Champlain **LHIN** | **RLISS** de Champlain

Annual Business Plan 2014 – 15

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

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Transmittal Letter from the Board Chair

October 8, 2014

Ms. Nancy Naylor
Assistant Deputy Minister
Health System Accountability and Performance Division
Ministry of Health and Long-Term Care
80 Grosvenor Street, 5th Floor, Hepburn Block
Toronto, Ontario M7A 1R3

Dear Ms. Naylor:

Please find attached the Champlain LHIN's *2014-15 Annual Business Plan*, which has been endorsed by the Board of Directors. The plan outlines the goals, objectives and actions for the coming fiscal year as we work to towards our vision of *"Healthy people and healthy communities supported by a quality, accessible health system"*. The plan builds on previous years' successes and supports the Ministry of Health and Long-Term Care provincial priorities.

The business plan is aimed at helping our LHIN succeed in six Key Result Areas:

1) *More people are involved in planning their health services*
2) *More people receive quality, evidenced based care*
3) *More people with mental health conditions and addictions have access to services*
4) *More seniors are cared for in their communities*
5) *More people with complex health conditions are able to manage their conditions*
6) *More people at end of life, families and caregivers receive palliative care supports in their setting of choice*

We will succeed by dedicating our efforts and resources towards interdependent strategies:

1) *Build a strong foundation of integrated primary, home and community care*
2) *Improve coordination and transitions of care*
3) *Increase coordination and integration of services among hospitals*

The *2014-15 Annual Business Plan* seeks to be responsive to local issues while addressing the Ministry of Health and Long-Term Care's priorities, namely to keep Ontario healthy, improve access and strengthen linkages to family health care and to ultimately provide the right care, at the right time, and in the right place. As the LHINs are at the centre of health-system transformation, we have a key role in provincial initiatives such as the Seniors Strategy, Health System Funding Reform and the development of Health Links. In 2014-15, the LHIN will build on the success of the first of year of its Integrated Health Services Plan. We will continue to seek opportunities for integration towards a comprehensive health care system including engagement with our Aboriginal communities and working towards improved French language services and engagement of Francophones in health system planning.

Our business plan is ambitious but its achievement is integral to meeting the expectations laid-out in the Integrated Health Service Plan and to living up to our Ministry-LHIN Performance Agreement commitments.

Sincerely,

Ms. Jocelyne Beauchamp
Acting Board Chair

Mandate and Strategic Priorities

Mandate and Background

Under the *Local Health System Integration Act, 2006*, the Champlain Local Health Integration Network (LHIN) is mandated to plan, coordinate, integrate and fund health service providers (Providers) within seven health sectors. The purpose of this work is to improve the health care system for residents who live in communities within our geographic boundaries.

An important obligation for the LHIN is to create an Integrated Health Service Plan (IHSP) every three years. Developed through extensive consultation with the local community (including Providers and their boards, consumers of health services, the public and other partners), the IHSP outlines LHIN priorities to achieve its vision, and meet its mandate of integrating the health care system at the local level. It is a strategic plan that describes how the LHIN's priorities align with those of the Ministry of Health and Long-Term Care (Ministry).

The Annual Business Plan (ABP) is the yearly plan that maps out how we are fulfilling the strategic goals articulated in the IHSP. It forms part of the annual Ministry-LHIN Performance Agreement. The 2014-15 ABP is driven by the Champlain LHIN's vision, mission, and values:

- ***Vision****: Healthy people and healthy communities supported by a quality, accessible health system.*
- ***Mission****: Building a coordinated, integrated and accountable health system for people where and when they need it.*
- ***Values****: Respect, Trust, Openness, Integrity, Accountability.*

Strategic Priorities

The 2013-16 IHSP *Strategic Priorities* are comprised of three broad, interdependent *Strategies* and six *Key Result Areas*:

LHIN Strategies:

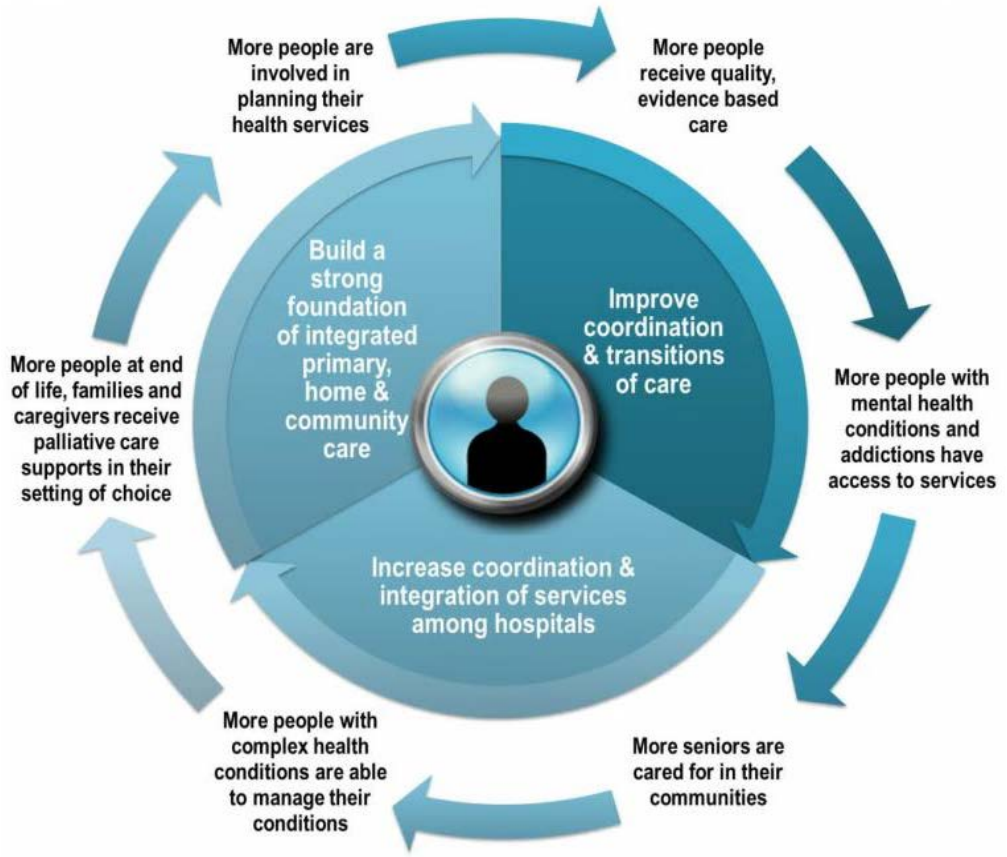
- *Build a strong foundation of integrated primary, home and community care*
- *Improve coordination and transitions of care, and*
- *Increase coordination and integration of services among hospitals.*

Key Result Areas: In pursuit of the above strategies, we will see progress in the following:

1) *More people are involved in planning their health services*
2) *More people receive quality, evidenced based care*
3) *More people with mental health conditions and addictions have access to services*
4) *More seniors are cared for in their communities*
5) *More people with complex health conditions are able to manage their conditions, and*
6) *More people at end of life, families and caregivers receive palliative care supports in their setting of choice.*

The Key Result Areas are consistent with the Ministry's directions and *Ontario's Action Plan for Health Care* that was designed to be "obsessively patient-centered."

Integrated Health Service Plan 2013 – 16 Strategic Priorities



During the year, we will monitor our performance around these strategic priorities that are detailed in this ABP, and report regularly on our progress to the Champlain LHIN Board and the Ministry. The interventions we implement to advance our strategic priorities will also be monitored and evaluated to support decision making. Some interventions may be expanded, adjusted, or in some cases, discontinued.

The services provided in this region are supported by a robust infrastructure that must be maintained and expanded to meet the needs of the region's residents.

In addition to reporting on our progress with respect to this plan, we will regularly update the Champlain LHIN Board on the status of projects requiring significant capital investment.

