North West **LHIN**

North West Local Health Integration Network

Final Submission

Annual Business Plan

2013 - 2014

June 18, 2013

Ontario
Local Health Integration Network

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Annual Business Plan 2013-2014

1.0 Context

1.1 Transmittal Letter

Catherine Brown, Assistant Deputy Minister,
Health System Accountability and Performance Division
Ministry of Health and Long-Term Care

Dear Ms. Brown:

I am pleased to provide you with the Draft *North West Local Health Integration Network Annual Business Plan 2013-14*. The Plan demonstrates how the North West Local Health Integration Network (LHIN) will improve the health system in Northwestern Ontario.

Our LHIN is focusing its efforts over the next three years in the areas of:

- Collaborating with our health service providers to advance the *2013-2016 Integrated Health Services Plan* priorities, including:
  - Building an Integrated Health Care System;
  - Building an Integrated eHealth Framework;
  - Improving Access to Care; and
  - Enhancing Chronic Disease Prevention and Management and,
- Supporting Ontario's Action Plan for Health Care, including:
  - Keeping Ontario Healthy;
  - Faster Access and a Stronger Link to Family Health Care; and
  - Right Care, Right Time, Right Place

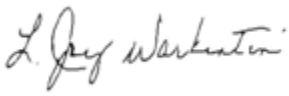
In advancing these initiatives, the North West LHIN has engaged stakeholders, built capacity, funded innovative solutions and strategies and released the North West LHIN Health Services Blueprint.

The Draft Annual Business Plan, one of two components of the Annual Service Plan, details the LHIN's multi-year plans for the local health system and describes how the North West LHIN is progressing with our Integrated Health Services Plan (IHSP) 2013-2016. It is submitted in accordance with the reporting requirements established in the *Local Health System Integration Act*, 2006 and the Agency Establishment and Accountability Directive.

The Draft Annual Business Plan has been reviewed by the North West LHIN's Board of Directors and the following resolution was passed March 26, 2013 *"The North West LHIN Board of Directors approves the Draft North West Local Health Integration Network Annual Business Plan 2013-14."*

We believe that the *North West Local Health Integration Network Annual Business Plan 2013-14* will assist the North West LHIN to achieve our vision, "Healthier people, a strong health system – our future".

If you have any questions or comments about the Plan, please contact our CEO Laura Kokocinski at (807) 684-9425.



L. Joy Warkentin
Board Chair

1.2 Mandate and Strategic Plan

The North West Local Health Integration Network (LHIN) is a crown agency mandated to plan, fund and integrate the local health system as articulated in the *Local Health System Integration Act, 2006.*

The North West LHIN's vision is, "Healthier people, a strong health system – our future." In 2012 the North West LHIN Board of Directors undertook an extensive refresh of the strategic directions, resulting in the approval of *Leading Health Systems Transformation in our Communities: 2013 to 2016 North West LHIN Strategic Directions*. The strategic directions and the Integrated Health Services Plan (IHSP) align with the Ministry of Health and Long-Term Care's (MOHLTC) strategic priority areas and are implemented through the North West LHIN's Annual Business Plan as Illustrated below.

The North West LHIN recently completed its Health Services Blueprint: a 10-year plan to reshape, strengthen and create an integrated health care system that is sustainable into the future for Northwestern Ontario. The Health Services Blueprint plan was created with input from providers and the public and is informed by research and analysis of current and future health service requirements across the continuum of care.

The desired outcomes of the plan include:

- Strong focus on population health and improving health outcomes
- Improving the patient care experience – right care, right time, right place
- High quality care
- Increased accountability and transparency
- Increased communication, partnerships and integration
- System sustainability
- Value for money.

Implementation of the Blueprint will create an integrated system of care in the North West LHIN that aligns to implementation of the Minister of Health's Action Plan and the emerging Health Links initiative.

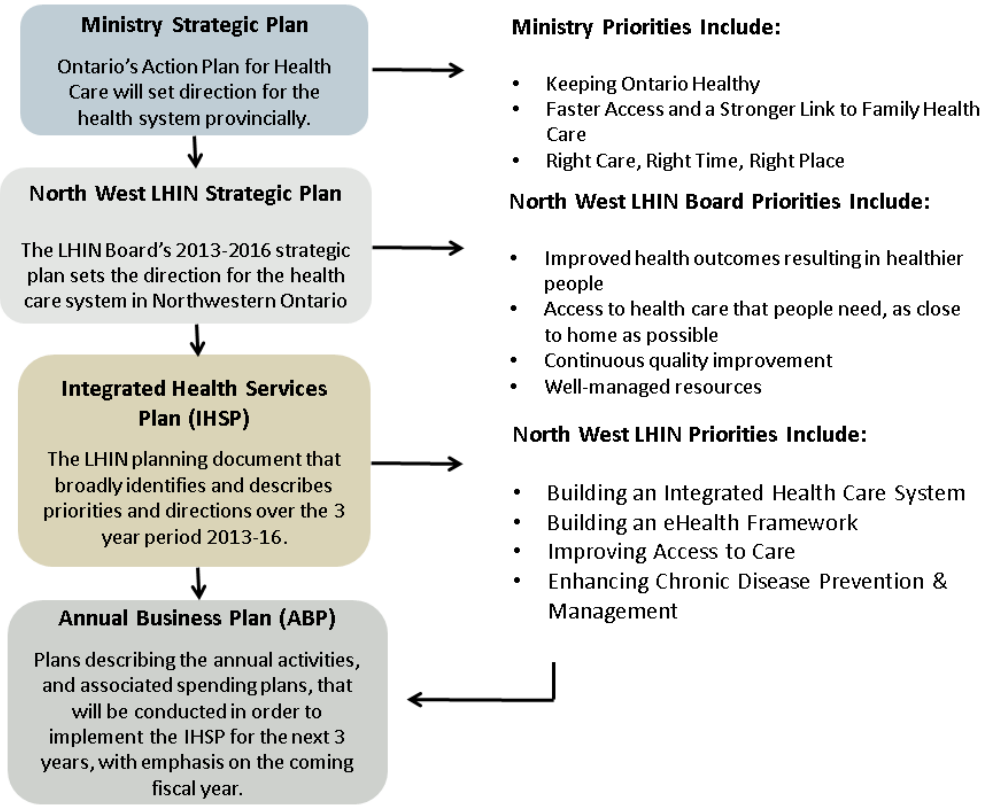
In December 2012, The Ministry of Health and Long-Term Care (MOHLTC) launched integrated regional patient care networks called "Health Links", placing primary care providers at the centre of the system to help remove barriers to care. Working together in a defined geographical area, health care providers will work across teams to identify patient-centred solutions, provide individualized care plans and improve transitions in care between and among all health care providers, including family and specialist physicians, acute and long-term care facilities, home care and community support agencies. Health Links will initially focus on high users of the health care system, removing barriers to quality care and improving health outcomes for seniors and complex needs patients.

Strategic integration of the system through the Blueprint and Health Links will improve access to health care services, improve quality of health care services and enhance the health of the citizens in your community through a system model that brings decision-making and accountability closer to the community level. It will also make the system more sustainable, ensuring we have world-class health care today, tomorrow and in the future.

Both the Blueprint and Health Links identify and respond to the need for and importance of local partnership across providers to:

a) ensure higher quality of care;
b) improve access to care; and
c) deliver better value for money.

Figure 1: Relationship between MOHLTC Directions, North West Local Health Integration Network Strategic Plan, IHSP Priorities and Annual Business Plan.



1.3 Overview of Current and Forthcoming Programs and Activities

The North West LHIN plans, funds and integrates local health services. The North West LHIN does not provide health care services, but works with health service providers and community members to set priorities and plan health services in Northwestern Ontario. The North West LHIN allocates funding to 93 health service providers in the following areas:

- Hospitals (13);
- Community Care Access Centre (CCAC) (1);
- Community support services (61);
- Long-term care (14);
- Community Health Centres (CHCs) (2); and,
- Community mental health and addictions services (34).

Improving Quality – better health, better care, better value are the three aims of Health Quality Ontario's improvement framework. The North West LHIN has adopted this framework to advance health system transformation over the next three years (2013-2016). The focus will be on an enhanced role for patients and families in their care, improved coordination and integration of care, and health promotion/disease prevention.

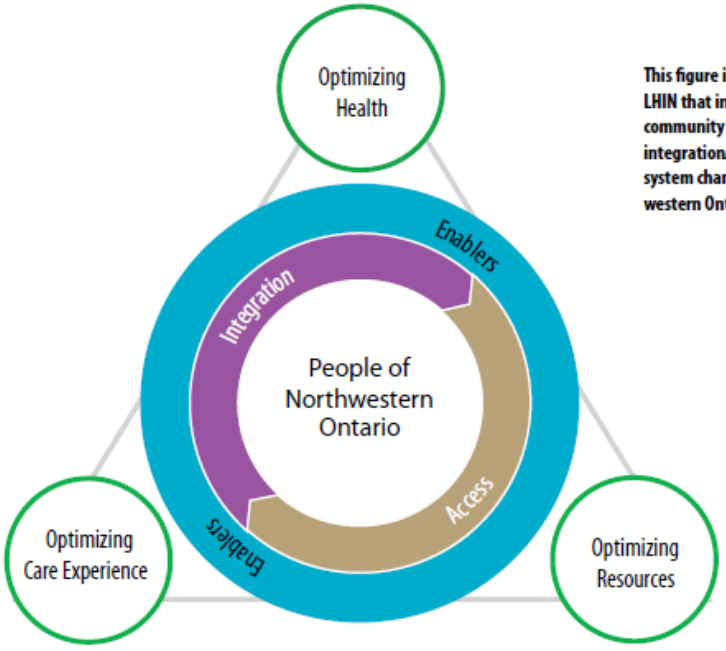
The plans outlined in the North West LHIN's third IHSP are aligned with the overall goals of the Triple Aim Framework (see Figure 2 below):

1. Optimizing Health (population health);
2. Optimizing Care Experience (patient satisfaction); and,
3. Optimizing Resources (per capita cost).

The priorities of the 2013-2016 IHSP are focused in four primary areas:

1. Building an Integrated Health Care System;
2. Building an integrated eHealth Framework;
3. Improving Access to Care; and
4. Enhancing Chronic Disease Prevention & Management.

Figure 2



This figure illustrates a model for planning in the North West LHIN that incorporates the major issues identified through community engagement and data analysis (access to services, integration/coordination of services and enablers to support system change), all focused to support the people of North-western Ontario in achieving and maintaining their health.

Integrated Health Services Plan Priorities:

The following priorities for change will guide the activities of the North West LHIN.

Building an Integrated Health Care System: The analysis in the Health Services Blueprint reveals that the North West LHIN demonstrates the characteristics of a fragmented health care system. This suggests that a key priority of the North West LHIN is to build an integrated health care system for Northwestern Ontario that offers opportunities to improve health outcomes.

Building an Integrated eHealth Framework: In many ways, electronic health (eHealth) needs to be viewed as more than just one of the priorities for the IHSP III, because it is in fact critical to absolutely everything we do in health care. It is no longer possible to conceive a health care system that is not dependent on information technology. From back-office activities to scheduling, from test results to drug histories, from information storage to remote health monitoring, eHealth is now an intrinsic driver of our health care system. The delivery of good quality 21st century health care is not possible without it.

