

2015 – 16

Annual Business Plan



Ontario

Local Health Integration
Network

Réseau local d'intégration
des services de santé

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Transmittal Letter from the Board Chair

June 24, 2015

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 *2015-16 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 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's (Ministry's) 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 *2015-16 Annual Business Plan* seeks to be responsive to local issues while contributing towards the fulfillment of the Ministry's promise of a caring, integrated experience for patients and faster access to quality health services for all Ontarians at every stage of life. 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 2015-16, the LHIN will build on the success of the first and second years of its Integrated Health Service 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,



Jean-Pierre Boisclair
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 2015-16 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.*

Our focus on these Key Result Areas will drive forward the “Patients First: Action Plan for Health Care” that describes the Ministry’s commitment to put people and patients first by improving the health care experience.

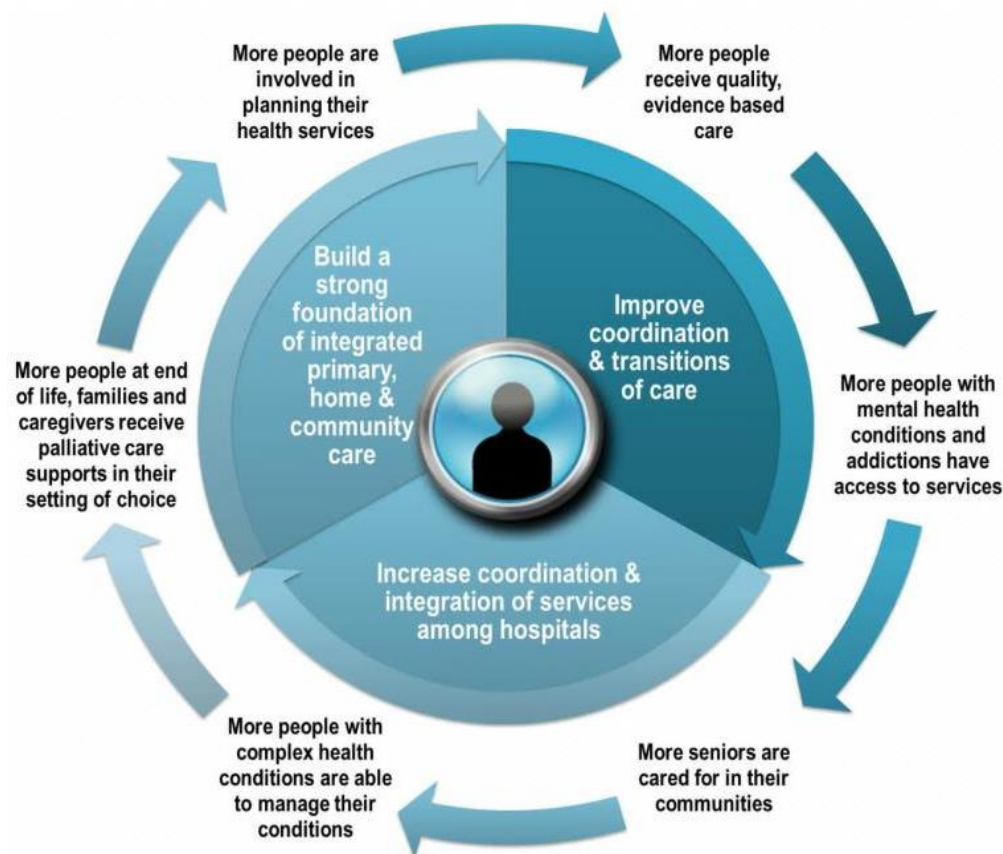
The interventions described in this plan have been considered in the context of the Government’s blueprint for the next phase of health system transformation and will help to address the Government’s four objectives, specifically:

- **Access:** *Improve access – providing faster access to the right care*
- **Connect:** *Connect services – delivering better coordinated and integrated care in the community, closer to home*
- **Inform:** *Support people and patients – providing the education, information and transparency they need to make the right decisions about their health*
- **Protect:** *Protect our universal public health care system – making decisions based on value and quality, to sustain the system for generations to come.*

We will ensure our work is aligned with the *Patients First Action Plan* and any future directions from the Ministry including directions stemming from provincial reviews concerning primary, home, and community care.

As 2015-16 is the last year of our three-year strategic planning cycle, we will begin planning our strategic directions for 2016-19. Our next IHSP is expected to align with the government’s blueprint for transformation and will be informed through community engagement and reflection on the state of our local health system and the progress we have made in recent years.

Integrated Health Service Plan 2013 – 16 Strategic Priorities



During the year, we will monitor our performance around the 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 129 Health Service Providers to deliver 241 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 additional efforts this year to engage patients, caregivers and their families to better understand their experience.

