

March 3, 2008

Report from the CEO

A few short months ago I wrote to you to recognize the kick-off of the South East's aging at home planning effort and, today, I am proud to mark the close of what has been a very intense, yet rewarding journey. I am also proud to share some comments made by our Board members at Monday's meeting where the new SMILE program was approved and VON Canada – Ontario selected as the regional management centre for the program. To paraphrase a comment made during the Board's deliberations – this is exactly what LHINs should be doing; this is the kind of cohesiveness that we want. All participants in the development of the plan and the SMILE program should share in receiving this praise.

I am also pleased to report that, just last week, our area had the privilege of being among five LHINs who had innovative aging at home approaches selected by their peers to be profiled provincially at the Aging at Home Community Innovation Exchange. This event, which drew more than 900 participants from across the province and close to 50 participants from our area, took place through videoconference. Its purpose was to showcase innovative approaches that have emerged from recent aging at home community engagement and planning efforts, to stimulate dialogue and inspire new ideas or approaches across the province. It was apparent to everyone in attendance that our SMILE program generated a lot of interest.

I wanted to highlight this feedback because, as many of you know, the path we took to get to this point was indeed innovative. The planning approach was a departure from the traditional process. It was done in response to seniors' expressed need for similar services throughout the region, and in response to what they felt was needed: supported living services. And – to their credit – they told us that those most in need should get services first. This meant that we had to take a step back and look at the big picture, instead of focusing on individual projects for local service expansion. We also had to honour their desire for similar services throughout the region by making available a common basket of services. The final version of the Aging at Home Plan, which will be made available on our website, details that process. Our Board of Directors was involved every step of the way and approved the approach – and as highlighted in the above and in a letter to us from the Frontenac-Kingston Council on Aging, this initiative “has set a new standard for health care planning.”

Another important point to highlight is that the new SMILE program will give seniors choices; choice is fundamental to dignity. Again, this was not an arbitrary decision on our part. Dignity is at the heart of the provincial strategy, which also calls for non-traditional approaches to service delivery. In developing these aspects of the program, we very much borrowed elements from well-established provincial and federal programs which support vulnerable populations to live at home – and we are thankful for the assistance offered by these organizations.

The Aging at Home Strategy has been a test case for both provincial and regional cooperation. I know that, in our LHIN, collaboration has been the hallmark of the planning effort, and has created an environment conducive to imaginative design and innovation. As the program is implemented over a period of three years, the VON, as the regional management centre, will play an integral role in facilitating the involvement, help and support of seniors and health system partners in program development. We have already received early expressions of interest from community support service agencies who would like to become access portals for the new program. Again, the concept of having multiple access portals throughout the local system at points where people seek care and have interaction with their community, was informed by an expressed need from consumers for improved access to and information about health services. VON Canada – Ontario, as the new regional management centre for the program, will have the lead in working with partners across our region to set up these portals.

As outlined above, we worked with seniors on defining the “what,” but we also benefited tremendously from the knowledge and expertise of health service provider representatives on determining the “how.” In particular, the advice of the working group that was convened to work on program design was invaluable in helping us to define major program elements. The group has recommended that an advisory committee be created to guide and assist the regional management centre over the three-year implementation period. Again, the regional management centre will be responsible for the creation of the committee.

I also take this opportunity to recognize and thank all health sector provider representatives for attending the Joint Senior-Provider Planning Session. All health sector partners who directly contributed to this effort have been acknowledged in our plan for their contribution. The plan itself is in the final production stages, and will be made available broadly in the coming weeks. I think that you will be pleased to see that we have also profiled seniors from this area in the plan, relating their personal experiences with living at home.

In addition I acknowledge that the aging at home effort, as any new idea will, has fostered debate in our area. Debate is a good thing in health care planning, when it is productive and results in tangible and better outcomes for patients – like it has in this instance. Throughout the health system value is created when innovative change is introduced. As we have seen through our community engagement and planning process, this value is leveraged when it is shared. As we are now hearing from our community sector partners, this program will open up a world of possibilities for seniors, as well as for service providers across the region. Flexibility increases

responsiveness. This program, which features individualized care plans and budgets, and the addition of non-traditional providers, provides the flexibility to shape and deliver services around the needs of patients – which will, in turn, help to influence changes to supply. To echo our Minister’s own words, this is about “the art of the possible... about pushing boundaries and using our imagination to leverage capacity in the form of community like never before – wherever people find community. The instinct to want to care for each other is strong, and we need to unlock that potential.”

We have three years to go until full implementation in 2010/11, and I know that we can count on you to make this work for our seniors. By 2016, one in five residents in our region will be 65 years of age or older. It is in all of our interests, as health care administrators and professionals, to introduce changes now to our care delivery system that will make us more nimble and, therefore, responsive as demand for services ebbs and flows.

Sincerely,



Paul Huras
Chief Executive Officer
South East Local Health Integration Network

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