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North East LHIN

e-Bulletin

Week of December 1 2008, Volume 2, Number 23

Alternate Level of Care – An update

The NE LHIN, in collaboration with its partners, is moving forward with a five-point action plan to continue to help resolve ALC pressures in Sudbury, as well as all hospital communities across the North East.

The priorities are in keeping with the NE LHIN's ALC Action Plan (December, 2007) which focuses on relieving ALC pressures through two main strategies: (1) building resource and system capacity and (2) making improvements in care delivery processes. Implementation of the priorities is underway and progress on the effectiveness of each priority will be publicly reported on at monthly NE LHIN board meetings. The priorities include:

Priority 1: Beds and Housing Options

Priority 2: ALC Wrap Around Services

Priority 3: Care Pathways (Integrated Care)

Priority 4: Nurse Outreach Team

Priority 5: Aging at Home

For further information, read the December 1st media release

Integration Incentive Options – Share Your Comments and Make Note of Integration Proposal Deadline Extension

At the Friday, November 28, 2009 NE LHIN Board of Directors meeting, three options were received on how to provide incentives for integration activities within and between health service providers across the NE LHIN. The NE LHIN is interested in hearing from you with regards to these options, in addition to receiving your suggestions for additional potential options.

The Board will be considering all comments received through the interactive website page and will be making a final decision on how to encourage integration activities within the NE LHIN at its January 30, 2009 meeting. At this same meeting, the Board will be considering criteria for the selection of integration proposals. The NE LHIN objective is to have at least one voluntary integration proposal per hospital community (as defined within the Integration Strategy). The integration incentive will be used to support these initiatives.

Health Service providers should also note that the deadline for submission of potential health service provider integration activities to the NE LHIN has been extended to January 31, 2009

- Review the three options and provide your thoughts

- Submit your integration proposal by downloading the HSIP form

Flo Collaborative

FLO is a new way of looking at hospital processes to initiate changes allows for quicker care of potential ALC patients, and faster access to the services they need from their community. FLO is a collaborative pilot project between the North East LHIN, the North East Community Care Access Centre and the Timmins and District Hospital (TADH). Recent reports from TADH shows a net reduction in six ALC indicators. The development of a framework to spread the findings and processes so that other hospitals can implement FLO is underway.

- Learn more about FLO

2008 NE LHIN Governance/Stakeholder Forum is a Success

More than 250 people attended the NE LHIN 2008 Governance/Stakeholder Forum which was video-linked across 23 sites on November 19, 2008. All presentations made at the forum are posted to the NE LHIN website. In addition, questions and answers to and from

the NE LHIN following the forum are posted on the website. Questions, comments and suggestions received through the evaluation form, circulated to delegates on the night of the Forum, will be posted to the website in the coming weeks.

View the latest information on the Forum

What's New on the NE LHIN Website?

In a nutshell, lots. Visit often to view the most recent postings on information of relevance to health care in North East Ontario. The following are a few of the latest postings:

- The FLO Collaborative
- Alternate Level of Care (ALC)
- Governance / Stakeholder Forum
- Health Care Leads

  (Includes listing of Shared critical care policies, protocols and procedures)
- Planning Resources
- Health System Improvement Pre-Proposal (HSIP)
- Health-Based Allocation Model (HBAM)
- Publication – Ministry/LHIN Effectiveness Review
- Integration Strategy walk-through video added as a reference on integration strategy page

- Integration Incentive Options, Share Your Thoughts

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NORTH EAST LOCAL HEALTH INTEGRATION NETWORK
Health System Improvement Pre-Proposal (H-SIP) Form

Introduction

On April 1 2007, as part of the Ontario Ministry of Health and Long-Term Care's (MOHLTC) health system transformation plan, Local Health Integration Networks (LHINs) assumed responsibility for planning, funding and integrating health services at the local level. LHINs, working in collaboration with health service providers (HSPs) will plan, coordinate and assess local health system performance to ensure the development of a quality health care system that is responsive to local health service needs, improve the health status of the population and is sustainable in the long term.

To create the health care system envisioned by the MOHLTC, HSPs and LHINs need to focus their efforts to ensure that available resources are targeted to local health system priorities. Within this context, all proposals submitted to the LHINs will be assessed against local health system needs.

