URGENT/POTENTIALLY SERIOUS	75,686	100,196	43.5
(4) LESS-URGENT/SEMI-URGENT	66,333	84,486	36.7
(5) NON-URGENT	11,382	16,992	7.4

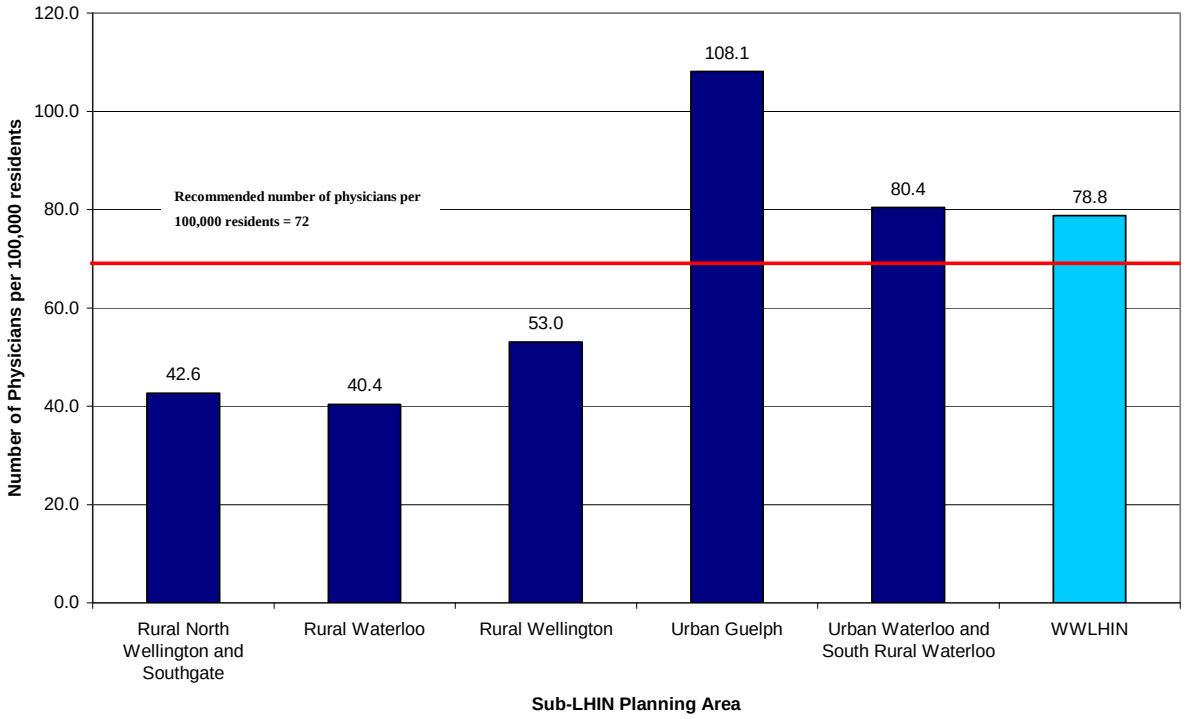
Source: Ambulatory Care Data Table, Intellihealth, extracted 11-15-2009

Appendix 3: Improving access to primary care

Current Status:

Scope of services currently provided – In the WWLHIN, we currently have nine Family Health Teams that as of 2007 served approximately 141,000 residents. We also have four Community Health Centres operating six sites that in 2009-2010 budgeted to have approximately 23,500 active clients. In addition to these two primary care models, physicians in WWLHIN may belong to another model such as a Family Health Organization, Family Health Network, Family Health Group or traditional fee-for-service physicians. In 2008, there were approximately 575 physicians practicing family medicine in WWLHIN. However, this doesn't capture physicians who may work part time or those physicians who are close to retirement.

