Central West
LOCAL HEALTH INTEGRATION NETWORK

It's about you and your health!

CENTRAL WEST LHIN
2008-2011
ANNUAL SERVICE PLAN

Submitted to the Ministry of Health and Long Term Care

June 30, 2008

Ontario

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Central West
LOCAL HEALTH INTEGRATION NETWORK
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1 – BOARD TRANSMITTAL LETTER

June 30, 2008

Carrie Hayward
Director, LHIN Liaison Branch
Minister of Health and Long-Term Care
Hepburn Block, 5th Floor
80 Grosvenor Street
Toronto, Ontario
M7A 1R3

Dear Ms. Hayward:

In accordance with the requirements of the Local Health System Integration Act 2006, please find enclosed the Central West LHIN's final Annual Service Plan. This plan is an update of the draft plan submitted August 31, 2007 and details the LHIN's multi-year planning for the local health system, describes how the Central West LHIN is progressing on the priorities of our Integrated Health Services Plan (October, 2006) and will inform the Ministry's results based planning process.

The Central West LHIN looks forward to implementing a number of important initiatives over the next year. These initiatives include:

- Continuing to work with our Health Service Providers to address the LHIN's IHSP priorities and the Ministry's Strategic Priorities
- Working with the newly opened William Osler Health Centre's Brampton Civic Hospital to grow to meet the needs of the community
- Working with the LHIN's Health Service Providers, local community and other stakeholders to implement our Health System Plan
- Implementing Phase 1 of the Ministry funded, LHIN led, Aging at Home Strategy as well as planning for Phase 2.

This final Annual Service Plan has been reviewed by Central West LHIN's Board of Directors and the following resolution was passed at its meeting of June 25, 2008, *"That the Central West LHIN Board of Directors approve the 2008-2011 Central West LHIN Annual Service Plan, as circulated".*

Sincerely

Joe McReynolds
Board Chair, Central West LHIN

Mimi Lowi-Young
CEO, Central West LHIN

cc:
Leela Prasaud, Manager GTA Region, LHIN Liaison Branch

Ontario

2 - INTRODUCTION

The Accountability Agreement between the Ministry of Health and Long-Term Care and the Central West LHIN outlines the LHIN's obligation to complete an Annual Service Plan (ASP) that identifies its progress in implementing the Integrated Health Service Plan (IHSP).

The Annual Service Plan is a multi-year planning document that sets out the key directions the Central West LHIN will pursue from 2008/09 to 2010/11. These directions are grounded in the priorities for change set out in Central West LHIN's Integrated Health Service Plan of October 2006 and the significant work underway addressing the action steps in the IHSP. The IHSP highlighted the key local issues and challenges identified through community engagement, environmental scanning, and critical analysis and focuses on integration of the local health system.

2.1 About Central West LHIN

The Central West LHIN is one of 14 local health integration networks (LHINs) in Ontario founded on the principle that local health care is best planned and funded in a co-ordinated way locally, because local people best know their own health service needs and priorities. The Central West LHIN was designated by the Ministry of Health and Long-Term Care(MOHLTC) , under the Local Health System Integration Act, 2006, to plan, coordinate, integrate and fund local health services, and does for 51 health service providers located in Brampton, Caledon, Rexdale, Etobicoke, Malton, Woodbridge, Orangeville and throughout Dufferin County.

2.2 Mission, Vision, Guiding Principles, Values

The Central West LHIN Local Vision

Central West LHIN declared its vision for the local health system in its initial Integrated Health Services Plan submitted to the Minister of Health and Long-Term Care in October 2006.

The vision, principles and values in the IHSP reflect what we heard from the community and local health service providers. They are aligned with the Ministry's strategic directions.

Vision

The Central West LHIN will work to create "a local health system that helps people stay healthy, delivers good care when they need it and will be there for their children and grandchildren".

The vision reflects the essence of Central West LHIN and supports common, coherent strategic directions to provide for the best health system for the citizens of this community.

Our vision of a transformed health care system is rooted in the following concepts:

- people-centred
- evidence-based
- cost effective
- services closer to home
- best-practice
- integration

We identified the principles that will guide our thinking, strategies and decision-making. We will build our local health system on these five principles.

Principles

Equitable access *based on patient / client need*

Preservation of ***patients'/ clients' choice***

People-centred, community-focused *care that responds to local population health needs*

Measurable, results-driven outcomes *based on strategic policy formulation, business planning, and information management*

Shared accountability *between providers, government, community and citizens.*

We identified the values upon which we will conduct our activities and behaviours upon which we expect to be evaluated.

Values

Person-centred*: We advance the public good with purpose and passion while honouring democratic values. We work with individuals and the community in pursuit of optimum health status. We are deeply committed to meeting the health care needs of our community and we constantly focus on client satisfaction.*

Transparency*: A commitment to the highest possible ethical standards, and open and timely sharing of information*

Integrity*: In all of our activities, we will foster trust by being truthful, empathetic and consistent.*

Stewardship*: In managing all resources to which we have been entrusted, we will seek ways to ensure appropriate use of resources, and act responsibly, taking actions that align with our vision, values and strategic direction.*

2.3 Alignment between Annual Service Plan and Other Strategic Directions

The draft Strategic Directions provided by the Ministry of Health and Long-Term Care in June 2006 served as a foundational document that informed the development of the Central West LHIN's initial IHSP. The alignment between the Minister of Health and Long Term Care and Central West LHIN is evident through the LHIN's adoption of the MOHLTC's vision statement for our local environment.

The priorities identified in the IHSP have served as a compass to guide the activities and priorities of the Central West LHIN over the past year. They will continue to direct our activities over the next 2 years, recognizing that the newly developed Health Service Plan and impending refresh of the Integrated Health Services Plan has informed our strategic directions and priorities and focus and refocus our activities.

The Ministry-LHIN Accountability Agreement (MLAA) provides the LHIN with its full legislative authority and the responsibilities associated with that authority. While recognizing that the devolution of authority to the LHIN is an evolutionary process, the MLAA and its associated schedules give authority to the LHIN to fulfill its mandate to plan, fund and integrate services for our local health system as well as establish clear and achievable performance obligations. The Ministry-LHIN Accountability Agreement provides the Central West LHIN with the framework through which it will work with its community and providers to build a stronger integrated health care system, that is planned locally and funded in a coordinated way.

Central West LHIN's Strategic Priorities include three overarching strategies intended to improve local health services.

- The **Enhanced Integration** strategy is intended to provide better coordinated and better linked health services, including seamless movement across the care continuum.
- The **Increased Capacity** strategy is intended to ensure that people receive the appropriate levels of service and supports at the right time.
- The **Improved Access** strategy is intended to ensure that people receive timelier and easier access to high quality, people-centred services

In addition to the overarching Strategic Priorities, there are five related client priorities related to specific service areas. Central West LHIN's five client priorities include:

- **Maternal/Child Services**
- **Mental Health and Addiction Services**
- **Palliative/End-of-Life Services**
- **Rehabilitation Services**
- **Services to Seniors**

The Central West LHIN also has identified three priorities that cross the health continuum. These priorities are:

- **Chronic Disease Prevention and Management**
- **Primary Care Linkages**
- **Responsiveness to Cultural Diversity**

2.4 Overview of LHIN's Current and Forthcoming Programs and Activities

The Central West LHIN is poised for a year of significant change as it assumes its full responsibilities with respect to planning, funding and integration initiatives within our local health system. There are many positive changes in our environment that will enable us to advance the transformation agenda.

Since the final Draft Annual Service Plan (Aug 31, 2007), the Central West LHIN has acquired two additional local health service providers, an increase from 49 to 51. Central West LHIN funds and now has service agreements with 51 local health service providers.

These health service providers consist of:

1 community health centre,
1 community care access centre
2 hospital corporations located on 4 sites
11 mental health and addiction services organizations,
13 community support services, and
23 long-term care homes.

2.4(a) Current Programs and Activities

Central West LHIN has been involved in the planning of a number of specific initiatives related to the three overarching strategies of enhanced integration, increased capacity and improved access. These activities include:

Additional Allocations through Wait Time Strategy: The allocation of wait time volumes to the Central West LHIN has supported a significant increase to these targeted services for the residents of Central West LHIN. The Central West LHIN received a total wait-time allocation of $9.1M in 2007/08, which has supported increases for hip & knees, cataracts, CT and MRI volumes within the Central West LHIN. Although overall volumes increased, the Central West LHIN hospitals were not able to achieve the total volumes allocated which resulted in a ministry recovery of $1.8M for these initiatives. The Central West LHIN anticipates achieving the wait-time volumes allocated for

2008/09. The continued application of these allocation formulas will increase services to our residents locally.

Designation as a Regional Dialysis Centre: William Osler Health Centre (WOHC) was designated as a Regional Dialysis Centre in the past year. This designation will enhance the capacity across the LHIN and provide the opportunity for Headwaters Health Care Centre to play a larger role in the delivery of services to those with Chronic Kidney Disease. We anticipate that this designation and the expanded role for our hospitals will result in repatriation of patients from neighbouring LHINs. The Central West LHIN is currently working with both William Osler Health Centre and the MOHLTC to confirm and plan for the expansion of 36 new dialysis stations in Etobicoke.

Emergency Department Support Fund: Supported by the Central West LHIN, local health service providers submitted and were successful in receiving funding for four submissions to this fund in the past year. The "Home At Last", "Community Referral by Emergency Services", "Rapid Response Team" and "Advanced Directives" have all been established and with their funding ending are being transitioned with support from Health Service Providers or alternate funding sources (for example: Home at Last from Aging at Home funding).Each represents an innovative and collaborative approach that is resulting in improved access to local emergency services, and assisting in addressing local Alternate Level of Care pressures.

Enhanced capacity related to Diabetes Management: Central West LHIN was approved for funding for 5 new Diabetes Education Teams. Four of these are linked to the new Bramalea CHC and one is linked the Family Health Team in Shelburne. This will expand access to diabetes care and management for residents of the Central West LHIN and most notably for some of our most disadvantaged citizens. The first teams have come on line in Shelburne and Bramalea.

Enhanced Critical Care Services: The critical care capacity of Central West LHIN was strengthened with the establishment of the local Critical Care Response Team and the addition of 2 critical care beds in the past year. This will enhance critical care services in the LHIN. It will also connect us more fully with the province's critical care strategy. Central West LHIN will be actively engaged in planning discussions related to enhanced integration of critical care services. Although the opening of the Brampton Civic Hospital site has added additional critical care beds, the utilization continues to be higher than expected. This is consistent with the Critical Care Lead's report which predicted that the critical care bed requirement will be challenged by 2010 and the Central West LHIN needs to consider now how we might address this concern. The Physician Leader has advised that future plans should consider capital plant improvements at the Etobicoke General site so that they might be part of the solution to the LHIN's critical care issue.

Primary Care Linkages: Although the Central West LHIN does not fund them, it is assisting in the development of Family Health Teams in the LHIN by acting as a conduit to help Family Health Teams connect with other health service providers and by supporting their information needs, particularly those associated with opportunities to

improve the prevention and management of chronic diseases. The Family Health Teams in Shelburne and Orangeville are currently roistering patients and providing services.

Transfer of Hope Acres Rehabilitation Centre from Central LHIN to Central West LHIN. Central LHIN identified in July 2007 that this agency does not fit within their jurisdictional boundaries although they had been assigned Hope Acres' Service Agreement by the MOHLTC. The agency falls within Central West LHIN's borders. On October 31, 2007, the Central West LHIN was assigned the management and accountability for Hope Acres Rehabilitation Centre.

2.4(b) Forthcoming Programs and Activities

A number of the programs and activities developing in the Central West LHIN are directly related to the direction in the IHSP, including:

Approval for a Cardiac Catheterization Centre: With the opening of the Brampton Civic Hospital, Central West LHIN residents will for the first time be able to receive this important intervention from their local community hospital. Previously residents have travelled into other geographic areas for this important service. As part of this expanded service, William Osler Health Centre has now become a full member of the Cardiac Care Network. Surgical linkages and back-up have been established through a voluntary integration agreement with St. Michael's Hospital in Toronto.

Opening of Brampton Civic Hospital: The Brampton Civic Hospital opened on October 28, 2007 with 479 beds. There will be a phasing-in of beds over the next several years but ultimately it will be a 608 bed community hospital offering a full range of inpatient and ambulatory services to the community, including an array of new, expanded and additional services. The new hospital is an asset that will substantially improve health service access and capacity within the Central West LHIN.