Enhancing Access to Primary Care: Improving access to primary care remains a high priority for the North West LHIN. Greater collaboration between primary care providers and local stakeholders is needed to improve communication and coordination of care. Reducing the reliance on emergency department care and providing alternate community-based services (e.g. rapid access, after-hours clinics, home visits) will support and enhance care for those individuals living with clinically complex conditions in the community. This work will be advanced through the establishment of Health Links at the Integrated District Network level.

Reducing Wait Times: In addition to lowering the number of emergency department visits, reducing the time people spend in the emergency department (ED) is an important priority for our LHIN. By improving health system performance and providing care for the patient/client in the right setting, at the right time, by the right provider, the amount of time people wait for care in the emergency department will be reduced.

Reducing Percentage of Alternate Level of Care (ALC) Days: Reducing the number of days that individuals wait as Alternate Level of Care is a key provincial priority, and it is a key priority in Northwestern Ontario. The end goal is to avoid time spent by individuals waiting as Alternate Level of Care by increasing the coordination and integration of care across the health system, improving patient flow along the continuum of care, and investing in programs that support individuals to return home after their hospital stay.

Improving Access to Specialty Care and Diagnostic Services: It is imperative when patients require procedures such as hip or knee replacement or diagnostic imaging that they receive these procedures within a medically appropriate wait time. However, patients who live in the rural areas that make up so much of our LHIN, must frequently travel long distances to places like Thunder Bay, Winnipeg or beyond in order to access some services. Reducing wait times for surgical procedures and diagnostic imaging is a priority focus of the North West LHIN.

Improving Access to Mental Health and Addictions Services: Over the next three years, the North West LHIN will engage health service providers to help build a robust integrated mental health and addictions system. This will include building community capacity to deal with dementia and responsive behaviours in older adults by continuing the work of the Behaviour Supports Ontario Strategy.

Enhancing Chronic Disease Prevention and Management: There are many opportunities to improve the current state of chronic disease management and improve population health through primary prevention efforts and greater collaboration across sectors. In particular, the quality improvement initiative led by Health Quality Ontario (bestPATH) has multiple resources including change packages, a web-based repository of best practices and links to innovative and leading edge practitioners. These resources will be leveraged as part of Ontario's Chronic

Disease Prevention and Management (CDPM) Framework. Here in Northwestern Ontario, one key focus will be on reducing the use of acute care for chronic disease management by transitioning to improved access to care in the community for clinically complex conditions.

People of Northwestern Ontario:

The following population characteristics will guide the activities of the North West LHIN.

Aboriginal Health Services:

Improving the care experience for the Aboriginal population is a priority in the North West LHIN. Key planning areas will involve developing a mental health and addictions substance abuse strategy focusing on children, youth, and adults as well as strategies to improve access to chronic disease prevention and management services to meet these population needs.

French Language Health Services:

There are two pieces of legislation that guide French language services in Ontario – the Local Health System Integration Act and the French Language Services Act. In accordance with this legislation, the North West LHIN is working in partnership with the Réseau du mieux-être francophone du Nord de l'Ontario, which is the French Language Health Planning Entity for the North West LHIN, to engage the Francophone population. Through work with health service providers, the ultimate goal is to improve access to services in French and to achieve better health outcomes for the Francophone population in Northwestern Ontario.

1.4 Environmental Scan

Health Status of Northwestern Ontario:

The health status of the residents in the North West LHIN continues to be poorer than Ontario residents as a whole, even though improvements are being made in some areas. Relative to the rest of the province, North West LHIN residents have higher:

- Mortality rates for all causes;
- Rates for colon and rectum cancer (at 55.1 cases per 100,000 population, compared to 39.8 cases per 100,000);
- Lung and bronchus cancer rates (56.1 per 100,000, compared to 35.7 per 100,000);
- Hospitalization rates for diabetes (208.2 per 100,000, compared to 93.1 per 100,000);
- Hospitalization rates for chronic obstructive pulmonary disease (400.0 per 100,000, compared to 183.2 per 100,000);
- Smoking rates (24.3% of residents age 12+ smoke compared to 19.0% provincially);
- Alcoholic consumption rates (21.5% of residents drink compared to 16.2% provincially); and
- Obesity rates (60.8% of adults are overweight / obese compared to 52.3% provincially).

And lower:

- Life expectancy (76.2 years for males and 81.1 years for females compared to 79.2 years for males and 83.6 years for females provincially (2007 – 2009)); and,
- Lower percentage of residents report self-rated mental health as very good or excellent (68.1% compared to 74.1% provincially).

Cost drivers associated with our population characteristics include:

- Low socioeconomic status;
- Poor lifestyle behaviours;
- Poor health status;
- Decreased availability of informal caregivers;
- An aging population which will increase the reliance on health care services;
- Securing skilled caregivers is an increasing challenge for many communities and seniors in the Northwest;
- Declining population will lead to further diseconomies of scale; and,
- Declining local economy will present challenges for local fundraising and sponsorships, while new economic markets will increase the local population up to 30,000 over the next ten years in Northwestern Ontario.

Strengths in Northwestern Ontario:

While the North West LHIN faces challenges, it also benefits from some important strengths:

Technology: Those living in the Northwest are leaders at using technology to improve access to care.

Partnerships: People living in Northwestern Ontario have a history of working together to meet the needs of their clients.

Innovation: The Northwest continues to be recognized for its innovation provincially, nationally and internationally. Planning for and providing care in remote and rural northern communities, results in the need to try new things to meet the needs of our region (i.e. service provision, health human resource planning and training).

2.0 Core Content

2.1 Priority 1: Building an Integrated Health Care System

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Priority 1: Building an Integrated Health Care System
IHSP Priority Description:
Implement and advance an integrated health system model for the North West LHIN that better aligns effective and efficient service delivery with client needs.
Current Status:
The analysis in the Health Services Blueprint reveals that the North West LHIN demonstrates the characteristics of a fragmented health care system: • The region has a high rate of preventable disease, and a system that is not effectively working together to reduce risk factors and prevent the onset of chronic disease; • Management of patients with chronic illness is suboptimal, and individuals with heart failure, chronic obstructive pulmonary disease, and diabetes are admitted to hospital more frequently with lower acuity than other regions in the province; • The Northwest has the highest rate of acute hospital use in the province because patients are visiting the hospital with health problems that could be treated in their communities at a lower cost; • Transitions between care settings are not handled efficiently and effectively. Patients often wait too long in hospital until home care or long-term care is available. In many cases, the patients do not receive the required post-discharge support; and • Health costs are higher in the North West LHIN. In 2009-10, health care spending in the region was 39 percent higher than the provincial average. Our administrative costs are 36% higher than the provincial average. While some of the increased cost for service may be due to the challenges of health care delivery in rural and remote settings, there is opportunity for improvement. An integrated health care system for the North West LHIN offers opportunities to improve health outcomes in each of these areas. Successes of the past year: In 2012-13 the North West LHIN has: • Released the North West LHIN Health Services Blueprint which outlines an integrated service delivery model with services at a local, district and regional level aimed at improving access, timeliness and effectiveness of health care in the northwest

- Facilitated engagement and education sessions on the Health Services Blueprint for governors, CEOs and senior leadership of all health service providers in the northwest
- Continued to invest in community services throughout the continuum and technology based solutions to reduce the burden on hospital and other facility-based services
- Implemented an integrated Regional Behavioural Supports Service model with services delivered at the local, district and regional level
- Initiated development of a number of enabling tools including
    - Service Delivery Model Decision Making Framework
    - Non-hospital Resource Distribution Framework
    - Small Hospital Resource Allocation Model
    - Voluntary and Facilitated Integration Toolkits

PART 2: GOALS and ACTION PLANS

Goal(s)

1. Develop an integrated health care system in the North West LHIN that is organized, connected and provides high quality care.
2. Improve health outcomes as a result of improved system coordination and integrated care processes.
3. Improve access to care through redirection of non-acute health services to community and virtual settings.
4. Improve access to care across the North West LHIN through equalization of health resources across districts and programs.
5. Improve use of system resources through integration of services and implementation of quality-based standardized models of care and associated costing.

Consistency with Government Priorities:

Building an integrated health care system aligns to a broad range of government priorities, including:

- LHIN legislated mandate to plan, fund and integrate the local health system[1].
- North West LHIN Ministry-LHIN Performance Agreement
- Ontario's Action Plan for Health Care[2], focusing on
    - Right Care, Right Time, Right Place
- Excellent Care For All Act
- Ontario's 10 Year Mental Health and Addictions Strategy "Open Minds, Health Minds"
- Ontario's Chronic Disease Prevention and Management Strategy
- Ontario's Rural and Northern Framework
- Walker Report[3] recommendations, focusing on:
    - Improved access to the right care through investment and alignment of the community sector, including Community Care Access Centre and Community Support

[1] Government of Ontario, Local Health System Integration Act, 2006, http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_06l04_e.htm#BK27
[2] Ministry of Health and Long Term Care, "Ontario's Action Plan for Health Care: Better Patient Care through Better Value for Our Health Care Dollars", January 30, 2012.
[3] Dr. David Walker, "Caring For Our Aging Population and Addressing Alternate Level of Care: Report Submitted to the Minister of Health and Long Term Care", June 30, 2011

Services
  - Improved patient flow across the system
  - Optimized and differentiated capacity based on local need
- Baker Report[4] recommendations, focusing on:
  - More effective care transitions
  - Better chronic disease prevention and management
- Drummond Report[5] recommendations, focusing on the following areas of Chapter 5: Health :
  - Overall system planning
  - Fiscal issues
  - LHINs 2.0
  - Information sharing and use
  - Optimize human resources capacity
  - Contain further capital investment
  - Case management
  - Management of complex and chronic conditions
  - Governance and structures
  - Evidence-based policy
  - Hospitals
  - Physicians
  - Community Care, Home Care and Long-Term Care
  - Cost efficiencies
- Dr. Sinha's Senior Strategy[6]

Action Plans/Interventions

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

Action Plans "We will deliver the following"	Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
	2013/14		2014/15		2015/16	
	Status	%	Status	%	Status	%
Advance North West LHIN Health Services Blueprint recommendations: • implement an integrated service delivery model at a local, district and regional level; and • increase delivery of health	In Progress	20%	In Progress	20%	In Progress	20%

[4] Dr. G. Ross Baker, "Enhancing the Continuum of Care: Report of the Avoidable Hospitalization Advisory Panel Submitted to the Ministry of Health and Long Term Care", November 2011.
[5] Commission on the Reform of Ontario's Public Services, "Public Services for Ontarians: A Path to Sustainability and Excellence", Queen's Printer for Ontario, February, 2012, http://www.fin.gov.on.ca/en/reformcommission/chapters/report.pdf
[6] Dr. Samir K. Sinha, "Living Longer, Living Well", January 2013.

services in the community and virtual settings for non-acute care.						
Implement Health Links in each of the 5 Integrated District Networks	In Progress	33%	In Progress	33%	In Progress	33%
Improve transitions in care and develop integrated care processes for high impact programs.	In Progress	20%	In Progress	20%	In Progress	20%
Implement equalized distribution of health resources across districts based on standardized program allocation and population need.	In Progress	20%	In Progress	30%	In Progress	30%
Facilitate integrations across providers.	In Progress	20%	In Progress	20%	In Progress	20%
Implement standardized, quality-based care pathways and associated standardized costing models for programs/services.	In Progress	20%	In Progress	30%	In Progress	30%

How will we measure success?

