Champlain **LHIN**

Champlain Local Health Integration Network

Transforming Health Care: One Person at a Time

2011-2012 Annual Business Plan

June 22, 2011

Ontario
Local Health Integration Network

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Mandate and Strategic Directions

Under the *Local Health System Integration Act, 2006*, Local Health Integration Networks (LHINs) are obligated to produce an Integrated Health Service Plan (IHSP). The IHSP is a three-year plan that outlines the priorities the LHIN has mapped-out to achieve its vision and meet its mandate of integrating the health care system at the local level.

The Champlain LHIN's IHSP was released in November 2009 after several months of consultation with the local community, that is, health service providers, health provider boards, consumers of health care services, and the public. Bilingual copies are available at the LHIN office and at www.champlainlhin.on.ca

The Ministry-LHIN Performance Agreement (MLPA) signed yearly by both parties, lays-out the expectation that the LHINs will produce an Annual Business Plan (ABP). The ABP is the more detailed plan that makes explicit the specific strategies and initiatives the LHIN will implement in a 12-month period to achieve the goals of its IHSP and meet its MLPA commitments. The Agency Establishment and Accountability Directive require the LHIN, as a provincial agency, to be accountable to the government for using public resources and to produce an annual business plan.

The 2011-2012 Annual Business Plan is driven by the Champlain LHIN's ***mission***, supports the achievement of its ***vision***, and accomplishes its vision by living its ***values***:

Vision:

Healthy, caring communities supported by quality health services that achieve results – today and for the future.

Mission:

Linking services that help people stay healthy by building a coordinated, integrated and accountable health system for people where and when they need it.

Our mission is based on a strong foundation of local community engagement, comprehensive planning, and appropriate resource allocation.

Values:

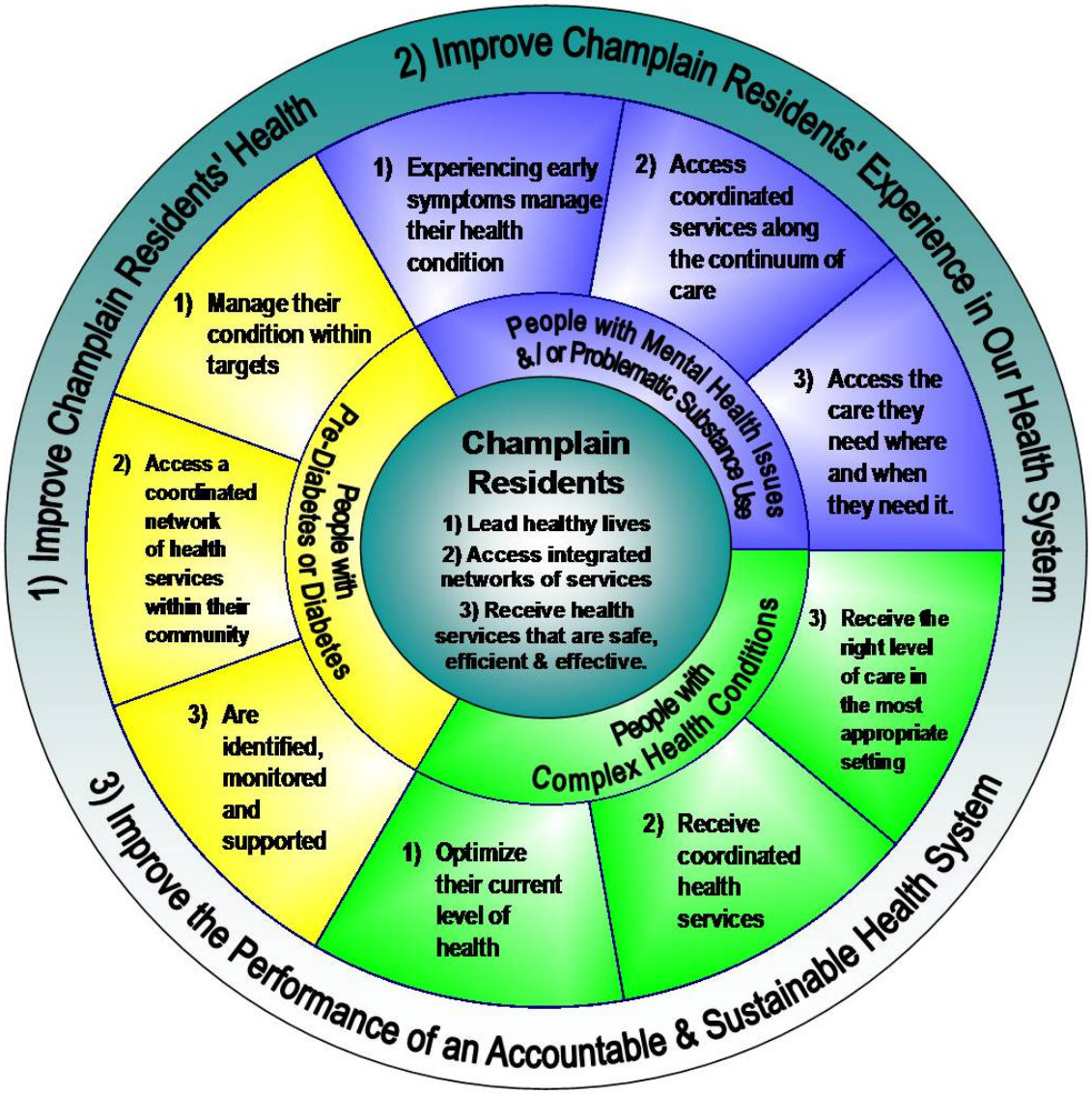
- Accountability
- Integrity
- Respect
- Transparency
- Trust

Over the next 12 months, the Champlain LHIN will implement a number of initiatives that are aimed at advancing three broad strategic directions:

1) *Improve Champlain Residents' Health*
2) *Improve Champlain Residents' Experience in Our Health System*
3) *Improve the Performance of an Accountable and Sustainable Health System.*

While we will work to achieve results for all residents of Champlain, we will also focus on three populations: People with:

1) *Diabetes or Pre-Diabetes*
2) *Mental health Issues and/or Problematic Substance Use*
3) *Complex Health Conditions.*



Overview of Current and Forthcoming Programs / Activities

The Champlain LHIN funds 210 health service providers across seven sectors:

- *Hospitals*
- *Long-term care homes*
- *Community Care Access Centre*
- *Community mental health services*
- *Community health centres*
- *Community support services, and*
- *Community addictions services.*

These partners will work with the Champlain LHIN to improve the health of specific groups of people, improving their experience with the health system, as well, as improving the performance of the services that meet their needs.