Health System Plan

The Central West LHIN initiated a planning project which engaged the local Central West LHIN community (members of the public, community organizations, health service providers) to detail a system vision and plan and the appropriate scope and distribution of integrated community support and hospital services in the Central West LHIN. Within this context, the roles that the Brampton Civic and Etobicoke General Hospital sites of WOHC and Headwaters Health Care Centre will assume in the provision of system-wide services were defined. The future role of the Peel Memorial campus site is to be developed in the Health System Plan. The plan also identifies a regional role for the Brampton Civic Hospital.

Primary Health Care Enhancement through the opening of the Bramalea Community Health Centre: The Central West LHIN is playing a unique leadership role in the

establishment of the Bramalea CHC. The Central West LHIN was assigned the responsibility to oversee the development of the CHC.

To date, the space has been leased for the centre, a Board has been constituted and an Executive Director has been hired, and staff is beginning to be hired, starting with the local diabetes education teams. The organization is currently funded by the MOHTLC and the accountability agreement is to be assigned to the Central West LHIN. It is anticipated that this will occur in fiscal 2008/09.

This improved access will meet the primary health care needs of vulnerable populations in Bramalea. Additionally, the Central West LHIN will be involved in the development of satellite Community Health Centres in Malton and in Rexdale (Jamestown and Kipling-Dixon).

Transfer of Mental Health patients between Headwaters Health Care Centre and William Osler Health Centre. The two hospitals have agreed to guidelines and protocols to ensure that patients on or placed on a Form 1 at Headwaters Health Care Centre, which is not a Schedule 1 facility, will be transferred to William Osler Health Centre, which is a designated Schedule 1 facility. This will improve timely access for Dufferin County residents to needed mental health services.

3 – ENVIRONMENTAL SCAN

3.1 Highlights and Refresh of IHSP Environmental Scan

The original detailed environmental scan is available in the Central West LHIN's initial IHSP. Information from the 2006 census is just now being released. The Central West LHIN will continue to update its environmental scan as more information becomes available. The following sections present demographic and data that draw attention to trends and pressures in Central West LHIN.

3.2 Key Cost Drivers Affecting the LHIN

Significant cost pressures impacting on the Central West LHIN health system and its ability to provide local health services are outlined below.

Population Growth	The Central West LHIN is home to 798,038 people, representing 6.2 % of the population of Ontario.[1] The 2006 census identified that population growth in the Central West LHIN was 2.42%, significantly greater than the provincial rate of 0.93%.[1] More than half of the entire population of the LHIN resides in Brampton, which had a population growth rate from 2001 to 2006 of 33.3%, the second largest population growth rate in Ontario, and fourth largest in Canada.[2] The growth rate varies by age group. From 2006 to 2016 the population of people 65 years of age and over is expected to grow by 57% for the Central West LHIN. This is the highest among 14 LHINs (the provincial average is 34%).[1] This growth in the seniors population will impact on service utilization across all health care sectors. Central West LHIN has a young population. There is concern about access to services required by the LHIN's youngest residents. The Central West Community Care Access Centre serves an above average number of paediatric clients. The current funding model for CCAC's focuses on post-acute home care and meeting seniors' service needs. The paediatric population requires complex, intensive service, and the current model does not fully capture the funding requirements for these clients.

[1] Source: 2006 Census from PHPDB of MOH, June 2008
2 Source: 2006 Census from Statistics Canada, March 12, 2007

Population Diversity	The Central West LHIN is awaiting the 2006 census update on the ethno-cultural characteristics of the LHIN's population. 2001 census data indicates the population in the Central West LHIN who are visible minorities is 38.8%, considerably higher than the province overall rate of 19.1%. The percentage of recent immigrants in the Central West LHIN is 7.4%, substantially higher than the provincial percentage of 4.8%, and with higher percentages in the more urban communities of Malton (16.1%), Rexdale (13.3%) and Brampton (6.4%). It is expected that the 2006 census data will indicate a significant increase in the populations of visible minorities and recent immigrants. Attention will need to be paid on ensuring equity of access and focusing services to meet the needs of our diverse and new communities. This involves providing culturally competent services, recognizing different beliefs, values, and practices, overcoming communication barriers, and addressing health issues that may be specific and more prevalent within these communities. Such a broad and rich level of ethno-cultural diversity should be mirrored in the staff and supporting structures that provide health services for these communities. This will have a significant impact on human health resource issues for the LHIN.
CCAC and Community Support Services	At a time of large population growth, community support services investment in the Central West LHIN is among the lowest in the province. There are a number of areas of the Central West LHIN that are particularly under-resourced. Given the growth pressures identified above, it will be difficult for the LHIN to simply reallocate funding among providers. IHSP priority areas identify that the LHIN needs to develop community support services. They provide the supports needed for individuals to remain in their own homes and communities. They are often cost effective strategies to delay and or avoid admittance to higher cost providers. CCAC and community support services are integral to the achievement of Central West LHIN's IHSP priorities. The ongoing development of community support services will require additional investment to meet Central West LHIN's health needs.

Inflationary Pressures	Over the last 2 years the average annual rate increases has been 2.31% and it is anticipated it will continue at this rate if not increase. Inflationary pressures affect all health service providers. Because of their smaller size, community support service providers have had the least capacity to absorb the funding shortfalls that result.
Repatriation	With the opening of the new Brampton Civic Hospital and redevelopment planning for the other hospital campuses in the Central West LHIN, patients' expectations and ability to receive services within their LHIN will increase. New, expanded and additional services at the Brampton Civic Hospital Plans are outlined below. There impact will be highlighted through the development of the hospital's 2008/09 hospital annual planning submission and service accountability agreement. The extent to which the resources required will be addressed through negotiations between the hospital and the MOHLTC through the PCOP (post-construction operating plan) will impact on the hospital's ability to provide services to residents of the Central West LHIN who are currently going outside the LHIN for these services.
Integration Activities	In high growth communities such as those in the Central West LHIN, integration alone will not ensure resources are available to meet the growing population's needs. A number of initiatives that will promote longer-term integration and improve services will require seed funding. For instance, increasing community services with the aim of delaying Long-Term Care admissions requires some "ramp-up" investment, before community services are in place to realize efficiencies and cost savings associated with this objective. The first year of the province's Aging at Home strategy and recent Urgent Priorities Funding initiatives are expected to directly impact on diverting individuals from Emergency Departments to more appropriate care settings and to reduce Alternate Level of Care levels.

3.3 Local conditions/issues

There are a number of local conditions and issues identified through the IHSP planning process. These issues affect the provision of health services in the LHIN.

Central West LHIN Residents Have Limited Access to Health Care Services Within Their LHIN	<u>There is limited access to primary health care.</u> • Central West LHIN residents have the lowest ratio of physician to population and specialist physician to population rates in Ontario.[3] • Central West LHIN residents seek care services outside of the LHIN more than residents of any other LHIN.[4]
	<u>A high proportion of the Central West LHIN residents receive acute and ambulatory care services in other LHINs.</u> • The Central West LHIN has the lowest acute care localization index of the 14 LHINs with regards to inpatient separations (61.4%) and ambulatory visits (59%) [4]. • There were 36,540 inpatient separations in the Central West LHIN hospitals in 2006/07. Only 60.2% (29,994) of the Central West LHIN residents received acute care treatment from hospitals in this LHIN. [5] • There were 272,731 ambulatory care visits (including Emergency, Surgery Day/Night, Medical Day/Night and Clinics) in the Central West LHIN hospitals from 2004/05 to 2005/06 [4]. • 70% of the visits to Central West LHIN Emergency Departments were by Central West LHIN residents[4]. • 30% of Central West LHIN's residents that required an Emergency visited another LHIN for these services [4].

[3] Source: Health Indicators 2007 from CIHI, May 30, 2007
[4] Source: LHIN Patient Flow Report, 2004/05 to 2005/06 from Health System Intelligence Project, June 2007
[5] Source: Inpatient Discharges from PHPDB of MOH, 2007

Central West LHIN Residents Have Limited Access to Health Care Services Within Their LHIN	<u>Patients who need complex or specialized acute care must go outside of the LHIN.</u> • With an increase in complexity of service or level of care, the net outflow of patients from the Central West LHIN increases [4]. – More than half the residents in the communities of Rexdale and Woodbridge went outside the LHIN to seek specialized inpatient care or ambulatory care. [4] – The most common other locations of treatment were hospitals in the following LHINs: Toronto Central (15.7% inpatient; 14.1% ambulatory), Mississauga Halton (10.5% inpatient; 13.0% ambulatory) and Central (10.0% inpatient; 10.7% ambulatory). [4] – The level of outflow is especially high in the critical areas of neurosurgery, ophthalmology, cardio/thoracic, oncology and neonatology. [4] – University Health Network, Sunnybrook Health Sciences, Hospital for Sick Children, Credit Valley, Trillium Health Centre and Humber River Regional were the most common hospitals for Central West residents to go for health care. [4] • The reasons why Central West LHIN residents seek, or are referred to, services outside of the LHIN are varied and are being more thoroughly examined. • In many cases these services have not developed in hospitals in the Central West LHIN. In a number of cases these are services that are appropriately provided in academic settings. The opening of the new Brampton Civic Hospital provides an opportunity to develop more complex and specialized services in the LHIN. • It is recognized that some degree of patient outflow is appropriate especially for high complexity, low volume services.

Central West LHIN Residents Have Limited Access to Health Care Services Within Their LHIN	<u>There are service gaps in mental health and addictions services.</u> • There are 87 psychiatry beds in Central West LHIN, located at William Osler Health Centre's two sites. [6] • Acute mental health separations represented 6.9% of all separations from the Central West LHIN hospitals and 13.6% of total days, compared to the provincial average of 5.9% and 10.9% for hospitals with Schedule 1 beds. [5] • The total ALOS for psychiatric separations was 0.3 days longer than the acute ALOS. The variance is due to ALC days, which reflects limited access to community mental health resources. [5] • Between 7% to 18% (depending on activity definitions) of the population in the Central West LHIN have ambulatory mental health contacts with physicians, and 83% of these contacts are with general/family physicians compared to the provincial average of 79%. General/family physicians in Central West LHIN are heavily relied upon for providing mental health care with little, if any, team support[7]. • The extent of mental health and addiction issues in the LHIN's diverse communities and the requirements for culturally competent mental health and addiction services need extensive examination.
	<u>There is increased need for palliative care,</u> • The Central West LHIN had the highest proportion of patients cared for by oncologists from <u>1993 to 2002</u> (38% while the range for the other LHINs was 15-27%).[7] • General and family physicians in Central West LHIN have tended not to provide palliative care. [7] • The growth in the population suggests there will be an increasing need for specialized palliative care, including culturally sensitive services and greater involvement of Central West LHIN's specialists and family physicians.

[6] Source: Hospital Utilization Report 05/06 from Planning Decision Support Tool, Ontario MOHLTC, July 2007

[7] Source: Primary Care in Ontario, ICES Atlas, November 2006

Central West LHIN Residents Have Limited Access to Health Care Services Within Their LHIN	There is room for improvement for disease screening programs and preventative care. Primary prevention was the lowest among the LHINs in 2000/01.[7] • 80% of women 18+years reported having had a Pap test, the lowest among all LHINs (Ontario average is 87%). • 76% of women 50+ years reported having had a mammogram (Ontario average is 83%). • 74% of women 18+ reported having had breast exam, the lowest among all LHINs (Ontario average is 83). • 65% of women and 60% of men aged 65-74 years reported having an influenza vaccination within the previous two years (73% and 67% respectively in Ontario). • 60% of women and 56% of men aged 75 years+ reported having an influenza vaccination within the previous two years, the lowest among all LHINs (74% and 69% respectively in Ontario). • Central West LHIN residents had more family physician visits on average (4.6) compared to the province as a whole (3.6). Also people visited family physician most commonly for respiratory disorders (20% of visits), Cardio Vascular Disease (10% of visits), psychosocial problems (7.6% of visits) and accidents, poisoning, violence (7.6 % of visits). • The relationship between these rates and these programs success in communicating and meeting the needs of the LHIN's various ethno-cultural communities requires further exploration.