Overview of Current and Forthcoming Programs / Activities

The Champlain LHIN funds 128 Health Service Providers to deliver 238 programs across seven sectors:

- *Addictions Programs*
- *Community Care Access Centre (CCAC)*
- *Community Health Centres (CHCs)*
- *Community Mental Health Programs*
- *Community Support Service (CSS) Agencies*
- *Hospitals, and*
- *Long-Term Care Homes (LTCHs).*

These partners work with the LHIN to improve people's health, their experience with the health care system, and performance of the services that meet people's needs.

We will engage these partners to focus on the three strategies described in our IHSP:

1) *Build a strong foundation of integrated primary, home and community care*
2) *Improve coordination and transitions of care*
3) *Increase coordination and integration of services among hospitals.*

All current and upcoming programs and activities will be underscored with evidence-based planning and sound community engagement processes that involve a wide range of people. As we plan and implement our programs and activities, we will make new efforts this year to engage patients, caregivers and their families to better understand their experience. We will continue to engage with Francophone and Aboriginal communities, immigrant populations, primary care providers and other people who use the health care system.

French Language Services

The Champlain LHIN and *Le Réseau des services de santé en français de l'Est de l'Ontario (Le Réseau),* our French Language Health Planning Entity, believe in a health care system that promotes continuous quality improvement and efficient delivery of high-quality health services in French.

The collaborative actions of this LHIN, the South East LHIN and *Le Réseau* are included in our 2014-15 Joint Annual Action Plan. The Joint Annual Action Plan focuses on improving the quality of data collection, strengthening community engagement, planning that meets the needs and priorities of Francophone communities, and improving the active offer of French language health services. Both LHINs and *Le Réseau* are committed to measuring the impact of our actions on French language health services.

The 2014-15 Joint Annual Action Plan includes LHIN and *Le Réseau* specific activities as well as joint initiatives enabling strengthened partnerships between *Le Réseau* and LHIN planning teams.

The LHIN will continue to ensure that it meets its obligations with respect to the *French Language Services Act, 1986,* (FLSA) and the Local Health System Integration Act, 2006, (LHSIA). Policies and procedures related to the active offer of French Language Services will be developed and implemented. The two LHINs and *Le Réseau* are pursuing initiatives that provide the LHINs with better data regarding linguistic profiles and preferences, and improve Providers' capacity to serve Francophone communities.

The LHIN and *Le Réseau* work together to identify Providers that provide services that should be designated under the FLS Act. Designation provides a guarantee that services are offered in French. The Designation process is a lever for planning and improving the procurement of French-language services.

Local conditions for French-language services are set out in the accountability agreements the LHIN has with our health services providers; those identified as well as those that must revise their designation plans; in each sector in our jurisdiction. With the help of *Le Réseau*, the LHIN assesses service provider's compliance with local conditions; thereby ensuring they meet their French-language service obligations.

Aboriginal Health

The Champlain Aboriginal Health Circle Forum meets regularly throughout the year to identify and address health and wellness issues of First Nations, Métis and Inuit communities and organizations. The key priorities for health system improvements in Aboriginal health in the Champlain region are:

- *Mental health and addictions for children and youth*
- *Chronic disease prevention, management and wellness*
- *Raising cultural awareness of Aboriginal history and approach to health among non-Aboriginal Providers, and*
- *Improving access to care, including access to traditional Aboriginal health services.*

Cultural sensitivity assessment tools and resources and a plan for cultural awareness training will guide cultural training efforts in the upcoming year. Aboriginal people with diabetes and mental health conditions living off-reserve in Renfrew County are being engaged to help lay the groundwork for better access to culturally-appropriate services for this community. Improvements to palliative care services for Aboriginal populations are identified in regional hospice palliative care strategic plans. The Champlain LHIN is hosting the pan-LHIN provincial CEO and Aboriginal Leads planning meeting in 2014-15 to continue to build relationships and coordinate efforts for health system improvements.

Immigrant Health

Given the diversity and growth of immigrant populations in the region, the LHIN will seek to better understand this diversity and the challenges faced by clients in managing their health, and in accessing health services.

We will continue our efforts to ensure early screening for chronic conditions such as diabetes. We will also maintain a pilot project that employs multicultural health brokers to help clients navigate the health system and access services more easily. In addition, we will examine language interpretation needs for clients at health provider sites.

Primary Care Engagement and Integration

Engaging primary care providers is critical to making effective health care system improvements. The LHIN recognizes this and supports primary care as the foundation of the Champlain Health Links and as key partners in other initiatives. Networks of primary care providers will improve the LHIN's ability to facilitate a stronger primary care contribution. Involving primary care providers will guide improvements in quality and access to care, enable early identification of health risk, support chronic disease management efforts and seniors' strategy initiatives and ensure better continuity of care for people across the health system. The Primary Care Physician Lead will continue to work in partnership with the Primary Care Physician Leadership Table, local primary care champions and other stakeholders to engage and involve primary care providers in health system transformation initiatives and in the development of a Primary Care Strategy.

Environmental Scan of Opportunities and Risks

The Champlain LHIN faces many challenges as we work to improve our complex health care system. Contributing to a need for system change are:

- *Economic uncertainties within the province*
- *Shifting demographics to an aging and more diverse population*
- *Growing population health issues, such as mental health issues and problematic substance use, and*
- *Health system complexity and fragmentation.*

Finding ways to work smarter and more efficiently continues in partnerships with our provincial counterparts, local Providers and key stakeholders in Champlain. Collaborative effort and engagement - along with our commitments to person-centred care and fiscal responsibility - are critical elements to creating opportunities and achieving health care system improvements.

Focusing on Quality and Value

The government of Ontario's *Excellent Care for All* (ECFA) *Act* and supporting strategy represent a significant culture shift in Ontario's health care system. Part of this shift is the need for Ontario to implement funding models that are fairer, more evidence-based, and more responsive to the emerging health care needs of the province's changing population.

Ontario needs a strategic funding system that encourages quality health services across the continuum of care. The province's health system needs to move toward equitable, more evidence-based approaches to funding that respond to the health care needs of the population. Health System Funding Reform (HSFR) is a fundamental response to these vital concerns with the development and implementation of funding policy and models which are driven by evidence and efficiency. HSFR is based on the key principles of quality, sustainability, access and integration.

Regional programs in hospice palliative care, cancer, maternal newborn, and diabetes will ensure best practice implementation and multi-stakeholder coordination. Expanding and optimizing technologies, such as telemedicine, eReferrals and eConsultations, contributes to better access to services in rural and urban areas, and improves transitions between hospital and community-based services.

Integration, innovation and a shift from institutional- to more community-based care will be supported, as we seek to ensure value of health care investments.

Engaging with local stakeholders, including primary care physicians, practitioners, and the diverse populations across the region, will continue to enhance our knowledge of system gaps, and enable development of sustainable solutions that address local challenges. The LHIN will work with our Providers to ensure performance and accountability agreements are in place, and requirements are met.

The provision of culturally and linguistically competent health services is a factor of quality of care for Francophones. Monitoring

improvements in French language services remains a challenge, as linguistic variables are not systematically collected by Providers. As such, there is a paucity of linguistic health data to support health system planning at present. The Regional Pilot Project Collecting Linguistic Identifiers for Health Services to Francophones was launched in March 2013 in partnership with the *Le Réseau*, the South-East LHIN, the Champlain LHIN and other project stakeholders. The primary purpose of this pilot project is to plan for the establishment of an environment where people's linguistic backgrounds are collected, linked with existing health services data and utilized in health services and health system planning. This project will ultimately help inform planning initiatives.

The Champlain LHIN and *Le Réseau* will collaborate in the coming year to establish a process that will ensure the collection of accurate data at key entry points in the health care system. This will also help inform planning initiatives.

We will also further our understanding of Aboriginal service needs and capacity.

Managing Population Health and Health System Demands

Senior's care will remain a significant focus of health care system improvement in the region, particularly for those with the most complex health conditions requiring the greatest use of health care resources.