Key areas of activity are focused on:

- *Alternate Level of Care (ALC) reduction,*
- *Emergency department wait-time improvements*
- *Ontario Diabetes Strategy regional implementation*
- *Mental health and addictions service improvements, and*
- *Implementation of eHealth strategies to support our efforts.*

Evidence-based planning and sound community engagement processes involving a wide range of people, underscore all current and forthcoming programs and activities. The Champlain LHIN *Community Engagement Framework and Plan 2011-12* is available on our website at www.champlainlhin.on.ca.

Significant efforts in the upcoming year will be placed on engagement with our Francophone and Aboriginal communities.

The Champlain LHIN, in collaboration with the French Language Health Planning Entity: *Le Réseau des services de santé en français de l'Est de l'Ontario* (the French Language Health Services Network of Eastern Ontario) will be developing a joint action plan in the coming year. This joint action plan will include specific actions for the LHIN and the Planning Entity, as well as joint activities.

To meet the LHIN's obligations under the *French Language Services Act*, the LHIN will look at how, as a Crown Agency, it provides French language services to the community. Policies and processes will be reviewed including human resources deployment and communication areas to ensure the active offer of French Language Services. In communications, the LHIN will continue its practice of translating and simultaneously releasing key documents in French and in English.

In addition, to ensure health service providers meet their French language service obligations, accountability agreements will be strengthened and monitored, giving the LHIN better data regarding linguistic profiles and preferences and also health service providers' capacity to serve Francophone communities.

To meet its obligations under the *Local Health System Integration Act, 2006,* the joint action plan will emphasize planning activities and community engagement. The LHIN is establishing a process for facilitating French Language Health Planning Entity participation and contribution to its key planning initiatives. The Planning Entity has realigned its planning staff to more closely reflect the LHIN team structure.

Timely involvement of the Planning Entity will be ensured by:

- *Regular contact between the LHIN's French Language Services Advisor and the Planning Entity team*
- *Regularly scheduled meetings between the Planning Entity Executive Director and a LHIN Senior Director as well as via the Joint Liaison Committee.*

The Champlain LHIN meets regularly with the Aboriginal Health Circle Forum representing First Nations, Métis and Inuit communities in a collaborative effort to address Aboriginal health issues related to health system coordination, integration and improvement. The focus of activity in 2011-12 is on raising cultural awareness and improving access to services in the areas of mental health and addctions for children and youth, and diabetes.

Environmental Scan

The Champlain Region and its Residents

At 18,000 km^2, Champlain is three times the size of Prince Edward Island. It is situated in the far east of the province and touches Quebec along 465 kilometres of its perimeter. Champlain includes dense urban areas (parts of Ottawa have ~4000 persons per square km), sparsely populated rural areas (e.g. parts of Renfrew County have less than 10 persons per square km) and everything in between.

The region's population of 1.2 million is equivalent to that of Manitoba and represents about 9% of Ontario's total. Two-thirds of the population lives within a 30 minute drive of the centre of Ottawa. The remaining third live in smaller cities, towns and rural areas spread across a large area. As a result, many have challenges accessing health care services, either due to lack of proximity or lack of transportation. At the same time, this geographical spread poses risks of service duplication and threats to efficiency by virtue of the need to decentralize services so that they may be provided closer to home. It also opens up opportunities to expand electronic methods of service access and delivery.

Population characteristics vary considerably from place to place. In 2006, 21.3% of the Hawkesbury population was 65 or older compared with 7.3% in Petawawa (which hosts a military base). The vast majority (84.4%) of Casselman residents had French as a mother tongue compared with 0.9% in the Barry's Bay area. More than half of (60%) Ottawa West's Bayshore area residents were recent immigrants compared with less than 1% in North Grenville.[1]

[1] Census 2006 analyses.

The daily smoking rates in Renfrew County and Eastern Counties are more than double those of Ottawa residents (22.4% and 20.7% vs. 9.4%) and life expectancies are 2 years lower (78.4 years and 78.5 years vs. 80.4 years).[2]

Emergency department use rates, driven partly by morbidity and partly by system configuration and access, are two and three times higher (937 and 616 visits per 1000 people in Renfrew County and Eastern Counties vs. 306 in Ottawa).

Health and demographics also vary by culture and linguistic group. Champlain's Francophone population is, on average, older (14.1% of those with French as their mother tongue were aged 65+ in 2006 vs. 11.4% of those with English as mother tongue), and has lower education (51.5% vs. 55.4% of those aged 15+ had completed post-secondary education.)