Health Links is just one example of how we are bringing together patients and health system partners. Six Health Links are in the implementation stage and are working to make system improvements for better coordination of care for people with complex needs in their local communities. Two Health Links are awaiting business plan approval. One area is presently exploring interest in Health Links among its providers.

Throughout the coming year, we will continue to engage with Francophone and Aboriginal communities, immigrant populations, other people who use the health care system, health service providers and primary care practitioners in particular.

French Language Services

The Champlain LHIN believes in a health care system that promotes continuous quality improvement and efficient delivery of high-quality health services in French.

The LHIN partners with *Le Réseau des services de santé en français de l'Est de l'Ontario (Le Réseau)*, our French Language Health Planning Entity, towards that goal.

The collaborative actions of this LHIN, the South East LHIN and *Le Réseau* are included in our 2015-16 Joint Action Plan. This Plan focuses on planning that meets the needs and priorities of Francophone communities:

- 1) *Improve quality of data for better French-language health services planning*
- 2) *Strengthen Francophones' participation in health services planning through community engagement*
- 3) *Improve the Francophone perspective in regional strategy and initiative planning*
- 4) *Improve the active offer of French-language health services*
- 5) *Measure the impact of our actions on French-language health services*

The 2015-16 Joint Action Plan includes LHIN and *Le Réseau* specific activities as well as joint initiatives enabling strengthened partnerships between *Le Réseau* and LHIN planning teams.

Among these, the two LHINs and *Le Réseau* are pursuing a major initiative that will provide the LHINs with better data regarding linguistic profiles, and over time, improve Providers' capacity to serve Francophone communities.

The LHIN and *Le Réseau* work together to identify Providers that deliver services that should be designated under the *French Language Services 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 service providers 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.

Further, the Champlain LHIN will work with *Le Réseau* on planning initiatives within the key result areas to see progress in French-language health services. 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).

Aboriginal Health

The Champlain LHIN works in partnership with the Aboriginal Health Circle Forum (Forum) to improve the health status of Aboriginal people within the Champlain region, and to address health and wellness issues in systems coordination and integration.

The Forum is comprised of First Nation, Inuit and Métis member organizations, regulated health practitioners, community members and Elders. All member organizations have focused services on improving and addressing health and wellness needs of their membership.

The Forum advises the LHIN on 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 people in the region.

The Forum meets regularly throughout the year to identify and address health and wellness issues of Aboriginal communities and organizations. Key priority areas for the Forum were identified through direct consultation of Aboriginal communities during the 2013-16 IHSP community engagement process. These areas include:

- *Mental health and addictions for Aboriginal children and youth*
- *Chronic disease prevention, management and wellness*
- *Raising cultural awareness of First Nation, Inuit and Métis history and approaches to health among non-Aboriginal service providers, and*
- *Improving access to care, including access to traditional Aboriginal health services.*

Specific engagement actions and activities of the Forum for 2015-16 include:

- *Engagement sessions to identify a model and support for an Aboriginal Residential Addictions Treatment program for Aboriginal women and children*
- *Building on previous research, the Forum will further engage with the Aboriginal community, service providers and other stakeholders to develop an action plan to identify priorities to address the mental health and wellness needs of Aboriginal youth*
- *Identify opportunities to expand on existing initiatives to offer Aboriginal cultural competency and cultural safety training for non-Aboriginal mental health and addictions service providers*
- *Conduct research to identify existing diabetes care and services, gaps in services and learn more about the needs of Aboriginal people with diabetes*
- *Incorporate feedback from previous engagement sessions in regional hospice palliative care and bereavement action plans*
- *Engagement sessions to identify priorities for the Champlain LHIN IHSP 2016-19*
- *Work with provincial Aboriginal LHIN Leads for cross-LHIN collaboration, knowledge transfer and communication with a focus on Aboriginal community engagement and planning*

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 learn from a pilot project that employs multicultural health navigators 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 risks, 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 Champlain Primary Care Advisory Committee, local primary care champions, researchers and other stakeholders to engage and involve primary care providers in health system transformation initiatives. The LHIN will also support Quality Practice Facilitators who act as coaches, to help support primary care practitioners to implement new quality initiatives and best practices.

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 pressures 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 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.

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, orthopedics, geriatrics 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.

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.

We will also further our understanding of Aboriginal service needs and capacity through meaningful engagement with the Forum, Aboriginal communities and our Aboriginal LHIN Lead partners in other areas of the Province.

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 (75 years of age and over) population will grow 4.3% a year^[1]. This year we will continue to work on the many LHIN initiatives that seek to improve the quality of care for older 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)*
- *Developing programs to support individuals with mental health and addiction issues or people who are living with complex health conditions*
- *Expanding community based programs to improve access to safe and effective home and community care*
- *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 development of a falls prevention program and an integrated model of dementia care.

