



Annual Report 2017-2018

North Simcoe Muskoka Local Health Integration Network
For the year ending March 31, 2018

North Simcoe Muskoka Local Health Integration Network Annual Report 2017-18

Table of Contents

Message from the Board Chair and Chief Executive Officer	3
North Simcoe Muskoka LHIN Board of Directors	4
Introduction	5
Mission – <i>Together Achieving Better Health, Better Care, Better Value</i>	6
North Simcoe Muskoka LHIN Profile	7
Health and Health System Utilization	9
Ministry and LHIN Initiatives	12
2017-18 Mandate Letter Priorities	19
Home and Community Care	20
Engaging our Communities	21
Ministry-LHIN Accountability Agreement Performance Indicators	28

Appendix A

2017-18 North Simcoe Muskoka LHIN Financial Statements

Message from the Board Chair and Chief Executive Officer

July 30, 2018

The 2017-18 fiscal year was a dynamic one for the North Simcoe Muskoka LHIN. We were the first of the 14 LHINs to make the transition to delivering home and community care, expanding our mandate to provide high-quality care and services to meet the needs of the patients, families, and care-givers in our region. This was — and will remain — our top priority.

We continued to build upon achievements to date in alignment with the 2016-2019 IHSP's strategic priorities:

- Improving access to appropriate care
- Building capacity and enhancing coordination
- Driving system sustainability

Building an accessible, coordinated, and sustainable local health-care system, in collaboration with our partners, remained the focus of our work in 2017-18. This report highlights some of these achievements. A key initiative was the development of LHIN sub-region teams of clinical, home and community, and planning and integration leads. They will work with health system partners, and our partners beyond health care, to better identify and respond to patient and community needs in all five North Simcoe Muskoka sub-regions in a more integrated manner.

Our accomplishments were acknowledged beyond our region. This past year, two applicants from our LHIN received recognition in the Minister's Medal Honouring Excellence in Health Quality and Safety.

Dr. Shannon Bauman made the honour roll for her work as founder of Concussion North, an organization centred on treating patients and their families by focusing on symptom-based individual treatment plans for concussion management. The Muskoka Community Health Hubs received an honourable mention for a collaborative approach to meeting local health care needs in Muskoka.

As we continue to work towards our mission of "Together ... Achieving Better Health, Better Care, Better Value," it is fitting to share our new set of organizational values, which staff developed over the last year:

- **Care Deeply**
- **Perform Responsibly**
- **Think Creatively**
- **Interact Respectfully**

Our past Board Chair Bob Morton embodied all these values. His term ended in June 2017 and we acknowledge and thank Bob for his service, extensive community involvement, and valuable leadership of the Board of Directors.

We thank our staff and partners for your ongoing dedication to improving our system so that we can deliver excellent care that will enhance patient outcomes.



Dr. Kirsten Parker
Board Chair



Jill Tettmann
Chief Executive Officer

Healthy People. Excellent Care. One System.

North Simcoe Muskoka LHIN Board of Directors



Kirsten Parker
Chair
Barrie
Term: June 9, 2017 –
June 8, 2020



Barbara Dickson
Vice-Chair
Orillia
Term: April 15, 2015 –
December 31, 2018



Jacques Boulet
Orillia
Term: April 5, 2017 –
April 4, 2020



Andrea Butcher-Milne
Barrie
Term: May 1, 2017 –
April 30, 2020



Colleen Geiger
Oro-Medonte
Term: May 1, 2017 –
April 30, 2020



Ewelina Chwilkowska
Orillia
Term: November 2, 2016 –
May 29, 2018



Andreas Ott
Tay Township
Term: March 1, 2017 –
February 28, 2020



Larry Saunders
Huntsville
Term: February 10, 2016 –
February 9, 2019



Ted Salisbury
Penetanguishene
Term: August 17, 2017 –
August 16, 2020



Ernest Vaillancourt
Minesing
Term: December 9, 2015 –
December 8, 2018



Tim Withey
Huntsville
Term: March 1, 2017 –
February 28, 2020

Introduction

Together with our health service partners, the North Simcoe Muskoka Local Health Integration Network (LHIN) establishes priorities and plans for health services delivered in North Simcoe Muskoka (NSM). The LHIN provides system leadership, spurs change and fosters collaboration among all health system partners, including health service and primary care providers and public health professionals. We also deliver and coordinate home and community care.

In 2017-18, the North Simcoe Muskoka LHIN funded 61 health service provider organizations to deliver services across the continuum of care. Several of these organizations have multiple homes, programs or branches in NSM. We allocated approximately \$818 million to the following local health system organizations:

- 7 Hospitals
- 26 Long-Term Care Homes
- 3 Community Health Centres
- 22 Community Support Service Organizations
- 7 Community Mental Health Agencies

Fiscal 2017-18 was the first year that the mandate of the LHINs had expanded to include both home and community care management and service delivery. Throughout this time, the North Simcoe Muskoka LHIN continued to focus on quality of care and ensure patient care was not compromised. Care delivery and all related services remained intact as did core organizational activities, which supported the continued trust and confidence of the community, patients, and stakeholders.



Mission

Together... Achieving Better Health, Better Care, Better Value

Care Connections - Partnering for Healthy Communities is the 10-year operational roadmap designed to bring about the vision of an integrated health system across the North Simcoe Muskoka LHIN. Working within its framework, health system partners and communities across the region are committed to the development and implementation of effective, collaborative strategies, designed to improve service delivery and contribute to the needs and well-being of those we serve.

In the NSM LHIN, health system transformation is recognized as a shared responsibility of many partners across the continuum of care including residents, people with lived experiences, their families and health care professionals. Through **Care Connections**, everyone takes ownership of their health system.

Care Connections: by working together, we can make the local health system work better. This means coordinating services, managing information and ensuring people move seamlessly from one level of appropriate care to the next in a timely fashion. It requires transforming an “old system” that was prone to duplication, waste and inefficiencies, to a “new system” that is sensible, sustainable, and coordinated effectively to meet the health needs of its residents.

Collaboration with health system partners, to share accountability and take collective ownership for health system transformation, has already led to:

Healthy People = Better Health		improved health of the population: quality person-centred care meeting local needs.
Excellent Care = Better Care		better experiences for the individual: accessible, well-coordinated and sustainable care.
One System = Better Value		efficient operation and sustainability: local healthcare dollars being spent wisely and appropriately.

North Simcoe Muskoka LHIN Profile

The North Simcoe Muskoka LHIN covers an area of 8,445 square kilometres and was home to 464,184 residents in 2016, making it the second smallest LHIN in terms of total population. North Simcoe Muskoka includes five sub-regions. These sub-regions have been the foundation of community planning for many years in the region. The five sub-regions are as follows:

- **Barrie and Area**
- **Couchiching** (previously referred to as Orillia and Area)
- **Muskoka and Area**
- **North Simcoe** (previously referred to as Midland/Penetanguishene and Area)
- **South Georgian Bay** (previously referred to as Collingwood, Wasaga Beach and Area)

The approach in NSM, which began in fall 2017, involves a leadership ‘triad’ for each sub-region – a Clinical Lead, a Director for Integration and Planning, and a Director for Home and Community Care. Collectively, these three roles have responsibility for planning, directing and evaluating the delivery of patient services and providing expertise in each area. Each sub-region is affiliated with the Simcoe Muskoka District Health Unit, and each one has a Health Link.

Between 2015 and 2025, the population in North Simcoe Muskoka is expected to increase by 10.7 per cent, which is comparable to projected growth for Ontario overall.¹

A large majority of North Simcoe Muskoka residents identify English as their mother tongue (89.7%), with the second most common language being French (2.6%).¹ Among the five sub-geographies, the North Simcoe sub-region has the highest proportion of residents who reported French as their mother tongue (6.5%).² Of note, very few residents in the region reported no knowledge of either English or French (0.3%).¹

According to recent census data, five per cent of North Simcoe Muskoka residents identify as Aboriginal, which is the third highest proportion among the 14 LHINs.¹ In addition to those who live off reserve, Indigenous people reside in four First Nations Communities within the region: Beausoleil First Nation, Chippewas of Rama First Nation, Wahta Mohawks First Nation, and

Figure 1: Sub-regions of North Simcoe Muskoka LHIN



¹ Ministry of Health and Long-Term Care Health Analytics Branch. Environmental scan integrated health service plans 2016-2019. Ministry of Health and Long-Term Care; 2015.

Moose Deer Point First Nation. Among the five sub-geographies in NSM, the North Simcoe sub-region is home to the largest proportion of residents who identify as Aboriginal.² The significant Aboriginal population in the region is an important planning consideration as Indigenous Peoples in general experience a greater burden of morbidity and mortality than non-Aboriginal Canadians.³ Reducing these disparities is key to ensuring health equity for the First Nations, Métis, and Inuit (FNMI) residents of North Simcoe Muskoka.

NSM currently ranks in the top three LHINs in terms of its relative proportion of seniors aged 65 and older. In 2016, seniors represented 19.6 per cent of the North Simcoe Muskoka population. As is the case in other regions across the province, forecasted growth for seniors greatly exceeds that of other age groups. The data showing NSM's high proportion of seniors is in part due to its popularity as a retirement destination. Given the increased health needs of the seniors' population, this impacts utilization of health services across sectors, including acute care, home and community care, and long-term care.

Nearly one-third (29.2 per cent) of North Simcoe Muskoka residents live in a rural area, making the region home to the third largest proportion of rural residents in the province.⁴ NSM's large rural population is notable given that findings from a pan-Canadian study of rural health show a significant urban-rural gap on a number of health-related measures, including both risk factors like smoking and obesity, and outcomes, such as mortality from injury and certain chronic diseases.⁵

Table 1 – North Simcoe Muskoka LHIN Population Characteristics

	NSM LHIN (%)	Ontario (%)
Population aged 65 and over	19.6	16.7
Population aged 75 and over	8.3	7.3
Population English mother tongue	89.7	69.5
Population French mother tongue	2.6	4.3
Population Aboriginal identify	5.0	2.8
Population rural residents	29.2	8.8

North Simcoe Muskoka also experiences significant seasonal variation in population and demand for related health services including a significant impact on NSM emergency departments. The data showing NSM's high proportion of seniors is in part due to its popularity as a retirement destination.

² Ministry of Health and Long-Term Care Health Analytics Branch. 2016 Census Profile LHINs and Sub-regions. Ministry of Health and Long-Term Care; 2016.

³ Garner R, Carriere G, Sanmartin C and the Longitudinal Health and Administrative Research Team. The health of Inuit, Metis and First Nations adults living off-reserve in Canada: the impact of socio-economic status on inequalities in health. Statistics Canada; 2010.

⁴ DesMeules M, Pong R, Lagacé C, Heng D, Manuel D, Pitblado R et al. How healthy are rural Canadians? An assessment of their health status and health determinants. Canadian Institute for Health Information; 2006.

⁵ DesMeules M, Pong R, Lagacé C, Heng D, Manuel D, Pitblado R et al. How healthy are rural Canadians? An assessment of their health status and health determinants. Canadian Institute for Health Information; 2006.

Health and Health System Utilization

Access to Appropriate Levels of Care

Primary care access is key to ensure patients receive care in the most appropriate setting for their needs. Local data on primary care attachment includes both a patient self-report measure and a measure of continuity in primary care utilization. According to data from the Health Care Experience Survey (HCES), approximately 95.8% of NSM adults report having access to a regular medical doctor. This is relatively consistent across NSM LHIN sub-regions, ranging from 94.6% in Barrie and area to 98.3% in North Simcoe.⁶ By contrast, an analysis of utilization data indicates that 87.4% of North Simcoe Muskoka residents are either attached to a primary care physician or Nurse Practitioner-Led Clinic (NPLC), or are regularly accessing the same family physician.⁷ Regardless of how it is measured, this equates to a large majority of North Simcoe Muskoka residents being attached to a primary care provider.

Despite the high primary care attachment rate, utilization of North Simcoe Muskoka emergency departments (EDs) for less-urgent/non-urgent conditions and for conditions better treated in a primary care setting, exceed those of the province. Based on 2016-17 Q4 data, the rate of ED visits for CTAS IV and V conditions best managed elsewhere was 7.30 per 1,000 population, which was the fifth highest rate in the province.⁸

Similar to the rest of the province, access to bedded hospital services is challenged by patients who remain in hospital waiting to move to a more appropriate setting, which is measured by the alternate level of care (ALC) rate. While the ALC rate in NSM continues to be a primary area of focus, challenges related to moving patients into appropriate non-hospital based services continue. The ALC rate represents the proportion of inpatient days in acute and/or post-acute care settings that are spent as ALC. In North Simcoe Muskoka, the proportion of patients designated ALC who are occupying acute care beds (17.2% in Q1 2017/18) has fallen to near the provincial rate for the first time since Q2 of 2011-12. The ALC rate for post-acute services including rehab, mental health and complex continuing care in NSM is significantly lower than that of the province (six per cent in the same data period), resulting in an all-service ALC rate of 12.1%, which is again lower than the provincial rate.⁹

Aging Population

North Simcoe Muskoka currently ranks as one of the top three LHINs in terms of its relative proportion of seniors aged 65 and older, which has significant impacts on the delivery of health care in our region. Data from the Canadian Institute for Health Information shows that seniors are high users of the health care system, including the hospital, continuing care, home care, and primary care sectors.¹⁰ Provincial data shows a clear association between older age and the rates of both scheduled and unscheduled emergency department (ED) visits and ED visits for potentially preventable conditions.¹¹ In 2016-17, seniors accounted for approximately 24.6% of

⁶ Health Analytics Branch. Health care experience survey results, January 2013 – September 2016. Ministry of Health and Long-Term Care; 2017.

⁷ Internal analysis up to March 31, 2016 based on Corporate Provider Database (CPDB), Claim History Database (CHDB), Registered Persons Database (RPDB), Client Agency Program Enrolment (CAPE). Accessed June 2016.

⁸ North Simcoe Muskoka LHIN. Ministry-LHIN quarterly Stocktake report, August 2017. NSM LHIN; 2017.