Success will be measured through ongoing evaluation of a number of variables aligned to the North West LHIN Strategic Directions, Triple Aim Framework and MLPA indicators including but not limited to:

- Percent of initiatives committed to in the North West LHIN Health Services Blueprint plan that are successfully implemented as planned in each fiscal year
- Percent of the North West LHIN Health Links plans that are successfully implemented as planned in each fiscal year
- Acute care bed utilization
- % HSPs that have demonstrated that they have improved the care experience of their patients/clients
- Selected best practices (clinical/administrative/governance) are implemented, adopted and sustained by HSPs
- Frequency of occurrence of selected adverse events
- Reduced number of ED visits
- Reduce Alternate Level of Care (ALC) Days
- Reduced Length of Stay at Post-acute case sites
- Decreased readmissions for Mental Health and Addictions
- Decreased readmissions for post-acute care clients
- Decreased low acuity admission rates for key indicators (i.e. heart failure, COPD, diabetes)
- Decreased readmission rates for key indicators (i.e. heart failure, COPD, diabetes)
- Reduce unnecessary admission and reduce 30 day readmission to hospitals
- Decreased rate of major amputations
- Wait times aligned to MLPA targets
- Increased volumes of appropriate clients at Ambulatory Clinics/virtual clinics for select conditions
- Increased volumes of appropriate clients at community based services

- Increased volumes of appropriate clients at Assisted Living Services
- Decreased low acuity (MAPLe 1,2,3) admissions to Long-Term Care
- Reduction in LTCH waitlist for initial placement
- Increased number of primary care visits
- Same day/next day access to primary care
- Increase the number of complex patients and seniors with access to primary care
- Reduced number of client transitions
- Improvements resulting from PDSA cycles
- Targeted Indicators to reflect specific initiatives (e.g. Home First, Seniors Friendly Hospitals, Falls, Residents First, Behavioural Supports Ontario)
- Increased use of evidence based technology solutions as appropriate
- Decrease % of deviation from North West LHIN standardized costing as appropriate
- Decreased % of deviation from North West LHIN standardized administrative costs as appropriate (i.e. MHA agencies identified as being province's highest)
- Decreased cost per capita for seniors' population
- Per capita cost of the health care system
- Decreased discharges to complex continuing care
- Decreased hospital admissions for end of life services
- Reduce average cost of delivery of health services without compromising the quality of care.
- Patient satisfaction – enhanced experience with the health care system for patients with the greatest health care needs
- Reduced time from referral to first home care visit
- Reduced time from primary care referral to specialist consultation
- Reduced time from referral to first home care visit
- Reduced avoidable emergency room visits for patients with conditions best managed elsewhere
- 7 day access to primary care after discharge

What are the risks/barriers to successful implementation?

Building an integrated health care system is a transformational change initiative that will be complex and challenging over the long term. In discussions with providers the following risks and barriers have been identified:

- Data quality and timeliness issues
- Capacity, skills and willingness to lead and implement required change
- Likely shortage of required health human resources across the LHIN, especially over the long term
- Diseconomies of varying proportions across the region

What are some of the key enablers that would allow us to achieve our goal?

Key enablers to help ensure we meet the goals outlined above include:

- Ongoing capacity building across all levels
- Continued investment in technology based services including telemedicine, tele-homecare and tele-psychiatry
- Health human resources plan to proactively identify need
- Implementation of Connecting Northern and Eastern Ontario (cNEO) across the LHIN (cNEO provides HSPs with timely access to personal health information from across the

continuum of care at any point throughout the patient journey within the cluster geography) • Integrated back office to conduct transactional aspects of functions across all health service providers, including but not limited to Heath Human Resources, Finance, Procurement, Supply Chain, Learning and Development, Information Technology
Additional Comments (i.e. additional information that supports the implementation/success of the goal)

2.2 Priority 2: Building an Integrated eHealth Framework

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Priority 2: Building an Integrated eHealth Framework
IHSP Priority Description:
Advance electronic health (eHealth) in the North West LHIN that supports the transformation of system health care.
Current Status:
For effective system transformation to take place it is critical that the information technology and electronic health (eHealth) infrastructure is in place to support the transition and ensure that clinical care is not compromised. Changing the location of care delivery, the organization that delivers the care, the method that the care is delivered and the decisions that are required during that care delivery require an efficient eHealth system that provides the correct information in an optimal electronic system. While the North West has made significant advances in eHealth implementations we still have a lot of opportunities to further eHealth: • 1 of our 13 hospitals does not participate in the shared Hospital Information System • Over 90% of specialists in our region do not use electronic medical records (EMR) • The majority of our hospitals are not documenting nursing notes and assessments electronically • We have many small organizations that do not have the eHealth/IT capabilities within their organization to integrate their systems into regional and provincial systems • We have many remote communities without the infrastructure or training to support advances in eHealth In order to continue to advance eHealth in the North West we need to continue to find innovative solutions to priority issues, have the appropriate organizational structures and service offerings in place and collaborate as a region for cost-effective integrated solutions. Successes of the past year: • Facilitated the agreement to integrate the last hospital in the region to the shared Hospital Information System

- Increased the adoption of OneMail, the secure email system from eHealth Ontario, allowing more Health Service Providers to communicate securely with each other to increase collaboration, improve communications and provide timely care coordination.
- Increased adoption of the region's Physician Office Integration solution by connecting more providers and sending more clinical content from the Hospital sector into the primary care sector ensuring follow-up care can be performed in the primary and community care settings instead of in the acute hospital setting
- Completed the planning work required to integrate the region's shared Hospital Information System into the Ontario Lab Information System (OLIS)
- Facilitated discussions, provided engagement and subject matter expertise into the detailed planning work required for the Connecting Northern and Eastern Ontario (cNEO) project

PART 2: GOALS and ACTION PLANS

Goal(s)

1. Increase clinical information sharing between health service provider agencies.
2. Increase accessibility of health care through innovative technology solutions.
3. Increase regional capacity for participating in and supporting eHealth systems and technologies.

Consistency with Government Priorities:

These goals support the province's key eHealth priorities of building Cornerstone Information Systems, Clinical Activity Information Systems, Technology Services and Enabling Practices and Talent Management. The work being performed in the North West LHIN will advance the eHealth Ontario Mandate of having a fully interoperable Electronic Health Record (iEHR) by building readiness in our region to connect to the provincial assets required to create the iEHR and also by integrating into the provincial assets as they become available.

Action Plans/Interventions

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

Action Plans "We will deliver the following"	Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
	2013/14		2014/15		2015/16	
	Status	%	Status	%	Status	%
Increase electronic medical record (EMR) adoption and Integration.	In Progress	25%	In Progress	10%	In Progress	10%
Expand the shared Hospital Information System for the North West region.	In Progress	50%	Complete	50%		
Establish a provider portal for	In	33%	In Progress	33%	Complete	34%

viewing patient clinical information.	Progress					
Utilize eHealth solutions to enable the achievement of clinical priorities in the region.	In Progress	25%	In Progress	25%	In Progress	25%
Implement initiatives aimed at advancing the goals of Ontario's eHealth Strategy.	In Progress	25%	In Progress	25%	In Progress	25%
Assist in the expansion of telemedicine services.	In Progress	50%	In Progress	25%	Complete	25%
Implement the Ontario Lab Information System (OLIS) with the North West LHIN regions shared Hospital Information System	In Progress	20%	In Progress	40%	Complete	40%
Accelerate the deployment of eHealth Ontario's secure ONEMail service to Health Service Providers	In Progress	25%	In Progress	25%	In Progress	25%
Facilitate community engagement, implementation and readiness services and subject matter expertise to support the Connecting Northern & Eastern Ontario (cNEO) project	In Progress	33%	In Progress	33%	Complete	34%
Continue to advance the Alternate Level of Care Business Transformation Initiative (ALC-BTI)	In Progress	20%	In Progress	40%	Complete	40%

How will we measure success?

- Increase the number of weighted units of the North West LHIN Interoperable Electronic Health Record (iEHR) that advances/aligns with the overall provincial iEHR architecture
- Increase the number of Health Service Provider (HSP) electronic medical record (EMR) integration points with regional or provincial health record assets
- Ensure 100% of eHealth Ontario and Ministry of Health deliverables are completed successfully on project initiatives
- Increase the number of clinicians that use eHealth solutions that advance/align with the overall provincial eHealth strategy

What are the risks/barriers to successful implementation?

- Financial resource capacity within the region to operationally sustain the eHealth solutions being implemented both regionally and provincially
- Insufficient human resource capacity and difficult recruiting skilled employees in the North West region to implement and adopt eHealth solutions on aggressive timelines
- Stakeholder resistance to eHealth solutions result in slower implementation and adoption

What are some of the key enablers that would allow us to achieve our goal?
• Establishment of an eHealth service offering that would allow Health Service Providers to access skilled implementation resources without requiring recruitment and retention strategies for every project or initiative • Sustained operational funding to continue to offer eHealth services post implementation
Additional Comments (i.e. additional information that supports the implementation/success of the goal)

2.3 Priority 3.1: Enhancing Access to Primary Care

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Priority 3.1: Enhancing Access to Primary Care
IHSP Priority Description:
Increase access to timely, quality primary care and better integrate primary care within the full continuum of care.
Current Status:
Improving access to primary care remains a high priority for the North West LHIN. Greater collaboration between primary care providers and local stakeholders is needed to improve communication and coordination of care. Reducing the reliance on emergency department care and providing alternate community-based services (e.g. rapid access, after-hours clinics, home visits) will support and enhance care in the community. • Over half of unscheduled emergency visits in the North West LHIN are classified as non-urgent or less-urgent (51.0% compared to 42.7% provincially in 2010/11). This rate has improved slightly over each of the last three years from 56.8% in 2008/09; and • The North West LHIN has a higher age-standardized rate of emergency visits (that could be treated in alternative primary care settings) that is more than double that of the province (57.2/1,000 population age 1-74 versus 23.3/1,000 population age 1-74 for 2010/11). The North West LHIN's rate has decreased somewhat from 2008/09 when it was 63.7/1000 population age 1-74. Successes of the past year: • Health Care Connect has linked 39.7% of individuals registered in the program to primary care • Initial engagement sessions with primary care and ED physicians have occurred.

PART 2: GOALS and ACTION PLANS

Goal(s)

1. Develop a comprehensive system-wide strategy to improve access to primary care across the North West LHIN.
2. Increase the percentage of the population with regular access to primary health care providers.
3. Improve timely access to primary care services.
4. Improve and formalize communication and continuity of care between primary care, specialists and other health care sectors.
5. Collaborate with primary care providers on quality improvement initiatives targeted at
    a. reducing readmission rates for high impact clinical conditions;
    b. reducing emergency department visits; and
    c. preventing avoidable admissions to hospital.