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."

In 2015-16, we will work closely with our local health system partners on the implementation of recommendations of the provincial expert panel related to home and community care.

^[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 years of age or older (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.

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 as described in the *2013-16 Champlain LHIN Mental Health and Addictions Action Plan*.

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, 47,500 Aboriginal people [70% or more living off reserve and the largest Inuit population outside of the north], 15% visible minorities [urban and rural communities]).*

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:

- *Strengthening the role of the regional orthopedic program*
- *Coordinating and strengthening community support services delivered across the region to help people age comfortably at home*
- *Supporting new models of service delivery such as geographically-based Health Links*
- *Implementing strategies to improve coordination and access to geriatric services in rural areas of the region*

Additionally, *Le Réseau*, the 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.

Strategic Priorities

The following section describes our strategic priorities for the next three fiscal years with an emphasis on 2015-16. Projections into 2016-17 and 2017-18 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.*

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 to gauge how patients experience health care in our region.

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. The Health Links approach is putting patients with the highest, most complex needs at the centre of a coordinated care plan. It is developed with the patient, and involves a multidisciplinary team across sectors, including primary, home, and community care providers, specialists and hospitals.

The Champlain LHIN defined 10 Health Link areas across the region and progress is being made. By the end of 2014-15:

- *Six approved Health Links are in various stages of becoming operational. Of these, three are providing better coordinated care to patients*
- *Two Health Links are on their way to becoming operational - either preparing to submit plans to, or awaiting approval from, the Ministry*
- *One area is exploring interest in Health Links among its providers.*

Early Identification and Management of Risk:

Early identification of health risks and conditions is key to helping people manage their well-being. We will continue to implement the integrated model of dementia care that will help individuals detect issues as soon as possible so that they can make informed decisions about their health. We will also continue to support the Champlain Falls Prevention Program including the implementation of the Staying Independent Checklist to reduce the risk of falls.

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, we are working with community support service providers across the system to ensure equitable service levels and seamless transitions among these providers. This will include the implementation of a regional coordinated centralized intake process for the provision of Personal Support Services in Champlain.

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

Goals and Action Plans								
Goal(s)								
The Champlain LHIN will make progress in six key result areas through the implementation of this strategy: • <i>More people are involved in planning their health services</i> • <i>More people receive quality, evidenced based care</i> • <i>More people with mental health conditions and addictions have access to services</i> • <i>More seniors are cared for in their communities</i> • <i>More people with complex health conditions are able to manage their conditions</i> • <i>More people at end of life, families and caregivers receive palliative care supports in their setting of choice</i>								
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, expand patient engagement, 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								
	2014-15 (as of March 31 st 2015)		2015-16 (as of March 31 st 2016)		2016-17 (as of March 31, 2017)		2017-18 (as of March 31, 2018)	
	Status	%	Status	%	Status	%	Status	%
More people are involved in planning their health services								
Ensure the membership and perspective of health consumers on work groups, tables and initiatives involved in health service planning	In-Progress	75%	Completed	100%	Completed	100%	Completed	100%
Conduct targeted community engagement with ethno-cultural, social and geographic communities across the LHIN (e.g. community health fair)	In-Progress	80%	Completed	100%	Completed	100%	Completed	100%
Engage Aboriginal peoples in developing a plan for an Aboriginal specific treatment program to serve Aboriginal	In-Progress	15%	Completed	100%	Completed	100%	Completed	100%

women and children in the Champlain region								
More people receive quality, evidenced based care								
Work with health service providers to ensure access to health services in French through the formal designation process	In-Progress	33%	In-Progress	66%	Completed	100%	Completed	100%
Continue to engage primary care providers in health system improvement initiatives	In-Progress	30%	In-Progress	60%	In-Progress	90%	Completed	100%
Work with Community Support Services agencies and the Community Care Access Centre to ensure seamless transitions for clients	In-Progress	15%	In-Progress	65%	Completed	100%	Completed	100%
Provide competency training on Aboriginal culture to mental health and addiction service providers	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Health Links are provided with Aboriginal cultural awareness/competency training	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Provide primary care physicians with increased access to hospital reports of their patients	In-Progress	13%	In-Progress	85%	Completed	100%	Completed	100%
More people with mental health conditions and addictions have access to services								
Establish new mental health and addictions services within new housing settings targeted to the homeless using a "Housing First" approach	In-Progress	10%	In-Progress	50%	Completed	100%	Completed	100%
Develop and evaluate alternatives to emergency department visits in rural communities and for immigrant populations	In-Progress	50%	In-Progress	75%	Completed	100%	Completed	100%

