



Primary care and community health initiative moves forward at Trillium

In May 2001, Trillium Health Centre put together a Planning Council on Primary Care and Community Care Linkages with the goal of keying in on tangible ways to strengthen Trillium's focus on supporting and promoting improvements in primary and community care.

The exciting process culminated in the development of a final report, prepared in October 2001, which held 24 recommendations created to make that vision a reality.

The recommendations will be implemented by a Primary Care and Community Care Steering Committee, supported by dedicated staff resources.

Recommendations focus on two main "enablers" which are key to the development of the initiative:

1 Approaches to Care

Approaches to care are ways in which care is organized and provided. Trillium will explore facilitating diverse approaches to care including support for specialty interests

of family physicians through primary care clinics, and dissemination of information through a Trillium Physician's Directory to facilitate consultation amongst primary care colleagues and consultants.

Shared care models are an approach to care which will be formally developed at Trillium (see Highlights – What is Shared Care?). Top priority areas include geriatrics, mental health, specialized cardiology, and diabetes.

Trillium will also explore how it can support the efforts of family physicians to provide 24 hour/ 7 day per week care.

It will require dedication, commitment and flexibility to implement various approaches to care and support the family physician's role in the continuum of care. A strong family practice network is necessary to move forward. Trillium will actively support family physicians in their work and encourage the

participation of family physicians in aspects of care delivery, administration, and events.

2 Supporting Mechanisms

Supporting mechanisms are policies, protocols, practices and systems which assist people to do their work. Supporting mechanisms can be separated into four areas, information and communication systems, education and development, physical barriers to access, appropriate policies, protocols and practices.

Information and Communication: Some ideas to improve these mechanisms include establishment of a working group of Trillium family physicians to identify critical information communicated to them to ensure continuity of care for their patients seen at the Health Centre.

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Primary care cont'd.

Education and Development: These efforts will include providing the opportunity to family physicians to apply evidence-based family medicine practices in their primary care settings. For example, assessment tools and protocols could be compiled centrally and peer support and training on their use be provided to family physicians.

Individual learning plans as well as exploring the capacity for primary care research will be pursued. A medical staff newsletter to promote collegial relationships between physicians and provide information will also be explored.

Policies, Protocols and Practices: These will look at communication protocols for admissions and discharge systems to streamline services, and ensure continuity of care for patients receiving services at Trillium.

Other developments include establishing a liaison committee of community agencies and Trillium staff to identify strategies to work together and plan effective and efficient services within available resources.

A Steering Committee will be established to guide the work of the Initiative.



HIGHLIGHTS

What is Primary Health Care?

Primary care in its broadest definition represents an enormous proportion of health care — probably about half of what is spent on programs and services. Primary care also represents by far the greatest percentage of contacts that patients, clients and families have with the health system. Primary health care is considered to be the first level of care, and usually the first point of contact that people have with the health system.

There are diverse opinions on the definition of primary care. Trillium's Planning Council on Primary and Community Care Linkages has recommended that Trillium Health Centre adopt a definition of primary health care services which includes health promotion and disease prevention, acute episodic care, continuing care of chronic conditions, mental health and reproductive care, support for people with terminal illness, support for care provided in

hospital, at home and in long term care facilities, arrangements for 24 hour/7 day per week care, as well as patient education, advocacy, referral and service coordination.

Primary care should be based on practical, scientifically sound and socially acceptable methods and technology. These should be routinely evaluated through research and practice the results of which are used to make on-going improvements in care.

Examples of publicly funded primary care services provided in communities include home care, long term care, public health, family physician's services, emergency health, palliative care, addiction services and community mental health services. This means that primary health care can be provided by a broad range of professionals including physicians, nurses, pharmacists, therapists, and other allied health professionals.

Primary care is already underway at Trillium

Highlighted below are programs currently underway at Trillium, each uniquely different but supporting primary health care!

Health Information and Wellness Centre

Having the ability to make informed decisions about health

and the care residents of Mississauga and Etobicoke receive is getting a helping hand thanks to Trillium Health Centre's two Health Information and Wellness Centres.

With locations at the hospital's Mississauga Site at Queensway West and Highway 10, and at their

Queensway Site in Etobicoke across from Sherway Gardens, Trillium's two Health Information and Wellness Centres offer residents three options for accessing the wealth of information they have available.

Individuals with internet access can log onto the Centre's website at www.trilliumhealthcentre.org/health, or phone the Centre closest to them to request a package of information related to a particular health care topic such as diabetes, stroke, mental health or cancer.

The package will be mailed directly to your home. Better yet, a visit to one of the two Health Information and Wellness Centres promises a cozy, relaxing environment where residents can choose from a wide variety of books, magazines, brochures, videos, CD-ROMS, computer databases and on-line services. These services are all offered free of charge and it doesn't matter if residents have never been a patient of the hospital.

