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

2017-18
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

June 28, 2017

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 2017-18*, which has been endorsed by the Board of Directors. The plan outlines the goals, objectives and actions for the 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.

As described in the *Integrated Health Service Plan 2016-19*, the Champlain LHIN 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.

By putting patients first in everything we do, we will provide faster access to the care patients need today, and make the necessary investments to ensure our health system will be there for patients of generations to come. Our three strategic directions, and their respective person-centred goals are:

1) ***Integration**: Improve the patient and family experience across the continuum of care*
    - *People who need multiple services receive more coordinated home, community and primary care*
    - *People experience a smooth transition from hospital to home*
2) ***Access:** Ensure health services are timely and equitable*
    - *People access quality care no matter who they are or where they live*
    - *People are able to access priority health services when they need them*
3) ***Sustainability:** Increase the value of our health system for the people it serves*
    - *People can get service in the most appropriate setting*
    - *People receive efficient and effective care*

The *Annual Business Plan 2017-18* seeks to respond to local issues while contributing to 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.

The process of LHIN renewal is underway. As we transition, we will play an increasingly important role in the implementation of Patients First strategies, including:

- *Transformation of home and community care, and*
- *Development of a transformational population-health approach to sub-region planning, including the rapid escalation of Health Links in Champlain.*

Our broadening partnerships with public health and primary care will provide a tremendous opportunity to advance both regional and provincial priorities.

The Champlain LHIN has worked actively with the Indigenous Health Circle Forum (Circle) since 2008. This year, we will further strengthen our commitment and that of our health service providers to the health and wellness of Indigenous peoples through our partnership with the Circle. In addition, the LHIN will respond to the Calls to Action of the *Truth and Reconciliation Commission of Canada* to address the priorities they identified as important to the health and well-being of Indigenous communities.

As well, 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,* advancing the priorities described in the Minister's mandate letter, and 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 several health sectors.

The purpose of this work is to improve the health care system for residents who live in communities within our geographic boundaries. In May 2017-18, the Ministry of Health and Long-Term Care (Ministry) expanded the Champlain LHIN's mandate to include the governance and management of home and community care in the region.

The Ministry also set out clear expectations for the Champlain LHIN for 2017-18. This year, in support of the *Patients First: Action Plan for Health Care*, we will work together with the Ministry on a set of shared priorities.

We are eager to harness the opportunities provided through *Patients First* to broaden our impact on the health of those we serve.

Our fourth strategic plan, *Integrated Health Service Plan (IHSP) 2016-19*, reflects the needs and aspirations of our community. Developed through extensive consultation with the local community (including Providers and their boards, health service consumers, the public and other partners), the *IHSP* outlines the LHIN's priorities to achieve its vision, and meet its mandate of integrating the health care system at the local level.

The *IHSP* is a strategic plan that describes how the LHIN's priorities align with those of the Ministry.

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

The expansion of the LHIN's mandate in 2017-18 to include the governance and management of home and community care, involves the integration of the LHIN with the Champlain Community Care Access Centre (CCAC).

Ministry–LHIN Collective Key Priorities

- *Improve the patient experience by putting the patient voice at the centre of health care planning and by delivering care that is responsive to patients' needs, values and preferences.*
- *Address the root causes of health inequities by strengthening the social determinants of health, investing in health promotion, and reducing the burden of disease and chronic illness.*
- *Create healthy communities by improving access to primary care and reducing wait times for specialist care, mental health & addictions services, home and community care and acute care for patients when they need it, which will reduce variation in access across the province.*
- *Break down the silos between our health care sectors and providers to ensure seamless transitions for patients, and to ensure that providers work together to provide patient-centred care.*
- *Support innovation by delivering new models of care and digital solutions to make accessing care easier for patients and more efficient for health care providers.*

A key priority for 2017-18 is to assure the continuity of care for our clients through the smooth and successful completion of this transition.

We will need to re-examine our mission, vision and values over the course of the year as we assume our expanded mandate; however, we believe that our three strategic directions are very pertinent and well aligned with provincial priorities.

