

COMMUNITY REPORT 2016-17





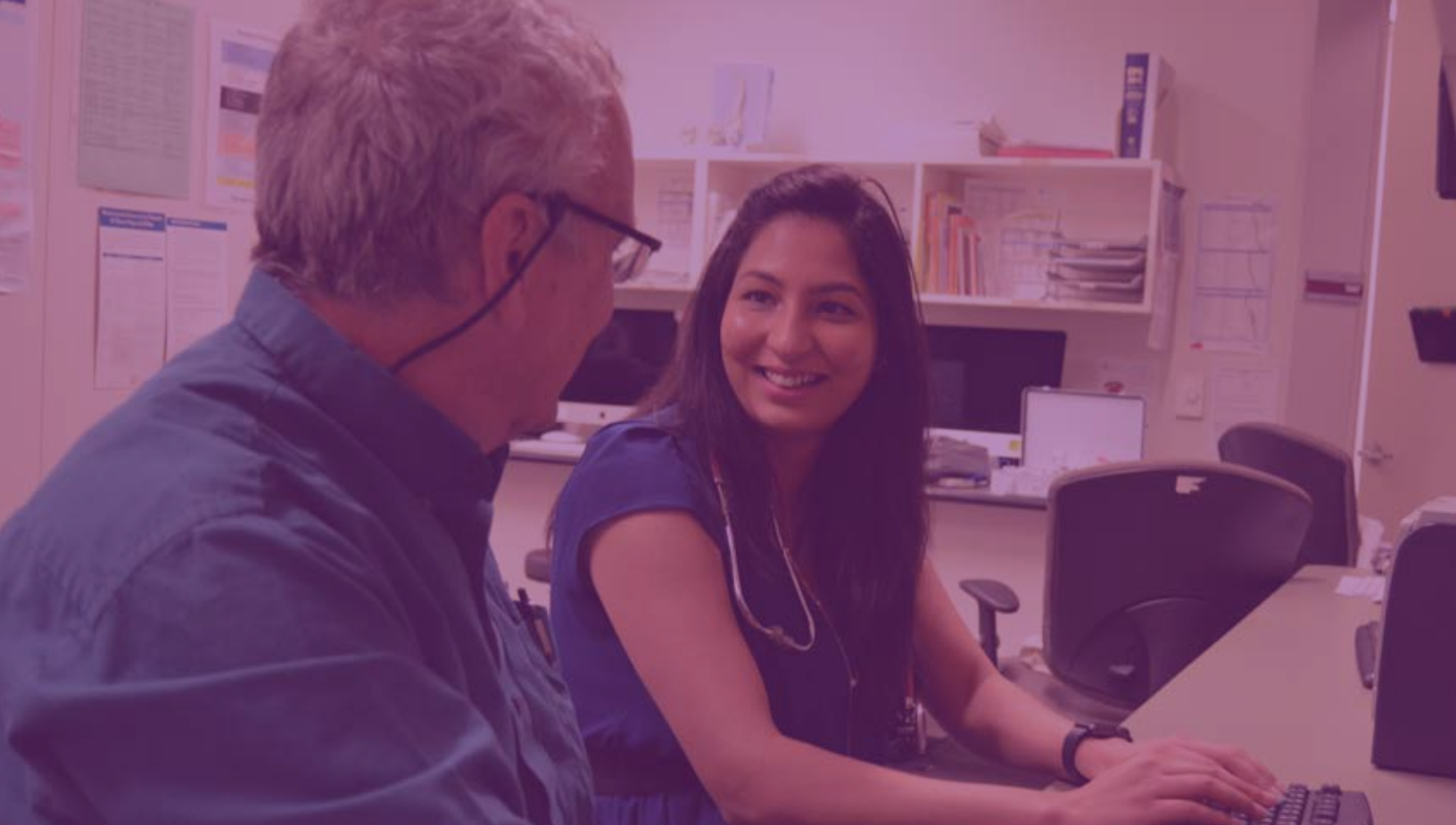


Table of Contents

Who We Are	4
Mission, Vision, Core Value	5
How We Make It Easier	6
FASTER ACCESS	8
MORE EQUITABLE	12
MORE CARE	16
CLOSE TO HOME	20
NEW FACILITIES	24
HIGHER QUALITY	26
BETTER CONNECTED	30
Looking Forward	35

WHO WE ARE

The Waterloo Wellington Local Health Integration Network connects you with care, at home and in the community, and better connects your health system together to improve your care experience.

As a crown agency of the Government of Ontario, we invest \$1.1 billion annually in local health services to improve the health and wellbeing of the almost 800,000 residents we serve across Waterloo Wellington (Waterloo Region, Wellington County, the City of Guelph, and the southern part of Grey County).



MISSION, VISION, CORE VALUE

OUR MISSION IS: TO MAKE IT EASY FOR YOU TO BE HEALTHY,
AND TO GET THE CARE AND SUPPORT YOU NEED.

OUR VISION IS: HEALTHY PEOPLE. THRIVING COMMUNITIES.
BRIGHT FUTURES.

OUR CORE VALUE IS: ACTING IN THE BEST INTEREST OF OUR
RESIDENTS' HEALTH AND WELLBEING.





We are your Waterloo Wellington Local Health Integration Network.

HOW WE MAKE IT EASIER

We connect you with care, at home and in the community, and better connect your health system to improve your care experience.