What residents will find at the two locations is reliable, consumer-friendly health and lifestyle information. Among the many resources listed by the two Centres are access to definitions of medical terms; background information on disease-specific conditions; access to the latest research in medicine; a directory of community resources and support groups and one-on-one personal attention.

Group tours are welcome and can be arranged by calling the Health Information and Wellness Centres. For more information about tours, hours of operation and services, please call Trillium's

Health Information and Wellness Centre (Mississauga Site) at 905-848-7511, or Trillium's Health Information and Wellness Centre (Queensway Site) at 416-521-4187.

Mental Health Shared Care at Lakeshore Multi-Service Project (LAMP)

The shared care program with Lakeshore Area Multi-Service Project (LAMP) and Trillium Health Centre is an excellent example of collaboration between community agencies and hospitals.

Shayna Kulman-Lipsey, a social worker with Trillium's Community Mental Health Program based at the Queensway Site, provides mental health consultation service to the primary care team at Lakeshore Area Multi-Service Project (LAMP).

LAMP is a community health centre which offers primary care and social services to the residents of the Lakeshore community in Etobicoke.

Shayna is available at LAMP for two mornings a month, where she assesses client suitability for Trillium mental health programs or makes recommendations to the referring provider for other community resources. She also provides consultation through regularly scheduled meetings to referring professionals who include nurse practitioners and family physicians.

"Through this program, we have increased client access to mental health supports and increased client usage of Trillium Health Centre mental health services, especially for clients who normally have problems accessing these services", says Wendy

HIGHLIGHTS

What Is Shared Care?

The implementation of shared care models in key areas will strengthen primary care, integration with the hospital, and improve access to care.

Top priority areas will include mental health, geriatrics, adult diabetes and cardiology. Establishing new productive partnerships between care providers requires new models of collaboration.

"Shared care" is one method, where care is shared by providers whose roles are complementary. Shared care covers a broad spectrum of collaborative treatment possibilities.

These range from productive two way communication and educational opportunities to provision of consultation and treatment of patients in the primary care setting by a collaborative provider.

(Isr J Psychiatry Relat Sci 35(2) 1998 104-113.

Goodeim, a nurse practitioner at LAMP who refers patients to the shared care program. "It is often less threatening to a client to begin accessing mental health services at LAMP".

Wendy also says that staff working with any program based at LAMP has access to one hour of consultation with Shayna Kulman-Lipsey during the month. They can ask questions regarding past clients, or seek advice regarding a client they will treat

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Shared care cont'd.

themselves, but require some professional support to do so.

Shared Mental Health Care at LAMP is one example of a collaborative program which can be highly effective in meeting both the needs of the clients and the professionals who work with them.

Stay Tuned For More Information!

Projects currently underway include:

1. Development of a Trillium physician's directory.
2. Review of community resources of particular interest to primary health care providers.
3. Planning shared care projects between family physicians and healthcare providers from Trillium Health Centre.
4. Planning the development of a Steering Committee to guide the Primary Care and Community Health Initiative.

How can you be involved?

If you are interested in participating or learning more about this exciting initiative, please contact Sheryl Farrar, Coordinator, Primary and Community Care Initiative at Trillium Health Centre 416-259-7580 ext 5511.

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HIGHLIGHTS

Supporting Mechanisms EDUCATION & DEVELOPMENT

These efforts will include providing the opportunity to family physicians to apply evidence based family medicine practices in their primary care settings by compiling assessment tools and protocols centrally and providing peer support and training on their use. Individual learning plans as well as developing a capacity for primary care research will be pursued. A medical staff newsletter to promote collegial relationships and familiarity between family physicians, other community care providers and hospital and medical staff will also be developed.

New coordinator for primary care and community health initiative



Wendy Nelson, Vice President Patient Services, is pleased to announce the appointment of Sheryl Farrar, Coordinator of Trillium's Primary Care and Community Health Initiative, effective April 8, 2002.

Sheryl has knowledge of and experience with shared care programs. She has worked with academic and community family physicians in her past role as Assistant Coordinator, Hamilton HSO Mental Health and Nutrition Program. This program supports 86 family physicians with mental health and nutrition care for 170,000 individuals.

Her role involved planning, implementing and evaluating the program as well as developing programs for educating patients and physicians.

Sheryl has also worked as a research assistant for the Consumer Health Information Service at St. Joseph's Community Health Centre, Hamilton, and as a health planner at Niagara District Health Council.

Sheryl holds a Masters of Health Sciences degree in Health Promotion from the University of Toronto and an academic appointment as clinical lecturer with the Faculty of Health Sciences, McMaster University. She is active in several professional and community associations and has contributed to and authored a number of research papers.

Sheryl will provide leadership in implementing the recommendations in Trillium's recent report on building closer relationships between the hospital, community agencies, and family physicians.