



September 2009

LHINKAGES

CONNECTING OUR COMMUNITIES IN HEALTH

Setting a Course for 2010–2013 North West LHIN to Release New Health Plan

Every time the North West LHIN has a funding decision to make, a call for proposals to put together or a service provider's program to consider, the LHIN refers back to one important document — *its Integrated Health Services Plan (IHSP)*. This strategic plan outlines the LHIN's priorities for change to the health care system in Northwestern Ontario for the years 2007 – 2010. The IHSP guides all of our activities. Every program, proposal or funding request considered by the LHIN must address one of the priorities in the plan.

Our IHSP is now being reviewed and revised into a new plan to guide decisions about health care from 2010 to 2013. This ensures our priorities are on track and reflect the current needs of our residents and service providers.

Extensive engagement with health service providers, community members and other partners has taken place since the release of the 2007 – 2010 IHSP, building on the

information we had collected and the relationships that had been formed. In 2007/08, the LHIN hosted over 150 sessions including forums, roundtable discussions, meetings, workshops and training for over 2,500 participants. We doubled this activity in 2008/09, engaging over 5,435 individuals at 331 sessions across the northwest. The largest single engagement initiative was our *Share Your Story, Shape Your Care* project, which collected input from over 800 people (see page 2). All of the ideas, opinions and stories collected through our community engagement have been used to inform our next IHSP.

The 2010 – 2013 plan builds on the findings and progress of our first IHSP and maps out our priorities to build a better health care system and move closer to realizing our vision for the northwest: *Healthier people, a strong health system — our future.*

Our 2010 – 2013 IHSP is due for public release in late 2009.

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Ontario

Local Health Integration
Network



Share Your Story, Shape Your Care a Great Success

The people of Northwestern Ontario are passionate about their health care and it showed in their response to the North West LHIN's *Share Your Story, Shape Your Care* community engagement initiative. Over 800 people participated in the regional project, which would be considered a great response to a *national* survey.

Residents and health care professionals were invited to complete a Choicebook which collected their health care system priorities, stories and ideas. With a population spread across 458,000 square kilometres, we took an innovative approach to give all people — in remote, rural and urban communities — the same opportunity to have a voice.

"This exciting project (allows) residents of the Red Lake area to have input into the future direction of health care within our LHIN. The online and print version surveys allow for greater input from our area by eliminating the need to travel to regional forums to have our say."

Janice Mullin,
CEO of Red Lake Margaret Cochenour

A special website was set up for online participation; paper copies were available for those without computers; and a conversation guide and document were available for group discussion and responses.

Of the 806 respondents: 30% were health care professionals and 70% general community members; 50% lived in Thunder Bay City, 10% in Thunder Bay District, 29% in Kenora District and 12% in Rainy River District, matching the overall population distribution; and 79% were female.

The health care priorities ranked as most important included:

- Access to primary care
- Access to specialty care
- Long-term care
- Using our health human resources more effectively
- Integration
- Electronic health records

Participants were asked to share their stories about experiences with well coordinated and poorly coordinated care, and to suggest their own ideas about how to create a more integrated health system in Northwestern Ontario. Examples of suggestions provided were:

- Improved electronic health records
- Patient navigation support
- More team approaches to care
- More nurse practitioners
- Transportation support
- Better collaboration between health care partners

Overall, participants were pleased to have the opportunity to have a voice in shaping the future of health care in the North West LHIN. Seventy-two percent of participants agreed or strongly agreed that they enjoyed completing the Choicebook and 80% either agreed or strongly agreed that they would consider doing another Choicebook in the future.

The summary report, full report and Storybook from the *Share Your Story, Shape Your Care* initiative are available on our website under [Reports and Publications](#) or by calling 1-866-907-5446.

"Good job! It's important to get feedback from the service providers who can easily identify problem areas and make suggestions for improvement. Thank you for asking us!"

Participant comment

"Great opportunity to have my voice heard. Thank you and we all need to remember we as citizens are in this together... we all have a responsibility to use our health care services responsibly and wisely."

Participant comment

Emergency Department/ALC Update

All acute and post-acute hospitals in Ontario are now using a standardized provincial Alternate Level of Care (ALC) definition to designate patients ALC. The benefit of using one definition across the continuum of care is the data captured will be accurate and reliable. This data will help inform resource allocation decisions to improve patient flow in hospitals and reduce Emergency Room wait times.