Quick Look: Champlain Region

- Easternmost LHIN, borders Quebec
- Population is as large as Manitoba's
- Two-thirds within 30 minute radius of Ottawa, 1/3 spread out across the region
- 20% Francophone
- 32,000+ Aboriginal people, >70% off-reserve
- 15% visible minorities
- Diversity across sub-regions and populations
- Growing, aging population (1.2% per year growth, 3.6% for seniors)

[2] Health Profile, June 2010, Statistics Canada: http://www12.statcan.gc.ca/health-sante/82-228/index.cfm?Lang=E

Provincially, Francophones have significantly higher rates of smoking, obesity, arthritis, high blood pressure, asthma, diabetes and stroke, but are significantly less likely to have a poor diet.[3]

The Aboriginal population of Champlain is at least 32,000 including about 9000 (approximately28%) living in two reserves: Akwesasne and Pikwakanagan. Ottawa's Aboriginal population which has grown nine times faster than the general population[4] is generally younger (e.g. 4.1% 65+ years vs. 12.4%) and more mobile (24.7% moved in the last year vs. 14.0%).

Socioeconomic status indicators (rent vs. own, homes in need of repairs, education level, unemployment and income) are all worse.[5] Although data is not generally available at the local level, higher rates of many risk factors and health conditions are documented at the national level and in other jurisdictions, both on and off reserve.[6]

About one in six (17.6%) Champlain residents are immigrants and 5.3% are recent immigrants (within 10 years of the census).Compared to those born in Canada, immigrants in Champlain, as a group, were statistically less likely to smoke (daily or occasionally) and less likely to be heavy drinkers (5+ drinks, 12+ times per year). They were more likely to be physically inactive but less likely to be obese. At the provincial level, immigrants were more likely than those born in Canada to have diabetes, heart disease and high blood pressure.[7]

The variation in demographics, health challenges and service use across our territory require flexibility in our approaches to integration and service delivery as well as community engagement.

The population of Champlain is projected to grow at an average rate of 1.2% per year for the next 20 years, but the seniors (65+) population will grow 3.6% a year (comparable to Ontario: 1.2%, 3.5%).

In addition to the health service implications of a growing, aging population, there are challenges in a number of fast growing communities. The growing demand in specific sub-areas of Champlain creates major pressure for local health service providers.

[3] There were differences in Champlain as well, however they were not statistically significant (perhaps due to the small sample size). Source: Health Analytics Branch, 2009: "Ontario and LHIN: Canadian Community Health Survey (2005 & 2007): Health outcomes, risk factors and preventive care for Francophones and Non-Francophones"

[4] The growth is likely, in part, due to migration and natural growth, but may more result of increasing rates of self-identification (as Aboriginal) during the census.

[5] Source: Champlain LHIN presentation Brian Schnarch, Oct 2008, "Aboriginal People in Ottawa: Demographic Profile- Selected 2006 Census Statistics" http://champlainlhin.ca/lhinresearch.aspx?ekmensel=e2f22c9a_72_206_132_4

[6] See for example: http://www.rhs-ers.ca/english/pdf/rhs2002-03reports/rhs2002-03-quickfacts.pdf, http://www.statcan.gc.ca/cgi-bin/af-fdr.cgi?l=eng%26loc=http://www.statcan.gc.ca/pub/82-003-s/2002001/pdf/82-003-s2002004-eng.pdf%26t=The%2520health%2520of%2520the%2520off-reserve%2520Aboriginal%2520population and http://www.statcan.gc.ca/pub/82-622-x/82-622-x2010004-eng.htm

[7] The Champlain specific results for health conditions were not statistically different, perhaps due to the restricted survey sample size. Source: Health Analytics Branch, 2010: "Ontario and LHIN: Canadian Community Health Survey (2005 & 2007-08): Health outcomes, risk factors, demographic indicators and preventive care for immigrants and non-immigrants"

The Champlain region's proximity and close integration with parts of Quebec has important health planning implications. Approximately 5% of our hospital services, for example, are accessed by residents of our neighbouring province. For this reason, the Champlain LHIN will be required to work closely with *l'Agence de santé et des services sociaux de l'Outaouais* over the coming years to share information, better understand the dynamics, and identify common strategies.

Health Care Services

There are 210 health service providers that receive funding from the Champlain LHIN to deliver health care services to our residents. The sheer number poses challenges to effective monitoring and can contribute to the establishment or maintenance of silos, duplication, redundancy, poor transition points, inefficiencies and lack of integration and coordination. Over the coming year, the Champlain LHIN will increasingly focus on opportunities to build a seamless coordinated health system within its region.

The distribution of health care expenditure can also pose a challenge to transforming the health care system. Although hospitals account for only 10% of the health service providers funded by the LHIN, they receive over 70% of the total health care budget. The Champlain LHIN staff and Board of Directors support the need to improve the overall health of its citizens by shifting resources from institutions to community-based services. Increased government funding to the community services sector by 3% will help to improve community based supports and contribute to making these necessary shifts.

Dedicated efforts to address challenges in under resourced and fragmented mental health and addictions services will continue. We anticipate that the government's commitment to investing in a comprehensive Mental Health and Addictions Strategy with particular emphasis on children and youth will support these efforts.

Finally, a growing seniors population and increasing rates of chronic diseases and their associated risk factors such as diabetes, heart and lung disease and obesity to name but a few, are increasingly putting pressure on health care resources. These pressures are challenging to address within the current health system management structure.

Structural changes and new approaches to meeting the needs of an aging population and people with chronic diseases require increasing attention. Furthermore, the majority of primary care services, where early identification of risk for chronic conditions and their appropriate management are best handled, fall outside of the LHIN's scope of accountability. In spite of the fact that the Champlain LHIN continues to engage and partner with primary care physicians, other primary health service providers and public health units, creating an integrated and responsive health system is challenged with the current fragmentation and multiple reporting streams.

Health Human Resources

The Champlain LHIN, like many other jurisdictions, is feeling the effects of the shortage of health care professionals. The need to recruit bilingual health care professionals represents an additional challenge for the Champlain LHIN.