Number of Physicians per 100,000 Residents by Sub-LHIN Planning Area, 2008



Source: Ontario Physician Human Resources Data Centre – Active Physicians in Ontario by Census Subdivision, 2008

Models of Primary care WWLHIN

Family Practice Model	# of physicians	# of patients	percent of total patients rostered	percent of population
Family Health Network	171	251182	40.8	35.0
Family Health Group	75	101122	16.4	14.1
Family Health Organization	62	122575	19.9	17.1
Family Health Team	100	141107	22.9	19.6
All Primary Health Care	408	615986	100	85.7

Source: Ministry of Health and Long Term Care, June 2007

Appendix 4: Improving access to, and coordination of Addictions and Mental Health Services

Current Status:

Inpatient Mental Health

- Total number of Mental Health beds in our LHIN in 2008-2009 was 346, with 280 of those located at Homewood in Guelph, 10 beds at Cambridge Memorial Hospital and 55 beds at Grand River Hospital - Kitchener. This represents approximately 22% of our total bed stock (including complex continuing care and rehabilitation)
- In 2007-2008, there were 852 non-designated psychiatry inpatient acute separations, 56 per cent of those patient days were alternate level of care days
- In the same time period there were 3,590 designated acute care separations with no ALC days
- Outpatient care is provided at three of our hospitals, Cambridge Memorial and Grand River Hospital and include: child and family mental health services, seniors mental health, adult outpatient mental health, community outreach, crisis team, medication follow-up clinic, addictions treatment and withdrawal management centre
- Main reason for admission to adult designated mental health beds were: psychiatric symptoms, addiction problems and self-threat. (OMHRS 2006-2008)
- **Demographics of patients admitted to designated mental health beds:** half were between the ages of 25-44, 50 per cent were smokers, 36 percent were unemployed at the time of admission, 45 per cent of those admitted had at least some post-secondary education
- **Previous mental health utilization of admitted patients:** half had contact with community mental health services within the past year, 60 per cent had at least one previous self-reported psychiatric admission in their lifetime, 30 per cent had a history of suicide attempts, 40 per cent had a history of self injury

Source: Adult Mental Health Data, Ontario Ministry of Health & Long-Term Care, Provincial Health Planning Database.

ED visits

- Between 2006-2007 and 2007-2008 WWLHIN emergency departments saw over 15,520 visits for addictions and mental health issues
- The most common reason for ED visits were: substance-related disorders, anxiety disorder, and depression
- 50% of ED visits for addictions and mental health issues were for people between the ages of 31-65
- 20% of patients who visited the ED did so between 2 and 5 times

Source: Repeat Mental Health ED Visits (2006-2007-2007-2008 combined), Health Analytics Branch , Ministry of Health and Long-Term Care

Community Mental Health

The Waterloo Wellington LHIN funds 16 addictions and mental health service providers. Projections show that these LHIN-funded organizations will provide service to approximately 46,963 WWLHIN residents in 2009-2010. It must be noted that the services and associated individuals served are only those that are funded through the WWLHIN. Many of these organizations have other programs and services that are not LHIN-funded.

Provider	Services Provided	Total Individuals served
Ray of Hope	▪ Addictions treatment Substance abuse ▪ Residential addiction ▪ Day evening addictions treatment	331
Portage Ontario	▪ Substance Abuse Program	24
Cambridge Memorial Hospital	▪ Mental health Counseling and Treatment ▪ Mental health Psychogeriatric	3124
Grand River Health Centre	▪ Withdrawal management ▪ Day/night care ▪ Case management Mental health ▪ Psychiatric Follow up	4228
Wellington-Dufferin Homes for Psychiatric Rehabilitation (Dunara)	▪ Supports within housing	36
Torchlight Services - Community Options Program to Employment (COPE)	▪ Vocational/employment services	40
Trellis Mental Health and Developmental Services	▪ Crisis intervention ▪ Case management Mental health ▪ Other Mental health services ▪ Early Intervention ▪ Diversion/court support ▪ Counseling and treatment ▪ Psychogeriatric	10485
Homewood Health Centre Inc.	▪ Case management Mental health ▪ Assertive Community Treatment team ▪ Education/Awareness ▪ Addictions treatment – substance abuse and problem gambling	2398
Family Counselling and Support Services for Guelph-Wellington - Outreach Program	▪ Abuse services	22
Waterloo Regional Self-Help for Psychiatric Consumer/Survivors	▪ Peer/self help ▪ Case management Mental health	514
Canadian Mental Health Association, Grand River Branch	▪ Crisis intervention ▪ Peer/self help ▪ Case management Mental health ▪ Diversion/court support ▪ Counseling and treatment ▪ Supports within housing ▪ Education/awareness ▪ Family Initiatives ▪ Information and referral	21402

