Norfolk GENERAL HOSPITAL
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MEDIA RELEASE:

For Immediate Release

December 19, 2014

HealthLink
Norfolk HealthLink

"Circle of Care" for complex, high user patients.

Mr. O is 66 years old and lives alone. In the past year he has been admitted to hospital 8 times, plus 3 additional ER visits for congestive heart failure and mobility issues. He is unsure how to get transportation to his family physician who does not practice in the same town where Mr. O lives, is afraid to use his portable O2 tank outside of his home, doesn't feel safe with his walker, has numbness in his fingers and toes, and is depressed because he no longer feels independent and worries he will have to leave his home.

Norfolk General Hospital (NGH) has a lead role in improving care for high-needs patients in Norfolk County with the creation of Norfolk HealthLink. Norfolk HealthLink is one of more than 47 Community Health Links across Ontario.

A HealthLink is a local health care network consisting of patients, caregivers, health care providers, and community support agencies committed to working better together to improve the health outcomes for patients with complex care needs.

HealthLink is a Ministry-initiated program which focuses on the top 5% of hospital users, as defined by the combined number of ED visits and admissions, and will be a resource and support for patients/families, physicians, and community agencies. Beginning in January, HealthLink coordinators with nursing and mental health experience will begin discussing any potential patient with primary physicians, and then meeting with patients/families and additional service providers.

HealthLink coordinators will meet with the identified patients, their loved ones, and service providers to develop care plans which focus on the goals of the patient and reasons for high hospital visits, with the intended outcomes being: assess potential gaps in service, facilitate appropriate referrals, assist smooth transitions between service providers, ensure everyone involved in a patient's care has the same information, and reduce high hospital usage.

As part of the HealthLink program, Norfolk EMS will be initiating a Community Paramedicine program. Home visits and wellness clinics for at-risk populations will be conducted by paramedics outside their

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traditional emergency response role. These are intended to help decrease/prevent more serious health issues for those individuals and decrease the need for hospital visits. The Community Paramedicine program is an addition to the current emergency response capabilities and will not detract from normal operations.

Ultimately, Norfolk HealthLink aims to enhance the health system for patients/clients, and ensure the sustainability of the system by reducing the cost of delivering health services while still providing excellent care for all. Patients will be empowered to play an active role in their care.

The Norfolk HealthLink Steering Committee includes: NGH, Community Care Access Centre (CCAC), Delhi Family Health Team and Delhi Community Health Centre, Norfolk Emergency Medical Services, Canadian Mental Health Association, Community Addiction and Mental Health Services, Stedman Community Hospice, Roulston's Pharmacy, and the HNHB LHIN.

Quotes:

"A care plan designed for each patient involving patients and their families will ensure they receive the care they need as close to home as possible. " Joe Bitz, Norfolk HealthLink Project Manager

"When we work as a team, the patient receives better, more coordinated care…which allows their health goals to be met and improves quality of life." Dr. Bill Thorogood, Norfolk HealthLink Physician Lead

Background:

- 63,000 live in the Norfolk catchment
- Norfolk County has the highest rural population in HNHB LHIN at 55%
- 28,500 visits to NGH ED per year
- High needs users account for two-thirds of health care costs
- There are 147 individuals identified meeting the high user patient profile in Norfolk
- A recent Ontario study found that 75 per cent of seniors with complex conditions who are discharged from hospital receive care from six or more physicians and 30 per cent get their drugs from three or more pharmacies
- A higher percentage of older adults live in Norfolk HealthLink compared with the provincial average, or within the HNHB LHIN population
- Norfolk residents die significantly younger than other Regions and Haldimand Norfolk rates of all cancer and breast cancer are significantly higher than HNHB or Ontario

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- Adults with multi-dimensional chronic health issues and patients with mental health and addiction issues are two populations that could be positively impacted by HealthLink; adults with multiple chronic diseases access services frequently through the Emergency Department

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"Our mission is to relieve illness and suffering, and help people live healthier lives."

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