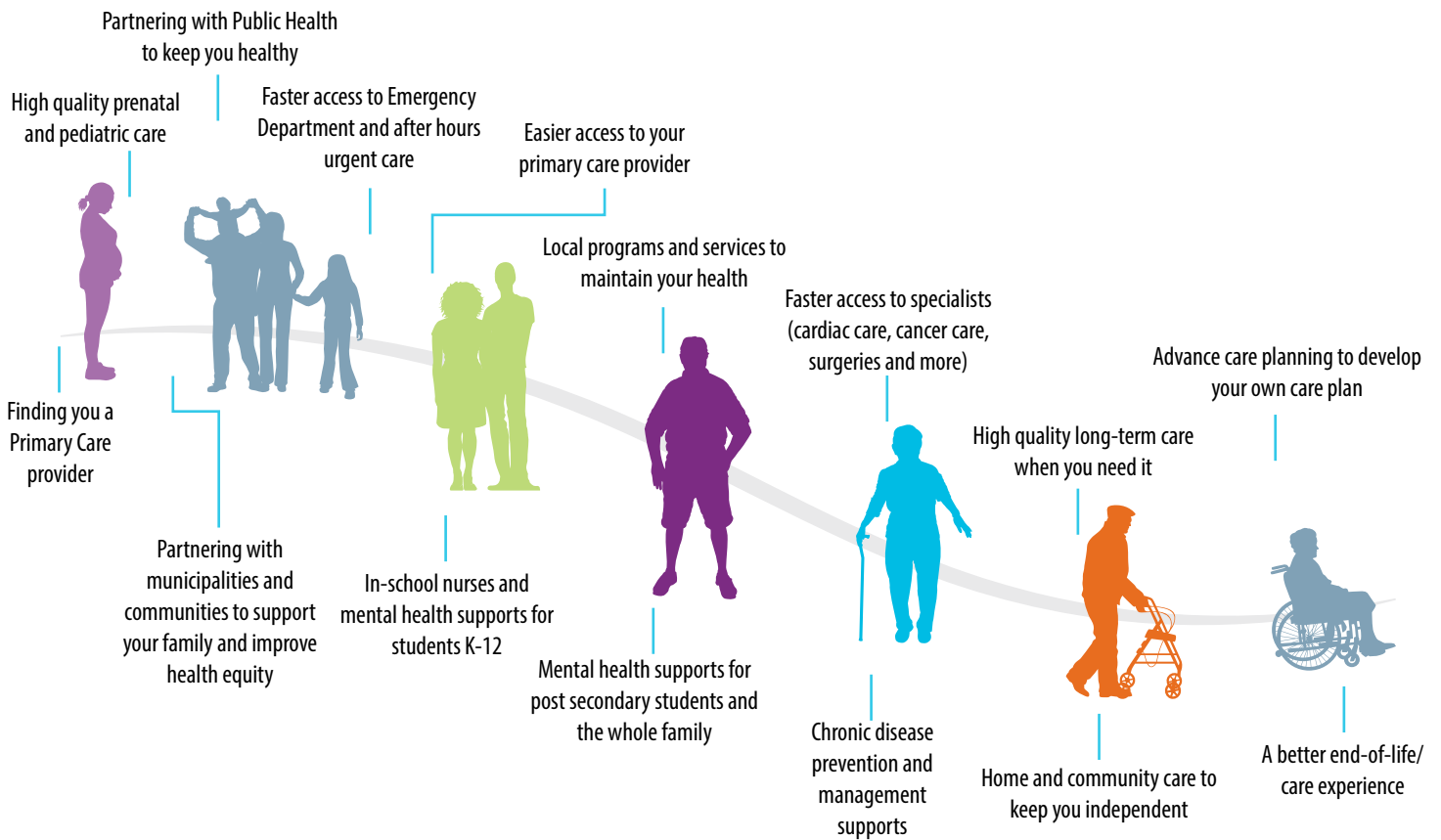
We listen to you and your care team and invest \$1.1 billion annually in the local health services you need. This includes hospital care, long-term care, mental health & addictions, home & community care, community support services, and primary care (your family doctor or nurse practitioner). We then hold these providers accountable to ensure quality care and value for your money.

We are a community leader - working together with police services, municipalities, school boards, businesses, associations, and others to improve the overall health and wellbeing of residents across Waterloo Wellington.

We also work closely with public health to prevent illness and improve the health of all residents, helping more people to have equitable care experiences regardless of gender, location, socioeconomic status, and more. This especially includes our local Francophone, Indigenous, and newcomer residents.

We are a team of nurses, doctors, and other health and business professionals, passionately committed to delivering exceptional care and improving the patient experience.

Your Local Health Integration Network: Making Health Easier



TOTAL
POPULATION
773,375



SENIORS
AGE 65+
110,755



INDIGENOUS
POPULATION
19,285



IMMIGRANT
POPULATION
146,560



POPULATION WITH
FRENCH AS
MOTHER TONGUE
10,515



RURAL AREA
POPULATION
79,329



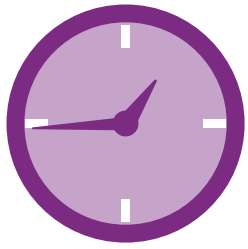
FASTER ACCESS

Faster means shorter wait times and access to the right care when you need it.

FASTER ACCESS

“Everyone in the emergency department was so kind and made me feel very welcome. I was nervous, and they calmed my fears. Everything was explained very clearly to me. The care was awesome, from start to finish!”

Ann Geekie, Patient, Cambridge Memorial Hospital



1 MILLION

fewer hours were spent waiting in Emergency Departments

Thanks to all the dedicated local health care providers the following improvements were possible:



of residents receive timely access to cardiac bypass surgery (within target)



Here 24/7 calls answered for residents seeking mental health & addictions care



wait time reduction for emergency mental health patients at Groves Memorial Community Hospital



patients matched to end-of-life care through coordinated bed access

Residents have benefited from additional funding in 2016-17 to reduce wait times:

\$3.25 MIL
more for hospitals

To reduce wait times for cataract surgery, hip and knee replacement surgery and MRI/CT scans

\$5.5 MIL

to reduce Emergency Department wait times



Waterloo Wellington residents experience some of the fastest care in Ontario:

#1

for the shortest wait time in Ontario for access to home and community care services from home



BEST

ever Alternate Level of Care (ALC) rate achieved (10.49%)



LOWEST

Emergency Department wait time in Ontario for patients with complex needs

Innovative Approach To Help Lung Cancer Patients Achieve Earlier Recovery

Thanks to an innovative approach at St. Mary's General Hospital, cancer patients having part of a lung removed are going home the same day or next day, rather than staying two-to-five days in hospital.

The model is called Enhanced Recovery After Surgery (ERAS) and St. Mary's is believed to be the first Canadian hospital to fully implement it for lung cancer patients. Since August 2016, more than 50 patients who have undergone minimally invasive thoracic (lung) surgery at the hospital have benefited from the early discharge approach.

ERAS maximizes the patient's chances of quick healing and recovery through a strict pre-operative regimen of exercise, healthy eating, pain medication and smoking cessation. During surgery, local anesthetic nerve blocks are used rather than an epidural, allowing patients to be mobile and comfortable soon after surgery. They are given fewer narcotics,

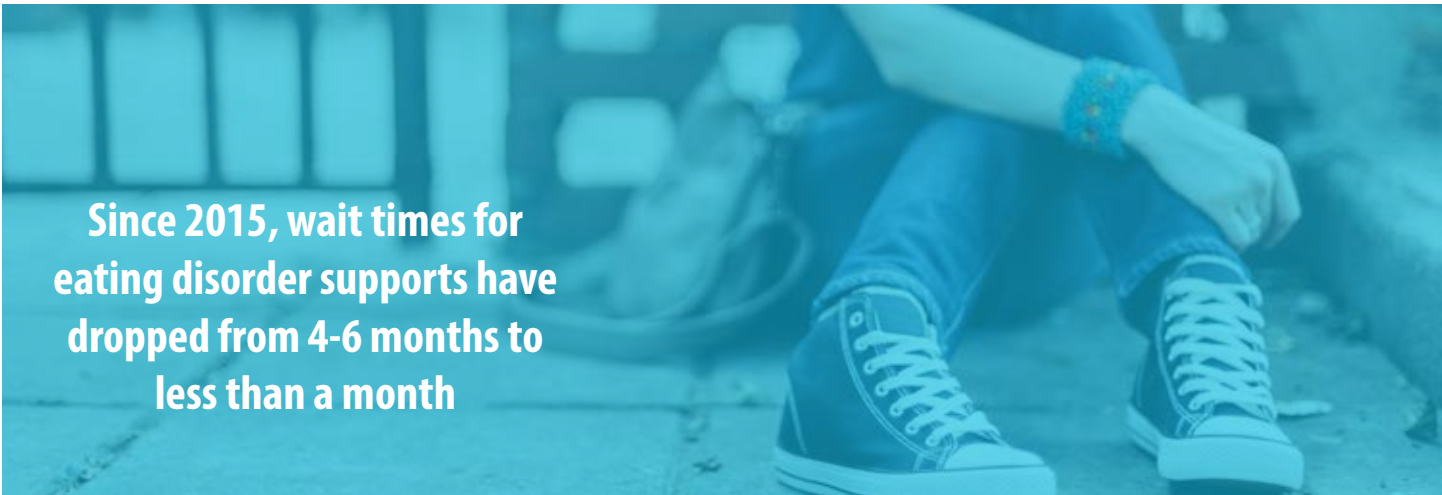
resulting in less post-operative drowsiness, nausea and dizziness. Fewer intravenous fluids reduce the chance of a post-surgery injury to their lungs.

