Central East Local Health Integration Network

Annual Business Plan: 2018/19

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1) Context

A. Transmittal Letter from the Local Health Integration Network's Board Chair

The transmittal letter from Louis O'Brien, Chair, Central East LHIN Board of Directors, to Tim Hadwen, Assistant Deputy Minister, Health System Accountability, Performance and French Language Services Division, Ministry of Health and Long-Term Care, is attached.

B. Mandate (confirmation of the LHIN's mandate) and Strategic Directions

The *Local Health System Integration Act, 2006*, specifies the Central East Local Health Integration Network's (LHIN) objects, which include planning, funding, and integrating its local health system, as well as delivering Home and Community Care services.

The Central East LHIN is implementing its 2016-19 Integrated Health Service Plan (IHSP) in order to achieve its overarching goal of "Living Healthier at Home - Advancing integrated systems of care to help Central East LHIN residents live healthier at home." Central East LHIN staff will adhere to the 2016-19 IHSP's four Strategic Directions while advancing the 2018/19 Annual Business Plan (ABP):

1. Transformational Leadership: The Central East LHIN Board will continue to lead the transformation of the health care system into a culture of interdependence.
2. Quality and Safety: The Central East LHIN Board defines health care as being patient-centred, safe and of high-quality.
3. Service and System Integration: The Central East LHIN Board will work with all partners to integrate the health care delivery system to better meet the current and future needs of patients, caregivers and communities.
4. Fiscal Responsibility: Resource investments made by the Central East LHIN Board will put people and patients first.

The 2016-19 IHSP includes four measureable and defined strategic aims, which the Central East LHIN and its health service providers will operationalize to deliver on the mission of better health, better care, and better value for the residents of the Central East LHIN. The four strategic aims are:

1. continuing to support frail older adults to live healthier at home and reducing the need for hospital care;
2. improving the vascular health of people to live healthier at home and reducing the need for hospital admission;
3. supporting people to achieve an optimal level of mental health to live healthier at home and reducing the need for hospital care; and,
4. supporting palliative patients to die at home by choice and reducing the need for hospital end-of-life care.

In addition to advancing its four strategic aims, the Central East LHIN will continue to emphasize its six direct care priorities (which include Patient and Family Caregivers, and Supported Living Environments) while strengthening its four health system enablers (which

include Pursuing Quality and Safety through Access and Transition, Digital Health, and Health System Funding Reform).

For 2018/19, the Central East LHIN will also operationalize the transformational expectations specified in the Minister's annual mandate letter. These include new expectations that are consistent with the LHIN's responsibility to create an integrated service delivery network in a fiscally responsible manner, which ensures programs and services are effective, efficient, and sustainable, to:

- further streamline and increase the efficiency of its administration;
- ensure any savings from this effort are reinvested into front-line patient care;
- prioritize a reduction in the number of people who are waiting in a hospital bed for the right level of care;
- prioritize expanded access to mental health and addictions services; and
- prioritize expanded initiatives that support seniors.

The Central East LHIN will also contribute to the Patients First vision of improving patient experiences, increasing access to care, and reducing wait times, while working to reduce health disparities, by "organizing local care planning and delivery into care communities that are focused on the patient and their family as the key partners in delivering care."

Finally, for 2018/19, the Central East LHIN will also continue to operationalize the transformational expectations expressed in the 2017/18 mandate letter by:

- "Improving the patient experience by partnering with patients in health care planning and by delivering care that reflects the patient voice and is responsive to patients' needs, values and preferences."
- "Addressing the root causes of health inequities and the social determinants of health, by investing in health promotion, and reducing the burden of disease and chronic illness."
- "Creating healthy communities by improving access to primary care and reducing wait times for specialist care, mental health and addictions services, home and community care, and acute care for patients when they need it, which will reduce variation in access across the province."
- "Breaking down the silos between our health care sectors and providers to ensure seamless transitions for patients, and to ensure that providers work together and in collaboration with patients to deliver the best possible care."
- "Supporting innovation by delivering new models of care and digital solutions to make accessing care easier for patients and more efficient for health care providers."

C. Alignment with the Priorities of the Minister's Mandate Letter

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
Transparency and Public Accountability • *Work with Health Shared Services Ontario (HSSOntario) to complete an enterprise-wide review of the LHINs that identifies opportunities for improving efficiency and effectiveness, and*	The Central East LHIN plans to address this 2018/19 Minister Mandate Letter Priority in the broader context of the "Performance" section of its ABP, and specifically

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
opportunities for savings that can be reinvested into patient care. • *Continue to be accountable for outcomes and report on your progress towards achieving health system performance targets.* • *Collaborate with the ministry to develop performance targets to measure the success of transformational activities and publicly report on progress and outcomes.* • *Effectively manage all operational, strategic, and financial risks encountered by the LHIN while ensuring alignment with government priorities and achievement of business objectives.*	"Measuring What Matters." In addition to identifying efficiency and effectiveness opportunities, the Central East LHIN will strive to realize the performance targets against which it is obligated to show improvement under the Ministry of Health and Long-Term Care/LHIN Accountability Agreement.
Improve the Patient Experience • *Continue to engage your Patient and Family Advisory Committee (s) to ensure patients and families are involved in health care priority setting and decision-making.* • *Work towards improving transitions for patients between different health sectors and providers so that patients receive seamless, coordinated care and only need to tell their story once.* • *Support patients and families by implementing initiatives that reduce caregiver distress.*	The Central East LHIN plans to address this 2018/19 Minister Mandate Letter Priority in the broader context of the "Health System Oversight and Management" section of its ABP (including, specifically, the "Strategic Aims" sub-section). For example, the Patient and Family Advisory Committee will be given a role to provide its advice on key issues affecting the local health system. Among the issues is the funding of health and service gaps in the LHIN's seven sub-regions.
Building Healthy Communities Informed by Population Health Planning • *With input from patients, caregivers and partners, assess local population health needs, patient access to the services they need, wait times and the capacity of health providers to serve the community.* • *Through sub-regional (community level) planning, identify how providers and patient partners will collaborate to address health care gaps, and improve patient experience and outcomes.* • *Work with public health and other health care providers to incorporate health promotion strategies in integrated planning, with a specific focus on chronic disease prevention.*	The Central East LHIN plans to address this 2018/19 Minister Mandate Letter Priority in the broader context of the "Health System Oversight and Management" section of its ABP. In the specific context of **"**Sub-region Planning and Development, and Primary Care Alignment," for example, LHIN staff will work with public health to improve chronic disease prevention through the development or wider application of health promotion strategies.
Quality Improvement, Consistency and Outcomes-Based Delivery • *Work with the sector to both enhance existing and develop new performance and quality*	The Central East LHIN plans to address this 2018/19 Minister Mandate Letter Priority in the broader context of the "Health System

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
measurement frameworks that are consistent, well-aligned and flexible to address regional priorities. • *Work with local clinicians at a community level to support implementation of completed quality standards in partnership with Health Quality Ontario.*	Oversight and Management" and "Performance" sections of its ABP. Consistent with its Vascular Strategic Aim, LHIN staff will undertake work specifically related to supporting established Health Quality Ontario standards. Consistent with its outcomes-oriented performance management approach to health service providers and community investments, LHIN staff will enhance and step up the implementation of such frameworks in 2018/19. The Board's Quality Committee will also serve as a driver to advance quality improvement in the LHIN's own operations and across the local health system.
Equity • *Promote health equity and recognize the impact of social determinants of health that effectively reduce health disparities and inequities in the planning, design, delivery and evaluation of services by:* o *Identifying high risk-populations and working with public health and local community partners on targeted interventions to improve access to appropriate and culturally sensitive care, and improve health outcomes, including through sub-region planning.* o *Ensuring engagement with Indigenous leaders, providers and patients to guide investments and initiatives.* o *Assessing the capacity of health services providers within LHIN sub-regions and the extent to which Francophone citizens are provided with an active offer of health services in French, and develop a plan to strengthen health services in French.*	The Central East LHIN plans to address this 2018/19 Minister Mandate Letter Priority in the broader context of three sections of its ABP: "Health System Oversight and Management," "Health Equity – Diversity and Building Cultural Competency," and "Home and Community Care." Consistent with the Ministry's Health Equity Impact Assessment tool, the Central East LHIN recognizes high risk populations include vulnerable and marginalized subpopulations, such as age-related groups, the disabled, ethno-racial communities, the homeless, and those with low income. The Central East LHIN will engage these groups as part of its equity responsibilities. Similarly, it will engage Public Health to address equity issues. To ensure engagement with Indigenous stakeholders, LHIN staff plan to follow-up on the establishment in 2017/18 of mental health and addictions outreach services and further support the initiation and

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
	development of Indigenous Health Advisory Circle Work Plans. To strengthen French Language Services, LHIN staff plan to complete the implementation of the new reporting tool ("French Language Services Annual Report"), as well as French Language Services best practices to the LHIN's Home and Community Care Division.

Primary Care
• *Continue to work with providers to build primary care as the foundation of the health care system and work with health care providers to implement sub-region plans that:*
  o *Use an equity lens to assess the number and proportion of primary care providers based on the need of the local population.*
  o *Improve access to primary care providers, including family doctors and nurse practitioners.*
  o *Facilitate effective and seamless transitions between primary care and other health and social services.*
  o *Improve access to inter-professional health care providers to support comprehensive care.*
• *Implement the plan developed with input from primary care providers, patients, caregivers and partners to embed care coordinators and system navigators in primary care to support smooth transitions of care between home and community care and other health and social services as required.*
• *Support continued integration of Health Links into sub-regional planning with input from primary care providers.*
	The Central East LHIN plans to address this 2018/19 Minister Mandate Letter Priority in the broader context of the "Health System Oversight and Management" section of its ABP, and specifically with regard to "Sub-region Planning and Development, and Primary Care Alignment." For example, LHIN staff will deploy Phase 2 of sub-region profiles, identify business model options for Inter-Professional Care practices at the sub-regional level, and identify clinical services requiring centralized intake and referral processes that will better support primary care.

Hospitals and Partners • *Work with system partners to improve how people move through the system to avoid unnecessary hospital stays, reduce the length of time people must spend in hospital, including the emergency room, and reduce the number of people who are waiting in a hospital bed for the right level of care.* • *Support hospitals to enable the adoption of innovative in patient care, like bundled care.*	The Central East LHIN plans to address this 2018/19 Minister Mandate Letter Priority in the broader context of the "Health System Oversight and Management" section of its ABP, and specifically with regard to "Health System Enablers." For example, LHIN staff will collaborate with and support the advancement by three hospitals of

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
	bundled payments for hip and knee joint replacement Quality-Based Procedures.
Specialist Care • *To improve access to specialty care, work with providers to further reduce wait times and drive appropriate care utilization starting with people suffering from musculoskeletal pain, and those suffering from mood disorders.* • *Support enhanced connections and communications across networks of providers to drive more effective and appropriate specialist referrals.*	The Central East LHIN plans to address this 2018/19 Minister Mandate Letter Priority in the broader context of the "Health System Oversight and Management" section of its ABP. For example, LHIN staff will collaborate with and support health service providers in all three clusters to advance the Musculoskeletal Strategy by operationalizing a Common Intake and Assessment Centre for total hip and knee joint replacement Quality-Based Procedures.

Home and Community Care
• *With input from patients, caregivers and partners:*
  ○ *Reduce wait times and improve coordination and consistency of home and community care so that clients and caregivers know what to expect.*
  ○ *Continue to implement initiatives that strengthen home and community care.*
• *Work with the Ontario Palliative Care Network and other sector partners, with support from the ministry, to expand access to palliative and end-of-life care across sectors.*
	The Central East LHIN plans to address this 2018/19 Minister Mandate Letter Priority in the broader context of the "Health System Oversight and Management" and "Home and Community Care" sections of its ABP. To expand access to palliative and end-of-life care, LHIN staff plan to implement a standardized model of care across its six Palliative Care Community Teams, and, alongside Residential Hospice proponents, further plan and develop 53 residential hospice beds.

Long-Term Care • *Work with the ministry to strengthen the long-term care home sector, including through the redevelopment of long-term care homes across the province.*	The Central East LHIN plans to address this 2018/19 Minister Mandate Letter Priority in the broader context of the "Health System Oversight and Management" and "Home and Community Care" sections of its ABP. With the largest number of beds eligible for redevelopment and the third largest number of Long-Term Care Homes eligible for redevelopment among LHINs, Central East LHIN staff plan to work diligently with the Ministry of Health and Long-Term Care on this initiative and any

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
	opportunities to create new capacity associated with the government's "Aging with Confidence" initiative.
Dementia Care • *Implement regional dementia capacity plans, with support from the ministry, to enable persons living with dementia and their care partners to live well at home and in their communities for as long as possible.*	The Central East LHIN plans to address this 2018/19 Minister Mandate Letter Priority in the broader context of the "Health System Oversight and Management" and "Home and Community Care" sections of its ABP. In collaboration with the Seniors Care Network, LHIN staff plan, for example, to develop a dementia care capacity plan and approach to support resource allocation.
Mental Health and Addictions • *Based on the advice from Ontario's Mental Health and Addictions Leadership Advisory Council, work with local partners and other sectors to expand access to mental health and addictions services that:* o *Expand access to structured psychotherapy and supportive housing.* o *Establish referral networks with primary care providers.* o *Reduce wait times and make access to community health services a priority for sub-region planning, in collaboration with community and social service providers and partners.* • *Support the provincial opioid strategy, and provide support to connect patients with high quality addictions treatment.*	The Central East LHIN plans to address this 2018/19 Minister Mandate Letter Priority in the broader context of the "Health System Oversight and Management" section of its ABP, and specifically its "Strategic Aims" and "Supportive Living Environments" sub-sections. LHIN staff plan to complete a centralized system-level access model for mental health and addictions services, as well as a child and adolescent psychiatric services project, while implementing a new Central East LHIN Opioid Strategy.
Innovation, Health Technologies and Digital Health • *Champion Ontario as a leading jurisdiction to adopt and scale new and innovative health technologies and value-based processes.* • *Support the ministry's Digital Health Strategy, including but not limited to:* o *Ensuring that any hospital information system (HIS) renewal decisions are consistent with HSP Renewal Advisory Panel clustering recommendations and reflect a commitment to reduce the overall number of HIS instances in the province.*	The Central East LHIN plans to address this 2018/19 Minister Mandate Letter Priority in the broader context of the "Health System Oversight and Management" section of its ABP, and specifically its Digital Health sub-section. LHIN staff plan to ensure all hospitals will be able to issue eNotifications and e-Referrals (for three pathways), and continue to expand eConsult by 2020.