Strategic Foundation

Strategic Directions

The *IHSP 2016-19* identifies three strategic directions that will guide our work during the three-year period. The actions we take in one may support 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*

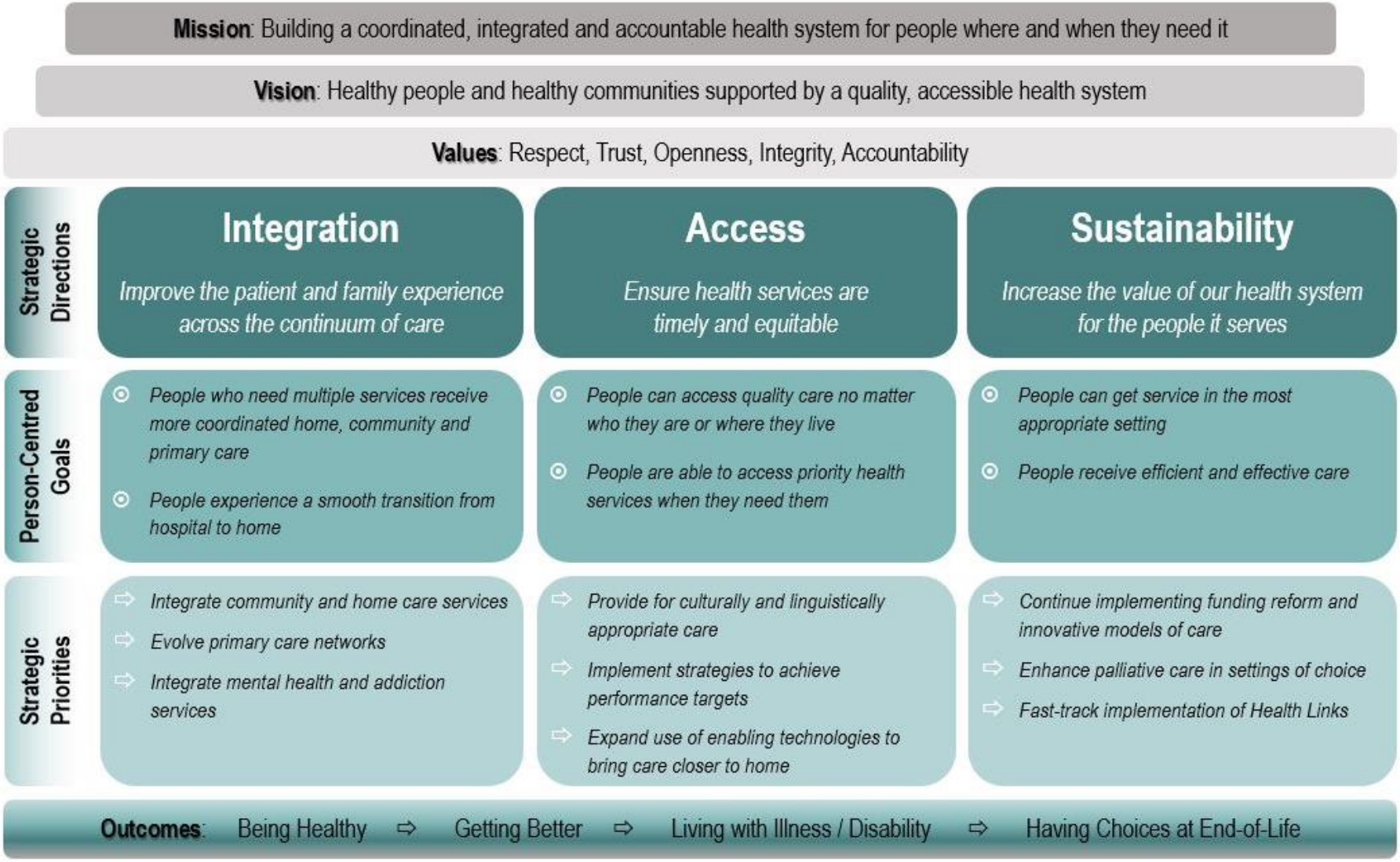
3) ***Living with Illness or Disability*** *– Helping individuals receive appropriate care and support related to chronic illness or disability*

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.