Within an hour after surgery, patients are up walking in the recovery room, with the help of a family member and are given food to boost their strength. When they arrive on the Chest Unit, nurses and a family member help them walk every hour until bedtime. Discharge for patients who have a small wedge of their lung removed is planned for the same day, rather than the previous two-to-three days. For those who have a lobe of their lung removed, discharge is planned for the next morning, rather than the previous four-to-five days post-surgery.

"This approach requires a paradigm shift in attitude for patients and staff," says Dr. Paul Chiasson, a thoracic surgeon at St. Mary's. "You have to see it to believe it."

Story credit: St. Mary's General Hospital





Since 2015, wait times for
eating disorder supports have
dropped from 4-6 months to
less than a month

I Made It Through This

One young woman's story of overcoming her eating disorder

Sara sits in an office at the Canadian Mental Health Association (CMHA) Waterloo Wellington's Weber Street location, smiling and laughing. "I'm just way happier with myself," she says. "I know I don't have to look a certain way at all."

For Sara, the change is a dramatic one – just a few years ago, she confesses, "I hated my body – every bit of it."

"I always thought I was the fat one, or that there was something wrong with me, and that my worth was determined by how I thought I looked. It took over a big part of my life," she says.

"I had just moved to a new school that I wasn't originally zoned for, and so I didn't have friends to start off with. The eating disorder took over the part of my life for me to make friends, and build relationships, and start that new chapter – always thinking about what I ate, and if I was working out, and making sure that I was working out. It gradually got worse, so it was taking over even more of my life as I went on."

With encouragement from her family, Sara ended up accessing CMHA Waterloo Wellington's Eating Disorders services.

"I didn't realize that on my own, but my dad and the people around me noticed that I needed help, and [that] I was deteriorating physically and emotionally," she says.

"I didn't want to hear a single thing anybody said. I was shocked as to the fact that I was doing something wrong, because I thought, I'm smart; I know what I'm doing; who are they to tell me? They know nothing. I'm so grateful that my dad took me in, and even though it was hard and I didn't want to hear it, it still made me realize that maybe you could go about this a different way."

Working with CMHA Waterloo Wellington's team of nurse practitioners, psychiatrists, dietitians, and therapists, Sara began to make progress and changed the way she viewed herself.

"I had to keep reminding myself that it's okay to eat – you know, this is good for you. And it was good for everyone else around me, too, to

be able to not worry so much about what I was eating, and [for me] to actually enjoy the other aspects of life that I was neglecting," she says.

"I used to work out because I hated my body, but now I work out and eat healthy because I love my body, and I want it to grow and develop."

"I'm just way happier with myself. I know I don't have to look a certain way at all."

Her confidence today has grown to the point that she's shared her experience with peers and classmates – even going as far as travelling to other schools to speak about overcoming her eating disorder.

As for the advice that she offers others?

"I would absolutely avoid all numbers. Anything that you used to define yourself with, ignore it. Go by how you feel, and how your clothes feel on you, and who you have around you. And definitely don't compare yourself," says Sara.

"I've learned that I can be a little bit hard on myself and those around me, and that I'm far more capable of things than I believe. I made it through this, and it was all by accepting that I was wrong. I do get those down days, but I always remind myself of those things that I learned in the beginning about my worth not being valued by numbers, and how I shouldn't compare myself."

*To protect the individual's privacy, their last name has been withheld.
Story provided by CMHA WW.*



MORE EQUITABLE

Equity means access to the best care regardless of who you are or where you live.

MORE EQUITABLE

“We are thrilled to be working with the Waterloo Wellington LHIN on a pilot health care interpretation service. The vast majority, more than 90%, of our patients require interpretation services. This is a really exciting opportunity to improve the quality of their care and their care experience.”

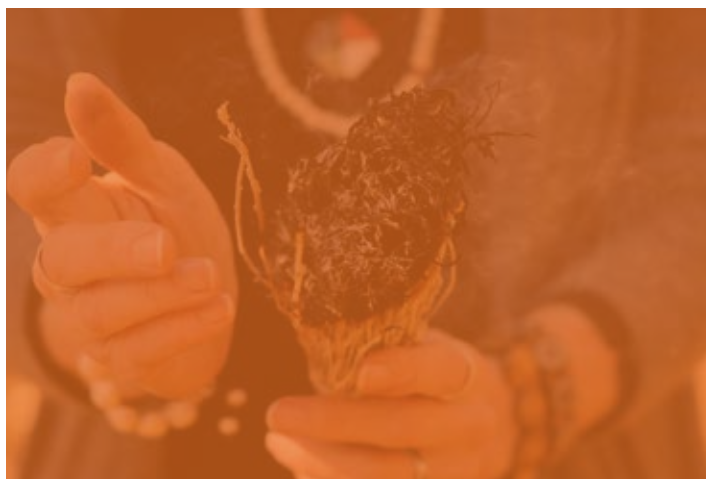
Sarah Flanagan, PA, Sanctuary Refugee Health Centre

Investing In Indigenous Health And Wellness

As we walk along in partnership with our Indigenous communities, we stand in solidarity and listen to their stories to facilitate the needed change that must occur if Indigenous communities are to fulfill their dream of self-determination through the process of de-colonization.

This past year, we have supported their goal in the following ways:

- Implemented Cultural Safety Training, both within the WWLHIN and throughout the local health care system, to ensure that health care professionals understand how the on-going trauma suffered throughout the process of colonization make Indigenous peoples reluctant to access services.
- Established land acknowledgement protocol, where at all WWLHIN led meetings land acknowledgement is made. In addition, the WWLHIN is actively encouraging Health Service Providers to implement the same respectful process.
- Supported two health and wellness programs led by the Indigenous communities and hosted at the Guelph Community Health Centre (GCHC) in Wellington and Kitchener Downtown Community Health Centre (KDCHC) in Waterloo Region.
- Facilitated partnerships between Indigenous community agencies and health service providers to support their Indigenous clients through new programming, like Adult Day program that is hosted by The Healing of Seven Generations in Kitchener.



"I felt a rush of joy yesterday as I walked up the hallway and smelled that somewhere someone was doing a smudging ceremony. A medicine man was in the counselling room providing care to an indigenous woman who was unwell. The elder is providing support all day to clients on and off site. Sometimes we feel like change happens so slowly and then...the step forward happens. This struck me as an important step forward. And I know it is a step that happened after much, much effort."

Anne Phillips, Clinical Services Manager, Guelph Community Health Centre



TRIPLED

the amount of funding for
Indigenous health and wellness
programs to \$300,000



\$50,000

invested in culturally appropriate
programming through both
Kitchener Downtown Community
Health Centre and Guelph Community
Health Centre



300+

health professionals and system
partners participated in indigenous
cultural safety training

Ginny Found Freedom From Addiction Through House Of Friendship's Alcontrol Program

It took a phone call to set Ginny on the road to freedom.