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
○ *Implementing or expanding existing virtual models of care or digital self-care models that are consistent with existing provincial initiatives.* ○ *Supporting the delivery of digital solutions to improve patient access and navigation as well as referrals to specialists, and further expand online consultation between primary care providers and specialists.*	

D. Overview of the LHINs current and forthcoming programs/activities

Consistent with the *Local Health System Integration Act, 2006*, and in direct support of the implementation of the 2016-19 IHSP, health programs and services are delivered in the Central East LHIN by the LHIN organization directly (i.e., by Home and Community Care Division), and by health service providers with an accountability relationship with the Central East LHIN:

- 68 Homes providing Long-Term Care services
- 45 community-based providers of Community Support Services
- 24 community-based providers of Mental Health Programs
- 15 community-based providers of Assisted Living Services and Supportive Housing
- 8 community-based providers of Addictions Programs
- 7 hospitals providing acute services on 13 sites
- 6 Community Health Centres providing primary care services
- 3 community-based providers of Acquired Brain Injury Services
- 1 hospital providing specialty mental health services

Health programs and services are also delivered in the Central East LHIN by entities that do not currently have an accountability relationship with the LHIN organization, including Independent Health Facilities, Family Health Teams, an array of physician-based primary care models, fee-for-service physicians, Nurse Practitioner-led clinics, and a range other health professionals.

In 2018/19, the Central East LHIN will assess and, if practicable, change its own Home and Community Care program and service delivery in alignment with Ministry of Health and Long-Term Care's expectations of closer linkages to primary care and the local health system. With respect to programs and activities operationalized through health service providers, the Central East LHIN will assess and, to the extent possible, implement changes consistent with Health Quality Ontario Quality-Based Procedure standards, bundled payment arrangements, actionable integration opportunities, and further consolidations of back office functions. These latter activities align most closely with the expectations of the Minister's Mandate letter to "improve transitions for patients between different health sectors and providers," "identify how providers and patient partners will collaborate to address health care gaps and improve patient experience and outcomes," and "work with public health and local community partners on targeted interventions to improve access to appropriate and culturally sensitive care, and improve health outcomes, including through sub-region planning."

In the course of preparing the 2018/19 ABP, no specifically new programs or activities were identified to be implemented through the Central East LHIN's operations or those of its health service providers. However, new programs and activities are expected to be developed and implemented while the ABP is being operationalized as sub-region priorities and locally identified needs emerge.

E. Environmental Scan

Based on the environmental scan prepared for the 2016-19 IHSP, which outlines the business environment in which it is operating, and updated with the release of demographic information from Census 2016, the Central East LHIN is the second largest LHIN in population (1,550,531 people). It is growing at a rate slightly below the provincial average at 3.5% vs. 4.6% for Ontario (2016). The Central East LHIN is the sixth largest LHIN in land area at 16,673 km^2.

For purposes of health system planning and integration, geography and traditional health care referral patterns and utilization practices were used to organize the LHIN into its three current large service cluster areas ─ Scarborough, Durham, and North East ─ and, in 2017/18, seven LHIN sub-regions.

Sub-Regions: A sub-region, which is a smaller geographic planning region than a cluster, will help the Central East LHIN to better understand and address population health needs at the local level. Sub-regions have been in place informally in the Central East LHIN for many years and they are now formalized as a provincial planning approach for LHINs.

By looking at care patterns through a smaller, more local lens, the Central East LHIN will be able to identify and respond better to community needs and ensure that patients across the entire LHIN have access to the care they need, when and where they need it. This includes the needs of Francophone Ontarians, Indigenous communities, newcomers and other individuals and diverse groups within the Central East LHIN whose health care needs are unique and who often experience challenges accessing and navigating the health care system.

The Central East LHIN has seven fully functioning sub-regions:

- Scarborough North (population – 175,504)
- Scarborough South (population – 423,690)
- Durham West (population – 339,825)
- Durham North East (population – 306,037)
- Northumberland County (population – 73,754)
- Peterborough City and County (population – 138,236)
- Haliburton County and City of Kawartha Lakes (population – 93,485)

To support enhanced collaboration among health service providers and other stakeholders across the seven sub-regions, an environmental scan of demographics, population health, social determinants of health and health system information at the LHIN sub-region level has been developed to support decision-making. The environmental scan consists of eight chapters which describe the Central East LHIN and its seven sub-regions. See - http://www.centraleastlhin.on.ca/resources/Publications.aspx.

Strategic Aims: The Central East LHIN's focus in the 2016-19 IHSP on four Strategic Aims and six direct care priorities is based on its assessment of its business environment and risks. The four Strategic Aims, in particular, are informed by an awareness of the risks posed to existing capacity by population and demographic pressures.

Seniors Aim: The Central East LHIN has the second-largest number of seniors (65+) in the province. This priority population is growing and impacting the demand for health care services:

- Over 17% of Central East LHIN's population are seniors aged 65+ (up from 14% in 2011);
- By 2021 seniors will account for 18% of the Central East LHIN's population;
- Central East LHIN has the highest waitlist and 2nd highest long-term care demand rate in the province - 118 of every 1,000 seniors aged 75+ are living in, or waiting for long-term care, up 10% from the 2010-2013 IHSP;
- The long-term care bed supply has decreased for the 75+ population from 90.1/1,000 to 82.9/1,000 since 2010;
- Over 40% of the 85+ population live alone in the community;
- By 2016, over 1,000 community-dwelling people with dementia will experience Alternate Level of Care hospitalization in the Central East LHIN; and,
- By 2020, an estimated 32,700 Central East LHIN residents will be living with dementia, the second highest in Ontario (Alzheimer Society of Canada).

Vascular Aim: The Central East LHIN is alike many jurisdictions in the province and country, where vascular diseases remain the leading cause of preventable death in adult Canadian men and women. Nine out of every ten Canadians over age 20 have at least one risk factor for vascular disease, while one in three have more than one risk factor (Public Health Agency of Canada).

- Many of the modifiable risk factors are prevalent in the Central East LHIN population including overweight/ obesity (51%); physical inactivity (48%); type 2 diabetes (5.8%); and, smoking (16%);
- Within the Central East LHIN, 17% of residents have multiple chronic conditions which makes vascular disease management more complex and can lead to higher hospital re-admission rates; and
- In 2014/15, over 23.2% of patients with Congestive Heart Failure, 15.3% of Cardiovascular patients, and 10.2% of Diabetes clients were readmitted to hospital within 30 days of discharge, suggesting, that despite significant vascular health advancement over the last nine years, improvement is still needed.

Mental Health and Addictions Aim: With approximately 20% of Canadians experiencing a mental illness during their lifetime, and the remaining 80% affected by an illness in family members, friends or colleagues (*A Report on Mental Illnesses in Canada*), a continuing focus on those with mental health and addiction issues is paramount.

Palliative Aim: Palliative care accounted for 2.2% of days spent in Ontario hospitals in 2013/14 (119,068 days) and the third largest proportion of acute care days (behind heart failure and pneumonia). Across all LHINs, Central East LHIN hospitals had the largest proportion of acute days for palliative care. Similarly, in Central East LHIN hospitals, palliative care accounted for the largest percentage of acute care days at 22,789 or 5.0%. Currently, 70% of palliative patients are discharged from hospital with supports.

2) Health System Oversight and Management

A. Sub-region Planning and Development, and Primary Care Alignment

Priority

In support of the Central East LHIN's mission of advancing an integrated sustainable health care system that ensures better health, better care and better value, prioritized action plans will be enacted in 2018/19 to operationalize sub-regions, including strengthening coordinated care delivery through the Health Links approach to care and primary care alignment.

Priority Description

The *Patients First Act, 2016* requires LHINs to establish geographic sub-regions for the purposes of planning, funding and service integration. This requirement was reflected for the first time in the 2017/18 Ministry Mandate Letter. "Through sub-regional planning," LHINs will "identify how providers will collaborate to address health gaps, and improve patient experience and outcomes."

As such, the establishment of seven Sub-region Planning Tables will facilitate the engagement of LHIN-funded health service providers, primary care, public health, patients and caregivers, Francophone and Indigenous stakeholders, municipalities, social services providers and other partners to foster joint accountability for innovative, integrated system redesign to address health and service gaps, advance quality, and improve patient experience and outcomes. This collaborative and inclusive planning approach allows for the opportunity to innovate care delivery and services to meet the needs of local residents.

Sub-region planning will continue to strengthen coordinated care delivery through the Health Links approach to care and primary care alignment. Home and Community Care services will continue to be provided within each of the sub-regions and will be operationalized to better coordinate services and ensure seamless transitions of care.

Current Status

The establishment of seven Central East LHIN Sub-region Planning Tables in 2017/18 strengthened the foundation to support transformative patient care improvements. Sub-region Planning Tables will empower individuals, organizations and sectors to engage in collaborative planning for a local population within a defined geography. Specific sub-region priorities will be informed by the patient and caregiver perspective and by robust local health system data.

Primary Care Physician Leads are Co-Chairs of the Sub-region Planning Tables and are members of the LHIN-wide Sub-region Steering Committee. The Primary Care Physician Leads collaborate with the Vice-President Clinical and the LHIN's Specialist Leads through the Medical Leadership Group to provide advice on system transformation.

Central East LHIN staff made a strong start in 2017/18 compiling data and information to support planning to improve access to primary care services and to coordinate primary care services within sub-regions. In support of the provincial priority to expand access to Inter-professional Primary Care, the Central East LHIN and its Primary Care Leads engaged with system partners to submit multiple proposals for provincial consideration to expand access to Inter-professional Primary Care within those sub-regions identified by the province for enhancement.

Goal (s)

- Bring together health system and community partners, as well as primary care and specialty clinical leadership, at the sub-region level to support and enable health system planning based on population health needs.
- Identify, plan and make recommendations on innovative, integrated strategies for improvement in access and care delivery across and within sub-regions.
- Be informed and guided by patient and family experience in improving patient transitions and coordination of care across the health care continuum.
- Drive system change in sub-regions aligned to Central East LHIN and provincial priorities.
- Develop stronger linkages between LHIN sub-region partner organizations and primary care providers.
- Work with clinicians at the regional and sub-regional levels to support implementation of quality standards, in partnership with Health Quality Ontario.
- Implement the ten steps identified in the Patients First: A Roadmap to Strengthen Home and Community Care.

Government Priorities

- *Patients First Act, 2016*
- 2018/19 Minister's Mandate Letter to LHINs
- Patients First: Action Plan for Healthcare (2015)
- Personal Support Services Regulatory Amendments and Policy Implementation (2014)
- Patient Care Groups: A New Model of Population-based Primary Health Care for Ontario (2015)
- *Home Care and Community Services Act, 1994*
- Aging with Confidence: Ontario's Action Plan for Seniors (2017)

Action Plans		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
Sub-region Development and Planning		
Sub-region Profiles		
Staff will complete the scoping and compilation of content of Phase 2 sub-region data profiles.	Completed	October 2018
Staff will publish Phase 2 sub-region data profiles for public use.	Completed	March 2019

	Capacity Planning		
	Staff will develop and support the adoption of the framework to be used for assessing primary health capacity in the Central East LHIN.	Completed	October 2018
	Using the confirmed framework, staff will complete the assessment of primary health capacity in the Central East LHIN.	Completed	March 2019
	Integrated Planning to Advance Health Promotion Strategies		
	Staff will work with public health and affected stakeholders to improve chronic disease prevention through the development or wider application of health promotion strategies across sub-regions.	Completed	March 2019
	Improving Patient Access to Care Providers and Settings		
	Staff will develop and support the adoption of the framework to be used for identifying which local clinical services require centralized intake and referral processes.	Completed	October 2018
	Primary Care Alignment		
	Primary Care Alignment		
	Staff will identify business model options for Inter-professional Primary Care practices.	Completed	December 2018
	Staff in collaboration with affected health service providers will implement the provincial framework for Inter-professional Primary Care in one or more sub-region.	Completed	March 2019
	Staff will develop an implementation plan for at least one identified business model in at least one sub-region.	Completed	March 2019
	Attaching Patients to Primary Health Care		
	Staff in collaboration with affected health service providers will implement at least one discretely designed strategy to increase the number of patients who have access to primary care in at least one sub-region.	In Progress	July 2019
	Staff will implement Health Care Connects program enhancements in all sub-regions in alignment with provincial direction.	Completed	March 2019
	Staff in collaboration with affected health service providers will develop the framework for establishing, assessing, managing, and reporting of primary care wait lists by sub-region.	In Progress	July 2019

B. Central East LHIN Patient and Family Advisory Committee

Priority

Since its inception, the Central East LHIN has recognized the value of listening to the voice of patients and their family/caregivers. Taking action on the lived experience of patients and their caregivers has resulted in the establishment of new programs, improvements to existing services and, when warranted, the re-design or re-assignment of accountability for services.

Priority Description

In 2018/19, the Central East LHIN will continue to work with its Central East LHIN Patient and Family Advisory Committee to seek out and embed the lived experience of patients and caregivers in the design and implementation of the health care system. The Patient and Family Advisory Committee will continue to advise and collaborate with the Central East LHIN, its leaders, health service providers, and staff regarding system-level policies, practices, and strategy, planning, and delivery of patient and family-centred care within the Central East LHIN region. The Patient and Family Advisory Committee will also continue to support the involvement of patient and family caregivers at the Sub-region Planning Tables.

Current Status

The Central East LHIN Patient and Family Advisory Committee was established in March 2017. By the end of 2017, it comprised nine individuals with a variety of lived and professional experiences who, geographically speaking, represented a majority of the LHIN's seven sub-regions. Ongoing recruitment to help ensure the Patient and Family Advisory Committee reflects the diversity of the people and communities within the Central East LHIN geography is targeted to closing participation gaps in several sub-regions and to involving people who self-identify as a member of the Francophone, Indigenous, new immigrant and/or Lesbian Gay Transgendered Queer communities.