The shortage of health professionals will require radical changes to the utilization of these human resources. Although the concept of inter-professional models of care has been heralded as a potential solution to human resource shortages, there still exist legislative and many other barriers to its full implementation. The inappropriate utilization of health professionals and the limitations to various scopes of practice are challenging to overcome given traditional service delivery models that continue to be reinforced. The LHIN will work with its engagement structures, in particular with the Health Professionals Advisory Council, and with partners to identify innovative strategies to address these issues. Programs through Health Force Ontario such as Health Care Connect are working toward improvements in availability and access to physicians for residents of Champlain.

Other Trends and Considerations

The economic downturn currently experienced in Ontario presents both a challenge and an opportunity. With growing levels of health care expenditures there is a greater emphasis on managing growth and improving health care performance. Increasingly, the Champlain LHIN will be encouraging its health service providers to leverage existing funds to transform and improve the health care system. The *Excellent Care for All Act, 2010* provides a legislative framework to ensure greater quality health services for our health care investments. The Champlain LHIN is committed to making quality improvements within our health system and to working with our health service providers to put patients first.

Integrated Health Service Priorities

The following sections describe our priorities for the next three fiscal years, with an emphasis on 2011-12.

IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
Residents of Champlain
IHSP Priority Description:
The Champlain LHIN will work to ensure that its residents lead healthy lives, have access to an integrated network of health services and receive health services that are safe, efficient and effective.
Current Status
The Champlain LHIN has 210 health service providers to support the health related needs of its 1.2 million residents. Although several health service providers work in partnership with each other and significant improvements are being made, much has yet to be done to create a truly integrated and seamless system that places the needs of the person first above all else. Details of the Champlain LHIN priorities and challenges are outlined in our Integrated Health Service Plan 2010-2013. In Champlain, Emergency Departments (EDs) are in high demand and provincial targets for ED wait times are not being consistently met. At the same time, the system struggles to find the most appropriate setting for hospital patients requiring an alternate level of care (ALC). Although closely linked, the Champlain emergency department action plans are presented in this section (residents of Champlain) and ALC interventions are outlined in our IHSP priority population of people with complex health conditions. Furthermore, integrated strategies with public health and other external partners focused on prevention efforts are important contributors to improving the health of residents of Champlain and reducing health care utilization. Over the past year, we have continued to make great strides in integrating health services in our region. For instance, some community organizations have merged and a number of regional programs and processes are being implemented: regional maternal-newborn program, regional palliative care program, regional laboratory system, and a regional program for hip and knee replacement surgery including a central intake processes. A rotation system for transferring orthopaedic trauma patients has been established and clinical pathways to standardize care for hip fracture patients across the region developed. Patients are waiting less time for critical services like emergency department care, cataract surgery, cancer surgery, and diagnostic imaging. Clinical services planning in Eastern Counties has resulted in the development of integrated health services action plans for mental health and addictions and geriatric services. In partnership with health services in the Madawaska Valley, a model for integration of services there has been developed and approved. This year we will continue to work on an overall health services plan for the Champlain region by focusing on analyzing our population health data and reviewing literature on best practices for health services organization. Multi-partner prevention initiatives continue to be implemented in our region: The Ottawa Model of Smoking Cessation is being implemented in Champlain hospitals, several outpatient clinics and is currently being piloted in primary care settings; a sodium reduction public awareness campaign is in its second year of implementation; working with health institutions to incorporate healthy food offerings in cafeterias and helping consumers make important dietary changes to reduce hypertension and cardiovascular disease risk.

Over the next three years, we will continue to work with partners to advance integrated health service strategies, regional programs and prevention initiatives. Of particular note, the French Language Health Planning Entity / *le Réseau des services de santé en français de l'Est de l'Ontario* participates in the key planning initiatives to ensure that plans reflect the specific needs of the Francophone population. We will strengthen accountability agreements to reflect LHIN and Health Service Provider obligations under the *French Language Services Act.*

We will continue to leverage information technology to support our integration initiatives, with particular emphasis on 1) building a regionally shared eHealth record using the provincial blueprint and data set as its foundation and 2) building an electronic infrastructure that allows information sharing, collaboration, and communication to occur effectively and efficiently among health care providers. Details of the specific initiatives we will implement can be found in our 2010-2013 eHealth Strategic Plan.

GOALS and ACTION PLANS

Goal (s)

The Champlain LHIN has three broad goals for its residents:

- Champlain residents lead healthy lives
- Champlain residents access an integrated network of health services
- Champlain residents receive health services that are safe, efficient, and effective

Consistency with Government Priorities:

These goals align specifically with the Government's priority to improve services and reduce wait times, particularly in emergency departments.

Action Plans/Interventions

Action Plans/ Interventions:	% completion anticipated in each of the next three years		
	2011-12	2012-13	2013-14
Support the Champlain Cardiovascular Prevention Network to implement The Ottawa Model of Smoking Cessation in all hospitals	50%	40%	10%
Support the Champlain Cardiovascular Prevention Network to develop and implement guidelines to decrease sodium in hospital cafeteria food offerings.	34%	33%	33%
Support the Champlain Cardiovascular Prevention Network Sodium reduction public awareness campaign	80%	20%	0%
Implement an integrated system for non-urgent transportation across the Champlain LHIN	34%	33%	33%
Reduce the wait time in emergency departments for non-admitted patients by implementing patient flow best practices in Champlain hospitals	50%	50%	0%