⁹ Access to Care. North Simcoe Muskoka LHIN monthly alternate level of care performance summary, August 2017. Cancer Care Ontario; 2017.

¹⁰ Canadian Institute for Health Information. Health care in Canada 2011 – A focus on seniors and aging. CIHI; 2011.

¹¹ Bronskill SE, Carter MW, Costa AP, Esensoy AV, Gill SS, Gruneir A et al. Aging in Ontario: an ICES chartbook of health service use by older adults. Institute for Clinical Evaluative Sciences; 2010.

all NSM emergency department visits.¹² Seniors also account for a significant proportion of patients designated as ALC; based on data from April-June 2017, seniors aged 65 and older accounted for 85% of patients who were in hospital and designated ALC while awaiting appropriate care.¹³

Older adults designated as ALC continue to wait longer to receive care in an appropriate setting than younger people. Nine out of 10 older adults identified as ALC in hospital were moved to an appropriate level of care within 123 days. Wait times are longest for residential and bedded levels of care; the wait time for long-term care for nine out of 10 of these older adults was 437 days and for supervised or assisted living, nine out of 10 patients waited 128 days.¹⁴

Complexity and Chronic Disease Prevalence

Data indicates that the prevalence of chronic disease in North Simcoe Muskoka is the second highest in the province and that the rate of multiple chronic conditions is increasing over time. Prevalence rates for diabetes, chronic obstructive pulmonary disease, high blood pressure and mood disorders in NSM all exceed those of the province.¹⁵ High blood pressure is the most prevalent chronic condition in the region, followed by arthritis and asthma. Related to this are high rates of health system utilization and increased rates of mortality. In NSM, the rate of avoidable deaths from preventable causes is 148 per 100,000 population, which is significantly higher than the provincial rate of 123 per 100,000. Relative to the province, residents of this region had higher rates of hospitalization for heart attack and stroke.¹⁶

Life expectancy in NSM, at 80.5 years, is one year less than the provincial life expectancy.¹⁷ Contributing to the impact of chronic and complex disease, this region has higher rates of obesity (22.3% versus 20.4%) and smoking (20.7% versus 17.4%) than the province. In this region, nine chronic conditions accounted for more than 60% of all deaths and nearly a quarter of acute hospitalizations in 2013.¹⁸

Based on the Ministry of Health and Long-Term Care's definition, a patient is identified as being complex and chronic if that patient has three or more comorbid chronic conditions. Based on internal analysis of 2013-14 data, the largest proportion of chronic and complex patients in North Simcoe Muskoka are those between 75 and 84 years of age. However, the prevalence of chronic and complex conditions begins to increase after the age of 55. Among chronic and complex patients in North Simcoe Muskoka, the top five most prevalent conditions are hypertension, diabetes, ischemic heart disease, arthritis disorders and pneumonia. Correlating with the prevalence of chronic and complex conditions, perceived good health for NSM is lower than the province (55.3% versus 59.2%).¹⁹

Mental health and addiction conditions are included in the Ministry's definition of chronic disease. Utilization rates for designated mental health beds among North Simcoe Muskoka

¹² Access to Care. ER fiscal year report, September 2017. Cancer Care Ontario; 2017.

¹³ Access to Care. North Simcoe Muskoka LHIN monthly alternate level of care performance summary, August 2017. Cancer Care Ontario; 2017.

¹⁴ Access to Care. North Simcoe Muskoka LHIN monthly alternate level of care performance summary, August 2017. Cancer Care Ontario; 2017.

¹⁵ Canadian Institute for Health Information. Your health system. Accessed September 2017.

¹⁶ Canadian Institute for Health Information. Your health system. Accessed September 2017.

¹⁷ Canadian Institute for Health Information. Your health system. Accessed September 2017.

¹⁸ Health Analytics Branch. Environmental scan integrated health service plans 2016-19. Ministry of Health and Long-Term Care; 2015.

¹⁹ Canadian Institute for Health Information. Your health system. Accessed September 2017.

residents are among the highest in the province. Based on the most recent provincial analysis, the rates of active cases, admissions and discharges per 100,000 population among NSM residents were the second-highest in the province in 2013-14.²⁰ This is consistent with the overall trend of higher utilization rates in LHINs with tertiary psychiatric beds, and may reflect the drift of individuals with severe persistent mental illness to regions with specialized resources. Among active cases in North Simcoe Muskoka LHIN hospitals, short stay, mood disorders, and schizophrenia / psychotic disorders accounted for the largest proportions of patients. NSM also has a significantly higher rate of hospitalization for self-injury than the province (127 per 100,000 versus 64 per 100,000).²¹

Emergency department utilization for mental health and substance abuse conditions in North Simcoe Muskoka is, however, well below the provincial average, which may reflect recent efforts to implement community-based approaches to care in the region.²² The exception to this is emergency utilization for children and youth with mental health or addiction conditions. In 2014-15, the North Simcoe Muskoka LHIN had the third highest ED visit rate in the province for children and youth with a primary diagnosis of mental health or addiction, which may reflect the lack of inpatient mental health services for children and youth at that time.²³

Palliative and End-of-Life Care

According to the most recent data available, there were 4,004 deaths among NSM LHIN residents in 2015-16. Of these, 41.2% occurred in hospital, 19.2% in long-term care settings, 36.1% in the patient's home or a residential hospice, and 3.5% in complex continuing care settings. In the same period, approximately 83.3% of palliative care patients received home care services of some type in North Simcoe Muskoka. Nearly three quarters (74.6%) of NSM LHIN palliative care patients received home service visits from a home and community care agency, while 41.4% of palliative care patients received physician home visits. These rates are all higher in North Simcoe Muskoka as compared to the province as a whole.²⁴

Palliative care patients are more likely than other types of patients to be designated as ALC. Specifically, 13.6% of palliative care patients in the province had at least one ALC day in 2015-16 compared to 3.1% of non-palliative patients who had died. In North Simcoe Muskoka, 16.6% of palliative patients had at least one ALC day versus 2.6% of non-palliative patients who had died. This is of particular importance given the high rate of ALC utilization in the region.²⁵

²⁰ Health Analytics Branch. Environmental scan integrated health service plans 2016-19. Ministry of Health and Long-Term Care; 2015.

²¹ Canadian Institute for Health Information. Your health system. Accessed September 2017.

²² North Simcoe Muskoka LHIN. Ministry-LHIN quarterly stocktake report, February 2017. NSM LHIN; 2017.

²³ Royal Victoria Regional Health Centre (RVH) analysis of 2014-15 National Ambulatory Care Reporting System (NACRS) and 2013 Ministry of Finance data. Accessed July 2016.

²⁴ Ontario Palliative Care Network. Regional profiles tool, version 1.1. OPCN; 2017.

²⁵ Ontario Palliative Care Network. Regional profiles tool, version 1.1. OPCN; 2017.

Ministry and LHIN Initiatives

In consultation with patients, health service providers and other stakeholders, the North Simcoe Muskoka LHIN considered the following four strategic goals of the *Patients First: Action Plan for Health Care*²⁶ in the local context:

ACCESS	Improve access – provide faster access to the right care
CONNECT	Connect services – deliver better coordinated and integrated care in the community, closer to home
INFORM	Support people and patients – provide the education, information and transparency they need to make the right decisions about their health
PROTECT	Protect the public health care system – make decisions based on value and quality, to sustain the system for generations to come

The result of the analysis of local needs in the context of provincial direction led to the identification of three strategic priorities for the North Simcoe Muskoka LHIN's 2016-19 Integrated Health Service Plan:

-  **1.0 Improve Access to Appropriate Care**
-  **2.0 Build Capacity and Enhance Coordination**
-  **3.0 Drive System Sustainability**

From these three strategic priorities, the Annual Business Plan for the North Simcoe Muskoka LHIN was developed. The priorities of the NSM LHIN and the goals that cascade from them reflect both the strategic goals of Patients First and the priorities of the Ministry of Health and Long-Term Care. These priority areas include home and community care, relationships with primary care and public health, community based planning and integration in geographically defined sub-regions, expanded digital health, and capacity building. Equity, quality, community engagement, collaboration and patient centred care continue to be a lens for work now and in the future.

The following is a progress report on the North Simcoe Muskoka LHIN's priorities and achievements of the 2017-18 fiscal year:

Goal 1. Improve Access to Appropriate Care

Alternate Level of Care (ALC)

Following success in improved ALC rates in North Simcoe Muskoka in 2016-17, 2017-18 presented significant challenges to capacity within both acute care and community. In 2017-18 the regional ALC Standardization Task Force (ALC STF) continued to address ongoing implementation of the first two high-priority recommendations from the NSM LHIN ALC Strategy,

²⁶ Office of the Minister, Ministry of Health and Long-Term Care. Patients first: action plan for health care. Ministry of Health and Long-Term Care; 2015.

including a regional ALC Designation Policy and a re-launch of Home First across all regional hospitals with the development of a regional toolkit. Home First is a time-limited program designed to support patients identified as ALC in an acute care hospital to return home with more intense supports to provide additional time for recovery.

Aligned with the provincial ALC Strategy, the North Simcoe Muskoka LHIN was successful in obtaining funding for implementation of the Short-Term Transitional Care Model (STTM) resulting in an expansion of the NSM LHIN Transitional Bed Program into the Barrie and Area sub-region and implementation of Seniors at Home. Seniors at Home base funding supported 60 rent supplements for seniors designated ALC who were low income; 24 of these units were also supported with wrap-around psychogeriatric resources on a 24/7 basis and access to the Specialized Geriatric Services psychogeriatric nurse consultant one day a week.

Telemedicine

Telemedicine growth continues in North Simcoe Muskoka. In 2017, funding letters were provided to three community providers to support the hiring of three additional Telemedicine Nurses in local communities. These resources support seniors, cancer care, acute to community care, and the expansion of services to the south-Barrie/Innisfil area.

- The County of Simcoe will support increased telemedicine utilization across the region's 26 long-term care homes that have OTN systems.
- Royal Victoria Regional Health Centre will work with community and primary care to increase provision of specialty care in the community and to primary care patients.
- Canadian Mental Health Association Simcoe County has also been funded to expand mental health and primary care services in the Town of Innisfil.

The North Simcoe Muskoka LHIN continues to be a provincial leader in the provision of virtual care and ended with a year-end total of 20,319 telemedicine events. By population, NSM LHIN has the third highest number of direct clinical telemedicine events after NW and NE LHIN.

In 2017-18, the Telehomecare team conducted a current state assessment with regard to the program, and made plans to expand adoption by redefining the eligibility criteria and clarifying length of stay requirements. The team also engaged primary care and other providers through an extensive communications plan. Telehomecare was also built into the electronic discharge planning forms of RVH's Meditech system, thereby making referral more streamlined and accessible. A pilot that offered an initial face-to-face visit was also initiated for those patients who were nervous about the technology or needed to establish an initial relationship before engaging. As a result of these efforts, the program saw a significant increase in both referrals and successful enrolments. As of the end of fiscal year 2017-18, NSM LHIN had 824 referrals with 493 enrolments.

eConsult

In 2017-18, the North Simcoe Muskoka LHIN doubled the number of primary care providers registered to participate in eConsult since the program's inception in 2015. This brings NSM's cumulative total to 350 primary care providers registered. Not all registered clinicians are active, however. There is an increase in the number of active registered clinicians, moving from 21% to 23%. This will continue to be an area of focus moving forward. NSM LHIN also saw 11 specialists join this year, bringing the total to 13. Since the program's inception, there have been 464 eConsults received and 48 sent by NSM providers, representing a positive trend upwards. The North Simcoe Muskoka LHIN continues to promote this program and investigate opportunities for expansion.

Opioid and Addictions: New Base Funding

As a component of the recent opioid investments, the Ministry provided \$1.65 million in base funding in NSM on September 26, 2017 to develop programs to target individuals affected by opioid addictions. The number of cases for opioid-related morbidity and mortality within the North Simcoe Muskoka LHIN has increased, with a significant increase in the number of emergency department (ED) visits over the last three years. North Simcoe Muskoka currently ranks third in the province for opioid ED visits. A regional strategy has been developed incorporating a Rapid Access Addictions Medicine (RAAM) mobile program and expanded community treatment and counselling services. These core services are well aligned with primary care, community addictions treatment services and local hospital emergency departments. These targeted investments will create channels for more rapid access to specialized care.

Medical Assistance in Dying

In March 2016, the North Simcoe Muskoka LHIN established a Medical Assistance in Dying (MAID) committee to meet and collaboratively ensure there was a mechanism to disseminate legislative, regulatory and clinical information and to provide education when requested to health service providers and the general public. The committee includes representation from acute care, long-term care, home care, primary care, pharmacy, and hospice and is jointly chaired by palliative care clinical leadership and the LHIN VP Clinical. The NSM LHIN developed and implemented a framework to ensure patients and providers had local support. This was built within the existing palliative care network to ensure all MAID requests had an opportunity, where clinically appropriate, for optimizing palliative care supports. Through this work, all participating organizations have consistent MAID policies in place and a venue for system level debriefs of challenging cases. Leveraging formal and informal clinical networks, the LHIN was able to ensure that barriers to MAID provision were identified and managed. In 2017, the committee recognized the central role that LHIN-delivered home care services was playing in coordinating and supporting MAID deaths. The framework has successfully been embedded into home care services. Approximately 85% of the MAID cases reported within North Simcoe Muskoka have been coordinated through this local system. A committed number of local assessors and providers have been supporting MAID requests, in NSM and neighbouring communities, through an informal network. This network of providers continues to expand and is evolving towards a more formalized community of practice.



Goal 2. Build Capacity and Enhance Coordination

Transitional Bed Pilot Program

A pilot Transitional Bed Program was implemented with Helping Hands in the 2015-16 fiscal year, and in 2016-17 the program was expanded from six beds to nine with preliminary data demonstrating the positive impact to system pressures, particularly in acute care. Building on the successes of previous years, in 2017-18 the North Simcoe Muskoka LHIN submitted an Expression of Interest to the Ministry's Short-Term Transitional Care Model (STTCM) and was successful in obtaining one-time funding to support an expansion of this program into the Barrie and Area sub-region. Although challenges were experienced in the implementation of these 12 beds in Barrie and Area, they were opened at the end of Q3, and continued to support acute capacity challenges throughout Q4. Currently, there are 27 total transitional beds operated by Helping Hands in North Simcoe Muskoka; 12 in Barrie and Area, and 15 in the Couchiching sub-region. There is a consistent wait list for these beds, with an average length of stay of

approximately 41 days. The Ministry's STTCM program was a component of the provincial ALC strategy and is being evaluated at a provincial level. The NSM LHIN will continue to work with the Ministry on the evaluation of this project and its impact on system pressures.