Provincial ALC Definition

When a patient is occupying a bed in a hospital and does not require the intensity of resources/services (level of care) provided in this care setting (Acute, Complex Continuing Care, Mental Health or Rehabilitation), the patient must be designated Alternate Level of Care (ALC) at that time by the physician or her/his delegate. The ALC wait period starts at the time of designation and ends at the time of discharge/transfer to a discharge destination (appropriate care setting).

*developed under the leadership of
Wait Time Information Program, Cancer Care Ontario
for the Ministry of Health and Long-Term Care*

Addressing Alternate Level of Care

Addressing the ALC situation is a top priority for the North West LHIN. The issue is complex and requires various short, medium and longer-term strategies to resolve the pressures caused by ALC. The North West LHIN monitors the percent of acute care beds and non-acute care beds occupied by ALC patients. In the fourth quarter of 2008/09, the percentage of ALC days were reported as 16.32%. While some progress has been made, there is further work to do to reach our 2009/10 target of 13%.

Improving Bed Utilization

The Flo Collaborative Spread Strategy is an extension of the original Flo Collaborative. This Strategy is a quality improvement project aimed at increasing the timeliness of patient transitions across care settings.

The Flo Spread Strategy was implemented in 2009 as a partnership between Dryden Regional Health Centre, North West CCAC, St. Joseph's Care Group and the LHIN with

support from Thunder Bay Regional Health Sciences Centre. The project focuses on reducing Alternate Level of Care days, decreasing patients' length of stay in the emergency department and improving admission and discharge processes within the acute care, complex continuing care and rehab settings. It is anticipated that this quality improvement initiative will spread to other organizations across the region over the next three years.

The North West CCAC began offering increased homemaking services in late October 2008. Programs such as Intensive Case Management and Wait at Home have contributed to reducing the numbers of ALC patients waiting at Thunder Bay Regional Health Sciences Centre (TBRHSC).

A pilot project for intermediary care began in one of the retirement home settings in Thunder Bay in May 2009. This setting has provided additional spaces for ALC patients from TBRHSC to be transitioned to until they are ready to go home.

"We at Dryden Regional Health Centre are excited to be involved with the Flo Collaborative Spread Strategy which is supported by the Centre for Healthcare Quality Improvement and North West LHIN. Our multidisciplinary team is very dedicated to this improvement journey. Flo has given us the opportunity to challenge our current practices and ways of doing things and to try new practices and processes. We have learned that simple changes can lead to greater efficiencies, improve communications and help provide better patient care. Some of the ideas we are piloting include conducting multidisciplinary team rounds every morning which has resulted in vast improvements to the discharge planning process. A new risk screening tool replaces many old tools and improves assessment and referral of patients to the appropriate discipline in a timely manner.

Although Flo requires a sizeable commitment of time and energy, we hope to eliminate redundancies and duplications, improve patient care and use the improvement process to assist us in meeting our HAPS agreement goals."

Doreen Armstrong-Ross, Director of Inpatient Services
Hospital Project Lead, Flo Collaborative Spread Strategy
Dryden Regional Health Centre

Moving eHealth Forward

Advancements in eHealth in the Northwest



Brian Ktytor,
Chief Information Officer

eHealth has been identified by both the Ministry of Health and Long-Term Care and the North West LHIN as a critical enabler to improving the quality of health care delivery for patients. We are getting ready to participate in the many eHealth projects that will be taking place as the system prepares for electronic health records. The Ministry's goal is for all Ontarians to have an electronic health record by 2015.

In response to this, the North West LHIN has taken the first step in advancing the eHealth agenda by hiring **Brian Ktytor** as the **Chief Information Officer** to carry out the eHealth Lead role. Brian received his Masters in Business Administration from Dalhousie University, and undergraduate degrees in commerce and economics from Lakehead University. As the CIO, Brian is working with providers to develop eHealth solutions and lead eHealth transformation in the region. He is also continuing the strong collaboration established with the North East LHIN and cross-LHIN partners in eHealth initiatives.

The North West and North East LHINs established a joint eHealth Project Management Office (PMO) a few years ago to oversee the integration of electronic health systems in the LHINs. With the growth in eHealth activities, both LHINs have decided to expand eHealth project management capacity in the north by situating a PMO in both the North West and North East LHIN. The North West LHIN PMO will guide and support health service providers in the development and implementation of eHealth technologies.