Work with partners to plan and implement emergency department diversion initiatives across Champlain, including: • Geriatric Emergency Management (GEM) and Community Intervention • Nurse-Led Outreach to Long Term Care • CCAC case managers in Emergency Departments	40%	40%	10%
Reduce wait times for orthopaedic surgery across Champlain through: • Implementation of a central intake and assessment centre for persons requiring elective hip and knee replacement • Implementation of best practice hip fracture care pathway across Champlain	100% 90%	0% 10%	0% 0%
Reduce wait times for targeted procedures in alignment with the priorities of the Ministry of Health and Long-Term Care, with a particular focus on improving wait times for: • Diagnostic imaging (MRI and CT scans), and • Pediatric dental surgery.	50%	50%	0%
Work with the communities of North Lanark to develop a local integrated health services plan.	20%	40%	40%
Implement hospital integration initiatives for mental health and addictions and geriatrics in Eastern Counties as per clinical services distribution plan.	75%	25%	0%
Implement the regional integrated maternal-newborn program	60%	30%	10%
Implement the regional palliative care program	40%	30%	20%
Support the development and implementation of an orthopaedic surgical services plan for West Champlain hospitals	40%	50%	10%
Implement an integrated health care delivery system in Madawaska Valley Area	40%	40%	20%
Support the development of the opening of the Orleans Family Health Hub	10%	50%	40%
Support the development and implementation of a regional rehabilitation system in Champlain	20%	40%	40%

Sign and monitor accountability agreements with all health service providers within Champlain	100%* *All HSPs have a signed accountability agreement in place	100%* *Hospitals sign new accountability agreements	100%* *LTC homes sign new accountability agreements
Implement a performance scorecard to monitor the MLPA and IHSP	50%	50%	0%
Implement a web-based viewer for provincial laboratory test results and drug history data at The Ottawa Hospital, selected hospitals and primary care practices in Champlain	10%	40%	50%
Integrate Champlain hospitals into the regional Diagnostic Imaging Repository	10%	90%	0%
Implement a pilot electronic consultation process enhancing interaction between family physicians and specialists to improve patient care	100%	0%	0%
Implement a central intake system for MRI and CT test requests	20%	50%	30%
Implement a process for collecting and monitoring standardized information on linguistic profile and preference in all HSPs	30%	30%	40%
Implement a process for collecting information on Aboriginal identity in all hospitals, CCAC and community health centres	30%	30%	40%

Expected Impacts of Key Action Items

To evaluate the impacts of key action items, the Champlain LHIN will measure the following:

- % who smoke
- % who have high blood pressure
- % who are satisfied with health services in Champlain
- % health service providers that meet the terms and conditions of their accountability agreements
- % Ministry-LHIN performance agreement wait times indicators met
- % Alternative Level of Care days
- Hospital Patient Safety Indicators – Hand hygiene compliance, C.difficile rates and hospital standardized mortality ratios
- % who do not have a primary care provider (family physician or nurse practitioner)

What are the risks/barriers to successful implementation?

The risk exists that not all initiatives will be implemented within the outlined timeframe due to evolving priorities, the number of partners involved, other competing priorities and the current economic challenges facing the province. Planning and community consultation activities may be impacted by level of funding available.

IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
People with Pre-Diabetes or Diabetes
IHSP Priority Description:
The Champlain LHIN and its partners will work together to ensure a greater emphasis is placed on preventing pre-diabetes and diabetes. Efforts will be directed at ensuring people with these conditions receive services that meet national guidelines and that are provided in a comprehensive and integrated manner. Furthermore, people with pre-diabetes and diabetes will be supported to learn how to best care for themselves. These efforts will help prevent complications and the impacts of this serious health issue. Finally, technology will be increasingly leveraged over the coming years to further facilitate and improve communication and collaboration among care team members, as well as to enhance self-management capabilities for patients.
Current Status
Currently, only 35% of the 83,000 people with diabetes aged 18+ years in Champlain are receiving the recommended care for their condition that would meet national guidelines. People with diabetes do not always know where to get help to manage their diabetes. Services for people with diabetes may not be available in their own community and are often not coordinated. These gaps in care are very concerning as the number of people with diabetes in Champlain has nearly doubled over a ten year period. Furthermore, an ever-growing body of evidence has demonstrated that Type 2 diabetes can be delayed and/or prevented in those with pre-diabetes. Over the past year significant progress has been made to expand and improve diabetes care and management in our region. The Champlain Diabetes Regional Coordinating Centre and the Champlain Regional Renal Program are operational and working to improve quality and coordination of diabetes and renal care within our region. *Living Healthy Champlain,* a chronic disease self-management program was launched offering workshops in all parts of the region (in English, French and 4 other languages) and training to providers. Since 2008, seven new diabetes education teams have been allocated to our region, quality improvement initiatives (Improved Delivery of Cardiovascular Care) are being implemented in 83 primary care practices reaching 200 physicians to increase the use of established care guidelines in the treatment of patients who have or are at high risk of cardiovascular disease, standardized screening tools for gestational diabetes have been developed, and outreach projects to improve access to diabetes screening and education for high risk immigrant populations have begun. Champlain LHIN has been selected as an early adopter for the deployment of the provincial Diabetes Registry and is working with the provincial team to engage initial sites and deploy the solution. Improvements to coordinated access to quality diabetes management and care will continue.

GOALS and ACTION PLANS
Goal (s)
The Champlain LHIN and its partners will work to achieve three goals for persons with pre-diabetes or diabetes. People with pre-diabetes or diabetes will: • Manage their condition within target • Access a coordinated network of health services within their community • Be identified, monitored and supported

Consistency with Government Priorities:
The Ontario government is implementing a diabetes strategy across the province. The Champlain LHIN is well aligned with this broader strategy and in fact, has been an early adopter for several initiatives. The Champlain LHIN is working with the Diabetes Regional Coordinating Centre and Champlain Regional Renal Program to improve quality in diabetes and renal care aligned to provincial directions and performance measures.