Central West LHIN Residents Have Limited Access to Health Care Services Within Their LHIN	<u>There are service gaps in maternal and newborn care services.</u> • The Central West LHIN birth rate is 60.4 per 1,000 population, the highest among 14 LHINs and significantly higher than that of the Ontario average (50.4). The birth rate is increasing, primarily in Brampton.[5] • There were 37,814 inpatient separations in the Central West LHIN hospitals in 2005/06. Central West LHIN residents had a significantly higher proportion of obstetrics separations compared to the rest of the province (22.15% vs. 15.12%). The communities with the highest volumes were Brampton and Rexdale which make up almost 80% of the obstetrical separations [5]. • 38.8% of Central West LHIN obstetrical patients receive these services outside of the LHIN. This is the highest proportion of LHIN residents in the province who receive their care outside their LHIN of residence. For the Central West LHIN, the "service-to-need" ratio for obstetrics is 0.7, indicating the significant net outflow and suggesting local residents' needs are not being fully met within the LHIN [5]. • Central West LHIN residents account for 7.8% of all births in Ontario, but have 9.1% of all the low birth weight babies in the province[5]. • 61% of normal weight Central West LHIN newborns are being delivered in local hospitals. The proportion of Central West LHIN's low weight babies being delivered in neighboring LHINs (Toronto Central, Mississauga Halton, Central and Hamilton Niagara Haldimand Brant) increases as the birth weight is lower and where access to more complex and specialized neonatal services is required[5]. • Attention is being focused on culturally competent maternal, newborn and children's services.

French Language Services	The City of Brampton was designated under the province's French Language Services Act. The Central West LHIN continues to connect with members of the considerable local francophone population (there are over 8,000 French-speaking residents) to ensure its input into the development of health services that meet their needs. Recent work on the development of the Bramalea Community Health Centre highlights the requirements for the new CHC to ensure access to French language health services. Expectations are that existing health service providers comply with the French Language Services (FLS) legislation. The francophone community of Peel Region continues to advocate for a new Community Health Centre specifically for the francophone community. The Central West LHIN continues to work with the GTA LHINs and the Toronto Region French Language Health Services Panning and Support Committee on local FLS planning and with the MOHLTC on the development of the provincial French Language Local Planning Entities.
Aboriginal Health Services	The Central West LHIN has developed relations with a small but active Aboriginal community. The Central West LHIN is working in combination with other LHINs in the province on developing appropriate engagement strategies while meeting with Aboriginal groups to continue to develop a fuller understanding of issues and ensuring meaningful input with the Aboriginal community.

Wait Times	<u>Central West LHIN continues to achieve improvements in Wait Times</u>[8] The Central West LHIN is pleased to report the achievement of very positive wait time results for the year ending 2007/08. These results were achieved during a period of significant change for the LHIN, which included the closure of the Peel Memorial Hospital, the opening of the Brampton Civic Hospital and the introduction of a Ministry-appointed Supervisor at William Osler Health Centre. Wait time performance has moved to a 'reporting by exception' model for all variances outside of specific pre-establshed performance corridors. The Central West LHIN saw a variance for Cancer Surgeries. The year-end wait time for cancer surgery was 69 days against a target of 58 days. Performance in this area is better than the Provincial target of 84 days, but targets for the LHIN have been set more stringently based on historical performance and best practice. In six out of seven Wait Time areas that the LHIN is monitored against, performance was within or better than the specific pre-established performance corridor, including: - Cataract Surgery - Hip Replacement Surgery - Knee Replacement Surgery - Diagnostic MRI Scans - Diagnostic CT Scans - Median Wait time to LTC Home Placement.

*90th percentile wait times for Feb/Mar 2007

[8] Source: Wait Times Information Office, Apr/May, 2007

3.4 Opportunities

The Central West LHIN recognizes a number of opportunities that will enable system transformation, and the achievement of IHSP identified priorities. These opportunities include:

Established foundation and processes for engagement with our community	The credibility and durability of the work of the Central West LHIN depends on our relationship with our community partners. We continue to build on our successes over the past year and evaluate our community engagement strategies to ensure their effectiveness in reaching our geographically and demographically diverse communities. Through on-going discussions with members of our community, we are becoming more confident that we are hearing what they consider is important about the future of their health services. The Central West LHIN has established a strong record of engaging our community, with extensive consultation during both the development of the Aging at Home Directional Plan and the Health System Plan.
Clearer sense of identity with the Central West LHIN identity	Over the past year, the Board, Chief Executive Officer (CEO) and staff focused on creating the environment for building strong and productive relationships among health service providers and communities. Providers (through IHSP priority discussions and planning tables) have identified approaches to assist the public to know what services are available close to home. LHIN leadership, (Board and staff) have engaged in public activities and continue to develop a better understanding of what the community expects of its local health system. We have begun the task of building a strong and cohesive Central West LHIN identity, recognizing that there is more work to be done. A communication plan and extensive tools have been developed and are central to the work of the LHIN in communicating the LHIN's role and activities to the many communities within the Central West LHIN.

Connecting with our diverse ethno-cultural communities	The Central West LHIN has made a strong effort to examine how it can better engage the rich diversity of residents in the LHIN and the tremendous opportunities to develop and deliver more culturally competent health services. The Central West LHIN continues to meet with leaders from our ethno-cultural communities and with staff of health service providers whose mandate it is to connect to our diverse populations. The Central West LHIN will continue to focus on understanding the experiences of our diverse populations and work with health service providers to better develop culturally competent services that meet their needs. Building on a full day engagement session and regular connections with organizations that represent and /or serve local ethno-culturally diverse populations continues to advance the LHIN's relations with all the people of the LHIN
Continuing to build stronger, collaborative relationships with health professionals in the LHIN	The Central West LHIN has made physician engagement a priority. We have adopted an approach which allowed us to hear physicians' perspectives from across the LHIN. Through implementing Ministry-led initiatives (Critical Care, Wait Times) and local initiatives the LHIN has established (and will continue to develop) strong relationships with our health professional community. LHIN staff regularly liaise with the Central West Mississauga Halton Community Family Medicine/Public Health Network. This group has worked on the development of Chronic Disease Prevention and Management strategies and other related IHSP priorities in the LHIN. LHIN staff continue to work with local Family Health Team initiatives to assist with their development. The LHIN CEO regularly connects with local Ontario Medical Association and hospital Medical Advisory Committees representatives. Physician leaders in the LHIN are included in local initiatives on a project specific basis. Additionally the CEO has met with the Registered Nurses Association of Ontario and the Ontario Respiratory Therapists Association. Work has begun on the establishment of the Health Professions Advisory Committee. Through this committee, the LHIN engages with a number of individual clinicians from a variety of professions to inform our planning and deliberations and ensure innovative patient-centred health care within Central West LHIN.

Services to Seniors	The provincial policy initiative supporting seniors to live safely at home with dignity and independence provides an unprecedented opportunity for changing the way health care services are provided to seniors. The Central West LHIN is preparing itself to support local initiatives focusing on increasing the range and quantity of services to seniors, to help relieve pressures on hospitals and Long-Term Care homes by helping seniors stay at home, in their own communities. The Central West LHIN will plan for an integrated continuum of care to support Healthy Aging. Central West LHIN's vision for integrated care includes home care, supportive housing, community support services, long-term care beds, and end-of-life care. We believe that this vision will create new opportunities for health service providers in the LHIN to step forward in a leadership role. On August 28, 2007, the government of Ontario launched the Aging at Home initiative, a three-year, $700- million initiative designed to allow seniors to live healthy, independent lives in the comfort and dignity of their own homes. The Minister of Health and Long-Term care announced that the Central West LHIN will receive a total of $21 million over the next three years. The Central West LHIN will receive $2,737,669 for 2008/09. A detailed plan was submitted to and approved by the Ministry of Health and Long-Term Care (MOHLTC). The plan includes a total of 24 initiatives from 11 service providers that propose initiatives which promote positive outcomes for seniors and their caregivers with an integrated continuum of community-based services to enable them to stay healthy and live more independently in their homes. The MOHLTC indicated that 21 of these initiatives are able to proceed immediately. Two other initiatives require Minister's Approval to either provide a CSS service or new CSS service while another requires a legislative, policy or regulatory change. The Central West LHIN plan exceeds the 20% innovation allocation requirement. The MOHLTC views twenty seven percent (27%) of the total funding "innovative".

Increased Access and Improved Hospital Capacity with the Brampton Civic Hospital	The opening of the new Brampton Civic Hospital in October 2007 provides Central West LHIN residents with access to expanded acute care services. Geographically, the hospital is well positioned to meet the needs of residents of Brampton, Caledon and parts of Dufferin County, as well as provide specialized and regional services to residents from throughout the LHIN. New, expanded and additional services at the Brampton Civic Hospital include: • Expanded cancer care • Access to 18 operating rooms • Cardiac procedures suite • Cardiac Catheterization Lab with capability to perform angiograms with possibility of angioplasty in the future. • Expanded cardio-respiratory and electro-diagnostic services • Increased capacity of Cardiac Rehabilitation Program. • Capacity of 36 critical care beds (12 coronary care beds and 24 intensive care beds) • Complex Continuing Care to grow to 75 beds • Comprehensive diabetes treatment and education • Double the imaging equipment and service currently available at PMH - 3 CTs, 3 MRIs, 7 digital mammography units, 2 angiography suites, 9 gamma cameras, 3 bone density machines, ultrasound units doubling to18 • Dialysis treatment stations increased to 37 • 64 Emergency Department examination rooms to accommodate 90,000 visits per year • Comprehensive ophthalmology care program • Total medicine beds will increase from 124 to 186 • 95 mental health inpatient beds • 19 surgical rehabilitation, 20 medical rehabilitation beds and hydrotherapy pool services to be phased in • Surgical program will grow to 113 inpatient beds • Separate Ambulatory Procedures Unit for cysto- and endoscopy • Enhanced paediatric and Minimally Invasive Surgery (MIS) services • 14 labour and delivery rooms • 38 Post-Partum inpatient beds • Expanded Advanced Level II Neonatal Intensive Care Unit (from 15 to 27 beds) • High Risk Antenatal Service • Paediatric inpatient beds will grow from 18 to 26 We anticipate that the availability of these services will be a catalyst for improving the localization index for the Central West LHIN.

Redevelopment of Peel Memorial Hospital	In October 2005, the Minister of Health and Long-Term Care announced that Peel Memorial Hospital will be redeveloped, following the opening of Brampton Civic Hospital. The Minister of Health and Long-Term Care has assigned the leadership role to the Central West LHIN in planning a vision for health services in the LHIN and the role of the Peel Memorial Hospital in this context. The Central West LHIN initiated a planning project which engaged the local Central West LHIN community (members of the public, community organizations, health service providers) to detail a system vision and plan and the appropriate scope and distribution of integrated community support and hospital services in the Central West LHIN. Within this context, the roles that the Brampton Civic and Etobicoke General Hospital sites of WOHC and Headwaters Health Care Centre will assume in the provision of system-wide services was defined. The plan also identifies a regional role for the Brampton Civic Hospital. Central to this work was the establishment of a local task force of LHIN community leaders that specifically examined the potential future role of the Peel Memorial site campus, concluding with a resolution to redevelop the site as an ambulatory, urgent, surgical centre with other related health services, and to develop complex continuing care and rehab beds on this site.
Headwaters Health Care Centre	On May 3, 2007, Headwaters Health Care Centre presented redevelopment plans to the Board of the Central West LHIN. The focus of the discussion was on the implementation of Phase I of its redevelopment plan and the incorporation of the Central West LHIN IHSP priorities in its planning. In principle, the Board of the Central West LHIN supported the need for additional enhanced and expanded services, including the capital plan for ambulatory care expansion for Headwaters Health Care Centre. The plan was reconfirmed within the scope and context of the Central West LHIN's Health System Plan.

Etobicoke General Hospital	William Osler Health Centre has focused its attention on the enormous task of opening of the Brampton Civic Hospital site. With the move to the new Brampton Civic Hospital, the local community is seeking information on the future of the Peel Memorial site of the William Osler Health Centre. The other campus of the William Osler Health Centre, the Etobicoke General Hospital, plays a crucial role in meeting the needs of a large, diverse population of the north-west of Toronto and north-east Peel Region. The Health System Plan defines the role of the Etobicoke General Hospital and recommends the redevelopment of the ICU and Emergency Department in the provision of system-wide services.
Back Office Services	The Central West LHIN continues its communication with Shared Services West about its potential to extend the provision of contracted supply services beyond the hospital sector. Future developments will focus on reducing duplications and improving efficiencies.