Consistency with Government Priorities:

Enhancing Access to Primary Care aligns to government priorities, including:

- LHIN legislated mandate to plan, fund and integrate the local health system[7].
- North West LHIN Ministry-LHIN Performance Agreement
- Ontario's Action Plan for Health Care[8], specifically focusing on
    - Faster access and a stronger link to family health care
    - Right Care, Right Time, Right Place
- Implementation of Health Links across the province with a focus on improved access to primary care, coordinated care plans for complex and high needs clients and improved transitions across the system

Action Plans/Interventions

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

Action Plans "We will deliver the following"	Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
	2013/14		2014/15		2015/16	
	Status	%	Status	%	Status	%
Identify and support the implementation of the right	In Progress	40%	In Progress	40%	Complete	20%

[7] Government of Ontario, Local Health System Integration Act, 2006, http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_06l04_e.htm#BK27

[8] Ministry of Health and Long Term Care, "Ontario's Action Plan for Health Care: Better Patient Care through Better Value for Our Health Care Dollars", January 30, 2012.

primary care models/resources to improve access to care at the hub, district and regional level across the North West LHIN (e.g. outreach, mobile services, home visits, after hour's clinics, telehealth).						
Promote continued uptake of the Health Care Connect program.	In Progress	10%	In Progress	10%	In Progress	10%
Collaborate with primary care providers to implement advanced access within practice settings across the Northwest region.	In Progress	20%	In Progress	40%	Complete	40%
Identify and implement strategies to support person-centred care that include coordinated care plans, effective integration and improved transitions across the continuum.	In Progress	20%	In Progress	20%	In Progress	20%
Work with primary care providers to identify and implement strategies that promote the use of clinical practice guidelines for targeted high impact clinical conditions (e.g. COPD, CHF, and Diabetes).	In Progress	20%	In Progress	20%	In Progress	10%
Implement an integrated system-wide approach to self-management that supports chronic disease management in primary care.	In Progress	20%	In Progress	25%	In Progress	30%

How will we measure success?

- Reduced ALC rate
- Reduction in avoidable visits to ED
- Reduced 30 day readmissions to hospital
- Reduce unnecessary admissions to hospital
- Identify chronic disease management programs moving to the community
- Increase the number of complex patients and seniors with access to primary care
- Increase the number of complex patients with coordinated care plans
- Increase primary care follow up within 7 days of discharge
- Reduce time from a primary care referral to specialist consultation
- Reduce time from referral to home care visit
- Enhance the experience that patients with the greatest health care needs have with the system
- Reduced average cost of delivery of health services while maintaining quality of care

What are the risks/barriers to successful implementation?
• An older physician group providing care to a large segment of the population may be resistant to change, difficult to engage, resistant to EMR use and may retire at any time (increasing the number of unattached patients) • Delays in the development and activity of currently approved family health teams • Resistance to the movement of chronic disease management into the community by those institutions who may already be providing some programs or perceive that these programs are better delivered by hospitals • Primary care providers who are unfamiliar with and uncomfortable working in inter-professional teams • Alienation of providers who refuse to engage and therefore the realization that their patient group will receive substandard care • The large number of individuals without a primary care provider and the vulnerability created due to a marked increase in this number due to retirements • The varied electronic record systems and difficulties in integrating them to improve communication between providers • Concerns about confidentiality as lines of communication improve and there is greater information transfer • The distributed nature of the LHIN makes it difficult at times to share resources and often necessitates expensive duplication
What are some of the key enablers that would allow us to achieve our goal?
• Increased number of primary care providers within the community • Increased number of patient enrollment models in our communities • Improved integration, partnership and communication between and across all providers of care at all levels • Improved utilization and integration of EMRs • Reintegration of family physicians and nurse practitioners into the hospitals • Continued support of NOSM, Lakehead University's nursing and Nurse Practitioner programs and enhanced powers to the LHIN to engage in matters of human resources relative to the provision of care in the communities • % of population attached to a primary care provider • % of population who can see their primary care provider on the same or next day
Additional Comments (i.e. additional information that supports the implementation/success of the goal)
The North West LHIN has unique opportunities and also challenges to achieve its goals. The human resources situation is always tenuous and will always be a significant factor in the provision of care. The apparent shift of many First Nations individuals into urban centres creates an entirely new set of challenges that need to be recognized and met.

2.3 Priority 3.2: Reducing Wait Times

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Priority 3.2: Reducing Wait Times
IHSP Priority Description:
Improve health system performance and provide care for the patient/client in the right setting, at the right time, by the right provider.
Current Status:

Reducing the time people spend in the Emergency Department (ED) is an important priority for the North West LHIN. Addressing this complex system challenge requires making improvements across the entire health care system over the short and long term. It includes better integration of care within primary care settings.

- In 2011/2012 there were a total of 208,825 visits to the Emergency Department in the North West LHIN.
- 129,982 (45%) of these visits were seen at the only regional tertiary center, Thunder Bay Regional Health Sciences Center.
- In 2011/2012, 34% of ED visits were classified as non-urgent according to the Canadian Emergency Department Triage and Acuity Scale (CTAS).
- ED visit rates in 2010/2011 per 1,000 people in the North West LHIN (851.4) are double the provincial average (415.5), and the highest of any LHIN. In many regional hospitals, primary care is provided in EDs outside of Thunder Bay where limited walk-in or after-hour clinics exist.
- In 2010-11, rates of admission to hospital are the second highest in the province (112.6 per 1,000 population, compared to 71.6 per 1,000 provincially).

Performance against MLPA Targets:

- The total time spent in the emergency department for 9 out of 10 patients requiring admission to a hospital bed was 29.13 hours in 2011/2012, which is greater than the 25 hour ED visit rate target.
- The total time spent in the emergency department for 9 out of 10 patients with complex conditions was 6.68 hours in 2011/2012; and
- The total time spent in the emergency department for 9 out of 10 patients with minor or uncomplicated conditions was 3.98 hours in 2011/2012.

Successes of the past year:

- Despite trends in increasing ED volumes, the major tertiary hospital and North West LHIN remained a high performer with ED wait times for high and low acuity patients not requiring admission.

- Thunder Bay Regional Health Sciences center is the only hospital in the North West LHIN participating in the Emergency Department Pay for Results program. Compared to other participating hospitals it performed well in the fourth year of the program and secured targeted funding to continue this program in to 2012/2013
- There have been reductions in the number of repeat unplanned emergency department visits within 30 days for both mental health (1.1%) and substance abuse conditions (3.8%).
- The Nurse Led Outreach team implemented in the City of Thunder Bay has continued to decrease the number of unscheduled emergency visits and unplanned admissions to hospital from area long-term care homes.

PART 2: GOALS and ACTION PLANS

Goal(s)

1. Reduce unnecessary emergency department visits.
2. Reduce avoidable admissions to hospital.
3. Maintain the gains which have been made in emergency department wait times for patients not requiring admission to hospital and reduce time to admission.
4. Improve patient/family satisfaction with the care experience.

Consistency with Government Priorities:

These goals are consistent and align with local priorities outlined in the North West LHIN's IHSP III, Ontario's Action Plan for Health Care, and collective LHIN System Imperatives. The actions outlined in this Business Plan are focused on improving access to care and ensuring that clients receive the right care in the right place at the right time. This includes:

- Improving access to Emergency Department (ED) care by reducing the amount of time that patients spent waiting in ED
- Improving access to primary health care in order to keep people healthy
- Improving the patient care experience and quality of care

Action Plans/Interventions

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

Action Plans "We will deliver the following"	Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
	2013/14		2014/15		2015/16	
	Status	%	Status	%	Status	%
Collaborate with primary care and health service providers to implement strategies that reduce unnecessary ED visits:	In Progress	33%	In Progress	33%	In Progress	34%

• Implement Health Links across the North West LHIN.						
Implement innovative models of care that are community-based to avert admission to hospital at the hub, district and regional levels (regional programs such as telehomecare; ambulatory clinics, integrated rehab services): • Continue advancing telehomecare initiatives;	In Progress	33%	In Progress	33%	In Progress	34%
• Continue shifting rehab services from the hospital to community settings where appropriate.	In Progress	33%	In Progress	33%	In Progress	34%
Implement quality improvement initiatives that focus on reducing emergency department wait times to provincial targets at the hub, district and regional level: • Implement ED Pay-for results initiatives; • Identify and implement initiatives aimed at decreasing avoidable admissions.	In Progress	33%	In Progress	33%	In Progress	34%
Evaluate system-wide patient/client satisfaction with the care experience: • Work with providers to implement targeted strategies to improve satisfaction.	Ongoing		Ongoing		Ongoing	

How will we measure success?

- Maintenance of performance in MLPA indicators currently meeting target: 90th percentile ER length of stay for non-admitted complex patients
- 90th percentile ER length of stay for non-admitted minor, uncomplicated patients
- Improvements to MLPA indicators currently not meeting target: 90th percentile ER length of stay for admitted patients
- Reductions in ER demand: % of emergency visits for conditions that could be treated in an alternative primary care setting (Number of unscheduled visits per 1,000 population)
- Evaluation of performance of Pay for Results program implemented at Thunder Bay Regional Health Sciences Center
- Reductions in number of repeat unplanned emergency visits within 30 days for mental health and substance abuse conditions
- Reductions in 30 day readmission rates for selected Case Mix Groups

What are the risks/barriers to successful implementation?
Lack of access to primary care and community services are system barriers that impact ED wait times in the North West LHIN. Health human resource limitations could pose challenges to expansion to community-based care.
What are some of the key enablers that would allow us to achieve our goal?
Increased access to primary care through innovative models, seniors friendly hospitals initiatives, and regional availability of health human resources.
Additional Comments (i.e. additional information that supports the implementation/success of the goal)

2.3 Priority 3.3: Reducing Percentage of Alternate Level of Care (ALC) Days

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Priority 3.3: Reducing Percentage of Alternate Level of Care (ALC) Days
IHSP Priority Description:
Improve patient flow and effective transitions of care across the health care system in a seamless, coordinated and timely manner.
Current Status:
Reducing the number of days that individuals wait as Alternate Level of Care is a key priority for the North West LHIN and the Ministry of Health and Long-Term Care. The end goal is to avoid time spent by individuals waiting as Alternate Level of Care by increasing the coordination and integration of care across the health system, improving patient flow along the continuum of care, and investing in programs which support individuals to return home after their hospital stay. • The percentage of Alternate Level of Care days in 2011/2012 was 18.59%, the 3rd highest in the province; • In 2011/2012, seniors over the age of 65 accounted for 78% of Alternate Level of Care patients discharged from hospital, and 81% of Alternate Level of Care days in hospital; and • In 2011/2012 the most common discharge destination for Alternate Level of Care patients over 65 years of age was to chronic care (35.8%), followed by home with support (20.9%), rehabilitation (15.1%), and long-term care (11.9%). • In Ontario the provincial target for percent ALC days is 9.46%. This target has not been met provincially or by the LHINs. The North West LHIN target for percent ALC days in 2012/2013 is 19%.

- Lack of access to primary care and limited community supports in rural areas are system challenges that contribute to ALC days in the North West LHIN.