While the Central East LHIN does not presently have an Indigenous representative on its PFAC, a current member has experience as a provider in Indigenous communities. The PFAC is actively recruiting for additional members including the lived experience of being an Indigenous person.

Goal (s)

- Identify and advise on opportunities to incorporate the patient's perspective in initiatives to better integrate care across the region and across the health care system.
- Establish a strategy to increase meaningful patient and family engagement and advance the culture of patient and family-centred care within the Central East LHIN.
- Provide advice on recommendations about health care access or service delivery improvements from the patient and/or family caregiver perspective.
- Provide input on LHIN policies and standards guiding LHIN initiatives, particularly regarding patient care and patient engagement.

- Recommend strategies and practical ideas for improving patient care, and caregiver recognition and support.
- Work in partnership and engage in co-design with the LHIN Chief Executive Officer, LHIN staff, health service providers and stakeholders.
- Link and collaborate with other patient and family advisory groups within the LHIN and across the province as appropriate.

Government Priorities

- *Patients First Act, 2016*
- 2018/19 Minister's Mandate Letter to LHINs
- Patients First: Action Plan for Healthcare (2015)
- Bringing Care Home - Report of the Expert Group on Home and Community Care (2015)
- Aging with Confidence: Ontario's Action Plan for Seniors (2017)

Action Plans

	Expected Status (as of March 31, 2019)	Expected Completion Date
Central East LHIN Patient and Family Advisory Committee		
The Patient and Family Advisory Committee will provide advice to the Central East LHIN on at least three key issues affecting the health care system.	Completed	March 2019
The Patient and Family Advisory Committee will support and monitor Patient and Caregiver/Family Engagement at the sub-region level, including through recruitment drives to close gaps in patient and family caregiver representation.	Completed	March 2019
The Patient and Family Advisory Committee will support the development of at least one discretely designed initiative that improves the health literacy of patients and caregivers in all sub-regions so that they can be active partners in their personal health care.	Completed	March 2019

C. Strategic Aims

i. Seniors

Priority

Continue to support frail older adults to live healthier at home by spending 20,000 fewer days in hospital and reducing ALC days for people age 75+ by 20% by 2019 (compared to 2015/16).

Priority Description

The Central East LHIN is committed to supporting frail seniors in avoiding hospitalization and transitioning safely home following a necessary hospital stay. The Seniors Aim is a system-level, population health strategic aim focused on improving the health care services for and with frail seniors and their caregivers.

Current Status

Frail seniors are those older adults whose complex health concerns threaten their independence and function. In the Central East LHIN, the frail senior population is growing and continues to affect and shape the demand for health care services.

The Seniors Care Network was established and funded by the Central East LHIN to improve the planning and coordination of specialized geriatric health services for frail seniors throughout the Central East LHIN. Its work emphasizes reducing unnecessary hospitalizations and supporting frail seniors to continue living at home safely.

The Central East LHIN, the Seniors Care Network, and the Seniors' Physician Lead, along with key stakeholders and partners, will design, implement and evaluate programs that strengthen integrated health services and their delivery for frail seniors. The focus of this work in 2018/19 will be to understand frail senior populations better at a LHIN sub-region level and the opportunities to meet their health needs to support them living at home.

Goal (s)

- Support frail older adults to live healthier at home by spending fewer days in hospital.
- Continue to provide ongoing alternatives for home and specialized care that helps older adults to remain living healthier at home and in their community.
- Continue to support existing initiatives, expand community-based services, and implement new strategies related to dementia and frail senior care so that patients will only have to stay in hospital as long as they need the intensity of care that hospitals are designed to provide.
- Expand access to services that support seniors' independence and functioning, including restorative care, adult day programs, and assisted living services for high-risk seniors.
- Improved support in primary care settings through heightened coordinated care planning, advance care planning, and education.

Government Priorities

- *Patients First Act, 2016*
- 2018/19 Minister's Mandate Letter to LHINs
- Aging with Confidence (2018)
- Patients First: Action Plan for Healthcare (2015)
- Levels of Care Framework (2017)
- Ontario Dementia Strategy (2017)
- Bringing Care Home - Report of the Expert Group on Home and Community Care (2015)
- Provincial Seniors Strategy - Living Longer, Living Well (2012)
- Building a Model of Sustainable Access to Community Health Care Services (2011)
- Ministry's Specialized Geriatric Services and Regional Geriatric Programs: Review and Recommendation (2014)
- Enhanced Long-Term Care Home Renewal (2014)

Action Plans

	Expected Status (as of March 31, 2019)	Expected Completion Date
Frail Seniors		
Long-Term Care Homes Redevelopment Project		
The Central East LHIN will provide sound and timely business intelligence for redevelopment proponents in relation to Ministry of Health and Long-Term Care-led planning and approvals processes.	In Progress	2025
The Central East LHIN will work with the Ministry of Health and Long-Term Care to develop a decanting strategy to mitigate risks associated with local redevelopment projects.	In Progress	Ongoing
The Central East LHIN will define and adopt Senior Friendly Care and Behavioural Supports Ontario design principles for local application.	Completed	March 2019
The Central East LHIN will apply Senior Friendly Care and Behavioural Supports Ontario design principles to local redevelopment projects, as appropriate.	Completed	March 2019
Primary Care Memory Services		
Staff will develop and implement the Central East LHIN's evaluation framework for primary care memory services.	Completed	March 2019
Staff will evaluate local primary care memory services.	Completed	March 2019

Staff will develop a framework for the regional provision of primary care memory services.	Completed	March 2019
Staff will identify best practices in the regional provision of primary care memory services.	In Progress	June 2019
Adult Day Programs		
Staff will complete an evaluation of local adult day programs.	Completed	March 2019
Staff will conduct a gap analysis of adult day programs at the sub-region level.	Completed	March 2019
Staff will develop and oversee the implementation of consistent adult day program referral processes across all sub-regions.	In Progress	June 2019
Caregiver Education and Training		
Staff in collaboration with the Seniors Care Network and the Regional Geriatric Program of Toronto will develop caregiver education reflective of sub-region variability.	In Progress	August 2019
Staff in collaboration with the Seniors Care Network and the Regional Geriatric Program of Toronto will provide caregiver education.	In Progress	August 2019
Dementia Strategy		
Staff in collaboration with the Seniors Care Network will develop and adopt a dementia care capacity plan for the Central East LHIN.	Completed	June 2018
Staff in collaboration with the Seniors Care Network will develop and implement a resource allocation strategy for dementia care for the Central East LHIN.	Completed	June 2018
Supportive Living Environments		
Assisted Living Services for High-Risk Seniors		
Staff will complete an evaluation of local assisted living services for high-risk seniors.	Completed	March 2019
Staff will conduct a gap analysis of local assisted living services for high-risk seniors at the sub-region level.	Completed	March 2019
Staff in collaboration with affected health service providers will create and implement consistent wait list management practices across local assisted living services for high-risk seniors hubs.	Completed	March 2019

Physiotherapy and Rehabilitation		
Rehabilitation Steering Committee		
Staff in collaboration with affected health service providers will establish and operationalize the Central East LHIN Rehabilitation Steering Committee.	In Progress	October 2019
Capacity Planning for Rehabilitation Services		
Staff will develop and support the adoption of a rehabilitation services capacity plan that includes community-based physiotherapy clinics for the Central East LHIN.	In Progress	March 2020
Assess and Restore		
Staff will develop the Central East LHIN's evaluation framework for assess and restore programs.	Completed	March 2019
Staff will apply the Central East LHIN's evaluation framework for assess and restore programs.	Completed	March 2019
Based on the application of the Central East LHIN's evaluation framework, staff will develop a sustainability plan for ongoing assess and restore program delivery.	Completed	March 2019
Staff in collaboration with affected health service providers will define and implement standardized output and outcome performance metrics for assess and restore programs.	Completed	March 2019

ii. Vascular Health

Priority

Continue to improve the vascular health of people to live healthier at home by spending 6,000 fewer days in hospital and reducing hospital readmissions for vascular conditions by 11% by 2019 (compared to 2015/16).

Priority Description

Vascular diseases remain the leading cause of preventable death in adult Canadian men and women. Despite reductions in the number of people who die each year from vascular diseases, this remains the number one threat to the health of Canadians. In 2018/19, the Central East LHIN will continue to support strong inter-sectoral partnerships between hospitals, primary and specialty care, community organizations, patients, their families, and caregivers.

Current Status

Vascular health has been a strategic aim for the Central East LHIN since 2006, with close to 70,000 inpatient days saved for vascular conditions. The LHIN is continuing to support the achievement of this aim with education and communication for patients and caregivers, stronger linkages with primary health care, and improved system navigation processes.

Goal (s)

- Continue to improve the organization, coordination, and delivery of vascular health services for residents in the Central East LHIN across LHIN sub-regions, with the goals of reducing hospitalization, readmissions to hospitals, and promoting vascular health.
- Establish equitable access for vascular services and care.
- Advance patient and caregiver goals by improving identification of patients with complex diabetes, vascular, congestive heart failure and social care needs, and conducting coordinated care planning.
- Improved support in primary care settings through heightened coordinated care planning, advance care planning, and education.
- Ensure needs of Francophone, Indigenous people, and new immigrants are being addressed.
- Ensure efficient and effective delivery of vascular services.

Government Priorities

- *Patients First Act, 2016*
- 2018-19 Minister's Mandate Letter to LHINs
- Patients First: Action Plan for Healthcare (2015)
- The Ontario Integrated Vascular Health Strategy - Blueprint (2012)
- Ontario Diabetes Strategy (2008)
- Ontario Renal Plan (2015–2019)

Action Plans		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
Telewound Care Project		
In alignment with the Digital Health Strategy, staff will develop and pilot the Telewound model of care for the Central East LHIN.	Completed	January 2019
Telehomecare		
Staff will complete an evaluation of local telehomecare services to ensure alignment with the Digital Health Strategy.	Completed	March 2019
Staff in collaboration with affected health service providers will develop an implementation plan to embed telehomecare referral processes into all relevant local hospital processes.	In Progress	June 2019
Staff in collaboration with affected health service providers will transition to the Ontario Telemedicine Network Vivify electronic solution at all applicable sites.	Completed	March 2019
Staff will integrate telehomecare processes into the Emergency Department diversion strategies used by Home and Community Care Coordinators.	In Progress	June 2019
Stroke Strategy		
Staff in collaboration with affected health service providers will establish and operationalize the Central East LHIN Stroke Committee.	Completed	March 2019
Staff will complete an evaluation of local stroke services, including an analysis of access to stroke care at the sub-regional level.	Completed	March 2019
The Central East LHIN Stroke Committee will develop a regional stroke work plan.	Completed	March 2019
Staff in collaboration with Greater Toronto Area LHINs will develop a common implementation approach to community stroke care.	In Progress	June 2019
Diabetes Education Program		
Staff will complete an inventory of current foot care services at the sub-region level.	Completed	March 2019
Staff in collaboration with Diabetes Education Programs will increase their clients' uptake and referral to Total Contact Casting for wound management.	Completed	March 2019
Staff in collaboration with Diabetes Education Programs will develop and implement standard patient experience tools.	Completed	March 2019

	Staff in collaboration with Diabetes Education Programs will improve individual eye care screening rates for diabetic patients.	Completed	March 2019
	Staff in collaboration with Diabetes Education Programs will design and implement process improvements to transition clients from paediatric to adult Diabetes Education Programs.	Completed	March 2019
	Self-Management		
	Staff will develop and implement culturally appropriate education/workshops for the provision of Self-Management programs, including for Francophone and Indigenous peoples.	Completed	March 2019
	Staff will support the translation of Chronic Pain Program self-management training materials into French.	Completed	March 2019
	Staff will spread the Caregiver Self-Management Program to all sub-regions.	Completed	March 2019
	Regional Cardiovascular Rehabilitation and Secondary Prevention		
	Staff in collaboration with affected health service providers will expand the use of Ontario Telemedicine Network services to improve access to and client completion of the Cardiovascular Rehabilitation and Secondary Prevention program, including in remote and Indigenous communities in alignment with the Digital Health Strategy.	Completed	March 2019
	Vascular Aim Governance Structure		
	Staff in collaboration with affected health service providers will establish and operationalize the Central East LHIN Vascular Steering Committee.	Completed	March 2019
	The Central East LHIN Vascular Steering Committee will develop and oversee the implementation of a regional stroke work plan.	Completed	March 2019

iii. Mental Health and Addictions

Priority

Continue to support people to achieve an optimal level of mental health and live healthier at home by spending 15,000 fewer days in hospital and reducing repeat unscheduled Emergency Department visits for reasons of mental health or addictions by 13% by 2019 (compared to 2015/16).

Priority Description

The Central East LHIN is committed to ensuring that high quality and equitable health care is available to those who are affected by mental health and addictions issues in accessing the primary health care system and other broader health supports.

If appropriate care is not provided, people with mental health and addictions issues are often frequent users of urgent care. In 2016/17, there were 19,545 unscheduled Emergency Department visits in the Central East LHIN where the presenting issue was a mental health and/or addiction condition and an additional 5,604 visits where mental health and/or addictions was concurrent with the presenting condition.

The Central East LHIN will transform the Central East LHIN mental health and addictions system, so that it is focused on the needs of clients and caregivers and is accessible, integrated and quality outcomes driven.

Current Status

Mental health and addictions has been a strategic aim for the Central East LHIN since 2006, saving a predicted 30,786 hospital inpatient days by the end of the 2013-16 IHSP. Based on current and future system service partnerships, system planning, targeted funding and overall investments, the Central East LHIN and its health service providers continue to work together to meet the Ministry of Health and Long-Term Care/LHIN Accountability Agreement targets for Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions and Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions.

Based on the Deloitte Report (June 2017) that assessed the mental health and addictions system across the Central East LHIN, a number of key initiatives are being supported. These include the establishment of a Mental Health and Addictions Executive Committee, an Advisory Group and key Action Groups, as well as a focus on centralized access points to initiate the overall transformation that will result in system, service and service-user improvements.

Goal (s)

- Provide alternatives to hospital-based care through integration and better linkages with primary care, specialists and supported living environments.
- Improved support in primary care settings through heightened coordinated care planning, advance care planning, and education.
- Transform the Central East LHIN Mental Health and Addictions System.

