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

2016-17

Annual Business Plan

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

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Transmittal Letter from the Champlain LHIN Board Chair

April 29, 2016

Tim Hadwen
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 Mr. Hadwen:

Please find attached the Champlain LHIN's *Annual Business Plan 2016-17*, 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 provincial priorities.

The Champlain LHIN has adopted three strategic directions aligned with the provincial report *Patients First: Action Plan for Health Care*, to guide an ambitious agenda for transforming our health system over the next three years:

1) ***Integration****: Improve the patient and family experience across the continuum of care*
2) ***Access:*** *Ensure health services are timely and equitable*
3) ***Sustainability:*** *Increase the value of our health system for the people it serves.*

For each strategic direction, two person-centred goals for care have been identified as a means to drive sustained and focused efforts to accelerate our progress in responding to patients' needs:

1) *People who need multiple services receive more coordinated home, community and primary care*
2) *People experience a smooth transition from hospital to home*
3) *People access quality care no matter who they are or where they live*
4) *People are able to access priority health services when they need them*
5) *People can get service in the most appropriate setting*
6) *People receive efficient and effective care.*

The *Annual Business Plan 2016-17* seeks to be responsive to local issues while contributing towards the fulfillment of the Ministry of Health and Long-Term Care'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 Home and Community Care Strategy, Health System Funding Reform and the development of Health Links.

The Champlain LHIN has worked actively with the Indigenous Health Circle Forum since 2008. This year we will strengthen our commitment to the health and wellness of Indigenous peoples in our region through our partnership with the Indigenous Health Circle Forum. In addition, the LHIN is committed to responding to the Calls to Action of the *Truth and Reconciliation Commission of Canada* to address the priorities they have identified as important to the health and well-being of Indigenous communities.

Additionally, our efforts to achieve a more integrated, comprehensive and equitable health care system will continue to consider the diverse needs of our region, including French language and multicultural service delivery.

Our business plan is ambitious but its achievement is integral to meeting the expectations laid-out in the *Integrated Health Service Plan 2016-19* and to living up to our Ministry-LHIN Accountability Agreement commitments.

Sincerely,

Jean-Pierre Boisclair
Board Chair

Mandate and Strategic Directions

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 six health sectors. The purpose of this work is to improve the health care system for residents who live in communities within our geographic boundaries.

We are pleased to have recently published our fourth *Integrated Health Service Plan (IHSP) 2016-19* that reflects the needs and aspirations of our community. 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 Ministry-LHIN Accountability Agreement. The *ABP 2016-17* is driven by the Champlain LHIN's vision, mission, and values described below.

Strategic Foundation

Strategic Directions

The *IHSP 2016-19* identifies three strategic directions that will guide our work over the next three years. The actions we take in one may support or complement actions taken in another:

1) ***Integration:*** *Improve the patient and family experience across the continuum of care*

2) ***Access:*** *Ensure health services are timely and equitable*

3) ***Sustainability:*** *Increase the value of our health system for the people it serves.*

Our strategic directions reflect the needs of the region and have been developed to support the key objectives of the Ministry, described in *Patients First: Action Plan for Health Care*[1].

Our *IHSP* addresses four population health outcomes:

1) ***Being Healthy –*** *Helping individuals stay physically and mentally healthy and prevent risk of injury, illness, chronic condition or disability*

2) ***Getting Better –*** *Helping individuals return to health after suffering an acute illness or injury*

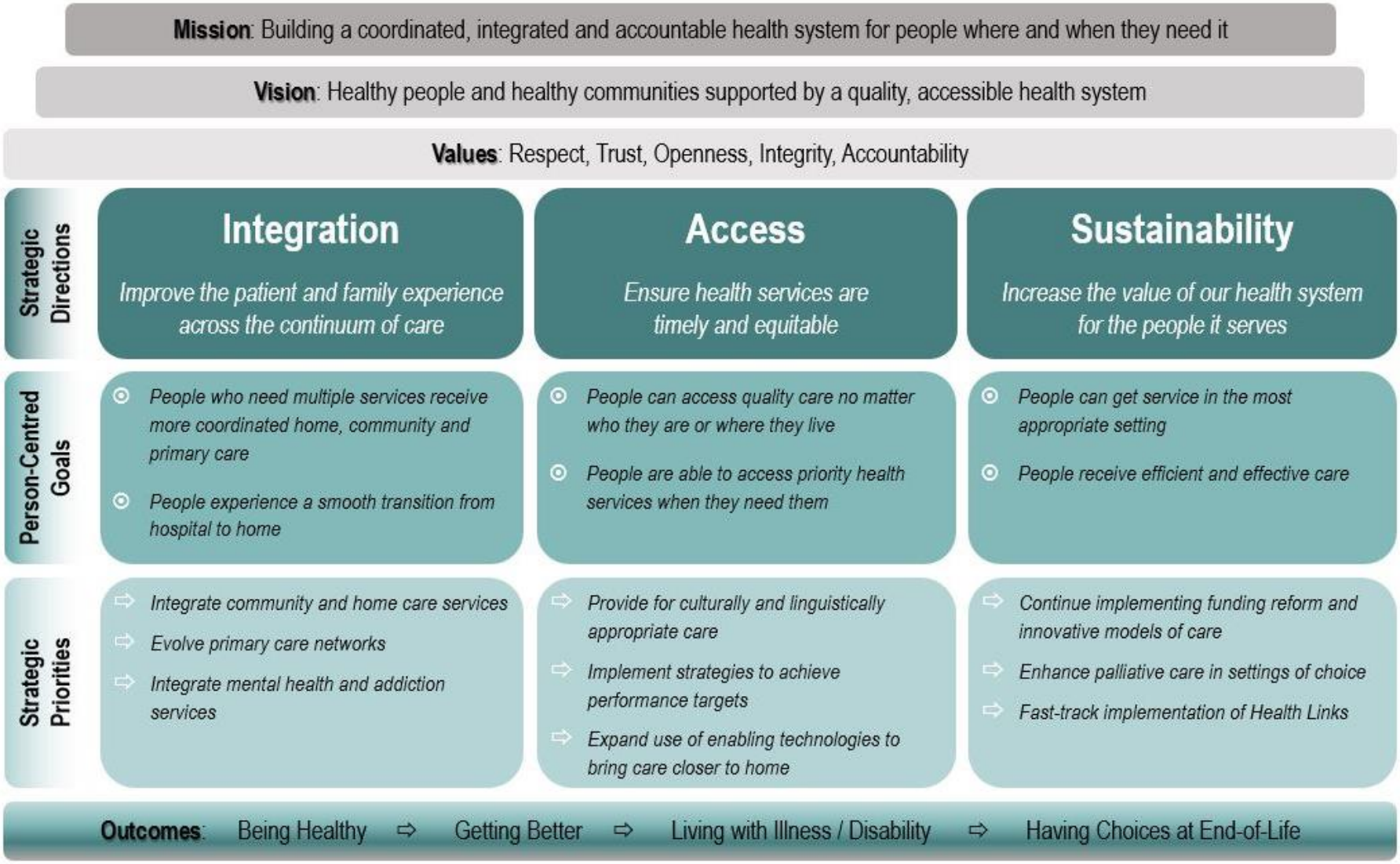
3) ***Living with Illness or Disability –*** *Helping individuals receive appropriate care and support related to chronic illness or disability*

4) ***Having Choices at End-of-life –*** *Helping individuals receive care and support that relieves suffering and improves the quality of living with, or dying from, a progressive, life-limiting illness.*

[1] Ministry of Health and Long-Term Care (2015). ***Patients First: Action Plan for Health Care.*** **Toronto, ON: Author. Retrieved** from http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/

This *ABP* will describe how we will operationalize the first year of our strategic plan.