Champlain's population is projected to grow at an average rate of 1.2% per year for the next 20 years; however the senior (65+) population will grow 3.6% a year[1]. This year we will continue to work on the many LHIN initiatives that seek to improve the quality of care for our senior patients and caregivers, while addressing the significant challenges faced by our Providers in managing demands and performance expectations. Efforts will continue to be placed on:

- *Reducing emergency room wait times*
- *Reducing rates of people in hospitals awaiting an Alternate Level of Care (ALC)*
- *Implementing new programs, such as Falls Prevention Classes and the Fall Risk Algorithm, Primary Care Memory Clinics, promoting public and provider awareness of dementia, refining assessment and referral processes, and*
- *Expanding successful programs, such as First Link and Assisted Living Services for High Risk Seniors*
- *Improving patient flow in hospital and transitions home.*

Along with these actions, we will continue building on the LHIN's strong plan for seniors that includes the successful implementation of the Home First philosophy and Senior-Friendly Hospitals initiatives.

As part of our plan, we will work with the Ministry to address the recommendations provided by Dr. Sinha, Provincial Lead for Ontario's Seniors Care Strategy, in his prominent report "Living Longer, Living Well."

[1] Source: Population Projection Summary, and Population Estimate Summary, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO.

Given that a greater proportion of the Francophone population is 65+ (13.6% compared to 12.4%), the LHIN will work collaboratively with *Le Réseau* to ensure the development of linguistically and culturally adapted services.

The growing prevalence of chronic disease among all age groups remains a significant challenge for the health care system. These range from childhood obesity to increasing numbers of seniors living with multiple chronic diseases, including mental health and addictions issues. Efforts to address these challenges require multi-stakeholder involvement along the continuum of care.

The Champlain LHIN will work with our public health partners, primary care practitioners and Providers to implement change guided by Health Quality Ontario priorities (e.g. avoidable hospitalizations) and provincial strategies, such as smoking cessation, diabetes, cancer, vascular health and enabling technologies (formerly eHealth).

Shifting the system from one designed to treat acute illnesses to one that addresses the needs of people with chronic diseases requires:

- *Investments in technology*
- *Knowledge transfer, and*
- *New ways of organizing how services are delivered by ensuring a strong foundation of person-centred, family health care.*

Ontario's Comprehensive Mental Health and Addictions Strategy established goals and key strategies for the province. The Ministry's strategy highlights that "*One of our biggest challenges is that mental health and addictions services are fragmented, spread across several ministries and offered in a variety of care settings.*"

It further states that the Ministry's strategy "*addresses this complicated system by striving to keep the person at the centre and providing the support they need to direct their own care and build on their strengths.*"

Consistent with these statements, building on progress made, and the strengths of the sectors, the Champlain LHIN will continue to support the development of a person-centred, integrated and coordinated mental health and addictions system.

Improving Access, Coordination and Efficiency

Underscoring the need for regional planning and finding innovative ways to meet local needs are:

- *The size of the region,*
- *The large number of Providers, and*
- *Our diverse population (20% Francophone, 32,000 Aboriginal people [70+% living off reserve and the largest Inuit population outside of the north], 15% visible minorities [urban and rural communities])*[1].

Engaging people from these communities enables the LHIN to understand the scope of health challenges facing Champlain residents, and address them in the most effective and efficient ways. We will work towards:

- *Implementing regional programs in orthopedics*
- *Coordinating systems such as non-urgent transportation and telemedicine; and*
- *Supporting new models of service delivery such as geographically-based Health Links.*

Additionally, *Le Réseau*, the Aboriginal Health Circle Forum, and primary care leaders will continue providing valuable advice on how best to involve and engage our diverse communities in planning initiatives.

Accountability agreements with our Providers that outline provincial and local performance obligations and indicators will be signed and monitored.

[1] 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

Strategic Priorities

The following section describes our strategic priorities for the next three fiscal years with an emphasis on 2014-15. Projections into 2015-16 and 2016-17 are influenced by the strategies established in our 2013-16 IHSP:

- *Build a strong foundation of integrated primary, home and community care*
- *Improve coordination and transitions of care*
- *Increase coordination and integration of services among hospitals.*

Recognizing the need, the LHIN will work with *Le Réseau* on all three strategies so that Francophones are able to access services that reflect their needs across the care continuum.

Build a strong foundation of integrated primary, home and community care

The Champlain LHIN will work to build a system that will promote better health, make better use of resources and will improve the person's experience with care.

Current Status

Building a strong foundation of integrated primary, home and community care requires us to work with a broad range of health care system partners. The scope of service and type of providers who work in these health sectors is extensive. These services are critical to a well-functioning health care system, as they include the providers where most people first contact the system with their symptoms and health concerns.

Primary care is particularly important in the Francophone patient trajectory, not only for the care provided but because primary care providers are responsible for most referrals along the care continuum.

By improving the coordination of these services, we will help individuals identify their health issues early and access the care they need in the right setting, and ensure Providers are working together to build a more organized health care system.

To move this strategy forward, we will build on our current progress by taking the following actions:

Public Engagement: Input from the public is fundamental to assessing its experience with the health care system. Public engagement needs to inform the changes we make to the local health care system. We will continue to engage the public in key initiatives, such as the development of health hubs or targeted strategies that address mental health and problematic substance use issues in defined populations.

Integrated Health Networks: Helping providers work together and build integrated health networks results in a higher quality, efficient and accessible system. In 2012-13, our LHIN began work on the Ministry's Health Links initiative. Since that time, four Health Links have been approved in Champlain and we have continued to build on existing work to organize primary care networks in several areas of our LHIN.

Health Links will result in ten geographic networks that will coordinate care for people with high needs. As Champlain Health Links are established and identify ways of better servicing people with high needs, they will invariably connect to regional resources and community of practice networks supported by the LHIN.

Early Identification and Management of Risk: Early identification of health risks and conditions is key to helping people manage their well-being. We will expand on established programs, such as the SCREEN[2] Chronic Disease Risk Assessment Program, to help individuals detect issues as soon as possible so that they can make informed decisions about their health.

System Navigation: Our local health care system is broad and intricate. Many people with complex health conditions need assistance navigating the system. We will continue to simplify navigation through the implementation of systems that enable people and providers to find and access the services they need in a timely manner. For example, through the implementation of transitional case managers and care navigators we will help individuals with mental health and addictions conditions navigate the system and make successful transitions through their continuum of care.

Advanced Access to Service: People want access to primary care services on the same or next day. Health Links, supported by new Quality Practice Facilitators, will provide a means of ensuring advanced access to primary care services for those most in need of these services.

[2] SCREEN – Screening, Capacity Building, Risk Management, Education, Evaluation and Networking

Goals and Action Plans

Goal(s)

The Champlain LHIN will make progress in six key result areas through the implementation of this strategy:

- *More people are involved in planning their health services*
- *More people receive quality, evidenced based care*
- *More people with mental health conditions and addictions have access to services*
- *More seniors are cared for in their communities*
- *More people with complex health conditions are able to manage their conditions*
- *More people at end of life, families and caregivers receive palliative care supports in their setting of choice*

Consistency with Government Priorities:

The actions that are proposed in this strategic priority aim to improve timely access to services including family health care, mental health and addictions, palliative care for Champlain residents wherever they live, improve the patient's experience of the services received, create integrated "circles of care" for people with complex conditions, and ensure seniors can safely remain in their home as long as possible. The LHIN, like the Ontario Government, believes that taking collective action in these areas will lead to improved health outcomes and better quality care.