Government Priorities

- *Patients First Act, 2016*
- 2018/19 Minister's Mandate Letter to LHINs
- Patients First: Action Plan for Healthcare (2015)
- Minister's 10 Year Strategy for Mental Health: Every Door is the Right Door (2009)
- Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy (2011)
- Realizing Our Potential: Ontario's Poverty Reduction Strategy (2014-2019)

Action Plans		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
Centralized System Level Access Model for Mental Health and Addictions		
The Mental Health and Addictions Executive Committee will support work leading to the completion of value stream mapping (which is a technique to document, analyze and improve information flows required to deliver a service) for current clinical and service pathways.	Completed	December 2018
The Mental Health and Addictions Executive Committee will support work leading to the establishment and operationalization of the Central East LHIN Mental Health and Addictions Centralized Access System.	Completed	December 2018
The Mental Health and Addictions Executive Committee will support work leading to the development of protocols, processes and policies to support the Central East LHIN Mental Health and Addictions Centralized Access System.	Completed	December 2018
Child and Adolescent Psychiatric Services Project		
Staff will review identified Child and Adolescent Psychiatric Services project improvements and select key priorities/areas of focus.	Completed	December 2018
Staff will develop an action plan for implementing at least one key priority/area of focus.	Completed	December 2018
Central East LHIN Opioid Strategy		
Staff will support the adoption and implementation of the Central East LHIN Opioid Strategy.	Completed	September 2018
Staff in collaboration with affected health service providers and stakeholders will define and implement standardized output and outcome performance metrics for the Central East LHIN Opioid Strategy.	Completed	September 2018

iv. Palliative Care

Priority

Continue to support palliative patients to die at home by choice and spend 15,000 fewer days in hospital by increasing the number of people discharged home with support by 17% by 2019 (compared to 2015/16).

Priority Description

Palliative and end-of-life care aims to relieve suffering and focus on achieving comfort. Incumbent in the care is respect for the persons nearing death and maximizing quality of life for the patient, family and loved ones. It is holistic in nature and encompasses physical, psychological, social, spiritual and practical issues.

Current Status

A number of palliative care priority projects and investments have contributed to steady progress in realizing the Palliative Care strategic aim. Successes in 2017/18 included the implementation of three additional Palliative Care Community Teams, and ongoing palliative care education across all sub-regions targeting all sectors and providers. The Palliative Pain and Symptom Management Consultants continued to enable knowledge transfer from the classroom to the bedside for front-line health service providers. To support the achievement of the Central East LHIN Residential Hospice Strategy, the Central East LHIN will work collaboratively with partners and stakeholders to build 53 additional residential hospice beds by March 31, 2019.

The Central East Regional Palliative Care Steering Committee is a disease-agnostic network designed to support a coordinated, standardized approach for the delivery of hospice palliative care services. The Central East Regional Palliative Care Steering Committee has aligned its priorities and initiatives to support the achievement of the Ontario Palliative Care Network's mandate and the palliative care priorities of the Central East LHIN and the Central East Regional Cancer Program. Two clinical co-leads — the Central East Regional Palliative Care Physician Lead and the Palliative Care Nurse Practitioner Lead — support the achievement of the Central East LHIN's Palliative Care strategic aim through planning with affected health service providers and stakeholders.

Goal (s)

- Increased capacity by redirecting services from acute care settings into communities.
- Increased access and opportunity for patients to receive palliative and end-of-life care within their homes and communities through the establishment, expansion, and enhancements of interdisciplinary community-based palliative teams.
- Increased access to residential hospice as a choice for location of death.
- Heightened quality and safety through increased education and training opportunities.
- Improved support in primary care settings through heightened coordinated care planning, advance care planning, and education.
- Improved system design and integration opportunities through continued development of informal support networks and development of Community Hospice Hub models.

Government Priorities

- *Patients First Act, 2016*
- 2018/19 Minister's Mandate Letter to LHINs
- Patients First: Action Plan for Healthcare (2015)
- Advancing High Quality, High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action (2011)

Action Plans		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
Central East Regional Palliative Care Strategy and Action Plan		
Staff in collaboration with affected health service providers and stakeholders will implement the Central East Regional Palliative Care Strategy.	Completed	March 2019
Staff in collaboration with affected health service providers and stakeholders will establish the Advance Care Planning Strategy.	Completed	March 2019
Staff will develop a palliative care education strategy for health service providers.	Completed	March 2019
Community Hospices as Hubs		
Staff in collaboration with affected health service providers and stakeholders will develop "Centres of Excellence in Hospice Palliative Care."	Completed	March 2019
Staff in collaboration with affected health service providers and stakeholders will establish grief and bereavement services in community hospice hubs.	Completed	March 2019

	Staff in collaboration with affected health service providers and stakeholders will establish and integrate a common basket of core programs and services available across local hospice settings, based on need.	Completed	March 2019
	Medical Assistance in Dying		
	Staff will partner with the Ministry of Health and Long-Term Care in the planning and implementation of a mature Medical Assistance in Dying system.	Completed	March 2019
	Staff will align the Central East LHIN Care Coordination Model and the Provincial Care Coordination service with respect to Medical Assistance in Dying.	Completed	March 2019
	Palliative Care Community Teams		
	Staff in collaboration with affected health service providers and stakeholders will implement and maintain the Central East LHIN Palliative Care Community Teams Standardized Model of Care in all six teams.	In Progress	July 2019
	Residential Hospice		
	Staff in collaboration with affected health service providers and stakeholders will plan and develop 53 residential hospice beds across Central East LHIN.	Completed	March 2019
	Palliative and End-of-Life Education and Training		
	Staff will support the planning and delivery of physician and interdisciplinary targeted palliative and end-of-life education and training.	Completed	March 2019
	Staff will support the delivery of Learning Essential Approaches to Palliative Care courses.	Completed	March 2019

D. Direct Care Priorities

i. Supportive Living Environments

Priority

Safe, affordable, stable housing with the services necessary to support people of all ages to live healthier at home is widely recognized as a need within all LHIN sub-regions.

Priority Description

The 2016-19 IHSP articulates how adequate support to live independently and safely is essential for vulnerable populations such as seniors, persons with physical disabilities and special needs, cognitive and/or developmental conditions, and individuals with serious mental health and/or addiction issues. The location and limited access to stable, affordable housing options with health supports impacts the ability of patients to be discharged from hospital, and can lead to unnecessary dependence on Emergency Departments, as well as premature or unnecessary placement in long-term care. As such, housing is a key social driver of health and a contributor to achieving the Central East LHIN's vision, mission, and performance goals.

Current Status

The Central East LHIN has engaged with the five Consolidated Municipal Service Managers across the LHIN, namely the City of Peterborough (including the County of Peterborough), Northumberland County (including the Town of Brighton), City of Kawartha Lakes (supporting Haliburton County), Durham Region, and the City of Toronto (serving Scarborough) to collaboratively address the growing need for affordable housing with health supports.

A Housing and Homelessness Framework and joint strategic aims guide LHIN and Municipal collaborations, including the identification of common priorities, service-level planning, and opportunities to align and maximize new investments and existing funding to address needs in each sub-region. Planning activities with the City of Toronto have evolved into a more focused project whose output is to develop a plan to create integrated systems of care around those who are the most disenfranchised and have the most complex health and social issues.

Goal (s)

- Improve access to high quality, timely, equitable services to support residents in securing and maintaining safe, affordable, and accessible housing with health and social support.
- Promote health and social equity across populations and communities.
- Make the best use of the public's investment.

Government Priorities

- *Patients First Act, 2016*
- 2018/19 Minister's Mandate Letter to LHINs

- Patients First: Action Plan for Healthcare (2015)
- Housing Services Act (2011)
- Realizing Our Potential: Ontario's Poverty Reduction Strategy (2014-2019)
- Building Foundations: Building Futures, Ontario's Long-Term Affordable Housing Strategy (2016)
- A Place to Call Home: Report of the Expert Advisory Panel on Homelessness (2015)

Action Plans		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
LHIN/Municipal Housing Partnership		
Staff in collaboration with affected LHINs and stakeholders will finalize the City of Toronto Housing Framework (applicable to Scarborough).	Completed	March 2019
Staff will identify opportunities for partnership arising from Ontario's Long-Term Affordable Housing Strategy with the five Consolidated Municipal Service Manager municipalities.	Completed	March 2019

ii. Child and Family Health

Priority

Improving the health care needs of mothers, newborns, children, youth and their families is a key focus of service delivery across the Central East LHIN.

Priority Description

In February 2014, a multi-Ministry Special Needs Strategy was announced aimed at connecting children and youth with special needs to the services they require as early as possible, and to improve the service experience of families and children. In the Central East LHIN, the Special Needs Strategy has geographic catchments in Durham, Northumberland and Haliburton/Kawartha Lakes/Peterborough, and, within the Scarborough catchment, coordination is facilitated through a partnership with the City of Toronto and the Toronto Central LHIN. The two components of the Special Needs Strategy affecting the Central East LHIN's Home and Community Care Division are Coordinated Service Planning and Integrated Delivery of Rehabilitation services.

In the 2016-19 IHSP, the importance of improving the well-being of mothers, newborns, children, youth and their families is a critical determinant in shaping the health of the next generation and can help predict future health challenges for families, communities and the health care system. Advancing integrated systems of care across the LHIN will enable health service providers to offer consistent, standardized care across the region for complex neonatal, and paediatric patients and their families.

Current Status

The Central East LHIN, its health service providers, and broader system partners recognize the needs of the child and family and will work together to improve neonatal, paediatric and maternal care. Through the active leadership and participation in the implementation of the Special Needs Strategy, the LHIN has continued its efforts to advance integrated systems of care for children and families.

In 2018/19, the Special Needs Strategy Coordinated Service Planning pilot projects approved in Durham, Northumberland, Peterborough, City of Kawartha Lakes, and Haliburton will continue the inter-agency coordinated service planning for children with special needs. The Special Needs Strategy Integrated Delivery of Rehabilitation Services initiative will provide ongoing support for the transition of Central East LHIN-delivered services in public schools, which are expected to be transitioned to Children's Treatment Centres.

Goal (s)

- Create a high-quality integrated system of patient/family-focused care.
- Create a culture that embraces a systematic approach to quality improvement and patient safety.
- Develop processes to ensure patient/family input/inclusion into all components of the program.

Government Priorities
• *Patients First Act, 2016* • 2018/19 Minister's Mandate Letter to LHINs • Patients First: Action Plan for Healthcare (2015) • Ontario's Special Needs Strategy (2014)

Action Plans		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
Special Needs Strategy (Coordinated Service Planning)		
Staff will coordinate effectively with other Child Service Delivery Providers to ensure the Special Needs Strategy is operationalized in conformity with provincial expectations.	In Progress	Per Provincial Expectations

E. Health System Enablers

i) Pursuing Quality and Safety through Effective Access and Transition

Priority

In alignment with Health Quality Ontario's focus on the advancement of quality care, the Central East LHIN 2016-19 IHSP supports the advancement of quality of care ensuring safe, effective, efficient, timely and equitable access to care. Effective access and transitions are supported by achieving the performance targets expressed in the Ministry of Health and Long-Term Care/LHIN Accountability Agreement.

Priority Description

Maintaining and improving wait times for key services aligns with Ministry of Health and Long-Term Care's priority of improving public access to surgeries and procedures. Through the introduction of innovative models and collaboration between partners, wait-time performance targets will be achieved through the close monitoring of patient demand, and ensuring volumes meet provider/community resource need.

Current Status

The Wait Time Strategy Working Group continues to discuss proactively local implementation planning and change management. By identifying and discussing critical implementation issues and the associated strategies to ensure coordination across providers, the Wait Time Strategy Working Group continues to provide advice and strategies on volume management and performance. With a system and sub-regional lens, the Wait Time Strategy Working Group engages and communicates with local providers across sectors, with emphasis on implementation planning and the impact on the health care system.

Goal (s)

- Advance recommendations for effective volume management.
- Advance innovative care models to increase accessibility to equitable care.

Government Priorities

- *Patients First Act, 2016*
- 2018/19 Minister's Mandate Letter to LHINs
- Patients First: Action Plan for Healthcare (2015)
- Emergency Department Pay-for-Results Program
- Critical Care Life and Limb Policy
- Ontario's Emergency Preparedness Planning and Policy
- Alternate Level of Care Strategy

Action Plans		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
Hospital-led Bundled Payments		
In the context of further operationalizing bundled payments for hip and knee joint replacement Quality-Based Procedures, staff will collaborate with three hospitals to integrate all aspects of associated acute and community care.	Completed	March 2019
Volume Management		
Staff in collaboration with affected health service providers will develop and implement the annual Quality-Based Procedure volume management strategy.	Completed	March 2019
Musculoskeletal Incremental Volume Management		
Staff in collaboration with affected health service providers and stakeholders will establish a centralized intake and assessment process for hip and knee joint replacement Quality-Based Procedures to reduce wait times and drive appropriate care utilization.	Completed	March 2019
Mood Disorders Volume Management		
Staff in collaboration with affected health service providers and stakeholders will establish a centralized intake and assessment process for mood disorder volumes to reduce wait times and drive appropriate care utilization.	Completed	March 2019
Integrated Shoulder Care		
Staff in collaboration with affected health service providers and stakeholders will develop and implement a plan for Integrated Shoulder Care in the Central East LHIN.	In Progress	March 2019
Staff in collaboration with affected health service providers and stakeholders will support the development and assess the performance of the Shoulder Centre model of integrated care.	In Progress	March 2019

ii) System Design and Integration

Priority

A central mandate for all LHINs is to advance health system design and integration activities to improve the quality of client care, performance of the local health system, and system sustainability.

Priority Description

As identified in the 2016-19 IHSP, the Central East LHIN established Service and System Integration as one of its four strategic directions. It commits the Central East LHIN to work with all partners to integrate the health care delivery system to better meet the current and future needs of patients, caregivers and communities.

Current Status

In 2018/19, the LHIN will begin to lead the development of Clinical Services Plan 2.0 for hospital services in the Central East LHIN, which will include Master Planning and System Clinical Design. Consistent with the Minister's direction, the Central East LHIN will continue to support Master Planning processes for the Scarborough and Durham Region hospitals. In doing so, the Central East LHIN will articulate and advance a system perspective for the planning, sizing, siting, and standardization of programs and services needed by local communities over the next 30-year time horizon. Additionally, the Central East LHIN will continue to support the master planning process for mental health services that began in 2016/17 at Ontario Shores Centre for Mental Health Sciences.