We have several projects underway aimed at increasing the use of technology within health care to improve clinical outcomes. One of the most exciting projects the North West LHIN is currently supporting is the development of a patient matching and referral system. This project involves several partners including Thunder Bay Regional Health Sciences Centre, St. Joseph's Care Group and the North West Community Care Access Centre. Additional phases to expand the system to other providers throughout the LHIN are anticipated over time.

The system will improve the flow of patients between the providers by automating the referral and assessment process. This project's main objective is to reduce Alternate Level of Care pressures. This system is also a key step forward in the development of an integrated electronic health record.

Emergency Department/ALC Update

...Continued from page 3

Reducing Emergency Department Demand

The North West LHIN has the highest Emergency Department (ED) visit rates for non-urgent care in the province. Limited options exist for after hours care outside of the Emergency Department setting in the small, rural areas of the Northwest region. This contributes to higher Emergency Department visits as the ED often functions as the primary care centre.

The LHIN has implemented several initiatives aimed at reducing ED visits, including:

- **Implementation of a Chronic Disease Prevention and Management Strategy focused on better self-management of disease:**

75 individuals have received support from the LHIN to become Master Trainers in self management of chronic diseases. The Master Trainers hold self management programs for people with chronic diseases in their communities.

- **Supportive housing for homeless people with addictions:**

supportive housing units are part of the province's Mental Health and Addictions Strategy, which is focused on providing alternative settings for care in the community. This strategy is just beginning to roll out.

- **Creating a Nurse Led Outreach Team to long-term care:** The Team help support care within the long-term care home setting in Thunder Bay in an effort to reduce unnecessary visits or transfers to the ED.

- **Support for a LHIN-Wide Falls Management Program:**

Thirty-eight teams are involved in redesigning their clinical practice related to falls (i.e. early identification of individuals at risk for falls), in order to reduce unnecessary transfers to the ED for care.

ED Pay-for-results (ED P4R) Initiative

The ED Pay-for-Results initiative is focused on reducing Emergency Department length of stay. Eight initiatives, one involving the North West Community Care Access Centre (CCAC), are being implemented in 2009/10 at Thunder Bay Regional Health Sciences Centre (TBRHSC). These initiatives are expected to produce improvements in patient flow in hospital, while reducing the time patients spend waiting in the ED.

ED Performance Improvement Program (ED PIP)

TBRHSC, a Pay-for-Results hospital site, has been approved to participate in this improvement initiative which begins October 2009 and runs through to May 2010. The goal of the program is to help reduce ED Length of Stay and improve patient flow across the hospital system.

The North West LHIN will continue to collaborate with local hospitals, long-term care homes and community support service providers to develop and implement short and long-term system solutions that promote community-based alternatives for care.

Also, a Regional ED/ALC Steering Committee has been established to help advance the ED/ALC strategy in the North West LHIN over the next three years.

North West LHIN Wait Times Results for 2008-09

Ontario's Wait Time Strategy sets wait time access targets for some major health services (see chart below). The targets serve as important goals for hospitals, LHINs and the government to ensure patients get the timely care they need, and that those who need care the most are treated first.

Results at year end 2008/09 show the North West LHIN made great improvements in the wait times* for Cataract surgery, reducing the wait at the 90th percentile from 503 days down to 101 days. Wait times for MRI and CT scans were also significantly reduced, with the wait at the 90th percentile going from 64 and 85 days to 38 and 27 days respectively. In the area of cancer surgery, the LHIN continues to be one of the top performers in the province with a wait at the 90th percentile of 46 days. Hip replacement wait times were consistent with the prior year, while knee replacement wait times were reduced by 21 days.

Within the LHIN, many new initiatives were implemented to reduce Alternate Level of Care (ALC) pressures and improve the flow of patients from acute centres into appropriate settings. These initiatives reduced the level of ALC as evidenced by data received subsequent to the year end showing reductions in both ALC days and the wait times for long-term care placement.

Additional MLAA indicators including the hospitalization rate for ambulatory care sensitive conditions, the rate of emergency department visits that could be managed elsewhere and the readmission rates for acute myocardial infarction are also monitored by the LHIN. Improving the performance for these indicators presents significant challenges due to the rural and remote nature of the North West LHIN.

The following table outlines indicators measured in the North West LHIN in 2008/09.