Ginny, 31, was living in a hotel room, actively using drugs and pregnant with her second child when she got the call that a bed had opened up at Alcontrol, a residential addiction treatment program offered by Kitchener-based House of Friendship.



Ginny, shown here with pictures of her young daughters, is celebrating three years of sobriety.

"I bawled my face off, I was so happy," said Ginny. "I thought, this is my chance. Everybody is going to give up on me if I don't do something now. I need to do something."

Ginny's journey to addiction began young. She grew up in an unstable home, with both parents battling their own addictions. In her childhood, she attended 36 different schools, moving across Canada between Cape Breton and Alberta multiple times before settling in Waterloo Region.

That instability, coupled with sexual abuse at the hands of a relative, led Ginny to experiment with drugs as a means to numb her feelings.

"I had a lot of emotions I was trying not to feel," said Ginny.

Ginny smoked her first cigarette at seven; shortly after, she tried marijuana. Then came pills, with Ginny eventually moving on to harder drugs.

When she entered Alcontrol, Ginny was ready to start over. With the help of staff in the 10-week residential program, Ginny learned how to get to the heart of the reasons that led to her drug abuse.

"It helped me a lot," said Ginny. "I always had someone to talk to."

Alcontrol is one of five addiction treatment programs offered through House of Friendship. In addition to Alcontrol, programs include a men's residential addiction treatment program (174 King Street North); Moving Forward, a program for pregnant women; Addiction Supportive Housing (ASH); and Bridges To Health, a day treatment program for men and women.

Now celebrating three years of sobriety, Ginny is enjoying life as a mother of two young girls while studying full-time at Conestoga College and working part-time as a personal support worker.

"I don't know where I would be without Alcontrol," said Ginny. "Now I have a future."

Credit: Story provided by House of Friendship



PARTNERSHIP

Waterloo Region Crime Prevention Council has made naloxone rescue kits available to GRH emergency department patients who present with, or are at risk of, an opioid overdose



+\$64K

to provide dental care to residents experiencing homelessness



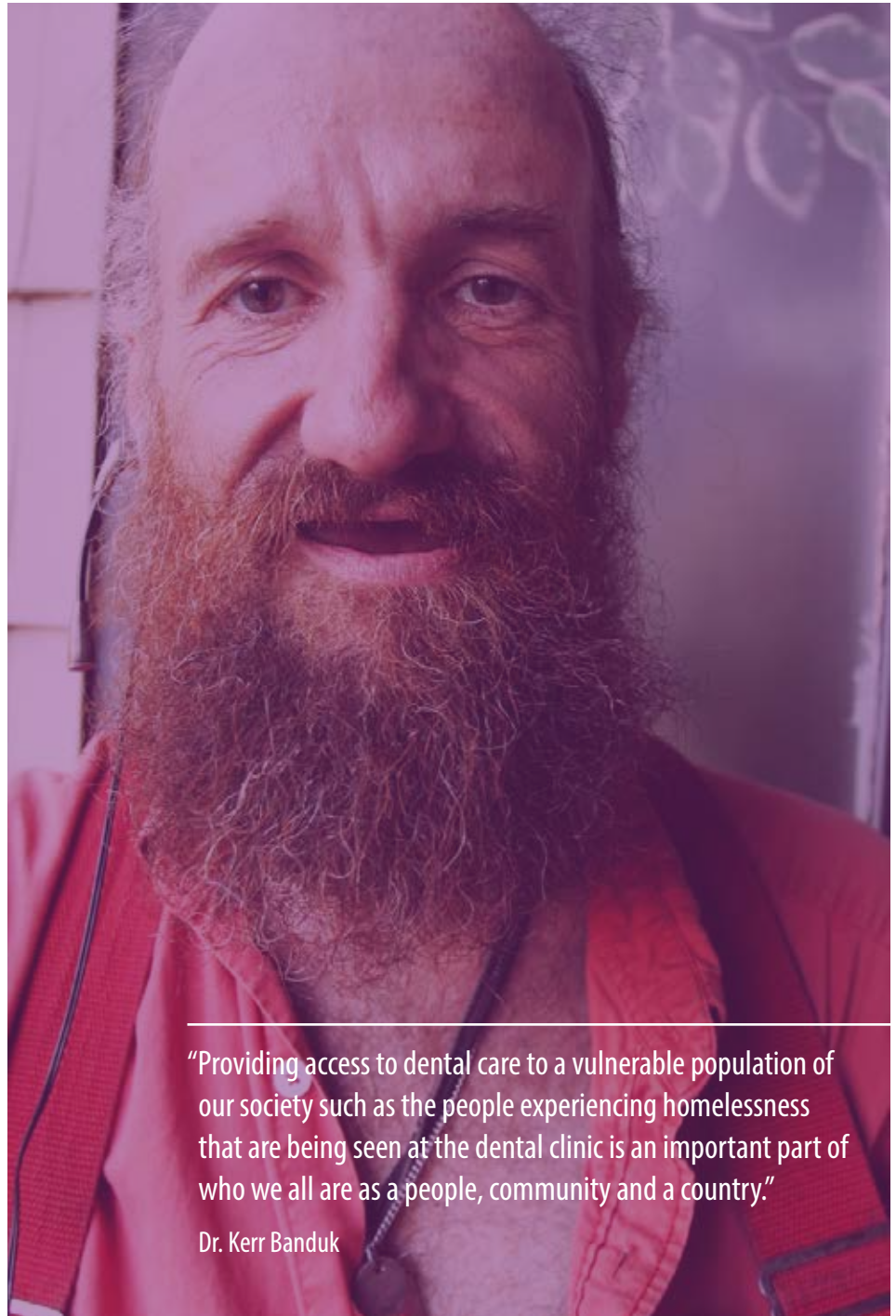
+\$32K

to provide primary health care for 500 vulnerable residents at St. John's Kitchen



"As a single parent without employee benefits, it was a challenge for me for many years to ensure my children had adequate dental care at an enormous financial and personal cost. The Working Centre is addressing a part of this damaging gap in service by providing a comprehensive, safe, cost-free service to street involved and refugee residents in the community. The powerful impact of care and dental services for the users of this service cannot be measured in words. There are many marginalized members of our community who can feel a sense of inclusion and equity through the availability of this service, this sense of belonging ensures better health outcomes, physically, emotionally and spiritually. When a community is inclusive and strives to be equitable, we can achieve healthy outcomes for all."

Irene O'Toole, Working Centre Board Member



"Providing access to dental care to a vulnerable population of our society such as the people experiencing homelessness that are being seen at the dental clinic is an important part of who we all are as a people, community and a country."

Dr. Kerr Banduk



MORE CARE

More care means more doctors, more dollars invested, more programs and services to support you and your family.