Action Plans/Interventions

Action Plans/ Interventions:	% completion anticipated in each of the next three years		
	2011-12	2012-13	2013-14
Engage persons with diabetes to identify opportunities to integrate diabetes care across Champlain and make quality improvements	100%* *Targeted engagement will occur in 2011-12 and ongoing engagement will continue in subsequent years	0%*	0%*
Implement early screening models for diabetes in high risk populations	40%	40%	20%
Work with the Diabetes Regional Coordinating Centre to improve standardization, coordination, information management and performance measurement among diabetes education teams and diabetes care providers throughout Champlain	50%	40%	10%
Participate as a delivery partner and early adopter in the implementation of the provincial Diabetes Registry, a key component of an electronic health record for people with diabetes	10%	30%	60%
Sustain and expand the chronic disease self-management and peer-support programs	70%	20%	10%
Complete High Risk Immigrant Project and develop a multi-year strategy	100%	0%	0%

Expected Impacts of Key Action Items
The Champlain LHIN will monitor its progress at achieving its goals and objectives by tracking the performance measures of the Ontario Diabetes Strategy and other patient focused measures: • % of people with diabetes who have had all 3 tests within guideline periods for HA1C (glycated haemoglobin A1C), retinol eye exams, and low-density lipoprotein cholesterol (LDL-C). • % who report a positive experience with their diabetes care • % people screened for diabetes • % who use diabetes education programs • % people with diabetes who are admitted to hospital via the Emergency Department for hyper/hypoglycaemia • Renal replacement therapy rate of people with diabetes • Infection, ulcer and amputation rate of people with diabetes • % who do not have a primary care provider (family physician or nurse practitioner)
What are the risks/barriers to successful implementation?
Given that the provincial diabetes strategy will end in 2012, there is a risk that goals may not be achieved beyond the completion of the strategy. There is a risk that the diabetes registry may not be implemented within the proposed period due to complexity of the initiative and challenges related to obtaining 100% uptake of the diabetes registry by health professionals. It may also be a challenge to secure the resources (both human and financial) to achieve all the strategies listed above given the current economic reality and available human resource pool.

IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY
Integrated Health Services Priority:
People with Mental Health Issues and/or Problematic Substance Use
IHSP Priority Description:
Integrate services for persons with mental health issues and or problematic substance use in a manner that facilitates entry, screening, assessment, treatment and follow-up.
Current Status
People with early symptoms of mental health issues and/or problematic substance use, people who have already been diagnosed, and people who care for them are often unable to get the help they need at the time they may need it most. When services are available, they are often structured in a way that makes it difficult for the person with a problem or family members to get the help they need. Some people do not know where to get help. Without supports, people may end up in an emergency department or hospitalized. Sometimes, individuals who are in the hospital wait to be moved to a more appropriate setting, or are discharged and sent home without the support they or their families require. Health surveys have shown that 40-80% of people with mental health issues and/or problematic substance use do not receive treatment at all. Francophones face additional linguistic and cultural barriers which impede their access to treatment and their recovery. The Champlain LHIN has made progress in improving access and coordination through the implementation of an integrated inpatient intake system including a bed management tool and through the implementation of a common assessment tool including the release a web-based common screening tool for concurrent disorders (GAIN-SS modified), which also helps with the early identification of symptoms. Furthermore, investment in school-based counselling, increase in the number of residential beds for treatment of youth with addiction problems, and the development of a coordination model to assist in transitioning youth with serious mental health conditions to adult service, will contribute to early identification and intervention.

GOALS and ACTION PLANS
Goal(s)
The Champlain LHIN and its partners will work collaboratively to achieve the following three goals for persons with mental health issues and/or problematic substance use: • Those with early symptoms will manage their health condition • Persons with mental health issues and/or problematic substance use will have access to coordinated services along the continuum of care • Care will be available where and when it is needed

Consistency with Government Priorities:

The government of Ontario has launched a 10-year strategy to address the needs of individuals that experience a mental health or addiction problem. The Champlain LHIN's actions are and will continue to be aligned to this strategy.

Action Plans/Interventions

Action Plans/ Interventions:	% completion anticipated in each of the next three years		
	2011-12	2012-13	2013-14
Implement transitional and supportive housing spaces for persons recovering from a mental health issues or problematic substance use	31%	50%	19%
Implement mental health and addiction services adapted to the needs of children and youth • Open youth treatment centers for 15 Anglophone and 5 Francophone youths in Champlain • Provide and evaluate an addiction counselling program in high schools and for vulnerable populations in Ottawa and assess potential for expansion in other sub-regions of Champlain • Assist Youth who have serious mental health conditions in transitioning to adult service	33%	33%	33%
Standardize service definitions, admission criteria, tools and practices for early identification and intervention • Implement a screening tool for concurrent disorders in all mental health and addictions agencies in Champlain • Support and facilitate the implementation of a common assessment tool (Ontario Common Assessment of Need) in community mental health sector • Support and facilitate the completion of the Ontario Common Assessment of Need(OCAN)/Integrated Assessment Record (IAR) pilot project and leverage the results of the pilot project to promote the sharing of assessments across the mental health sector • Introduce protocols and integrated bed management system for mental health inpatient services	45%	40%	15%

Implement coordinated entry and transition points for mental illness and substance abuse services • Identify strategies and coordinate programs to reduce unplanned ED repeat visits within 30 days for MH&SA conditions • Pilot a Quick Response Treatment Program in the Eastern Counties • Develop a central intake system to substance abuse treatment centers in Ottawa • Pursue integration opportunities of mental health and substance abuse services in Eastern Counties • Pursue integration opportunities of mental health and substance abuse services for Francophones in Ottawa	20%	50%	30%
Implement Royal Ottawa Health Care Group recovery plan	30%	50%	20%
Implement targeted strategies for Aboriginal peoples with mental health issues and/or problematic substance use	0%	0%	100%
Implement the targeted MOHLTC/LHIN strategies under the forthcoming 10-year Mental Health and Addictions Strategy	20%	40%	40%

Describe how you measure success.

