

Focusing on the Forest, Not the Trees

Long term care people are busy people. We have always taken a deep sense of pride in how much we are able to accomplish with limited resources.

Recently, however, two discussions made me aware that this source of pride is also a potential risk in our current environment. The point was driven home to me that it is imperative that we do not become so busy with—and focused on—the task at hand that we lose sight of how this task may be actually changing the very nature of what we do.

The first discussion was between colleagues. We were discussing all of the individual changes that are taking place simultaneously in long term care in Ontario. The list is long:

- a new Act that likely will be proclaimed in early 2010;
- new regulation development that will replace the existing Program Standards Manual and its 400 plus standards and criteria;
- a new inspection framework and program;
- a comprehensive review of the sector's funding framework;
- the development of a new Case Mix Measure;
- the sector-wide introduction of MDS;
- the pending sector-wide introduction of the province's Management Information System for reporting financial and related information;
- an active Health Quality Council that is driving the public reporting of satisfaction data and performance indicators;
- a pending new funding allocation model; and
- the development of the initial service accountability agreements between long term care homes and their Local Health Integration Network.

At any given time, any of one of these changes would represent a significant challenge. In our current reality, they are all coming down the pipe at once and many have a March 31, 2010 milestone or deadline.

To say that we have become busy and are going to become busier is an enormous understatement. If we don't resist the tendency to just dive in and get it done, however, we run the risk of obscuring what is really happening here.

While each item on the list above is an individual project, the items are not mutually exclusive. And the initiatives and the underlying issues are not new.

They are all interrelated and are a part of the redefinition of long term care: its future role as a healthcare system provider and how it will be funded, regulated and held accountable. What is new is that the processes and issues which these items are intended to address are now seen as roadblocks to the transformation of the sector and, ultimately, to greater system alignment.

With the issues framed in the context of system transformation and alignment, it is also likely that this will result in a redefinition of what is an acceptable solution. There is at least some chance that what might have been an acceptable solution from a program perspective will be unacceptable from a system perspective.

The second discussion that brought home to me the potential risk inherent in our dedicated drive to do as many things as we can with limited resources occurred at the recent Canadian Healthcare Association Conference.

Coming from long term care it is easy to dismiss the relevance of the conference discussion as hospital centric and therefore not overly relevant. Having had the opportunity to attend a number of these conferences over the past decade however, I feel this is an inaccurate and perhaps overly cynical conclusion.

When viewed more closely, the tone, content and direction of the discussion at these events is becoming increasingly system centric. While it was largely people from outside the long term care sector who led the sessions, their approach had achieved a

significant degree of maturity with respect to system level thinking and focus. The focus has shifted from how best to meet the health needs of one's own population to how system players could collectively add value to system outcomes.

What was not clear was the extent to which long term care was a leader or even a significant participant in this discussion.

With the increasing number of priorities in long term care, it would be easy to leave such conversations to others and let long term care get on with doing what it does best: getting things done. In this case, that could be a strategic error.

More and more of the things that we are asked to do in our sector are perceived to have their greatest value in terms of what they contribute to the system. The value of long term care and, indeed, other healthcare providers, is being redefined in system—not program—measurement terms. Increasingly, one of these measures is cost of service delivery compared to other providers or alternatives.

It is likely that this will ultimately mean significant structural changes in what we do, who we do it for, how we are funded to do it and how our success is measured. It could also mean significant opportunities to demonstrate to others how we can use our knowledge and expertise to work with them to add system value.

In short, the conversation is too critical to the future of long term care—and its current and potential future value to the system—to be left to others. The challenge is for us to find the time to be a little less busy, to work smarter and to find the time to sit down at the table where these critical discussions are taking place.

There is no easy or single solution. What is likely required is a reordering of our priorities, which could include new processes and/or structures. It most surely includes a willingness to put system-focused—not program-focused—ideas and thinking on the table when the opportunity arises or is created.

It is our ability to do this—to focus on the forest, not the trees—that will give us credibility as a participant in the conversation. **LTC**

by Gilbert Heffern

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