Action Plans/Interventions	2013-14 (March 31st 2014)		2014-15 (March 31st 2015)		2015-16 (March 31, 2016)		2016-17 (March 31, 2017)	
	Status	%	Status	%	Status	%	Status	%
More people are involved in planning their health services								
Support the implementation of Health Links across the region	In-Progress	50%	In-Progress	75%	Completed	100%	Completed	100%
Establish Primary Care Networks aligned to Health Links across the region	In-Progress	30%	In-Progress	60%	Completed	100%	Completed	100%
Lead and support the Champlain Diabetes Client Champion Engagement Group	Completed	100%	Completed	100%	Completed	100%	Completed	100%
Increase the number of clients, patients, and family members on LHIN committees and in health-service planning initiatives to enhance community engagement	Not Started	0%	In-Progress	60%	Completed	100%	Completed	100%

Coordinate community engagement initiatives to engage with seniors directly on topics related to Champlain LHIN Key Result Areas	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
More people receive quality, evidenced based care								
Support the implementation of Quality Practice Facilitators in Primary Care	In-Progress	10%	In-Progress	40%	In-Progress	70%	Completed	100%
Strengthen the regional coordination of non-urgent transportation services	In-Progress	90%	Completed	100%	Completed	100%	Completed	100%
Support Aboriginal cultural awareness training in health service providers including Health Links	Not Started	0%	In-Progress	30%	In-Progress	60%	In-Progress	90%
Support and implement Champlain Regional Three-Year French Language Services Designation Plan	Not Started	0%	In-Progress	33%	In-Progress	66%	Completed	100%
Sustain and expand Champlain's electronic consultation service, enhancing interaction between family physicians and specialists to improve patient care	In-Progress	35%	In-Progress	65%	In-Progress	80%	In-Progress	95%
Expand the Clinical Document Repository to include the remaining hospitals in the Champlain LHIN and be accessible to more community physicians	In-Progress	1%	In-Progress	13%	In-Progress	85%	Completed	100%
More people with mental health conditions and addictions have access to services								
Implement the regional capacity building strategy for mental health	In-Progress	50%	In-Progress	75%	Completed	100%	Completed	100%

and addictions								
Implement transitional intensive community treatment for youth	In-Progress	50%	Completed	100%	Completed	100%	Completed	100%
Expand engagement of family and peer support across the mental health and addictions system	In-Progress	25%	In-Progress	50%	Completed	100%	Completed	100%
Introduce Ontario Perception of Care (OPOC) tool to mental health and addictions programs	Not Started	0%	In-Progress	50%	In-Progress	75%	Completed	100%
Support community mental health and addictions agencies in developing and implementing a competency model	In-Progress	10%	In-Progress	50%	In-Progress	75%	Completed	100%
Optimize regional coordination of withdrawal management services with community mental health and addictions agencies and enhance services in Akwesasne	In-Progress	50%	In-Progress	75%	Completed	100%	Completed	100%
More seniors are cared for in their communities								
Implement measures to ensure equitable service levels and seamless transitions within community support services to clients across Champlain	In-Progress	15%	In-Progress	50%	In-Progress	75%	Completed	100%
Continue with the implementation of the integrated model of dementia care including further development of memory clinics in primary care	In-Progress	15%	In-Progress	30%	In-Progress	50%	In-Progress	65%
Support the development of a Champlain Falls Prevention Program including the implementation of new sites in primary and community care	In-Progress	15%	In-Progress	30%	In-Progress	60%	Completed	100%

Implement a comprehensive program to expand access to publicly funded physiotherapy for community and primary care	In-Progress	70%	Completed	100%	Completed	100%	Completed	100%
Increase capacity in Supportive Housing/Assisted Living Services for High-Risk Seniors in Champlain	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Expand the Shared Services Initiative for the Community Support sector in order to improve operational integration and efficiencies across multiple agencies	In-Progress	52%	In-Progress	81%	Completed	100%	Completed	100%
Implement the provincial wage enhancement for Personal Support Services	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
More people with complex health conditions are able to manage their conditions								
Complete the CCAC Care Coordinators Primary Care Integration Pilot	In-Progress	30%	In-Progress	80%	Completed	100%	Completed	100%
Increase access to pulmonary rehab and interdisciplinary teams for individuals living with Chronic Obstructive Pulmonary Disease (COPD)	Not Started	0%	In-Progress	50%	Completed	100%	Completed	100%
Expand the integrated model of early risk screening program for diabetes and other chronic diseases across Champlain in high risk and immigrant populations	In-Progress	60%	In-Progress	80%	In-Progress	90%	In-Progress	90%
Establish a Pharmacists Committee to develop a Champlain Pharmacists'	In-Progress	10%	In-Progress	50%	In-Progress	75%	In-Progress	90%

Engagement Strategy								
Implement the Champlain Diabetes Foot Ulcer and Amputation Reduction Strategy	In-Progress	80%	Completed	100%	Completed	100%	Completed	100%
More people at end of life, families and caregivers receive palliative care supports in their setting of choice								
Support the implementation of a revised 5-year Champlain Regional Hospice Palliative Care Plan	In-Progress	5%	In-Progress	30%	In-Progress	50%	In-Progress	70%
Enhance community and residential hospice palliative care services in Ottawa East	In-Progress	25%	In-Progress	50%	Completed	100%	Completed	100%
Note: All figures in this table are cumulative.								

How will we measure success?

The Champlain LHIN will demonstrate progress in its Key Result Areas by measuring the following:

- *The wait time to receive home care services*
- *The proportion of adults with a primary care provider*
- *Timely access to a primary care provider*
- *The rates of repeat emergency department visits for people with mental health, substance abuse or other selected conditions*
- *The hospitalization rate for medical problems that are potentially preventable*
- *The percent of Alternate Level of Care (ALC) days*
- *The proportion of ALC days attributable to palliative care patients*
- *The percent of organizations that are designated to supply French language services*
- *The repeat hospitalization rate for selected conditions*
- *The rate of physician visits within 7 days of discharge for patients with selected conditions*
- *The rates of fall-related emergency department visits and fall-related hospitalizations among seniors*

What are the risks / barriers to successful implementation?

In general, the successful implementation of this strategy may be impacted by risks associated with resource availability, competing priorities and the number of partners involved in several complex projects. Key risks to this strategy include:

- *Current economic challenges facing the Province will continue to challenge the LHIN and Providers. Planned interventions are based on financial planning assumptions.*
- *In some cases, interventions are dependent on the release of new tools, such as the introduction of the Ontario Perception of Care tool to Champlain mental health addictions agencies. This tool expected to be released this year by the Centre for Addiction and Mental Health.*
- *The implementation of several initiatives, including Health Links, Primary Care Networks and measures to ensure seamless transitions within community support services involve significant engagement with many health care system partners. In some cases, these partners do not have a funding agreement with the LHIN. Building strong partnerships will take time and require the active participation of many individuals and groups.*

What are some of the key enablers that would allow us to achieve our goal?

Key enablers for the successful implementation of this strategy include:

- *Ministry leadership in driving the Health Links initiative, and its commitment to investigating policy and legislative barriers, and removing them where possible.*
- *Provider participation in program and system development and implementation.*
- *Stakeholder engagement and support, including primary care.*
- *Adequate program management support, especially for those interventions that include information system development and implementation.*

Improve coordination and transitions of care

The Champlain LHIN will work with its partners to improve coordination and transitions of care to enhance the quality, safety and cost of a person's journey of care through our local health care system.

Current Status

Over the last few years, the Champlain LHIN has collaborated with our system partners to coordinate and integrate the local health care system. There is still much work to be done.

Areas of our system remain fragmented, sometimes resulting in patients who may "fall through the cracks" as they move through the system. By focusing on the transition points among Providers, we can improve the patient experience, enhance quality of service and reduce costs. We will create smooth transitions of care by focusing our efforts on the following actions:

Public Engagement: People have told us that we need to smooth out the transition points among health care providers. We will continue to engage the public to learn about ways to improve the patient experience in our system. For example, we will engage the public by organizing a public Community Health Fair in partnership with local Providers.

Continuity of Care: We are working to connect Providers so that information about a person's care plan is efficiently transferred from one Provider or program to another. For example, we are working with the Champlain CCAC and our CSS agencies to improve coordination and simplify how individuals access community based services.

Information Sharing: We will continue to develop systems that appropriately share health information and respect the need for privacy and anonymity. For example, we are expanding a regional document repository to share clinical information among more hospitals and physicians in the community.

Intensive Case Management: People with complex conditions often require help to access the services they need. The LHIN is working to improve access to intensive case management workers through initiatives such as the Behavioural Support Services Program.

Clinical Guidelines and Pathways: Quality of care can be improved through evidence-based approaches and the dissemination of best practices. For example, we are creating a regional capacity building program for mental health and addictions services to improve patient flow, facilitate information sharing, reduce wait times and hospital readmissions.