Our Strategic Plan at a Glance



Overview of the Champlain LHIN's Current and Future Programs / Activities

Our System is Complex

The Champlain LHIN funds 127 Providers to deliver programs across six sectors:

- *Community Mental Health and Addictions Programs*
- *Community Care Access Centre (home care)*
- *Community Health Centres*
- *Community Support Service Agencies (like Meals on Wheels)*
- *Hospitals*
- *Long-Term Care Homes.*

The health system in Champlain is broad and complex, with many LHIN-funded health programs as well as many other non-LHIN-funded health service providers, such as public health, paramedic (ambulance) services, and most physicians.

In 2015-16, the Champlain LHIN invested $2.56 billion to support 240 programs across six sectors. See the table, below, for an overview of the sectors and programs funded by the Champlain LHIN. A complete list of Providers and their accountability agreements are available at www.champlainlhin.on.ca.

Programs and Allocation by Sector (2015-16)

Programs	Sector	Annual Allocation	% of total
20	Hospitals	$1,743,927,300	68.1%
60	Long-Term Care Homes	$350,024,798	13.7%
1	Community Care Access Centre *(many service locations)*	$236,484,027	9.2%
63	Community Mental Health & Addiction Services	$97,124,111	3.8%
85	Community Support Services*	$71,934,827	2.8%
11	Community Health Centres *(including satellites)*	$62,627,799	2.4%
240		**$2,562,122,862**	**100%**

* Includes funding for Acquired Brain Injury and Assisted Living Services in Supportive Housing

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) ***Integration**: Improve the patient and family experience across the continuum of care*

2) ***Access**: Ensure health services are timely and equitable*

3) ***Sustainability**: Increase the value of our health system for the people it serves.*

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.

People have told us that parts of our health system are fragmented. This fragmentation prevents people from accessing the health services they need and negatively impacts the way people experience our health system.

Equitable access to health services is a concern in our region. In recent years, we have focused on establishing Health Links within sub-geographic areas for individuals with complex health conditions.

In 2016-17, we will support scaling of Health Links to significantly increase the number of people with complex health conditions receiving coordinated care.

We will expand our sub-regional planning efforts to focus on strengthening, coordinating and integrating primary care, and home and community care for people who need those services. We will also ensure coordination and integration of community mental health and addictions services and palliative care.

Through sub-regional planning, we will deliver coordinated care based on community needs, and improve equitable access to services.

This *ABP* was developed at a time when the Ministry was seeking advice on *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*. While the plan anticipates these changes to an extent, further adaptation may be required as our regional strategy moves forward.

Environmental Scan: Opportunities & Risks

Our Region is Large and Diverse

Champlain is Ontario's easternmost LHIN, including the national capital, and covering a geography that is otherwise mostly rural.

It shares a border with the North East and South East LHINs, Quebec and the United States.

- *Champlain includes 1.3 million people which is 10% of Ontario's population*[2].
- *65% live in the large urban centre of Ottawa, 15% live in medium or small population centres, and 20 % live in rural areas.*
- *20% are Francophone. Champlain is the LHIN with the most Francophone residents.*
- *3.5% are Indigenous*, of which 22% live on-reserve. The region includes two reserves: Akwesasne (near Cornwall) and Pikwàkanagàn (in Renfrew County) as well as Canada's largest urban Inuit population.*
- *18% are visible minorities, of which 24% are Black, 17% South Asian, and 17% Chinese.*
- *22% use a language other than English or French, of which 15% speak Arabic, 13% Spanish, and 12% Chinese (several languages combined).*

[2] Data Sources: Statistics Canada, Census and National Household Survey, 2011. Ministry of Health and Long-Term Care (2015). *Environmental Scan: 2016-19 Integrated Health Service.* Retrieved from http://www.champlainlhin.on.ca/AboutUs/Geography%20and%20Pop%20Health%20Data/PopHealth.aspx

[ǂ]2011 Census using Inclusive Definition of Francophones from Office of Francophone Affairs

* Includes on-reserve Akwesasne 2012 population count from Indigenous and Northern Affairs Canada https://www.aadnc-aandc.gc.ca/eng/1373985955403/1373986085360

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Most People are Healthy…But not All

Sixty-one percent of Champlain residents self-report very good or excellent health, and 70% self-report very good or excellent mental health[3]. Between 2007 and 2011, the mortality rate (number of deaths per 100,000 population) declined substantially in Champlain (down 9.4%) compared to Ontario (down 1.3%)[4].

However, there are significant differences across the region: Ottawa and its surrounding area has the highest life expectancy (82 years), compared to 79 to 80 years for the western (Renfrew County) and eastern (Prescott-Russell, Stormont, Dundas and Glengarry) rural areas[5].

Furthermore, over a third of Champlain residents (aged 12+) live with a chronic condition and 15% live with multiple chronic conditions. These proportions vary by age[6]. Chronic conditions account for 21% of all admissions to acute hospitals and 61% of the total number of deaths[7]. Within Champlain, the highest rates of chronic conditions are observed in the Renfrew County, Prescott-Russell, Stormont, Dundas and Glengarry areas[8].

[3] Canadian Community Health Survey (CCHS 2013), respondents are aged 12+.

[4] Data Sources: Statistics Canada and the Ontario Registrar General. *Environmental Scan: 2016-19 Integrated Health Service.* Retrieved from http://www.champlainlhin.on.ca/AboutUs/Geography%20and%20Pop%20Health%20Data/PopHealth.aspx

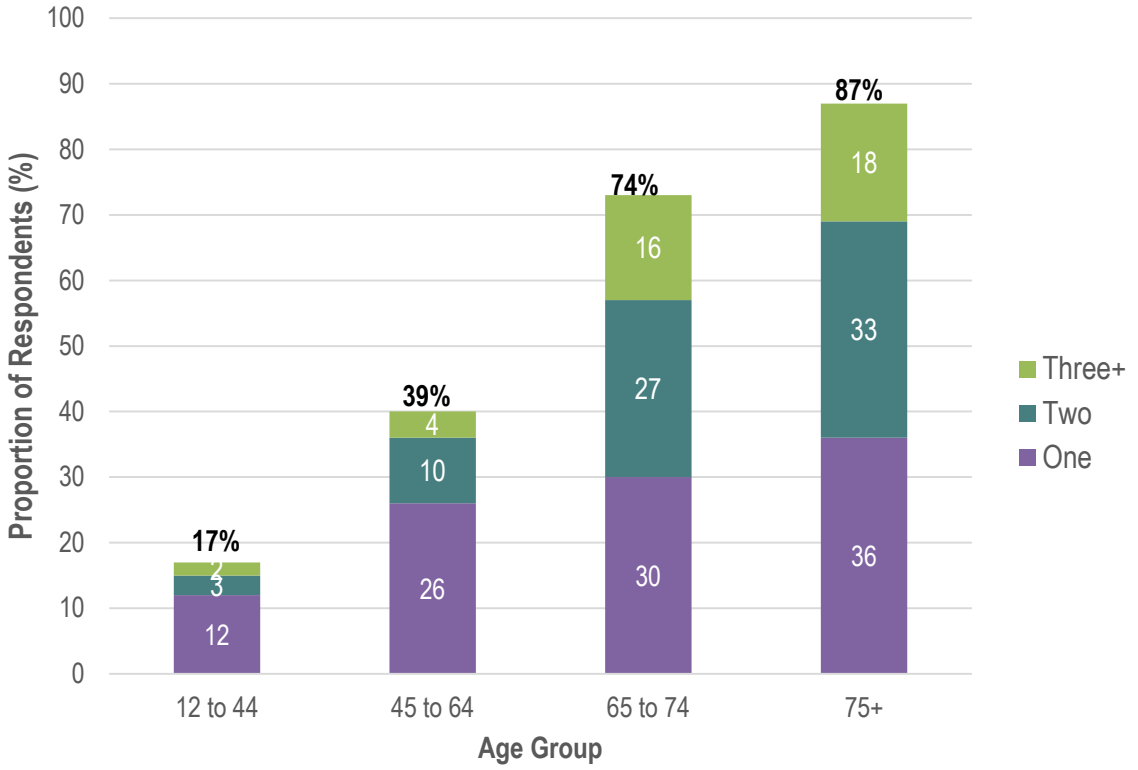
[5] Champlain LHIN analysis based on Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2007/2009.