Performance Indicator	LHIN 08/09 Starting Point	LHIN 08/09 Target	Most Recent Quarter 2008/09**	Annual Results***	LHIN Met Target Yes/No
1. 90th Percentile Wait Times for Cancer Surgery	47 Days	45 Days	42 Days	46 Days	Yes
2. 90th Percentile Wait Times for Cataract Surgery	503 Days	182 Days	101 Days	103 Days	Yes
3. 90th Percentile Wait Times for Hip Replacement	197 Days	197 Days	200 Days	212 Days	Yes
4. 90th Percentile Wait Times for Knee Replacement	232 Days	214 Days	211 Days	189 Days	Yes
5. 90th Percentile Wait Times for Diagnostic MRI Scan	64 Days	28 Days	38 Days	71 Days	No
6. 90th Percentile Wait Times for Diagnostic CT scan	85 Days	28 Days	27 Days	29 Days	Yes
7. Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC)	608.42	600	554.27	594.91	Yes
8. Median Wait to Long-Term Care Home Placement — All Placements	154 Days	135 Days	165 Days	183 Days	No
9. Percentage of Alternate Level of Care Days – by LHIN of Institution	20.40%	14.78%	20.30%	18.81%	No
10. Rate of Emergency Department Visits that could be Managed Elsewhere	69.35	60	65.55	62.56	Yes
11. Readmission Rates for Acute Myocardial Infarction (AMI)	6.50	6.50	6.04	6.34	Yes

Note:

*Wait times targets are set at the point at which nearly all patients (90%) have completed surgery or have had their exam. This is what is meant by the term 90th Percentile.

**Performance indicators 1-7 = Q4 2008/09; and 8-11 = Q3 2008/09

***Performance indicators 8-11 (in the Annual Results Column) only include the average of Q1-3

Innovations in the North West LHIN

Aging at Home Initiatives in the Northwest Shared Internationally

The North West LHIN was one of six LHINs featured at an Aging at Home e-symposium titled *Connecting the Dots in Ontario and Beyond* in June. Carol Neff from Wesway and Jennifer Fawcett of the Alzheimer's Society Thunder Bay presented on their Respite and First Link programs, respectively.

The e-symposium was presented by the Canadian Research Network for Care in the Community (CRNCC) in partnership with the University of Toronto's Department of Health Policy Management and Evaluation and funded by the Ontario Ministry of Health and Long-Term Care.

The groundbreaking event connected participants from across countries, regions, sectors and media to exchange knowledge and integration initiatives. Over 1,000 local and international participants logged on to the live webcast and chat room for the event. To view the presentations, visit www.crncc.ca/ConnectTheDots.html

COMING SOON – “Innovations” Section on Our Website

“There is no shortage of innovation in health care in this country. Where we fall short is the spread of innovation.”

Steven Lewis, Health Policy Consultant

There are many innovations currently affecting the health system in positive ways. Opportunities to share ideas that work well can be missed in the hectic world of health care delivery. To support the spread of innovation across the health care system in the North West LHIN, we are setting up an “Innovations” section on our website for people to share their ideas for improving quality and efficiency in health care — and to learn from. We will send out a notice when the section is available this fall.

“Innovations in the North West LHIN” will be a standing column in our Lhinkages newsletter. If you would like one of your innovations featured, please contact Kelly Arnold, Communications Specialist at either kelly.arnold@lhins.on.ca; 343-5549; or 1-866-907-5446 ext. 2030.

Voluntary Integrations in the Northwest

Several voluntary integrations were proposed to and approved by the North West LHIN Board of Directors during 2008–09. One integration aimed at improving the quality of care for patients involved the expansion of digital Picture Archiving and Communication Systems (PACS) to include hospitals in the North West, North East and Champlain LHINs. This integration enhances the ability to electronically share images across the three LHINs.

Additionally, three voluntary integrations involving nine community health service providers were completed during the year. These integrations were undertaken to reduce administrative burden, better align accountability for the providers and to maintain the quality of care in the communities. They were:

- Integration of community support services programs of Independent First Nations Alliance (IFNA),

Kitchenuhmaykoosib Inninuwig First Nation, Pikangikum First Nation and Muskrat Dam First Nation: LHIN funding is now flowed directly to the First Nations instead of through IFNA.