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

Our Strategic Plan at a Glance



Overview: Current and Future Programs / Activities

Our System is Complex

The Champlain LHIN funds Providers across the region to deliver programs in 6 sectors:

- *Community Mental Health and Addictions Programs*
- *Home and Community Care (transitioned from the Community Care Access Centre to the Champlain LHIN in 2017-18)*
- *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, and many other non-LHIN-funded health service providers, such as public health, paramedic (ambulance) services, and most physicians.

In May 2017-18, the Champlain Community Care Access Centre was integrated into the Champlain LHIN. This integration provides an incredible opportunity in our health system to leverage the strengths of each organization to continue building a strong foundation of home and community care. While integrating the two organizations is a considerable undertaking, we remain committed to achieving the goals described in our *IHSP 2016-19* that guide improvements across our health system.

In 2016-17, the Champlain LHIN invested $2.63 billion to support 242 programs across 6 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 (2016-17)

Programs	Sector	Annual Allocation	% of total
20	Hospitals	$1,780,774,091	67.7%
60	Long-Term Care Homes	$354,206,854	13.5%
1	Community Care Access Centre *(many service locations)*	$257,788,280	9.8%
65	Community Mental Health & Addiction Services	$97,805,631	3.7%
85	Community Support Services*	$74,717,705	2.8%
11	Community Health Centres *(including satellites)*	$65,762,807	2.5%
242		**$2,631,055,368**	**100%**

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

Many 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. As mandated by the *Patients First Act, 2016*, each LHIN must establish a Patient and Family Advisory Committee. In Champlain, we will leverage the existing Patient and Family Advisory Council developed by the Champlain CCAC to help ensure that patients have a meaningful voice in local health system planning.

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 also a concern in our region. Planning at a community-level, in collaboration with stakeholders in that community, will help ensure that services are tailored to that community's needs and informed by local expertise.

In recent years, we have focused on establishing Health Links within sub-geographic areas for individuals with complex health conditions.

In 2017-18, we will support rapid up-scaling of Health Links to significantly increase the number of people receiving coordinated care for their highly-complex health conditions.

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 collaborate with health system partners to address health gaps and improve patient experience and outcomes. Our work will be supported by rigorous population health planning. This planning will enable us to deliver coordinated care based on community needs, and improve equitable access to services.

Working Together with Public Health

Public health units play an essential role in our local health system through their expertise in health promotion and illness prevention. The Champlain LHIN looks forward to working even more closely with our public health partners. A few examples of our shared areas of interest include:

- *Development of population health profiles to support sub-region planning*
- *Identifying and responding to gaps in health equity*
- *System response to address opioid abuse*
- *Smoking cessation*
- *Fall prevention*
- *Emergency preparedness*