[6] Champlain LHIN analysis based on Statistics Canada, Canadian Community Health Survey (2013).

[7] *Environmental Scan: 2016-19 Integrated Health Service.* Retrieved from http://www.champlainlhin.on.ca/AboutUs/Geography%20and%20Pop%20Health%20Data/PopHealth.aspx

[8] Champlain LHIN analysis: rates of chronic conditions are calculated for each Champlain area from the residents utilizing the health care services (any hospital episode or visit with a physician during 2011-12) for the chronic conditions of arthritis, asthma, COPD, cancer, diabetes, hypertension, stroke, heart disease, mental health, substance abuse and dementia.

Number of Selected Chronic Conditions by Age, Champlain (2013)



Proportion of respondents with number of conditions from among eight selected conditions (Canadian Community Health Survey 2005), respondents aged 12+. The eight conditions: arthritis (or related condition), asthma, chronic obstructive pulmonary disease

Other diseases of particular importance are the dementias and the mental health conditions, which account for significant health care and other costs: for example, those linked to lost productivity due to disability, premature mortality and caregiver burden.

Alzheimer's disease and other dementias account for 9% of the total number of deaths, and are the second leading cause of death after heart disease (cancer of the lung is third)[9]. The impact of dementia is amplified through its impact on other chronic conditions, as well as family caregivers.

It is estimated that 30% of the Ontario population over the age of 15 will experience a mental health or substance abuse problem at some point:

- *5% of Ontario adults reported experiencing symptoms of major depression in 2012, and 2% reported suicidal ideation in the last 12 months*

[9] Data Sources: Statistics Canada and the Ontario Registrar General mortality data, using the leading cause of death groups developed by the World Health Organization http://www.who.int/bulletin/volumes/84/4/297.pdf and adapted by the Association of Public Health Epidemiologists of Ontario http://www.apheo.ca/resources/indicators/APHEO%20Modifications%20to%20Lead%20CauseDeath%20Becker%20at%20al.,16Dec2008.pdf. *Environmental Scan: Integrated Health Service Plan 2016-19.* Retrieved from http://www.champlainlhin.on.ca/AboutUs/Geography%20and%20Pop%20Health%20Data/PopHealth.aspx?sc_Lang=en

- *19% of adults reported exceeding low-risk alcohol guidelines in the past year, and 20% of students report binge drinking.*

In Champlain, we identified approximately 26,000 people with multiple chronic conditions who use health services the most. Together, this population accounts for more than $1 billion in health care utilization annually[10].

Over the next three years, we will continue to expand our Health Links initiative to serve 10,000 people from this population who use high-cost services on an ongoing basis.

[10] Champlain LHIN analysis of patients with high needs based on hospital, CCAC home care, physician billing and long-term care costs in 2011-12. Other costs (e.g. drugs, out-of-pocket, community laboratory costs, ambulance and public health) are excluded.

Priorities

Introduction

With an emphasis on 2016-17, this section describes our priorities for the next three years, and the actions / interventions we will take to advance them. These priorities support each of the three strategic directions outlined in the *IHSP 2016-19.*

Strategic Directions and their Corresponding Priorities:

1) ***Integration**: Improve the patient and family experience across the continuum of care*
    a) *Integrate community and home care services*
    b) *Evolve primary care networks*
    c) *Integrate mental health and addition services.*

2) ***Access**: Ensure health services are timely and equitable*
    a) *Provide for culturally and linguistically appropriate care*
    b) *Implement strategies to achieve performance targets*
    c) *Expand use of enabling technologies to bring care closer to home.*

3) ***Sustainability**: Increase the value of our health system for the people it serves*
    a) *Continue implementing funding reforms and innovative models of care*
    b) *Enhance palliative care in settings of choice*
    c) *Fast-track implementation of Health Links.*

Alignment with the *Truth and Reconciliation Commission of Canada Calls for Action*

The priorities of the Indigenous Health Circle Forum (Circle) highlighted under the Community Engagement Plan – Indigenous Peoples align with and help to address several Calls to Action (#19, #20 and #23 (iii)) of the *Truth and Reconciliation Commission of Canada.* Addressing the disparities in Indigenous health in comparison with non-Indigenous communities has been a long standing priority of the Circle and recent activities have included the identification of gaps in health for chronic illnesses such as diabetes and mental health and addictions of Indigenous people.

The Circle has also advocated that health providers, including those involved in mental health and addiction services, be trained to provide culturally safe services to Indigenous people. The Champlain LHIN has supported this priority through the provision of Indigenous cultural competency training for health care practitioners and have added obligations for LHIN-funded Providers to report on activities related to cultural sensitivity.

Strategic Direction 1

Integration: Improve the Patient and Family Experience Across the Continuum of Care

Over the next three years, we will focus our time, efforts and resources towards ensuring that people who need multiple services receive more coordinated home, community and primary care and that people experience a smooth transition from hospital to home.

We believe we can improve the patient and family experience across the continuum of care in Champlain through a focus on integration. While there is much work to be done, we are not starting from scratch. Over the next three years, we will concentrate our efforts in the areas of home and community care, primary care, and mental health and addictions.

Priority A: Integrate community and home care services

We will do this by:

- *Ensuring patients are easily connected to the right agency to receive high-quality care in their homes and communities, and*
- *Enabling various Providers to effectively operate as one sector.*

  This will include supporting the 10 steps described in the Ministry's Patients First: A Roadmap to Strengthen Home and Community Care*, such as developing a levels-of-care framework and enhancing support for personal support workers.*

Current Status & Highlights of Accomplishments

Community and home care services are presently provided by many different organizations in the region offering varied services. Clients and caregivers have told us that they have a hard time finding the right organization to meet their needs. Progress has been made over the years to improve processes and continuity of care but the pace of change has been slow.

Some examples of progress we have made in recent years include the expansion of physiotherapy services, falls-prevention classes, rehabilitation and education clinics, memory clinics, day programs and transportation services.

In 2015-16 we worked with community support Providers to produce an important analysis of service distribution in the region. In the coming year, this analysis will help to inform the coordination and integration of community services within sub-regions of our LHIN.

Priority B: Evolve primary care networks

We will do this by:

- *Ensuring that primary care networks are developed in all sub-regions of the Champlain LHIN to support and promote the successful implementation of an integrated approach to primary care.*
- *We will also make sure that these networks evolve in alignment with emerging provincial directions regarding the integration of home and community care and are better aligned with other parts of the health care system.*

Current Status & Highlights of Accomplishments

In Champlain, there are over 1,500 family physicians serving people in our region.

While 93% of the population of Champlain has a family doctor or nurse practitioner, some people still struggle to find one. At times, those who have a primary care provider may be unable to get timely access to him / her. As well, family doctors and nurse practitioners in our region are dealing with limited communication, and poor linkages to other health system providers. As a result, patient care and health system performance are adversely impacted.

In recent years, we began developing primary care networks, on a voluntary-basis, to coordinate these providers within sub-geographic areas of the LHIN.