3.5 Risks

While there are many positive initiatives in our environment, there are also a number of risks that may impact on fulfilling our vision and strategic directions for the local health system. These include:

High population growth and the ability to keep pace with health service demand	The most recent 2006 census data by Census Canada identified the huge growth that the Central West LHIN will experience. The additional capacity created by the opening of the new Brampton Civic Hospital will help to meet demands for hospital based services. More work is needed to define and develop local specialized (tertiary) and regional programs and services, providing access closer to home for Central West LHIN residents. The Health System Plan defines the scope and content of hospital and community support services to support the vision for local health services in the Central West LHIN and improve access. The lack of access to primary care and the poor access to preventative care and screening is heightened by the high growth population. Through our community consultation process, the LHIN has been repeatedly advised of the implications of lack of access, and equity of access, to primary and preventative care in every type of health and preventative health service our population requires. The core concern of the Central West LHIN is that in high growth communities such as those within the Central West LHIN, initiatives that promote integration and reduce duplication will not alone address the challenges of providing high quality, comprehensive, client focused services. Additional funding to meet the population's health needs is required.

Disparities and inequities in services across the LHIN	There are inequities in services across the LHIN which a planned approach to services will focus on addressing. Examples of these inequities include: - where services available in one part of the LHIN are not present in another (such as the lack of pain and symptom management services in Etobicoke and the lack of mental health services in Dufferin). - where enough services are simply not available for the size of the population (such as pre- and post-natal education in Rexdale and culturally competent maternity care in Brampton). - where services do not meet particular communities' special needs (such as culturally competent obstetrical services).
Supply of health human resources	The opening of the Brampton Civic Hospital will be seen as an attractive employment option for many health care professionals. Recruitment to the Brampton Civic Hospital may create vacancies for other local health service providers as staff potentially leave positions at the Etobicoke General site of William Osler Health Centre, Headwaters Health Care Centre in Orangeville, from community support service agencies, home care, and long-term care facilities in the Central West LHIN. Cross sector wage disparities may spur movement away from the community agencies to the new hospital. On the other hand, there are many health care professionals who commute outside the Central West LHIN, particularly into Toronto, who will take advantage of the opportunity for local employment. This will benefit William Osler, but adversely affect health service providers outside the LHIN. The relatively less expensive local suburban environment, homes for young families and more affordable housing, will also draw staff to the hospital. Deficiencies in public transportation may be a barrier. Unlike other parts of the GTA that more easily link with Metropolitan Toronto, Brampton does not have two way morning and evening Go Train service.

Cross-boundary Issues	Data indicating that a very significant number of Central West LHIN residents receive hospital-based services in another LHIN has been highlighted earlier in the document. There is no good data indicating the outflow of Central West LHIN residents for non-hospital, community-based health services. Currently there is a provincial initiative led by the LHINs to develop a framework to quantify cross-boundary data, and to manage cross-LHIN issues, including cross-boundary planning and funding. Central West LHIN's CEO chairs this group. Central West LHIN's Board Chair is also a member of this group. Prior to the Central West LHIN health services tended to be planned and developed along regional / municipal boundaries. New LHIN boundaries cut across these older planning models. As well historical circumstance often led to health services developing in a somewhat ad-hoc pattern, reflecting local interest or ability to move health service planning and development initiatives forward. The result for the Central West LHIN has been that many regional and tertiary hospital-based services were sited in the south of Peel Region, in what is now part of the Mississauga Halton LHIN. The Central West LHIN will continue to plan health services with the intent of improving the access to services closer to home, while ensuring high quality services and recognizing critical mass requirements. The Central West LHIN is determining the extent to which cross boundary issues can lead to collaboration between LHINs, while respecting the local circumstances and the Integrated Health Services Plan directions and priorities of each LHIN.
William Osler Health Centre	The Government of Ontario appointed a Supervisor on December 31, 2007, for the William Osler Health Centre. The Supervisor will focus on improving communication between the hospital and the community, reducing emergency department wait times and making sure the hospital has enough nurses and other staff to meet patient needs.

Central West CCAC Funding	The Central West Community Care Access Centre is a new construct that was formed by restructuring four predecessor organizations. The Central West LHIN continues to be concerned about the volumes and allocations for the Central West CCAC. The basis for these concerns is related to: 1. Four different databases were involved in the CCAC disentanglement 2. The availability of current population data growth reflecting the high growth rate of the Central West LHIN 3. The large paediatric population of the Central West CCAC which the funding formula does not fully recognize The delayed arrival of the senior management team at the Central West CCAC has required its leadership team to quickly focus on the its strategic planning while ensuring the provision of services that continue to meet the population's needs within its available funding.
Opening of the Brampton Civic Hospital	The Brampton Civic Hospital opened October 28, 2007. There are risks related to the new and expanded facility. These are: • The degree of uncertainty that exists with the "ramping-up" according to schedule for any new hospital. • The Central West LHIN identified in its performance goal setting worksheets and in performance discussions with Ministry staff that the wait time volume increase is significant and the targets are aggressive. • The Central West LHIN has also identified that William Osler Health Centre's Wait Time performance over the past year has improved significantly and their ability to maintain that level of improvement depends on a variety of factors including appropriate funding.
Critical Care Capacity	Central West LHIN's Critical Care Lead submitted a report to the CEO of Central West LHIN which speaks to the LHIN's Critical Care bed requirements. He advised the LHIN that our current ICU utilization is higher than what should be expected. It was anticipated that this issue would be remedied with the opening of the Brampton Civic Hospital which will increase the LHIN's ICU capacity to provide critical care services. Although the opening of new critical care beds has been a much welcome resource, the utilization continues to be higher than expected. This is consistent with the Critical Care Lead's report which predicted that the critical care bed requirement will be

	challenged by 2010 and the Central West LHIN needs to consider now how we might address this concern. The Physician Leader has advised that future plans should consider capital plant improvements at the Etobicoke General site so that they might be part of the solution to the LHIN's critical care issue.
Investment to implement e-health strategic objectives	The Central West LHIN and the Mississauga Halton LHIN collaborated to complete an e-Health Strategic Plan in 2006. The ability to implement identified directions in the e-Health plan has been hampered by a limited resource base and the need to time activities to ensure alignment with provincial priorities and funding opportunities. Investment in e-Health is critical to the integration initiatives for the LHIN. The Ministry's present e-Health funding announcement will allow Central West LHIN to establish a Project Management Office and begin to work on the initiatives and opportunities identified in the IHSP. There is a high level of enthusiasm, interest and recognition of the importance of the e-Health Strategy by all sectors and health service providers within the LHIN. William Osler Health Centre has put in place and is using an e-Health Portal. While this provides William Osler with organization wide and some cross LHIN access to patient data, there is no linkage to patients located in the north of the LHIN, as Headwaters does not have such a portal. The estimated cost to implement this portal technology at Headwaters is $300-400K. In collaboration with the Mississauga- Halton LHIN and the MOHLTC, the Central West LHIN presented at and participated in the Ministry LHIN health Road Show on May 2, 2008. We have made significant in roads on deliverables associated with the E-health strategy by enrolling the majority of our providers into the one-mail system and well over 70% into the One Network environment. SSHA's delays in implementation are impacting final connectivity. We are in the completion stage of our infrastructure Assessment and anticipate the report to be complete for review within the following month. OTN network connection for both William Osler and Headwaters is well under way.

Health Professionals Advisory Committee	Consistent with the requirement of Part III of the Local Health Integration Act, 2006 each LHIN is to establish a health professionals advisory committee (subsection 16 (5)) as part of its overall community engagement strategy. This multi-disciplinary committee will serve as a forum for dialogue amongst health professionals as they advise the Central West LHIN to reach its goals and objectives. An initial meeting of the Health Professionals Advisory Committee (HPAC) was held on March 17, 2008. A facilitated second meeting of this group was held on June 16, 2008 to set objectives for the HPAC for the upcoming year including health human resource planning.

4 - DETAILED PLANS TO IMPLEMENT IHSP PRIORITIES

The plans in this section provide detailed description and analysis of how the LHIN will meet the commitments of the IHSP. Any changes to existing programs, cost adjustments, etc. as well as new inter-LHIN initiatives or reallocations, and integration activities will be discussed in the context of meeting the commitments and addressing the priorities outlined in the IHSP.

The plans in this section:

- Chronic Disease Prevention and Management
- Maternal and Child Services
- Mental Health and Addiction Services
- Ministry LHIN Accountability Agreement, Local Health System Performance Targets
- Palliative and End-of Life Services
- Primary Care Linkages
- Rehabilitation Services
- Responsiveness to Cultural Diversity
- Seniors' Services

4.1 Chronic Disease Prevention and Management

IHSP Action Steps

- The Central West LHIN will facilitate sharing of information with local health service providers and community members to increase awareness and understanding of the provincial framework for Chronic Disease Prevention and Management (CDP&M).
- Referencing the provincial CDP&M framework, the Central West LHIN will bring together key decision makers from across the continuum of care (including public health) to define a local CDP&M model of health service delivery for specific client populations with chronic health conditions (or at-risk of developing chronic health conditions) including ethno-specific populations. Early work will focus on diabetes and asthma management.
- Document baseline performance; monitor ongoing performance and system change.

Outcomes

2008/09	- Build on plans for integrated services already underway - Develop and monitor local initiatives to implement the MOHLTC's CDP&M framework, based on work undertaken in 2007/08 including the Leadership Forum, meetings, and review of best practice research. - Project Action Groups developing integrated Patient Self-Management initiative across community-based settings in the Central West LHIN and identifying mechanisms to support knowledge transfer and strategic partnerships with the goal of improving support for primary care physicians with implementing the evidence-based CDPM models and guidelines - Develop a plan to address e-Health requirements for CDP&M strategies including the development of a web-based inventory of CDP&M resources for the public, physicians and multidisciplinary health care providers - Develop and monitor development of local diabetes strategy linking to progress of regional Diabetes Education Teams, Dufferin CDP&M Working Group, CHCs, FHTs, and CCAC Case Management - Develop and monitor a local asthma strategy with stakeholders - Working collaboratively with the Public Health Departments and other stakeholders to enhance programs and services that seek to increase the proportion of Central West residents exhibiting healthy behaviours and reducing obesity among children and youth

2009/10	- Based on planning and consultation with local stakeholders identify and implement initiatives that implement the provincial CDP&M framework focusing on best practices and the following outcome measures:
	  - increasing awareness and focus on prevention and health promotion
	  - reducing prevalence of chronic conditions

	- linking Public Health with local health service providers - increasing health behaviours in local residents - reducing the proportion of overweight children and youth - review and evaluate progress to date and revise strategies as necessary
2010/11	- consolidation and evaluation of initiatives - examine potential for enhancement of services

Sectors and Providers Involved

Physicians, Central West-Mississauga Halton Family Medicine-Public Health Network, Public Health, MOHLTC, Consulting Expertise, hospitals, CCAC, CHCs, Disease-based organizations, clients, family caregivers

Role of Central West LHIN

Initiate and lead early planning and implementation work, providing structure and processes through LHIN action groups, providing facilitation and decision support, capacity/commitment building.

Implementation Considerations

- Monitoring the new Regional Diabetes Education Teams to ensure systems planning and integration, particularly linkages with physician practices
- Lack of resources to support non-FHT practices; Quality Management Collaborative (QMC) applies only to FHTs - most practices in Central West are FHGs
- Build closer relationships with staff from four Public Health departments working on chronic disease
- A web-based inventory of is a key driver to successful next steps and requires collective consultation amongst all LHINS and the MOHLTC
- Partner with academic centres and physicians for business case to support learning collaboratives and/or outreach facilitation

Timelines

- as per schedule outlined

Performance Impacts/Performance Impacts as per MLAA*

- Reduced hospitalization rate for ambulatory care sensitive conditions
- Reduced percentage of ALC days
- Reduced rates of patients with 4+ inpatient visits to hospitals within 1 year for select chronic diseases (baseline and after 3 years) Source: Discharge Abstract Database

- Increased knowledge of self management principles by primary care practitioners and increase percentage of patients with training to manage their chronic conditions
- Increased proportion of patients being treated according to best practices/clinical practice guidelines
- Hospitalization rate for ambulatory care sensitive conditions) it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to primary care).
- Readmission rates for acute myocardial infarction

Risks

- Lack of detail on policy direction and resource investment to implement the provincial CDP&M framework is inhibiting progress in planning and implementing initiatives that support the fundamental shift in service philosophy and delivery associated with CDP&M
- Limited CCAC capacity to expand case management to more physician practices
- Limited resources for CDP&M initiatives in non-FHT practices
- Limited e-health capacity for CDP&M tools that are identified as best practice

Management Plan for Risks

- Central West LHIN's leadership and support role in moving the CDP&M priority action steps ahead
- Continue to work with other LHINs to communicate with and pressure the MOHLTC on the roll-out of the provincial CDP&M policy initiative
- Central West LHIN staff to continue to meet with local physician leadership to develop opportunities to plan for and implement CDP&M initiatives
- Initiate proposal to expand CCAC case management to local physicians' practices
- Initiate proposal to support Chronic Disease Prevention and Management
- Learning Collaboratives and/or Outreach Facilitation for non-FHT practices
- ensure FHTs are accessing supports that will be available through the new Quality Management Collaborative (QMC) and are engaged in local CDP&M and CHC work
- Web-based service inventory developed in a staged fashion, including information from Transfer Payment Agencies (TPAs) and non-TPAs. The inventory will be available to planners, physicians, healthcare professionals, and the public.