Successes of the past year:

- In 2011/2012, the MLPA target for %ALC of 15% was achieved in Q2. In 2011/2012 the overall %ALC for the year of 18.4% was within the MLPA target of 19% which has been established for 2012/2013.
- Implementation of Home First in the City of Thunder Bay has produced the following results between September 2010 and July 2012:
    - 42% reduction in ALC patients waiting in hospital
    - 29% reduction in ALC patients waiting for long-term care in hospital
    - Joint discharge planning between the acute care setting and system partners ensures that individuals discharge destination is both appropriate and timely
- Implementation of Home First in the City of Kenora has produced the following results between November 2011 and July 2012:
    - 23% reduction in ALC patients waiting in hospital
    - 20% reduction in ALC patients waiting for long-term care in hospital
    - Joint discharge planning between the acute care setting and system partners ensures that individuals discharge destination is both appropriate and timely
- Assess and Restore programs are being delivered in four communities across the North West LHIN and over their first year of operation demonstrated the following:
    - A total of 190 patients participated in the programs and of these participants approximately 65% were able to successfully return home after receiving services for an average of 29 days
    - All of the clients participating in the program demonstrated a positive change in their Functional Indication Measure scores (AVG = 20 points) after receiving services delivered through the program
- Invested in increased community support services across the LHIN.
- In the past two fiscal years the North West LHIN has introduced a total of 122 new units of Assisted Living Services. In 2012/2013 a total of 59 new units of Assisted Living will be introduced.
- Assisted Living Services for specialized populations continues to be a priority and in the last two fiscal years four new units for individuals with Acquired Brain Injuries and four new units for individuals with Physical Challenges were introduced.
- Significant investments in expanded and enhanced CCAC services have been made in order to allow individuals to age at home.
    - Targeted investments have been made in order to support Home First efforts
    - Wait times for CCAC in-home services have been maintained at approximately 30 hours
- Nurse Let Outreach Teams were expanded to include more Long Term Care homes in the City of Thunder Bay
    - Between Q4 2011/2012 and Q4 2010/2011, a 10% decrease in ED visits and 18% decrease in admissions for LTC homes was observed in homes served by Nurse-Led Outreach Team

PART 2: GOALS and ACTION PLANS

Goal(s)

1. Maintain the gains made in reduction of Alternate Level of Care days through the implementation of a Home First philosophy.
2. Reduce the number of Alternate Level of Care days in hospital and increase the numbers of days spent at home by residents of the North West LHIN.
3. Improve quality of transitions in care and patient flow across the health care system.

Consistency with Government Priorities:

These goals are consistent and align with local priorities outlined in the North West LHIN's IHSP III, Ontario's Action Plan for Health Care, and collective LHIN System Imperatives. The actions outlined in this Business Plan are focused on improving access to care and ensuring that clients receive the right care in the right place at the right time. This includes:

- Improving access to hospital care by reducing the time spent designated as Alternate Level of Care (ALC) patients in hospital beds
- Improving the patient care experience and quality of care

Action Plans/Interventions

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

Action Plans "We will deliver the following"	Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
	2013/14		2014/15		2015/16	
	Status	%	Status	%	Status	%
Implement strategies to improve discharge planning processes and sustain "Home First" at the hub, district and regional level: • Continue to facilitate inter-sectorial Home First initiatives.	In Progress	50%	Complete	50%		
Implement the long-term care services model for the North West LHIN at the hub, district and regional level: • Realign long-term care services at the hub and district level based on the long-term care services plan; • Use evidence from the	In Progress	33%	In Progress	33%	Complete	34%

plan to guide funding decisions for seniors' services.						
Implement pertinent recommendations from Ontario's Seniors strategy aimed at improving the quality of transitions in care at the hub, district and regional level.	In Progress	25%	In Progress	25%	In Progress	25%

How will we measure success?

- % of Alternate Level of Care days
- 90th percentile wait time for CCAC in-home services: Application from community setting to first CCAC service (excluding case management)
- Number of home care service visits and hours by service type: Visiting nursing; Shift nursing; Nutrition/Dietetics/Physiotherapy/OccupationalTherapy/Speech-Language Pathology/Social Work/Homemaking/Personal Support
- % progress towards ideal service-continuum for long term services per North West LHIN Local Area Plan (LAP)
- % placements into the most appropriate care setting based on acuity of the patient/client
- Wait times for selected community services: LTC to placement (all choices); CCAC-case management; CCAC-Nursing; CCAC-Therapies; CCAC-PSW/Homemaking; Assisted living; CSS Services; MH+A Services
- Reduced transfers to the Emergency Department for Long-Term Care residents.
- Appropriate designation to Long-Term Care for ALC clients.
- Increased volume of assisted living and community support services for high risk seniors.
- Ongoing monitoring and evaluation of ALC levels in hospitals around the region.
-

What are the risks/barriers to successful implementation?

Lack of access to primary care and limited community services (i.e. supportive housing, assisted living and support services such as homemaking, transportation, etc.) are system barriers that will continue to impact Alternate Level of Care (ALC) days in the North West LHIN.

Health human resource limitations could pose challenges to expansion to community-based care.

What are some of the key enablers that would allow us to achieve our goal?

Home First, Expanded Role of North West CCAC, Ontario's Seniors Strategy, Alternate Level of Care Community Funding and Collaborative partnerships between service providers.

Additional Comments (i.e. additional information that supports the implementation/success of the goal)

2.3 Priority 3.4: Improving Access to Specialty Care and Diagnostic Services

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Priority 3.4 Improving Access to Specialty Care and Diagnostic Services
IHSP Priority Description:
Enhance access to quality specialty care and diagnostic services.
Current Status:

It is imperative when patients require procedures such as hip or knee replacement and diagnostic imaging they receive the procedures within a medically appropriate wait time. Reducing wait times for surgical procedures and diagnostic imaging is a priority focus of the North West LHIN. As funding reform evolves, there is increased focus on quality based procedures. Using evidence-based guidelines to improve access to care; evolve clinical practice; reduce length of stay in hospital; and reduce the cost of care by transitioning care to the community, will provide opportunities to review or expand existing capacity.

In order to access specialty care, patients in rural areas must travel long distances to tertiary centers such as Thunder Bay, Winnipeg or beyond. Specialty groups often cited in short supply include psychiatry, child and youth mental health programs, dermatology, dialysis, and cardiac care. In the North West LHIN in 2012:

- The number of specialists to population rate is significantly lower than the provincial rate (74/100,000 versus 100/100,000). The actual number of specialists has increased by 13.5% during this period to 1,773.
- 9 out of 10 patients requiring cancer surgery received treatment in 37 days.
- 9 out of 10 patients requiring cataract surgery received treatment in 103 days.
- 9 out of 10 patients requiring Hip Replacement surgery received treatment in 194 days.
- 9 out of 10 patients requiring Knee Replacement surgery received treatment in 216 days.
- 9 out of 10 patients requiring a diagnostic MRI scan received treatment in 78 days.
- 9 out of 10 patients requiring a diagnostic CT scan received treatment in 40 days.

Unilateral hip and knee surgeries often access inpatient rehab services when the evidence demonstrates that length of stay in acute care can be reduced and post-discharge care can be provided at home in the community setting.

Wait times for diagnostic imaging in the North West LHIN are currently off target and have been adversely impacted by reductions in funded volumes. These reductions, coupled with increased demand for scans has resulted in an increase in wait times. The LHIN is currently working with hopsitals to examine opportunites to improve diagnostic imaging utilization.

Successes of the past year:

Over the past several years, the North West LHIN has improved access to services and, as a result, has seen improvements in the waits experienced by patients. The performance of the North West LHIN for the current year is illustrated below:

- The North West LHIN continues to be a high performer in 90th percentile wait times for cancer surgery and cataract surgery.
- 90th percentile wait times for joint replacement surgery continued to be above MLPA target in 2011/2012. In order to address this North West LHIN has been continuously monitoring and working with hospitals and specific surgeons in order to develop strategies focused on reducing these wait times.
- The North West LHIN is working with physicians and health service providers to reduce the length of stay for unilateral hip and knee surgery and stroke patients. At three regional sites the percentage of patients discharged home is currently 100% and the percentage of patients discharged home from the tertiary site is up to 78% from 54% at the start of 2011/2012.

PART 2: GOALS and ACTION PLANS

Goal(s)

1. Reduce wait times for procedures included in the Wait Times Strategy and maintain the gains which have been achieved to date.
2. Create a regional surgical services program for the North West LHIN.
3. Create a regional diagnostic services plan aligned with health funding reform and quality based procedures.
4. Reduce access barriers to specialty care and diagnostic services.

Consistency with Government Priorities:

These goals are consistent and align with local priorities outlined in the North West LHIN's IHSP III, Ontario's Action Plan for Health Care, and collective LHIN System Imperatives. The actions outlined in this priority are focused on improving access to care and ensuring that clients receive the right care in the right place at the right time. This includes:

- Better Value – Implementation of Health System Funding Reform (Quality Based Procedures)
- Better Access to Care – Reducing wait times for key procedures
- Better Value – Eliminated unnecessary procedures and implementation of Health System Funding Reform (Quality Based Procedures)
- Improving access to hospital care by reducing the time spent designated as Alternate Level of Care (ALC) patients in hospital beds

Action Plans/Interventions

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

Action Plans	Please indicate the status of project (Not Yet Started, In

"We will deliver the following"	Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
	2013/14		2014/15		2015/16	
	Status	%	Status	%	Status	%
Actively monitor and report wait times for procedures included in the Wait Times Strategy and MLPA: • Identify the root causes where performance targets are not met and develop interventions to address this	In Progress	33%	In Progress	33%	Complete	34%
Develop and implement the regional surgical service program: • Begin with integrated orthopaedic service delivery model.	In Progress	50%	Complete	50%		
Support application of clinical processes and pathways aimed at improving the flow of patients through the continuum of specialty care with a focus on appropriateness of care: • Focus on expansion of Joint and Spine Assessment Centre model;	In Progress	50%	Complete	50%		
• Work with hospitals and primary care to implement initiatives to decrease inappropriate imaging referrals from primary care.	In Progress	33%	In Progress	33%	Complete	34%
Implement innovative models that enable access to specialty care closer to home (e.g. telemedicine/telehomecare).	In Progress	33%	In Progress	33%	Complete	34%

How will we measure success?

It is expected that the demand for surgical and diagnostic services who's utilization is related to age is expected to rise while available resources remain relatively constant. For this reason it is imperative to drive changes focused on quality and efficiency in surgical services. Success will be measured by

- Maintenance of wait times for procedures currently meeting MLPA performance expectations:

▪ Overall % of surgical patients served within clinical best practice target ▪ Overall % of diagnostic patients served within clinical best practice target ▪ Percent completed within target by priority for diagnostic MRI scan ▪ Percent completed within target by priority for diagnostic CT scan ▪ Percent completed within target by priority for hip replacement surgery ▪ Percent completed within target by priority for knee surgery ▪ Percent completed within target by priority for cataract surgery ▪ Reductions in wait times for procedures currently above MLPA performance targets. ▪ Reductions in wait times for diagnostic imaging currently above MLPA targets. ▪ Reduced number of ALC days and increased number of days spent at home by residents of the North West LHIN. ▪ Improvements in quality and efficiency indicators reported in the Orthopaedic Scorecard
What are the risks/barriers to successful implementation?
If funded volumes of procedures included in the QBP initiative are less than previously funded levels, wait times may be adversely impacted as case loads increase. However, the North West LHIN is currently embarking on the development of an integrated orthopaedic capacity plan which, among other outcomes, will be focused on examining how current volume allocations may be adjusted in order to achieve efficiencies in the face of increasing demand. Additionally, the large geographical area presents challenges to economies of scale required to deliver specialty services close to home.
What are some of the key enablers that would allow us to achieve our goal?
In the short term, maintaining funding levels for services is critical to the achievement of our goals. With sustained operating funding, hospitals will be able to continue to offer services in the interim while undertaking the transformational activities noted above that are required for long-term sustainability.
Additional Comments (i.e. additional information that supports the implementation/success of the goal)

2.3 Priority 3.5: Improving Access to Mental Health and Addictions Services

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Priority 3.5: Increasing Access to Mental Health and Addictions Services
IHSP Priority Description:
Improve the quality of life for those affected by mental health diseases and disorders.
Current Status:
Over the next three years, the North West LHIN will build a robust integrated mental health and addictions system. Due to a lack of specialized services in most communities, challenges with access to mental health

services have been identified for clients in crisis/withdrawal and for those requiring specialized care, transitional care, supportive housing, and walk-in services. The North West LHIN will engage Health Service Providers to develop strategies to use integration to close these gaps.