Continue to support the implementation of a Transitional Aged Youth (TAY) system of care that supports seamless transitions of children and youth to adult mental health and addictions services	In-Progress	20%	In-Progress	50%	Completed	100%	Completed	100%
More seniors are cared for in their communities								
Strengthen the home and community sector's ability to recruit and retain a qualified workforce	In-Progress	50%	Completed	100%	Completed	100%	Completed	100%
Continue to support the development of a Champlain Falls Prevention Program including the identification of capacity needs and implementation of additional detection, diagnosis and intervention services	In-Progress	15%	In-Progress	35%	In-Progress	50%	In-Progress	65%
Increase capacity in Supportive Housing / Assisted Living Services for High-Risk Seniors in Champlain	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Support the redevelopment of Long Term Care Homes in alignment with the provincial initiative	In-Progress	3%	Completed	10%	Completed	20%	Completed	30%
More people with complex health conditions are able to manage their conditions								
Support Health Links across the region to implement coordinated care plans for people with complex health needs	In-Progress	75%	Completed	100%	Completed	100%	Completed	100%
Better coordinate services for persons with acquired brain injury	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Identify targeted interventions to address the needs of Aboriginal	In-Progress	10%	Completed	100%	Completed	100%	Completed	100%

populations for coordinated diabetes care and services								
More people at end of life, families and caregivers receive palliative care supports in their setting of choice								
Support enhanced access to bilingual community and/or residential hospice services	In-Progress	50%	In-Progress	75%	Completed	100%	Completed	100%
Enhance capacity of primary care providers to begin conversations about end-of-life care planning and to offer palliative care to their own clients	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Develop and enhance community-based bereavement supports	In-Progress	25%	Completed	100%	Completed	100%	Completed	100%
Establish a regional Hospice Palliative Care scorecard to inform decision making and performance improvements	In-Progress	10%	Completed	100%	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:

- *Wait time to receive home care services*
- *Proportion of adults with a primary care provider*
- *Timely access to a primary care provider*
- *Rates of repeat emergency department visits for people with mental health, substance abuse or other selected conditions*
- *Hospitalization rate for medical problems that are potentially preventable*
- *Percent of Alternate Level of Care (ALC) days*
- *Proportion of ALC days attributable to palliative care patients*
- *Percent of hospital discharges from hospital to long term care homes*
- *Percent of organizations that are designated to supply French language services*
- *Repeat hospitalization rate for selected conditions*
- *Rate of physician visits within 7 days of discharge for patients with selected conditions*
- *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 continued progress of provincial initiatives such as the rollout of the Long Term Care Redevelopment initiative across Ontario and the provincial review of the approval process for Health Link business cases.*
- *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:

- *The increased role and responsibility of LHINs in supporting the implementation of Health Links.*
- *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.*
- *Ensuring that initiatives are evaluated and supported through performance measurement.*

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, the steering committee for the implementation of an integrated dementia model of care consists of 20% caregivers or people living with dementia.

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 will continue to sustain and expand Champlain's electronic consultation service that improves communication between primary care physicians and specialists.

Intensive Case Management: People with complex conditions often require help to access the services they need. The LHIN is working with health system partners to ensure case managers are well connected to service providers that can provide the level of services they need.

Clinical Guidelines and Pathways: Quality of care can be improved through evidence-based approaches and the dissemination of best practices. For example, we are working with the provincial Rehabilitation Care Alliance to standardize rehab services, assess capacity and improve quality of care.

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: <i>More people are involved in planning their health services</i> <i>More people receive quality, evidenced based care</i> <i>More people with mental health conditions and addictions have access to services</i> <i>More seniors are cared for in their communities</i> <i>More people with complex health conditions are able to manage their conditions</i> <i>More people at end of life, families and caregivers receive palliative care supports in their setting of choice</i>								
Consistency with Government Priorities:								
Connecting services, delivering better coordinated and integrated care, 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								
	2014-15 (as of March 31 st 2015)		2015-16 (as of March 31 st 2016)		2016-17 (as of March 31, 2017)		2017-18 (as of March 31, 2018)	
	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	In-Progress	15%	In-Progress	75%	Completed	100%	Completed	100%
Explore the feasibility of expanding the Multicultural Health Navigator program to serve more clients and communities	In-Progress	80%	Completed	100%	Completed	100%	Completed	100%
More people receive quality, evidenced based care								
Develop programs to identify and prevent lengths of stay in hospital greater than 40 days when care could be provided in a more appropriate setting	In-Progress	25%	In-Progress	75%	Completed	100%	Completed	100%