ConnectingOntario/eConnect

Organizations within North Simcoe Muskoka are both contributing to and viewing ConnectingOntario data. In 2017-18, the Barrie Community Health Centre went live for viewing bringing the total number of viewing organizations to seven. On the contributing side, Waypoint went live with ConnectingOntario along with Ontario Shores in Central East. Now three of the province's four mental health acute care facilities are Connecting Ontario contributors. Three hospitals in NSM have paused their implementation of ConnectingOntario. Discussion continues between the hospitals and the LHIN, eHealth Ontario and Sunnybrook Hospital to resolve the hospitals' concerns.

In parallel, long-term care homes using Point Click Care as their point of care (POC) system have been approached by eHealth Ontario for full integration to the Clinical Viewer. The Digital Health team will host a full demo and engagement session planned for the beginning of 2018-19 with NSM long-term care homes to advise of the opportunity for integration with this critical provincial asset.

Musculoskeletal (MSK) Initiatives

In 2017-18, the North Simcoe Muskoka LHIN began to redesign the current Central Intake and Rapid Access Clinic (RAC) for Hip and Knees. By doing so, there will be an anticipated increase in efficiencies and a decrease in Wait 1A and Wait 1B. The introduction of a referral management system (not to be confused with e-referral) for all MSK referrals has begun. Spine surgery is not a service available within the NSM LHIN; however, in collaboration with Primary Care access to Low Back Pain, RACs are planned for implementation by March 2018-19 in each of the five North Simcoe Muskoka sub-regions.

Child and Youth Mental Health Program

In November 2016, the Ministry of Health and Long-Term Care announced a \$3.2 million investment in annual operating funds for a regional Child and Youth Mental Health program in NSM. The investment enabled Royal Victoria Regional Health Centre (RVH) to establish a comprehensive regional program, including an eight-bed inpatient unit and a day hospital program that has capacity for approximately 3,000 outpatient visits annually. This program addresses a significant gap in that North Simcoe Muskoka was the only LHIN in the province without dedicated inpatient beds for children and youth with acute mental health issues. Services provided through the new program began in Q4 of 2017-18, and include prevention and health promotion, assessment, and specialized treatment based on individual needs ranging from moderate to severe and complex conditions. The program increases services available in the region, helps to reduce wait times for children and youth suffering from mental health challenges and ensures that high-quality mental health treatment can be accessed in one location.

Palliative Care

Efforts continued to support Hospice Huronia and Mariposa House with the establishment of 10 new residential hospice beds in the Couchiching and North Simcoe sub-regions.

The Regional Palliative Care Network (RPCN) Steering Committee continued to guide the planning for a high-quality hospice palliative care system aligned with the Ontario Palliative Care Network (OPCN), established in the 2016-17 fiscal year. In 2017-18, the North Simcoe Muskoka RPCN worked to complete a guiding framework for the Steering Committee and the RPCN. In alignment with the release of the OPCN's *Three Year Action Plan* and the North Simcoe Muskoka RPCN's *Strategic Framework*, the North Simcoe Muskoka RPCN met with all sub-regional community groups to identify sub-regional deliverables to support the three strategic priorities.

The North Simcoe Muskoka LHIN provided the Barrie Area Native Advisory Circle (BANAC) one-time funds in 2017-18 to support their project entitled, "Towards Reconciliation - An Indigenous Focused Palliative Care and Education Mobile Outreach Project in North Simcoe Muskoka." This project was in response to a Ministry Expression of Interest to support homeless and vulnerably housed individuals with appropriate palliative care. BANAC's submission was developed to meet the palliative pain and symptom management needs of the Indigenous homeless and vulnerably housed with advanced life-limiting illness. This proposal presents the concept of a Nurse Practitioner-led mobile outreach approach, with the intention to emulate the program developed and implemented by Dr. Naheed Dosani through the Palliative Education and Care for the Homeless (PEACH) project. This team will have the capacity to establish trusting relationships with those they serve contributing to the collective healing process of the Indigenous community as a whole. Additional funds will continue to support this project in the 2018-19 fiscal year.

eReferral from Acute to LTC/Home and Community

Electronic Referrals are now being sent from the Meditech systems of Royal Victoria Regional Health Centre, Collingwood General and Marine Hospital, and Georgian Bay General Hospital. Orillia Soldiers' Memorial Hospital and Muskoka Algonquin Healthcare have developed the provincial form in their system, and are now using the interface specifications to build their Cerner interface. Electronic referral enables hospital referrals to be sent electronically to NSM LHIN for timelier access to service for patients. North Simcoe Muskoka's eReferral solution includes unique functionality as a two-way platform, and will be implemented across all acute care sites.



Goal 3. Drive System Sustainability

Muskoka and Area Health System Transformation Council

The North Simcoe Muskoka LHIN continues to build on the foundation of Muskoka & Area Health System Transformation (MAHST) recommendations. A LHIN 'triad' has been established to support the development of a more integrated network of care within Muskoka, beginning with the MAHST recommendations focused on improving patient-centred care. This is part of the continuing work of the North Simcoe Muskoka LHIN Sub-region Transformation to allow the NSM LHIN to better plan, integrate, and improve the performance of local health services.

Simcoe Muskoka Opioid Strategy

Through the Simcoe Muskoka Alcohol and Other Drug Strategy, the North Simcoe Muskoka LHIN and Simcoe Muskoka District Health Unit (SMDHU) worked during the year to develop a

comprehensive regional opioid strategy, in alignment with the federal and provincial “Pillar” approach. This approach coordinates and prioritizes efforts within a comprehensive strategy inclusive of surveillance, prevention, treatment, harm reduction and enforcement, as well as the development of a mass overdose plan. The final strategy report is expected in July 2018. Work continues through this collaboration to enhance current initiatives and respond to evolving opportunities. The steering committee is working to include the perspectives and advice of people with lived experience.

Health Based Allocation Model Working Group

Under Health System Funding Reform (HSFR), the Ministry provides limited funding for NSM hospitals to provide Quality Based Procedures (QBPs), such as hip and knee replacements, cataract surgery, and stroke care. Hospitals completed the QBP provincial assessment survey, which indicated most hospitals have fully-implemented and adopted the provincial guidelines, or are in progress. The ongoing work to further advance the implementation of QBPs continues with providers sharing best practices at HSFR local partnership committees.

Quality Based Procedures Optimization

As one component of Health System Funding Reform (HSFR), a portion of hospital funding is allocated using the Health Based Allocation Model (HBAM), which is an evidence-based formula that uses demographic and clinical data to inform funding to support the delivery of patient care.

Critical Care

The advancement of critical care services continues within the North Simcoe Muskoka LHIN. In 2017, all acute care organizations joined in the development and signing of the North Simcoe Muskoka Regional Critical Care Collaboration Accountability and Authority Framework that identified RVH as the lead agency for the region. This led to the establishment of the Regional Critical Care Steering Committee and a Clinical Practice Working Group. Sharing of management resources, best practice and cross-organizational education and training opportunities demonstrates the growth of collaboration and is considered the highlight of 2017-18.

Emergency Department

It is noted that the North Simcoe Muskoka LHIN has a higher rate than the provincial average of emergency visits for conditions best managed elsewhere. System-wide work on Emergency Department (ED) diversion strategies and public communication are underway, particularly as they pertain to surge planning. The ED and Surge working groups work with primary care to ensure that patients have available options for primary care throughout the year and particularly in the holiday season. Both the Simcoe Muskoka District Health Unit and the County of Simcoe participate in these discussions. Learning from past experiences, the LHIN initiated the development of a regional surge plan in 2016-17, and a NSM LHIN Surge Capacity Planning and Management Policy for health service providers was developed in 2017-18. The creation of this overarching document is foundational and provides direction regarding a standardized approach to planning and capacity management at an organizational, sub-regional and regional level within all sectors of the health system in NSM. Each sub-region has been advised of resources available and assistance will be provided to create sub-regional plans in 2018-19.

eNotification

eNote ensures acute care sites send reports to primary and home care to notify when a patient is discharged from the emergency department, or admitted or discharged from an inpatient unit. NSM LHIN has an adoption rate of 14% as of March 2018 with RVH as the only hospital sending eNotifications. While we are below the provincial adoption rate of 33%, Muskoka Algonquin Healthcare and Collingwood General and Marine Hospital have agreed to add eNote to their roadmaps for 2018-19. Georgian Bay General Hospital and Waypoint Centre for Mental Health Care have also expressed interest in the project.

EMR Adoption

North Simcoe Muskoka continues with the second highest EMR adoption rate in the province at 88%, versus the provincial adoption rate of 80%. In fiscal year 2017-18, the Digital Health Team worked to build strong relationships with all primary care providers. Primary care organizations looking at technology opportunities are encouraged to integrate, expand existing systems, and reduce EMR instances. Fewer EMR instances and reduced variability puts local primary care practices in a better position to take on provincial pilots and reduces the number of integrations that are required to connect to both local and provincial assets. The Georgian Bay Family Health Team in the South Georgian Bay sub-region purchased a new server in 2018 to further extend their mature and integrated Practice Solutions EMR to an additional five midwives and three OB/GYN, one general surgeon and one orthopedic surgeon. Additionally, the Couchiching Family Health Team (FHT) worked towards extending their Practice Solutions System to Care Coordinators, internists, and geriatricians within the emergency department at Orillia Soldiers' Memorial Hospital.

The North Simcoe Muskoka LHIN is moving forward as one of the early adopter communities for PrescribeIT, an initiative led by Canada Health Infoway to integrate primary care EMRs with Pharmacy systems. There has always been a great deal of enthusiasm around electronic prescribing since NSM's Georgian Bay FHT was one of the pilot sites for ePrescribing in 2009. Since that time they have sent 1.6 million prescriptions through the system. In the summer of 2017, the Algonquin FHT was one of two initial pilot sites for Infoway's PrescribeIT. Discussions between the NSM LHIN and Canada Health Infoway have resulted in an expedited process to onboard NSM LHIN primary care providers for equitable roll-out across the LHIN. The Couchiching FHT, Cottage Country FHT, North Muskoka Nurse Practitioner Led Clinic, CHIGAMIK Community Health Centre, Barrie Community Health Centre and the Huronia Nurse Practitioner Led Clinic have expressed interest in on-boarding.

Health Links Community of Practice

North Simcoe Muskoka has a Community Health Link in each of its five sub-region geographies. In 2017-18, more Coordinated Care Plans were developed across the five North sub-regions than ever before, meaning more patients have benefited from the Health Links approach to care than in any other year to date. In 2017-18, 2,390 patients across North Simcoe Muskoka had Coordinated Care Plans from their respective Health Link.

To assist with alignment and maturity of the Health Links approach to care, the Health Links Maturity Model — a road map for achieving population impact at scale — was developed by Health Quality Ontario, the LHIN Health Link leads, and Health Link partner organizations. The Health Link Maturity Model comprises four key domains:

- 1) Identification of Complex Patients;
- 2) Coordination of Care;
- 3) Patient-Centred Care; and

4) Measurement and Continuous Performance Improvement.

Maturity in each domain is assessed based on a five-level scale:

- 1) Start Up;
- 2) Evolving;
- 3) Functional Excellence;
- 4) Integrated Excellence; and
- 5) Population Impact at Scale.

The Maturity Model outlines exactly what the Health Links approach to care is trying to accomplish across the province and will inform ongoing surveys in order to evaluate each Health Link's progress towards a mature state.

The three Health Link Network Organizations on the provincial Coordinated Care Tool have now been moved off in preparation to onboard onto the Health Partner Gateway (HPG) solution in the LHIN's CHRIS system. A project team of NSM LHIN was been created to develop processes and training in CHRIS/HPG for on-boarding Health Links Network Organization. The next steps require all organizations that wish to be part of their area's coordinated care planning for patients to complete a list of requirements from Health Shared Services Ontario and demonstrate their adherence to provincial privacy and security policies. The Muskoka Health Link has volunteered with two organizations to be the first group to onboard to the platform.

Digital Health (eHealth) Sub-Regional Profiles

Work began in 2017-18 to standardize primary care elements of the sub-regional profile. A draft has been created and is being further refined in partnership with Health Force Ontario. It has also been shared with the Central LHIN as a preliminary example of the data being collected. Specific version information, physical locations of practices, numbers of separate servers and instances across primary care groups will inform how projects requiring EMR integration can be rolled out. Work also continues to strengthen ties with select EMR vendors that have market share in the region, and with local OMD Practice Consultants.

Capital Planning

In 2017-18, all of the acute care hospitals in North Simcoe Muskoka were involved in a capital project of some nature as described below:

- Collingwood General and Marine Hospital received a capital planning grant of up to \$500,000 to support the early stages of their redevelopment planning process.
- Orillia Soldiers' Memorial Hospital completed an 'own funds' renovation project to renovate the hospital's Neonatal Intensive Care Unit.
- Muskoka Algonquin Healthcare is currently engaged in the early stages of redevelopment and received a capital planning grant of up to \$1 million dollars.
- Georgian Bay General Hospital is focused on modernizing specific program areas and also received up to \$500,000 as a capital planning grant to support the early stages of their work.
- Royal Victoria Regional Health Centre opened an eight-bed inpatient Child and Youth Mental Health Unit to support the needs of the NSM region. RVH also opened the Advanced Cardiac Stand-Alone Primary Percutaneous Coronary Intervention Unit.
- Waypoint Centre for Mental Health Care and CHIGAMIK Community Health Centre are engaged in a joint community capital project. CHIGAMIK will move all programs from its current location to the new site in downtown Midland. Waypoint will move specific ambulatory programs to the same location.