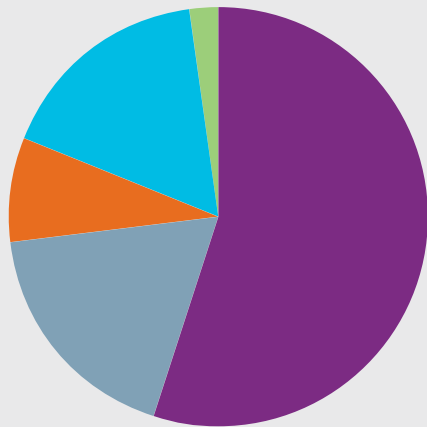
MORE CARE

"I was apprehensive to attend 'Out N About' at first. I didn't know what to expect. Now, I don't know what I would do without this place. From the moment we walk in the door, the staff make each and every one of us feel special, safe, and comfortable. I am so much happier. This program is a blessing."

Grace, Participant in the Adult Day Program, St. Joseph's Health Centre Guelph

MORE FUNDING FOR THE CARE YOU NEED

\$1.1 BILLION INVESTED ANNUALLY IN LOCAL HEALTH CARE



\$22.7 Million
Community Health Centres
\$598.2 Million
Hospitals
\$195.9 Million
Long-term Care
\$84.6 Million
Mental Health & Addictions
\$181.5 Million
Home and Community Care

82%

increase in Home and
Community Care Funding



66%

increase in Long-term
Care Funding



\$293 Million more than in 2008

In 2016-17:



+\$625K

invested in supports for seniors with
dementia and other neurological
conditions



+\$4.1 MIL

for more cardiac and critical care at
St. Mary's General Hospital



+\$3.25 MIL

for expanded home and community care

This allowed residents with complex needs
to go home from hospital faster with
comprehensive supports



+\$3 MIL

to expand emergency mental health
care in Guelph and Wellington





MORE SERVICES IN OUR COMMUNITY

“The day programs are great — I wouldn’t be able to continue working without them. It gives me a sense of security. I know she’s safe, she’s getting meals and she’s getting some social support. They have a range of activities and crafts that my mother enjoys. The staff and volunteers at the Day Program are all wonderful.”

Brenda, local Waterloo Wellington resident and caregiver whose mother is in an adult day program at Trinity Village

\$954K MORE

invested this year in caregiver respite funding for home and community care

RESULTING IN:

30,000

hours of respite care

This funding was used to support real time flexibility for family caregivers, including those who have loved ones on the wait list for adult day programs, those who have dementia or are palliative as well as those who live in communities without day programs

“We are fortunate in our area to have physician recruiters who work hard to bring new physicians to our area. I work collaboratively with recruiters and health care organizations to support recruitment for all specialties. Investment in recruitment resources from our communities and recruitment best practices have resulted in more physicians choosing to establish their practice in many of our communities throughout Waterloo Wellington.”



Kate Borthwick, Regional Advisor for HealthForceOntario

NEW



Home and Community Care nursing clinic in Waterloo and expanded hours in Guelph

NEW



Community withdrawal support service at Stonehenge Therapeutic Community in Guelph



NEW

breast assessment clinic at Guelph General Hospital



Photo: Nurse Practitioner Lindsay Metzger and Erma

TWO

nurse practitioner positions were added to provide primary care for residents at Saugeen Valley Nursing Centre and Caressant Care (Arthur, Fergus, and Harriston)

This means residents in these facilities now have greater access to comprehensive care provided by an interdisciplinary team.



Photo: Nurse Practitioner Julie Murtha with Audrey



3,532

coordinated care plans created



181

more family doctors and specialists have settled in our community since 2010



97%

of all WW residents have a primary care provider

CLOSE TO HOME

Local means care closer to you and your family that reflects the unique needs of your community.

CLOSE TO HOME

"Before moving to the senior's apartment building (with the Connector) I was not aware of all of the services available in the community. I am now signed up for the shopping bus, I do the exercise class, I get Meals on Wheels and I go to community dining. These services have lowered my stress levels, they get me out of the house and I'm meeting lots of new people. I didn't think that I would ever be this involved at my age!

The Connectors provide unbelievable support. Now I know who to contact if I need anything. I now have lots of other supports and services available to me, which makes me able to stay in my apartment."

Credit: Story provided by Community Support Connections Meals On Wheels and More client



NEW

neighbourhood model of home care introduced to improve care continuity



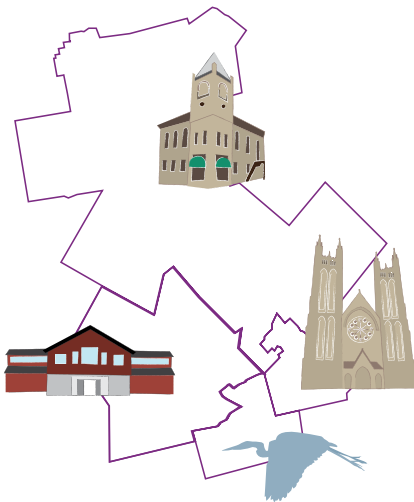
60,000

Advance Care Planning resources distributed locally

4

primary care champion tables developed

One in each of the sub-regions, allowing primary care providers to work with patients and local stakeholders to improve the patient experience and access to care



BRINGING LOCAL CLOSER TO HOME WITH SUB-REGIONS

Sub-regions are local geographies within Waterloo Wellington that allow us to better identify and capture diverse population needs—be they linguistic, cultural or others—and help our health care system better respond to these needs. This helps us to better plan, integrate, and improve the performance of local health services.

Our local sub-regions include: Wellington (including Centre and North Wellington, Guelph-Eramosa, and a small part of Grey County), Guelph-Puslinch, Cambridge & North Dumfries, and KW4 (Kitchener, Waterloo, Wilmot, Woolwich, and Wellesley).

The sub-regions were developed based on community engagement, consultation with local health service providers and stakeholders, and data on health service utilization and population health.

A partnership with the WWLHIN and Health Quality Ontario helped to launch Sub-Region Governor (Board Members) Quality Symposiums. More than 100 governors of health service providers attended six sessions. As a result, governors in all four sub-regions committed to addressing the top issues that impact the health of residents through working together on common quality improvement activities. **Resulting in the 1st Collaborative Quality Improvement Plans in Ontario.**





OPP and CMHA Mark One Year of I.M.P.A.C.T in Wellington County

More than 289 local residents were helped this year, thanks to an innovative collaborative response model that was one of the first of its kind in Ontario.

In 2015, the County of Wellington Ontario Provincial Police (OPP) and the Canadian Mental Health Association Waterloo Wellington (CMHA WW) came together to sign a landmark agreement kicking off their new Integrated Mobile Police and Crisis Team dubbed IMPACT.

The program, funded by the Waterloo Wellington Local Health Integration Network, enables specially trained Mental Health Clinicians to attend mental health-related calls alongside Wellington County OPP officers. The goal of the program is to ensure that residents in Wellington County have better health outcomes by receiving the most appropriate community-based crisis response at the time of need.

The enhanced service improves the experience of residents and their families by providing an immediate and comprehensive crisis response in their home and/or community. Residents benefit from less intrusive service interventions by reducing the need for emergency room and hospital involvement.

The IMPACT Team has provided support to over 289 individuals. This includes live calls for service and “after the fact” referrals. IMPACT workers received more than one referral a day from the Wellington County OPP officers, amounting to 462 total referrals. They have also provided over 70 hours of community-based education and training to stakeholders and care providers in the community. The team has also assisted in providing timely compassion fatigue support services to frontline emergency responders.