Improve coordination and transitions of care

Goals and Action Plans								
Goal(s)								
The Champlain LHIN will make progress in five key result areas through the implementation of this strategy: • *More people are involved in planning their health services* • *More people receive quality, evidenced based care* • *More people with mental health conditions and addictions have access to services* • *More seniors are cared for in their communities* • *More people with complex health conditions are able to manage their conditions*								
Consistency with Government Priorities:								
Advancing information systems and enabling technologies, ensuring that best practices are shared broadly to facilitate the patient's trajectory through the health care system are both Ontario Government and Champlain LHIN priorities. "Moving the patient seamlessly from one care setting to another" is a collective responsibility.								
Action Plans/Interventions								
	2013-14 (March 31st 2014)		2014-15 (March 31st 2015)		2015-16 (March 31, 2016)		2016-17 (March 31, 2017)	
	Status	%	Status	%	Status	%	Status	%
More people are involved in planning their health services								
Improve access to care for immigrant communities by raising awareness about existing language-interpretation services and expanding these services to new provider sites	Not Started	0%	In-Progress	40%	In-Progress	75%	Completed	100%
Plan and implement the Regional Pilot Project on Collecting Linguistic Identifiers for Health Services to Francophones in the hospital and CCAC sectors	In-Progress	15%	In-Progress	50%	In-Progress	80%	Completed	100%
Conduct a pilot program to improve access to services for immigrant communities through Multicultural Health Brokers	In-Progress	25%	Completed	100%	Completed	100%	Completed	100%
More people receive quality, evidenced based care								
Implement the local elements of	In-Progress	25%	In-Progress	50%	In-Progress	75%	Completed	100%

Improve coordination and transitions of care

Health System Funding Reform								
Develop programs to identify and prevent length of stay in hospital greater than 40 days when care could be provided in a more appropriate setting	In-Progress	50%	In-Progress	75%	Completed	100%	Completed	100%
Strengthen the services for people with Acquired Brain Injuries	In-Progress	10%	In-Progress	35%	In-Progress	70%	Completed	100%
More people with mental health conditions and addictions have access to services								
Enhance regional alignment of Early Psychosis Program	Not Started	0%	In-Progress	50%	Completed	100%	Completed	100%
Review client flow across Assertive Community Treatment Teams	Not Started	0%	In-Progress	75%	Completed	100%	Completed	100%
Integrate access to mental health and addictions day hospital programs with the community continuum	Not Started	0%	In-Progress	60%	In-Progress	90%	Completed	100%
Implement targeted strategies to reduce repeat Emergency Room visits for Mental Health and Addictions populations	In-Progress	50%	Completed	100%	Completed	100%	Completed	100%
Implement new transitional case management initiatives to ensure right level of support	In-Progress	50%	Completed	100%	Completed	100%	Completed	100%
More seniors are cared for in their communities								
Sustain the Home First approach within Champlain	In-Progress	85%	Completed	100%	Completed	100%	Completed	100%
Consolidate Behaviour Support Services Program Gains, including the evaluation of the Specialized Behaviour Support Unit in Champlain	In-Progress	10%	In-Progress	70%	Completed	100%	Completed	100%
More people with complex health conditions are able to manage their conditions								
Implement and optimize emergency department diversion initiatives	In-Progress	70%	In-Progress	90%	Completed	100%	Completed	100%

across Champlain, including the Geriatric Emergency Management Program and Nurse Led Outreach Teams								
Advance the capital planning for the Orleans Family Health Hub	In-Progress	10%	In-Progress	20%	In-Progress	40%	In-Progress	60%
Implement Chronic Obstructive Pulmonary Disease (COPD) Action Plans at hospital discharge	Not Started	0%	In-Progress	60%	Completed	100%	Completed	100%
Establish a Pediatric Diabetes Expert Committee for Eastern Ontario (Champlain and South East LHINs)	In-Progress	30%	In-Progress	70%	Completed	100%	Completed	100%
Note: All figures in this table are cumulative.								

Improve coordination and transitions of care

How will we measure success?

The Champlain LHIN will demonstrate progress in its Key Result Areas by measuring the following:

- *The wait time to receive home care services*
- *The percent of ALC days*
- *The rates of repeat emergency room visits for people with mental health, substance abuse or other selected conditions*
- *The percent of hospital discharges from hospital to long term care homes*
- *The hospitalization rate for medical problems that are potentially preventable*
- *The rate of emergency department visits that could best be managed in other settings*
- *The repeat hospitalization rate for selected conditions*
- *The proportion of clients with significant difficulties with activities of daily living in the community and supported by care in the home*
- *The percent of patients / clients / residents with adverse outcomes, such as pressure ulcers*

What are the risks / barriers to successful implementation?

Our strategy to improve the coordination of transitions of care involves some risks that may impact our progress. These include:

- *Many of our interventions involve the implementation of complex information systems. Technical challenges may arise. Several of these projects are also dependent on the development and implementation of systems that are outside of the LHIN's control.*
- *The sharing of information among Providers requires that we ensure privacy concerns are addressed. This involves significant engagement and often requires the development of complex data-sharing agreements.*
- *The successful adoption of a new information system requires that users receive proper training. In some cases, the LHIN must work with the Ministry or third-party vendors to ensure adequate training for Providers.*
- *The successful adoption of new processes and systems requires a change management focus. We must work closely our partners to ensure the benefits of change are well understood.*

What are some of the key enablers that would allow us to achieve our goal?

Our strategy depends on the following key enablers to help us achieve our goals:

- *Stakeholder engagement and the active support and participation of our health care system partners.*
- *Our decisions will be evidence-based and, where possible, they will be informed by data collected through our information systems.*
- *We will engage Providers in the development of information systems to help define user requirements. By soliciting input from end users we will ensure our systems meet their needs and lead to successful system adoption.*

Increase coordination and integration of services among hospitals

The Champlain LHIN and its hospital partners will work together to increase coordination and integration of hospitals to improve access to efficient, high-quality health services that are also linguistically and culturally adapted.

Current Status

The Champlain LHIN is home to 20 hospitals that offer a broad range of services across different levels of care. Many of these valuable and necessary services are both specialized and costly. The hospital sector accounts for approximately 70.1% of the annual funding distributed to Providers by the Champlain LHIN[3]. We need to ensure coordination in the hospital sector to ensure that costs are managed and we are making the best use of our resources.

To move this strategy forward, we will build on our current progress by taking the following actions:

Public Engagement: We will continue to engage the public regarding their experience with the hospital sector. For example, this may include input received through public participation on various committees, or through feedback received through patient satisfaction surveys.

Regional Programs: Quality of care and access to services can be improved when regional programs are established. These programs improve resource-sharing, and enable dissemination of best practices within and beyond the hospital sector. Orthopedic care is one example of a regional program that the LHIN will strengthen and support this fiscal year.

Central Intake: Improving wait list management for specialized services and procedures can help people get the care they need quicker, and make better use of our resources. In alignment with Ministry priorities, the LHIN will continue work already begun to optimize central intake and assessment for people requiring elective hip and knee replacement to reduce surgical wait times. Similarly, the LHIN will continue to work with its hospital partners to reduce wait times for diagnostic tests, such as CT and MRI scans.

Emergency Room Initiatives: Improving emergency room lengths of stay continues to be a priority of the Ministry and our LHIN. We have several initiatives designed to:

- *Prevent unnecessary repeat emergency room visits, and*
- *Improve patient flow through the system for individuals who visit an emergency room*

Funding Reform: Health System Funding Reform (HSFR) is a major Ministry initiative intended to improve quality of care and reduce health care system costs. It is one of the key pillars of Ontario's Excellent Care for All strategy. This multi-year initiative is expected to continue for several years.

In 2014/15, we will continue to work with our Providers, the ministry and other provincial agencies to implement the third year of the strategy, particularly through participation on provincial advisory committees and the Champlain LHIN HSFR Local Partnership and key regional programs.