Improve coordination and transitions of care

Support, link, and implement recommendations from provincial and regional rehabilitation initiatives	In-Progress	10%	In-Progress	30%	Completed	100%	Completed	100%
Implement standardized referral forms and processes to facilitate transfers from acute care hospitals to other settings	In-Progress	50%	In-Progress	85%	Completed	100%	Completed	100%
Sustain and expand Champlain's electronic consultation service, enhancing interaction between family physicians and specialists to improve patient care	In-Progress	60%	In-Progress	75%	In-Progress	90%	Completed	100%
Implement the Regional Pilot Project - Collecting Linguistic Identifiers for Health Services to Francophones	In-Progress	50%	In-Progress	80%	Completed	100%	Completed	100%
Develop a Stage II capital project planning submission for the Orléans Family Health Hub	In-Progress	30%	Completed	100%	Completed	100%	Completed	100%
Develop a sub-acute capacity plan for the region	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
More people with mental health conditions and addictions have access to services								
Facilitate care and transitions for persons with dual diagnosis in partnership with the Ministry of Community and Social Services	In-Progress	25%	In-Progress	50%	In-Progress	75%	Completed	100%
Provide context and input to inform and plan for an Aboriginal Youth Mental Health and Addictions	In-Progress	10%	Completed	100%	Completed	100%	Completed	100%

Improve coordination and transitions of care

Strategy in the Champlain region								
More seniors are cared for in their communities								
Implement the Personal Support Services Regulatory Amendments & Policy Guidelines to allow community support service agencies to meet personal care needs of persons with lower levels of care need	In-Progress	10%	Completed	100%	Completed	100%	Completed	100%
Improve coordination between nursing based emergency department diversion initiatives including Nurse Led Outreach Teams, Geriatric Emergency Management, and Rapid Response Nursing	In-Progress	25%	Completed	100%	Completed	100%	Completed	100%
Sustain and evolve the Shared Services Initiative for the Community Support sector in order to successfully implement the new CSS strategic plan	Not Started	0%	In-Progress	25%	In-Progress	50%	Completed	100%
Optimize the use of the Convalescent Care program in Champlain	In-Progress	50%	Completed	100%	Completed	100%	Completed	100%
Continue the implementation of the integrated model of dementia care including initiatives targeting public awareness, early detection and coordinated access	In-Progress	15%	In-Progress	35%	In-Progress	50%	In-Progress	65%
More people with complex health conditions are able to manage their conditions								
Implement Strategies to Reduce Avoidable Readmissions for Chronic Conditions, including the	In-Progress	25%	In-Progress	50%	In-Progress	75%	Completed	100%

Improve coordination and transitions of care

Integrated Heart Failure Strategy and establishing an inpatient diabetes care pathway								
More people at end of life, families and caregivers receive palliative care supports in their setting of choice								
Implement the Champlain Hospice Palliative Care Education plan to raise public awareness and build capacity among health care providers, social service providers and volunteers	In-Progress	25%	Completed	100%	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*
- *Wait times for emergency department care*
- *The rates of repeat emergency room visits for people with mental health, substance abuse or other selected conditions*
- *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 implementation of an Orléans Family Health Hub that reflects the services needed by the community is dependent on a flexible capital project policy. The LHIN must work with the Ministry and health system partners to develop a feasible plan that meets the needs of the community.*
- *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 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.*
- *Ministry leadership in developing flexible policy that supports the creation of new integrated health and community service hubs.*
- *Engagement in the development of provincial initiatives and frameworks such as the work of the provincial Rehabilitative Care Alliance and the development of a provincial dual diagnosis framework.*

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 LHIN¹. 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 its 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.

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 provincial 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 2015-16, we will continue to work with our Providers, the Ministry and other provincial agencies to implement the fourth year of the strategy, particularly through participation on provincial advisory committees and the Champlain LHIN HSFR Local Partnership and key regional programs.

¹ 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: <i>More people receive quality, evidenced based care</i> <i>More people with mental health conditions and addictions have access to services</i>								
Consistency with Government Priorities:								
The Ministry has set provincial targets for certain services and procedures like emergency department care and diagnostic imaging. With a focus on improving the patient's access to and experience of the health care system, LHIN and hospital service providers will be collaborating on reducing wait times. In addition, they will continue to work together to put in place quality improvement plans and evidence-based care pathways, a key component of the province's patient-based funding system.								
Action Plans/Interventions								
	2014-15 (as of March 31 st 2015)		2015-16 (as of March 31 st 2016)		2016-17 (as of March 31, 2017)		2017-18 (as of March 31, 2018)	
	Status	%	Status	%	Status	%	Status	%
More people receive quality, evidenced based care								
Implementation of the local elements of Health System Funding Reform for 2015-16	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Support the implementation of the regional Critical Care Strategy initiatives including continued surge preparation and ensuring the appropriate use of critical care resources (e.g. reduction of avoidable hospital days)	In-Progress	25%	Completed	100%	Completed	100%	Completed	100%
Continue to support regional emergency department initiatives as part of the local implementation of provincial wait time initiatives	In-Progress	50%	Completed	100%	Completed	100%	Completed	100%
Support the Champlain Regional Orthopedic Network (CRON) in developing a plan to distribute orthopedic resources	In-Progress	25%	In-Progress	50%	In-Progress	75%	Completed	100%