4.2 Maternal and Child Services

IHSP Action Steps

- The Central West LHIN will initiate a cross-sectoral planning session to identify local issues and priorities.
- In consultation with health service provider organizations and community members, the Central West LHIN will establish an "expert panel" to develop a local integrated maternal/child services plan.
- With health service providers and community members, facilitate the implementation of local integrated maternal / child services.
- To support the above initiatives, the Central West LHIN developed a Maternal Child Leadership Position to provide leadership in the development of a cross-sectoral multi-year integrated plan that responds to the local issues and priorities resulting from the burgeoning maternal/child population growth (10,000 births per year) in the Central West LHIN community.
- In addition, the Central West LHIN launched a Child Health Initiative (Youth Issues). This will enable cross-sector/cross-ministerial forums for discussions with key provincial stakeholders within government (e.g. Ministries of Children and Youth, Health, Community and Social Services, Education, Solicitor General) to address service gaps affecting youth in the Central West LHIN.
- Document baseline performance; monitor ongoing performance and system change.

Outcomes

2008/09	- Build on plans for integrated services already underway - In sequencing our work, Central West LHIN will focus on maternal/ newborn services and then on maternal/child services - Stakeholders, including health service providers and community, engaged in cross-sectoral, and multidisciplinary environmental scan - Data analysis and performance measures specific to Central West LHIN initiated and reported locally - Local Action Groups implementing IHSP action steps and integrated local maternal/newborn services plan - Short term strategies being implemented to address gaps - Long-term strategies for action being identified and implemented - Focus on family practice roles to address service gaps - Focus on geographic distribution and equity of access issues, including tailoring of services to meet specific needs of diverse populations - Respective roles of local hospitals supporting integrated maternal/ children's services being developed, in light of redeveloped William Osler Health Centre, its multiple campuses and its developing regional role - Mechanisms for collaborative planning with Public Health established to achieve improved access and integration of maternal/newborn services - Establish performance indicators to monitor that objectives are achieved
2009/10	- Extend work beyond newborn to children's services, following similar processes to develop local integrated children's health services plan

	- Based on planning work of local stakeholders in collaboration with the Central West LHIN, identify and implement initiatives that improve the integration of maternal/ children's services focusing on best practices and the following outcome measures:
	  - improving health outcomes for newborns (e.g. reduction in rate of low birth weight babies and infant mortality)
	  - increasing percentage of Central West LHIN mothers receiving peri-natal care locally
	  - improving access to peri-natal care that is culturally appropriate
	  - improving access to high risk obstetrical services
	  - improving access to health services for children

2010/11	- Consolidation and evaluation of initiatives - Examine potential for enhancement of services

Sectors and Providers Involved

CCAC, Public Health Units (Peel, Wellington Dufferin, Toronto, York), Obstetricians, Paediatricians, Family Physicians, Consumers, Hospitals, Community Health Centres, Ministry of Health and Long-Term Care, Best Start Programs, Success by Six Programs, Midwives, Cross LHIN (Central, Central West, Mississauga Halton,Toronto Central, and Waterloo Wellington)

Role of Central West LHIN

Initiate, lead planning and implementation work, provide structure and processes with LHIN action groups, provide facilitation and decision support, build capacity/commitment

Implementation Considerations

- Work will continue on determining appropriate partners to plan and implement changes need to improve local maternal, newborn, children's services
- Potential to partner with children's planning table in Peel, Dufferin, York and Toronto
- Formalize relationships with Public Health services
- William Osler Health Centre redevelopment provides opportunities to further develop local expertise at its multiple campuses
- Examine best practice and develop local multi-stakeholder integrated services model
- Need to have good data and measures of access and outcomes for planning and implementation decisions
- Need to improve access to culturally sensitive services
- Need to improve access to local and high-risk obstetrical services

Timelines

- as per schedule outlined

Performance Impacts/Performance Impacts as per MLAA*

- MLAA

Risks

- The Central West LHIN continues to rank the highest in the province for low-weight births
- The population growth, particularly young families, has resulted in increasing demand for maternal/newborn and children's services. The growth coupled with the increased demand has resulted in decreased capacity and access to these services
- Limited resources, specifically pre-natal, post-natal services, and lack of access to Family Practitioners for many families impacting on maternal/newborn services
- Lack of culturally competent, sensitive services to significantly diverse populations
- Lack of resources may mean women who wish local access to maternal services continue to leave Central West LHIN for maternal services

Management Plan for Risks

- William Osler Health Centre's level 2 designation and planning for enhanced paediatric/obstetrical care at the Brampton Civic Hospital and its other campuses
- Central West LHIN's leadership role in bringing stakeholders together to develop local integrated maternal/child services plan focusing local attention on issues
- planning includes focus on human resources plan, including Nurse Practitioner role
- Bramalea Community Health Centre will emphasize meeting local community needs
- Encourage continued use of Niday database
- The Central West LHIN is working on developing a business case to augment local maternal/newborn services. This business case will be held for Central West LHIN's Annual Service Plan discussions with the MOHLTC which are planned for September/October 2007.

4.3 Mental Health and Addictions Services

IHSP Action Steps

- The Central West LHIN will support the establishment of a steering committee of representatives from local providers of mental health and addiction services.
- The steering committee will undertake a comprehensive inventory of mental health and addiction services used by Central West residents, to determine availability and gaps in local and regional resources.
- The steering committee will develop templates and protocols for service agreements that will define the partnerships among health service provider organizations.
- The steering committee will develop a local integrated mental health and addiction services plan to develop a responsive, accountable and improved model of mental health and addiction services delivery built on a single "coordinated system of access and case management" encompassing the principle of "no wrong door".
- Building on provincial initiatives and the local integrated mental health and addiction services plan, the steering committee will examine a common assessment tool for use by local service providers.
- The steering committee, in partnership with the Central West LHIN, will coordinate the shift from the current state to the new model.
- Document baseline performance; monitor ongoing performance and system change.

Outcomes

2008/09	- Build on integrated planning for integrated services already underway - Establish project work group based on environmental scan of specific issues and lack of services in Dufferin County and Malton - Utilize developed “service agreement” templates among health service providers when establishing coordinated/integrated service initiatives - Data analysis and performance measures specific to Central West LHIN initiated and reported locally - Stakeholders, including health service providers and community, engaged in implementing IHSP action steps and development of local integrated mental health and addiction services plan - Implementation and evaluation of identified "quick start" integration initiatives - concurrent disorders, emergency support - Establish project action groups to research issues pertaining to mental health and addiction services to diverse population and best practices to meet local diverse populations’ needs - Address specific populations’ issues – children, adolescents, seniors

2009/10	- Based on planning work of local stakeholders in collaboration with the Central West LHIN, identify and implement initiatives that improve local coordinated hospital and community-based physical rehabilitation services focusing on best practices and the following outcome measures:
	  - improving access to local and regional mental health and addiction services
	  - reducing hospital readmissions

	- improving linkages between mental health and addiction services and other sectors - increasing client/family satisfaction - Assess status and impact of mental health components of local Family Health Teams and Bramalea Community Health Centre initiatives
2010/11	- Consolidation and evaluation of initiatives - Examine potential for enhancement of services

Sectors and Providers Involved

Central West LHIN mental health and addiction service providers, including community agencies, hospitals, CCAC, physicians, psychiatrists, local consumer network.
Cross LHIN (Central, Central West, Mississauga Halton, Toronto Central, and Waterloo Wellington)

Role of Central West LHIN

Initiate and lead early planning and implementation work, providing structure and processes through LHIN action groups, providing facilitation and decision support, capacity/commitment building

Implementation Considerations

- No geographic equity, especially access to mental health and addiction service providers in Dufferin County, both hospital and community-based gaps
- Pressures to access Schedule 1 beds, provided by William Osler Health Centre
- Pressures due to growth of Central West LHIN population
- Few mental health and addiction health service providers in Central West LHIN, and those in Central West LHIN also providing significant level of services outside LHIN boundaries
- Need to quantify “cross-boundary” utilization of mental health and addiction services by Central West LHIN residents and issues
- Central West CCAC’s involvement required to integrate services for clients with needs for both mental health and addiction services and CCAC provided services
- Research issues and best practice to meet mental health and addiction services needs of local diverse ethno-cultural communities, examining local mental health and addiction service providers initiatives
- Common Assessment Tool on trial across Province
- Access limitations to local Child and Adolescent mental health services
- Models of service delivery for hospital and community-based adolescent addiction services and concurrent disorders being developed
- Pressures on supportive housing as evidenced by waiting lists

Timelines

- as per schedule outlined

Performance Impacts/Performance Impacts as per MLAA*

n/a

Risks

- Increasing population growth will continue increasing demand for access to local mental health and addiction services
- Lack of integrated model of mental health and addiction services within Central West LHIN will continue disparate initiatives to improve services
- Nearly all of services available in Dufferin County provided through Waterloo Wellington LHIN funded providers; limited accessibility for Malton population
- Access to culturally competent services not well developed
- Availability of health human resources impacting on opportunities to improve services
- Lack of access to services because of transportation issues

Management Plan for Risks

- Central West LHIN's leadership role in bringing stakeholders together to develop local integrated mental health and addiction services plan focusing local attention on issues
- Define gaps and resource requirements, and leadership, to address significant population growth and to expand geographic scope and capacity of health service providers, particularly into Dufferin County and Malton
- Identify and define resources through preliminary business cases for resource allocations to address gaps, supporting expansion of needed supportive housing, filling geographic gaps and making early efforts to improve mental health and addiction services to seniors
- Service agreement template established for coordinated and integrated services among provider organizations
- Written agreement between William Osler and Headwaters Hospital with a management plan to address access to local Schedule 1 beds
- Development of a health human resources strategy
- Monitor development of mental health and addiction resources in local FHTs and Bramalea Community Health Centre and new satellites
- Work with William Osler Health Centre to determine impact of increased mental health capacity with opening of new Brampton Civic Hospital
- Develop focus on culturally competent services to diverse communities

4.4 Palliative and End-of-Life Services

Action Steps

- The Central West LHIN directed the Central West CCAC to work with other providers to plan implementation of the Palliative/End-of-Life Network within the Central West LHIN's boundaries.
- Building locally on the MOHLTC and Cancer Care Ontario Provincial Palliative Care Integration Project, develop a local palliative care services integration plan by preparing a comprehensive inventory of existing services, common language, common definitions and common assessment tools and care plans.
- With health service providers and community members, facilitate the implementation of local integrated palliative / end-of-life services plan.
- Document baseline performance; monitor ongoing performance and system change.

Outcomes

2008/09	- Build on plans for integrated services already underway - Local "network" designed by local stakeholders taking leadership role in planning and implementing integrated local hospital and community-based palliative / end-of-life services - Central West CCAC identified as pivotal provider of palliative services - Residential and community hospices identified as integral to undertaking network success - Inventory of local palliative / end-of-life services available to service providers and public - Common definitions, assessment and care tools identified and being implemented - LHIN-wide and local initiatives addressing equitable access to services across LHIN
2009/10	- Based on planning work of local stakeholder "network" and in collaboration with the Central West LHIN, identify initiatives that improve local palliative/ end-of-life services - Develop meaningful and sensitive outcome measures - Implement initiatives that focus on evidence based best practices - Evaluate progress of "network" on development of integrated palliative/ end-of-life services
2010/11	- Consolidation and evaluation of initiatives - Examine potential for enhancement of services

Sectors and Providers Involved

Central West CCAC, hospices (residential and visiting services), community support services, hospitals, Long Term Care homes, Pain and Symptom Management Programs, Palliative Care Networks that overlap with the boundaries of Central West LHIN, palliative care physicians, family physicians. Cross LHIN (Central, Central West, Mississauga Halton, Toronto Central, and Waterloo Wellington).