To reduce the time and costs HSPs incur in preparing detailed business cases, the LHINs have established a pre-proposal process. This process, known as an H-SIP, will enable the LHIN to make a preliminary assessment of any request or activity contemplated by an HSP that requires LHIN support or approval.

An HSP must submit an H-SIP to identify changes in services (enhancement/reduction) and/or integration opportunities. The H-SIP may either be submitted as part of the Hospital Annual Planning Submission (HAPS), Community Annual Planning Submission (CAPS), the NE LHIN Integration Strategy or as needed during the year.

All H-SIPs will be evaluated against LHIN priorities as outlined in the LHIN's Integrated Health Service Plan ("IHSP"), the NE LHIN Integration Strategy, local health system needs and financial feasibility. Proposals must also be developed and considered within the context of other provincial and NE LHIN priorities and strategies (e.g. Alternate Level of Care, Aging at Home, Wait Times, Aboriginal and French language services).

Following the LHIN's review and evaluation of the H-SIP, an HSP may be invited to submit a detailed proposal and a business plan for further analysis by the LHIN. Guidelines for the development of a detailed proposal and business case will be provided by the individual LHIN.

To assist with the development of H-SIPs, the NE LHIN developed:

- the December 2006 **Integrated Health Service Plan** (IHSP) to reflect the current health status of the population and identify areas of focus for the next three years (the IHSP will be updated in 2009);
- the **HAPS and CAPS Guidelines** which clearly outline the requirements for changes in service; and
- the September 26, 2008 **NE LHIN Integration Strategy** to give health service providers and partners across the region the information and direction to achieve success with health service integration and coordination efforts. .

The overarching goal of the NE LHIN Integration Strategy is that the following outcomes are achieved at each of the community, planning area and regional levels: unity of governance, planning, action and evaluation leading to enhanced service delivery and sustainability. The Strategy is grounded in the need to appropriately plan and make the necessary system and service level (direct and indirect) changes that:

- Enhance access to, and quality of, health services;
- Improve individual and population health outcomes;
- Improve the overall patient experience within the health system by reducing fragmentation and duplication; and
- Realize greater efficiencies through the most effective use of available resources.

As provided under the LHSIA, voluntary integration initiatives should, at a minimum, include or result in the following (Integration Toolkit, pp. 12-14):

- Improved access and quality of care/services;
- Coordinated services;
- Improved navigation through the continuum of care;
- Effective and efficient service delivery;
- Alignment with the integrated health service plan; and
- A consideration of the public interest.

The submission of a proposal is not formal notice of a proposed integration to the LHIN as contemplated by s. 27 of the *Local Health System Integration Act, 2006* ("LHSIA"). HSPs wishing to provide notice to the LHIN of a proposed integration under s. 27 of LHSIA, should contact the LHIN for more information.

Guidelines for Completion of an H-SIP Proposal

1. Proposals can be completed on a downloadable Word form.

2. All sections need to be completed.

3. Proposals must have CEO approval. Board approval may also be required depending on the nature of the proposal.

4. When considering whether to submit an H-SIP proposal, and when completing the form, please keep in mind that it will be evaluated against the following considerations:
   - How it will achieve the stated purpose, goals and anticipated outcomes of the NE LHIN's Integration Strategy;

- How it will address specific provincial and NE LHIN projects and challenges (e.g. ALC, Wait Times, Aging at Home);
- Key challenges to achieving the proposed activity;
- The extent of consultation with other HSPs and pertinent community partners from across the community, planning area or region as appropriate; and
- Resource requirements.

5. Completed forms should be submitted to northeast@lhins.on.ca

If you have any questions regarding the completion of this form, please contact the NE LHIN staff responsible for your planning area.

Planning, Integration and Community Engagement Consultants:

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Algoma	Mike O'Shea	Mike.OShea@LHINS.ON.CA
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Helpful Links

- NE LHIN Integration Strategy
- NE LHIN Integrated Health Service Plan
- MOHLTC Transformation Agenda
- *Local Health System Integration Act, 2006*
- HAPS Guidelines http://www.nelhin.on.ca/Page.aspx?id=1394&ekmensel=e2f22c9a_72_254_1394_2
- CAPS Guidelines http://www.nelhin.on.ca/Page.aspx?id=2740&ekmensel=e2f22c9a_72_254_2740_1

Glossary

Service Change: refers to proposals to expand or improve an existing direct or indirect/support service (e.g. introduction of new model of care or integration care pathway, increase number of patients treated/visits, back office efficiencies).