“The results of this partnership have far exceeded our expectations in the first year of operation,” said OPP Detachment Commander Inspector

Scott Lawson. “The results truly speak to the benefits that our community have realized through this strategic partnership including our own local police officers, who by working alongside these specially trained clinicians, have a better sense of the complexities and supports necessary to assist those in-need” he said. “We are very, very proud of what has been accomplished. IMPACT has become an integral and vital part of our daily work.”

“Our first year of service with the IMPACT Team has achieved the goals that we had hoped for,” said Helen Fishburn, Director of Services for CMHA WW. “By having our mental health team work hand in hand with our OPP police team, people who are experiencing significant mental health and addiction challenges are able to get immediate assessment and support where and when they need it. This has led to very positive health outcomes for the people involved, and it has also contributed to a significant decrease in the number of presentations to hospital by police. We are thrilled that our partnership has worked so well for the people who need it most, as well as created more efficiencies in our health care system. Our sincere thanks to all members of our team who work so hard each and every day to meet the needs in our rural community,” says Helen Fishburn, CMHA.

Credit: Wellington County OPP and CMHA



"We recently supported a patient receiving end-of-life care. He was doing really well with the right supports in place. When the care coordinator visited the patient to assess his needs, however, they talked about how one of his children was struggling. While he was connected to the mental health system, the patient was concerned that the mental health team was not aware of the current issues. The care coordinator was able to connect the son with the Mental Health ACT Team for care while maintaining a therapeutic relationship with the patient. This is really an example of the value we add in the system. When we assess a patient, we are really looking at the whole family and their overall health needs. What affects the family, affects the patient."

Dana Khan, Director Patient Services, Waterloo Wellington LHIN

NEW FACILITIES

New means expanded state of the art health care facilities to meet the needs of our growing communities.

NEW FACILITIES

“Saugeen Valley is an important part of our community. It’s a part of the community where local people from the rural community and Mount Forest can get services they need in their later years. I think it is extremely important for our area, and I am very grateful that our provincial government recognizes the investment so residents who live in more rural parts of our province can get the care and services they need close to home.”

Wellington North Mayor Andy Lennox
Credit: Mount Forest Confederate



NEW

**Cambridge Memorial Hospital
Construction Underway**

Investing in our Future



\$7 MIL

**invested in St. Mary's General Hospital
to improve cardiac service.**

This investment will complete the current arrhythmia program by adding an electrophysiology suite and recovery areas, as well as expanding cardiac services that will provide high quality care for patients with complex cardiac conditions.



400

**additional patients will be able to receive
radiation therapy here in Waterloo
Wellington thanks to an expansion of
the Grand River Regional Cancer Centre**



NEW

**Groves Memorial Community Hospital
moving ahead**

"This is a significant and exciting step forward in our New Groves Hospital Planning. We remain on track with our scheduled timeline and are excited to prepare for ground breaking that is only a few months away."

Howard Dobson, Board Chair,
Groves Memorial Community Hospital

Long-term care redevelopment

TWO



**long-term care homes with 190 (95+95) beds will be improved
to ensure the homes meet all up-to-date quality standards.
Saugeen Valley Nursing Centre and Cambridge Country Manor
have been approved for redevelopment with construction to
begin in 2017-18**

New equipment

NEW

**digital mammography equipment at Groves Memorial
Community Hospital**



HIGHER QUALITY

Higher quality means safe care with better outcomes for all patients.

HIGHER QUALITY

“By bringing health system leaders together, the Waterloo Wellington LHIN is supporting clinicians, enabling us to learn from each other to problem solve and better understand the challenges our colleagues face.”

Dr. Sabrina Lim Reinders, Primary Care Physician Lead, WWLHIN



Safe + Effective

#1

in Ontario for lowest anti-psychotic drug use in Long-term Care



The WWLHIN has the lowest percentage of deaths in acute care in Ontario (39% versus the provincial average of 47%), for palliative / end-of-life care patients

#1

for hospital standardized mortality ratio (HSMR) in Ontario. The HSMR measures patient survival rates in qualifying Canadian hospitals against an expected average

Care in the right place

#1



lowest readmission rate in Ontario for heart attacks

#1



for avoiding preventable ED visits for Long-term Care patients in Ontario

1,300



hospital bed days saved by the Rapid Recovery Therapy Program by allowing patients to leave the hospital earlier to receive intensive rehab support at home.

"The team functioned very cohesively and often exceeded my care expectations. They took the time to communicate regularly with [my children] and often wrote special instructions for the other caregivers. I appreciated how caring and patient they were with me. They have definitely helped me function much better."

Rapid Recovery Therapy Program Patient



Waterloo Wellington LHIN Recognized as a Provincial Leader in Stroke Care by Ontario Stroke Network

Residents in Waterloo Wellington are receiving exceptional stroke care and rehabilitation according to annual report cards released by the Ontario Stroke Network (OSN) and the Institute for Clinical Evaluative Services (ICES).

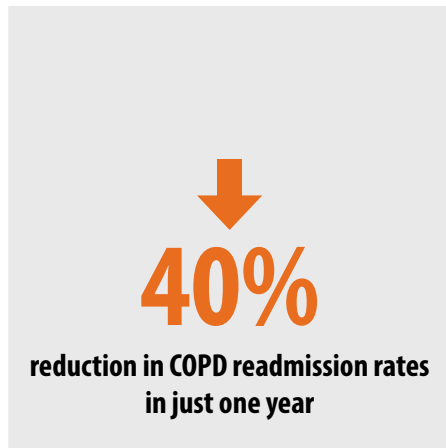
The Waterloo Wellington Local Health Integration Network (LHIN) was highlighted as the top provincial performer in seven areas, helping more residents return home sooner and healthier after a stroke while reducing transfers to long-term care. The report compared the effectiveness of prevention programs, access to, and the effectiveness of acute care and rehabilitation services for Ontarians who suffered a stroke in 2015-16.

In addition to the areas where Waterloo Wellington was a top performer, the report acknowledges significant improvements in eight other areas of stroke care and improvements in an additional five.

#1

for high quality stroke care in Ontario

- 81% of stroke patients treated on a specialized stroke unit
- Highest number of minutes of daily rehab therapy
- 84% of stroke rehab patients go home within target



Partnership Improves Care Of Patients With Chronic Obstructive Pulmonary Disease

Two years ago people with Chronic Obstructive Pulmonary Disease (COPD) were returning to the hospital after being discharged again and again, at a rate much higher than they should.

To Melissa Kwiatkowski, Guelph General Hospital's Director of Strategy and Risk Management, the numbers didn't just mean extra pressure on the hospital, they were a clear indication these patients weren't getting the quality of care they needed. The hospital reached out to the Guelph Family Health Team to partner and co-lead a community-wide process of understanding why this was happening and deciding what to do about it.

COPD is a chronic lung disease that causes clogged airflow from the lungs. Symptoms include breathing difficulty, cough, mucus production and wheezing. People with COPD are at increased risk of developing heart disease, lung cancer and other conditions.

The good news is COPD is treatable. With proper management, most people with COPD can achieve good symptom control and quality of life, as well as reduced risk of other associated conditions. So, it was possible to do better but it was going to take more than just the Hospital's effort.