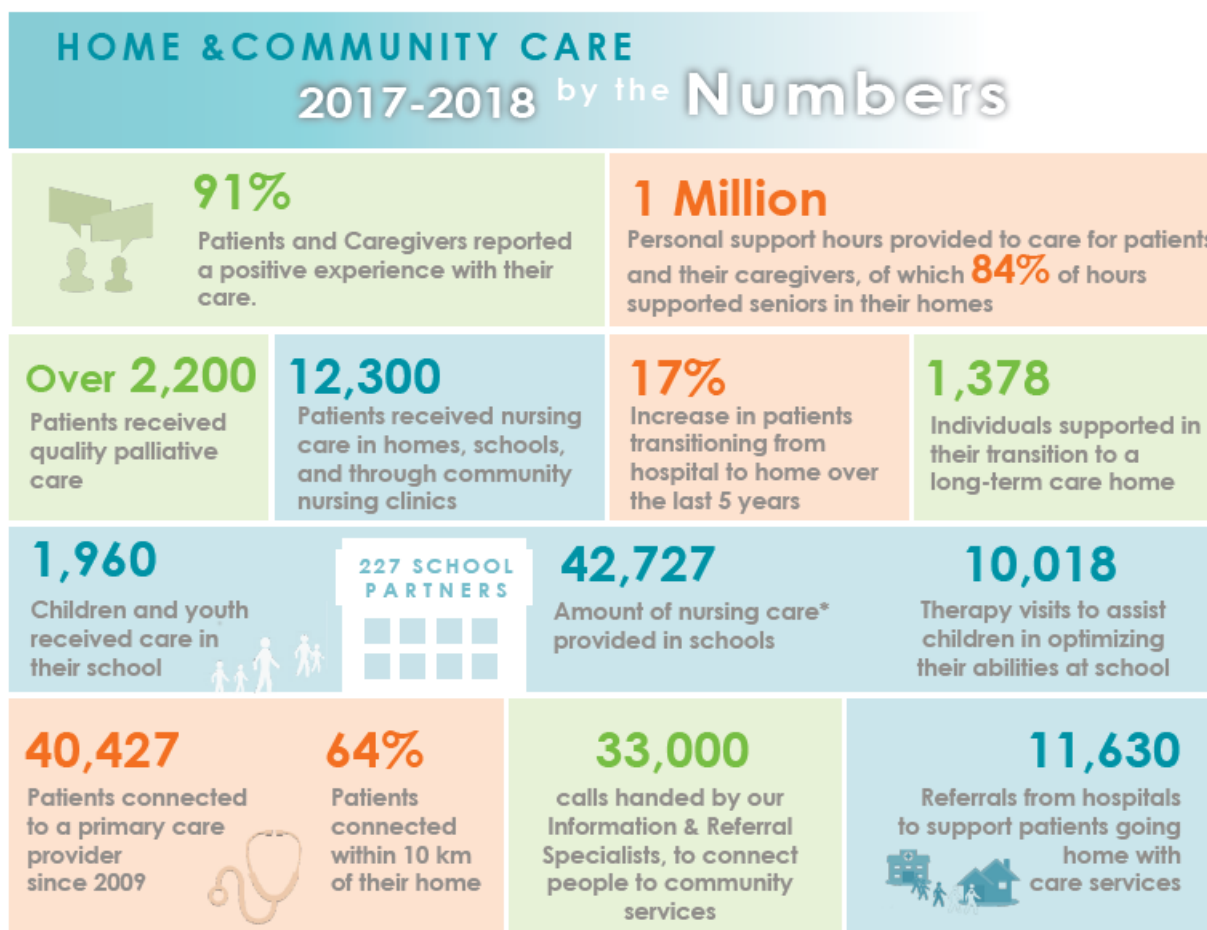
- South Georgian Bay Community Health Centre is working through the newly introduced community capital process to develop its new build adjacent to the current location in Wasaga Beach.
- The Canadian Mental Health Association – Muskoka Parry Sound is working through the later stages of the redevelopment process and received approval to go to tender.
- The Canadian Mental Health Association – Simcoe County received funding through the Community Infrastructure Renewal Fund to improve accessibility at several of its locations.

2017–18 Mandate Letter Priorities

Minister's Mandate Letter Priorities	LHIN Progress on Priority	Page
Transparency and Public Accountability	Annual Care Connections Forum	p.21
Improve the Patient Experience	Medical Assistance in Dying Committee	p.13
	Residential Hospice Beds	p.15
	The Regional Palliative Care Network	p.15
	Towards Reconciliation – An Indigenous Focused Palliative Care and Education Mobile Outreach Project	p.14
	Patient Family Advisory Committee	p.20
Build Healthy Communities Informed by Population Health Planning	Muskoka and Area Health System Transformation Council	p.15
	Digital Health Sub-Regional Profiles	p.18
	Regional Palliative Care Network at the Sub-region Level	p.15
	Indigenous Engagement in Sub-region 'Triad' Establishment	p.24
Equity, Quality Improvement, Consistency and Outcomes-Based Delivery	Indigenous Health Partnership Event	p.23
	Indigenous Engagement	p.24
	Francophone Engagement	p.25
	French Language Services Community of Practice (FLS COP)	p.25
	Indigenous-specific Opioid Addiction Framework	p.21
	Chippewas of Rama Patient Navigator	p.25
Primary Care	Sub-regional 'Triad' Formation	p.6
	Health Links Community of Practice	p.17
	Indigenous Inter-professional Primary Care Team	p.25
Hospitals and Partners	Home First Initiative Re-Launch	p.12
	ALC Standardization Task Force	p.12
	Transitional Bed Pilot Program	p.13
	Health Based Allocation Model Working Group	p.16
	Regional Critical Care Collaboration Accountability and Authority Framework	p.16
	Regional Surge Plan	p.16
Specialist Care	Musculoskeletal (MSK)	p.14
Home and Community Care	Personal Support Capacity Issues	p. 21
	Service Offer Process for Community Nursing and Complex Personal Support Referrals	p.27
	Process to Reduce Wait Time from Patient Application to Authorization for Personal Support Services	p.29
Mental Health and Addictions	Rapid Access Addictions Medicine Clinics: New Base Funding	p.13
	Child and Youth Mental Health Program	p.14
	Simcoe Muskoka Opioid Strategy	p.16, p.21
	Youth Hub Meeting	p.23

	Community Partners with Schools Meetings	p.25
Innovation, Health Technologies and Digital Health	Telemedicine growth in North Simcoe Muskoka	p.12
	eConsult	p.12
	ConnectingOntario/eConnect	p.14
	eReferral from Acute to LTC/Home and Community	p.15
	eNotification	p.17
	Electronic Medical Records (EMRs)	p.17
	Digital Health Sub-Regional Profiles	p.18

Home and Community Care



* nursing care represents visits and hours

In the 2017-18 fiscal year, over 27,800²⁷ people received the care they needed through the Home and Community Care team, and on an average day, services in the home touched over 2,950 people of all ages across the region. More than one million personal support hours were provided in the form of bathing, activities of daily living, and caregiver respite. The North Simcoe Muskoka LHIN received over 11,600 referrals from hospitals to support patients going home with care services, which corresponds to a 17% increase in patients transitioning from hospital to home over the past five years.

²⁷ All patient program and service statistics are based on 2017-18 fiscal year end.

Over this past year, 1,960 children and youth received care in their school and the North Simcoe Muskoka LHIN home and community care services provided 10,018 therapy visits to assist children in optimizing their abilities at school.

The NSM LHIN continued in fiscal 2017-18 to take major steps with its home and community care and long-term care partners to address existing and expected future challenges to providing patients with access to personal support services. The focus of this work is to ensure support for individuals to remain in the community for as long as possible. The NSM LHIN understands personal support services are pivotal to ensuring patients and families receive care when they need it, and where they want to receive it.

The NSM LHIN released an information-gathering report in the fall of 2017: [Personal Support Services: Examining the Factors Affecting the Gap between Supply and Demand in North Simcoe Muskoka](#). It summarizes key findings about the gap between the need for personal support services and the supply of personal support workers across the region in the community support service (CSS) sector, the home care sector, and the long-term care sector. This report was a key input into a planning forum held November 9, 2017 in Barrie where key stakeholders participated in collectively identifying local actions.

A second report — [the NSM LHIN PSW Capacity Report – Phase 2](#) — was released in spring 2018 which linked the key findings from Phase One with the priorities for action.

Engaging with Purpose

NSM LHIN Patient Family Advisory Committee (NSM LHIN PFAC)

The NSM LHIN PFAC came together in March of 2015. The group continues to provide key input and strategies on many important initiatives such as Seniors Geriatric Services (including Clinical Design), Personal Support Services (PSS) Implementation Initiative leading to the design of the 'One Sector' initiative, and the direction of the NSM LHIN's work (through Visioning Days, Integrated Health Service Plan, and Annual Business Plans).

Following the sharing of a Provincial Terms of Reference with all LHIN PFACs, the North Simcoe Muskoka LHIN PFAC met to customize and ratify the Terms of Reference for their own use locally.

Fiscal 2017-18 ended with refreshing membership and bringing on new people from across the five sub-regions of North Simcoe Muskoka. These are individuals with unique backgrounds and experience with local health care who are passionate about working together to improve the health care journey for our residents, their caregivers and loved ones.

Partnering with Health Care and Community Partners

Annual NSM LHIN Care Connections Forum - April 5, 2018

This year, the Annual NSM LHIN Forum focused on local priorities and initiatives. The theme was ***Our Formula for System Transformation in NSM: Collaboration + Innovation = Improvement***. Plenary and breakout sessions prioritized key issues of importance to residents and care providers - our stakeholders within the NSM region, and included the following topics:

- *A Rising Tide: Stemming the opioid crisis from multiple perspectives;*
- *Future Care: Collaborating to tackle tough issues in North Simcoe Muskoka;*
- *Bioethics: Taking on the prickly issues on our doorstep; and*

- *Building a senior-friendly system: Preventing and managing chronic disease.*

More than 250 attendees interacted with local and provincial experts to brainstorm, share-knowledge and work together to create improvement within our communities and system-wide.

NSM Opioid Strategy

On May 25, 2017, NSM LHIN's Vice-president, Clinical, Dr. Rebecca Van Iersel, and Director of Planning & Integration, Chris Brens, gathered colleagues from across the region to initiate the development of a regional opioid strategy. Participants identified strengths, opportunities and the potential for collaboration.

Following initial development, in partnership with the Ontario College of Family Physicians, the NSM LHIN held an Opioid Education Session on March 23, 2018 for health care professionals in North Simcoe Muskoka. Experts from across the region and province shared best practices and expertise to improve care locally.

In response to feedback received from the Aboriginal Health Circle, an Indigenous-specific Opioid Addiction Framework was developed and will complement and support partnerships and cultural safety in the Simcoe Muskoka Opioid Strategy.

Simcoe Municipal Advisory Table

The Simcoe Municipal Advisory Table was a pilot over a 17-month period from February 2017 to June 2018, partnering the County of Simcoe, NSM LHIN and municipalities and counties from across North Simcoe Muskoka. The goal of this Advisory group was to:

- Establish key planning principles and common vision for local transformation initiatives;
- Develop a base understanding of the global and sector-specific funding models;
- Provide strategic advice and recommendations on the advancement of local initiatives to achieve health care system transformation;
- Help support the alignment of all initiatives with both local and system priorities; and
- Establish appropriate and effective collaboration.

An evaluation will take place regarding the effectiveness of this new forum for future consideration.

Critical Care Information System (CCIS) Education Session

Ontario's Critical Care Information System (CCIS) Educators from CitiCall presented at the NSM LHIN as part of the province-wide Education Programs. North Simcoe Muskoka was one of the first LHINs to participate in an education needs assessment in April/May 2017 and one of the first to receive the updated education on June 7. Goals included:

- Promoting CCIS data entry completeness, timeliness and quality;
- Enhancing awareness of the educational resources that the CCIS training team provides; and
- Highlighting the potential of CCIS data to contribute to quality patient outcomes.

Managers and front-line staff from several partner organizations had the opportunity to share information with colleagues about their units via poster board.

Telemedicine Planning Meeting

One June 13, 2017, Telemedicine Coordinators and their managers were brought together by the NSM LHIN's Director of eHealth to discuss telemedicine opportunities, as it is a Ministry mandate. Discussion and presentation points included:

- Creating a telemedicine regional planning structure and deliverables for 2017-18;
- New innovations and technology included facilitated discussion re: opportunities in mental health, chronic disease, palliative care, primary care, chronic disease management, and ortho and surgery;
- eConsult was demonstrated live (by OntMD); and
- An overview of NSM's Telehomecare Program was provided.

There was also discussion on the current use of telemedicine in our region, how organizations were utilizing it, as well as opportunities and suggestions for improvement.

Indigenous Health Partnership Event

The Barrie and Area Native Friendship Centre invited their health care and community partners to hear more about the many services they provide. Discussion included the variety of programs provided by the Friendship Centre, funding, participating in sub-regional planning and further opportunities for partnership.

Attendees saw the facilities, staff and programs available to Barrie and area community members, and had a great opportunity to learn and network to enhance future collaborations.

Youth Hub Meeting

The NSM LHIN partnered with local health care and community partners, clients and caregivers on July 14, 2017 to brainstorm and discuss what integrated youth service hubs could look like in our region. These hubs will be places where people aged 12-25 can receive walk-in, one-stop access to mental health and addictions services, as well as other social and employment supports—all under one roof.

Community Stroke Partners

On September 26, 2017 the Central East Stroke Network invited clients, caregivers and stroke service providers to an event to share information on services available to assist clients who have had a stroke or have similar care needs. The North Simcoe Muskoka LHIN provided an overview of www.nsmhealthline.ca and the library of information it holds that is helpful to both the public and health care professionals.

Connecting with Our Communities: Events Across North Simcoe Muskoka

The North Simcoe Muskoka LHIN received requests year-round for staff to speak at local events or meetings. These were opportunities for us to meet with residents of North Simcoe Muskoka to share information about what we do as well as gather valuable feedback that continues to inform our work. This past year, we engaged with over 1,800 people at the various events we participated in, and many more via an online survey. We also provided printed information at the request of health care partners and stakeholders such as the Alzheimer Society of Simcoe County, Georgian Village, clubs, and counties and municipalities of North Simcoe Muskoka for various meetings and events.