Role of Central West LHIN

Initiate and lead early planning and implementation work, provide structure and processes through LHIN action groups, provide facilitation and decision support, capacity/commitment building.

Implementation Considerations

- A major provider of palliative services for Peel Region (Hospice of Peel) located in neighbouring LHIN (Mississauga Halton)
- Need clearer understanding of palliative / end-of-life services in Etobicoke - Rexdale
- Lack of multidisciplinary palliative service human resources, few Palliative Care physicians, planned retirements indicate further deficit
- Apparent lack of ethno-cultural specific palliative / end-of-life services
- No residential hospices in Central West, planning approval underway for one residential hospice in Caledon, funding identified for nursing and personal support
- Uneven distribution of Pain & Symptom Management resources
- Hospital-based palliative services model appears to be in development for Brampton Civic Hospital with local community providers, referencing Etobicoke General Hospital campus programming
- Cancer Care Ontario Provincial Palliative Care Integration Project outcomes need to be incorporated in services design
- Carlo Fidani Peel Regional Cancer Centre is a shared Regional Centre with the Mississauga Halton LHIN and there is no model in which a Regional Cancer Centre provides services across two LHINs

Timelines

- as per schedule outlined

Performance Impacts/Performance Impacts as per MLAA*

Risks

- Resources to support local “network” are currently being defined and sourced
- Existing “network” represents significant number, but not all local stakeholders involved in palliative care
- Need to bring together varying service philosophies, models
- Increasing growth in population will increase demand for services
- Service integration may mitigate financial needs, new base funding for community services has yet to be determined
- Lack of ethno-culturally specific services and concern about geographic distribution
- New management team at CCAC may require time to define role in palliative / end-of-life services
- Identification of transportation issues impacting on access especially in rural communities

Management Plan for Risks

- Central West LHIN's leadership role in bringing stakeholders together to establish new "network" and develop integrated palliative / end-of-life services based on best practice
- Develop focus on culturally competent services to diverse communities
- Opportunity to examine resources, re-allocation and new funding requirements to support "network" and its early initiatives
- Central West CCAC and William Osler Health Centre taking initiatives in developing local hospital / community-based model will need to include other local health service providers and client and family perspective

4.5 Primary Care Linkages

IHSP Action Steps

- The Central West LHIN will continue its work to expand on its engagement with local physician groups and with individual physicians to ensure their input and understanding of the LHIN's activities
- Where appropriate, the Central West LHIN will facilitate current and planned initiatives that help address improving the linkages between primary care providers and CCACs, hospitals and community-based health service providers.
- Where appropriate, the Central West LHIN will facilitate initiatives addressing improvements in local access to primary care for the residents of the Central West LHIN (such as expanding involvement in Family Health Teams (FHT).
- The Central West LHIN will support health service providers' coordinated efforts to recruit physicians to the Central West LHIN's communities.
- The Central West LHIN will promote initiatives that expand the capacity of Community Health Centres to meet the needs of populations with difficulty accessing primary care
- Document baseline performance; monitor ongoing performance and system change.

Outcomes

2008/09	- Build on plans for integrated services already underway - Central West LHIN leadership and planning support to new Bramalea Community Health Centre (CHC) and satellites to improve access to primary health care - Continue with projects aimed at improving the extent to which physicians are linked to the system (e.g. organizations, services, providers) and are active participants in LHIN planning: - Regular liaison with Family Health Teams (FHTs) to assist with ongoing development and community linkages - Consultation, data and administrative support to local physician practices, to assist them with proposals or applications that will help them become involved in new primary health care models - Planning support to the Central West-Mississauga Halton Family Medicine & Public Health Network - Where appropriate, facilitate linkages between Central West CCAC and local physician practices to implement case management services - Development of local physician staffing plan - Ongoing physician engagement in Chronic Disease Prevention & Management (CDP&M) initiatives with the goal of improving their ability to provide comprehensive care and utilize evidence based guidelines - Where appropriate, support local initiatives to recruit physicians - Continue involvement with the Regional Diabetes Education teams to ensure system planning and integration

2009/10	- Based on planning and consultation with local physicians and other stakeholders, in collaboration with the Central West LHIN, identify and implement initiatives that improve the linkages of primary care services with other providers of health services in the Central West LHIN focusing on best practices and the following outcome measures:
	  - increasing proportion of Central West LHIN residents with a local family physician
	  - increasing proportion of Central West LHIN residents with a local physician working in a Family Health Team
	  - improving access to geographically based multidisciplinary teams for defined care processes
	  - improving public satisfaction
	- Review and evaluate progress to date and revise strategies as necessary

2010/11	- Consolidation and evaluation of initiatives - Examine potential for enhancement of services

Sectors and Providers Involved /Stakeholders

Public Health, Ontario College of Family Physicians, Ontario Medical Association, Ontario College of family Physicians, Central West-Mississauga Halton Family Medicine and Public Health Network, local family and specialist physicians and office staff, FHTs, CCAC, CHCs, hospitals, MOHLTC, LHINs, local physician recruitment initiatives

Role of Central West LHIN

Initiate and lead early planning and implementation work, providing structure and processes through LHIN action groups, providing facilitation and decision support, capacity/commitment building.

Implementation Considerations

- History of inadequate numbers of local family/general physicians for the population in the Central West LHIN
- Most family/general physicians in the Central West LHIN do not work in FHTs (e.g. only 6.5% work in FHTs) and therefore do not have access to support from interdisciplinary health professionals; the majority work in Family Health Groups (FHG) and in solo practice
- Need collaborate with the Ontario Medical Association (OMA), Ontario College of Family Physicians (OCFP), and local recruitment initiatives on knowledge gathering about physician access issues
- Limited eHealth capacity to support information sharing and connectivity across the continuum
- Need for province-wide indicators to monitor primary care performance change

Risks

- Population growth coupled with physician shortage appears to be increasing the number of local residents without access to local family physicians
- There are challenges in engaging Central West LHIN's physician community as physicians are not part of the LHINs' mandate;
- No incentive for physicians to commit time needed to participate in planning activities
- Family Health Teams have been slow to develop for a variety of reasons
- CCAC capacity to expand case management services to physician practices is not well defined
- lack of eHealth foundation and administrative support for development of inventory of community health and social services with a centralized access point

Management Plan for Risks

- Central West LHIN's leadership and support role in moving primary care linkages priority action steps ahead
- Central West LHIN staff to continue to meet with local physician leadership to ensure on-going dialogue and first-hand communication of local issues
- Initiate proposal to expand CCAC case management to local physicians' practices
- Initiate proposal to support Chronic Disease Prevention and Management (CDP&M) Learning Collaboratives and/or Outreach Facilitation for non-FHT practices
- Ensure FHTs are accessing supports that will be available through the new Quality Management Collaborative (QMC) and are engaged in local CDP&M and CHC work
- Work with the OMA to support an OMA-Central West LHIN Physician Liaison, to complement ongoing physician engagement activities
- Ongoing communication and relationship building with physicians as identified through the Central West LHIN Physician Engagement Strategy
- Development of local physician staffing plan, including survey of local recruitment initiatives on issues and status
- Link work to the establishment of Health Professionals Advisory Committee
- Continue supporting the work of the Central West-Mississauga Halton Family Medicine & Public Health Network
- Initiate discussions across LHINs about MOHLTC physician supply initiatives to ensure Central West LHIN is up-to-date about opportunities

4.6 Rehabilitation Services

IHSP Action Steps

- The Central West LHIN will lead the development of a needs assessment of physical rehabilitation services including preparation of a comprehensive inventory of services, identification of gaps and planning for the appropriate mix of services.
- Working in partnership with local health service providers, the Central West LHIN will invite a panel of local health service providers and external experts to establish a local coordinated hospital and community-based physical rehabilitation service plan.
- With health service providers and community members, facilitate the implementation of local integrated physical rehabilitation plan
- Document baseline performance; monitor ongoing performance and system change.
- The Central West LHIN has worked with WOHC, HHCC and the Total Joint Network to identify a more integrated and best practices approach to support an integrated plan of care for total joint replacements.

Outcomes

2008/09	- Build on plans for integrated services already underway - Evaluation of performance by hospitals and CCAC on collaborative orthopaedic meeting local wait times targets and addressing Total Joint Network protocols - Stakeholders, including health service providers and community, engaged in local Action Groups implementing IHSP action steps and local coordinated hospital and community-based physical rehabilitation service plan - Data analysis and performance measures specific to Central West LHIN initiated and reported locally - Short term strategies being implemented to address gaps - Long-term strategies for action being identified and being implemented - Local Action Group focused on addressing stroke related rehabilitation services in concert with local Stroke Network - Focus on rehabilitation needs of seniors population - Focus on geographic distribution and equity of access issues, including tailoring of services to meets specific needs of diverse populations

2009/10	- Based on planning work of local stakeholders and Central West LHIN, identify and implement initiatives that improve local coordinated hospital and community-based physical rehabilitation services focusing on best practices and the following outcome measures:
	  - improving access to local and regional rehabilitation resources
	  - reducing ALC days for clients awaiting rehabilitation services
	  - reducing wait times for community-based rehabilitation services
	  - increasing client/family satisfaction

2010/11	- Consolidation and evaluation of initiatives - Examine potential for enhancement of services

Sectors and Providers Involved /Stakeholders

Hospitals, CCAC, Community Support Services, Private Clinics, Total Joint Network. Cross LHIN (Central, Central West, Mississauga Halton, Toronto Central, and Waterloo Wellington)

Role of Central West LHIN

Initiate and lead early planning and implementation work, providing structure and processes through LHIN action groups, providing facilitation and decision support, capacity/commitment building

Implementation Considerations

- Focus on physical rehabilitation rather than broad definition of rehabilitation
- Defined objectives include reduction of access issues and restoration of functional capacity and increasing "localization" rates by residents of Central West LHIN
- Developing relationships between the Central West LHIN, local health service providers, and local networks, GTA and/or west of Toronto – rehabilitation, stroke, cardiac – and adoption of guidelines and protocols
- Impact on Wait Times initiatives
- Use of outpatient/home based and private clinic rehabilitation services, both OHIP and non-OHIP covered
- Capacity will increase and changes will occur at each campus of the William Osler Health Centre with opening of Brampton Civic Hospital and overall system effect will need to be determined
- Need to address unique aspects of rehabilitation services to seniors population

Timelines

- as per schedule outlined

Performance Impacts/Performance Impacts as per MLAA*

- Rehabilitation Access issues will impact unnecessary acute care usage (i.e. In impact on ALC Rate)

Risks

- Increasing population growth will continue increasing demand for access to local rehabilitation services
- Lack of integrated and comprehensive model of rehabilitation services within Central
- West LHIN will continue disparate initiatives to improve rehabilitation services
- Potential not to meet Wait Time targets
- Non-adherence to best-evidence practice (for example: Total Joint Network guidelines)

- Central West LHIN's vision currently does not address the issues of mental health and addictions psycho-social rehabilitation needs

Management Plan for Risks

- William Osler Health Centre redevelopment provides increased capacity and renewed focus on hospital-based rehabilitation services
- Partnerships among local hospitals and CCAC on orthopaedic services targeted at improving Wait Times performance and addressing Total Joint Network protocols
- Central West LHIN's leadership role in bringing stakeholders together to develop local integrated maternal/child services plan focusing local attention on issues

4.7 Responsiveness to Cultural Diversity

IHSP Action Steps

- The Central West LHIN will continue to engage cultural-based or cultural-focused organizations to discuss how to reach and involve diverse communities in the LHIN's activities.
- The Central West LHIN will participate in the "Regional Diversity Roundtable" to gather advice on diversity issues and formalize connections to diverse communities.
- The Central West LHIN will establish a "strategic diversity plan" to complement its Community Engagement Strategy framework. This plan will incorporate guidelines on "best practice" cultural competencies for the Central West LHIN organization.
- Based on the “strategic diversity plan”, the Central West LHIN will incorporate cultural/linguistic measures into its system performance measures.
- Document baseline performance; monitor ongoing performance and system change.