Priority C: Integrate mental health and addiction services

We will do this by:

- *Centralizing access*
- *Building relationships with primary care networks to provide better support for their patients*
- *Smoothing transitions for transitional aged youth, and*
- *Better defining the range of services needed for people with mental health conditions and addictions.*

Current Status & Highlights of Accomplishments

In any given year, approximately 15.7% of Champlain residents experience a mental health or addiction problem[11]. Our region has made improvements to mental health and addictions services in recent years, but there is still much more to do. Recent efforts include the expansion of intensive case management, walk-in counselling, withdrawal management, and tobacco cessation programs. Targeted strategies have also been implemented to better support transitional aged youth, dual diagnosis populations, Indigenous and homeless populations.

Mental health challenges and addictions are complex, and cut across many different sectors such as health, education, housing, social services, and justice. The system is further complicated by the numerous levels of government and ministries involved.

This complexity leads to confusion and frustration for clients, less-than-optimal coordination of resources, and challenges for system planning and evaluation. We are fortunate to have many dedicated Providers and partners that play important roles, from informing policy to providing service - the challenge is to coordinate these efforts.

We will concentrate our efforts in 2016-17 on the integration of mental health and addiction services across the region, and where appropriate, align this work with other sub-regional planning efforts.

[11] Mental Health & Addictions Needs & Capacity Assessment for the Champlain Local Health Integration Region. Prepared by the RWS Advisory for The Royal Mental Health – Care & Research, March 2012.

Consistency with Government Priorities

The goals for all three priorities align with *Patients First – Ontario's Action Plan for Health Care*, which highlighted the following four objectives:

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

We have also ensured that our plans to address this strategic direction aligns with provincial government priorities described in the following plans:

- *Patients First: A Roadmap to Strengthen Home and Community Care*
- *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy.*

Action Plans / Interventions	Strategic Direction 1 Integration: Improve the Patient and Family Experience Across the Continuum of Care							
	2015-16 (as of March 31st 2016)		2016-17 (as of March 31st 2017)		2017-18 (as of March 31, 2018)		2018-19 (as of March 31, 2019)	
	Status	%	Status	%	Status	%	Status	%
Priority A: Integrate Community and Home Care Services								
Conduct a review of the home and community care services sector, including caregiver supports and identify services that can be more fully integrated across LHIN sub-regions	In Progress	10%	Completed	100%	Completed	100%	Completed	100%
Establish coordinated intake in Champlain for home and community services, including chronic disease programs	In Progress	5%	In Progress	30%	In Progress	60%	Completed	100%
Implement common intake tools and processes for care coordination, enabled through technology to support the care needs across services and providers	In Progress	10%	In Progress	35%	In Progress	30%	Completed	100%
Reduce the number of patient days in acute hospital of patients needing other levels of care, through improved processes and by adding convalescent care and rehab capacity	In Progress	20%	In Progress	60%	In Progress	80%	Completed	100%

Establish an integrated system of chronic disease services between hospital and community, focused on the reduction of unnecessary hospital readmissions	In Progress	30%	In Progress	60%	In Progress	90%	Completed	100%

Priority B: Evolve Primary Care Networks								
Validate LHIN sub-regions and recruit clinical leads to enable the development of primary care networks across the region	In Progress	25%	In Progress	80%	Completed	100%	Completed	100%
Establish primary care and mental health partnerships, to promote integrated care and management within LHIN sub-regions	Not Started	0%	In Progress	30%	In Progress	70%	Completed	100%
Implement 7-day discharge process from hospital to primary care for patients at highest risk of readmission in all Champlain hospitals	Not Started	0%	In Progress	60%	Completed	100%	Completed	100%
Expand dementia initiatives in primary care	Not Started	0%	In Progress	40%	In Progress	60%	Completed	100%
Support hospital improvement processes and enhance activities to divert emergency room visits that are best managed in other care settings to reduce time in the emergency room	In Progress	20%	In Progress	40%	In Progress	60%	In Progress	80%

Priority C: Integrate Mental Health and Addiction Services								
Review, re-define and realign mental health and addictions services to ensure that all clients experience an integrated system of care that addresses their needs across the continuum of care	Not Started	0%	In Progress	20%	In Progress	60%	Completed	100%
Develop systems to reliably monitor performance of mental health and addictions services	In Progress	10%	In Progress	30%	In Progress	75%	Completed	100%
Implement centralized and coordinated access to services for clients with mental health and addictions problems aligned with sub-geographic regions where applicable	Not Started	0%	In Progress	5%	In Progress	75%	Completed	100%
Implement evidence-based, client-centered screening and assessment tools resulting in client centered treatment plans, better treatment matching, and improved client experience	In Progress	25%	In Progress	60%	In Progress	80%	Completed	100%
Enhance access to services that improve the well-being of youth transitioning from child to adult services	In Progress	25%	In Progress	75%	Completed	100%	Completed	100%
Establish a regional program for inpatient mental health services	Not Started	0%	In Progress	20%	Completed	100%	Completed	100%

How Will We Measure Success?	
• *Decrease the wait time for clients in the community to receive home care* • *Increase the percentage of home care clients who receive a personal support visit within five days of application* • *Increase the percentage of home care clients who receive a nursing visit within five days of application* • *Decrease the rates of re-admission for certain chronic and complex conditions* • *Decrease the percentage of patients in acute hospital beds needing other care (% Alternate Level of Care)* • *Increase primary care follow-up within 7 days of discharge from an acute-care setting*	• *Increase the proportion of adults with a primary care provider* • *Increase timely access to a primary care provider* • *Decrease the percentage of time in the emergency room for non-admitted uncomplicated clients* • *Decrease the percentage of clients requiring emergency department visits for conditions that would be best managed elsewhere* • *Decrease the rate of unnecessary repeat visits to hospital emergency rooms for mental health conditions and / or addictions* • *Increase overall patient satisfaction with health care in the community*

What are the Risks/Barriers and Mitigating Strategies for Successful Implementation?	
Risk	**Mitigation**
Changes in Ministry priorities may impact timelines of regional initiatives. For example, the implementation of the proposed integration of LHINs and Community Care Access Centres may require a shift in focus.	Continue engagement with emerging provincial priorities. In some cases, our timelines may need to be adjusted to adapt to changing government policies and priorities.
Current economic challenges facing the province will continue to challenge the LHIN and Providers. Implementation of plans will need to increasingly be addressed through existing regional resources. In some cases, we may experience difficulty in shifting resources to respond to patient needs.	Planned interventions are based on financial planning assumptions that will be revised as new information becomes available. Where necessary, integration decisions will be undertaken to advance our plans.
Available data may be outdated and not reflective of current challenges or state.	Ensure we are using the most recent provincial data for health system planning and solicit supplemental information from health system partners when necessary.
Implementation of several interventions requires a change management focus. Some stakeholders may oppose the proposed changes.	Work closely with our health system partners to ensure the rationale for change is well understood. Where appropriate, we will create a communication and engagement strategy to address evolving changes in service models and integration.
Implementation of several initiatives, such as the development of primary care networks, involve significant engagement with many health care system partners. In some cases, these partners are not directly accountable to the LHIN.	Building strong partnerships will take time and require the active participation and engagement of many individuals and groups.

