

InfoLink

STORIES AND UPDATES FROM THE
GREATER SUDBURY HEALTH LINK

Supported by:



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WHAT DOES WENDY NEED?

A REFLECTION ON
ONE WOMAN'S HEALTH LINK GOALS

Consider Wendy. Wendy was referred to the Greater Sudbury Health Link by a community service provider. At the time, she was struggling with mental health and addictions, chronic disease, cognitive challenges associated with a brain injury and had difficulty accessing income, housing, and social supports. To add to Wendy's challenges, she had neither a primary care provider, nor psychiatrist to help monitor and treat her health conditions.



As providers, what might we have defined as Wendy's goals? We may have prioritized access to a physician or specialist; addiction supports; management of her chronic disease; or mental health counselling. Without talking to each other, we may have approached each of these goals separately, unaware of how one impacted the other.

With Health Link, however, Wendy's team got to hear it straight from Wendy. She told them:

- *I need to find housing that is safe and affordable and I could use some help with budgeting.*
- *Can anyone help me to manage my medication and develop a routine?*
- *I'm lonely. I'd like to make some connections, explore volunteering and make new friends.*
- *I struggle with some of the basics like showering, meals and cleaning.*
- *I'd like better, healthier ways to cope.*

Wendy's priorities may have been different than those predicted by her providers — but they were important and her care team listened. Wendy now has a new apartment, medication support, a routine for remembering appointments, and a trusted care team member who helps her to get there. With some of those goals met, Wendy is now able to focus on other health needs and as her goals change, so does her Health Link Care Plan. So, what does Wendy need? Let's ask Wendy.



The past 6 months have been busy for the Greater Sudbury Health Link. As the number of referrals has increased, Health Link staff and care team members are working hard to ensure that individuals receive timely support.

MOMENTUM AND MILESTONES FOR THE GREATER SUDBURY HEALTH LINK

As of January 31, 2018, significant Greater Sudbury Health Link milestones have included:

- Over 90 referrals received – over half have been received since September 2017!
- 42 completed coordinated care plans and 26 more in progress
- Achievement of Health Link targets:
 - average time between referral and engagement – less than 7 days
 - average time between referral and completed care plan – less than 30 days

Congratulations and thank you to all of our Greater Sudbury Health Link partners, staff and care team members.

WHEN SHOULD I MAKE A REFERRAL TO THE GREATER SUDBURY HEALTH LINK?

The Greater Sudbury Health Link (GSHL) seeks to improve the well-being of *Sudbury residents who require a complex range of health and social services*. This often includes individuals who are challenged by multiple chronic conditions, mental illness, addictions, developmental disability or poor access to the social determinants of health (e.g. income, housing, social supports).

When considering a Health Link referral ask yourself the following:

- Is this individual challenged by multiple physical health, mental health, and/or social conditions?
- Do they have or require multiple care team members to support them in their health and wellness goals?
- Do they frequently use health care services as a result of EMS calls, emergency department visits, or hospital admissions?
- Would it be of benefit for the individual and care team members to stay connected through a common and up-to-date Coordinated Care Plan?

If you are supporting an individual who you feel could benefit from Greater Sudbury Health Link care coordination, contact the Greater Sudbury Health Link, c/o Canadian Mental Health Association – Sudbury/Manitoulin at 705-675-7252, ext. 211 or healthlinkinfo@cmha-sm.on.ca. You may also refer to the [Greater Sudbury Health Link Referral Form](#) (found under “Health Link Tools”) for more information about eligibility considerations.

HEALTH LINK PARTNER PROFILE

HEALTH LINK CARE PLANNERS – ANDREA GATIEN AND PAMELA HAIGHT

In the late fall of 2017, Health Sciences North introduced Pamela Haight and Andrea Gatien to our Greater Sudbury Health Link team. As Health Link Care Planners, Pam and Andrea work with HSN staff and departments to identify complex patients who may benefit from collaborative Health Link care planning. Each morning, for example, the Health Link Care Planners and our Community Health Link Navigator, Hailey Gaskin, connect at morning “huddles” where they can identify possible referrals and make plans to follow-up with patients. Working together, Pam, Andrea and Hailey ensure that all aspects of the referral process and early care planning go smoothly.