Goal (s)

- Continue to pursue achievement of the Central East LHIN overarching goal of advancing integrated systems of care.
- Continue to drive collaboration and integration across the health care system through sub-region and regional planning.
- Support innovative health technologies and processes through Digital Health initiatives.

Government Priorities

- *Patients First Act, 2016*
- 2018/19 Minister's Mandate Letter to LHINs
- Patients First: Action Plan for Healthcare (2015)
- Integration as defined by the *Local Health System Integration Act, 2006*

Action Plans		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
Clinical Services Plan 2.0		
In the context of hospital-led master planning processes occurring across the Central East LHIN, staff will specify system-level considerations in supporting the development of the Clinical Services Plan 2.0.	Completed	June 2018
Vision Care Strategy		
Staff in collaboration with affected health service providers and stakeholders will establish and operationalize a Central East LHIN Vision Care Advisory Committee.	Not Yet Started	To Be Determined
The Central East Vision Care Advisory Committee will develop and begin to operationalize an implementation plan for the Vision Care Strategy.	Not Yet Started	To Be Determined
Musculoskeletal Incremental Volume and Wait Time Management		
Staff in collaboration with affected health service providers will implement centralized intake and referral processes for the top priority clinical service which, by reason of Ministry of Health and Long-Term Care mandate, will be total hip and knee joint replacement Quality-Based Procedures.	Completed	March 2019
Staff in collaboration with affected health service providers and stakeholders will establish and operationalize the Central East LHIN Orthopaedic Care Steering Committee.	Completed	March 2019
Staff in collaboration with the Central East LHIN Orthopaedic Care Steering Committee will support the development and operation of a single central intake for all hip and knee joint replacement Quality-Based Procedure referrals.	Completed	March 2019
Staff in collaboration with the Central East LHIN Orthopaedic Care Steering Committee will support the development and operation of multiple inter-professional centres for hip and knee joint replacements.	Completed	March 2019
Integrated Orthopaedic Capacity Plan		
Staff in collaboration with the Orthopaedic Care Steering Committee will operationalize and update as necessary the Integrated Orthopaedic Capacity Plan directional plans.	Completed	June 2018

	Inter-professional Spine Assessment and Education Clinics		
	Staff in collaboration with the Central East LHIN Orthopaedic Care Steering Committee will support the development and operation of a single central intake for all spine referrals.	Completed	March 2019
	Staff in collaboration with the Central East LHIN Orthopaedic Care Steering Committee and the Toronto Central and South East LHINs will develop an Inter-professional Spine Assessment and Education Clinics care pathway.	Completed	March 2019
	Shoulder Centre Model of Care Demonstration		
	Staff in collaboration with Lakeridge Health and affected stakeholders will support the implementation of the Shoulder Centre model of care demonstration project.	Completed	March 2019

iii) Digital Health

Priority

Digital Health (formerly called Enabling Technologies and Integration) is the convergence of the digital and genomic revolutions with health, health care, living, and society that is empowering us to better track, manage, and improve the health of patients by reducing inefficiencies in health care delivery, improving access, reducing costs, increasing quality, and making the delivery of health care more personalized and precise.

Priority Description

Digital Health's priority is to leverage technology in a coordinated approach to improve the delivery of health care. Digital Health is about the reduction of inefficiencies, improving access, reducing costs, increasing quality, all while focusing on the patient experience and the equitable pursuit of wellness.

Current Status

Information management and technology investments are being made to enable health care transformation in support of the Central East LHIN's 2016-19 IHSP and the Ministry of Health and Long-Term Care's Digital Health Strategy recommendations and guidelines. They are also identified in the Central Ontario Cluster Enabling Technologies for Integration Business Plan. The current work in the Central East LHIN includes local and provincial initiatives, as well as those that are multi-LHIN or cluster-based, and align to the strategic directions of the Central East LHIN and the Central Ontario Electronic Health System Cluster.

Goal (s)

- Work with delivery partners to increase spread and adoption of provincial assets.
- Enable patient access to care.
- Enable patient access to information.
- Enable secure sharing of information across HSPs.
- Collaborate with other LHINs to leverage learnings, access to expertise, standardize where possible, and work to achieve smooth transitions for patients as they move through the health care system, often across LHINs.
- Support integration initiatives such as the Hospital Information System strategy, and opportunities for shared services as per Digital Health Strategy recommendations.
- Develop a roadmap to create a better understanding of the technologies and systems in the LHIN, and outline capacity for utilization and spread within sub-regions based on patient needs.

Government Priorities

- *Patients First Act, 2016*
- 2018/19 Minister's Mandate Letter to LHINs
- Patients First: Action Plan for Healthcare (2015)
- Digital Health Strategy (2016)

Action Plans		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
eNotification		
With a place in the provincial queue, staff in collaboration with affected hospitals will ensure they attain the ability to send eNotifications to Electronic Medical Records through the Health Report Manager. (Enables the Seniors Strategic Aim.)	Completed	December 2018
eReferral (Centralized Electronic Referral & Routing Initiative [CERRI])		
Staff in collaboration with all affected health service providers will complete the full operational rollout of the first three pathways using CERRI. (Enables the Seniors and Vascular Strategic Aims.)	Completed	December 2018
Staff in collaboration with all affected hospitals will complete the full operational rollout of the musculoskeletal pathway using CERRI.	Completed	March 2019
Staff will complete the development of the implementation plan for the full operational rollout of the diagnostic imaging pathway using CERRI.	Completed	December 2018
Registry Integration with eReferral (CERRI)		
Staff will work with eHealth Ontario to create a plan to integrate the provincial registries for clients and providers into CERRI. (Enables the Mental Health and Addictions Strategic Aim.)	Completed	March 2019
Staff will work with affected health service providers to develop a sustainability and resourcing plan which includes existing and planned pathways using CERRI.	Completed	September 2018
Connecting Ontario Expansion and Increased Adoption		
Staff in collaboration with Sunnybrook Hospital will expand the use of the Connecting Ontario viewer to community health service providers in all sub-regions. (Enables the Seniors Strategic Aim.)	Completed	March 2019

	eConsult		
	Staff will work with OntarioMD and the Ontario Telemedicine Network to increase the enrollment and use of eConsult by both primary care providers and specialists in all sub-regions. (Enables the Seniors, Vascular, Mental Health and Addictions, and Palliative Strategic Aims.)	Completed	March 2019
	Hospital Information System Renewal Support		
	Staff will support affected hospitals as they initiate the implementation of a new Hospital information System.	In Progress	March 2020
	Ontario Laboratories Information System		
	Staff will work with OntarioMD and eHealth Ontario to increase the viewing of lab information by both primary care and specialists in all sub-regions. (Enables the Seniors and Vascular Strategic Aims.)	Completed	March 2019
	Electronic Canadian Triage and Acuity Scale		
	Staff in collaboration with affected health service providers will implement the Electronic Canadian Triage and Acuity Scale decision support system.	Completed	December 2018
	Electronic Medical Record Adoption		
	Staff in collaboration with OntarioMD will work to support physicians to implement OntarioMD-certified Electronic Medical Records.	In Progress	March 2020
	Surgical Utilization Booking Management Integration Tool: Access To Care Upgrade		
	Staff in collaboration with affected health service providers and the vendor will upgrade the legacy Surgical Utilization Booking Management Integration Tool application to the latest cloud version while enhancing its functionality.	Completed	March 2019
	Provincial eReferral Management Strategy		
	Staff will execute the Statement of Work for the Provincial eReferral Management Strategy as approved by LHIN Chief Executive Officers.	To Be Determined	To Be Determined
	Telemedicine (Virtual Care Programs, including eVisit)		
	Staff in collaboration with the Ontario Telemedicine Network will identify opportunities to implement Virtual Care programs across the sub-regions to include more providers and/or patients, as appropriate relative to Central East LHIN's four strategic aims.(Enables the Vascular, Mental Health and Addictions, and Palliative Strategic Aims.)	Completed	March 2019

	Staff will perform a current state analysis of telemedicine programs by sub-region including utilization of telemedicine nurses and OTN equipment.	Completed	September 2018
	Staff will work with Ontario Shores Centre for Mental Health Sciences to optimize its clients' uptake of the "Big White Wall" mental health and wellbeing service. (Enables the Mental Health and Addictions Strategic Aim.)	Completed	March 2019
	Staff will work with Ontario Shores Centre for Mental Health Sciences to optimize its clients' uptake of the "Bounce Back" self-help program. (Enables the Mental Health and Addictions Strategic Aim.)	Completed	March 2019

iv) Health System Funding Reform

Priority

From the beginning of Health System Funding Reform implementation in 2012/13, the Central East LHIN has pursued the strategic objective of moving Ontario's health care system away from global funding towards an equitable and sustainable funding model that will also standardize care, minimize practice variation, and encourage investments in quality improvement and patient safety.

Priority Description

The ongoing activities of Health System Funding Reform continue to advance the way health care is funded in Ontario. This shift represents a continued transition away from global funding towards Patient-Based Funding. Patient-Based Funding is intended to serve as an equitable and sustainable funding model that will also standardize care, minimize practice variation, and encourage investments in quality improvement and patient safety.

Under Patient-Based Funding, health care organizations will be compensated based on how many patients they look after, the services they deliver, the evidence-based quality of those services, and the specific needs of the broader population they serve. Health System Funding Reform began and continues to evolve with hospitals and Home and Community Care in the LHINs. Patient-Based Funding was initially focused on acute care within the hospital setting, but now considers the entire continuum of care across multiple health care sectors, including the community sector. The Health Based Allocation Model and Quality-Based Procedures remain the defining components of Health System Funding Reform.

Current Status

Hospitals' funding currently comprises up to three different streams. Hospitals continue to receive some or almost all of their Ministry of Health and Long-Term Care revenue as Global Funding. The balance of hospital funding is determined through the Health Based Allocation Model and Quality-Based Procedures components. Conceptually, by the third year of Health System Funding Reform, the Health Based Allocation Model was supposed to account on average for roughly 40% of affected hospitals' funding, while the remaining 60% was supposed to be divided evenly between Quality-Based Procedures and Global Funding. Beginning in 2017/18, hospitals in the Central East LHIN, and elsewhere in the province, received additional types of investment outside of Health System Funding Reform.

Goal (s)

- Develop and implement Quality-Based Procedure volume management strategies.
- Enhance Health Based Allocation Model methodologies over both the short- and longer-term.

Government Priorities

- *Patients First Act, 2016*

- 2018/19 Minister's Mandate Letter to LHINs
- Patients First: Action Plan for Healthcare (2015)

Action Plans		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
Sustainability		
Staff will ensure affected health service providers have the tools and education necessary in order to actively participate in Health System Funding Reform at the health system level.	Completed	March 2019
Service Delivery		
Staff in collaboration with affected health service providers will operationalize an approach to in-year allocations of Quality-Based Procedure volumes.	Completed	March 2019
Quality Outcomes		
Staff in collaboration with affected health service providers will develop standards and processes for tracking and forecasting Quality Based Procedure volumes.	Completed	March 2019
Advancement of an Integrated Funding Model		
Staff in collaboration with affected health service providers will implement the Ministry of Health and Long-Term Care policy direction of shifting low-risk procedures from hospitals to community-based specialty clinics, as appropriate.	Completed	March 2019
Capacity Planning		
Staff in collaboration with affected health service providers will develop and operationalize an annual Quality-Based Procedure volume planning strategy.	Completed	March 2019

3) LHIN-Delivered Home and Community Care

Home and Community Care
Priority
In support of the Minister's Mandate expectations, the Central East LHIN will deliver Home and Community Care with inputs from patients, caregivers and partners. Staff will undertake to meet wait time targets while improving the coordination and consistency of home and community care so that clients and caregivers know what to expect.
Priority Description
Consistent with the Ministry of Health and Long-Term Care's goal of strengthening Home and Community Care within the Patient's First transformation, Central East LHIN-delivered Home and Community Care services will create consistency in care, a better understanding of available home care services, more support for caregivers, and, ultimately, better access to care for those who need it most.
Current Status
Elements of the Patients First Transformation are in various levels of integration following the transition of Community Care Access Centres to LHINs. The focus remains on putting patients and caregivers first, while expanding specific Ministry of Health and Long-Term Care priorities for other elements of Home and Community Care articulated in the *Patients First Act, 2016*.
Goal (s)
• Align Home and Community Care case coordination with sub-regions. • Develop a Central East LHIN care coordination framework. • Align care coordination with primary care within sub-regions. • Align home care delivery with the Levels of Care Framework. • Create an organizational quality framework. • Offer self-directed options for home care services. • Expand caregiver supports. • Provide greater choice for palliative and end-of-life care.
Government Priorities
• *Patients First Act, 2016* • 2018/19 Minister's Mandate Letter to LHINs • Patients First: Action Plan for Healthcare (2015)

Action Plans		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
Sub-region Care Coordinator Alignment		
Staff will complete analysis of existing Care Coordination assignments and patient distribution within Care Communities.	Completed	March 2019
Care Coordinator and Team Assistant Framework		
Staff will develop core competencies for Care Coordination.	Completed	March 2019
Staff will integrate Care Coordinator competencies into orientation of new staff and through continuing education for existing staff.	Completed	March 2019
Primary Care Alignment		
Staff in collaboration with affected health service providers and stakeholders will embed Care Coordination along-side primary care.	Completed	March 2019
Staff in collaboration with affected health service providers and stakeholders will establish a Care Coordination model that supports primary care delivery for patients of all complexities.	Completed	March 2019
Levels of Care Framework		
Staff with the support of the Ministry of Health and Long-Term Care will allocate Home and Community Care resources equitably across the Province within a Levels of Care Framework.	Completed	March 2019
Staff with the support of the Ministry of Health and Long-Term Care will establish service allocations and tools consistent with the Levels of Care framework.	Completed	March 2019
Organizational Quality Framework		
In alignment with the quadruple aim, staff will refresh and implement the Central East LHIN Quality Framework to impact all divisions.	Completed	March 2019
Self-Directed Care		
Staff with the support of the Ministry of Health and Long-Term Care will operationalize the Provincial Self-Directed Care Model.	Completed	March 2019

	Caregiver Supports		
	Staff will implement increased service hours for eligible patients and their caregivers.	Ongoing	Ongoing
	Palliative and End-of-Life Care		
	Staff will analyze the combined palliative care model for efficacy in patient service delivery.	Ongoing	Ongoing

4) Health Equity – Diversity and Building Cultural Competency

Francophones, Indigenous Peoples and New Immigrants

Priority

Within each of the four strategic aims, certain patient groups are recognized as priority populations, including Francophone communities, Indigenous Peoples, and new immigrants. Health equity is influenced by the accessibility to health care services and the quality of the services received. Racial, ethnic, linguistic and gender differences, recent immigration, as well as being a member of a marginalized population can result in inequitable access to care.

