

WWLHIN*news*

WWLHIN BOARD HIGHLIGHTS –OCTOBER MEETING

GUELPH, ON – The Waterloo Wellington Local Health Integration Network (WWLHIN) Board of Directors met on Thursday, October 22, 2009. Following are highlights from that meeting.

Education Session

Wendy Nicklin, President & CEO, Accreditation Canada, provided an overview of the accreditation process that health service organizations voluntarily undertake through this national organization. She noted that the focus of accreditation is to provide health care organizations with an external peer review process to assess and improve the services they provide to their patients and clients based on standards of excellence.

In 2008, Accreditation Canada introduced a new accreditation program called Qmentum. Qmentum emphasizes health system performance, risk prevention planning, client safety, performance measurement, and governance (leadership). The accreditation process includes three components: self-assessment, peer review, and ongoing quality improvement. In addition, the participating organizations receive ongoing support and education from Accreditation Canada. She indicated that participating organizations focus on improvement strategies and their results and outcomes.

Nicklin indicated that LHIN participation in health service provider's accreditation can assist in integrating evidence-based standards into practice, and supporting the implementation of leadership standards. She also noted that LHIN participation enhances Board members' understanding of the accreditation process (e.g. requirements, language, standards) being experienced by local health service providers. Accreditation Canada is also piloting an accreditation process for LHINs.

Voluntary Integration – Peritoneal Dialysis in Long-Term Care Homes

The WWLHIN received letters of notice for voluntary integration from Grand River Hospital (GRH) Regional Renal Program, Kitchener, and two long-term care homes: Royal Terrace Long Term and Residential Care, Palmerston, and Stirling Heights Long Term Care Centre, Cambridge. The partnerships will enable the long-term care facilities to deliver Peritoneal Dialysis (PD) ★, with assistance from Grand River Hospital, for residents with end-stage renal disease.

PD is used as an alternative to hemodialysis and enables the person to remain in the long-term care facility while receiving treatment. It also provides alternate treatment options for the increasing number of residents requiring dialysis. The provincial goal is to increase the use of PD in Ontario to 30% by 2010. Through the Grand River Hospital Regional Renal Program, currently 27.5% of the patients received PD.

Long-term care facilities can only provide PD if they have a partnership agreement with the regional program to support the delivery of care within approved standards and if the facilities meet specific criteria outlined by the Ministry of Health and Long-Term Care (MOHLTC). Through a review process, four long-term care facilities in Waterloo Wellington indicated interest in offering the procedure. Both Royal Terrace and Stirling Heights have residents who require PD, and therefore, were selected to be the first long-term care facilities to provide the procedure in partnership with Grand River Hospital.

The Board was informed that once the programs are in place at Royal Terrace and Stirling Heights, the GRH Regional Renal Program will have discussions with other long-term care facilities to further expand the PD program.

The MOHLTC will provide funding to the long-term care homes to cover the costs of delivering PD care, including staff training, equipment and supplies, and a daily cost for resident care.

The WWLHIN Board of Directors supported the voluntary integrations proposed by the hospital and the two long-term care facilities.

LHIN Shared Services Office

Sandra Hanmer, CEO, WWLHIN, presented an update on the LHIN Shared Services Organization (LSSO), which provides business function support for the 14 LHINs across the province, including information technology, human resources, legal and payroll/finance. She noted that the support for the LHINs had increased by 47% since 2005, when LSSO was first formed. The increase was due to the expanded role of the LHINs since their inception and achieving full complement of staff in the 14 LHIN offices. Due to a number of items including an increase in computer licensed projects to improve the information system of the LHINs, LSSO had a funding shortfall for 2009 – 2010. Each LHIN will be required to increase their annual contribution to cover the operating costs for LSSO this year and for future years. For the current fiscal year, the WWLHIN will pay an additional \$30,000 for the LSSO services for a total contribution of \$330,000. There has not been an increase to the LSSO budget since 2005 despite the increased activity and support to the LHINs. Hanmer noted each of the 14 LHINs realized annualized savings for the business functions coordinated through LSSO. She also noted that the WWLHIN had been aware of this potential funding increase and had planned its budget accordingly.

Finance and Audit Committee Report

Don Ross, Chair, Finance and Audit Committee reported that the second quarter report of the WWLHIN operations budget for 2009 – 2010 was on track and in line with projections to achieve a balanced position for the current fiscal year.

WWLHIN Area Vascular Services Program

In June 2008, the WWLHIN Board of Directors approved an integration decision creating a vascular service program for Waterloo Wellington to be led by Guelph General Hospital (GGH). The LHIN-wide program for scheduled vascular surgeries was located at GGH, effective July 1, 2008. To support the program, the WWLHIN Board approved an initial investment of \$400,000 annually to meet a portion of the total expected operating costs.

Stewart Sutley, Senior Director, Performance and Accountability, WWLHIN, updated the Board on the LHIN-wide program, including current case volumes and funding requirements. He noted that the program is expanding on schedule and as planned, and now requires the balance of funds originally budgeted for this program. The Board passed a motion to provide \$1,077,225 in 2009 - 2010 to support the vascular services program delivered at GGH as approved through the integration decision. The hospital is projecting 543 vascular surgeries to be completed in the current fiscal year, which ends March 31, 2010.

QUICK FACTS

The Waterloo Wellington Local Health Integration Network is responsible for planning, integrating, coordinating and providing funding to 79 health service providers including hospitals, long-term care homes, community support services, community health centres, the Community Care Access Centre and community mental health and addictions agencies in Waterloo Region, Wellington County and South Grey. The WWLHIN operates an annual health care budget of close to \$858 million.

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The full reports, briefing notes, and presentations related to the Board agenda items are posted to the WWLHIN website at www.wwlhin.on.ca, click on About Our LHIN / Board of Directors – Meeting Minutes / October 22.

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★ - Peritoneal dialysis is a treatment for patients with severe chronic kidney failure. The process uses the patient's peritoneum (membrane that lines several body cavities) in the abdomen as a membrane across which fluids and dissolved substances are exchanged from the blood. Fluid is introduced through a permanent tube in the abdomen and flushed out either every night while the patient sleeps (automatic peritoneal dialysis) or via regular exchanges throughout the day (continuous ambulatory peritoneal dialysis).

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