Waterloo Regional Homes for Mental Health Inc.	▪ Short term crisis beds ▪ Assertive Community Treatment team ▪ Support within housing ▪ Case management	1057
Mosaic Counselling and Family Services	▪ Abuse services	200
Stonehenge Therapeutic Community Inc.	▪ Case management Substance abuse ▪ Assessment/treatment plan ▪ Addictions treatment Substance abuse ▪ Residential addictions	737
St Mary's General	▪ Addictions treatment- substance abuse and problem gambling	1757
House of Friendship of Kitchener	▪ Assessment and treatment planning ▪ Residential addiction ▪ Supportive treatment ▪ Day/evening addictions treatment	608

Source: WWLHIN Performance Inventory of Health Service Providers, 2009/10 Projections

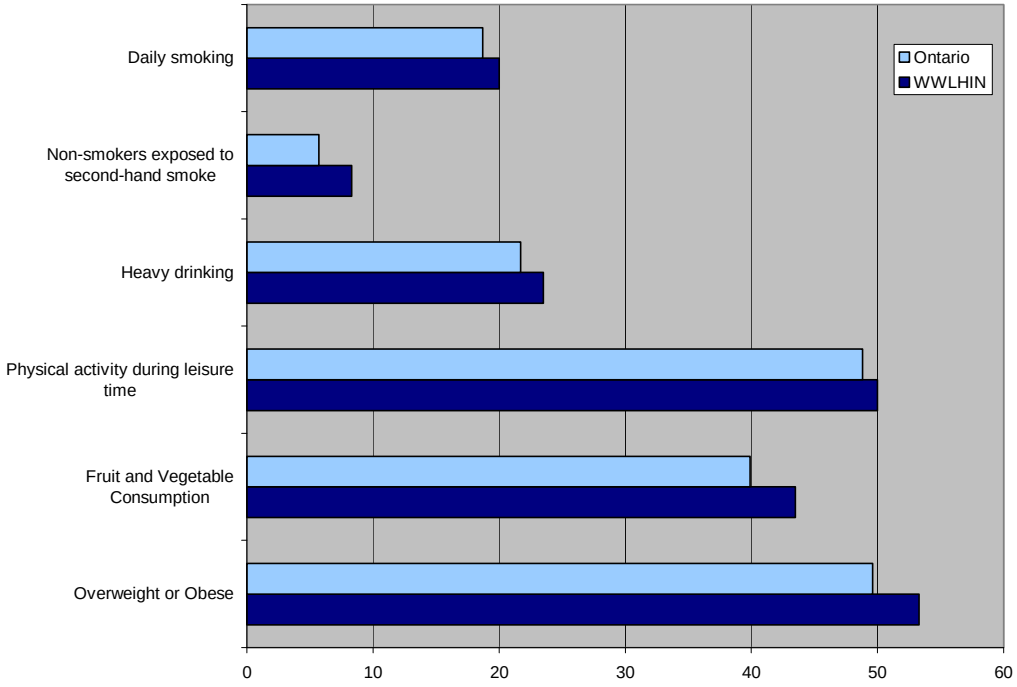
Appendix 5: Improving chronic disease prevention and management

Current Status:

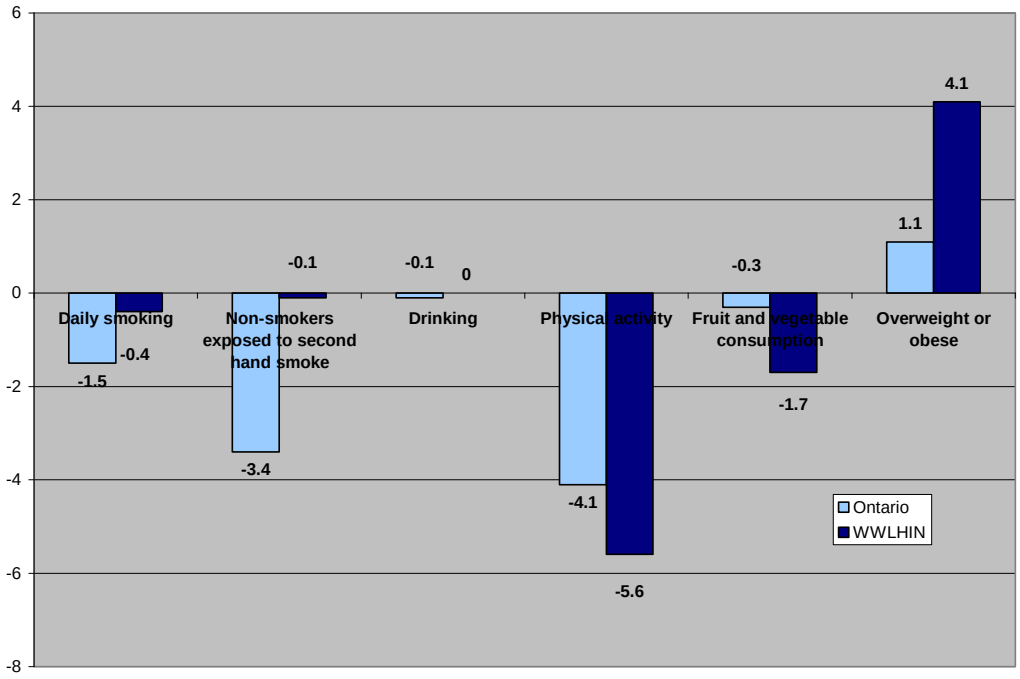
Scope of services currently provided – Chronic disease management for diabetes is provided in many settings across the WWLHIN, most notably in the Family Health Teams (FHTs), Community Health Centres (CHCs), and other models of primary care. In addition, WWLHIN has a Diabetes Education Centre (DEC) operating out of North Wellington Health Care. Examples of services offered include: nutrition and exercise counseling, wellness programs, diabetes monitoring and management, and education programs.

There are four CHCs and nine FHTs providing diabetes services, and as of March 2009, there were 41,675 people living with diabetes in the WWLHIN.