The rapid aging of the population increases pressures to the health system related to dementia and associated responsive behaviours. The North West LHIN will continue to build community capacity to deal with dementia and responsive behaviours in older adults by continuing the work of the Behaviour Supports Ontario strategy.

- North West LHIN residents account for 11.6% of provincial clients of community substance abuse programs, but the North West LHIN's population only accounts for 1.8% of the total provincial population;
- The North West LHIN has the second-highest cost per individual served for community mental health and addictions services of all LHIN's and is twice as high as the provincial average ($94 in the North West LHIN as compared to $47 provincially);
- Hospitalization rates for mental illnesses are double that of the province (865/100,000 population age 15+ compared to 409/100,000 population age 15+ provincially);
- Age standardized admissions to inpatient acute schedule one adult mental health units are 1.8 times higher than the provincial average (58.9 per 10,000 population, compared to 33.0 per 10,000 population provincially);
- Age-standardized inpatient days on acute, schedule one adult mental health units are 1.3 times higher than the provincial average (689 days per 10,000 population, compared to 528 per 10,000 population provincially); and
- Rates of Neonatal Abstinence Syndrome (NAS) in births in the North West LHIN are much higher than the provincial average (from 2007-2009, 2.7% of births in the North West LHIN residents had NAS, compared to 0.2% provincially).

Performance against MLPA Targets:

- Repeat, unplanned emergency visits within 30 days for mental health conditions fell from 18.1 % in 2010/11 to 15.8% in the second quarter of 2011/12; which was below the target of 17.4%.
- Repeat, unplanned emergency visits within 30 days for substance abuse conditions fell from 31.7% in 2010/11 to 26.6% in the second quarter of 2011/12; which was below the target of 30.2%.

Successes of the past year:

- In its first full year of operation the GAPPS program (intensive, outreach-based case management targeted towards vulnerable individuals in Thunder Bay) continued to show strong successes and helped reduce repeat emergency visits for mental health and substance abuse conditions in the North West LHIN.
- The Behavioural Supports Ontario action plan for the North West LHIN has been implemented and has resulted in improved care for residents with responsive behaviours. The Regional Behavioural Health Service was established and mobile teams for Thunder

Bay and the Kenora/Rainy River regions have been developed to help long-term care homes manage patients with responsive behaviours; reducing the need to transfer to acute care and reducing Alternate Level of Care patient days in the North West LHIN.

- The North West LHIN has completed a demand/capacity analysis for mental health and substance abuse services. This will inform strategy development to close gaps in services and reduce the utilization of emergency departments related to mental health diseases and disorders.
- The North West LHIN is working in partnership with First Nation communities, Health Canada and other partners to improve integration of programs, services, policies and funding/reporting requirements where appropriate through the Health Services Integration Funded Projects (7 projects).
- One service collaborative was initiated in Thunder Bay that is focused on children and youth with Mental Health and Addictions issues.
- Two community development and wellness teams were approved in Q4 2012/13; the goal is to develop community based plans for Mental Health and Addictions through work with First Nation communities in the North West LHIN.
- Two new initiatives were funded and implemented to support programs/services for mothers who are addicted to opioids.
- The North West CCAC implemented a new program with Mental Health Nurses working in schools across the LHIN in collaboration with system partners.
- The North West LHIN funded an initiative to expand crisis and withdrawal management services in the City of Thunder Bay in Q4 2012/13.

PART 2: GOALS and ACTION PLANS

Goal(s)

1. Create an integrated model of care for mental health and addictions services.
2. Facilitate the use of system-wide care pathways for mental health diseases and disorders.
3. Reduce reliance on emergency department and avoidable admissions to hospital for mental health diseases and disorders and substance abuse.
4. Increase reliance on primary care for management of mental health diseases and disorders.
5. Increase the capacity to monitor the effectiveness of the community mental health, substance abuse and problem gambling health systems.

Consistency with Government Priorities:

These goals align with the Ministry of Health and Long-Term Care's ten year strategy for mental health and addictions; specifically, the goals to:

- Improve mental health and well-being for all Ontarians, and
- Provide timely, high quality, integrated, person-directed health and other human resources

In addition, interventions targeted towards reducing reliance on emergency departments align with the accountability agreement between the Ministry and the North West LHIN, which includes targets to reduce the rate of repeat visits to emergency departments within 30 days for mental health and substance abuse conditions.

Finally, these goals are aligned with Ontario's Action Plan for Health, which includes as goals:

- Improving access to primary health care to keep people healthy in the community;

- Improving the patient care experience; and
- Increasing services in the community to improve quality and reduce cost (compared to services in acute care settings).

Action Plans/Interventions

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

Action Plans "We will deliver the following"	Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
	2013/14		2014/15		2015/16	
	Status	%	Status	%	Status	%
An integrated mental health and addictions model of care at the local, district and regional level, including: • Enhanced behavioural supports for older adults: o Creation of a specialized long-term care unit for older adults with responsive behaviours;	Complete	100%				
o The implementation of a "virtual ward" utilizing mobile teams and telemedicine;	Complete	100%				
o The creation of a central intake in the City of Thunder Bay for psychogeriatric services.	Complete	100%				
• Integrated schedule one acute, inpatient adult mental health services: o The creation of standardized admission, discharge and transfer protocols between sites;	Complete	100%				
o Development of a regional surge capacity plan;	Complete	100%				

o The creation of consistent care protocols for schizophrenia, mood disorders and substance abuse.	Complete	100%					
Standardized regional community care maps and plans for service levels by integrated district network. These will expand on the demand and capacity analysis for mental health and substance abuse by specifically identifying programming for each of the following: • Substance abuse;	Complete	100%					
• Mood disorders;	In Progress	50%	Complete	50%			
• Schizophrenia.			In Progress	50%	Complete	50%	
Regional withdrawal, crisis and stabilization plans for: • The Kenora, Rainy River and Northern IDNs;	In Progress	50%	Complete	50%			
• The City of Thunder Bay IDN;	In Progress	25%	Complete	75%			
• The District of Thunder Bay IDN.			In Progress	25%	Complete	75%	
"Shared care" models to improve access to primary care for mental health diseases and disorders: • Completion of a capacity assessment and plan to address system gaps in the City of Thunder Bay IDN;	Complete	100%					
• Implementation of the plan.			In Progress	50%	Complete	50%	
A health data improvement plan for the North West LHIN: • Establishment of a framework for and completion of an annual data review;	Complete	100%					
• Development of an outcome monitoring framework for community mental health in the North West LHIN.			In Progress	50%	Complete	50%	

How will we measure success?
• Mental Health and Addictions services are aligned with the provincial strategy • Reduced repeat unscheduled emergency visits within 30 days for substance abuse conditions • Reduced repeat unscheduled emergency visits within 30 days for mental health conditions • Reduced 30 days mental illness readmission rates • Reduce the rate per 100,000 population of admissions and inpatient days in acute, schedule one adult mental health beds • Reduce the rate of live births with Neonatal Abstinence Syndrome. • Reduce the cost of mental health and substance abuse services per individual served. • Reduce the transfers from long-term care and the community to acute care for conditions related to responsive behaviors in older adults. • Increase the visits and individuals served related to mental health and addictions conditions in Primary Care settings.
What are the risks/barriers to successful implementation?
Health human resource limitations could pose challenges to expansion to community-based care. Lack of available funding could make closure of identified gaps in service levels difficult.
What are some of the key enablers that would allow us to achieve our goal?
• A completed and validated demand / capacity analysis for the North West LHIN • Implementation of the Ontario Common Assessment of Need in the North West LHIN, including access to information through the Integrated Assessment Record • Integration of Mental Health into Primary Care in the North West LHIN
Additional Comments (i.e. additional information that supports the implementation/success of the goal)

2.4 Priority 4: Enhancing Chronic Disease Prevention and Management

PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Priority 4: Enhancing Chronic Disease Prevention and Management
IHSP Priority Description:
Develop a culture of continuous quality improvement in chronic disease prevention and management across the continuum of care.
Current Status:
Recognizing the significant impact of chronic diseases on population health, quality of the patient experience and efficient/effective use of the health system, the North West LHIN identified Chronic Disease Prevention and Management as an important priority for change in the next three years

(2013-2016).

The health status of the population in the North West LHIN falls behind the rest of the province on a number of measures. The burden of disease associated with diabetes, heart failure and chronic obstructive pulmonary disease exceeds the provincial average across the region.

- Use of acute care for the management of chronic conditions is also comparatively higher in the North West LHIN;
- Readmission rates for diabetes, chronic obstructive pulmonary disease and congestive heart failure are high; and
- Twenty-seven percent of admissions for congestive heart failure and 23% of admissions for chronic obstructive pulmonary disease result in readmission for the same condition; and
- It is recognized that people with end stage chronic conditions are often not transitioned to palliative care. In the coming decade, the number of deaths in the North West LHIN will increase by 27% with the number of hospital deaths projected to increase by 36%. Many of these will be the result of end stage chronic disease.

Reducing the use of acute care for chronic disease management by transitioning to improved access to care in the community will be the focus for improvement in the North West LHIN over the next three years.

bestPATH, the quality improvement initiative led by Health Quality Ontario, has multiple assets including change packages, a web-based repository of best practices and links to innovative and leading edge practitioners. These assets will be leveraged as implementation of Ontario's Chronic Disease Prevention and Management Framework continues. There are many opportunities to improve the current state of chronic disease management and improve population health through primary prevention efforts and greater collaboration across sectors.

Key issues limiting improved outcomes for people with chronic disease include:

- Access to primary and specialty care
- Lifestyle choices leading to poor health outcomes and early onset of chronic conditions
- Low health literacy
- Access to quality chronic disease management programs in the community
- Large geography and low population density

Successes of the past year:

- Implementation of a COPD telehomecare initiative which serves over 100 people with acute exacerbations in their homes. A 20% reduction in readmissions in the target population has been achieved
- Continued operation and regional expansion of a CHF telehomecare initiative which serves approximately 200 people per year with acute exacerbations in their homes. A 20% reduction in readmissions has been achieved
- Expansion of the mobile diabetes unit to include foot care and wound management in addition to basic medical/nutritional management of diabetes for over 200 people in 9 rural communities

- Expansion of the acute centre for diabetes care to the Meno Ya Win site in Sioux Lookout to provide acute diabetes services for the Northern Integrated Network of the North West LHIN where rates of diabetes are 2 – 3 times higher than in the population as a whole
- Training for over 300 health professionals in self-management support
- Transition of the diabetes education programs at the Northern Diabetes Health Network to the North West LHIN
- Transition of the Regional Coordination Centre for Diabetes Care to the North West LHIN

PART 2: GOALS and ACTION PLANS

Goal(s)

1. Reduce the prevalence of chronic diseases through expansion and integration of primary prevention initiatives.
2. Increase uptake of targeted evidence based practices for chronic disease management in primary care and community based programs.
3. Reduce avoidable use of acute care for targeted high impact chronic conditions through improved chronic disease management support in the community
4. Integrate regional programs for chronic disease management starting with integrated vascular, diabetes education and management, and palliative care.
5. Enhance self-management capacity amongst clinicians and the people in the North West LHIN.
6. Utilize technology in innovative ways to improve access to quality care close to home.