Throughout 2017-18, the North Simcoe Muskoka LHIN attended events such as seniors' days, wellness fairs, themed days hosted by hospitals, and service-group/club meetings to provide information about local health care services, provincial priorities, transitioning from hospital to

home, and planning for long-term care. Typical community events in North Simcoe Muskoka range from 30-300 attendees.

The 2017-18 fiscal year also served as an opportunity to launch a survey which gathered resident input to inform the 2019-22 Integrated Health Service Plan, the North Simcoe Muskoka LHIN's three-year strategic plan.

Indigenous Engagement

Given the significant Indigenous population in North Simcoe Muskoka, the LHIN has continued to actively engage with First Nations, urban Indigenous communities and Indigenous health service providers to ensure the traditions and unique cultural needs of this population are honoured and incorporated in system planning. The NSM LHIN makes concerted efforts to have individuals who identify as Indigenous participate on all LHIN planning and engagement groups. Over the course of the 2017-18 fiscal year, Indigenous leadership participated in the hiring process of the physician leads in all five LHIN sub-regions. Planning tables continue to actively seek representation and inclusion of First Nation and Urban communities.

Aboriginal Health Circle (AHC) Meetings

The Aboriginal Health Circle serves as the planning voice of the Indigenous community representing the interests of urban, rural and First Nations communities in the region. AHC meetings are attended by the LHIN, and are a valuable opportunity for the LHIN to learn more about health concerns, issues and priorities of the communities in North Simcoe Muskoka in order to inform system planning and ensure culturally safe systems across the region. The NSM LHIN informs the AHC of any opportunities for indigenous participation in regional initiatives or funding.

Aboriginal Health Forum

The Aboriginal Health Forum, held March 29, 2017 explored health issues across the life cycle through interactive workshops, key note speakers, and community discussion. Participants gained a better understanding of the holistic perspective of health, wellness, and Mino'Bimaadziwin (meaning "The Good Life"). The forum was attended by health care partners, the North Simcoe Muskoka LHIN, and members of the community. Its strong attendance increases the visibility of the Indigenous community in health care.

Meetings with First Nation Band Councils

The Aboriginal Health Circle and the NSM LHIN CEO, Board Chair, and Indigenous Health Lead have annual meetings with the leaders of the four First Nations communities in North Simcoe Muskoka: Beausoleil, Chippewas of Rama, Wahta Mohawk, and Moose Deer Point.

The purpose of these engagements is to improve health equity and outcomes for the First Nation, Métis, and Inuit (FNMI) populations. Relationships are continually being built and strengthened to ensure the FNMI community is engaged in health system improvement. Emerging issues can be identified, and feedback can assist with removing barriers in support of equitable access to care. These sessions also facilitate improved understanding of existing regional, provincial, and federal health planning and service delivery within the FNMI community. Continued involvement and engagement of NSM LHIN Indigenous residents in system planning is crucial.

In 2017-18, engagements with local communities identified the need to improve knowledge and understanding of FNMI history and culture through education and training for all health service providers, including the LHIN.

To date, the LHIN has supported over 208 participants in completing Indigenous Cultural Safety training. Additionally, NSM LHIN Board and senior leadership have completed the training, as well as 40 Home and Community Care front-line staff. Cross Cultural Awareness Training (CCAT), Truth Reconciliation Commission of Canada Calls to Action and Southwest Ontario Aboriginal Health Access Centre (SOAHAC) Roots of Tolerance were delivered to over 400 health service providers across the NSM LHIN.

In June 2017, the Ministry of Health and Long-Term Care invited Indigenous organizations to apply for funding to develop and implement an Indigenous Inter-professional Primary Care (IIPC) team. The NSM LHIN participated in discussions with Indigenous communities which led to the development of a proposal by BANAC, endorsed by the Aboriginal Health Circle.

In December 2017, one-time funding was allocated to Chippewas of Rama for a second Patient Navigator to support, advocate, facilitate and coordinate access for Indigenous patients and their families.

The North Simcoe Muskoka LHIN continues to work with its partners and promote health equity and enable access to appropriate and culturally safe care.

Francophone Engagement

In North Simcoe Muskoka, eight identified providers and one partially designated provider offer health care services in French across our region. Continued partnership with the French Language Health Planning Entity (Entité 4) is key in advancing the LHIN's priority of meeting the needs of the Francophone community. The primary role of Entité 4 is to support the engagement of the Francophone population by soliciting feedback regarding health needs and priorities, health services available, and the potential identification of organizations for French Language Services (FLS). Feedback from the community can then be used as the foundation for informed, evidence-based, and patient-centred planning.

The Guide to French Language Health Services (FLHS), released in November 2017, was developed in collaboration with the LHINs and the French Language Health Planning Entities to help strengthen health system performance and accountability, and support improved reporting on how FLHS are being developed across the province.

NSM French Language Services Community of Practice (FLS COP)

The FLS COP consists of all NSM French language identified and designated health service providers in the region. Organizations that are not LHIN-funded are also represented. This Community of Practice collaborates to share best practices, policies, resources, and lessons learned. In doing so, they enable the work of building and supporting FLS across the region. At the same time, the North Simcoe Muskoka LHIN leverages the expertise of the group to overcome barriers and gaps which have been identified in an effort to assist in improving LHIN-wide service provision.

Community Partners with Schools (COMPASS) Meetings

In 2017-18 meetings occurred monthly, and were attended by elementary and secondary school representatives and community mental health service providers to enhance healthy child and youth development, and to reduce social, emotional, or behavioural barriers to learning. The

North Simcoe Muskoka LHIN French Language Services Coordinator is also linked to these groups to improve relationships with Francophone community organizations, school boards. These partnerships support the development of French language mental health and addiction services for Francophone youth.

Health Service Providers FLS Committees

These meetings are attended by key stakeholders within health care organizations as well as members of the community, Entité 4, and the NSM LHIN French Language Services Coordinator. Implementation and delivery of French language services should be integrated into the day-to-day operations and culture of health service providers. By-laws, policies and procedures, communication strategies, and planning processes are reviewed for their fit with French language services. This committee supports the implementation of these actions and deliverables in order to improve knowledge of requirements regarding FLS and the needs and concerns of Francophone clients/residents.

Local Community Engagements

The North Simcoe Muskoka LHIN continues to work closely with Entité 4 to maintain and enhance existing collaborative working relationships, and to engage the Francophone community. Entité 4 plays a key role in addressing the needs of the Francophone community by partnering with and advising the LHIN on how to overcome existing barriers. This work improves accessibility to French language services in the region.

In 2017-18 CHIGAMIK Community Health Centre, in collaboration with the North Simcoe Muskoka LHIN and Entité 4, submitted its application for a partial-designation to the Ministry of Health and Long-Term Care.

Improved access to FLS requires concerted efforts by all major stakeholder groups, including LHINs, health service providers, health care professionals, political decision-makers, training institutions and communities. Entité 4 works collaboratively with the LHIN to ensure a Francophone perspective is included in the planning and integration of health services in the region. A joint action plan among the North Simcoe Muskoka, Central, and Central East LHINs and Entité 4 has been developed to improve access to the right French language care, at the right place and at the right time within the following priority sectors: care for seniors, mental health and addiction services, primary care, and patients with chronic conditions. Entité 4 is represented at NSM LHIN planning tables aligned with the priority sectors identified above and at NSM's Leadership Council, which helps in ensuring that issues relevant to the Francophone population are reflected in the LHIN's planning.

The North Simcoe Muskoka LHIN continues to provide FLS in compliance with the French Language Services Act, including local FLS obligations in service accountability agreements of identified and designated providers. The LHIN requires all health service providers (including contracted service providers), to submit an annual FLS report, which is based on the criteria developed by the Office of Francophone Affairs. The LHIN uses this information to assess health service provider capacity to offer and plan for the provision of services based on community need.

The NSM LHIN and Entité 4 have maintained a strong working relationship and have pursued a number of collaborative initiatives aligned with the joint action plan. In 2017-18, there was collaboration among the three Community Health Centres (CHCs) in the NSM LHIN region (CHIGAMIK, Barrie, South Georgian Bay) to improve access to French Language Services (FLS) for Francophones accessing services in our communities.

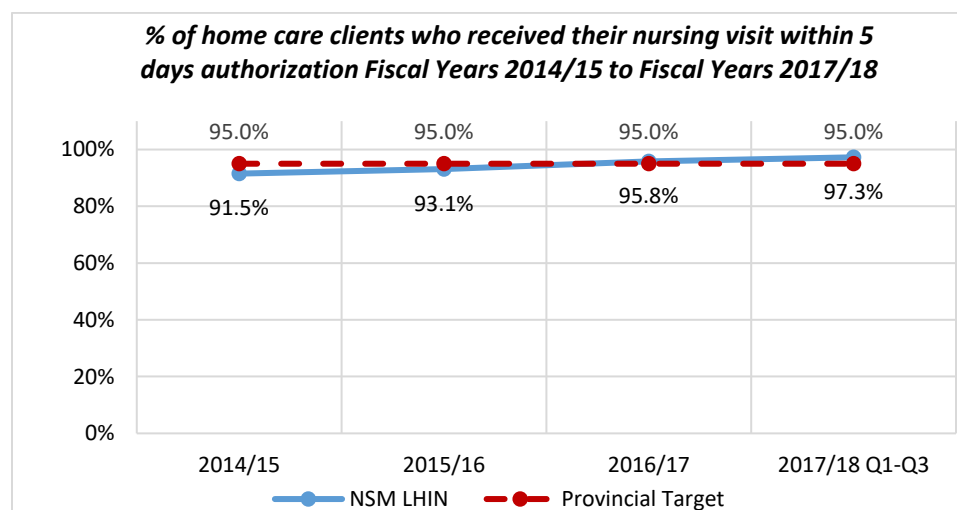
Entité 4, in partnership with NSM LHIN, continues to support Health Service Providers (HSPs) to implement Active Offer of French Language Services and specifically, to encourage HSPs to identify Francophone clients. A pamphlet was developed and distributed throughout the LHIN to remind HSPs why it's important to identify Francophone patients. The pamphlet contains information on the linguistic variable to help standardize methods to identify clients throughout the LHIN.

Ministry-LHIN Accountability Agreement Performance Indicators

Home and Community Care

There are four indicators relating to timely access to Home and Community Care. Three of them have targets, while the last has yet to be set. The Home and Community Care indicators are:

Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services



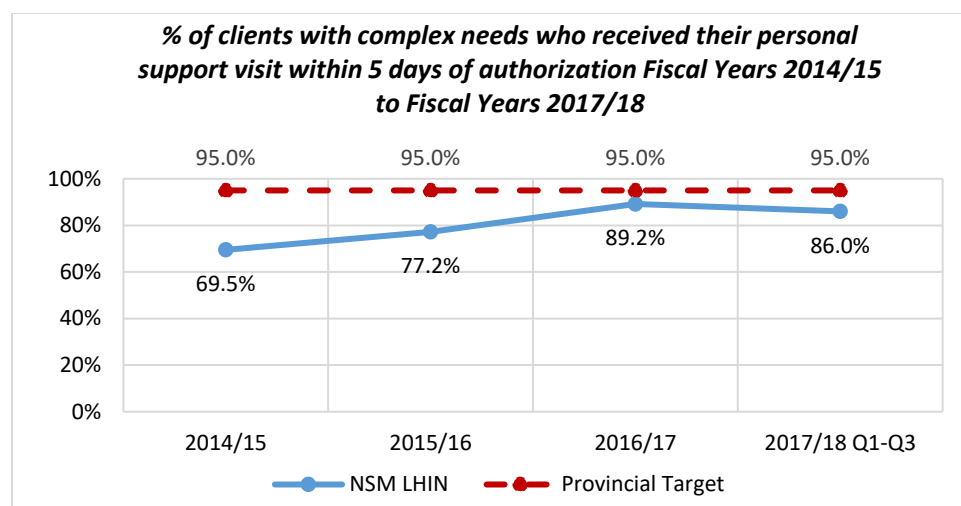
The North Simcoe Muskoka LHIN has shown significant improvement on this indicator since the 2014-15 fiscal year when the indicator was below the provincial target. Through a combination of quality improvement approaches and a favourable methodological change in the way the indicator is calculated, the North Simcoe Muskoka LHIN has been able to achieve the provincial target consistently since the 2016-17 fiscal year.

The NSM LHIN completed a Plan-Do-Study-Act (PDSA) improvement cycle on a new service offer process for community nursing and complex personal support (PS) referrals with a goal of reducing cycle time. This process change shifted the responsibility for service offers from one team to another.

A method for reporting delayed first visits due to patient choice was rolled out with service providers in Q2 2017-18. This utilized automated provider reporting (APR) to notify the North

Simcoe Muskoka LHIN of changes to first visit. Acknowledging the Patient Available Date (PAD) was instrumental in aligning this indicator with the provincial target.

Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services



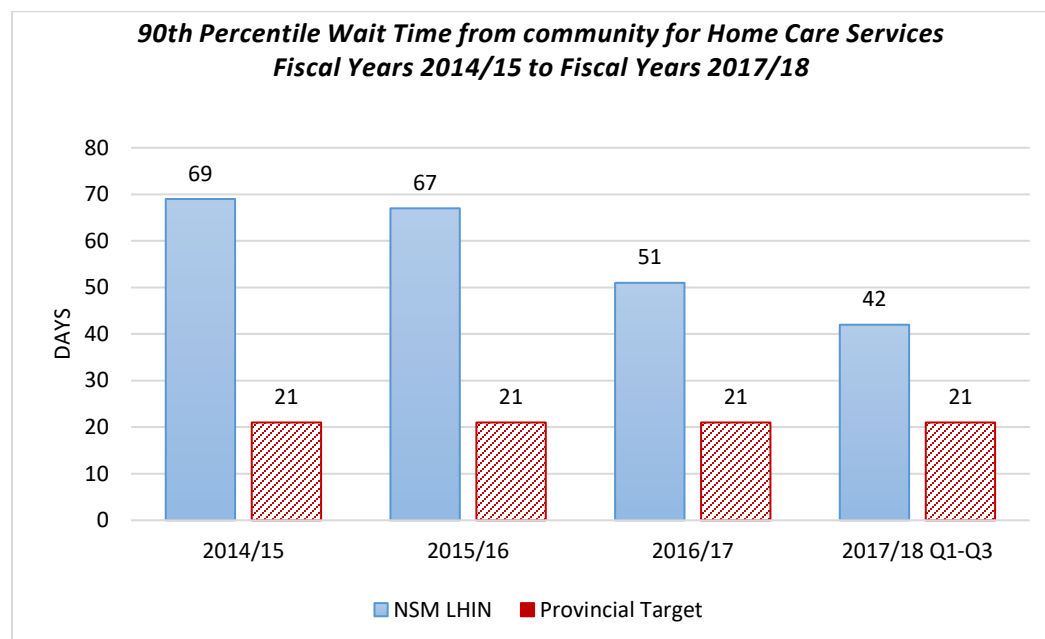
Since 2014-15 and 2015-16, there has been improvement on performance year over year on this indicator, and in 2016-17 performance was within 10% of the target. During 2016-17, Home and Community Care (referred to at that time as the NSM CCAC) provided one million personal support hours for patients and their caregivers, of which 85% supported seniors in their homes.

Throughout 2015-16, the monthly target of achieving 90% of service offers occurring within one day or less of service authorization for both hospital and community referrals was met. The target was increased to 95% for 2016-17. The North Simcoe Muskoka LHIN continues to audit referrals that do not meet the five day wait time to understand the contributing factors of variance and make improvements to current process.

In 2016-17, targeted education was completed with Team Assistants and Care Coordinators on the correct use of the PAD and service scheduling reasons in CHRIS and on the eForm. NSM completed a PDSA cycle on a new service offer process for community nursing and complex personal support (PS) referrals with a goal of reducing cycle time. This process change shifted the responsibility for service offers from one team to another.

A process for reporting delayed first visits due to patient choice was implemented with service providers in Q2 2017-18. This process utilized automated provider reporting (APR) to notify NSM of changes to first visit due to patient choice. Acknowledging the PAD was instrumental in moving this indicator to within 10% of the provincial target.

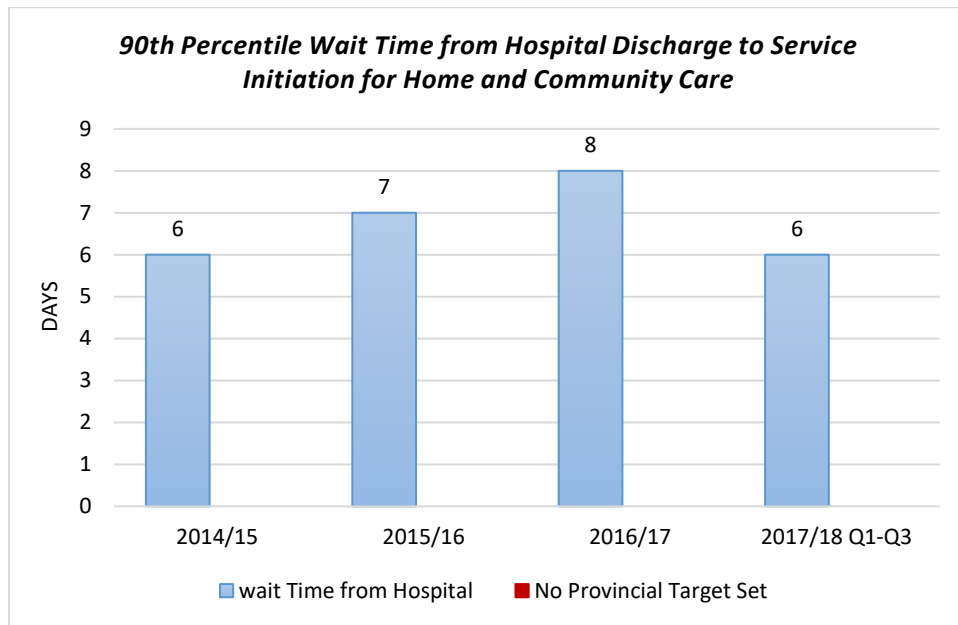
90th Percentile Wait Time from community for Home Care Services - Application from Community Setting to first Home Care Service (excluding case management)



The 90th percentile wait measures the maximum time nine out of 10 clients will have while waiting for any in-home service including nursing, personal support and therapies. This indicator measures the wait for community-living clients only, not clients referred in hospital. NSM has not met this target or been within 10% of the target in the reporting period, however this indicator has shown steady improvement and has improved by 39% between fiscal years 2014-15 and 2017-18.

In 2017-18 changes were made in internal business processes to reduce the wait time from patient application to authorization of personal support services. This included an increase in patient flow through the Information and Referral team (I&R) and authorization of service at time of initial assessment. As there has been an increase in I&R staffing and in the number of patients that are assessed by this team, continued improvement on this indicator is expected though personal support capacity challenges will remain a factor in reducing wait time from authorization to receipt of service.

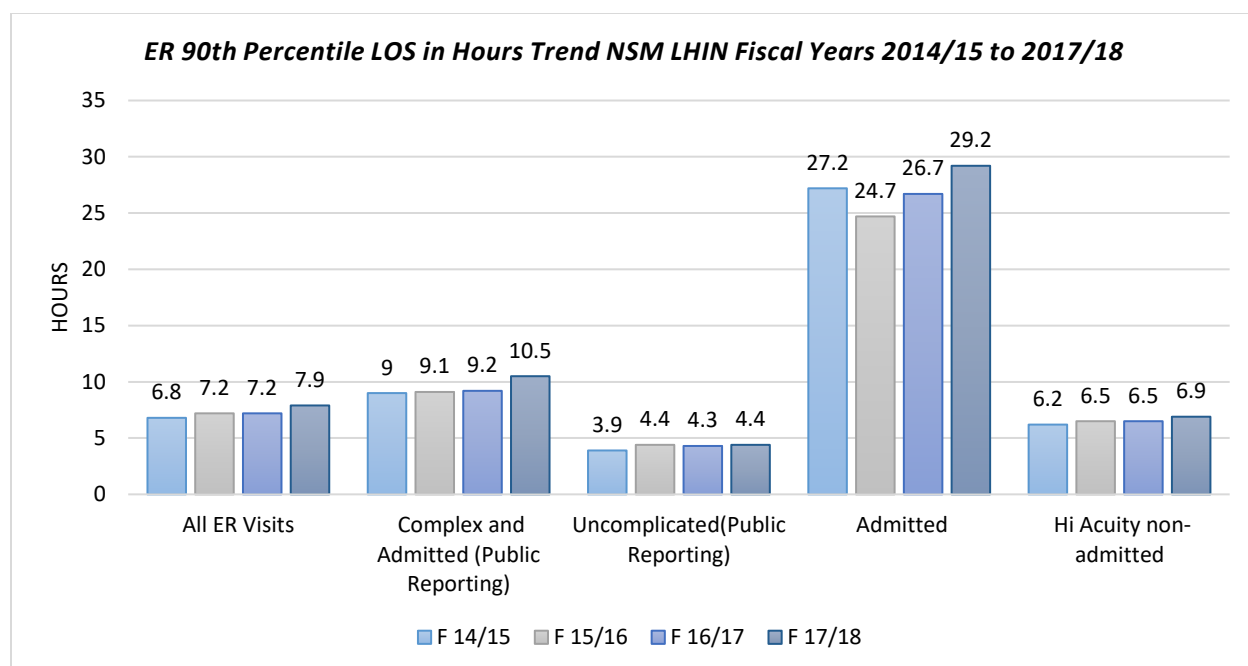
90th Percentile Wait Time from Hospital Discharge to Service Initiation for Home and Community Care



The 90th percentile wait measures the maximum wait time nine out of 10 clients will wait from hospital discharge to home and community care service initiation. There is no target set for this indicator, however, NSM has performed consistently in this area and the 90th percentile wait is currently six days. The number of referrals from hospitals to support patients going home with home care services has increased by 17.6% during the reporting period.

Emergency Room (ER) Wait Times

There are two indicators tracking emergency room wait times: 90th percentile Length of Stay (LOS) for Complex and Admitted Patients and 90th percentile Length of Stay (LOS) for Uncomplicated Patients. The 90th percentile LOS is the maximum time nine out of 10 patients will be in the emergency room from the time they register to the time they are discharged from the emergency room.



90th Percentile ER Length of Stay (LOS) for Complex and Admitted Patients

The North Simcoe Muskoka LHIN has seen an increase in the 90th percentile ER wait time for complex and admitted patients and these wait times are now essentially the same as the provincial performance. In the 2014-15 fiscal year, NSM LHIN performance was significantly better than the provincial performance however, as ER volumes rose over the last four years along with the complexity of patients attending the ER, the 90th percentile LOS for complex patients has risen as well. In the 2017-18 fiscal year, NSM LHIN's results did not meet the provincial target.

Between 2014-15 and 2017-18, the volume of ER complex and admitted cases increased for all NSM LHIN by nine per cent compared to a three per cent increase in overall ER volumes. Since this indicator combines information for both non-admitted patients and admitted patients with higher acuity or complexity, a breakdown of the patients reveals the increase in volumes for the non-admitted complex patients was eight per cent while the increase in the volume of admitted patients from ER was 10% for the LHIN as a whole. However, the time patients spent in the ER has increased more over the last four fiscal years for the non-admitted, high-acuity patients (11.3%) than for the patients admitted from ER (7.4%). In the last fiscal year, the LOS for high-acuity, non-admitted patients has stabilized due to the impact of significant investments that the LHIN has made using Pay for Results (P4R) funding.

ER LOS continues to be driven by the admitted patients group rather than the high-acuity patients with the root cause being lack of access to inpatient beds despite the implementation of transitional beds at all NSM hospitals.

Additionally, all NSM LHIN hospitals report increasing issues related to over-capacity ERs, frail elderly patients, surge and seasonal pressures.

Success stories within the LHIN include OSMH's use of Pay for Results (P4R) funding to reduce the time to Physician Initial Assessment (PIA), which has helped to reduce the overall ER

Length of Stay for Complex patients, and the use of a Transition to Home Team at CGMH. RVH piloted a mobile physician/nurse model in Q4 and opened 40 transitional care beds in December 2017. RVH is anticipating confirmation of the effectiveness of these interventions early in the 2018-19 fiscal year.

90th Percentile ER Length of Stay (LOS) For Uncomplicated Patients

In 2014-15, the North Simcoe Muskoka LHIN was meeting the target for this indicator, however performance has been trending slightly above the provincial target over the past three years.

In practical terms this means that the maximum time nine out of 10 minor or uncomplicated patients spend in the ER is now 22 minutes longer than the provincial target of four hours. This is an increase of 25 minutes over the LHIN 90th percentile ER length of stay in fiscal year 2014-15.

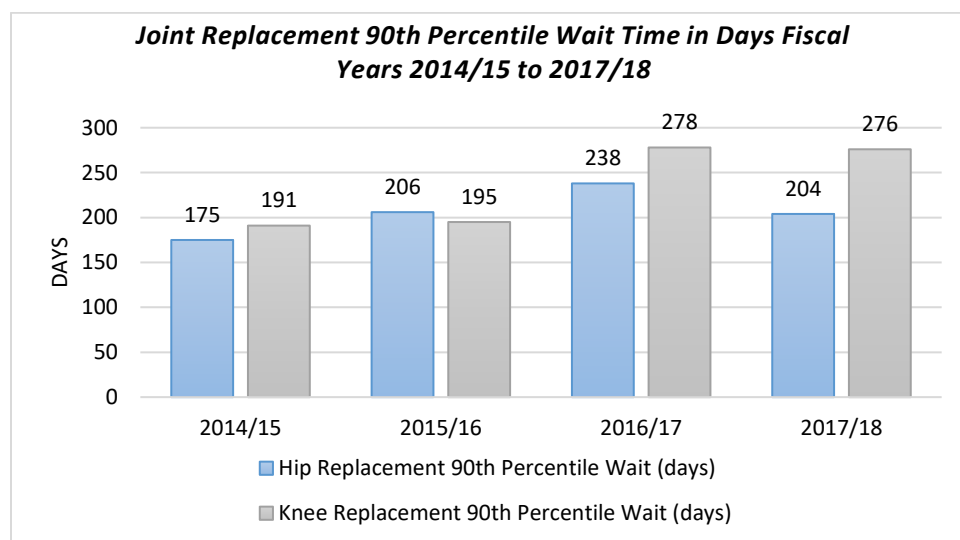
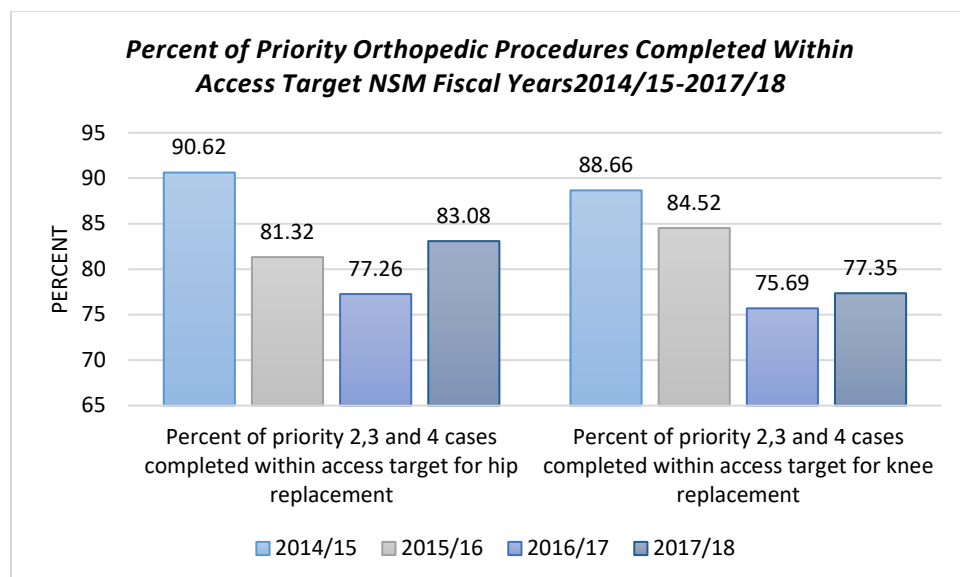
Overall volumes for low-acuity patients at NSM LHIN hospitals in 2017-18 have decreased by five per cent since 2014-15, however the ER LOS for low-acuity patients has increased by 10.6%. While there was a sharp increase in ER LOS between 2014-15 and 2015-16 fiscal years, 90th percentile ER LOS for uncomplicated patients has been relatively stable at the current rate since that time.