What are Some of the Key Enablers that Would Allow us to Achieve our Goal?	
• *Sound health system planning processes through the engagement of patients and caregivers, regional programs & networks, primary care providers and other health system partners.* • *Collaboration of LHIN and Providers' boards of directors to ensure implementation of system changes to achieve common goals.* • *Health system planning at a sub-regional level will improve system integration and equitable access to service.* • *Strong strategic partnerships with other funders, ministries, municipalities, health units, research institutes, and non-LHIN-funded health care providers, and other stakeholders.*	• *Partnership with the Ministry to inform policy setting and engagement in the development of provincial initiatives and frameworks such as the work of the provincial Rehabilitative Care Alliance and the development and implementation of a Provincial Dual Diagnosis Framework.* • *Development of information technology capabilities that enable the secure flow of information across the health system, and supports decision-making processes.*

Strategic Direction 2

Access: Ensure Health Services are Timely and Equitable

Over the next three years, we will focus our time, efforts and resources towards ensuring that people can access quality care no matter who they are or where they live and have faster access to priority health services.

Equitable access to service is a concern for many in the region. Over the next three years, we will concentrate our efforts in the areas of culturally and linguistically appropriate care, achieving health system performance targets and by expanding the use enabling technology to bring care closer to home.

Priority A: Provide for culturally and linguistically appropriate care

We will do this by:

Working closely with health system partners to develop integrated health services that support the care needs of diverse communities within our region. Partners include:

- *Indigenous Health Circle Forum (Circle)*
- *French Language Health Services Network of Eastern Ontario (Le Réseau)*
- *Ottawa Local Immigration Partnership and*
- *Public Health.*

Current Status & Highlights of Accomplishments

For some populations, such as Indigenous peoples, people living in some rural communities, Francophones, and immigrants, accessing health services can be more challenging. Culture and language should not prevent people from seeking the care they need. It is critical that we remove these barriers to care.

In recent years, we have made progress through initiatives to improve:

- *Indigenous cultural competencies of Providers*
- *Health system navigation and cultural interpretation*
- *Active offer of French language health services, and*
- *Collection of linguistic data for health system planning purposes.*

Despite these improvements, inequity exists within our system. Over the next three years, we will work with our planning partners (listed above) to reduce gaps in service and improve access to health services that meet the unique health care needs of the diverse communities we serve.

Priority B: Implement strategies to achieve performance targets

We will do this by working with our partners to:

- *Reduce wait times for home care services*
- *Ensure access to diagnostic tests and procedures within specific timeframes*
- *Reduce unnecessary repeat emergency department visits and hospital admissions for specific conditions, and*
- *Ensure people receive care in appropriate care settings.*

Current Status & Highlights of Accomplishments

Four years ago, the Champlain health system was struggling to meet the performance targets negotiated with the Ministry. By the end of

2014-15, our LHIN was meeting more of its performance targets than any other.

A concerted partnership with hospital and community partners achieved significant performance improvements.

We recently negotiated performance targets with the Ministry that will set higher standards across the province. These targets affirm the expectation that all Ontarians should have timely access to high-quality services wherever they live.

By the end of 2018-19, we expect Champlain to be a top performer in responding to these new provincial targets.

Priority C: Expand the use of enabling technologies to bring care closer to home

We will do this by:

- *Continuing to advance telemedicine to allow us to provide care closer to home*
- *Facilitating and supporting the implementation of the provincial electronic health record strategy*
- *Focusing on establishing better access to client information, and facilitating smoother transitions of care among community agencies.*

Current Status & Highlights of Accomplishments

One of the key challenges of the health care system is to empower individuals, who work in physically separate locations, to coordinate their efforts for the benefit of the client or patient and to do so in an effective and efficient manner. Ultimately, some form of technology is critical to enabling this. Patients are impacted when they are required to repeat their stories as they move from one provider to another, or when they are confused by the array of services and are unsure how to access them. In recent years, we have implemented a number of initiatives which allow Providers to work better together. We have implemented a system which integrates 60 hospitals into a shared diagnostic image and report system allowing radiologists to view patient images and reports no matter where the patients may have been served previously.

We have migrated six of the Champlain hospitals to a shared-hospital information system. From a patient's perspective the six hospitals operate as one with automatic secure sharing of patient data when needed.

We have guided the work to integrate 1,000 physicians' electronic medical records into 20 hospital information systems thereby reducing the amount of time between the patient's visit to the hospital and receipt of hospital reports to less than two days from up to two weeks. Physicians are able to assess and alter the treatment for their patients more quickly and effectively thereby reducing readmissions to hospital.

In addition, we have implemented an eConsult service, unique in Canada, which allows physicians and specialists to reduce the assessment and treatment cycle of patients from months to less than three days. In 2016-17 we will continue to support and build on these initiatives, as well as, develop a tele-home care program and strengthen enabling technology within the home and community care sector.

Consistency with Government Priorities

The goals for all three priorities align with the four objectives previously described in *Patients First - Ontario's Action Plan for Health Care.*

We have also ensured that our plans to address this strategic direction aligns with provincial government priorities described in the following:

- *Ministry-LHIN Accountability Agreement for the Champlain LHIN*
- *Ontario's evolving eHealth 2.0 Strategy*
- *Legislated requirements for focusing on Francophone and Indigenous communities*

Action Plans / Interventions	Strategic Direction 2 Access: Ensure health services are timely and equitable							
	2015-16 (as of March 31st 2016)		2016-17 (as of March 31st 2017)		2017-18 (as of March 31, 2018)		2018-19 (as of March 31, 2019)	
	Status	%	Status	%	Status	%	Status	%
Priority A: Provide for Culturally and Linguistically Appropriate Care								
Address identified service gaps for Francophones within sub-regions, particularly in the areas of respite care, long-term care, sexual assault services and hospice palliative/end-of-life care	In Progress	20%	In Progress	50%	In Progress	80%	Completed	100%
Complete the Francophone Linguistic Variable Regional Pilot Project and collect data on the French language linguistic competence of health human resources in the region	In Progress	25%	In Progress	90%	Completed	100%	Completed	100%
Develop and provide resources and tools to guide the Champlain LHIN and HSPs in the planning and delivery of culturally safe services to Indigenous people	In Progress	46%	Completed	100%	Completed	100%	Completed	100%
Identify actions and strategies to address gaps in mental health and addictions	In Progress	80%	Completed	100%	Completed	100%	Completed	100%

services for Indigenous people								
Plan for the development of an addictions treatment centre based on a family model that will meet the needs of Indigenous women across the Champlain region	Not Started	0%	In Progress	33%	In Progress	66%	Completed	100%
Identify actions and strategies to address gaps in diabetes services for Indigenous people	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Develop an Indigenous health and wellness model and equity framework to guide the Champlain LHIN in planning for Indigenous health care and population health	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Increase health services for refugees, including assessing client needs at the Ottawa Newcomer Health Centre	Not Started	0%	In Progress	30%	In Progress	70%	Completed	100%
Deliver a local training program for health professionals in different sectors to improve mental-health services for newcomers	Not Started	0%	Not Started	0%	In Progress	30%	Completed	100%
Expand health services for seniors in immigrant communities	Not Started	0%	In Progress	50%	Completed	100%	Completed	100%

Priority B: Implement Strategies to Achieve Performance Targets								
Focus Providers on achieving Ministry-LHIN accountability performance targets through quality improvement plans, accountability agreements and incentives	In Progress	50%	In Progress	70%	In Progress	90%	Completed	100%
Achieve wait time targets for Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) scans by maintaining efficiency, providing scans closer to home and ensuring sufficient capacity	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Support hospital improvement processes, including optimizing patient flow, to promote timely access to inpatient beds to reduce the time in the emergency room	In Progress	20%	In Progress	60%	In Progress	80%	Completed	100%
Implement the falls algorithm, navigation tools, and education programs, as well as reengineering existing resources to reduce falls-related emergency department visit rates among seniors	In Progress	30%	In Progress	50%	In Progress	70%	In Progress	90%

Priority C: Integrate Expand Use of Enabling Technologies to bring Care Closer to Home								
Implement and expand the use of the electronic health record (Connecting Northern and Eastern Ontario)	Not Started	0%	In Progress	10%	In Progress	70%	In Progress	90%
Engage primary care and specialists to identify opportunities to simplify, enhance, and integrate eConsult linked to referral flows	Not Started	0%	In Progress	50%	In Progress	75%	Completed	100%
Optimize the use of telemedicine, tele-home care and complementary enabling technologies for select conditions to provide care closer to home	In Progress	10%	In Progress	30%	In Progress	75%	Completed	100%

How Will We Measure Success?