Increase coordination and integration of services among hospitals

Implement Small Hospital Transformation Initiatives (Electronic Medical Record adoption, Educational Course Repository, Regional Pharmacy, Clinical Information Integration)	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Reduce wait times for Computed Tomography (CT) and Magnetic Resonance Imaging (MRI), including the implementation of a new MRI in Pembroke	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Support the development of the regional maternal newborn program	In-Progress	10%	In-Progress	50%	In-Progress	75%	Completed	100%
Support the development of a regional vision plan	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Support the development of a regional endoscopy plan in partnership with the Champlain Regional Cancer Program	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
More people with mental health conditions and addictions have access to services								
Improve coordination of in-patient mental health services across hospitals in Champlain	Not Started	0%	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:

- *Wait times for hip and knee replacement*
- *Wait times for diagnostic imaging*
- *Wait times for emergency room care*
- *The repeat hospitalization rate for selected conditions*
- *The rates of repeat emergency department visits for people with mental health, substance abuse or other selected conditions*

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 capital planning projects.*
- *Providers currently participating in multiple initiatives may be encumbered and require support to participate in additional initiatives.*
- *The implementation of several interventions require a change management focus. We must work closely with our health system partners to ensure the rationale for change is well understood.*

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 (\$)	2014/15 Actuals	2015-16 Allocation	2016/17 Planned Expenses	2017/18 Planned Expenses
Salaries and Wages	\$4,034,212	\$4,132,930	\$4,132,930	\$4,132,930
Employee Benefits				
HOOPP	\$382,356	\$412,302	\$412,302	\$412,302
Other Benefits	\$512,341	\$494,751	\$494,751	\$494,751
Total Employee Benefits	\$894,697	\$907,053	\$907,053	\$907,053
Transportation and Communication				
Staff Travel	\$71,296	\$75,364	\$75,364	\$75,364
Governance Travel	\$9,873	\$10,000	\$10,000	\$10,000
Communications	\$47,902	\$52,941	\$52,941	\$52,941
Other Benefits	\$0	\$0	\$0	\$0
Total Transportation and Communication	\$129,071	\$138,305	\$138,305	\$138,305
Services				
Accommodation	\$451,480	\$461,065	\$461,065	\$461,065
Advertising	\$21,655	\$5,000	\$5,000	\$5,000
Banking	\$453	\$500	\$500	\$500
Insurance	\$5,582	\$6,434	\$6,434	\$6,434
Consulting Fees	\$349,827	\$420,282	\$420,282	\$420,282
Equipment Rentals	\$7,837	\$8,000	\$8,000	\$8,000
Governance Per Diems	\$67,793	\$80,000	\$80,000	\$80,000
LSSO Shared Costs	\$402,591	\$435,200	\$435,200	\$435,200
Other Meeting Expenses	\$35,301	\$33,100	\$33,100	\$33,100
Other Governance Costs	\$6,948	\$0	\$0	\$0
Printing & Translation	\$66,714	\$52,982	\$52,982	\$52,982
Staff Development	\$17,281	\$41,000	\$41,000	\$41,000
Total Services	\$1,433,462	\$1,543,563	\$1,543,563	\$1,543,563
Supplies and Equipment				
IT Equipment	\$42,821	\$0	\$0	\$0
Office Supplies & Purchased Equipment	\$79,227	\$82,915	\$82,915	\$82,915
Total Supplies and Equipment	\$122,048	\$82,915	\$82,915	\$82,915
LHIN Operations: Total Planned Expense	\$6,613,490	\$6,804,766	\$6,804,766	\$6,804,766
Annual Funding Target	6,821,591	\$6,804,766	\$6,804,766	\$6,804,766
Variance	\$208,101	\$0	\$0	\$0

Notes: Budget includes funding for the Diabetes Regional Program, Aboriginal Engagement, ER/ALC Lead, French Language Coordinator, and Enabling Technologies. Budget does not include \$993,837 for the French Language Planning Entity. Consulting Fees includes Physician Leads (3 x \$75K). Net Translation agreement reflected in Translation Costs

LHIN Staffing Plan (Full-Time Equivalents)

Position Title	2014/15 Actuals as of Mar. 31 2015 FTEs	2015/16 Forecast FTEs	2016/17 Forecast FTEs	2017/18 Forecast FTEs
Accountability and Funding Coordinator	1	1	1	1
Accounting Clerk	1	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	3	3	3	3
Total FTEs	49.1	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 for 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 *2015-16 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 third year of the Champlain LHIN's IHSP 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 IHSP 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 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 2015-16 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*