The Champlain LHIN will measure its success at achieving its goals for persons with mental health issues and/or problematic substance use by tracking the following:

- % reporting a satisfactory experience with mental health and/or substance use services, especially with respect to access and coordination
- Rate of hospital readmissions for mental health and substance abuse conditions
- Rate of hospitalizations for mental health and substance abuse conditions for those receiving community services
- Wait time for initial assessments
- Wait time for treatment
- Number of emergency department visits for people with mental health issues and/or problematic substance use
- Number of repeat emergency visits within 30 days for mental health and substance abuse conditions
- % of providers having adopted common assessment tool (such as: GAIN-SS modified, OCAN, MH Inpatients Bed Board including protocols and intake forms)

What are the risks/barriers to successful implementation?

There are challenges to implementing all of the initiatives due to fragmentation between mental health and addictions providers. Another risk exists in the need for involving multiple partners from other sectors and ministries.

From a human resources and sustainability perspectives, compensation disparities are an issue, leading to turn over and vacancies that impede productivity.

Limited availability of new funding to build services where gaps are identified is especially challenging in a sector of mental health and substance abuse, where needs are largely exceeding the current resources.

IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY

Integrated Health Services Priority:

People with Complex Health Conditions

IHSP Priority Description:

The Champlain LHIN and its partners want to ensure that people with complex health conditions receive the right level of coordinated care in the setting that is most appropriate for them.

Current Status

People with complex health conditions have one or more chronic health condition (including dementia) *and* require significant assistance with activities of daily life (including with instrumental and activities of daily living) *and* need to use the health system often or are dependent on technological devices. People with complex health conditions and their caregivers are often trying to cope with many issues at any given time. Family, friends and volunteers play a key role in the care people with complex health conditions require. Often, people with complex health conditions and their loved ones do not know where and how to access services. Their care requires a multitude of caregivers but often there is no one person with the overview of the person's health or plan of care.

In Champlain, the health system struggles to find the most appropriate setting for hospital patients requiring an alternate level of care (ALC): that is, those patients who often have complex health conditions and no longer need the level of care provided in an acute care hospital, but who cannot be discharged home. The high volume of ALC patients in our region has resulted in an excessively high hospital-bed occupancy rate, which has a negative impact on a hospital's operations and its ability to provide timely and safe acute care services to patients in need. The situation is a key priority for the Champlain LHIN. A range of solutions to the complex ED and ALC challenges will stem from a comprehensive understanding of the issues and examination of opportunities along the continuum of care, as well as alternate service capacity opportunities. Solutions will address the immediate pressures experienced throughout the system, as well as include a longer-term system planning focus.

GOALS and ACTION PLANS

Goal (s)

Over the next three years, the Champlain LHIN and its partners will work together to ensure that people with complex health conditions:

- Optimize their current level of health
- Receive coordinated health services
- Receive the right level of care in the most appropriate setting

Consistency with Government Priorities:

This priority is consistent with the government of Ontario's desire to reduce the number of people that are awaiting an Alternate Level of Care and the wait times in emergency departments. Improving the health of persons with complex health conditions and the coordination and integration of the multitude of services they require will directly impact on government priorities.

Action Plans/Interventions

Action Plans/ Interventions:	% completion anticipated in each of the next three years		
	2011-12	2012-13	2013-14
Implement 545 new assisted living spaces for high risk seniors throughout Champlain	100%	0%	0%
Implement an electronic notification system for CCAC clients who visit a hospital Emergency Department	40%	60%	0%
Support Champlain Long-Term Care Homes to participate in Provincial Residents First quality improvement initiative	80%	20%	0%
Implement a Senior Friendly Hospital strategy across Champlain	70%	30%	0%
Implement a Champlain Home First approach to caring for seniors	80%	20%	0%
Implement 108 new Transitional Care beds	100%	0%	0%
Implement and optimize additional Convalescent Care capacity	80%	20%	0%
Implement a Resource Matching and Referral System for Champlain	20%	40%	40%

Expected Impacts of Key Action Items

The Champlain LHIN will monitor its progress at achieving its goals and meeting its objectives by monitoring the following measures for persons with complex health conditions:

- % admitted to hospital
- % visiting an emergency department
- Average length of stay in hospital
- % Alternative Level of Care days
- Average length of stay in Long Term Care Homes
- % of high needs clients (RAI MDS) in Long-Term Care Homes

What are the risks/barriers to successful implementation?

Involvement of multiple ministries and levels of government (Ministry of Children and Youth Services, Ministry of Community and Social Services, Ministry of Health and Long-Term Care, municipal government) as well as multiple partners may pose a barrier to successful implementation due to the differing processes and policies between agencies. Addressing the ALC challenge requires significant health system transformation, not merely the addition of additional capacity. It will likely take several years to fully benefit from efforts and investments. These investments will be challenged to keep pace with the growing aging population.

LHIN Operations Spending Plan

LHIN Operations Sub-Category ($)	2009/10 Actuals	2010/11 Allocation	2010/11 Planned Expenses	2011/12 Planned Expenses	2012/13 Planned Expenses
Salaries and Wages	2,883,628	3,112,000	3,073,568	3,070,853	3,124,461
Employee Benefits					
HOOPP	297,014	320,536	316,578	314,827	320,319
Other Benefits	310,860	315,964	337,027	321,673	316,181
Total Employee Benefits	*607,874*	*636,500*	*653,605*	*636,500*	*636,500*
Transportation and Communication					
Staff Travel	73,332	80,000	70,607	80,000	80,000
Governance Travel	26,690	28,000	28,418	28,000	28,000
Communications	55,237	58,000	56,358	58,000	58,000
Other Benefits	813	16,500	43,725	16,500	16,500
Total Transportation and Communication	*156,072*	*182,500*	*199,108*	*182,500*	*182,500*
Services					
Accommodation	283,238	379,835	402,277	415,891	445,545
Advertising & Recruitment	41,181	34,500	28,928	34,500	34,500
Banking	1,097	1,000	1,000	1,000	1,000
Community Engagement	0	0	0	0	0
Consulting Fees	144,549	148,756	146,549	123,296	65,034
Equipment Rentals	13,857	15,000	13,256	15,000	15,000
Governance Per Diems	102,750	120,550	120,550	120,550	120,550
LSSO Shared Costs	362,714	359,500	359,500	365,000	365,000
Other Meeting Expenses	49,433	52,000	42,929	52,000	52,000
Other Governance Costs	4,761	5,250	4,563	5,250	5,250
Printing & Translation	52,081	60,000	60,000	60,000	60,000
Staff Development	56,423	60,000	53,143	60,000	60,000
Total Services	*1,112,084*	*1,236,391*	*1,232,696*	*1,252,487*	*1,223,879*
Supplies and Equipment					
IT Equipment	20,123	20,000	20,000	45,000	20,000
Office Supplies & Purchased Equipment	93,230	80,299	88,713	80,350	80,350
Total Supplies and Equipment	*113,353*	*100,299*	*108,713*	*125,350*	*100,350*
LHIN Operations: Total Planned Expense	4,873,011	5,267,690	5,267,690	5,267,690	5,267,690
Annual Funding Target			5,267,690	5,267,690	5,267,690
Variance			0	0	0

