

# **CENTRAL WEST LHIN**

## **Services for Seniors**

**Notes on meeting of Friday, January 26, 2007, 9:00 – 11:00 a.m.  
Central West LHIN Boardroom**

### **In attendance:**

Bob Baynham, Headwaters Health Care Centre  
Wendy Beatty, Malton Village  
Ruth Beck, William Osler Health Centre  
Barb Bryan, Avalon Retirement Village  
Carolyne Clubine, Region of Peel  
Peter Dykstra, Holland Christian Homes  
Vickie Faulker, Shelburne Residence  
Liane Fernandes, William Osler Health Centre  
Gord Gunning, CANES  
John Kalverda, Holland Christian Homes  
Carol Kidd, Caledon Meals on Wheels  
Monty Laskin, Caledon Community Services  
Karen Markham, Caledon Community Services  
Dorothy Macewen, Tallpines Long-Term Care Centre  
Lisa Mudie, Richview Residence  
Bob Petruszewsky, Kipling Acres  
Valarie Quarry, Dufferin County  
Laurie Turza, Alzheimer Society of Dufferin County  
Susan Wendt, Leisureworld-Brampton Woods  
Mary Wheelwright, Headwaters Health Care Centre

David Colgan, Central West LHIN  
Pat Stoddart, Central West LHIN

### **1. Welcome**

David Colgan and Pat Stoddart welcomed representatives from local providers of services for seniors in the Central West LHIN.

David Colgan explained that invitations to this meeting were extended to seniors health service provider organizations that the Central West LHIN will fund starting April 1, 2007.

## **2. Central West Integrated Health Services Plan and Action Steps**

David Colgan reminded the group of the work that took place with seniors service providers during the development of the Central West LHIN's initial IHSP.

The three strategies for change identified in the IHSP were presented:

- enhanced integration
- increased capacity
- improved access.

The IHSP action steps pertaining to services for seniors were reviewed:

- The Central West LHIN will work with the MOHLTC to ensure that the funding of the new Central West CCAC adequately reflects the needs of the local population to ensure adequate geriatric assessment and accessibility to community-based services for seniors.
- The Central West LHIN will bring together community-based health service providers, the new CCAC, long-term care homes and hospitals to develop a comprehensive inventory of services and supports available to seniors in the Central West LHIN.
- The Central West LHIN will bring together health service providers to assess the availability of current services and gaps and align capacity to the needs of seniors, founded on an "Aging in Home" philosophy, investigating thoroughly the use and capacity of community-based services as the preferred alternative to hospital and long-term care home placement.
- Working in partnership with health service providers, the Central West LHIN will lead the creation of new partnerships and best practice models of care through sharing of resources and knowledge across different segments of the continuum of care.
- Document baseline performance; monitor ongoing performance and system change.

## **3. Moving into 2007/08 – Health Service Providers' Plans**

Each health service provider gave a brief update about their programs, services, and funding related to services for seniors.

#### **4. Moving Forward with the IHSP and Action - transitioning from strategy to implementation**

##### **1. Establish action group**

Discussions focused on how to move forward with the action steps in the IHSP.

The group acknowledged the action plan outlined in the Integrated Health Services Plan is high level and reflects the discussions at earlier meetings of health service providers and the Central West LHIN.

Discussion followed about how to plan the next steps of the group's work, including undertaking a comprehensive inventory of services to seniors in the Central West LHIN.

There was comment that specific projects might be identified that would that would support more integrated services for seniors. These projects could target specific issues facing seniors, or they could target specific groups of seniors and their particular issues.

Discussion included the need for attention to be given to the multi-faceted nature of seniors' requirements for services, including health services, but also acknowledging the many other services outside the "health system" that support seniors' good health in the home / community.

Another notion was that projects could be geographically based, reflecting the geographic diversity of the LHIN, as well as locally based service configurations, or clusters (i.e. Dufferin County, Peel Region, Etobicoke).

Staff from the Central West LHIN asked the group for their opinions about how to develop a workplan, set schedules, manage projects, and establish accountability for the work.

The question put forward was whether a group that included all seniors health service providers in the Central West LHIN was appropriate to develop the workplan, acknowledging that the input of local clients and family members, and individual clinicians with particular interests in seniors, will need to be an integral part of developing more integrated services.

Further to this was the question of the need to address how to incorporate those health service providers that will not be funded by the Central West LHIN on April 1, 2007, nor will have a service agreement with the Central West LHIN, but do provide significant levels of services to seniors who reside in the Central West LHIN.

Based on what appeared to be general agreement that the present group was too large to be involved in every step of developing a workplan and overseeing projects, the notion of a “core action group” of about eight (8) was put forward by Central West LHIN staff.

The group could be a collection of health service provider organizations, representing providers of seniors health services to residents of the Central West LHIN. Representation would come from the following organizations:

- Central West CCAC
- Community Support Services – balancing services and geography
- Hospitals - Headwaters and William Osler
- LTC facilities – balancing provider types and geography.

The CCAC Community Advisory model was cited as an example of how this “core action group” might develop.

This approach sees planning and implementation work requiring the establishment of a “extended action group” or “groups”, which would ensure the perspectives and input of representatives from all health service provider organizations, including those within, and those outside the Central West LHIN who provide services to the residents of the Central West LHIN, and, importantly, clients and family members, and individual practitioners.

There was also discussion about the potential for “project groups” that would undertake specific projects. These project groups would include those organizations and individuals that relate to the specific issues being addressed by defined projects.

The next meeting will discuss the “terms of reference” for and membership on the “core action group”.

It will also begin the discussions about the appropriate membership and terms of reference for the “extended action group”.

2. Undertake inventory of services / Assess the availability of current services and gaps

The IHSP includes the action step of undertaking a comprehensive inventory of services to seniors in the Central West LHIN, as a start to determining the availability and gaps in local and regional resources.

The Ministry should be providing the LHIN with information about those health service provider organizations that are funded by, and have accountability / service agreements with, the Central West LHIN. It is unlikely that the Ministry will have information that will assist in the identification of those organizations that provide services to seniors in the Central West LHIN, and the services they provide.

One of the first tasks of the “core action group” will be to develop the inventory project.

3. Develop best practice models of care through sharing of knowledge across continuum of care

The group agreed that the action steps described above – establishing a “core action group” and undertaking an inventory of services, are good starting points for work identified in the Central West LHIN’s initial IHSP.

There was agreement that planning and implementation work would be based on “best practices”, and that other project work could include education focused initiatives to spread best practices on clinical and administrative integrative activities.

4. Other action steps

The time and resources available at each organization to support this work was discussed and the expectation was set that the Central West LHIN would take a coordinating role in moving the IHSP forward.

## **5. Next Steps**

The group agreed to meet regularly to define the next steps and that the Central West LHIN would call the next meeting.