[3] Champlain LHIN Audited Financial Statements 2013/14, Note 8

Increase coordination and integration of services among hospitals

Goals and Action Plans								
Goal(s)								
The Champlain LHIN will make progress in three key result areas through the implementation of this strategy: • *More people receive quality, evidenced based care*								
Consistency with Government Priorities:								
The Ministry has set provincial targets for wait times for certain services and procedures like Emergency Department and diagnostic imagery. With a focus on improving the patient's access to and experience of the health care system, LHIN hospital service providers will be collaborating on reducing wait times. In addition, they will continue to work together to put in place capacity plans, a key component of the province's patient-based funding system and they will sustain their efforts to reducing ALC rates, also a key Government direction.								
Action Plans/Interventions	2013-14 (March 31st 2014)		2014-15 (March 31st 2015)		2015-16 (March 31, 2016)		2016-17 (March 31, 2017)	
	Status	%	Status	%	Status	%	Status	%
More people receive quality, evidenced based care								
Manage the Community-Based Specialty Clinics Initiative	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Ensure evaluation and knowledge transfer of Small Hospital Transformation Initiatives (regional pharmacy, EMR, Patient Order Sets)	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Support, link, and implement recommendations from current rehabilitation initiatives by the Rehab Care Alliance, Assess and Restore Policy, and Rehabilitation Network of Champlain	In-Progress	15%	In-Progress	75%	Completed	100%	Completed	100%
Implement the Regional Critical Care Strategy	In-Progress	50%	In-Progress	75%	Completed	100%	Completed	100%
Implement the Regional Emergency Department Strategy	In-Progress	5%	In-Progress	35%	In-Progress	70%	Completed	100%
Advance the capital planning for a Maternal Newborn Centre	In-Progress	10%	In-Progress	20%	In-Progress	40%	In-Progress	60%
Finalize development and implement a Champlain regional	In-Progress	25%	Completed	100%	Completed	100%	Completed	100%

orthopedic program and distribution plan								
Optimize regional central intake and assessment centre for people requiring elective hip and knee replacement to reduce surgical wait times	In-Progress	10%	Completed	100%	Completed	100%	Completed	100%
Support the Healthy Foods in Hospitals initiative	In-Progress	25%	In-Progress	60%	Completed	100%	Completed	100%
Enhance regional capacity for CT and MRI performance, including the implementation of a new MRI in Pembroke	In-Progress	25%	In-Progress	50%	In-Progress	75%	Completed	100%
Note: All figures in this table are cumulative.								

Increase coordination and integration of services among hospitals

How will we measure success?

The Champlain LHIN will demonstrate progress in its Key Result Areas by measuring the following:

- *The percent of elective repeat caesarean sections in low risk women being done at 37 to 38 weeks' gestational age*
- *Wait times for hip and knee replacement*
- *Wait times for diagnostic imaging*
- *Wait times for emergency room care*
- *The percent of ALC days*
- *The percent of hospital discharges from hospital to long term care homes*

What are the risks / barriers to successful implementation?

Our strategy to improve the coordination and integration of services among hospitals involves some risks that may impact our progress. These include:

- *Developing Provider buy-in to integrative initiatives that may conflict with other financial incentives.*
- *The economic environment may delay the Ministry's approval of projects moving through the capital funding approval process.*
- *Providers currently participating in multiple initiatives may be encumbered and require support to participate in additional initiatives.*

What are some of the key enablers that would allow us to achieve our goal?

Achievement of our goals with respect to this strategy will be enabled by:

- *Provincial strategies, such as Health System Funding Reform, will act as catalysts for change and provide direction for many of our interventions in the hospital sector.*
- *Lessons learned from existing regional programs will help facilitate the establishment and development of new regional programs.*
- *Engaging our health care system partners in the development and implementation of our interventions that support this strategy.*

LHIN Operations Spending Plan

LHIN Operations Sub-Category ($)	2013/14 Actuals	2014/15 Allocation	2015/16 Planned Expenses	2016/17 Planned Expenses
Salaries and Wages	**$4,249,158**	**$4,104,829**	**$4,104,829**	**$4,104,829**
Employee Benefits				
HOOPP	$373,756	$411,559	$411,559	$411,559
Other Benefits	$534,002	$452,713	$452,713	$452,713
Total Employee Benefits	**$907,758**	**$864,272**	**$864,272**	**$864,272**
Transportation and Communication				
Staff Travel	$70,088	$65,500	$65,500	$65,500
Governance Travel	$24,455	$15,000	$15,000	$15,000
Communications	$46,330	$56,196	$56,196	$56,196
Other Benefits	$0	$0	$0	$0
Total Transportation and Communication	**$140,873**	**$136,696**	**$136,696**	**$136,696**
Services				
Accommodation	$432,241	$450,041	$450,041	$450,041
Advertising	$8,159	$6,000	$6,000	$6,000
Banking	$12,076	$500	$500	$500
Insurance	$5,961	$6,434	$6,434	$6,434
Consulting Fees	$217,786	$410,500	$410,500	$410,500
Equipment Rentals	$9,844	$10,000	$10,000	$10,000
Governance Per Diems	$99,188	$97,400	$97,400	$97,400
LSSO Shared Costs	$406,019	$443,377	$443,377	$443,377
Other Meeting Expenses	$21,306	$48,000	$48,000	$48,000
Other Governance Costs	$2,596	$2,600	$2,600	$2,600
Printing & Translation	$23,159	$64,442	$64,442	$64,442
Staff Development	$51,792	$51,500	$51,500	$51,500
Total Services	**$1,290,128**	**$1,590,794**	**$1,590,794**	**$1,590,794**
Supplies and Equipment				
IT Equipment	$52,355	$27,200	$27,200	$27,200
Office Supplies & Purchased Equipment	$107,794	$97,800	$97,800	$97,800
Total Supplies and Equipment	**$160,148**	**$125,000**	**$125,000**	**$125,000**
LHIN Operations: Total Planned Expense	**$6,748,065**	**$6,821,591**	**$6,821,591**	**$6,821,591**
Annual Funding Target	**$6,748,065**	**$6,821,591**	**$6,821,591**	**$6,821,591**
Variance	**$0**	**$0**	**$0**	**$0**

LHIN Staffing Plan (Full-Time Equivalents)

Position Title	2013/14 Actuals as of Mar. 31 2014 FTEs	2014/15 Forecast FTEs	2015/16 Forecast FTEs	2016/17 Forecast FTEs
Accountability and Funding Coordinator	1	1	1	1
Accounting Clerk	0.4	1	1	1
Chief Accountant	1	1	1	1
Chief Executive Officer (CEO)	1	1	1	1
Chief Information Officer (CIO)	1	1	1	1
Communications Officer	1	1	1	1
Community Engagement Coordinator	1	1	1	1
Controller	1	1	1	1
Corporate Services Manager	1	1	1	1
Director	5	5	5	5
Epidemiologist	1	1	1	1
Executive Assistant	5	5	5	5
French Language Services Coordinator	0.8	0.8	0.8	0.8
Funding Database Coordinator	1	1	1	1
Health Information Specialist	1	1	1	1
Information Systems Specialist	1	1	1	1
Integration Specialist	3	3	3	3
Office Administrator	1	1	1	1
Program Assistant	2	2	2	2
Project Liaison Officer & Designer	1	1	1	1
Receptionist	1	1	1	1
Senior Accountability Specialist	4	4	4	4
Senior Director	2	2	2	2
Senior Integration Specialist	6.3	6.3	6.3	6.3
Senior Performance Specialist	1	1	1	1
Senior Project Manager	1	1	1	1
Translator/Reviser	1	3	3	3
Total FTEs	**46.5**	**49.1**	**49.1**	**49.1**

Communications & Community Engagement

The *Local Health System Integration Act, 2006* provides the legal framework for the Champlain LHIN, including its obligations with respect to community engagement. Community engagement refers to the methods by which LHINs interact with providers, partners and the public. Engagement with stakeholders can occur along a continuum of participation: inform, educate, consult, involve and empower.