Consistency with Government Priorities:

These goals align well with key government priorities. Improved access to family care will be supported through enhanced community based programs for chronic disease management and the innovative use of technology to provide care closer to home. Integrated regional programs will ease the transitions for people with chronic conditions as they move across the continuum. Quality improvement through increased uptake of evidence based programs and enhanced self-management capacity are congruent with the implementation of the chronic care framework adopted by the province.

Action Plans/Interventions

This section articulates “how you will achieve your goals”. Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

Action Plans “We will deliver the following”	Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column.					
	2013/14		2014/15		2015/16	
	Status	%	Status	%	Status	%
Facilitate initiatives to improve	Complete	100%				

population health starting with: • the implementation of an integrated falls prevention initiative with public health and partners;						
• completion of plans and community engagement for improved integration of diabetes services across the North West LHIN;	In Progress	90%	Complete	10%		
• implementation of plans for improved integration of diabetes services across the North West LHIN.			In Progress	90%	Complete	10%
Implement quality improvement initiatives in primary care and community-based care programs for CDPM	In Progress	30%	In Progress	30%	In Progress	30%
Implementation plan for an integrated approach to transitions in care for targeted high impact populations with • CHF;	Complete	100%				
• COPD;			In Progress	40%	Complete	60%
• Diabetes.	Complete	100%				
Design regional models of care for: • palliative care focusing on people with end stage chronic conditions;	In Progress	40%	Complete	60%		
• diabetes education and management including the development of working groups in each hub and the establishment of a standardized care pathway;	Complete	100%				
• vascular health in alignment with the development of a provincial strategy.	In Progress	20%	In Progress	40%	In progress	40%
Build self-management and health literacy capacity through increased access to programs	In Progress	30%	In Progress	30%	Complete	40%
Expand use of telehomecare through • implementation of a new	In Progress	30%	In Progress	40%	Complete	30%

model which serves clients with level 2 client stage chronic conditions;						
• inclusion of diabetes as a high impact chronic condition;	In Progress	30%	In Progress	40%	Complete	30%
• creation of 2 host organizations to extend reach across the continuum; • procurement of a minimum of 250 new units.	In Progress	20%	In Progress	30%	Complete	50%

How will we measure success?

- 20% reduction in hospital readmissions within 30 days for CHF, COPD, diabetes and associated comorbidities
- 100% uptake of recommended discharge protocols by acute care providers
- 20% reduction in the number of ED visits for hyper/hypoglycemia in the population with diabetes 18 years and older
- 100% of diabetics receive recommended screening – HbA1c, retinal screening, LDL and foot exam
  10% reduction in falls resulting in harm for the population over 65 years;
- 100 new patients with chronic disease enrolled in telehomecare; and
- Successful implementation of regional models of care for palliative care, diabetes and vascular health.
- 50% progress towards ideal service continuum for palliative care services and diabetes services
- Quality adjusted life expectancy
- 10% reduction in the potentially avoidable mortality rate

What are the risks/barriers to successful implementation?

Sufficient internal capacity within the LHIN to dedicate required time to facilitate change.

What are some of the key enablers that would allow us to achieve our goal?

Closer linkages between LHINs and primary care will facilitate uptake of CDPM quality improvement initiatives.

Additional Comments (i.e. additional information that supports the implementation/success of the goal)

3.0 LHIN Staffing and Operations

LHIN Operations Spending Plan

LHIN Operations Sub-Category ($)	2012/13 Forecast	2013/14 Planned Expenses	2014/15 Planned Expenses	2015/16 Planned Expenses
*Salaries and Wages	2,890,000	2,865,000	2,930,000	2,980,000
Employee Benefits				
HOOPP	275,000	270,000	280,000	285,000
Other Benefits	285,000	280,000	290,000	295,000
Total Employee Benefits	560,000	550,000	570,000	580,000
Transportation and Communication				
Staff Travel	130,000	130,000	130,000	120,000
Governance Travel	40,000	45,000	45,000	40,000
Communications	75,000	80,000	80,000	80,000
Total Transportation and Communication	245,000	255,000	255,000	240,000
Services				
Accommodation	245,000	245,000	250,000	250,000
Consulting Fees	50,000	110,000	40,000	15,000
Governance Per Diems	90,000	95,000	95,000	90,000
LSSO Shared Costs	342,000	342,000	350,000	350,000
LHIN Collaborative	48,000	48,000	50,000	50,000
Other Meeting Expenses	30,000	30,000	30,000	25,000
Other Governance Costs	55,000	55,000	50,000	50,000
Printing & Translation	35,000	35,000	40,000	40,000
Staff Development	85,000	75,000	65,000	40,000
Total Services	980,000	1,035,000	970,000	910,000
Supplies and Equipment	64,592	59,592	59,592	54,592
IT Equipment	40,000	15,000	15,000	15,000
Total Supplies and Equipment	104,592	74,592	74,592	69,592
LHIN Operations: Total Planned Expense	4,779,592	4,779,592	4,779,592	4,779,592
Annual Funding Target	4,779,592	4,779,592	4,779,592	4,779,592
Variance	0	0	0	0

***Increase in staffing costs offset with decreases in other operating expenses.

LHIN Staffing Plan (Full-Time Equivalents)

Position Title	2012/13 Forecast FTEs	2013/14 Forecast FTEs	2014/15 Forecast FTEs	2015/16 Forecast FTEs
CEO	1	1	1	1
Senior Directors	2	2	2	2
Directors	4	4	4	4
Controller	1	1	1	1
Sr. Planning/Integration/ Engagement Consultants	2	3	3	3
Sr. Funding/Performance Consultants	3	3	3	3
Epidemiologist	1	1	1	1
Communication Consultants	0	3	3	3
Funding/Performance Consultants	1	1	1	1
Planning/Integration/Engagement Consultants	1	1	2	3
Business Analysts	3	3	3	3
Executive Assistant	1	1	1	1
Corporate Coordinator	1	1	1	1
Accounts Payable/Finance Clerk	1	1	1	1
HR Coordinator	1	1	1	1
Admin/Program Assistants	6	6	6	6
Receptionist	1	1	1	1
e-Health	4	4	4	4
Diabetes Education	7	9	9	9
FLS Coordinator, Aboriginal planner, ER/ALC Lead, ED LHIN Lead, CC Lead, Primary Lead	6	6	6	6
Total FTEs	47	53	54	55

4.0 Integrated Communications and Community Engagement Strategy

Objectives

Business Objectives:

Through the implementation of the *North West LHIN Integrated Health Services Plan 2013-2016*, the *North West LHIN Health Services Blueprint* and the *Annual Business Plan* (ABP) over the next year, the North West Local Health Integration Network (LHIN) and its Board aim to dramatically transform the health care system by:

- **Building an Integrated Health Care System with an improved focus on person-centred care** resulting in the following desired outcomes:
- Strong focus on population health and improving health outcomes
- Improving the patient care experience – right care, right time, right place
- High quality care
- Increased accountability and transparency
- Increased communication, partnerships and integration
- System sustainability
- Value for money

- **Building an Integrated eHealth Framework** resulting in:
- Increased electronic medical record (EMR) adoption and integration
- Expansion of share Hospital Information System
- A provider portal for viewing patient clinical information
- Expansion of telemedicine and telehomecare services
- More use of eHealth Ontario's secure ONEMail service by health service providers

- **Enhancing Access to Care** resulting in:
- Reduced demand on ED, e.g. reduced number of ED visits, reduced ED wait times
- Reduction in ALC days in hospital
- Reduction in post-acute care length of stay days
- Reduction in long-term care wait list to initial placement
- Reduction in low acuity admitted to long-term care
- Reduction in avoidable admissions to hospital

- **Enhancing Chronic Disease Prevention and Management** resulting in:
- 20% reduction in readmissions to acute care for high impact conditions (CHF, COPD and diabetes
- 10% reduction in falls causing harm for those age 65 and over
- 100 new patients enrolled in telehomecare
- Reduction in rate of amputations

- Increased self-management

Communications Objectives:

The *North West LHIN Integrated Health Services Plan 2013-2016* and the initiatives contained in the Annual Business Plan will require a very deliberate, strategic approach to communications and community engagement to foster an understanding of the need for health system transformation both internally and externally.

The integrated *Corporate Communications & Community Engagement Strategy and Tactical Plan* will:

- Raise awareness of the North West LHIN's role as health care system managers, to provide its residents with better access to the right care, at the right time, in the right place, by the right provider;
- Increase understanding among health care providers and individuals that everyone has a role to play in health system transformation;
- Inform/educate stakeholders about the plan's strategies and initiatives to address the IHSP III priorities;
- Engage health care providers, consumers and the general public in the work that is required to build an accessible and sustainable quality health care system;
- Leverage the strong movement of health service providers to build a person-centred culture;
- Demonstrate how organizations and individuals can participate in achieving health system transformation;
- Provide information on system performance of initiatives, while documenting successes;
- Guide the communications and engagement activities of the North West LHIN (Board and staff) and health service provider partners involved in initiatives contained in the *2013-14 Annual Business Plan;*
- Ensure that all stakeholders understand the role of the respective organizations to integrate services at the local health system level and to provide appropriate, coordinated, effective and efficient services based on available funding and signed accountability agreements;
- Provide accurate and timely information to all audiences;
- Be transparent and accountable to our shared audiences re: timelines, outcomes and opportunities for participation/feedback.

Context

Provincial Alignment

- Ontario's *Action Plan for Health Care*, announced by the Minister in January 2012, is consistent with the principles of the *Excellent Care for All Act* (2010) and puts LHINs at the centre of health system transformation. The Action Plan identifies three areas of focus:
  1) Keeping Ontario Healthy

2) Faster Access and a Stronger Link to Family Health Care
3) Right Care, Right Time, Right Place

- The North West LHIN has a critical role to play in implementing key provincial initiatives recently introduced such as *Health System Funding Reform*, *Health Links*, *Seniors Strategy* and the expansion of *Quality Improvement Plans* into the primary and community care sectors.

- The *North West LHIN Integrated Health Services Plan 2013-2016* and the initiatives laid out in this *Annual Business Plan* are strategically aligned with government priorities and recognize the joint accountability of the ministry and the North West LHIN to serve the public interest and effectively oversee the use of public funds.

- The health care system has evolved to the point where the North West LHIN, and other LHINs across the province, are recognized as local system managers who provide a central leadership role in driving health system transformation.

North West LHIN

The ABP is one of three guiding documents critical to the work of the North West LHIN. The other two documents are the *North West LHIN Integrated Health Services Plan 2013-2016* and the *North West LHIN Health Services Blueprint: Building our Future.*

- **The IHSP III**

The North West LHIN's third Integrated Health Services Plan (IHSP III), released February 7, 2013, outlines four priorities to transform the health care system in Northwestern Ontario:

1. Building an Integrated Health Care System
2. Building an Integrated eHealth Framework
3. Improving Access to Care
4. Enhancing Chronic Disease Prevention and Management

The IHSP III was developed through:

- extensive community engagement with local health service providers and residents;
- a public validation survey;
- comprehensive data analysis; and it
- builds on the progress made in the 2007-2010 and 2010-2013 IHSPs.

The plan sets out broad strategies for the region and from April 1, 2013 to March 2016, will guide the North West LHIN's activities and accountabilities of local health service providers as described in the Local Health System Integration Act (LHSIA) 2006.