- Integration of the community support services program of Beardmore Evergreen's with the municipality of Greenstone. LHIN funding now flows to the municipality of Greenstone instead of to Beardmore Evergreen's.
- Integration of the community support services programs of the township of Terrace Bay and township of Schreiber into the McCausland Hospital. LHIN funding now flows to the hospital instead of the municipalities.

We continue to explore opportunities for increased system integration with providers and communities in order to enhance people's access to health care services and ensure that health care resources are used efficiently.

Volunteer Opportunity!

Aboriginal Health Services Advisory Team Members

Aboriginal engagement is a priority of the North West LHIN to better understand the health status of Aboriginal people, community priorities related to health and the challenges Aboriginal people face in accessing services. We are seeking interested people who would like to work with the LHIN to give guidance on how Aboriginal health planning should/could unfold. We believe that it's the Aboriginal people themselves who best understand the needs of their communities.

The role of the Aboriginal Health Services Advisory Committee is to provide advice to the North West LHIN regarding:

1. the health needs and priorities of the Aboriginal people and communities in the Northwest, and
2. health services delivery issues affecting the Aboriginal people and communities in the Northwest.

TO APPLY:

1. Call 1-866-907-5446 or 807-684-9425 to obtain an expression of interest form, or go to our website www.northwestlhins.on.ca
2. Fill in the form
3. Mail, fax, or e-mail the completed form to:

North West Local Health Integration Network
Aboriginal Health Services Advisory Selection Group
975 Alloy Drive, Suite 201
Thunder Bay, Ontario, P7B 5Z8
Fax: 807-684-9533
Email: sherri.bureyko@lhins.on.ca

The deadline for applications is Friday, October 2, 2009.

New Initiatives

We are starting this new column in LhInKages to share information on new initiatives of interest to health service providers and our partners in the North West LHIN. If you have information you'd like to share, contact Kelly Arnold at kelly.arnold@lhins.on.ca; 343-5549; or 1-866-907-5446 ext 2030 toll free.

Initiatives in the North West LHIN

North West LHIN-Wide Falls Prevention Project and Website

St. Joseph's Care Group is hosting this 2½ year project which is bringing together health care organizations from across the region to develop a comprehensive, community based approach to reducing seniors' falls and injuries. Falls can seriously impact independence, resulting in ongoing disability, changes in living arrangements, reduced activity and, as a result, social isolation and death.

The North West LHIN-Wide Falls Prevention Coalition has a public website focusing on seven areas of falls prevention at www.fallsprevention.ca and is planning another public education campaign for this fall.

Provincial Initiatives

LHIN Collaborative (LHINC)

LHINC is a new provincial LHIN-led organization that has been formed to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The Executive Director is Mario Tino who has over 20 years of experience in Ontario's health sector. More information on LHINC is available on our website under [Health Service Providers](#).

Consultations Held on Underserved Area Program

The government is renewing Ontario's Underserved Program (UAP). Although originally created to support physician recruitment and retention in rural and northern

communities, designated underserved areas in the south now greatly outnumber the ones in the north making it more difficult for northern communities to compete for physician resources.

Thunder Bay-Atikokan MPP Bill Mauro hosted a round table consultation in Thunder Bay on August 25th over the government's proposed changes, which include:

1. A Northern/Rural RIO-based financial incentive program specifically designed to attract physicians to northern and rural communities. Physicians practicing in any community with a score of 40 or more on the Rurality Index for Ontario (RIO) scale would be eligible to receive incentive funding. The amount of funding would be determined by the RIO score: the higher the score, the higher the value of the incentive funding.
2. A province-wide return of service (ROS) program. All Ontario communities — except the Greater Toronto Area (GTA) and Ottawa which are well supplied for physicians — would be eligible to recruit physicians with Return of Service commitments.

The government's consultations wrapped up on August 29th. For more information on the UAP renewal, visit:

http://www.health.gov.on.ca/english/providers/program/uap/uap_prov_consultations.html

Rural and Northern Health Care Panel Announced

Members of the government's Rural and Northern Health Panel were announced in late July. The 15 person panel includes stakeholders and health care professionals with experience working in rural and northern areas of Ontario. Members from the Northwest include: Dr. Terry O'Driscoll (Sioux Lookout), and Donna Williams (Keewatinook Okimakanak Telemedicine, Balmertown). The Chair is Hal Fjeldsted, Kirkland and District Hospital CEO. Full information about the Panel is available on our website under [News Room/News Releases](#).