The Integrated Communications Strategy is an important step in the community engagement continuum describing the LHIN's plans at the "inform" level of participation. The Community Engagement component of this ABP explains our intention to enhance public engagement and provides an overview of planned community engagement activities in the areas of French Language Services Planning, Aboriginal Health and Enabling Technologies. A more comprehensive detailing of community engagement activities will be available in the *2014-15 Community Engagement Plan.*

Integrated Communications Strategy

Objectives

***Business Objectives*:**

The Champlain LHIN is working to improve people's health and foster healthy communities supported by a quality, accessible health system. This will be accomplished by building a coordinated, integrated and accountable health system for people, where and when they need it.

This is the second year of the Champlain LHIN's Integrated Health Service Plan 2013-16, which sets a strategic course and outlines key result areas. Communications efforts will fit within the contextual framework of the strategic plan.

There are three strategies in the overarching Integration Health Service Plan. We shall:

- *Build a strong foundation of integrated primary, home and community care*
- *Improve coordination and transitions of care*
- *Increase coordination and integration of services among hospitals*

The Integrated Health Service Plan lists six goals as Key Result Areas. They are:

- *More people are involved in planning their health services*
- *More people receive quality, evidence-based care*
- *More people with mental health conditions and addictions have access to services*
- *More seniors are cared for in the community*
- *More people with complex health conditions are able to manage their conditions*
- *More people at end of life, families and caregivers receive palliative care supports in their setting of choice*

Communications & Community Engagement

***Communications Objectives*:**

The Champlain LHIN guides communications activities of the organization in partnership with health providers. Both LHIN staff and Board Directors are involved in communications.

Measurable communications objectives for 2014-15 are to:

- *Raise awareness among all audiences of how the Champlain LHIN is making progress, facing challenges, and achieving results*
- *Connect to a greater extent with the general public on why health-care transformation is important, explaining how individuals can help improve the health system and plan their own care*
- *Build relationships with opinion leaders and the media to share the value of regional health-care coordination and regional decision-making*
- *Anticipate and respond to arising issues in a timely, effectual manner*
- *Address the region's diversity by reaching out to Francophone, Aboriginal and immigrant communities through communications*
- *Maintain the credibility of the Champlain LHIN, upholding its values of accountability, integrity, respect, openness, and trust*

Context

The LHIN works within a greater context of provincial health strategies. *Ontario's Action Plan for Health Care*, announced by the Minister of Health and Long-Term Care in 2012, places LHINs at the centre of health-system transformation. For example, the action plan includes measures to integrate planning for primary care into the LHINs. Such integration will allow for better coordination of patient care, reducing the need for hospital readmissions by improving the quality of care that seniors receive in their homes.

The Champlain region is diverse, and includes Francophones, Aboriginal communities and immigrant populations. In its communications, the Champlain LHIN endeavours to be inclusive, both in terms of representing diverse communities when promoting LHIN activities, and in showing how initiatives are addressing the needs of the communities. Some facts:

- *One in five Champlain residents lives in a rural area.*
- *One in five Champlain residents is Francophone.*
- *One in six Champlain residents reports using a language other than English and French. The most common languages are Chinese (several languages combined), Arabic, and Italian.*
- *There are two First Nations communities: Akwesasne (near Cornwall and the second most populous reserve in Canada), and Pikwàkanagàn (in Renfrew County). Over two-thirds of Aboriginal peoples live off-reserve.*

The LHIN's 2013-16 IHSP and specific strategies described in its Annual Business Plan are aligned with government direction, and also reflect priorities specific to the Champlain region.

The LHIN works closely with the Ministry's Health System Accountability and Performance Division and its Communications and

Marketing Division to share information on arising issues. The Champlain LHIN also liaises with the other 13 LHINs to ensure consistency and synergy among common programs.

Target Audience

Primary:

- *Health Service Providers*
- *Health Service Provider Boards*
- *Members of the public*
- *Media*
- *Social media participants*
- *Health-care professionals*
- *Health Links clients and family members*
- *Local citizen groups*
- *Diverse populations including Aboriginal, Francophone, and immigrant communities*
- *Provincial political representatives*

Secondary:

- *Health-care associations*
- *Other provincial Ministries*
- *Federal and local political representatives.*

LHIN Board members and LHIN staff will take part in reaching out to the audiences above. The aim is to ensure partners, media, opinion leaders and the general public know what a LHIN is, understand how LHINs are making a difference in peoples' lives, and share how people can become more involved in improving health care.

Strategic Approach

The 2014-15 ABP outlines specific projects and programs spearheaded by the Champlain LHIN. A number of these initiatives require their own communications strategy, which will include context, timelines, audiences, tools/tactics, specific key messages and a deliverable tracking chart. These plans will be developed in collaboration with health partners.

The LHIN's initiatives will support important provincial initiatives such as Health System Funding Reform, Health Links, and the Seniors Strategy.

Provincial Key Messages

Ontario is shifting the focus of its health care system to revolve around the person. We have a plan to ensure Ontarians will have access to high quality care and a sustainable health system for years to come. By organizing the system differently and focusing on the medical evidence, we will provide Ontarians with better care and better value for tax dollars.

Through these changes, we expect to see:

- *Reduced wait times and faster access to family doctors*
- *Fewer unnecessary visits to the emergency room and readmissions to hospital*
- *Patients receiving care at home or in the community instead of in a hospital*

How is Ontario transforming the health care system?

- *Partnering with the health sector and enabling it to play an active role in how the system will change*
- *Strengthening community agencies to support providers and encourage integration around the patient's needs*
- *Health care funding will be determined based on the best evidence and will follow the patient*

What can we expect from these changes to the healthcare system?

- *A system built for patients by the health care providers and leaders closest to them*
- *A health care system that integrates providers around patients to deliver better outcomes*

In addition, people will be informed that:

- *The Champlain LHIN plays a critical role in planning, integrating and funding health services regionally.*

Activities

- A number of communications tools will be used in 2014-15. These include:
  - *Champlain LHIN Board Highlights, distributed one week after the monthly board meeting to capture discussions and decisions of interest to the general public*
  - *Champlain LHINfo Minutes to share information about LHIN-led programs and initiatives, with a specific focus on reporting results.*
  - *Champlain LHIN press releases and media events for major announcements (e.g. community funding announcements), as well as Champlain LHIN quotes in partner press releases*
- We will build our social media platforms. These now include:
  - *Champlain English and French Twitter accounts. In 2014-15, we will add infographics to Tweets when appropriate.*
  - *Champlain LHIN YouTube channel. We plan to continue to produce educational videos on LHIN topics of general interest, drawing a larger audience to the channel.*
- All LHINs will obtain new website software for their Content Management System in 2014-15. This will modernize the Champlain website, allowing for easier navigation and more effective public engagement.
- The Champlain LHIN will continue to respond to media requests quickly and comprehensively. In particular, we'll reach out to broadcast media in rural areas of the region to engage with communities on priority populations such as seniors.
- The LHIN will ensure its communications materials are in line with the *Accessibility for Ontarians with Disabilities Act.*
- Communications activities will support the community engagement forums such as health fairs.

Communications & Community Engagement

Evaluation

An evaluation of the LHIN's communications efforts will be conducted in-house. The evaluation would include the following measures:

- ***Editorial coverage*** *– e.g. tracking of Champlain LHIN mentions*
- ***Website traffic*** *- through analytics, number of visitors and page destination*
- ***Social media metrics*** *- The following will be measured:*
  - Growth of social reach e.g. number of Twitter followers; number of YouTube views
  - Appreciation of social media content e.g. Twitter retweets, favourites, replies
  - Increased visits on the Champlain LHIN website as a direct result of social media presence
- ***Outcomes*** *- Examples of how communications efforts have improved health care through increased public awareness of available programs*

Community Engagement Plan

Community engagement at the Champlain LHIN is in support of a person-centered health care system. We engage with patients, clients, health service providers, community leaders, the public and partners such as *Le Réseau (*the French Language Health Planning Entity) and the Aboriginal Health Circle Forum to learn their perspectives, experiences, and gain input and feedback.