➢ Health Services Blueprint

The North West LHIN released its *Health Services Blueprint* in March, 2012. It is a 10-year plan to reshape, strengthen and sustain the health care system in Northwestern Ontario. It is a framework for a model of care that will reduce the demand for hospital services, lower the number of emergency department visits and improve access to care and delivery of services in the community.

All of these require the creation of an integrated health system model in which health service providers work together to organize services and delivery of care at three levels within the North West LHIN: local, district and regional or LHIN-wide.

The findings and the recommendations of the *Health Services Blueprint* closely align with *Health Links*, a new provincial model of person-centred recently announced by the Ministry of Health and Long-Term Care, where all providers – including primary care, hospital, community care – are charged with coordinating plans at the patient level. The initial focus is on improving patient care and outcomes for people with complex health conditions (high users), while delivering better value for investment.

➢ The Annual Business Plan

The Ministry-LHIN Accountability Agreement requires LHINs to develop Annual Business Plans (ABPs) for submission to the Ministry of Health and Long-Term Care (MOHLTC). The ABP outlines the North West LHIN's implementation of its IHSP.

Progress is measured through key system indicators as defined in the MLPA.

The ABP outlines the key initiatives to be implemented and targets to be achieved and evaluated over the upcoming year. It also provides a framework for communicating to stakeholders the impact local decision making has on health care delivery in our communities.

Target Audience

Depending on the situation, primary and secondary audiences* will include but not be limited to:

- North West LHIN
    - Board of Directors
    - Senior Leadership Team
    - Staff

- North West LHIN Health Service Providers
    - Board of Directors
    - Senior Leadership Team
    - Staff

- Primary Care Providers
    - Physicians
    - Nurse Practitioners
    - Specialists

    - Family Health Teams

- North West LHIN Planning Partners
    - North West LHIN Health Integration Leadership Council
    - North West LHIN Aboriginal Health Services Advisory Team
    - North West LHIN Health Professionals Advisory Council (HPAC)
    - North West LHIN Emergency Department/Critical Care Advisory Committee
    - Joint Committee for the North West, North East and French Language Services Planning Entity

- Other Key Stakeholders
    - Public Health
    - EMS
    - Ornge
    - Educational institutions
    - Police services
    - Provincial Associations (e.g. OHA, ONA, OMA, OACCAC etc.)

- Government - Administrative Leadership and Elected Officials
    - Municipal
    - Regional
    - Provincial – including MOHLTC stakeholders
    - Federal

- General Public
    - Residents
    - Citizens' Reference Panels
    - Community Organizations
    - Consumer/Patient Support groups
    - Informal caregivers

- Aboriginal
    - Health Directors
    - Northern Chiefs
    - Health Canada
    - Aboriginal communities

- Francophone
    - Community

- Media

- Other LHINs

- Ministry of Health and Long-Term Care
    - LHIN Liaison Branch (LLB)
    - Communications and Information Branch (CIB)
    - Minister's Office (MO)
    - Ministry of Community and Social Services
    - Ministry of Child and Youth Services

**Detailed, iterative target stakeholder analysis is part of the North West LHIN's ongoing planning process.*

Strategic Approach

- The communications/engagement strategy and tactics will flow from an overarching *North West LHIN Corporate Communications & Community Engagement Strategy and Tactical Plan* that will guide alignment of all audience- and initiative-specific communications plans;
- The strategy and tactics will align with:
    - the Ministry of Health and Long-Term Care's *Action Plan for Health Care* and other key provincial initiatives;
    - The North West LHIN Board Strategic Directions;
    - The North West LHIN Integrated Health Services Plan 2013-2016;
    - The North West LHIN Health Services Blueprint;
- This *Corporate Communications & Community Engagement Strategy and Tactical Plan* will identify the gaps and requisite changes in audience actions/behaviours/policy direction that will lead to system integration and transformation;
- The Strategy and Tactical Plan will identify and close the knowledge and attitude gaps to influence desired behaviour change by using a combination of high- and low-profile communications and community engagement strategies, ranging from face-to-face, one-on-one meetings (see Effective Communications and Community Engagement Hierarchy on page 52), to complex paid media campaigns;
- It will inform/educate stakeholders;
- It will leverage health service providers continuous efforts to build a person-centred culture;
- It will provide accurate and timely information to all audiences;
- Communications and community engagement will be transparent and accountable;

Key Messages

Key Messages - North West LHIN Reality

- The population is aging. The rate of chronic conditions is rising.
- In Northwestern Ontario, unique characteristics make delivering quality health care challenging, more expensive and less coordinated. We have:

    - The largest geography of all Ontario LHINs, covering 47 percent of Ontario's total area, and home to only two percent of the province's total population
    - Large distances between services which impacts access to care
    - Fragmented care
    - The highest rate of acute hospital use in the province
    - High rates of preventable disease
    - Poor transitions between care settings
    - Limited chronic disease prevention and management programs
- There is a real need for more coordinated, efficient transportation system.
- Our average health care spending is nearly 40 percent higher than the rest of the province.

Key Messages - The North West LHIN's Transformation Agenda

- The North West LHIN is a key partner in transforming the health care system to focus on person-centred quality care that meets the needs of Ontarians today and into the future.
- The health care system is changing from an old system designed to treat people once they are sick to a more person-centred, coordinated, value-driven model that promotes wellness.
- The North West LHIN has already brought about significant and positive change in the way health care services are delivered.
- We must aggressively build upon this work because the status quo is neither acceptable nor sustainable.
- Transformation requires a collective call to action by all partners, within and across the health care system.
- Everyone has an important role to play in making healthy change happen, including health service providers, the North West LHIN, community leaders and the public.

Key Messages – End Goals/Outcomes

System transformation will result in:

- Improved health outcomes resulting in healthier people
- Access to health care that people need, as close to home as possible
- Continuous quality improvement
- A system-wide culture of accountability

Tactics – high level, if available

As stated earlier, the communications/engagement strategy and tactics will flow from the overarching *North West LHIN Corporate Communications & Community Engagement Strategy and Tactical Plan* which will guide alignment of all audience- and initiative/project-specific communications plans. However, each initiative/project will have its own "Communications and Community Engagement Plan" documenting

the context, timelines, audiences, tools/tactics, specific key messages and a deliverables tracking chart.

In many cases, these individual plans will be developed and rolled out in partnership with the appropriate health care partners. Each communication and community engagement plan will follow the hierarchy of effective communications and engagement:

Effective Communications & Community Engagement Hierarchy

- One-on-one, face-to-face
- Small group discussion/meeting (formal/informal)
- Committees
- Phone conversation
- Computer-generated or word-processing generating “personal letter”
- Speaking before a large group
- Public Forums
- Social Media
- Website
- Newsletters
- Surveys, polls
- Information Displays
- News carried in popular press
- Advertising in newspapers, radio, TV, magazines, posters

Each communication and community engagement plan may adopt, utilize and produce tools such as:

- News releases/Blast Emails/Newsletters/Bulletins/Communiques
- Website postings/alerts/social media
- Stakeholder events
- Outreach to local government stakeholders
- Engagement with specific stakeholders – unions, provincial associations, community groups (face-to-face, webinars)

In 2013, the North West LHIN is:

- revamping its public website to make it modern, relevant and user-friendly;
- developing and launching a Social Media program; and
- creating collaborative website workspaces for health service providers related to specific initiatives/programs (e.g. the Health Services Blueprint).

Evaluation and Quality Control

Identifying and tracking critical communication and community engagement success factors will enable the North West LHIN to more effectively identify whether communication/engagement activities have been successful.

The *Corporate Communications & Community Engagement Strategy and Tactical Plan* will be updated on a timely basis and shared with the LHIN Liaison Branch (LLB) in the Ministry of Health and Long-Term Care as per the Communications Appendix attached to the Ministry-LHIN Memorandum of Understanding as part of the Accountability Agreement between the Ministry and the LHIN, required by LHSIA.

Each initiative will have its own "Communications and Community Engagement Plan" documenting the context for each initiative, timelines, audiences, tools/tactics, specific key messages and a deliverables tracking chart. In many cases, these individual plans will be developed and rolled out in partnership with the appropriate health care partners. The Senior Team, Department of Communications and Community Engagement, and staff will provide input into the individual communications plans. To ensure consistency and to avoid misinformation, all communication needs to be approved by the Department of Communications and Community Engagement.

Critical Success Factors

Measurement

- Visible senior leadership engagement and support of the ABP initiatives and related communications.

-attendance at meetings

-qualitative and quantitative evidence (anecdotal, feedback surveys)

-achievements of metrics

-HSP strategic directions and business plans align with North West LHIN strategic directions, Blueprint initiatives and provincial priorities

- Senior leadership and LHIN-wide committees take visible, active roles in supporting communications and transformational change with their teams.

-attendance

-levels of engagement

-achievement of IHSP III and Blueprint priorities

-quarterly reporting

- Key stakeholders have a clear understanding of the transformation agenda and how they will be impacted by the implementation of any related initiatives.

-qualitative and quantitative evidence (anecdotal, feedback surveys, before and after questionnaires)

-communications collateral, such as regular LHINfo Minutes, LHINkages newsletter, current, relevant website postings and content management

-QIP reflects North West LHIN strategic priorities and system indicators

-Health Services Blueprint Early Adopters in place

- Health care providers across the North West LHIN are engaged early and frequently and can see how their participation is impacting the implementation of the "future state."

-number of meetings/sessions

-attendance

-qualitative and quantitative evidence (number of individuals engaged in health system planning; % of participants who were satisfied or highly satisfied with the engagement experience)

-SAAs reflect strategic directions

-local indicators that align with the IHSP III and Blueprint

-use of collaborative websites (to be established)

- North West LHIN citizens are engaged by the LHIN and with the LHIN via a variety of tactics including traditional media, online/social media (e.g., websites, blogs, Twitter) and LHIN communication vehicles (blast emails, bulletins).

-number of tactics

-variety of tactics

-visits to website

-feedback mechanism

-traditional and new media monitoring

-accuracy of key message understanding

-Google Analytics

-public surveys

- Feedback mechanisms and ongoing assessment are in place to monitor the effectiveness of communication vehicles and messages, and the North West LHIN has the ability to make quick modifications based on shifts and lessons learned as activities are carried out.

-surveys

-traditional and new media monitoring for tone, quality, volume

-accuracy of key message understanding

-Google Analytics

Community Engagement

The Local Health Systems Integration Act, 2006 (LHSIA) references community engagement as a LHIN requirement. Community engagement was established as a core function of all LHINs, with the understanding that regional planning is a more appropriate method for assessing and interpreting the local needs of a community.

Community engagement needs to be purposeful, accessible and its products transparent to the public and LHIN decision-makers.

All North West LHIN communications and engagement strategies and tactics flow from the overarching *North West LHIN Corporate Communications & Community Engagement Strategy and Tactical Plan* that will guide alignment of all audience- and initiative-specific communications plans and includes an:

- Annual Community Engagement Plan, which targets audiences such as governors, health service providers and other key stakeholders;
- Annual Communications Plan; and
- Aboriginal Communications and Community Engagement Plan.

Community engagement also supports priorities in the *North West LHIN Integrated Health Services Plan 2013-2016*, the *2013-2016 North West LHIN Strategic Plan*, *North West LHIN Health Services Blueprint: Building our Future*, and aligns with Ontario's *Action Plan for Health Care* and the pan-LHIN Strategic Imperatives.