To just get a handle on the current state of the care being provided across the community, and to start brainstorming possible improvements, three half-day sessions were hosted at GGH. Among those at the table were representatives from the hospital, the Guelph Family Health Team, the Guelph Community Health Centre, St. Joseph's Health Centre Guelph, the Waterloo Wellington Local Health Integration Network and Guelph-Wellington Emergency Medical Service (EMS -ambulance). From those meetings, gaps in care were identified and plans made to help close them.

Thanks to this amazing partnership, readmission rates have gone down 40% in just one year – far exceeding even the most optimistic of predictions. "It's been a fantastic coming together of all those involved, including patients and families," says Kwiatkowski. "There's still more to do but the progress that's been made is quite remarkable."

One of the significant changes made was simply making sure that COPD patients had an appointment booked with their primary care provider (such as their family physician) before leaving the hospital. In addition to the follow-up appointment, the WWLHIN and EMS have partnered to pilot a program that provides patients with vital signs monitoring devices to use in their homes. Those devices will automatically send messages to the paramedics when there is a problem. The paramedics will work with specialized nurses from the WWLHIN to support the patient staying at home instead of a trip to the hospital.

"Supporting an individual's transition from hospital to primary care involves multiple providers and we could not have achieved these improvements by working in isolation," says Ross Kirkconnell, Executive Director, Guelph Family Health Team.

Raechelle Devereaux, the Executive Director of the Guelph Community Health Centre echoed the partnership sentiment. "The work initiated by Guelph General Hospital has been an excellent example of how collective efforts result in collective impact," she says.

Credit: Story provided by Guelph General Hospital



BETTER CONNECTED

Connected means a seamless care experience that leverages technology to connect your care team.

BETTER CONNECTED

"Since the launch of central intake for orthopedics, referring my patients for surgery has become much easier. I don't have to think about which providers or surgeons are in individual communities or which patients need physio first. I find it extremely useful – I just have to fill out a referral form and someone will do the best thing for my patient."

Dr. Abha Patel-Christopher, Family Doctor



19,659

referrals were processed through a
**System Coordinated Access program
partner in 2016-17**

This includes: The Waterloo Wellington Regional
Coordination Centre's Diabetes Central Intake
& Orthopedic Central Intake, Outpatient rehab,
Community Support Services, and Chronic
Disease Prevention and Management.

The right information



**clinicians signed up to
access services in
Telehealthcare, including
eConsult, eVisits and
eLearning.** This means
patients will be better
supported by their clinicians
as clinicians will have faster
access to specialists and
resources

A Click away



**of residents have said their
doctor had information
about their hospital stay**

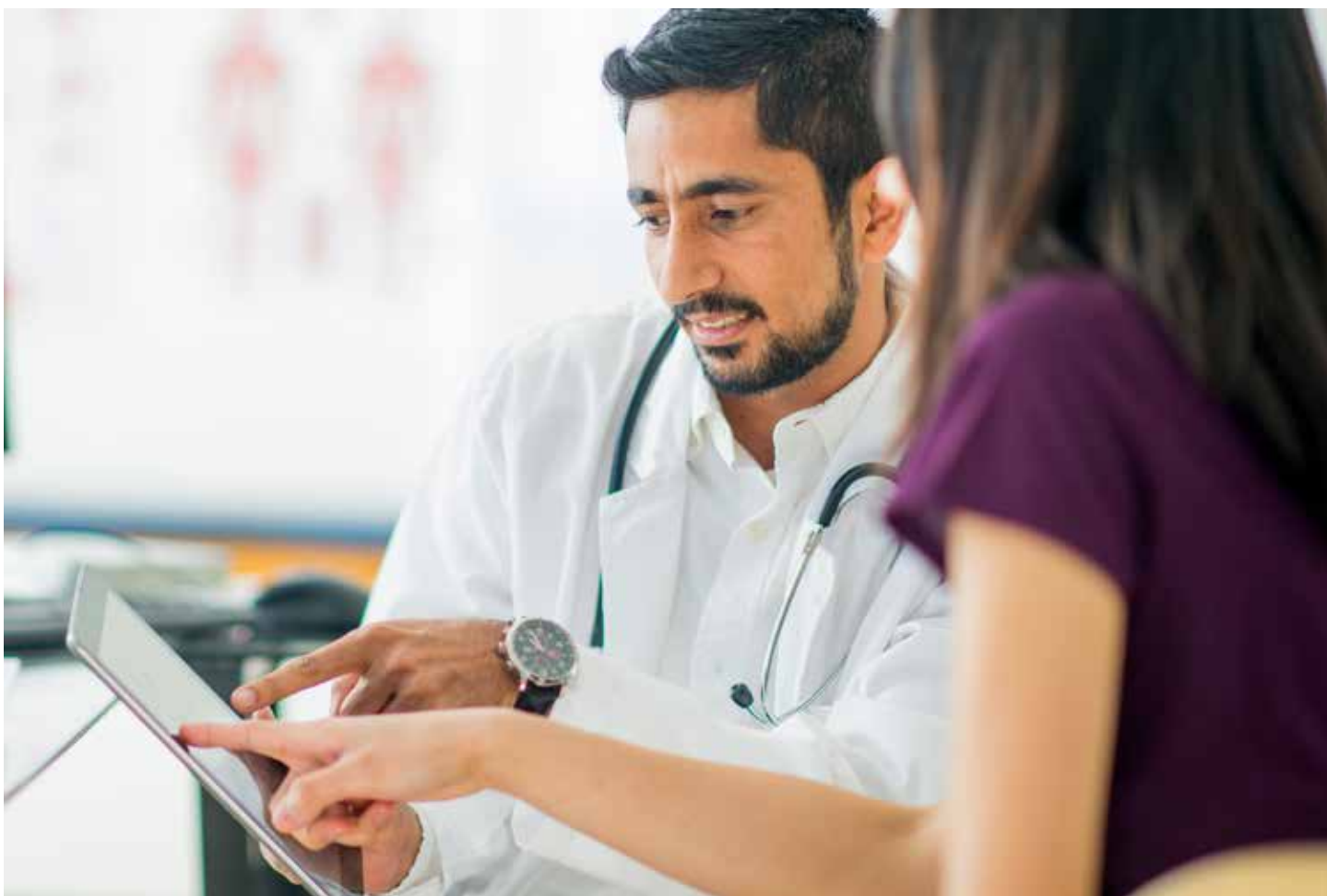
Coordinated Access



**of primary care physicians
have made a referral
through the Waterloo
Wellington Regional
Coordination Centre's
Orthopedic Central Intake**



**Primary Care Providers
using enhanced electronic
tools to support patients
with chronic conditions**



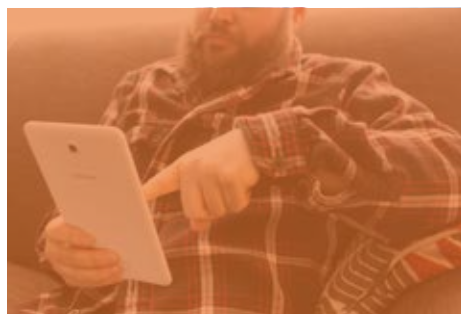
NEW ELECTRONIC REFERRAL SYSTEM WILL IMPROVE ACCESS FOR PATIENTS AND CARE PROVIDERS

The Waterloo Wellington LHIN is leading the province with the design and deployment of a ground-breaking technological ecosystem that will support a system-wide electronic referral (eReferral) process for our community.