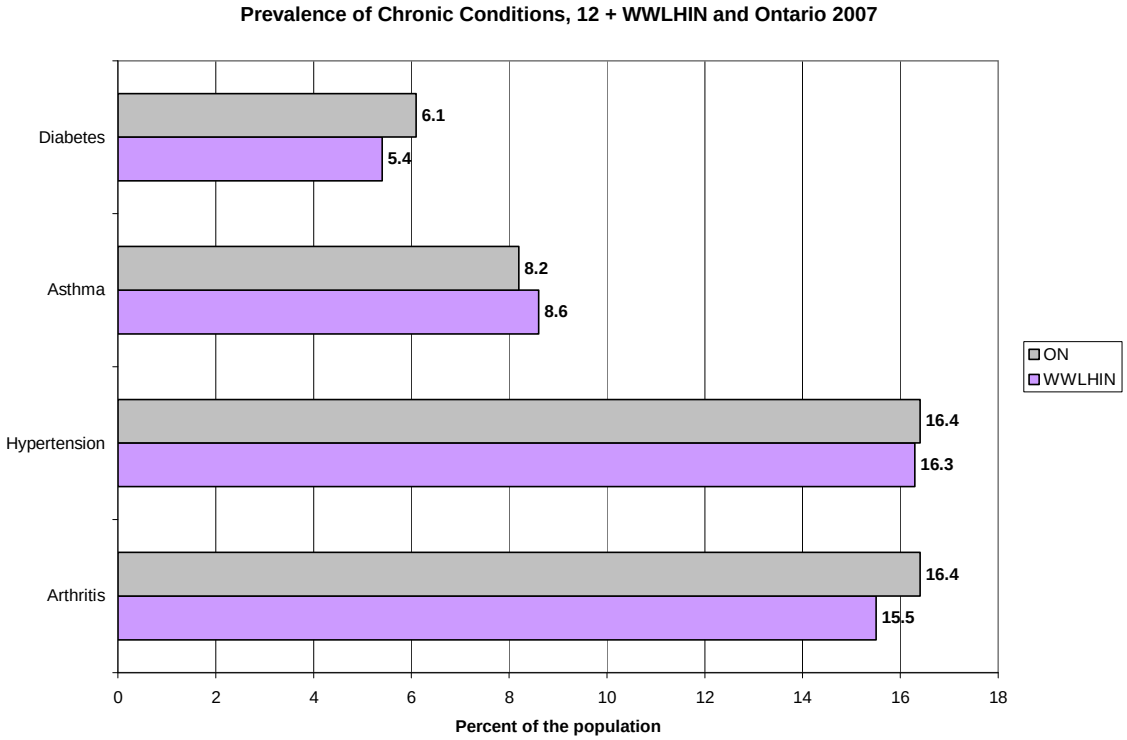
Health Behaviours, population 12+, 2007



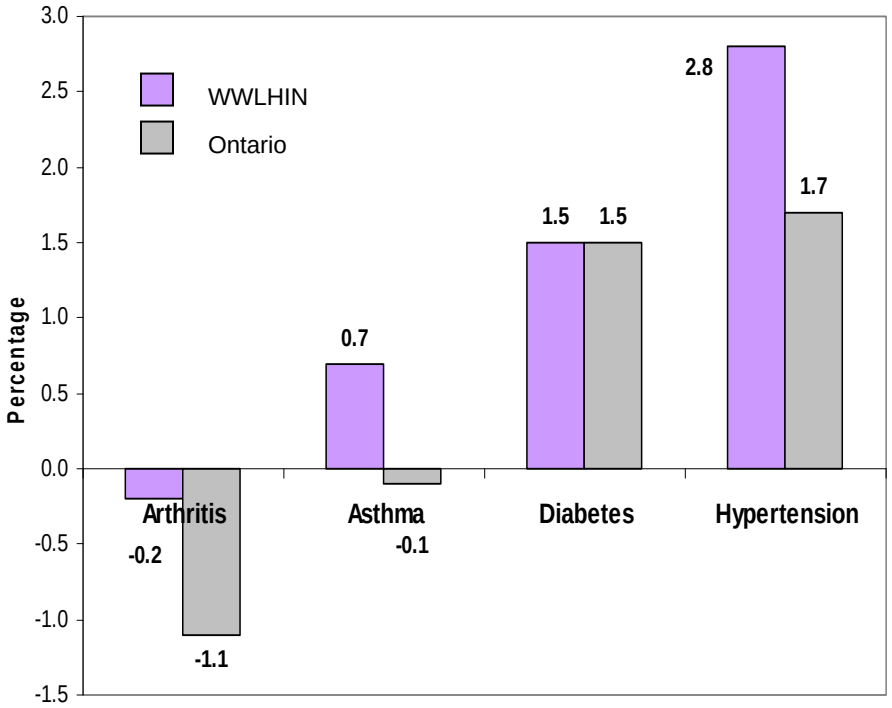
Percent Change in Health Behaviours, 2003 to 2007



Source: Canadian Community Health Survey Cycles 2.1-4.1, 2003-2007



Percent Change in Chronic Conditions between 2003-2007 (WWLHIN and Ontario)



Source: Canadian Community Health Survey Cycles 2.1-4.1, 2003-2007

Appendix 6: Improving outcomes for stroke patients through integrated programs

Current Status:

Scope of services currently provided – WWLHIN is currently home to one District Stroke Centre (Grand River Hospital); our Regional Stroke Centre is Hamilton Health Sciences. Patients who have a stroke can receive care at any of the WWLHIN acute care hospitals; however, Emergency Medical Services (EMS) will take any patients that exhibit signs and symptoms of a stroke directly to Grand River Hospital as they are the only hospital that is able to deliver Tissue Plasminogen activator (tPA). This is a very effective medical intervention that can be given to some stroke patients to lessen the severity of a stroke. However, in order to administer tPA the patient must first arrive at the emergency department within 3 hours of symptom onset and then have a CT scan within 25 minutes of arrival at the ED to determine if they are eligible to receive the drug. Both inpatient and outpatient services are offered in WWLHIN in hospital settings and in community settings, but access to these services are limited. The Waterloo Wellington Community Care Access Centre (WWCCAC) also provides some of the post-stroke care required by patients, which can include physiotherapy, occupational therapy, and speech language pathology. Patients who have a mild stroke or Transient Ischemic Attack (TIA) may also be referred to a Secondary Stroke Prevention Clinic, also located at Grand River Hospital, where a nurse provides counselling on necessary medication, diet and lifestyle changes.