RVH has experienced the most significant reduction among NSM LHIN hospitals in low-acuity patient volumes with a 17.3% reduction of uncomplicated ER visits between 2016-17 and 2017-18. Notably, RVH is geographically close to urgent care and after-hours services that are not available in other NSM sub-regions.

RVH attributes the challenges in meeting the target to the increasing complexity of ER visits overall, creating challenges to moving any patient through the system. Other particular challenge in NSM with regards to achieving target ER LOS include ongoing construction in the ER at GBGH, seasonal use of ERs by visitors at CGMH, and flu surge at all sites.

Surgical Wait Times

There are two performance indicators for surgical care: percentage of priority 2, 3 and 4 Hip Replacements Completed within Target and percentage of priority 2, 3 and 4 Knee Replacements Completed within Target. The target wait time is a Pan-Canadian Benchmark set at 26 weeks (182 days) and measures the time from a 'Decision to Treat' to the 'Completion of the Surgical Procedure.'



Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for Hip Replacement

In 2014-15, the North Simcoe Muskoka LHIN achieved the target of completing 90% of hip replacements within the target time. This declined sharply over the next two fiscal years. However, following significant investments from the LHIN, the performance of this indicator has improved significantly for the 2017-18 fiscal year, and now stands at 83%. Despite increasing the volumes of procedures completed during this reporting cycle by 30% the 90th percentile wait in days (the maximum time nine out of 10 patients will wait) increased from 175 days in 2014-15 to 238 days in 2016-17. With continued investment this has decreased to 204 days for 2017-18.

The combination of increasing volumes and increasing investment with a decrease in the percentage completed within the targeted time is a reflection of increasing demand for this procedure. To provide context, this procedure is most commonly provided for an older population. The proportion of the population aged 65 and over increased in North Simcoe

Muskoka by 19.6% over the last four years, and the increase in the volume of hip replacements completed is reflective of the aging population and subsequent demand.

Specific to NSM LHIN hospitals, RVH has consistently met the performance targets for this indicator. This can be attributed to the hospital's completion of a higher number of these Quality Based Procedures (QBPs) than their funded allocation. While OSMH and CGMH have been challenged in meeting the target, improvement has been demonstrated and all allocated and funded QBPs funded are completed each year.

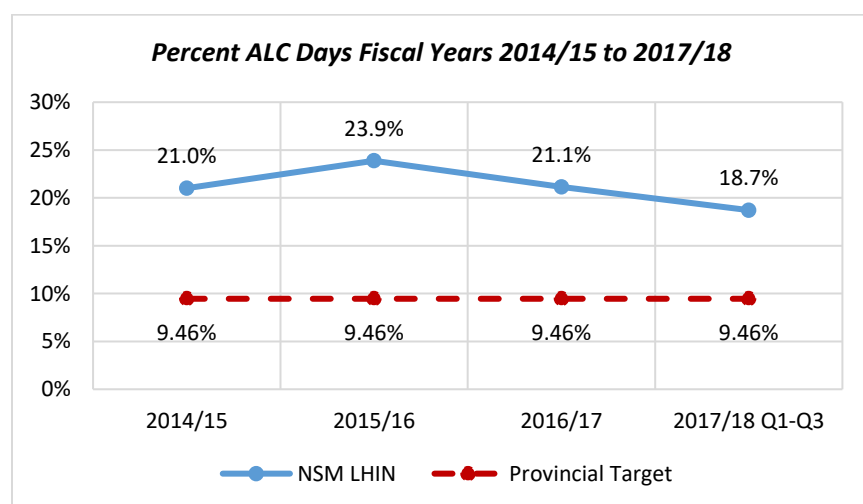
Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for Knee Replacement

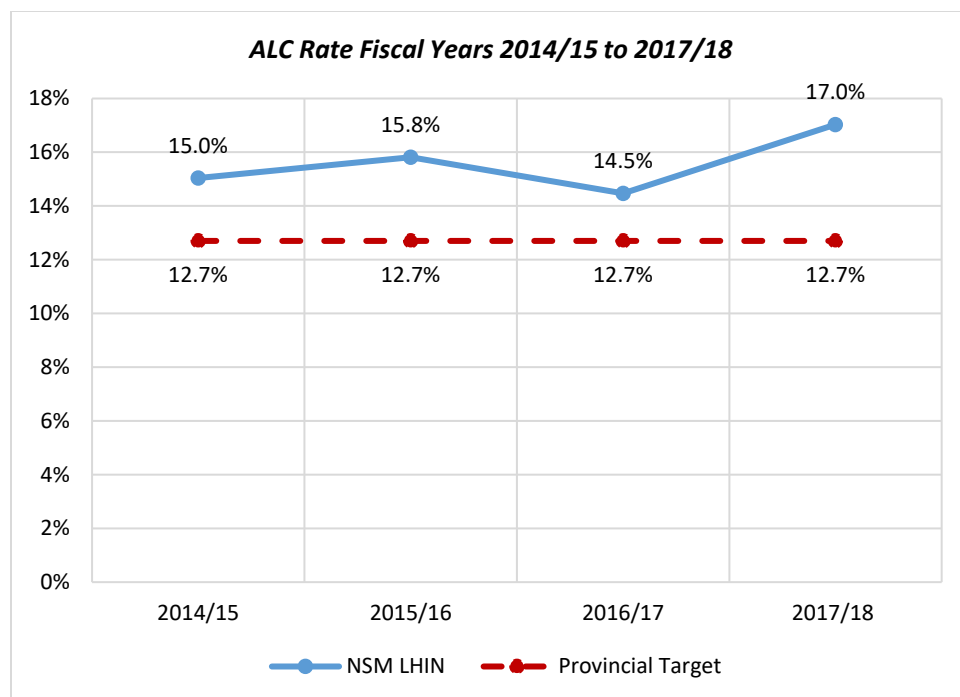
In 2014-15 the North Simcoe Muskoka LHIN was close to achieving the target of 90% of knee replacements completed within target. This declined sharply over the next two fiscal years. However, following significant investments from the LHIN, the performance of this indicator has risen to 77% for the latest fiscal year. Despite increasing the volumes of procedures completed by 16% over the last four fiscal years, the 90th percentile wait time in days (the maximum time nine out of 10 patients will wait) increased from 191 days in 2014-15 to 278 days in 2016-17. With continued investment an increase in waits stabilized at 276 days for the 2017-18 fiscal year.

As with hip replacements, the combination of increasing volumes and, increasing investment with a decrease in the percentage completed within the targeted time is a reflection of increasing demand for this procedure along with an aging population.

Alternate Level of Care

Alternate Level of Care (ALC) describes the situation where a patient is occupying a hospital bed but does not require the intensity of resources/services provided in that care setting. There are two indicators that measure ALC: Percentage of ALC Days and ALC Rate. While the two indicators are similar, they differ in their calculation methodology and in the interpretation of their results. The percentage of ALC days is determined on patient discharge and is a measure of the total length of stay (in days) in acute care that are designated ALC as a proportion of total in-patient days. The ALC Rate is the proportion of inpatient days, in both acute care and post-acute care settings that are spent as ALC.





Percentage of Alternate Level of Care Days

The Percentage of ALC Days indicator measures the number of days stay designated ALC for a patient upon discharge. It is only reflective of acute care beds and does not include patients in rehabilitation, mental health or complex continuing care beds.

Increases in the percentage of ALC days accumulated upon discharge is sensitive to long-stay patients. An increase in this number may indicate that patients who have been in acute care beds for an extended period of time, because of limited access to their next level of care, have been discharged, which is a positive outcome for the patient and the system. Alternately, when this number drops, it may indicate movement within the system is slowing and patients are not being discharged.

The North Simcoe Muskoka LHIN did not meet the provincial target of 9.46% in 2017-18, and has consistently not met the target since 2014-15. The Percentage of ALC Days decreased by 2.3 percentage points between 2014-15 and 2017-18. At the same time, the total number of acute care in-patient days decreased by 10.7%. As these are percentages, in actual terms this means that although the number of ALC days has decreased, the total number of patient days has decreased more.

In practical terms, although the number of ALC patients discharged and the number of ALC days are decreasing, the total number of inpatient days is decreasing at a faster rate so the percentage of ALC days represents a larger proportion of hospital bed days. Overall, hospitals in North Simcoe Muskoka are seeing more patients designated ALC and experiencing longer waits to find discharge solutions in a climate of increased pressure on all hospital services.

ALC Rate

The ALC Rate indicator measures all ALC days during a specific time period in all hospital-based care settings (acute, mental health, rehabilitation and complex continuing care). The ALC

Rate incorporates all ALC days patients spent in hospital during the reporting period, not just on discharged patients' days.

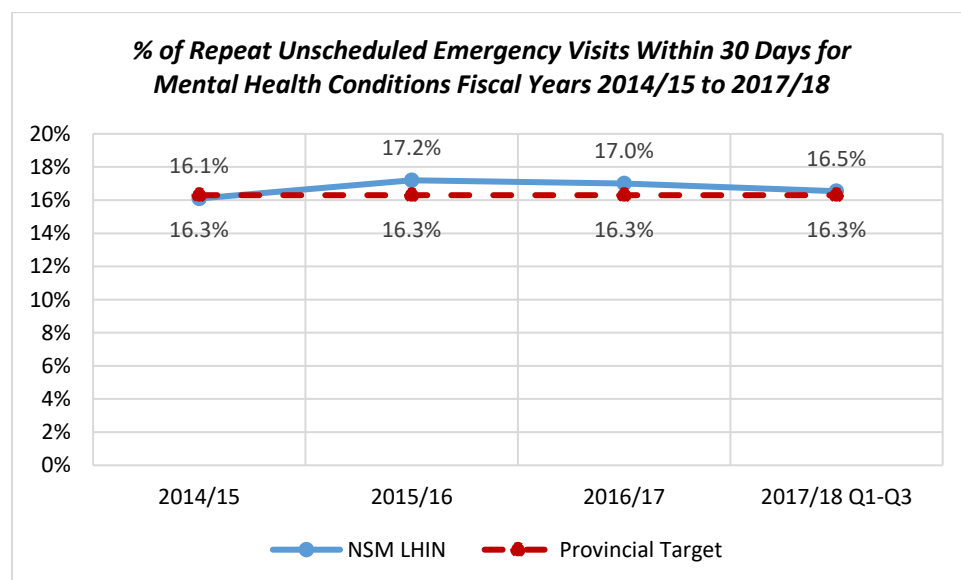
The North Simcoe Muskoka LHIN has not met the provincial target in 2017-18, however between fiscal year 2014-15 and fiscal year 2016-17 the ALC rate dropped and for a brief period did meet the provincial target. In 2017-18 the rate has risen sharply. This is largely related to an almost 10% increase in the average number of new ALC cases added each month. This is consistent with the increases in complex patients in ED and admitted patients through ED. To illustrate this point, for the final quarter of fiscal 2017-18, 17.3% of new ALC cases had been designated as ALC within three days of admission.

Over the last four fiscal years, significant resources and energy have been dedicated to the reduction of ALC and included the creation of Assisted Living Services for High-Risk Seniors, Opening Short-Term Transitional Beds, launching a Seniors at Home initiative, creation of the Specialized Geriatrics Services and regional cooperation and planning through the ALC steering committee. However, consistent with the 19.6% increase in the population age 65 and over, demand for services is exceeding supply.

Mental Health and Substance Abuse

There are two indicators related to the mental health and wellness of the community. These two indicators are: Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions and Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions.

Repeat Unscheduled Emergency Visits Within 30 Days for Mental Health Conditions



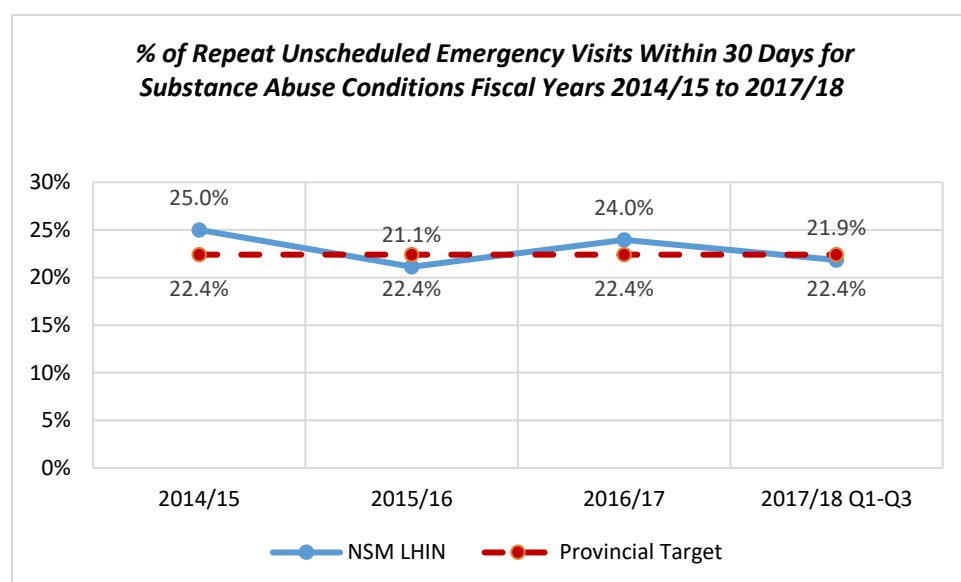
This indicator monitors repeat visits to the Emergency Room (ER) for mental health conditions including schizophrenia and psychotic disorders, mood disorders, stress-related and neurotic disorder and other disorders usually classified as mental health.