The eHealth Centre of Excellence's System Coordinated Access (SCA) program, Think Research Consortium, the Waterloo Wellington Regional Coordination Centre and other partners are working with family physicians, specialists, community service providers, patients and family caregivers across the region in the development of an eReferral solution called the Ocean eReferral Network.

This solution will enable faster links between patients and healthcare providers and create a more seamless experience when moving from one part of the healthcare system to another.

New 
online portal to be deployed to support patients with mental health & addictions issues while they wait for services





The CMHA will be the

First 

**in Ontario to connect community
mental health data electronically**

“The idea for the investment came directly from our local primary care providers,” said Dr. Sabrina Lim Reinders, Primary Care Physician Lead for the WWLHIN. “There was a gap in information that was making it challenging to best care for their patients - especially when patients expect their provider to have the information at their fingertips. Now they’ll have it in one click.”

“Collaborative team-based care for patients with mental health is essential, and only effective if team members are in communication with one another. By connecting mental health info directly to primary care, I am hopeful this new initiative will improve collaboration between these two essential aspects of mental health care.”

Dr. Joan Chan, Primary Care Physician



LOOKING FORWARD

Making Health Care Easier: Quality Care With A Better Patient Experience.

Over the last number of years, access to local health care has significantly grown. In partnership with health service providers, and our broader community, your Waterloo Wellington Local Health Integration Network has lead the creation of a higher-quality, more integrated health system.

You can now receive highly specialized care, close to home. We have recruited almost 200 more family physicians and specialists. Our hospitals used to be full of patients waiting for care in a more appropriate place, now with expanded home and community care, better access to rehabilitative care, new and expanded long-term care homes, and more – patients are able to receive the right care, in the right place, at the right time.

Despite this, residents and health care professionals tell us that navigating and accessing the local health care system can be hard. We need to make it easier.

Residents and many health care professionals also tell us we need to take a leadership role to shift the system towards more of a focus on health prevention and helping people get healthier. We particularly have to focus on making health more equitable to better support those who are disadvantaged because of their background, income, education, and so on.

Achieving the needed transformation in the local health system can't be achieved by doing more of the same and expecting a different result. It's time for a shift.

Taking the learnings from a decade of working with health care providers to advance care for local residents, the Waterloo Wellington Local Health Integration Network is launching five new strategic directions to make easy possible.

Learn more about our plan to make health easier, visit www.wwlhin.on.ca



**STARTING WITH THE
PATIENT EXPERIENCE**



**DRIVING THROUGH
COMMUNITY LEADERSHIP**



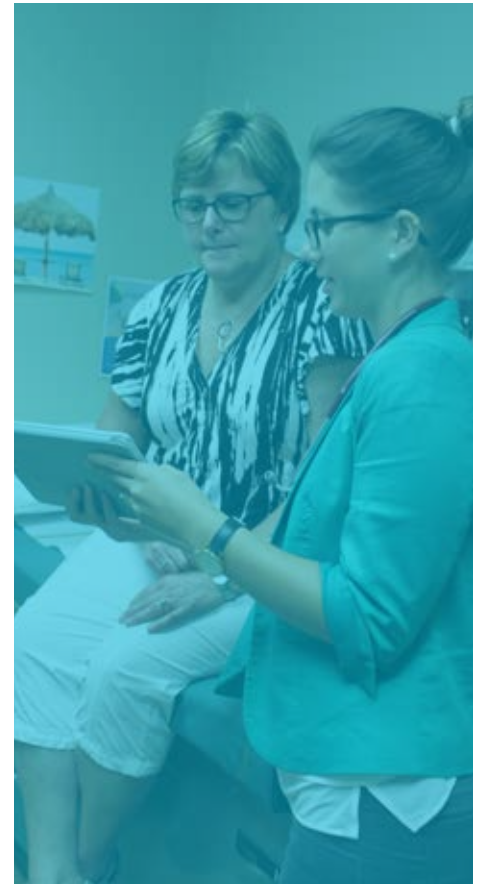
**IGNITING INNOVATION
AND CREATIVITY**



**EMPOWERING CLINICAL
LEADERSHIP**



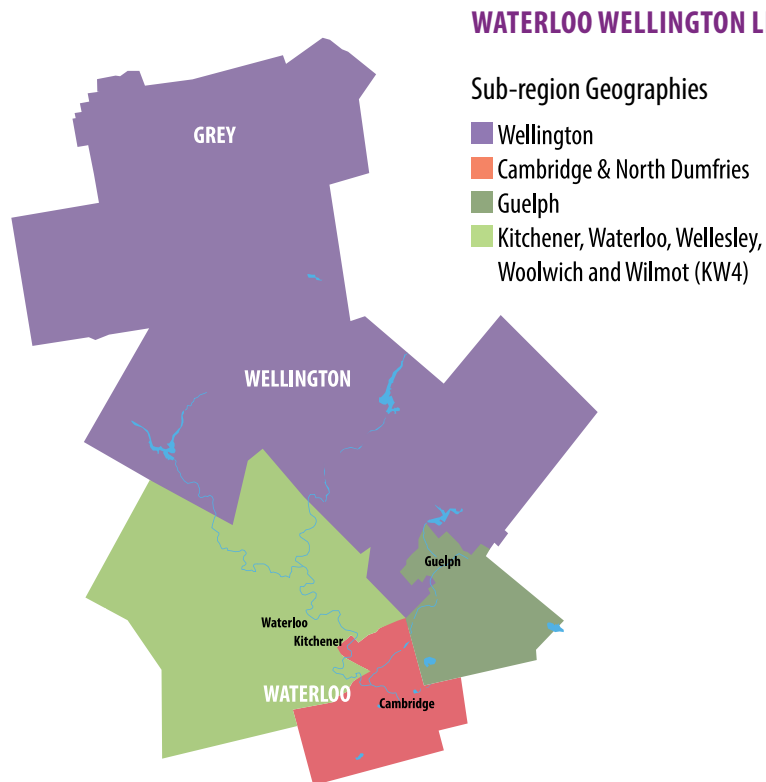
**CREATING A GREAT
PLACE TO WORK**



Putting Patients First

Home & Community Care is now delivered through the Waterloo Wellington LHIN. The Waterloo Wellington Community Care Access Centre (WWCCAC), including its employees, programs, and services, has transferred to the Waterloo Wellington Local Health Integration Network (LHIN). Together, we are better connecting the health system to improve the patient experience.

All home and community care services formerly delivered through the WWCCAC are continuing to be provided through the Waterloo Wellington LHIN. All phone and contact information remain the same. Patients who are currently receiving care and have questions or concerns should contact their care coordinator (toll free) 888-883-3313.



WATERLOO WELLINGTON LHIN

Sub-region Geographies

- Wellington
- Cambridge & North Dumfries
- Guelph
- Kitchener, Waterloo, Wellesley, Woolwich and Wilmot (KW4)

Waterloo Wellington Local Health Integration Network

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 Waterloo Wellington Local Health Integration Network

 Waterloo Wellington LHIN

 @WW_LHIN