Priority Description

In the 2016-19 IHSP, a commitment was made to better serve the increasing number of Francophones, Indigenous Peoples, and new immigrants in the Central East LHIN. The Central East LHIN will support the advancement of a health care system that is capable of delivering the highest quality care at the local level to any patient, regardless of race, ethnicity, culture or language capacity; this includes diversity and cultural competency education and awareness training for health service providers and the development of performance indicators that support diversity and build cultural competency.

Through its work, the Central East LHIN will continue to identify high-risk populations within its sub-regions and work with public health and local community partners to implement targeted interventions to improve access to appropriate and culturally sensitive care.

Current Status

Francophones

The 2018/19 ABP furthers our continuing improvement of services to support the Francophone population of the Central East LHIN. This includes advancing a health care system that is culturally competent and capable of delivering the highest quality care at the local level through diversity and cultural competency education, *Active Offer* training for Health Service Providers (HSPs), and the development of performance indicators that support diversity.

This work is guided by the Annual Joint Action Plan between the Central East LHIN and the French Language Health Planning Entity (Entité 4) and will continue to be supported by the established Francophone community engagement structures within the Central East LHIN (the Coalition for Healthy Francophone Communities in Scarborough, and the Francophone Community Table on Health of Durham Region). Both tables provide the opportunity to inform and foster collaboration and develop initiatives to enhance health services in French and strengthen the provision of French Language Services (FLS) in communities across the Central East LHIN.

In November 2017, the Ministry of Health and Long-Term Care (MOHTLC) released "The Guide to the Requirements and Obligations Relating to French Language Health Services" (Guide to FLHS) to strengthen and support access to linguistically and culturally appropriate services for Ontario's Francophone communities. This Guide to FLHS is

publically available on the Central East LHIN website and has been shared with all Central East LHIN HSPs to assist them to be compliant with the *French Language Services Act, 1990* (*FLSA*).

In partnership with Entité 4, Central East LHIN will continue to measure and monitor HSP capacity to deliver services in French using a provincially deployed and mandated reporting tool, with indicators specific to the Central East LHIN population. In turn, this tool will identify HSPs who have FLS capacity which will enable the Central East LHIN and Entité 4 to assist in the implement of the Active Offer, and proceed with a plan for FLS identification and designation where appropriate.

In addition, the centraleasthealthline.ca website serves as a resource to the public for information regarding local health and social services. This website is available in French and includes features which delineates HSPs who actively offer FLS.

To further assist HSPs, the Central East LHIN, in collaboration with Entité 4, will be creating an FLS tool kit for internal staff as well as HSPs, to help with planning services in French. This tool kit will be created to provide quick access for French language resources within a central location and will be made available on the Central East LHIN website.

To engage the community, Entité 4 and the Central East LHIN will host an FLS Symposium in the 2018-2019 fiscal year, to promote the need for FLS to HSPs. This pro-active initiative will have a significant impact on the community as it aims to build capacity in the health care sector; promote and facilitate social integration; improve collaboration between HSPs; and reduce French language barriers.

Finally, the Home and Community Care Division will be undertaking an analysis of Care Community assignments that includes patient complexity and patient characteristics, such as those affecting French Language and Indigenous population.

Indigenous Peoples

The engagement of Indigenous peoples continues to guide planning and implementation of 2016-19 IHSP strategic aims through the 2018/19 ABP. The newly established Sub-Region Planning Tables will include representatives of Indigenous communities and bring the voice of Indigenous people to inform sub-region planning.

The Central East LHIN continues to collaborate with the First Nations, Métis, Inuit and urban Indigenous communities located within the Central East through two Health Advisory Circles: The Central East LHIN First Nations Health Advisory Circle and the Métis, Inuit, Indigenous Urban Peoples' Health Advisory Circle. The Central East LHIN will continue to work with the two Health Advisory Circles to plan, implement, and evaluate health care services in order to ensure they are both culturally safe and appropriate to the needs of Indigenous peoples. Activities in 2018/19 will focus on priority activities, which are aligned between both Circles, from their Work Plans.

The Metis, Inuit and Indigenous (Urban) peoples Health Advisory Circle and the First Nations Health Advisory Circle each meet on a quarterly basis. An Annual Joint Circle meeting is held each fall and is attended by members of each Health Advisory Circle and Leadership from the LHIN.

Further, we have identified Indigenous voice as a priority perspective on our Sub-region Planning Tables and have identified one seat on each table for a person with lived experience as an Indigenous person and/or provider of services within our Indigenous communities. The Tables meet monthly and open their meetings with a Traditional Acknowledgement.

Four of our seven sub-region Planning Tables have an Indigenous representative and we continue to recruit to bring the Indigenous perspective to all Sub-region Planning Tables. Similarly, our LHIN Board and each of our Strategic Aim Steering Committees are seeking Indigenous voices and we have been successful in recruiting an Indigenous member to our Central East Regional Palliative Care Steering Committee.

New Immigrants

In 2011, immigrants accounted for 33.2% of the Central East LHIN population. Approximately 4% of Central East LHIN residents were recent immigrants, having arrived in Canada between 2006 and 2011. The Central East LHIN is committed to serving this vulnerable population through the establishment of a Health Equity Working Group. This new Working Group will ensure that the new immigrant perspective is well integrated in the work of the Central East LHIN Sub-region Planning Tables and will also support future coordinated responses to welcome new immigrants to our communities.

Goal (s)

Build cultural competency amongst Central East LHIN HSPs and broader system partners in order to reduce barriers and improve access to equitable care that support diverse populations, including Francophones, Indigenous peoples, and new immigrants.

Government Priorities

- *Patients First Act, 2016*
- 2018/19 Minister's Mandate Letter to LHINs
- Patients First: Action Plan for Healthcare (2015)
- *Excellent Care for All Act, 2010*
- Health Equity into Action: Planning and Other Resources for LHINs (2010)
- Honouring the Truth, Reconciling for the Future (2015)
- Guide to Regulations and Obligations Relating to French Language Health Services (2017)

Action Plans		
	Expected Status (as of March 31, 2019)	**Expected Completion Date**
French Language Services		
Annual Joint Action Plan (2018/19)		
Staff in collaboration with affected health service providers will expand access to French Language Services mental health and addictions programs in at least one sub-region.	Completed	March 2019
Staff in collaboration with affected health service providers will expand access to French Language Services primary care services in at least one sub-region.	Completed	March 2019
Staff in collaboration with affected health service providers will establish in at least one sub-region a French Language Services memory clinic model focusing on early detection/ intervention, prevention, and treatment tools for seniors dealing with mild cognitive impairment.	Completed	March 2019
Implementation of new reporting tool "French Language Services Annual Report" across the Central East LHIN		
Staff will deploy the provincial reporting tool locally.	Completed	December 2018
Staff will use the data collection results to inform local planning through sub-regions.	Completed	December 2018
Implementation of an French Language Services Best Practice Task Force		
Staff will implement best practices for French Language Services in the Home and Community Care Division.	Completed	September 2018
Staff will assist in the implementation of the Active Offer of French Language Services at all Central East LHIN branches.	Completed	September 2018
Staff will raise awareness and offer education to Central East LHIN staff on French Language Services best practices.	Complete	September 2018
Staff will establish and promote the use by the Central East LHIN of French Language communication guidelines.	Complete	September 2018

Indigenous Peoples		
Indigenous Peoples Services		
LHIN Staff in collaboration with the Central East LHIN First Nations Health Advisory Circle, the Métis, Inuit, Indigenous Urban Peoples' Health Advisory Circle and affected health service providers and stakeholders collaborate to develop and implement the Workplans of the Indigenous Health Advisory Circles.	Complete	March 2019
Staff in collaboration with affected health service providers and stakeholders will develop and initiate Indigenous Health Advisory Circle Work Plans.	Completed	March 2019
Staff will support the delivery of Indigenous Cultural Safety training to health service providers, LHIN staff, and members of the LHIN Board of Directors. An Education Strategy will be developed to pursue the Provincial Target of 50% of **all** LHIN staff trained and maintain the 100% completion rate for Central East LHIN Board members and members of the Senior Team. 83% of active Home and Community Care Patient Services Management will complete the training by March 31, 2018.	Ongoing	Ongoing
New Immigrants		
New Immigrants access to comprehensive Health Care Programs		
Staff in collaboration with affected health service providers and stakeholders will explore models for delivery of comprehensive health care services for new immigrants.	Completed	March 2019
Staff in collaboration with affected health service providers and stakeholders will strengthen relationships between primary care providers and settlement agencies across sub-regions, as appropriate.	Completed	March 2019
Central East LHIN Health Equity Working Group and Health Equity – Diversity Framework		
Staff in collaboration with affected health service providers and stakeholders will establish a table to review current Health Equity practices for New Immigrants.	Completed	March 2019
Staff will refine and implement the Health Equity - Diversity Framework.	Completed	March 2019

5) Performance Measures

Measuring What Matters

Strategies and initiatives implemented in the Central East LHIN will be focused on achieving improvements of the 2017/18 Ministry of Health and Long-Term Care/LHIN Accountability Agreement targets listed below. These targets are consistent across the province. In alignment with the expectation of the 2018/19 Minister's Mandate Letter, the Central East LHIN will continue to report on progress toward achieving health system performance targets, as well as the success of its transformational activities to the Ministry of Health and Long-Term Care and local stakeholders.

Table 1: Performance Indicators
Definition: *Measures of local health system performance for which a LHIN target will be set*

Indicator	Provincial Target	LHIN Target
Home and Community Care • *Reduce wait time for home care (improve access)* • *More days at home (including end of life care)*		
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	5 days	95%
Percentage of Home Care Clients who received their nursing visit within 5 days of the date they were authorized for Nursing Services	5 days	95%
90th Percentile Wait Time from community for Home-Care Services: Application from community setting to first Home Care service (excluding case management)*	21 days	21 days
90th Percentile Wait time from Hospital Discharge to Service Initiation for Home and Community Care**	TBD	TBD
System Integration and Access • *Provide care in the most appropriate setting* • *Improve coordinated care* • *Reduce wait times (specialists, surgeries)*		
90th Percentile Emergency Department Length of Stay for Complex Patients	8 hours	8hours
90th Percentile Emergency Department Length of Stay for Minor/Uncomplicated Patients	4 hours	4 hours
Percent of Priority 2, 3 and 4 Cases Completed Within Access Targets for Hip Replacement	Priority 2: 42 days Priority 3: 84 days Priority 4: 182 days	90%
Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for Knee Replacement	Priority 2: 42 days Priority 3: 84 days Priority 4: 182 days	90%
Percentage of Alternate Level of Care Days	9.46%	9.46%
Alternate Level of Care Rate	12.7%	12.7%

*The target is subject to change as a result of the ongoing work in the area of Home and Community Care.
**The target may be subject to change as it will be under development for 2018/19.

Table 1: Performance Indicators ***Definition:*** *Measures of local health system performance for which a LHIN target will be set*		
Indicator	**Provincial Target**	**LHIN Target**
Health and Wellness of Ontarians - Mental Health • *Reduce any unnecessary health care provider visits* • *Improve coordination of care for mental health patients*		
Repeat Unscheduled Emergency Visits within 30 days for Mental Health Conditions***	16.3%	16.3%
Repeat Unscheduled Emergency Visits within 30 days for Substance Abuse Conditions***	22.4%	22.4%
Sustainability and Quality • *Improve patient satisfaction* • *Reduce unnecessary readmissions*		
Readmissions within 30 days for Selected HIG Conditions	15.5%	15.5%

***The target is subject to change as a result of the ongoing work in the area of MHA

Table 2: Monitoring Indicators ***Definition:*** *Measures of local health system performance that the MOHLTC and the LHINs will monitor against provincial results or established provincial targets where set*	
Indicator	**Provincial Target**
System Integration and Access • *Provide care in the most appropriate setting* • *Improve coordinated care* • *Reduce wait times (specialists, surgeries)*	
Percent of Priority 2, 3 and 4 Cases Completed Within Access Target for Cataract Surgery	Priority 2: 42 days Priority 3: 84 days Priority 4: 182 days
Percent of Priority 2 and 3 Cases Completed Within Access Target for Magnetic Resonance Imaging Scan	Priority 2: 2 days Priority 3: 2-10 days
Percent of Priority 2 and 3 Cases Completed Within Access Target for Computed Tomography Scan	Priority 2: 2 days Priority 3: 2-10 days
Wait times from Application to Eligibility Determination for Long-Term Care Home Placement: From community setting, and from acute-care setting	Not applicable
Percent of Acute Care Patients who have had a follow-up with a physician within 7 days of discharge	Not applicable
Rate of emergency visits for conditions best managed elsewhere	Not applicable
Hospitalization rate for ambulatory care sensitive conditions	Not applicable

Table 3: Developmental Indicators ***Definition:*** *Measures of local health system performance that require development due to factors such as the need for methodological refinement, testing, consultation, or analysis of reliability, feasibility and/or data quality*
Indicator
Home and Community Care • *Reduce wait time for home care (improve access)* • *More days at home (including end of life care)*
Percent of Palliative Care Patients discharged from hospital with home support
Sustainability and Quality • *Improve patient satisfaction* • *Reduce unnecessary readmissions*
Overall Satisfaction with Health Care in the Community