Note: LHIN expenses are recorded by cost type rather than by LHIN function. As a result, expenses for community engagement activities are incorporated under; Salaries, Advertising, Consultants, Meetings, and Printing/Translation.

LHIN Staffing Plan (Full-Time Equivalents)

Position Title	2009/10 Actuals, as of Mar 31/10 FTEs	2010/11 Actuals, as of Mar 31/11 FTEs	2011/12 Forecast FTEs	2012/13 Forecast FTEs	2013/14 Forecast FTEs
LHIN Operations					
Accountant	1	1	1	1	1
Accounting Clerk	1	0.5	0.5	0.5	0.5
Chief Executive Officer	1	1	1	1	1
Communications Coordinator & Senior Integration Specialist	1	1	1	1	1
Communications Officer	1	1	1	1	1
Epidemiologist	1	1	1	1	1
Executive Assistant	4	4	4	4	4
French Language Services Advisor	-	1	1	1	1
Funding Database Coordinator	1	1	1	1	1
Funding & Performance Analyst	1	1.6	1.8	1.8	1.8
Information Systems Developer	1	1	1	1	1
Lead, IHSP Priorities	5	5	5	5	5
Office Administrator	1	1	1	1	1
Office Manager	1	1	1	1	1
Program Assistant	1	1	1	1	1
Project Liaison Officer / Designer	1	1	1	1	1
Receptionist	1	1	1	1	1
Senior Director, Health System Integration; Health System Accountability	2	2	2	2	2
Senior Epidemiologist	1	1	1	1	1
Senior Integration & Accountability Specialist	3	4	4	4	4
Senior Integration Specialist	2	2	2	2	2
Senior Planning & Engagement Specialist	1	1	1	1	1
Senior Performance Specialist	1	1	1	1	1
Total LHIN Operations FTE	33	35.1	35.3	35.3	35.3
eHealth					
Chief Information Officer	1	1	1	1	1
Executive Assistant	1	1	1	1	1
Program Manager	-	1	1	1	1
Senior Program Manager	1	1	1	1	1
Total eHealth FTE	3	4	4	4	4
TOTAL FTEs	36	39.1	39.3	39.3	39.3

Communications Plan

Objectives: What is the purpose of the ABP?

The Annual Business Plan is a guiding document critical to the work of the Champlain Local Health Integration Network. It builds on past successes and outlines the action plans and resources to be allocated in the upcoming year as a way to reach the goals and objectives of the Integrated Health Service Plan (2010-13). It also provides a framework with which the LHIN can communicate the impacts of regional decision-making on health-care delivery. Lastly, the document allows an opportunity for the LHIN to fine-tune its strategies during the coming year.

Context: Why do we do an ABP?

LHINs are required to publish Annual Business Plans to inform their communities about the LHIN's strategies and initiatives for addressing priorities in the Integrated Health Service Plan.

The document includes an overview of activities to support key provincial priorities and a management plan for system change and outcomes while identifying future challenges faced by our health system.

LHINs are responsible for engaging health care providers, consumers, and the general public in the work required to build an accessible and sustainable quality health-care system.

The Annual Business Plan includes LHIN funding requirements for the next three years with a particular focus on fiscal year 2011-12.

Target Audience:

Ministry of Health and Long-Term Care

Internal to the Champlain LHIN

- Board of Directors
- Senior Management Team
- Staff
- Physician leads

Advisory Groups

- Champlain LHIN Community of Care Advisory Forums
- Champlain LHIN Communities of Practice
- Champlain LHIN French Language Health Planning Entity (*Le Réseau des services de santé en français de l'Est de l'Ontario* - the French Language Health Services Network of Eastern Ontario)
- Champlain LHIN Aboriginal Health Circle
- Champlain LHIN Health Professional Advisory Committee
- Champlain LHIN eHealth Council

Internal to the Health-Care System

- Champlain Health Service Providers including addictions and mental health agencies, community care access centre, community health centres, community support services, hospitals and long-term care homes.

External Partners

- Public
- Media
- MPPs, local politicians at various levels of government
- Other community agencies
- Other funders (e.g. United Way)
- Public Health Units

Strategic Approach: What type of announcement?

The Champlain LHIN will notify Health Service Providers and other partners of the release of the Annual Business Plan, which will also be posted on the bilingual Champlain LHIN website.

Annual Business Plan goals and action plans will be included in ongoing community and community engagement activities.

Tactics:

- Maintaining a consistent toolbox of communication and community engagement vehicles, including the 2010-11 Annual Report, news releases and the website.
- Organizing knowledge-building and information-sharing events
- Continuing/strengthening working relationships with provincial and local government representatives
- Supporting strong media relations
- Participation in partnerships such as the provincial LHIN communications group and forging links with communications leads at Health Service Provider agencies.

Ontario
Local Health Integration Network