With almost 10 years working in the mental health sector, Pam was, “intrigued by the philosophy of Health Link collaboration that is specifically driven by the client and their goals”. Andrea’s background is in rehabilitation and she has a passion for working with older adults. In her role, Andrea most enjoys working with providers, patients and families as they define their, “unique health and wellness goals”.

The strong partnership between Health Link Care Planners and Navigator has improved patient access to coordinated care and supported transitions from hospital to home. Welcome Pam and Andrea!



Above: Pamela Haight and Andrea Gatien, Health Sciences North Health Link Care Planners

YOUR CARE PLAN SAYS A LOT ABOUT HOW YOU DEFINE HEALTH

A key component of Greater Sudbury Health Link care planning is each individual’s ability to define their own wellness goals and care team members. A glimpse into Health Link care plans helps us to understand the broad determinants of health and the full range of organizations and individuals who contribute to people’s well-being. Each one has their own unique role to play.

The diverse range of Health Link care team members currently includes:

- Primary care providers
- Mental health and addictions workers
- Home & Community Care
- Housing support workers
- Medical specialists
- Chronic disease management (diabetes; COPD; CHF)
- Developmental supports
- Legal/justice supports
- Education supports
- Peer support workers
- Harm reduction workers
- Allied health providers (nutritionists; chiropractors; massage therapists)
- Cultural supports...

People’s most frequently identified wellness goals include:

- Mental health/ counselling
- Housing
- Pain management
- Social relationships
- Mobility support
- Financial support
- Legal support
- Employment

IF I COULD SHARE ONE THING I'VE LEARNED...

Now in her sixth month as the Greater Sudbury Health Link Navigator, we asked Hailey Gaskin a few questions about her experience so far.

Q: Since you began as Navigator, what aspect of GSHL care coordination have you been most proud of?

A: *It's been great to see care team members come together to support people in creative ways. They come up with options for transportation to appointments, ways to communicate with individuals who have no phones, and other "outside of the box" options to support people with their care. When team members talk to each other, they can usually come up with solutions to challenges.*

Q: What do you think has had the greatest impact on individuals supported by the Health Link?

A: *The Health Link process provides people with an opportunity to meet with all of their supports and service providers at one time. They have the opportunity to express what is important to them, what works well, and what doesn't.*

Q: What has been the most challenging part of your role?

A: *We've had a lot of recent referrals into the Health Link, and that's great. It's also keeping me busy – meeting with individuals and care team members, coordinating meetings, and always promoting Health Link to others who could benefit.*

Q: If you could tell people just one thing about the GSHL, what would it be?

A: *As a provider, wouldn't it be great to be able to connect with the full team of providers who support your client/patient's wellness? Health Link lets you do that. As an individual, Health Link is a way to make sure your providers know what is most important to you. They work with you to meet your needs in a way that makes sense to you.*



The Greater Sudbury Health Link is only possible with the support of our funders, partners, community service providers and care team members. Collaborating Partners are:

- Canadian Mental Health Association – Sudbury/Manitoulin
- Centre de santé communautaire du Grand Sudbury
- City of Lakes Family Health Team
- Greater Sudbury Paramedic Services
- Health Sciences North
- Monarch Recovery Services
- North Bay Regional Health Centre
- North East Behavioural Supports Ontario
- North East Local Health Integration Network
- North East Specialized Geriatric Services
- North Eastern Ontario Medical Offices
- Northern Initiative for Social Action
- Réseau Access Network
- Shkagamik-Kwe Health Centre
- Sudbury Community Service Centre
- Sudbury District Nurse Practitioner Clinic

All Greater Sudbury Health Link tools and resources are available on our webpage: <http://sm.cmha.ca/programs-services/greater-sudbury-health-link/>