- *Increase the percentage of Providers that are designated or identified to provide French Language Services*
- *Increase the percentage of LHIN-funded organizations with staff trained through the Indigenous Cultural Competency program*
- *Increase the percentage of hip and knee replacement surgeries performed within wait time targets*
- *Increase the percentage of CT and MRI scans performed within wait time targets*
- *Decrease the percentage of time in the emergency room for clients with complex conditions*
- *Decrease the percentage of fall-related emergency department visits among seniors*
- *Increase the number of clinical tele-health events per capita*

What are the Risks/Barriers and Mitigating Strategies for Successful Implementation?	
Risk	**Mitigation**
Accountability is not sufficiently defined and focused to achieve our goals.	Funding and service accountability agreements will be aligned with our strategic priorities and will clearly articulate expectations and responsibilities.
Some interventions will require the collaboration and shared commitment of several communities and ministries at multiple levels of government. In some cases, it may be challenging to reach agreement among so many partners.	Partnership development will be initiated at the beginning of interventions. In some cases, LHIN senior management will initiate discussions and develop strategic partnerships with other ministries to support interventions such as the creation of an Addictions Treatment Centre for Indigenous women and families.
Some Providers may have difficulty meeting their obligations related to the provision of French language health services.	Work closely with *Le Réseau* and Providers to improve compliance.
Population changes will place additional demands on regional health services within our three year strategic plan 2016-19.	Prioritize the gaps to be addressed based on evidence and engagement with the related community.
The availability of relevant, timely and accurate data is limited.	Work closely with Providers to ensure they understand the importance of data quality. Harmonize reporting standards and share and report results.
Resource availability presents challenges to achieve wait time targets for CT and MRI services for lower acuity patients (Priority 4 targets)	Champlain hospitals to implement demand management strategies to partially mitigate the demand for scans. This will include implementation of appropriateness education training programs for primary care physicians. LHIN to ensure that dedicated funding for CT and MRI is fully utilized and advocate for additional funding from the Ministry to meet demand.
Diagnostic imaging wait times for lower acuity patients (Priority 4) increase while resources are reallocated to shorten wait times for high acuity patients.	Hospitals to reclassify patients to higher priority categories as required. Physicians may use alternative diagnostic methods as appropriate.
In some cases, interventions are dependent on the progress of provincial initiatives such as the provincial electronic health record strategy and the provincial compensation scheme for specialist participation in eConsult services.	Continue to work with the Ministry to support provincial initiatives. If necessary, we will adjust our plans to align with provincial directions.

What are Some of the Key Enablers that Would Allow us to Achieve our Goal?	
• *Robust system monitoring, program evaluation, and performance management processes supported by well-defined Service Accountability Agreements and Quality Improvement Plans.* • *Collaboration of LHIN and Providers' boards of directors to ensure implementation of system changes to achieve common goals and health system performance targets.*	• *The participation of Providers, regional programs and networks and other health system partners in program and system development and implementation.*

Strategic Direction 3

Sustainability: Increase the Value of our Health System for the People it Serves

Over the next three years, we will focus our time, efforts and resources towards ensuring that we increase the value of our health system for the people it serves. Our goals over the next three years are to ensure that people in our region can get the services they need in the most appropriate setting and that the care they receive is from a health system that is both efficient and effective.

We believe that we can further increase the value of our health system for the people it serves. By focusing on sustainability, we will ensure the health system is there for people when they need it. Over the next three years we will concentrate our efforts in the areas of funding reform, palliative care and implementation of Health Links.

Priority A: Continue implementation of funding reform and innovative models of care

We will do this by:

- *Supporting the provincial Health System Funding Reform initiative*
- *Combining funding for certain episodes of care across providers, and*
- *Aligning regional acute and sub-acute resources with patient needs.*

Current Status & Highlights of Accomplishments

Today, there is variation across providers in the quality and cost of the services that are delivered. Funding is often allocated to individual providers to deliver a part of what a person needs. Our historical rate of growth in funding is not sustainable, and we must act differently.

Providers have taken steps to reduce costs and make their services more efficient. They have, for the most part, looked within their own organizations to implement these changes.

Since 2012, Ontario has been moving away from a global funding system toward a funding model based on patient needs. Through Health System Funding Reform, hospitals, long-term care homes, and the Champlain Community Care Access Centre (CCAC) will increasingly be compensated by how many and the types of patients they look after, the services they deliver, the quality of those services, and the specific needs of the broader populations they serve.

We will also seek opportunities to bundle payments for certain types of care and develop reinvestment strategies to direct resources to critical priorities. Through these initiatives and others, we will ensure that funding is tied more directly to quality of care and we will make smarter use of our resources.

Priority B: Enhance palliative care in settings of choice

We will do this by:

- *Working with the Champlain Hospice Palliative Care Program, the Champlain Regional Cancer Program, and other health system partners, to address inequities in the availability of services and programs for people at end-of-life.*

  As we plan at a sub-regional level, we will ensure that people are able to access the supports they need to at the end-of-life in the setting of their choice.

- *Working to ensure that Providers speak to patients about their preferences and goals, including advanced care planning, as part of regular care. Through advanced care planning, people will be encouraged by their Providers to consider their future health and personal care preferences and to communicate those preferences with their care team and their loved ones.*

Current Status & Highlights of Accomplishments

Since 2011, the Champlain LHIN has been a partner in Ontario's Advancing High Quality, High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action.

Through the establishment and support of the Champlain Hospice Palliative Care Program, we increased community and residential hospice services, connected palliative care teams via tele-health, centralized intake for services in the Ottawa area and developed and piloted innovative hospice models in rural areas. However, there remains work to do.

There are still people at end-of-life in our region who, because of limited choices, are unable to receive care in their preferred setting. This results in a higher cost of care in a setting that does not reflect the individual's preference.

Priority C: Fast-Track implementation of Health Links

We will do this by:

- *Ensuring that an increasing number of individuals with high-needs have coordinated, personalized care plans designed with and supported by teams of providers from primary care, home and community care organizations, specialities, hospitals and other community partners.*

Current Status & Highlights of Accomplishments

In Ontario, five percent of patients account for roughly two-thirds of our total health care costs. These individuals often have multiple, complex conditions and frequent interactions with multiple Providers.

Through Health Links, we are beginning to organize care around these individuals' needs. Health Links bring together a team of Providers around a common care plan for those with very complex health conditions.

There are currently eight Health Links in the Champlain region operating in their formative stages. By the end of 2016-17, the LHIN will have worked with the Health Links on a sustainability strategy and Health Links will have received change management leadership training to assist their work to support 1,325 individuals across the region.