Communications & Community Engagement

- *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, effective manner*
- *Address the region's diversity by reaching out to Francophone, Aboriginal and immigrant communities through communications*
- *Ensure the continued use of the standardized LHIN visual identity*
- *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. *Patients First – Ontario's Action Plan for Health Care* (announced by the Minister of Health and Long-Term Care in 2015) places the needs of patients at the centre. It focuses on people, not just their illness. It provides care that is coordinated and integrated, so a patient can get the right care from the right providers. It helps patients understand how the system works, so they can find the care they need, when and where they need it. Decisions are informed by patients, so they play a major role in affecting system change.

The LHIN is also following the Premier's Mandate Letter to the Ministry, including priorities placed on home and community care, the LHINs' role in delivering more efficient and coordinated care to patients, and a focus on accountability and transparency.

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.

In sum, the LHIN's 2013-16 IHSP and specific strategies described in its ABP are aligned with government direction, and also reflect priorities specific to the Champlain region.

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.*

Target Audience

Primary:

- *Health Service Providers*
- *Health Service Provider Boards*
- *Members of the public*
- *Media*
- *Social media participants*
- *Health-care professionals*

Communications & Community Engagement

- *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*
- *Local political representatives.*

Strategic Approach

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. In effect, we want to ensure local residents know that the Champlain LHIN plays a critical role in planning, integrating and funding health services.

The 2015-16 ABP outlines specific projects and programs spearheaded by the Champlain LHIN. A number of these initiatives require their own communications strategies, 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

The Ontario health system:

- *Puts people and patients first by improving the health care experience.*
- *Provides information to make decisions, and tools to live healthy and stay healthy.*
- *Provides better access to quality health services, and protects those services for generations to come.*

Guiding principles are the following:

- **Patients First:** *A caring, integrated experience for patients; and
Faster access to quality health services for all Ontarians at every life stage*
- **Access:** *Providing faster access to the right care*
- **Connect:** *Providing better home and community care*
- **Inform:** *Providing information to make the right decisions about your health*
- **Protect:** *Ensuring our universal health care system is sustainable for generations to come*

Communications & Community Engagement

Activities

A number of communications tools will be used in 2015-16. These include:

- *Champlain LHIN Board Highlights, distributed after board meetings 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 support for partner communiqués.*
- *We will build our social media platforms. These include:*
 - *Champlain English and French Twitter accounts.*
 - *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.*
- *We will better integrate our communications tools and social media platforms e.g. produce a LHINfo Minute, video and front-page website call-out on the same topic.*
- *The Champlain LHIN will continue to manage the pan-LHIN French translation service.*
- *All LHINs obtained new website software for their Content Management System in 2014-15. This has modernized the Champlain website, allowing for easier navigation and more effective public engagement. Website migration will be completed in 2015-16.*

- *The Champlain LHIN will address media requests in a timely manner.*
- *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.*

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 volume and tone of Champlain LHIN mentions
- **Website traffic** - through analytics: number of users and page views
- **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
- **Outcomes** - Examples of how communications efforts have improved health care through increased public awareness of available programs

Communications & Community Engagement

Community Engagement Plan

Community engagement is integral to a person-centered health care system. The Champlain LHIN engages with patients, clients, caregivers 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 identify local needs and challenges as well learn their experiences, gain input and feedback.

The Champlain LHIN is committed to building a system that is organized by the people who use it. 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 culture².

Patient engagement remains an important component of the 2015-16 ABP priorities and strategic objectives. We seek to strengthen our

understanding of patient experiences to inform our initiatives and involve a wide range of people in planning health care system improvements.

The Champlain LHIN uses a combination of community engagement techniques in our initiatives determined by the objectives as well as the needs of the community. The 2015-16 Community Engagement Plan outlines the ongoing and specific community engagement activities that will occur this year to realize three community engagement goals:

- 1) *Foster a better understanding of the LHIN and support for its programs in the development of a person-centred health system;*
- 2) *Engage local communities to advance our key result areas for health system change; and*
- 3) *Work collaboratively with health service providers and partners to improve community engagement practices*

The following is a sample of these initiatives:

- *Enhance the membership of advisory tables and committees to include the perspectives of patients/clients, caregivers and family members; and share tools and resources with service providers.*
- *Engage with the public, health service providers and partners using a variety of techniques to inform the 2016-19 IHSP*
- *Strengthen our understanding of patient health care experiences through surveys and other techniques*
- *Engagement sessions to identify the need and support for an Aboriginal Residential*

² LHIN Community Engagement Guidelines and Toolkit
– February 2011

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Addictions Treatment program for Aboriginal women and children

- *Continue to support patient engagement in the development of Health Links across the region.*

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 2015-16.