The panel is to provide recommendations to the government on how best to coordinate the delivery of health care services for residents in rural and northern communities, recognizing their unique health care realities. The panel's work is to complement the UAP program (see above). It is to submit its report to the government this winter.



Latest Announcements in the North West LHIN

The chart below recaps the 2009/10 funding and initiative announcements improving the health care system in the North West LHIN.

Announcement	Benefit(s)	Investment(s)
JULY Funding for Supportive housing for homeless people with substance abuse issues.	Stable housing will enable these individuals to complete their addictions treatment program and reduce their need for emergency department and crisis services.	\$188,100 for 16 units that will be available to individuals from across the LHIN. Locations of the units tba.
JUNE North West LHIN was included in Ontario Call for Proposals for Family Health Teams (FHT) and Nurse Practitioner (NP) Clinics.	Residents will receive better access to comprehensive health care through the FHTs and improved access to family health care through the NP Clinics.	Ontario is creating 19 Family Health Teams and 8 Nurse Practitioner Clinics, which are to be announced in the fall of 2009. (Call for Proposals closed July 30th)
MAY \$5,295,484 of investments for seniors in 2009/10: 1. Aging at Home programs 2. Initiatives to address Emergency Room and Alternate Level of Care (ALC) pressures 3. Increased Community Care Access Centre (CCAC) services 4. A Nurse-Led Outreach Team. A news release and backgrounder giving a detailed breakdown of these programs is available on our website under the News Room/News Releases .	1. More seniors will receive needed health services in the comfort and dignity of their own homes and communities, instead of in a hospital. 2. More home care and community services will enable ALC patients to leave hospital sooner, making more beds available to emergency room patients. 3. Seniors requiring personal support/homemaking and patients waiting for a long-term care bed or receiving end-of-life services at home will receive more hours of service. 4. Long-term care home residents will receive on site care from a team of nurse practitioners and registered nurses in cases where unnecessary visits to the hospital and the ER can be avoided.	1. \$1,204,798 for ten Aging at Home programs continuing from 2008/09. More announcements are to come for 2009/10. 2. \$1,550,545 for eight initiatives continuing from 2008/09. More announcements are to come for 2009/10. 3. \$1,255,200 in 2009/10 4. \$250,000 in 2009/10
MAY Pay for Performance Funding for Thunder Bay Regional Health Sciences Centre (TBRHSC) to improve patient flow within the emergency room.	TBRHSC and the North West CCAC will be working on initiatives to reduce the time patients spend in the emergency room.	A portion of the \$2,830,000 funding for this project is for TBRHSC to implement its initiatives to reduce ER wait times, with another portion of the funding payable only if the hospital meets its ER wait time reduction targets.

Coming Events

Videoconference Series Speakers

Date: October 21, 12:00 – 1:30

Speaker: Eileen Patterson, Director of Quality of Improvement, Ontario Health Quality Council

Topic: Quality Improvement Initiatives.

Date: November 20, 12:00 – 1:30

Speaker: Dr. Joshua Tepper, Assistant Deputy Minister

Topic: Recent updates with HealthForceOntario, health human resources and primary care initiatives

Call for Entries for the 2009 “Celebrating Innovations in Health Care Expo”

Presented by HealthAchieve in partnership with the Government of Ontario, *Celebrating Innovations in Health Care Expo* is a showcase of initiatives that are driving health care system renewal in Ontario. The event takes place in Toronto on Wednesday, November 18, 2009.

There are six categories for entries:

- Meeting Community Needs Through Integrated Care
- Improving Quality and Patient Safety
- Improving Efficiency Through Process Redesign

- Innovations in Health Promotion
- Innovations in Health Information Management
- Innovations in Health Human Resources

A \$10,000 bursary will be awarded in each category, along with a \$10,000 prize for the People’s Choice Award recipient.

Deadline for entries is September 30th.

For more information, to apply online and/or register, visit www.health.gov.on.ca/innovations.

North West LHIN Board of Directors Meeting

The Board’s next meeting is being held in Sioux Lookout on Tuesday, October 27th. The public is welcome to attend. The time of the meeting will be posted on the calendar on our website in October.

If you have comments or ideas for future issues, please contact Kelly Arnold at (807) 684-9425 ext. 2030 or kelly.arnold@lhins.on.ca

North West Local Health Integration Network

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