Consistency with Government Priorities

The goals for all three priorities align with the four objectives previously described in *Patients First - Ontario's Action Plan for Health Care.*

We have also ensured that our plans to address this strategic direction aligns with provincial government priorities described in the following plans:

- *Health System Funding Reform*
- *Advancing High Quality, High Value Palliative Care in Ontario: Declaration of Partnership and Commitment to Action*
- *Health Links.*

Action Plans / Interventions	Strategic Direction **Sustainability: Increase the Value of our Health System for the People it Serves**							
	2015-16 (as of March 31st 2016)		**2016-17 (as of March 31st 2017)**		**2017-18 (as of March 31, 2018)**		**2018-19 (as of March 31, 2019)**	
	Status	**%**	**Status**	**%**	**Status**	**%**	**Status**	**%**
Continue Implementing Funding Reform and Innovative Models of Care								
Implement key recommendations of the Champlain Vision Care Plan	Not Started	0%	In Progress	25%	In Progress	50%	Completed	100%
Implement the regional sub-acute care plan to achieve optimal utilization for inpatient/outpatient rehabilitative care	Not Started	0%	In Progress	10%	In Progress	50%	In Progress	90%
Develop a regional capacity plan for hospital-based paediatric services	Not Started	0%	In Progress	75%	Completed	100%	Completed	100%
Develop a plan for a pilot health hub in a rural area including a detailed implementation plan	Not Started	0%	In Progress	75%	Completed	100%	Completed	100%
Enhance Palliative Care in Settings of Choice								
Enhance access to services through implementation of innovative palliative and end-of-life care service delivery models	In Progress	30%	In Progress	75%	Completed	100%	Completed	100%
Implement common tools to support advance care planning discussion and document goals of care	Not Started	0%	In Progress	60%	Completed	100%	Completed	100%

Optimize access to existing palliative care resources	Not Started	0%	In Progress	50%	Completed	100%	Completed	100%
Fast-Track Implementation of Health Links								
Support Ottawa East and North Lanark Health Links through health link business plan development	In Progress	25%	Completed	100%	Completed	100%	Completed	100%
Support all Health Links (10) across the region to increase the number of people with complex care receiving coordinated care	In Progress	4%	In Progress	13%	In Progress	44%	Completed	100%
Develop a sustainable care coordination model that responds to the changing needs of the most complex patients supported by a change management strategy	In Progress	10%	In Progress	30%	In Progress	60%	Completed	100%

How Will We Measure Success?

- *Monitoring the cost efficiency of our hospitals and CCAC as defined by the Health Based Allocation Model*
- *Increase the percentage of CCAC palliative patients who die in the setting of their choice*
- *Increase the percentage of individuals with high needs that are identified by Health Links and have a coordinated care plan*
- *Decrease the rate of 30-day readmissions for individuals with high needs with selected chronic conditions*

What are the Risks/Barriers and Mitigating Strategies for Successful Implementation?	
Risk	**Mitigation**
Changes in government policy and priorities impact the implementation of the plan.	Continue engagement with emerging provincial priorities. In some cases, our timelines may need to be adjusted to adapt to changing government policies and priorities.
Accountability is not sufficiently aligned to our strategic objectives.	Funding and service accountability agreements will be aligned with our strategic priorities and will clearly articulate expectations and responsibilities.
Current economic challenges facing the province will continue to challenge the LHIN and Providers. Implementation of plans will need to increasingly be addressed through existing regional resources. In some cases, we may experience difficulty in shifting resources to respond to patient needs.	Planned interventions are based on financial planning assumptions that will be revised as new information becomes available. Where necessary, integration decisions will be undertaken to advance our plans.
Implementation of several interventions requires a change management focus. Some stakeholders may resist the proposed changes, such as the implementation of innovative funding models, more formalized regional palliative care planning, and evaluation of existing programs.	Work closely with our health system partners to ensure the rationale for change is well understood. Where appropriate, we will create a communication and engagement strategy to address evolving changes in service models and integration. Provide incentives for improvement and develop partnership agreements where possible.
Provincial rollout of information systems and tools to support Health Links may be delayed.	Explore a range of interim technology options that remain consistent with the provincial directions.
A feasible investment plan is not developed to reallocate sufficient resources for the full implementation of Health Links and support the coordination of care for 10,000 individuals by 2018/19.	Invest in change management initiatives and obligate Providers to support Health Links.
What are Some of the Key Enablers that Would Allow us to Achieve our Goal?	
• *Enhanced health-human-resource planning to support the dynamic needs of the health system and evolving models of care.* • *Collaboration of LHIN and Providers' boards of directors to ensure implementation of system changes to achieve common goals.* • *Health system planning at a sub-regional level will improve system integration and equitable access to service.* • *The increased role and responsibility of LHINs in supporting the implementation of Health Links.*	• *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.* • *Provincial strategies, such as Health System Funding Reform, Health Links and the establishment of the Ontario Palliative Care Network, will act as catalysts for change and provide direction for many of our interventions.*

LHIN Operations Spending Plan

LHIN Operations Sub-Category ($)	2015/16 Actuals	2016/17 Allocation	2017/18 Planned Expenses	2018/19 Planned Expenses
Salaries and Wages	**$4,134,309**	**$4,108,132**	**$4,108,132**	**$4,108,132**
Employee Benefits				
HOOPP	$400,025	$410,165	$410,165	$410,165
Other Benefits	$497,430	$491,424	$491,424	$491,424
Total Employee Benefits	**$897,455**	**$901,589**	**$901,589**	**$901,589**
Transportation and Communication				
Staff Travel	$70,917	$73,516	$73,516	$73,516
Governance Travel	$6,730	$10,500	$10,500	$10,500
Communications	$48,627	$41,107	$41,107	$41,107
Other Benefits	$0	$0	$0	$0
Total Transportation and Communication	**$126,274**	**$125,123**	**$125,123**	**$125,123**
Services				
Accommodation	$488,015	$540,752	$540,752	$540,752
Advertising	$9,460	$5,000	$5,000	$5,000
Banking	$508	$500	$500	$500
Insurance	$6,110	$6,209	$6,209	$6,209
Consulting Fees	$306,905	$358,350	$358,350	$358,350
Equipment Rentals	$6,110	$8,000	$8,000	$8,000
Governance Per Diems	$106,400	$97,000	$97,000	$97,000
LSSO Shared Costs	$429,164	$429,164	$429,164	$429,164
Other Meeting Expenses	$42,107	$32,736	$32,736	$32,736
Other Governance Costs	$12,014	$2,500	$2,500	$2,500
Printing & Translation	$92,624	$86,100	$86,100	$86,100
Staff Development	$27,619	$20,826	$20,826	$20,826
Total Services	**$1,527,036**	**$1,587,137**	**$1,587,137**	**$1,587,137**
Supplies and Equipment				
IT Equipment				
Office Supplies & Purchased Equipment	$145,258	$82,784	$82,784	$82,784
Total Supplies and Equipment	**$145,258**	**$82,784**	**$82,784**	**$82,784**
LHIN Operations: Total Planned Expense	**$6,830,331**	**$6,804,765**	**$6,804,765**	**$6,804,765**
Annual Funding Target	**$6,878,464**	**$6,804,765**	**$6,804,765**	**$6,804,765**
Variance	**$48,133**	**$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 $72K and balance in Travel)

LHIN Staffing Plan (Full-Time Equivalents)

Position Title	2015-16 Actuals as of Mar. 31 2016 FTEs	2016-17 Forecast FTEs	2017/18 Forecast FTEs	2018/19 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 Coordinator	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
Receptionist	1	1	1	1
Senior Accountability Specialist	4	4	4	4
Senior Director	2	2	2	2
Senior Integration Specialist	6.3	5.7	5.7	5.7
Senior Performance Specialist	1	1	1	1
Senior Project Manager	1	1	1	1
Translator/Reviser (Support the work of all 14 LHINs plus LHINC)	3	3	3	3
Total FTEs	**49.1**	**48.5**	**48.5**	**48.5**

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.