Outcomes

2008/09	- Build on planning for integrated services that meet the needs of the diversity community of the Central West LHIN already underway - Engaging an increasing number of ethno-specific agencies/groups about their issues - Monitoring indicators for measuring performance by health service providers associated with Responsiveness to Cultural Diversity and organizational cultural competency, which may include diversity training programs, access to interpretation and services in multiple languages, recruitment policies that reflect the local population, and client satisfaction - Support development of initiatives by health service providers that include cultural competency as a component of disease management, quality improvement, patient safety, customer service, and patient–provider interaction - Support development of initiatives by health service providers that support clinical decision-making and care management strategies with information around patients' socio-cultural barriers to care

2009/10	- Based on planning and consultation with local stakeholders identify and implement initiatives that improve responsiveness to diversity and organizational cultural competency focusing on best practices and the following outcome measures:
	  - increasing number of ethno-cultural agencies and groups engaged
	  - increasing proportion of health service providers offering cultural competent services
	  - increasing client/family satisfaction
	- Review and evaluate progress to date and revise strategies as necessary

2010/11	- Consolidation and evaluation of initiatives - Examine potential for enhancement of services

Sectors and Providers Involved /Stakeholders

Health Service Providers, cultural & religious groups, media, community members

Role of Central West LHIN

Initiate and lead early planning and implementation work, providing structure and processes through LHIN action groups, providing facilitation and decision support, capacity/commitment building.

Implementation Considerations

- Increasing diversity in the Central West LHIN - Increasing proportion of the population that are new immigrants - Increasing heterogeneity of diverse communities - Development of appropriate and multiple community engagement initiatives to connect with diverse communities - Interface of the Central West LHIN with existing "diversity' initiatives - Perceived investment requirements for health service providers to plan and implement responsive and culturally competent services

Timelines

- as per schedule outlined

Performance Impacts/Performance Impacts as per MLAA*

Risks

- Service needs and gaps impacting on access to health services by diverse communities - Need to address diversity to fully develop IHSP's local clinical priorities - Lack of human resource capacity to ensure culturally competent services - Limited or varied levels of knowledge across health services about culturally competent health service delivery - Resource investment to support culturally competent services

Management Plan for Risks

- Diversity & inclusivity training for Central West LHIN Board and staff - Development of local "strategic diversity plan" based on best practices to direct diversity initiatives - Continue to improve knowledge base about our diverse communities - Recognize the value and resource in our local communities for expertise and guidance - Engagement strategies to expand connection with diverse communities - Development of performance measures to assist health services providers HSPs to develop initiatives to improve responsiveness of the LHIN's diverse communities and cultural competent services

4.8 Seniors' Services

IHSP Action Steps

- The Central West LHIN will work with the MOHLTC to ensure that funding of the new Central West CCAC adequately reflects the needs of the local population to ensure adequate geriatric assessment and accessibility to community support services for seniors.
- The Central West LHIN will bring together community-based health service providers, the new CCAC, long-term care homes and hospitals to develop a comprehensive inventory of services and supports available to seniors in the Central West LHIN.
- The Central West LHIN will bring together health service providers to assess the availability of current services and gaps and align capacity to the needs of seniors, founded on an "Aging at Home" philosophy, investigating thoroughly the use and capacity of community support services as the preferred alternative to hospital and long-term care home placement.
- Working in partnership with health service providers, the Central West LHIN will lead the creation of new partnerships and best practice models of care through sharing of resources and knowledge across different segments of the continuum of care.
- The Central West LHIN will plan for an integrated continuum of care to support Healthy Aging. Central West LHIN's vision for integrated care includes home care, supportive housing, community support services, long-term care beds, and end-of-life care.
- Document baseline performance; monitor ongoing performance and system change.
- The Central West LHIN will receive $2,737,669 for 2008/09 for Aging at Home initiatives and submitted a detailed plan which was approved by the MOHLTC.
- The plan includes a total of 24 initiatives from 11 service providers that propose initiatives which promote positive outcomes for seniors and their caregivers with an integrated continuum of community-based services to enable them to stay healthy and live more independently in their homes. The MOHLTC indicated that 21 of these initiatives are able to proceed immediately. Two other initiatives require Minister's Approval to either provide a CSS service or new CSS service while another requires a legislative, policy or regulatory change. The Central West LHIN plan exceeds the 20% innovation allocation requirement. The MOHLTC views twenty seven percent (27%) of the total funding "innovative".

Outcomes

2008/09	- Build on plans for integrated services already underway - Stakeholders, including health service providers and community, engaged in implementing IHSP action steps and development of local initiatives focused on roll-out of provincial "Aging at Home" policy and funding announcement (specifics to be determined as policy direction better understood) - Action groups identifying implementation plans for local model of system navigation and transfers across the system - Hospitals, Long-Term Care

	Homes, CCAC, and Community Support Services – based on best practice research - Data analysis and performance measures specific to Central West LHIN initiated and reported locally - Continue work and evaluate progress of local ALC working group focusing on ALC / seniors' issues - Coordinate local response to MOHLTC announcements about increasing LTC homes capacity - Address specific populations' issues – mental health and addictions services for seniors, culturally competent services, dual diagnosis
2009/10	- Based on planning work of local stakeholders in collaboration with the Central West LHIN, identify and implement initiatives that improve local coordinated services to seniors focusing on evidence based best practices. - Assess status and impact of initial local "Aging at Home" initiatives
2010/11	- Consolidation and evaluation of initiatives - Examine potential for enhancement of services

Sectors and Providers Involved /Stakeholders

Central West CCAC, community support services, hospitals, Long Term Care facilities, regional/municipal representatives, physicians, local seniors groups.
Cross LHIN (Central, Central West, Mississauga Halton, Toronto Central, and Waterloo Wellington).

Role of Central West LHIN

Initiate and lead early planning and implementation work, providing structure and processes through LHIN action groups, providing facilitation and decision support, capacity/commitment building.

Implementation Considerations

- Pressures due to growth of Central West LHIN population
- Be ready and able to respond to "Aging at Home" policy and funding initiative to address needs to seniors in the Central West LHIN
- Sustain or expand innovative initiatives aimed at addressing the needs of seniors and ensuring appropriate services - "Home at Last" program
- Ensure client stakeholder input - including broad range of participants (seniors, families)
- Need to determine extent of ALC issue
- Need to quantify "cross-boundary" utilization of services by Central West LHIN seniors and associated issues
- Research issues and best practice on community support services and on to meet seniors' services needs of local diverse ethno-cultural communities, examining local service providers initiatives
- LHIN and regional/municipal boundaries, and health service provider catchment

areas are not consistent
- Local CCAC re-defining direction and building capacity for community support services for seniors
- Concern about services designed for rural populations
- Cross-over of LHIN priorities need focus – for example seniors with mental health issues, seniors with rehabilitation needs
- Availability of transportation impacts on service access

Timelines

- as per schedule outlined

Performance Impacts/Performance Impacts as per MLAA*

Access issues can impact unnecessary acute care usage and monitoring improvements in services utilizing outcome measures such as:

- reducing ALC days
- reducing wait times for placement in LTC homes and CCAC services
- reducing inappropriate readmission rates
- reducing inappropriate Emergency department rates
- reducing adverse event rates
- increasing rate and numbers of seniors staying in their homes
- increasing proportion and numbers of seniors with care coordinators to assist with “system navigation”

Risks

- Increasing growth in seniors population in Central West LHIN’s, particularly across the diverse communities and at different rates geographically
- Lack of ethno-culturally specific services for seniors meeting different and unique needs
- Concern that Central West LHIN’s ALC issue greater than existing data indicates
- No system approach (i.e. regional geriatric program)
- Lack of expert resources in Central West LHIN (e.g. Geriatricians, Geriatric Emergency Management nurses)
- Requirement for ongoing funding for “Home at Last” program and “Advanced Directives” initiative
- Identification of transportation issues impacting on access especially in rural communities
- New management team at CCAC may require time to implement changes

Management Plan for Risks

- Central West LHIN's leadership role in bringing stakeholders together to develop coordinated services for seniors based on best practice
- Central West LHIN is prepared to respond immediately to opportunities associated with "Aging at Home" policy and funding initiative
- LHIN will examine initiatives to improve hospital / community services, such as Geriatric Emergency Management nurses
- Developed initial supportive housing initiative to support seniors remaining in community
- Establish local ALC work group to include Central West CCAC, hospitals, LTC homes representation to determine and quantify local ALC issue and initiatives to improve performance
- Develop focus on culturally competent services to seniors from diverse communities
- Opportunity to examine resources, re-allocation and new funding requirements to expand placement of CCAC case management into FHTs and group practices
- Examine day programming to support seniors in the community, including respite care and caregiver support
- Work with William Osler Health Centre to determine impact of increased capacity with opening of new Brampton Civic Hospital on seniors services

4.9 Local Health System Performance

Action Steps:

- The Central West LHIN will achieve the LHIN's performance targets for the performance indicators set out in Tables A through D and the pilot indicators, such as methodology, inclusions and exclusions (as outlined in the Ministry-LHIN Accountability Agreement, Schedule 10)
- The Central West LHIN will work with the MOHLTC, Cancer Care Ontario and health service providers to achieve the results for the 90th Percentile Wait Times for Cancer Surgery performance Indicator as set out on Table A [of the Ministry LHIN Accountability Agreement]
- Report quarterly on mitigation strategies and performance improvement plans for performance indicators in Tables A through D where variance has been identified and until the variance has been resolved
- Report on the performance of the local health system on all performance indicators in the LHIN Annual Report

Potential Outputs and Outcome Measures

Develop baselines, targets and performance corridors for:

- 90th percentile wait times for Priority Services (Hip & Knee replacement, Cataract Surgery, CT, MRI, Cancer Surgery)
- Percentage Alternate Level of Care days
- Readmission rates for Acute Myocardial Infarction
- Rate of Emergency Department Visits that could be managed elsewhere
- Hospitalization rate for ambulatory care sensitive conditions
- Median Wait Time to Long Term Care Home Placement

Sectors and Providers Involved

Ministry of Health & Long-Term Care, Hospitals, Community Agencies, LTC, CCAC and key stakeholders

Role of Central West LHIN

Target Setting, Quarterly Performance Reporting,

Implementation Considerations (What, who, when, where, why, how?)

- Regular and quarterly discussions with key stakeholders to ensure that health service providers are on track to meet performance obligations of Central West LHIN

Timelines

- Q1 2008/09 report to Ministry due June 30, 2008
- Q2 2008/09 report to Ministry due September 30, 2008
- Q3 2008/09 report to Ministry due December 31, 2008

Performance Impacts/Performance Impacts as per MLAA*

As indicated in Schedule 10 of the 2008/09 Ministry-LHIN Accountability Agreement Central West LHIN plans to meet the performance objectives identified in Tables A-D (below)

- 90th percentile wait times for Priority Services (Hip & Knee replacement, Cataract Surgery, CT, MRI, Cancer Surgery)
- Percentage Alternate Level of Care days
- Readmission rates for Acute Myocardial Infarction
- Rate of Emergency Department Visits that could be managed elsewhere
- Hospitalization rate for ambulatory care sensitive conditions
- Median Wait Time to Long Term Care Home Placement

Table A: Access

- Objective: To improve **access** to appropriate levels of health care services for the local health system.
- Expected Outcome: Patients/clients in the local health system will experience shorter waiting times for access to the health care services identified below.
- Other indicators are being considered as a measure of this expected outcome

INDICATOR	Provincial target	LHIN Baseline	LHIN Target			Data Release Dates
			2007-08	2008-09	2009-10	
90th Percentile Wait Times for Cancer Surgery	Provincial Priority IV Target: 84 days	68	58	55	TBD	Feb. 15 May 15 Aug. 15 Nov. 15
90th Percentile Wait Times for Cardiac By-Pass Procedures	Provincial Priority IV Target: 182 days	Not applicable	Not applicable	Not applicable	Not applicable	Feb. 15 May 15 Aug. 15 Nov. 15
90th Percentile Wait Times for Cataract Surgery	Provincial Priority IV Target: 182 days	327	182	129	129	Feb. 15 May 15 Aug. 15 Nov. 15
90th Percentile Wait Times for Hip and Knee Replacement	Provincial Priority IV Target: 182 days	Hip: 279 Knee: 335	Hip: 248 Knee: 302	Hip: 206 Knee: 238	Hip: 182 Knee: 182	Feb. 15 May 15 Aug. 15 Nov. 15
90th Percentile Wait Times for Diagnostic (MRI/CT) Scan	Provincial Priority IV Target: 28 days	MRI: 113 CT: 69	MRI: 89 CT: 57	MRI: 65 CT: 28	MRI: 28 CT: 28	Feb. 15 May 15 Aug. 15 Nov. 15

* *Wait Time* is the time from the "decision to treat, to time treatment received". The *90th Percentile* means the point at which nine out of 10 patients received their treatment.