The North Simcoe Muskoka LHIN has consistently been within 10% of the provincial target for the entire reporting period, and any variation is within the expected normal variation based on the number of index cases.

Significant ER pressures (volumes, wait times, surge) have the potential to cause this indicator to become worse as the percentage of patients with a mental health condition leave ER without being seen or are unable to receive adequate treatment during their initial ER stay.

Individuals with mental health conditions often have greater housing instability and may also be affected by seasonal changes in the amount of daylight which challenges their ability to cope in fall and winter weather. This increase in stressors for individuals with mental health conditions coincides with seasonal flu pressures on ER capacity.

Repeat Unscheduled Emergency Visits Within 30 Days for Substance Abuse



This indicator monitors repeat visits for substance abuse conditions and for alcohol abuse. It is noted that overdose conditions, particularly opioid-related, are not included in this indicator as overdose conditions are considered a physical medical emergency, and would be treated differently in the ER environment.

In 2014-15 approximately 25% of substance abuse patients had repeat visits to the emergency room within 30 days of an earlier visit. Since that time, the North Simcoe Muskoka LHIN has been able to consistently reach within 10% of the target or achieve the target of 22.7% repeat ER visits for substance abuse.

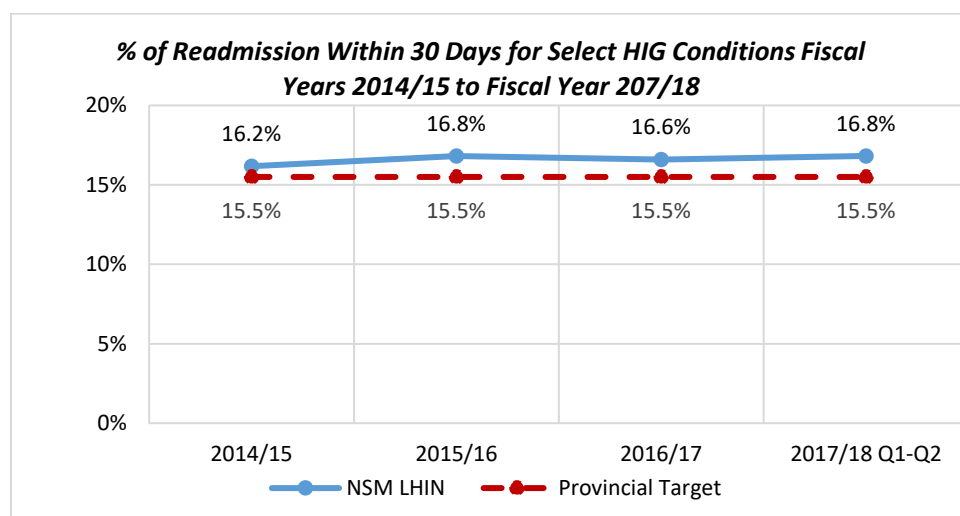
Managing Chronic Conditions

There is one indicator that monitors chronic medical conditions: readmission within 30 days for selected HIG²⁸ conditions. This indicator focuses on specific groups of chronic conditions including cardiovascular, gastrointestinal (including some liver conditions), stroke, congestive

²⁸ HIG is an abbreviation for the Health Based Allocation Model (HBAM) Inpatient Grouping – a method used to categorize diagnoses and interventions in Ontario for the purposes of specific funding.

heart failure, pneumonia, chronic obstructive pulmonary disease and diabetes mellitus. This indicator tracks readmission to any hospital in the province within 30 days.

Readmission Within 30 Days for Selected HIG Conditions



The provincial target for this indicator is 15.5%. North Simcoe Muskoka LHIN performance over the last four fiscal years has been similar to overall provincial performance, and on an annual basis has been within 10% of the provincial target. For the North Simcoe Muskoka LHIN, since the results for this indicator are based on a very small number of index cases (the initial visit) with even a smaller number of subsequent readmissions, this indicator can move away from the target very easily with just one or two readmissions. As such, on a quarterly basis NSM has fluctuated between meeting and missing the target based on very small changes.

In NSM, the largest number of readmissions are for gastrointestinal conditions; however, this is usually consistent with the expected number of readmissions. Over the reporting period, readmissions for congestive heart failure and cardiovascular conditions (acute MI) have been higher than expected. Historically cardiovascular cases were treated outside of North Simcoe Muskoka; however, as the LHIN begins to repatriate these patients, this cohort may face greater shifts in rates.

For the conditions North Simcoe Muskoka health service providers have identified as key health system drivers, particularly chronic obstructive pulmonary disease and diabetes mellitus, the readmission rates have been lower than the expected readmission rates. This illustrates the success of targeted strategies to manage chronic conditions in the community.

There are a number of monitoring indicators that the LHIN is required to report for on an annual basis. With the exception of cataract surgery wait times, Magnetic Resonance Imaging (MRI) wait times and CT scan wait times, these indicators do not have targets; however, performance on these indicators can be compared to overall provincial performance. These indicators are:

Percentage of priority 2, 3 and 4 cases completed within access target for cataract surgery

The North Simcoe Muskoka LHIN has had a declining percentage of cataract surgeries completed within the target wait time. The provincial target for this indicator is 90%. In 2014-15, NSM was completing 94% of cataract surgeries within the target time. By 2017-18 the percentage of cataract surgeries completed within the target time did not meet the provincial target at 51%. During this time period, the volume of cataract surgeries completed has increased 3.8% while the 90th percentile wait has increased from 157 days to 362 days. The increase in volumes completed has not kept up with the demand for cataract surgery. Cataract surgery is more common in the aging population.

Limitations in Quality Based Procedure (QBP) Funding affects the amount of cataract surgeries that can be completed within funded allocations. This impacts the ability of the LHIN to achieve target wait times.

Percentage of priority 2 and 3 cases completed within access target for MRI scans

The North Simcoe Muskoka LHIN has had some degree of improved performance in this indicator over the last four years but has been unable to achieve the provincial target of 90%. North Simcoe Muskoka's performance has improved from 51% to 64%. While demand continues to exceed supply. North Simcoe Muskoka providers, RVH and OSMH, have worked to adjust schedules, find efficiencies and increase volumes to attain this improvement.

Limitations in Quality Based Procedure (QBP) Funding affects the amount of Diagnostic Imaging that can be completed within funded allocations. This impacts the ability of the LHIN to achieve target wait times. The North Simcoe Muskoka LHIN has provided one-time supplemental funding over four years to assist in maintaining access wait times for Diagnostic Imaging Services.

Percentage of priority 2 and 3 cases completed within access target for CT scans

The provincial target for this indicator is 90% of priority 2 and 3 CT scans completed within the access target. NSM has consistently been within 10% of this target during the reporting period. North Simcoe Muskoka LHIN's performance has ranged from 82% to 88%. The NSM LHIN has made one-time investments in CT scan access and NSM providers have worked to find efficiencies and adjust scheduling to maximize CT scan access, resulting in consistent performance.

Limitations in QBP Funding affect the amount of Diagnostic Imaging that can be completed within funded allocations. This impacts the ability of the North Simcoe Muskoka LHIN to achieve target wait times.

The NSM LHIN has provided one-time supplemental funding over four years to assist in maintaining access wait times for Diagnostic Imaging Services.

Wait times from application to eligibility determination for long-term care home placements: from community setting

While there is no target set for this indicator, provincial performance is currently at 14 days. North Simcoe Muskoka LHIN's performance is comparable at 15 days. This is an improvement of 20% from 2014-15 when NSM performance was at 19.5 days. The demand for long-term care home placement is greatest in the age 75 and over population. During this reporting period, NSM performance improved while the population aged 75 and over increased by 8.3%, putting additional pressure on the system.

Wait times from application to eligibility determination for long-term care home placements: from acute-care setting

Provincial performance for this indicator is currently at seven days. NSM performance has been declining for this indicator over the reporting period, with the 90th percentile wait for 2017-18 being 29 days. This is an increase from 2014-15 when it was 13 days. There has been a 55% decline in North Simcoe Muskoka LHIN's performance in this indicator.

This indicator does have a relationship to the Percent ALC Days as increased wait times for long-term care home eligibility has the potential to add days to the time patients spend as ALC clients. However, the increasing volumes of patients designated ALC serves to put pressure on home and community care resources to complete the assessments.

Rate of emergency visits for conditions best managed elsewhere per 1,000 population

The type of emergency visits that are monitored for this indicator can be classified as primarily eye and ear complaints, urinary tract infections and upper respiratory complaints.

While there is no provincial target set for this indicator, current provincial performance is 12.1 per 1,000 population. NSM performance is slightly higher than the province at 19.2 per 1,000 population. NSM performance has been consistently improving. Between 2014-15 and the current fiscal year, North Simcoe Muskoka LHIN's performance has improved 39%. This is consistent with improvements in overall provincial performance. This improvement also correlates with the decrease in ER volumes for low-acuity patients that NSM has experienced in the reporting cycle.

Hospitalization rate for ambulatory care sensitive conditions per 100,000 population

The conditions monitored for this indicator include asthma, chronic obstructive pulmonary disease, diabetes mellitus, congestive heart failure, hypertension, angina and epilepsy.

While there is no provincial target set for this indicator, current provincial performance is 243.31 per 100,000 population. North Simcoe Muskoka's performance is slightly higher than the province at 287.54 per 100,000 population. NSM LHIN's performance has been consistently improving. Between fiscal year 2014-15 and 2017-18, North Simcoe Muskoka performance has improved 279%. This is consistent with improvements in overall provincial performance. Despite this decrease, the volume of ER admissions has been increasing, reinforcing the evidence that increases in admissions through ER reflect more complex patients.

Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge

This indicator applies to patients who had an admission that was attributed to a similar group of diagnoses as are tracked for the readmission performance indicator: diabetes mellitus, chronic obstructive pulmonary disease, cardiovascular disease, congestive heart failure, gastrointestinal, stroke, pneumonia and acute myocardial infarction.

While there is no provincial target set for this indicator, provincial performance for fiscal year 2017-18 is 47.31%. North Simcoe Muskoka LHIN performance for fiscal 2017-18 is lower at 40.92%. Despite this, the NSM LHIN has a high attachment rate of 95.1% (attachment rate is the percentage of people who report having a family physician). Both provincial performance and LHIN performance have been relatively stable over the reporting period, with only minimal changes that could be attributed to natural variation over time. It is noted that this indicator does not capture follow up provided by nurse practitioners or other health professionals.

North Simcoe Muskoka LHIN – Performance Indicators 2017-18

No.	Indicator	Provincial target	Provincial				LHIN			
			2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	2016/17 Fiscal Year Result	2017/18 Result (Year to Date)	2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	2016/17 Fiscal Year Result	2017/18 Result (Year to Date)
1. Performance Indicators										
1	Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services*	95.00%	85.39%	85.36%	89.86%	88.50%	69.53%	77.19%	89.20%	85.99%
2	Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services*	95.00%	93.71%	94.00%	96.07%	96.21%	91.52%	93.08%	95.79%	97.26%
3	90th Percentile Wait Time from community for Home Care Services - Application from Community Setting to first Home Care Service (excluding case management)*	21 days	29.00	29.00	30.00	29.00	69.00	67.00	51.00	42.00
4	90th Percentile Wait Time from Hospital Discharge to Service Initiation for Home and Community Care*	TBD	7.00	7.00	7.00	7.00	6.00	7.00	8.00	6.00
5	90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	9.97	10.38	10.75	8.95	9.03	9.10	10.38
6	90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.03	4.07	4.15	4.38	3.95	4.37	4.25	4.37
7	Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.00%	81.51%	79.97%	78.47%	77.99%	90.62%	81.32%	77.26%	83.08%
8	Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	79.76%	79.14%	75.02%	73.72%	88.66%	84.52%	75.69%	77.35%
9	Percentage of Alternate Level of Care (ALC) Days*	9.46%	14.35%	14.50%	15.69%	15.18%	21.02%	23.83%	21.13%	18.72%
10	ALC rate	12.70%	13.70%	13.98%	15.19%	15.68%	15.04%	15.81%	14.47%	16.89%
11	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.30%	19.62%	20.19%	20.67%	20.97%	16.08%	17.18%	17.01%	16.54%
12	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	22.40%	31.34%	33.01%	32.50%	32.25%	25.00%	21.12%	23.96%	21.85%
13	Readmission within 30 days for selected HIG conditions**	15.50%	16.60%	16.65%	16.74%	16.41%	16.17%	16.81%	16.60%	16.82%
2. Monitoring Indicators										
14	Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	91.93%	88.09%	85.01%	83.95%	94.39%	81.36%	68.41%	50.82%
15	Percent of priority 2 and 3 cases completed within access target for MRI scans	90.00%	59.47%	62.58%	67.57%	69.77%	51.19%	52.98%	57.35%	63.96%

16	Percent of priority 2 and 3 cases completed within access target for CT scans	90.00%	78.25%	78.18%	82.11%	84.73%	87.85%	82.11%	81.97%	85.20%
17 (a)	Wait times from application to eligibility determination for long-term care home placements: from community setting**	NA	14.00	14.00	13.00	14.00	19.50	15.00	15.00	15.00
17 (b)	Wait times from application to eligibility determination for long-term care home placements: from acute-care setting**	NA	8.00	7.00	7.00	7.00	13.00	15.00	24.00	29.00
18	Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	19.56	18.47	17.12	12.06	31.64	28.48	26.46	19.23
19	Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*	NA	320.78	320.13	321.18	243.31	392.71	401.63	389.40	287.54
20	Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge**	NA	46.09%	46.61%	47.43%	47.31%	40.80%	42.83%	43.65%	40.92%
*FY 2017/18 is based on the available data from the fiscal year (Q1-Q3, 2017/18) **FY 2017/18 is based on the available data from the fiscal year (Q1-Q2, 2017/18)										

Our Mission:

Together ... Achieving Better Health, Better Care, Better Value

Our Vision:

Healthy people. Excellent care. One system.

www.nsmhlin.on.ca