Francophone Community / French Language 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 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 communities³” and engaging them in the planning of these services is

fundamental in a person-centred health care system.

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

The Champlain LHIN and *Le Réseau* work together to ensure the participation and inclusion of Francophone voices and perspectives in regional initiatives.

Community engagement opportunities with the Francophone population will be created to advance the actions highlighted in the Joint Action Plan, and contribute to the progress of the IHSP Key Result Areas.

Engagement with the Francophone population that will take place in 2015-16 includes:

- *Engaging the Francophone population on the new IHSP 2016-19,*
- *Collaboration on an engagement initiative on the francophone patient experience, and*
- *Inclusion of Francophone voices on various consultation tables and regional programs.*

The LHIN also 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.

Whether implemented in partnership or in support of LHIN initiatives, opportunities are agreed upon through an ongoing coordination mechanism between *Le Réseau* and LHIN teams.

³ 2013-16 Integrated Health Services Plan, Champlain LHIN

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As partner to the Joint Action Plan, the Champlain LHIN will also continue to include Francophone engagement principles and best practices in its community engagement initiatives, such as Francophone client participation in LHIN committees and work groups.

Engaging stakeholders involved in the delivery of French Language Services

To include the Francophone perspective in regional strategy and initiative planning, the LHIN will seek advice from *Le Réseau*:

- *To incorporate processes that support the offer of French-language services*
- *To implement the three-year French-language service designation plan.*

Initiatives under both instances will involve engaging stakeholders according to set-priorities and key result areas.

Aboriginal Peoples

The Champlain LHIN engages with First Nation, Inuit and Métis in urban, rural and First Nation communities in partnership with the Aboriginal Health Circle Forum (Forum). The Aboriginal population in the Champlain region consists of more than 47,500 people. The Forum is comprised of First Nation, Inuit and Métis members, regulated health practitioners, community members and Elders. All member organizations have focused services on improving and addressing health and wellness needs of their membership.

The Forum's active role in community engagement provides the Forum with valuable information that enables them to advise the LHIN on Aboriginal health issues and needs. It allows for ongoing input into LHIN program

planning and implementation to advance plans to improve services for Aboriginal people in the region.

Key priority areas for the Forum were identified through direct consultation of Aboriginal communities during the 2013-16 IHSP community engagement process. These areas include:

- *Mental health and addictions for Aboriginal children and youth*
- *Chronic disease prevention, management and wellness*
- *Raising cultural awareness of First Nation, Inuit and Métis history and approaches to health and wellbeing among non-Aboriginal service providers*
- *Improving access to care, including access to traditional Aboriginal health services*

The Forum members and staff participate on various Champlain LHIN planning tables and committees to further address the priorities identified by the Aboriginal community and to ensure that the health issues and needs of the Aboriginal population are incorporated into planning.

The Forum with its diverse membership of First Nation, Inuit and Métis members is ideally positioned to address the ongoing need within the Champlain LHIN at all levels for cross-cultural awareness and to seek ways to increase the availability of cultural competency and cultural safety training for health service providers in the Champlain region.

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Specific engagement actions with the Aboriginal community and health service providers for 2015-16 include:

- *Conduct engagement to identify the gaps in services, priorities and needs of Aboriginal peoples for coordinated diabetes care and services*
- *Conduct engagement to inform the development of an Aboriginal specific treatment program to serve women and children in the Champlain region*
- *Coordinate engagement to inform recommendations to address mental health and addiction issues for Aboriginal youth*
- *Work with health service providers to provide opportunities to participate in cultural sensitivity training*
- *Engagement sessions to identify priorities for the Champlain LHIN IHSP 2016-19*

Enabling Technologies

The Champlain LHIN 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.

LHIN staff regularly engage with small and large groups of representatives from organizations across all healthcare sectors, ranging from working level to senior management and Board members, including

clinicians, administration, and IT personnel, to share and collect information to ensure all needs are incorporated into planning. This broad range of interaction and engagement is also a significant component of change management strategies to drive adoption of new processes and tools. In particular, involvement in project related steering committees is a key avenue for contribution and leadership, where the Enabling Technologies team is able to empower, inform, consult and/or promote collaboration and process integration between participants.

In 2015-16, key engagements include:

- *Champlain eHealth Council and Regional Chief Information Officer committees, cNEO (Connecting Northern and Eastern Ontario) Steering Committee and working groups, Ontario eHealth Cluster Leads, various provincial and regional Health Links coordination and implementation groups, Community Support Service sector strategic planning and steering committees, Provincial Integrated Assessment Record (IAR) Committee, Regional Diagnostic Imaging Leads Network, and Regional Linguistic Variables steering committee.*
- *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.*

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