In a person-centred health care system, people have a voice in their own care, and in health care system planning and decision making for health system improvement. Engagement with the Champlain community helps us achieve:

- *A focus on the needs of people*
- *Enhanced local accountability*
- *A shared sense of understanding and responsibility for health care system improvements*
- *Informed decision-making with a focus on the needs of the people impacted*
- *Locally sustainable solutions, appropriate to each community*

We commit to upholding the Core Principles for LHIN Community Engagement in our activities: careful planning and preparation; inclusion and demographic diversity; collaboration and shared purpose; openness and learning; transparency and trust; impact and action; sustained engagement and participatory culture[4].

Patient engagement is an important component of the 2014-15 Annual Business Plan priorities and strategic objectives. We seek to understand patient experiences and involve a wide range of people in planning health care system improvements to support the Key Result Areas of the 2013-16 Integrated Health Service Plan.

[4] LHIN Community Engagement Guidelines and Toolkit – February 2011

Communications & Community Engagement

The 2014-15 Community Engagement Plan contains more information about the ongoing and specific community engagement activities that will occur this year. The following is a sample of these activities:

- *Increase the number of clients, patients, and family members on LHIN committees and in health-service planning initiatives to enhance community engagement*
- *Conduct a review of the overarching community engagement structures in place at the Champlain LHIN and implement recommendations to support health-service planning and decision-making*
- *Coordinate a bilingual public Community Health Fair in partnership with local health service providers*
- *Host a public health forum in French and English to share in a conversation about health care in our community*
- *Lead and support the Client Champions Engagement Committee*
- *Engage with clients who have immigrated to Champlain to shape the expansion of existing language interpretation services*
- *Support each Health Link in patient, family and caregiver engagement and work with them to ensure that patients are involved in the implementation of Health Links through the approval of business plans and performance monitoring*
- *Work with providers to include the patient's experience in the evaluation of CCAC Care Coordinators Primary Care Integration Pilot*

Appropriate community engagement is undertaken for all voluntary, facilitated and required integration actions, according to the requirements as outlined in the *Local Health System Integration Act*, 2006. A copy of the *Community Engagement Guidelines and Toolkit* is available on our website to help guide Providers as they fulfill their community engagement obligations.

The Champlain LHIN is also committed to three specific areas for community engagement and health service planning: French Language Service Planning, Aboriginal Health and Enabling Technologies. The following highlights their engagement actions for 2014-15.

Communications & Community Engagement

Francophone Community / French Language Health Services

Alignment with LHIN community engagement goals

The Champlain LHIN meets its objectives under the *French Language Services Act*, and the *Local Health System Integration Act*, by engaging *Le Réseau*, (the French Language Health Planning Entity for this region) in all matters regarding the health needs and priorities of the Francophone communities.

The LHIN works in partnership with *Le Réseau* because it believes "that developing service responses tailored to the linguistic and cultural needs of these communities[5]" and engaging them in the planning of these services is the right thing to do. It is a commitment that is reflected in the community engagement activities related to the second year of implementation of the 2013-16 IHSP. Details of these community engagement activities are described in the LHIN's 2014-15 Community Engagement Plan.

Engaging the Francophone communities, a joint responsibility of the LHIN and *Le Réseau:*

Community engagement opportunities with the Francophone population will be created and capitalized on to advance the actions highlighted in the Joint Annual Action Plan, and contribute to the progress of the IHSP Key Result Areas. "*Le Réseau/LHIN Collaborative Community Engagement Framework*" and its joint responsibilities template will guide community engagement efforts to reach out to Francophone communities as well as stakeholders involved in the delivery of French language health services.

The Champlain LHIN and *Le Réseau* work together to ensure the participation and inclusion of Francophone voices and perspectives on various consultation tables and regional programs. Through these initiatives, the LHIN hears from members of the Francophone community using mechanisms developed by *Le Réseau* to consult and collect the perspectives of the various Francophone communities in Champlain. The following highlights some of the various ways the LHIN engages with *Le Réseau* in health planning:

Mental Health and Addictions: Le Réseau and the LHIN work together to ensure a Francophone lens is applied at all stages of planning and implementation of mental health and addictions initiatives by participating in the Champlain LHIN Capacity Building Program "Pathways to Better Care" Steering Committee, the Addictions and Mental Health Network of Champlain and *Le Réseau's "Table de planification sur les services en santé mentale et toxicomanie"*.

Seniors' Health: Le Réseau is an active member of the Regional Geriatric Advisory Committee and the ED / ALC Steering Committee which engage providers in projects aimed at facilitating access to services that keep seniors safe and healthy in their communities. In addition, the LHIN participates in *Le Réseau's "Table des services aux aînés"* which focuses on needs and priorities of Francophone seniors in LHIN health care system improvement initiatives such as the Seniors' Strategy.

[5] 2013-16 Integrated Health Services Plan, Champlain LHIN

Health Links: Since the beginning, the LHIN has engaged with *Le Réseau* in planning activities related to the implementation of Champlain Health Links. We will continue this engagement throughout the implementation stages for advice related to the specific service needs of Francophones with complex conditions and their experiences of care including the cultural and linguistic competence and accessibility of services.

Regional Program: Le Réseau is a member of the Champlain Hospice Palliative Care Program Board,- which works to integrate and coordinate the delivery of end-of-life care services to ensure the best care for Champlain residents.

Aboriginal Peoples

The Champlain LHIN engages with urban and rural First Nations, Métis and Inuit communities (on and off reserve) through the Champlain Aboriginal Health Circle Forum (Circle). The Circle, comprised of Aboriginal leaders, health practitioners, community members and Elders, meets with the LHIN, a minimum of three times per year. The Circle advises the LHIN on Aboriginal health issues, provides input into LHIN program planning and implementation, assists with consultation to the broader Aboriginal communities, and works in partnership to advance plans to improve services for Aboriginal Peoples in the region.

Key priority areas for the Circle were identified through direct consultation of Aboriginal communities during the 2013-16 IHSP community engagement process. These areas include: mental health and addictions services for children and youth, chronic disease management, cultural sensitivity training and improving access to health services.

Specific engagement actions for 2014-15 include:

- *Enhance Aboriginal involvement at mental health and addictions planning tables*
- *Develop opportunities for Aboriginal cultural safety training and continue to train/educate on historical impacts on Aboriginal health*
- *Regular meetings of the Champlain Aboriginal Health Circle Forum*
- *Attend annual provincial Aboriginal LHIN Leads meetings to receive ongoing Aboriginal cultural training and to discuss local and provincial priorities*

Communications & Community Engagement

Enabling Technologies

Champlain Enabling Technologies participates in community engagement activities with many networks, committees and health care provider groups through both strategic planning activities and project work.

Enabling Technologies community engagement activities are conducted primarily through meetings held face-to-face, and via conferencing technologies. These meetings occur regularly, from daily to quarterly for particular initiatives and stakeholder groups.

The Chief Information Officer (CIO) and Project Managers regularly engage individually and with small and large groups of physicians, CHCs, specialists, management teams, internal Provider teams and boards of directors to share and collect information to ensure all needs are incorporated into planning.

Participation and leadership in project related steering committees is intended to empower, inform, consult and promote collaboration between participants.

Ontario eHealth Leads Council, Champlain eHealth Council and Regional CIO committees promote collaboration, shared information and provide oversight on Enabling Technologies strategies and initiatives.

Working group and steering committee engagements promote collaboration, information sharing, shared oversight and governance for initiatives. Broad membership from the Champlain Provider community ensures that decisions are collaborative and informed.

Champlain **LHIN** | **RLISS** de Champlain

1900 City Park Drive, Suite 204
Ottawa, ON K1J 1A3
Tel: 613.747.6784 • Fax: 613.747.6519
Toll Free: 1.866.902.5446
www.champlainlhin.on.ca

1900, promenade City Park, bureau 204
Ottawa, ON K1J 1A3
Téléphone : 613 747-6784 • Télécopieur : 613 747-6519
Sans frais : 1 866 902-5446
www.rlisschamplain.on.ca

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