Integrated Communications Strategy

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 plan provides an overview of planned community engagement activities in the areas of French- language services planning, Indigenous health and enabling technologies, for example. A more comprehensive detailing of community engagement activities will be available in the *Community Engagement Plan 2016-19.*

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 first year of the Champlain LHIN's *IHSP 2016-19*, which sets a strategic course and outlines nine key priorities. Communications efforts will fit within the contextual framework of the strategic plan.

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.

Communications objectives for 2016-17 are to:

- *Build confidence among Ontarians that:*
    - Progress is being made to improve access to health services
    - Progress is being made to improve the patient experience
    - The system is sustainable, being effectively managed, providing value for tax dollars
    - The system is transparent.
- *Increase health literacy to enable and support Ontarians to live healthy lives and manage their illnesses better*
- *Engage providers, stakeholders and system leaders to become active participants in and ambassadors for transformation*
- *Continue to consult the public on proposed health-system changes*
- *Anticipate and respond to arising issues in a timely, effective manner*
- *Address the region's diversity by reaching out to Francophone, Indigenous 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 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 *IHSP 2016-19* and specific strategies described in this plan are aligned with provincial government direction, and also reflect priorities specific to the Champlain region.

The Champlain region is diverse, and includes Francophones, Indigenous 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 Indigenous peoples live off-reserve.*

Target Audience

Primary:

- *Health Service Providers (Providers)*
- *Provider Boards*
- *Patients, clients, family members and the general public*
- *Media*
- *Social media participants*
- *Health-care professionals*
- *Health Links clients and family members*
- *Local citizen groups*
- *Diverse populations including Indigenous, 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 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 *ABP 2016-17* 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 the *Patients First: Action Plan for Health Care, Patients First: A Roadmap to Strengthen Home and Community Care,* Health System Funding Reform, Health Links, and health initiatives for seniors.

Patients First – Key Points

- *Patients First means a caring, integrated experience for patients and faster access to quality health services for all Ontarians.*
- *The* Patients First: Action Plan for Health Care *sets clear and ambitious goals for Ontario's health care system to put patients at the centre of our health care system by improving the health care experience:*
    - 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; providing better home and community care.
    - Inform: Support people and patients - providing the education, information and transparency Ontarians 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.
- *As the next logical step in the* Patients First Action Plan, Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario *proposes a path toward providing better access to care no matter where you live by better connecting health care services.*

Activities

A number of communications tools will be employed by the LHIN in 2016-17. These include:

- *Champlain LHINfo Minutes and video clips to share information about LHIN-led programs and initiatives, with a specific focus on transformational programs*
- *Key documents such as Champlain LHIN Board Highlights, distributed after board meetings to capture discussions and decisions of interest to the public*
- *Support community engagement activities by, for example, posting relevant information to the website, promoting events through social media, and sharing best practices and results*

- *Champlain LHIN press releases and media events for major announcements, as well as Champlain LHIN support for partner communiqués*
- *Social media platforms. These include:*
    - English and French Twitter accounts
    - YouTube channel.
- *In addition, the Champlain LHIN will continue to manage the pan-LHIN French translation service.*

Community Engagement Plan

Community engagement is integral to a person-centered health care system. The Champlain LHIN engages with patients, clients, caregivers Providers, community leaders, the public and partners, such as *Le Réseau* (the French Language Health Planning Entity), the Indigenous Health Circle Forum (Circle) and the Ottawa Local Immigration Partnership 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 culture[12].

Patient engagement remains an important component of the *ABP 2016-17*. 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 Community Engagement Plan 2016-19 will outline the ongoing and specific community engagement activities that will occur 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 strategic directions and priorities for health system change, and*
3) *Work collaboratively with Providers and partners to improve community engagement practices.*

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

The following is a sample of these initiatives:

- *Continue to enhance the membership of advisory tables and committees to include the perspectives of patients/clients, caregivers and family members*
- *Continue to engage the public and key stakeholders to inform them of health system performance and transformation initiatives*
- *Involve clients and caregivers in the development of centralized intake in Champlain for all core home and community services*
- *Collaborate with clients and family members in the development of care planning tools and processes as part of the review and realignment of mental health and addictions services*
- *Engagement with Indigenous communities in the planning of the Indigenous Health and Wellness model*
- *Collaborate with the Champlain Dementia Network in the implementation of the dementia strategy*
- *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, Indigenous health, and enabling technologies. The following highlights their engagement actions for 2016-17.

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 Francophone communities.

The LHIN also works in partnership with *Le Réseau* to ensure people receive the culturally and linguistically appropriate care they deserve. Engaging Francophone communities in the planning of these services is fundamental in a person-centred health care system.

Engaging 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 actions highlighted in the Joint Action Plan, and contribute to the progress of the IHSP Strategic Directions.

Engagement with the Francophone population that will take place in 2016-17 includes:

- *Engaging Francophone communities on the definition of specific needs and priorities in terms of health services*

- *Inviting the Francophone population to share their experience in accessing French-language health services*
- *Measuring the satisfaction of Francophones with respect to access to French-language health services*
- *Collecting data on patient experience*
- *Informing Francophone communities on availability of health services offered in French and on the role French-language health services play on the quality of the care received.*

Using various mechanisms, the LHIN hears from members of the Francophone community to gain various perspectives from across the region.

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

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 continue to engage *Le Réseau* as advisor to its planning, decision-making and implementation of French-language health services initiatives to improve the local health care system and meet the needs of Francophone communities in the region.

In collaboration with *Le Réseau*, the Champlain LHIN will plan processes that support the offer of French- language health services and address identified service gaps for Francophone communities. In particular, the offer of French-language health services in the areas of respite care, long-term care, sexual assault services and hospice palliative/end-of-life care will be prioritized.

Indigenous Peoples

The Champlain LHIN engages with First Nations, Inuit and Métis communities and organizations in urban and rural areas across the Champlain region through partnership with the Indigenous Health Circle Forum (Circle). All members of the Circle focus on improving and addressing the health and wellness needs of their membership.

The Circle's active role in community engagement provides valuable information that informs the LHIN on Indigenous health issues and needs and contributes to program planning and implementation. This enables the LHIN to advance plans that improve services for Indigenous people in the Champlain region and respond to the Calls to Action of the *Truth and Reconciliation Commission of Canada.*

Key priority areas for the Circle were identified through direct consultation of Indigenous communities during the *IHSP 2016-19* community engagement process. These areas include:

- *Mental health and addictions*
- *Chronic disease / diabetes, with a focus on a community wellness approach*
- *Indigenous cultural competency training among non-Indigenous health care and mental health and addictions providers.*

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

The Circle, 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 Providers in the Champlain region.

Specific engagement actions with the Indigenous community and Providers for 2016-17 include:

- *Conduct engagement to inform the development of an equity framework for Indigenous health*
- *Conduct engagement to inform the development of an Indigenous health and wellness model*
- *Conduct engagement to inform the development of a cultural safety framework to assist in the delivery of culturally safe services to Indigenous people.*

Immigrant Communities

The Champlain LHIN works with the Ottawa Local Immigration Partnership, and acts as co-chair for the partnership's Health and Well-Being Sector Table.

In 2016-17, the LHIN will continue to collaborate with providers and partners to coordinate health services for refugees. The LHIN will also conduct engagement activities with seniors from immigrant communities to better understand their needs, leading to the development of specific services for this population.

Enabling Technologies

Community engagement is a key element in the LHIN's enabling technology work. LHIN staff regularly engage with representatives across all health sectors, including clinicians, administration, and IT personnel, to collect and share information and drive adoption of new tools and processes.

In 2016-17, key engagements include:

- *Champlain eHealth Council and Regional Chief Information Officer committees, Connecting Northern and Eastern Ontario (cNEO) 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 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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