Number of providers providing service (2008-2009):

Number of emergency departments – 6
Acute care hospitals providing stroke care – 6
Hospitals providing rehabilitation services – 3
Organizations providing home care services – 1

Number and types of clients serviced annually:

Emergency Department Service

In 2007-2008 there were 1050 people that went to a WWLHIN emergency department for a stroke. Of that 1050, 553 people were over the age of 75. Almost half of all the ED visits related to stroke were seen at Grand River Hospital. (Ambulatory Care Data Table, Intellihealth, extracted 11-07-2009)

Acute and Rehabilitation Services

In 2007-2008 there were a total of 736 people who were discharged from a WWLHIN hospital as a result of a stroke. Half of those people were 75+.

Hospital	# of Acute Bed days for Stroke Patients	# of Acute stroke patients	# of Rehab Beds	# of Rehab Bed days for stroke patients	# of rehab stroke patients
Cambridge Memorial	955	124	--	--	--
Grand River - Waterloo	2797	344	11	175	26
Grand River - Freeport	--	--	32	3243	70
Groves Memorial	571	64	--	--	--
Guelph General	1006	136	--	--	--
North Wellington HCC	157	30	--	--	--
St Josephs Health Centre Guelph	--	--	27	1534	63
St. Mary's	258	38	--	--	--

Source: Rehabilitation Data Table, Intellihealth, extracted 11-07-2009

CCAC Stroke Care

The total number of active CCAC clients served with a stroke diagnosis in 2008-2009 was 1831; of this total, 500 were new referrals. CCAC new referral patterns:

Referral Source	# of clients
Hospital - Inpatient	255
Community - Family	97
Community - Physician	22
LTC Home	24
Hospital - Emergency Department	20
Community - Other	61
Other CCAC - Placement Choice for Out of Region Client	16
Community - Self	23
Hospital - Out Patient	5

Hospital - Same Day Surgery	8
Other CCAC - Client Transfer	20

Source: Waterloo Wellington Community Care Access Centre

Secondary Stroke Prevention Clinic (SSPC)

Between January 1, 2008 and December 31, 2008 there were 761 referrals to the Secondary Stroke Prevention Clinic

Referral Source	% of patients
Emergency physician	61.10%
Family physician	29.30%
Inpatient care	6.90%
Neurologist	<=5
Other primary care worker	<=5
Other specialist (i.e., GIM, Cardiology, etc)	1.20%
Surgeon	0.00%

Risk factors of patients referred to SSPC:

- 66% had high blood pressure
- 21% had diabetes
- 76% were smokers

Source: SPIRIT Database

Appendix 7: Decreasing Alternate Level of Care (ALC) Days

Current Status:

All of the WWLHIN acute care hospitals have ALC patients, although the number of ALC days and the discharge planning process for each facility varies widely.

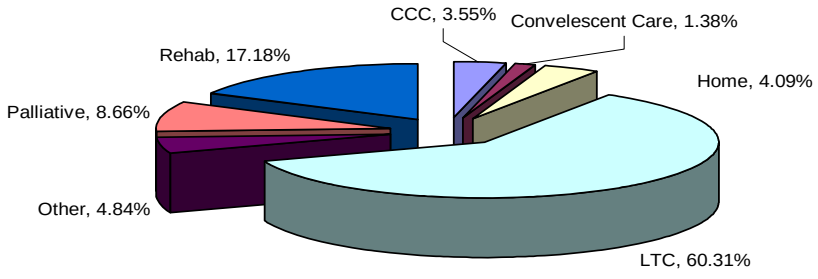
Number and types of clients serviced annually:

In 2008-2009, WWLHIN hospitals had a total number of patient days of 274,037 and 52,047 ALC patient days. This accounts for an overall ALC percentage of 19%.

Hospital	Total number of patient days 2008-2009	Total number of ALC patient days 2008-2009	% ALC
Cambridge Memorial Hospital	48,031	10,296	21.4%
St. Mary's Hospital	46,661	7080	15.2%
Groves Memorial Hospital	10,951	1104	10.1%
Guelph General Hospital	59,243	9226	15.6%
Grand River Hospital	100,768	23447	23.3%
NWHC – Mount Forest	4481	565	12.6%
NWHC – Louise Marshall	3902	299	7.7%

Source: Inpatient Separations Data Table, Intellihealth, extracted 11-10-2009.

WWLHIN % ALC by Patient Destination
September 2008 - August 2009
(Acute ALC Only)



Source: Monthly Hospital ALC Reports 2008-2009