6) RISKS AND MITIGATION PLANS

Risk/Barrier	Mitigation Plan
There is a risk that the closer alignment of Home and Community Care Coordinators and primary care providers will not result in local improvements in care.	The Central East LHIN operates using the funding provided to it by the Ministry and has elected to maintain waitlists to manage the demand for Home and Community Care services, rather than incur an operating deficit. The existence of waitlists prevents the LHIN from being able to respond to primary care providers' requests on behalf of their patients. As such, the attractiveness of a closer alignment of Home and Community Care Coordinators and primary care (necessary for an integrated service delivery network) may be lessened in the eyes of primary care providers. To mitigate this risk, the Central East LHIN is prepared to implement an equity-based Levels of Care framework.
There is a risk that the Central East LHIN will not succeed in reducing the burden of disease and chronic illness by investing in health promotion.	The Central East LHIN faces a number of immediate financial pressures in its acute and community care sectors that tend to divert attention and financial resources away from developing options, like health promotion, whose positive impacts will be felt over the longer-term. To mitigate against this risk, the Central East has specifically identified action it needs to take with the support of public health to enhance health promotion at the sub-region level.
There is a risk that the Central East LHIN will not succeed in addressing the root causes of inequities and the social determinants of health.	The Central East LHIN operates using the funding provided to it by the Ministry and has elected to maintain waitlists to manage the demand for Home and Community Care services, rather than incur an operating deficit. While prepared to manage its waitlists carefully, the Central East LHIN would prefer to mitigate this risk by operationalizing an equity-based Levels of Care framework. Taking this action will help realize the redistributive effects previously associated with the implementation of Health System Funding Reform.
There is a risk that the Central East LHIN will not make sufficient progress in developing a robust and broad relationship with primary care	The Central East LHIN plans to mitigate this risk in part by receiving additional information and understanding from the Ministry about

providers across its region to use their talents and capacities to develop solutions to care or access issues.	primary care relationships and arrangements to which it is a party. The LHIN will look to the Ministry to improve its business intelligence through the sharing of data and contacts and thereby its capacity to identify opportunities.
There is a risk that the Central East LHIN will not realize the expected improvement in administrative efficiency that will allow funding to be reinvested to enhance front-line services.	The Central East LHIN operates on a demonstrably efficient administrative basis, the legacy CCAC and legacy LHIN having collaborated successfully since 2010/11 to avoid any in-year deficits, including by reducing the share of resources consumed by administration. To mitigate this risk, staff will assess and provide evidence of the renewed LHIN's continued or improved operational efficiency, while continuing to look for realistic and sustainable means to enhance funding for front-line services.
There is a risk that the Central East LHIN will not be able to assure continued access to services due to several hospitals being unable to operate an annual balanced budget and/or manage their working capital deficits.	Since August 2014, the Central East LHIN has worked without final resolution with one hospital to help it overcome its financial challenges. In 2017/18, another hospital flagged a financial pressure many times larger than the first hospital's as a proportion of its revenues. Also in 2017/18, the second hospital was joined by a third in flagging the existence of separate and unmanageably large working capital deficits. To mitigate these risks, the LHIN will work with the Ministry to seek solutions and local participation in any new Hospital Working Funds Deficit initiative.
There is a risk that the Central East LHIN will continue to be challenged to meet its Percentage of Alternate Level of Care Days and Alternate Level of Care Rate performance targets.	Notwithstanding its support for and investment in a broad array of solutions in collaboration with affected health service providers over the past several years, the Central East LHIN has not met these two performance targets. To mitigate this risk, the Central East LHIN will vigorously encourage and support proponents of long-term care redevelopment in its region and pursue new long-term care development under the auspices of the government's "Aging with Confidence" initiative. In addition, the LHIN will approach the Ministry directly to help develop a decanting strategy for its region.

7) LHIN OPERATIONS AND STAFFING TABLES

Table A: LHIN Spending Plan

	2017/18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
Allocation: Home Care/LHIN Delivered Services[1]				
Salaries (Worked hours + Benefit hours cost)	$55,479,929	$56,793,320	$56,793,320	$56,793,320
Benefit Contributions	$13,841,619	$14,563,632	$14,563,632	$14,563,632
Med/Surgical Supplies & Drugs	$14,550,500	$14,750,499	$14,750,499	$14,750,499
Supplies & Sundry Expenses	$2,614,077	$1,855,298	$1,855,298	$1,855,298
Equipment Expenses	$4,014,906	$3,989,137	$3,989,137	$3,989,137
Amortization on Major Equip, Software License & Fees	$0	$0	$0	$0
Contracted Out Expense	$211,921,459	$210,881,179	$210,881,179	$210,881,179
Buildings & Grounds Expenses	$224,526	$0	$0	$0
Building Amortization	$0	$0	$0	$0
TOTAL: Home Care/LHIN Delivered Services	**$302,647,016**	**$302,833,065**	**$302,833,065**	**$302,833,065**
Allocation: Aggregated Operation of the LHIN[2]				
Salaries (Worked hours + Benefit hours cost)	$2,222,309	$3,956,289	$3,956,289	$3,956,289
Benefit Contributions	$536,704	$1,013,616	$1,013,616	$1,013,616
Med/Surgical Supplies & Drugs	$0	$0	$0	$0
Supplies & Sundry Expenses	$1,432,544	$1,382,157	$1,382,157	$1,382,157
Equipment Expenses	$0	$14,677	$14,677	$14,677
Amortization on Major Equip, Software License & Fees	$0	$0	$0	$0
Contracted Out Expense	$1,540,441	$0	$0	$0
Buildings & Grounds Expenses	$36,400	$37,082	$37,082	$37,082
Building Amortization	$0	$0	$0	$0
Sub-total: LHIN Operations	**$2,778,957**	**$5,452,821**	**$5,452,821**	**$5,452,821**
Sub-total: LHIN Operations Initiatives	**$2,566,441**	**$951,000**	**$951,000**	**$951,000**
Sub-total: LHIN Operations Digital Health	**$423,000**	**TBD**	**TBD**	**TBD**
TOTAL: Aggregated Operation of the LHIN[2]	**$5,768,398**	**$6,403,821**	**$6,403,821**	**$6,403,821**
Allocation: Integrated LHIN Administration/ Governance[3]				
Salaries (Worked hours + Benefit hours cost)	$13,573,938	$12,484,085	$12,484,085	$12,484,085
Benefit Contributions	$3,237,290	$3,376,241	$3,376,241	$3,376,241
Med/Surgical Supplies & Drugs	$0	$0	$0	$0
Supplies & Sundry Expenses	$2,126,933	$1,840,902	$1,840,902	$1,840,902
Equipment Expenses	$1,270,028	$1,577,363	$1,577,363	$1,577,363
Amortization on Major Equip, Software License & Fees	$834,000	$834,000	$834,000	$834,000
Contracted Out Expense	$0	$0	$0	$0
Buildings & Grounds Expenses	$4,928,357	$5,054,067	$5,054,067	$5,054,067
Building Amortization	$500,000	$500,000	$500,000	$500,000
TOTAL: Integrated LHIN Administration/ Governance	**$26,470,546**	**$25,666,658**	**$25,666,658**	**$25,666,658**
TOTAL: LHIN SPENDING PLAN	**$334,885,960**	**$334,903,544**	**$334,903,544**	**$334,903,544**

Notes:

1. Home Care/LHIN Delivered Services envelope includes direct services as defined in Schedule 7, Table 1 of the 2015-18 Ministry LHIN Accountability Agreement.
2. Aggregated Operation of the LHIN includes:
    i. LHIN Operations: LHINs' mandated system operations/activities related to planning, funding and integrating.
    ii. LHIN Operations Initiatives: Activities that are one-time and/or require separate reporting as per ministry funding letters. (e.g., French Language Services and Aboriginal Engagement).
    iii. LHIN Operations Digital Health: The coordinated and integrated use of electronic systems, information and communication technologies to facilitate the collection, exchange and management of personal health information in order to improve the quality, access, productivity and sustainability of the healthcare system.
3. Integrated LHIN Administration/Governance envelope includes indirect costs such as administration and overhead expenses of the combined organization.

Table B: LHIN Staffing Plan (Full-Time Equivalents or FTE[1])

	2017/18 Actuals as of February 28/2018	2018/19 Forecast	2019/20 Forecast	2020/21 Forecast
Home Care/LHIN Delivered Services[2]				
Management and Operational Support (MOS) FTE	260.0	239.0	239.0	239.0
Unit Producing Personnel (UPP) FTE	510.0	535.2	535.2	535.2
Nurse Practitioner (NP) FTE	15.0	15.0	15.0	15.0
Physician FTE				
Total Home Care/LHIN Delivered Services FTE	**785.0**	**789.2**	**789.2**	**789.2**
LHIN Operations[3]				
MOS FTE	23.0	12.1	12.1	12.1
UPP FTE		12.1	12.1	12.1
NP FTE				
Physician FTE				
Total LHIN Operations FTE	**23.0**	**24.2**	**24.2**	**24.2**
LHIN Operations Initiatives[4]				
MOS FTE	1.0	1.0	1.0	1.0
UPP FTE				
NP FTE				
Physician FTE				
Total LHIN Operations Initiatives FTE	**1.0**	**1.0**	**1.0**	**1.0**
LHIN Operations Digital Health[5]				
MOS FTE	2.0	2.8	2.8	2.8
UPP FTE				
NP FTE				
Physician FTE				
Total LHIN Operations Digital Health FTE	**2.0**	**2.8**	**2.8**	**2.8**
Integrated LHIN Administration/ Governance[6]				
MOS FTE	52.0	44.8	44.8	44.8
UPP FTE	70.0	77.9	77.9	77.9
NP FTE				
Physician FTE				
Total FTE	**122.0**	**122.7**	**122.7**	**122.7**
TOTAL FTE SUMMARY	**933.0**	**939.9**	**939.9**	**939.9**

Notes:

1. One Full-Time Equivalent (FTE) equals 1,950 hours per year. One FTE may comprise multiple individual staff members.
2. Home Care/LHIN Delivered Services envelope includes direct services as defined in Schedule 7, Table 1 of the 2015-18 Ministry LHIN Accountability Agreement.
3. LHIN Operations includes LHINs' mandated system operations/activities related to planning, funding and integrating.
4. LHIN Operations includes activities that are one-time and/or require separate reporting as per ministry funding letters. (e.g., French Language Services and Aboriginal Engagement).
5. LHIN Operations Digital Health includes the coordinated and integrated use of electronic systems, information and communication technologies to facilitate the collection, exchange and management of personal health information in order to improve the quality, access, productivity and sustainability of the healthcare system.
6. Integrated LHIN Administration/Governance envelope includes indirect costs such as administration and overhead expenses of the combined organization.

8) Integrated Communications Strategy

Business Objectives

The Central East LHIN's 2018/19 ABP will operationalize the goals contained in the LHIN's 2016-19 "Living Healthier At Home" IHSP, specifically:

- Advancing integrated systems of care to help Central East LHIN residents live healthier at home by:
    - Continuing to support frail older adults to live healthier at home by spending 20,000 fewer days in hospital and reducing ALC days for people age 75+ by 20% by 2019 (compared to 2015/16).
    - Continuing to improve the vascular health of people to live healthier at home by spending 6,000 fewer days in hospital and reducing hospital readmissions for vascular conditions by 11% by 2019 (compared to 2015/16).
    - Continuing to support people to achieve an optimal level of mental health and live healthier at home by spending 15,000 fewer days in hospital and reducing repeat unscheduled ED visits for reasons of mental health or addictions by 13% by 2019 (compared to 2015/16).
    - Continuing to support palliative patients to die at home by choice and spend 15,000 fewer days in hospital by increasing the number of people discharged home with support by 17% by 2019 (compared to 2015/16).

Communications Objectives

Given the transformative changes taking place in the health care system as a result of the passing of *Patients First Act, 2016* and the changes that will be implemented as part of the Central East LHIN's 2016-19 IHSP and the initiatives contained in this ABP, the Central East LHIN and its Board of Directors will require a very deliberate approach to communication and engagement. A strong communications strategy and plan are critical to support the initiatives contained in this ABP. The communication strategy and plan will need to:

- Ensure that the voice of patients and their caregivers is reflected in the development and implementation of transformative initiatives that better support timely access to care and system navigation.
- Continue to increase understanding among Central East residents and health care providers of the need for health system transformation specifically in the areas of Home and Community Care, primary care and population health focused on seniors care, vascular health, mental health and addiction services, and palliative and end-of-life care.
- Ensure that all stakeholders understand the role of the respective organizations to identify opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services based on funding available and tracking performance against signed accountability agreements.
- Provide accurate and timely information to all audiences using materials that reflect the LHIN visual identity.

- Build confidence among Ontarians that the LHINs, in partnership with the Ministry of Health and Long-Term Care and its local health partners are:
    - Improving the patient experience by partnering with patients in health care planning and by delivering care that reflects the patient voice and is responsive to patients' needs, values and preferences.
    - Addressing the root causes of health inequities and the social determinants of health, by investing in health promotion, and reducing the burden of disease and chronic illness.
    - Creating healthy communities by improving access to primary care and reducing wait times for specialist care, mental health and addictions services, Home and Community Care, and acute care for patients when they need it, which will reduce variation in access across the province.
    - Breaking down the silos between our health care sectors and providers to ensure seamless transitions for patients, and to ensure that providers work together and in collaboration with patients to deliver the best possible care.
    - Supporting innovation by delivering new models of care and digital solutions to make accessing care easier for patients and more efficient for health care providers.

Context

- In the Central East LHIN, our "Living Healthier at Home" 2016-19 IHSP and the initiatives laid out in this ABP are strategically aligned with government direction and priorities and recognize the joint accountability of the Ministry of Health and Long-Term Care and LHINs to serve the public interest and effectively oversee the use of public funds
- This includes achieving aims that will have a positive impact on seniors, people with mental health and addiction issues, people trying to improve their vascular health, and individuals and their caregivers requiring palliative and end-of-life care
- Each LHIN is governed by a twelve-member Board of Directors made up of members from the local community. The Board makes decisions about health services based on what is important to the community
- Through an agreement with the Ministry of Health and Long-Term Care, each LHIN must measure how it is performing against a detailed list of requirements that includes looking at access to care and quality of care improvements
- LHINs work to ensure that every individual, regardless of gender, race, income or social status, has the same access to health care
- The benefits of LHINs are numerous and proven — they are able to build solutions around people and populations, to be flexible to allow for locally-driven solutions and to engage communities and individuals in health care design and delivery
- The health care system has evolved to the point where LHINs are being recognized as the local system managers who play an important role in driving health system transformation as they harness their local expertise and in engaging with patients and local partners to plan, coordinate and deliver health care in communities across Ontario.