New Service: refers to pre-proposals to introduce a new service that the organization has not previously provided. The new service must align with the organization's strategic direction/plan.

Integration: refers to proposals that aim to coordinate, partner, transfer, merge or amalgamate services/operataions for the improvement of health service delivery and patient flow through the local heatlh care system. (As defined in *Local Health System Integration Act, 2006*).

Section 1 – Proposal Name and Submitting Health Service Providers

Proposal Title:

Name, Address and Email of Participating Health Service Providers

Name:
Organization:
Email:
Phone:

Proposal CEO Approved:

☐ **Yes**

Proposal Board Approved:

☐ **Yes (attach motions)** ☐ **NA**

Section 2 – Proposal Summary

Type of service or integration activity being proposed (check applicable box(es))

Service

☐ Service Change (Enhancement)
☐ New Service

Integration

☐ Horizontal
☐ Vertical
☐ Integrated Care
☐ Non-Clinical Shared Services
Service Enhancement/Reduction
☐ Other (please specify)

What is the geographic scope of the proposed activity?

☐ Community – Specify
☐ Planning Area - Specify
☐ North East Region

Does the proposed improvement require capital: (check if applicable)

☐ Renovation.
☐ Expansion
☐ Equipment investment
☐ IT investment

Has this proposal from been submitted to other LHINs?

☐ **Yes –** Please indicate which LHINs
☐ **No**

If the proposed improvement involves a capital project, provide a brief description of the capital project and indicate if you have submitted a capital request to the MOHLTC?

☐ **Yes –** Please provide date and if available the MOHLTC Capital Branch consultant assigned to your request.
☐ **No**

Alignment with NE LHIN Integration Strategy?

Please identify how the proposed initiative relates to the direction outlined in the NE LHIN's Integration Strategy. ***(maximum 150 words)***

Alignment with Integrated Health Service Plan (IHSP) and/or related provincial and/or NE LHIN priorities and challenges?

Please identify which of the LHIN IHSP and/or related provincial or NE LHIN priorities are addressed by the proposed activity and explain how they are connected ***(maximum 150 words)***

Section 3 – Define the Project *(maximum 500 words)*

Rationale: Identify the LHIN population (health service consumers or providers) that would benefit from the proposed activity, and the service or quality gap that exists now.

Benefit to the Community: Briefly describe how this proposed activity will improve the health care system and/or health status of the community (e.g. health outcomes, access to health services, quality of care, coordination of services, patient's choice, uptake of best practice).

Collaboration: Briefly describe your partnerships and how the collaborating HSPs will work together (in general terms) to implement the proposed integration activity.

Health System Sustainability: Briefly identify how this proposed improvement will result in efficiencies to the health care system and/or your organization, e.g. reduced duplication of services, new model of care, reduce length of stay, reduce readmissions, demonstrated cost benefit, collaborative budgeting, reinvestment of existing resources.

Section 4 – Service Details & Financial Impact

Service/Volume Details			
Proposed Service Change (Volume/Outcome)	**Provide Details i.e. additional number of visits, services provided or residents (clients) served,**		
☐ No Change			
☐ Increase			
☐ Decrease			
Financial Details			
	Provide Details	**$ One-time**	**$ Base**
☐ No New Funding Required			
☐ Savings Identified			
☐ One-Time Project Funding			
☐ Start-Up Funding	☐ Consultation/training ☐ Staff ☐ Other (specify)		
☐ Ongoing Operating (out-year funding)	☐ Staffing ☐ Supplies ☐ Other (specify)		
☐ Capital			
☐ Other Funding Sources			

Section 5 – Timeline

Please provide estimated timelines for project development and implementation.

Section 6 – Sign-Off

I acknowledge that this submission is not formal notice of a proposed integration to the LHIN as contemplated by s. 27 of the Local *Health System Integration Act, 2006* ("LHSIA"). HSPs wishing to provide notice to the LHIN of a proposed integration under s. 27 of LHSIA, should contact the LHIN for more information.

Signature:

Name:

Title:

Date:

Completed forms should be submitted to northeast@lhins.on.ca