Table B: Quality

- Objective: To improve the **quality** of care and service provision for the local health system.
- Expected Outcome: Users of health care services identified below will receive safer and more effective service.
- Other indicators are being considered as a measure of this expected outcome

INDICATOR	Provincial target	LHIN Baseline	LHIN Target			Data Release Dates
			2007-08	2008-09	2009-10	
Readmission Rates for Acute Myocardial Infarction (AMI)	3.8%	4.3	Maintain or improve performance from baseline	4.1	3.8	Feb. 15 May 15 Aug. 15

Table C: Integration

- Objective: To improve **coordination and integration** of health care among health service providers in the local health system
- Expected Outcome: More patients/clients in the local health system will receive health care in the most appropriate setting as determined by their needs
- Other indicators are being considered as a measure of this expected outcome

INDICATOR	Provincial Target	LHIN Baseline	LHIN Target			Data Release Dates
			2007-08	2008-09	2009-10	
Percentage of Alternate Level of Care (ALC) Days	9.46%	10	Not applicable	10	9.0	Feb. 15 May 15 Aug. 15
Rate of Emergency Department Visits that could be Managed Elsewhere	11.79 per 1,000 population	7.71	Maintain or improve performance from baseline	7.0	6.9	Feb. 15 May 15 Aug. 15
Hospitalization Rate for Ambulatory Care Sensitive Conditions (ACSC)	290.76 per 100,000 population	320.76	Maintain or improve performance from baseline	270.0	260.0	Feb. 15 May 15 Aug. 15
Median Wait Time to Long-Term Care Home Placement	50 days	28	Maintain or improve performance from baseline	30	28	Feb. 15 May 15 Aug. 15 Nov. 15

Table D: Sustainability						
▪ Objective: To contribute to the **sustainability** of the Ontario health care system. ▪ Expected Outcome: More health care services in the local health system will be delivered in a more efficient and productive manner. ▪ Indicators are being considered as a measure of this expected outcome						
INDICATOR	**Provincial Target**	**LHIN Baseline**	**LHIN Target**			**Data Release Dates**
			2007-08	**2008-09**	**2009-10**	

Risks

- No direct control on Health Service Providers' performance
- Accountability/performance indicators in Ministry LHIN Accountability Agreement are not in alignment with indicators in LHIN-Health Service Provider service agreements
- Unable to determine impact of opening of new hospital on Central West LHIN system performance

Management Plan for Risks

- Regular (quarterly) meetings with providers
- Clear performance expectations communicated Health Service Providers

5 - ACTIVITIES RELATED TO ADDITIONAL MULTI-YEAR FUNDING ANNOUNCEMENTS

Post-Construction Operation Plan Funding

The new Brampton Civic Hospital site opened on October 28, 2007. Discussions are underway for the Pre-Construction Operating Plan (PCOP) funding to support expanded programs and services of this new site.

Hospital High Growth

The Central West LHIN is one of five LHINs that received Hospital High Growth funding in 2007/08. A total of $937,754 of the eligible funding was received. This funding was allocated to support growth at Headwaters Health Care Centre.

Urgent Priorities

A detailed plan was submitted to and approved by the MOHLTC to support initiatives such as:

Mental Health: $288,000 in 2007/08 and $1,012,000 in 2008/09

Support for supportive housing units, increased services for seniors with a diagnosis of serious mental illness; culturally competent mental health and addiction services for citizens of Central West LHIN's South Asian community; and the provision of cross-sectoral staff training

Maternal Child Leadership Position: $20,000 in 2007/08 and $75,000 in 2008/09

Clinician leader to provide leadership in the development of a cross-sectoral multi-year integrated plan that responds to the local issues and priorities resulting from the burgeoning maternal/child population growth (10,000 births per year) in the Central West LHIN community

Child Health Initiatives (Youth Issues): $35,000 in 2007/08 and $140,000 in 2008/09

A cross-sector/cross-ministerial forum for discussions with key provincial stakeholders within government (e.g. Ministries of Children and Youth, Health, Community and Social Services, Education, Solicitor General) to address service gaps affecting youth in the Central West LHIN

The following initiatives have a specific focus designed to reduce Alternate Level of Care (ALC) patient pressures that impact the Central West LHIN acute care hospitals

Hard-to-Reach Populations: $35,000 in 2007/08 and $140,000 in 2008/09

Provide "start-up" funding to address access for isolated/geographically remote communities with senior populations within the Central West LHIN that do not respond to conventional health service delivery approaches

Primary Care Case Managers: $75,000 in 2007/08 and $300,000 in 2008/09

Assigning Case Managers (3) to facilitate cross-sector linkages between primary care providers, CCAC, hospitals and community based health service providers. The Case Managers will be based in the offices of Family Health Teams or large family practice groups and will focus on activities related to seniors.

Community Care Access Centre (Central West LHIN Targeted ALC Initiatives): $347,460 in 2008/09

These targeted initiatives include:

- working on utilization of convalescent care beds to ensure that these are appropriately utilized alleviate ALC pressures
- collaborating with hospital partners to improve patient flow through the system
- ensuring that community based services meet the needs of clients to stay at home and prevent unnecessary hospitalization

Hospital Growth Funding 2008/09

The Central West LHIN received $5,577,900 for 2008/09 targeted to hospitals to address stabilization of services. Headwaters Health Centre was allocated $1,600,000 William Osler Health Centre was allocated $3,977,900.

6 - LOCAL HEALTH SYSTEM FINANCIAL SUMMARY

The following table and charts summarize Central West LHINs funding allocation for 2008/09 and funding targets for 2009/10 to 20010/11. These figures were provided to the Central West LHIN by the Ministry of Health and Long Term Care (May 2008).

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	2008/09 Funding Allocation (000's)	2009/10 Funding Target (000's)	2010/11 Funding Target (000's)
Total LHIN Budget	**653,395.3**	**655,305.6**	**664,995.4**
Total Health Service Provider (HSP) Transfer Payments	649,016	655,298.1	664,987.9
Operation of LHIN	4,251.8	TBD	TBD
Initiatives	7.5	7.5	7.5
E-Health	120.0	TBD	TBD
Total Health Service Provider (HSP) Transfer Payments by Sector:			
Operation of Hospitals	410,931.5	409,536.5	409,536.5
Grants to compensate for Municipal Taxation - public hospitals	97.7	97.7	97.7
Long Term Care Homes	123,934.9	123,934.9	123,934.9
Community Care Access Centres	69,586.8	72,370.3	75,988.8
Community Support Services	3,518.7	3,597.9	3,678.9
Acquired Brain Injury	0	0	0
Assisted Living Services in Supportive Housing	3,916.6	4,004.7	4,094.8
Community Health Centres	2,371.2	2,371.2	2,371.2
Community Mental Health	26,758.6	27,360.6	27,976.2
Addictions Program	3,135.8	3,206.4	3,278.5
Specialty Psych Hospitals	0	0	0
Grants to compensate for Municipal Taxation - psychiatric hospitals	0	0	0
Initiatives	4,764.2	8,817.9	14,030.4

7 - PLANNING FOR LHIN's OPERATIONS

With the direction of the Ministry of Health and Long Term Care, the Central West LHIN is assuming a 2% cost of living adjustment (COLA) for 2008-2010. This increase is applied to the base funding along with a grid increase to salaries of 3%.

Fiscal Year	LHIN Operational Funding Target (000's)
2008/09	$4,251.8
2009/10	$4,350.8
2010/11	$4,523.3

8 – Risks and Management Plan

The Central West LHIN faces challenges with 4 key health service providers (HSPs). The Central West LHIN and has been working with the respective HSPS to address issues and implement mitigation strategies.

1. William Osler Health Centre

WOHC under the direction of a minister-appointed Supervisor to address overall hospital operations.

PCOP discussions continue between the hospital and MOHLTC to secure funding for expanded program and services for 2008/09.

Central West LHIN meets regularly with the hospital to monitor progress and issues.

LHIN specific performance measures developed for H-SAA to address integration opportunities and utilization management.

2. Headwaters Health Care Centre

HHCC has had a Peer Review. This report has been received with the expectation that the hospital will incorporate recommendations from review.

Regular meetings to monitor progress and implementation of recommendations in Peer Review.

LHIN specific performance measures developed for H-SAA to address integration opportunities and utilization management.

3. Central West CCAC

Central West Community Care Access Centre (CCAC) faced a funding challenge and it is forecasting a year-end deficit for 2007/08 of $3.4 million. Through the LHIN HSP operating funding, the Central West LHIN was able to mitigate this pressure.

The CCAC is requesting a base adjustment increase of $4.5 million for 2008/09 and going forward in order to maintain 2007/08 service levels and avoid disruptions or adjustments in CCAC services. The CCAC funding shortfall puts at risk achieving and exceeding current priorities for service levels in the community.

Enhanced monitoring and regular meetings to assess financial position and impact on service delivery.

4. Rexdale CHC

Recent governance issues have arisen. The Central West LHIN is actively engaged with the organization and we are together monitoring the situation to achieve the desired outcome. In this regard, a governance consultant has been engaged and this individual is in the process of conducting an organizational assessment from which recommendations will be made with a view to mitigating the present situation.

9 - COMMUNICATIONS PLAN

The objective of the ASP Communications Plan is to build awareness & understanding about Central West LHIN's Annual Service Plan. The ASP Communications plan will describe how the ASP operationalizes the Integrated Health Services Plan and informs the Ministry's Results-based Planning process.

LHINs are required, through their ASPs, to provide the basis of support for any regional transformation objectives and associated funding realignments (if required). These plans for the local health system will assist the public to understand how the LHIN is planning to address the needs of their community.

The Communications Plan will take into consideration both the Primary and Secondary audiences for the ASP. The primary audience for the ASP is the broader health sector, including Central West LHIN's Health Service Providers and those service providers outside of the LHIN's mandate. The secondary audience for the ASP includes the local community.

The ASP will become a public document as an appendix to the Ministry-LHIN accountability agreement. Through the ASP Communications Plan, Central West LHIN will communicate how the ASP:

- demonstrates responsiveness to community needs and to communicate transformation activities and initiatives to stakeholders and the community;
- reflects alignment with Central West LHIN's IHSP;
- shows that momentum is building; and
- demonstrates progress is being made.

Central West LHIN's messaging about the ASP will be that the ASP will assist the public in understanding how the Central West LHIN is planning to address the needs of our community and that the plans are based on discussions the Central West LHIN has had with the public, providers and stakeholders. The ASP highlight the focus of the Central West LHIN Integrated Health Services Plan and any special considerations required in meeting the identified needs of the local health system and community members/ stakeholders.

In order to communicate the ASP to Central West LHIN's Health Service Providers and community stakeholders, Central West LHIN has a number of existing communication tools that can will be leveraged by LHIN Board Members and staff. The Communication Plan will develop the vital role of the Central West LHIN's Board members in connecting to the local community to continue to provide information about the role of the LHIN, and its activities, including the initial Annual Service Plan.

In order to communicate the ASP to Central West LHIN's Health Service Providers and community stakeholders, Central West LHIN has a number of existing communication tools that can will be leveraged by both LHIN staff and Board Members. Some of the existing tools that may be used to communicate the ASP include:

Tool	Audience, Message, Notes
Central West LHIN Website	Post ASP background materials and information
Media Relations (Press Release)	Coordinated, same day release for all LHINs (date tbd) • AM – Central West LHIN notifies HSPs and key stakeholders • Afternoon – Central West LHIN posts release on website.
Editorial Meeting/ Presentation	Board Chair and CEO provide a high level ASP presentation/ background session with local media leadership and reporters. (Guardian, Banner, Enterprise, Citizen, etc)
Leverage Ongoing Meetings	(Board, HSP and Priority Areas) Discuss/Present at board meetings and meetings with stakeholders
Feature in Central West LHIN's Quarterly Newsletter	Feature story for September Issue
Highlight in Central West LHIN Monthly Bulletin	High-level information for August Issue
Email Blast to Broad Stakeholder List	Promoting our ASP materials, information and possible events – directing stakeholders to our website page
Email Signature Block	Update our signature block to promote our ASP materials, information and possible events – directing stakeholders to our website page
Special Event	Host a Central West LHIN event promoting our ASP (that Momentum is building)
Speakers Bureau (Roadshow)	Prepare an Overview Presentation that can be shared with HSPs and Community/Cultural Organizations.

In addition, Central West LHIN plans on developing a number of ASP specific Marketing Communications Materials. Some of these materials may include:

- FAQ's
- ASP Fact Sheet
- 8 Individual Priority specific Fact Sheet
- Overview Presentation (ppt)
- Executive Summary