Target Audience

Depending on the situation, primary and secondary audiences will include:

- Patients/Clients/Service Users/Residents/Caregivers
- General Public:
  - Residents
- Community Organizations
- Health Service Providers/Stakeholders (in all Central East sub-regions and surrounding LHINs):
  - Health Service Provider Leadership and front-line staff (including union leadership)
  - Central East Health Service Provider Boards
  - Physicians
  - Consumer/Patient Support Groups
  - Health care Associations
- Government:
  - Municipal
  - Regional
  - Provincial — including Ministry of Health and Long-Term Care stakeholders
  - Federal
- Central East LHIN Planning Partners
- LHIN staff and board members
- Local media
- Other LHINs
- Ministry of Health and Long-Term Care and other ministries, as appropriate

Key Messages - Provincial

- Ontario is increasing access to care, reducing wait times and improving the patient experience through its Patients First: Action Plan for Health Care - protecting health care today and into the future.
- The Patients First: Action Plan for Health Care sets clear and ambitious goals for Ontario's health care system in order to put patients at the centre by improving the health care experience: increasing access, connecting services, informing patients and protecting our health care system.
- By putting patients first in everything we do, we will provide faster access to the care patients need today and make the necessary investments to ensure our health system will be there for patients for generations to come.
- Changes underway supported by the *Patients First Act, 2016* have expanded the LHIN mandate and will give LHINs the tools, oversight and accountability they need to better

integrate local health care services and coordinate care across the care continuum in a way that better serves patients.

  - In May and June 2017, Home and Community Care services and staff transferred from the Community Care Access Centres to LHINs. This was a structural system change that will help patients and their families get better access to a more local and integrated health care system. The process happened in carefully planned stages and was seamless for patients and home care clients. There was no disruption to care and providers remained the same.

- Once fully implemented, these changes will make local health care more responsive to local needs:
  - Patients will benefit from improved access to primary care, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner.
  - Primary care providers, inter-professional health care teams, hospitals, public health and Home and Community Care service providers will be better able to communicate and share information, to ensure a smoother patient experience and transitions.
  - Administration of the health care system will be streamlined and reduced, with savings put back into improving patient care.
  - With Patient and Family Advisory Committees in every LHIN, the voices of patients and families in their own health care planning will be strengthened.
  - There will be an increased focus on cultural sensitivity and the delivery of health care services to Indigenous peoples and French speaking people in Ontario.

Key Messages - Local

- The Central East LHIN is a key partner in transforming the health system to provide quality care that meets the needs of Ontarians today and into the future.
- Current fiscal realities and demographic trends have created a need for transformation.
- We are working with our partners, including our Patient and Family Advisory Committee, primary care and public health, to change from an old system designed to treat people once they are sick to a more coordinated, value-driven model that promotes wellness, and is patient focused.
- Populations are growing and aging. The rates of chronic conditions are rising. To respond, the LHIN is working with partners in each of the sub-regions to address these realities and develop innovative solutions to keep Central East LHIN residents healthy.
- LHINs have already brought about significant and positive change in the way health services are delivered, and must continue that work. In fact, LHINs must aggressively build upon that work, because the status quo is neither acceptable nor sustainable.
- Transformation requires a collective call to action.
- Everyone has an important role to play in making healthy change happen, including health service providers, patients/families and caregivers, the LHINs, public health, primary care providers, community leaders and the public.
- Since its inception, the Central East LHIN has recognized the value of listening to the voice of patients and their family caregivers. Taking action on the lived experience of

patients and their caregivers resulted in the establishment of new programs, improvements to existing services, and, when warranted, the re-design or re-assignment of accountability of services. Effectively engaging with patients and caregivers, supported by the Central East LHIN Patient and Family Advisory Committee, will be an ongoing area of focus in 2018/19.

- Patients and caregivers need to become more accountable for their own health and actively participate in the development of plans that support care delivery in the seven LHIN sub-regions.

Strategic Approach

- Provide information needed to support access and system navigation.
- Position the renewed Central East LHIN as a valued key player within the transformation of Ontario's health care system and as the lead in health system transformation in the Central East region.
- Develop and leverage opportunities to build our reputation and establish credibility.
- Provide accurate and timely information to all audiences.
- Be transparent and accountable to our shared audiences regarding timelines, outcomes, and opportunities for participation/feedback.
- Foster an understanding of the need for health system transformation both internally and externally.
- Continue to build support for the health system model by focusing on the benefits of the health system transformation that creates an integrated sustainable health care system that ensures better health, better care, and better value for money.
- Align health service providers to the shared vision, mission, values and common "Living Healthier At Home" direction of advancing integrated systems of care to help Central East LHIN residents live healthier at home.
- Demonstrate how patients/caregivers/general public can participate in improving their own health and support the development of plans to support care delivery in the seven LHIN sub-regions.
- Mitigate communications risks of negative publicity by proactive planning of risk reduction.
- Provide information on performance and progress on the implementation, document successes, and share these insights.
- Initiatives contained in the ABP will have their own "Communications and Community Engagement Plan" (as required) documenting the context for each initiative, timelines, audiences, tools/tactics, specific key messages and a deliverables tracking chart. This will be a document that will be developed and rolled out in partnership with the appropriate health care partners and other stakeholders.

Tactics - High Level

The Communication team leverages a variety of communication vehicles tailored to various stakeholder groups. Specific tactics will be referenced in each plan, which will include:

- News releases/Blast Emails/Newsletters/Bulletins/Videos;
- Printed collateral including brochures, information booklets, display materials for patients and caregivers;
- Website postings/alerts/social media;
- Stakeholder events;
- Outreach to local government stakeholders; and
- Engagement with specific stakeholders — unions, provincial associations, community groups.

Evaluation

Identifying and tracking critical communication success factors will enable the Central East LHIN to identify more effectively whether communication activities have been successful. Specifically:

- Evaluation of patients and caregivers satisfaction with communication activities through feedback mechanisms including surveys.
- Visible senior leadership engagement and support of the ABP initiatives and related communications through inclusion of stakeholders involved in the development/implementation or receipt of positive initiatives and outcomes in public communication materials and engagement events.
- Senior leadership, LHIN-wide and sub-region committees take visible, active roles in supporting communications and change with their teams as tracked in shared communication and community engagement plans.
- Evaluate engagement of stakeholders across the Central East LHIN — are they engaged early and frequently and how is their participation impacting the implementation of the future state?
- Evaluate Central East LHIN citizens' engagement by monitoring and measuring tone and volume of traditional media, online/social media (e.g., websites, Twitter, Facebook) and LHIN communication vehicles (blast emails, bulletins).
- Evaluate participation in public engagement activities, including town halls, focus groups, paper and web-based surveys.
- Feedback mechanisms and ongoing assessment are in place to monitor the effectiveness of communication vehicles and messages, and the LHIN has the ability to make quick modifications based on shifts and lessons learned as activities are carried out.

9) Community Engagement

In accordance with Community Engagement Guidelines (Revised June 2016) and in keeping with the expectations of the *Local Health System Integration Act, 2006*, all LHINs are required to develop and publish their Community Engagement plan. Plans are updated annually to reflect specific priorities and objectives in the current/upcoming year.

The Central East LHIN's Community Engagement Plan provides an overview of the priority activities and associated community engagement mechanisms or strategies that will support achievement of the initiatives contained within this ABP.

Guided by the organization's vision "Engaged Communities - Healthy Communities" and focused on achieving its identified priorities in 2018/19, the Central East LHIN will fulfill its commitment to community engagement in the following ways:

Engagement Strategies and Best Practices

A variety of best practice strategies, appropriate to the desired objectives and identified level of engagement will be employed. The objectives of community engagement will be identified in advance for priority initiatives and will vary across the following engagement continuum.

Inform and Educate: To provide accurate, timely, relevant and easy to understand information to the community. This level of engagement will provide information about the LHIN, and offers opportunities for community members to understand the problems, alternatives and/or solutions. There is no potential to influence final outcome as this is one-way communication.

Gather Input: To obtain feedback on analysis and proposed changes. This level of engagement provides opportunities for community to voice their opinions, express their concerns, and identify modifications. There may be potential to influence the final outcome.

Consult: To seek out and receive the views of community stakeholders on policies, programs or services that affect them directly or in which they may have a significant interest. This level provides opportunities for dialogue between the community and the LHIN. Consultation may result in changes to the final outcome.

Involve: To work directly with stakeholders to ensure that their issues and concerns are consistently understood and considered, and to enable residents and communities to raise their own issues. In this level, community stakeholders may provide direct advice as this is a two-way communication process. This level will influence the final outcome and encourage participants to take responsibility for solutions.

Collaborate: To work with and enable stakeholders to work through options/solutions to find common ground or agreement.

Empower: Delegated stakeholder decision making where final decision making authority, leading to action is assigned to a committee (ad hoc, standing) or other organized body (project-related work group or task).

Identification of Stakeholders & Assessment of Impact and Outcomes

The Central East LHIN is committed to leverage the knowledge, experience and expertise that currently exists within Central East LHIN communities (LHIN sub-regions) to achieve its objectives. Accordingly, a core principle of engagement in Central East LHIN

is to identify existing stakeholder groups or entities, individuals or organizations which have an interest in the outcomes of the initiative/project.

Stakeholders are individuals, communities, political entities or organizations that have a vested interest in the outcomes of the initiative. They are either affected by, or can have an effect on, the project. Anyone whose interests may be positively or negatively impacted by an initiative or anyone who may exert influence over the initiative or its results is considered a project stakeholder. All stakeholders must be identified and managed/involved appropriately. For the purpose of stakeholder identification, "communities" can be interpreted to mean geographic locations (i.e., a municipality in the Central East LHIN region), communities of interest or communities of practice.

Community of interest (COI) — an informal, self-organized, network of individuals brought together around a common interest, issue, concern or opportunity. They need not meet physically and may only ever connect with one another on an ad hoc basis, around that common element.

Community of practice (CoP) — an Informal, self-organized, network of peers with a common area of practice or profession. Such groups are held together by the members' desire to help others (by sharing information) and the need to advance their own knowledge (by learning from others).

Political Entity — for the purpose of stakeholder identification, "political entity" is an individual, organization or group with known political interests or public responsibility. This may include officials in public office, or organized labour or citizens groups.

Planning Partners — for the Central East LHIN, Planning Partners is defined as a group that has been formally constituted and/or is supported by the LHIN in order to facilitate engagement related to Ministry of Health and Long-Term Care/LHIN Accountability Agreement deliverables.

The assembly of new Central East LHIN Planning Partner tables, project teams and work or task groups and ongoing support for existing tables, project teams, and work or task groups involves the identification of key stakeholder perspectives such as community, hospital, consumer/caregiver, clinical or administrative/leadership.

As appropriate, the engagement of providers or persons with expertise and experience in the delivery of services from across the three service clusters and sub-regions within the Central East LHIN is also obtained, namely, Scarborough (comprising the Scarborough North and Scarborough South sub-regions), Durham (comprising the Durham West and Durham North East sub-regions), and the Northeast (comprising the Northumberland County, Peterborough City and County, and Haliburton County and City of Kawartha Lakes sub-regions).

Engagement of Indigenous Peoples

The Central East LHIN estimates that the First Nation, Métis and urban-based Indigenous peoples residing in the region represents about one percent of the total regional population. First Nation, Métis, Inuit and Non-Status people face a number of health issues and challenges and their health status is below that of the general population. First Nation, Métis, Inuit and Non-Status people have identified a number of barriers to receiving equitable access to health services, including jurisdictional issues, lack of sensitivity to their culture, and a lack of targeted programs that focus on their particular health needs.

One of the main goals of the Central East LHIN is to continue to work with the First Nation, Métis, Inuit and Non-Status peoples to improve their overall health status. The

Central East LHIN is committed to working with all Indigenous people to align health services with existing regional, provincial and federal health planning, health programming and service delivery systems to improve health outcomes.

The Alderville First Nation, Curve Lake First Nation, Hiawatha First Nation, Métis Nation of Ontario, Mississaugas of Scugog Island First Nation, and the Central East LHIN have established a significant partnership that benefits the health, communities and the future of First Nations, Métis, Inuit and Non-Status people.

Through two Health Advisory Circles — the First Nations Health Advisory Circle (12 members) and the Métis, Inuit, Indigenous (Urban) Peoples' Health Advisory Circle (16 members) — the Central East LHIN receives advice on a variety of topics reflecting on provincial and Central East LHIN priorities. Meetings for each Health Advisory Circle occur on a quarterly basis. Additionally, a Joint Health Advisory Circle meeting, including both Circles and LHIN leadership, is held on an annual basis to provide education and foster a collaborative approach for the year ahead.

Engagement of Central East LHIN Francophone Community

The Central East LHIN has a French-speaking population of approximately 32,400 or 2.3% of the population (2006). Almost 80% of the LHIN's Francophone population lives in Scarborough and Durham West/East. In the Central East LHIN, only Scarborough is officially designated under the *French Language Services Act, 1990.*

The Central East LHIN's commitment to equity and respect for diversity recognizes the requirements of the *French Language Services Act, 1990* and the legislation pertaining to the Engagement with the Francophone Community (January 2010) in serving Ontario's French-speaking community.

To do so, the Central East LHIN engages with its Francophone community in partnership with the French Language Planning Entities (April 2011). The French Language Services Entité #4 for Central East LHIN provides advice and support to the Central East LHIN with respect to:

- Engaging the local Francophone community.
- Identification and planning for health needs and priorities.
- The needs and priorities of diverse groups within the Francophone community.
- Health services available to the Francophone community.
- The identification and designation of health service providers for the provision of French language health services.
- Strategies to improve access to, accessibility of and integration of French language health services in the local health system.
- The integration of French Language Services.

10) Conclusion

The action plans and specific business, communication and community engagement activities contained in the Central East LHIN's 2018/19 ABP will support the health system transformation goals outlined in the *Patients First Act, 2016*. The Central East LHIN will continue to lead ongoing transition and transformation activities across its seven sub-regions to support the sustainability of our health care system. Together with our many partners, including patients and caregivers, primary care, public health, the Francophone Entité, and Indigenous Circles, we will continue to engage, innovate and implement so that we keep people healthy and well in the community.