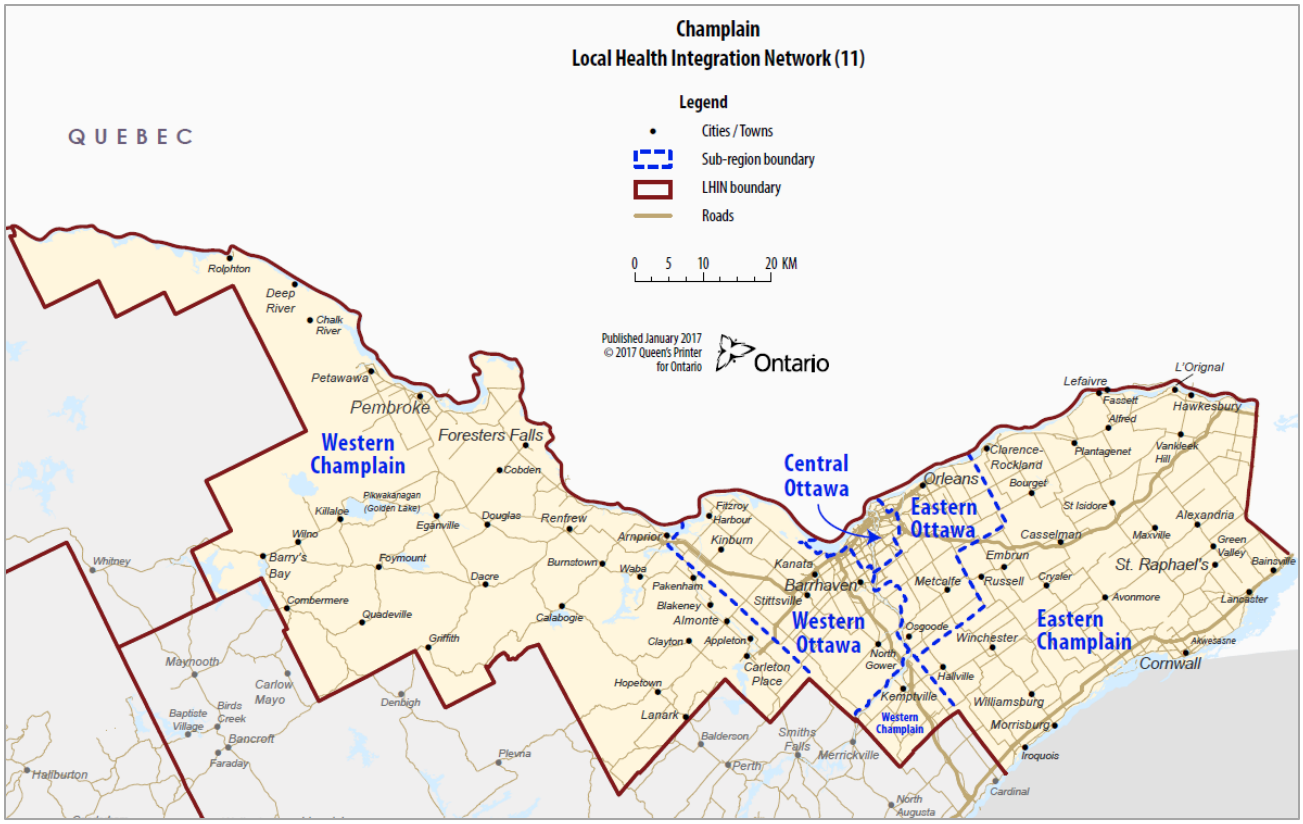
Our partnerships with public health units will be further enhanced by the *Patients First Act* which will promote a more formal role between LHINs and public health units in population health planning and community health planning.

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.*
- *More than 3.5% are Indigenous, of which 22% live in First Nations communities. The region includes two First Nations : Mohawks of Akwesasne (near Cornwall) and Algonquins of Pikwàkanagàn First Nation (in Renfrew County) as well as Canada's largest urban Inuit population*[3].
- *18% are visible minorities, of which 24% are Black, 17% South Asian, and 17% Chinese.*

[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 Plan*.

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

[3] Includes on-reserve Akwesasne 2012 population count from Indigenous and Northern Affairs Canada

- *22% use a language other than English or French, of which 15% speak Arabic, 13% Spanish, and 12% Chinese (several languages combined).*

Most People are Healthy…But not All

Sixty-one percent of Champlain residents self-report very good or excellent health, and 71% self-report very good or excellent mental health[4]. 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%)[5].

However, there are differences across the sub-regions: Western Ottawa had the highest life expectancy at 84 years, compared to 81 in Eastern Champlain and Western Champlain[6].

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[7].

Chronic conditions account for 21% of all admissions to acute hospitals and 61% of the total number of deaths[8]. Within Champlain, the rates of hospitalizations for chronic conditions varies widely. Compared with the three Ottawa sub-regions, Western Champlain's rate was almost double and Eastern Champlain's more than double[9].

[4] Canadian Community Health Survey (CCHS 2011-14 combined), respondents are aged 12+.

[5] Data Sources: Statistics Canada and the Ontario Registrar General. *Environmental Scan: 2016-19 Integrated Health Service Plan*.

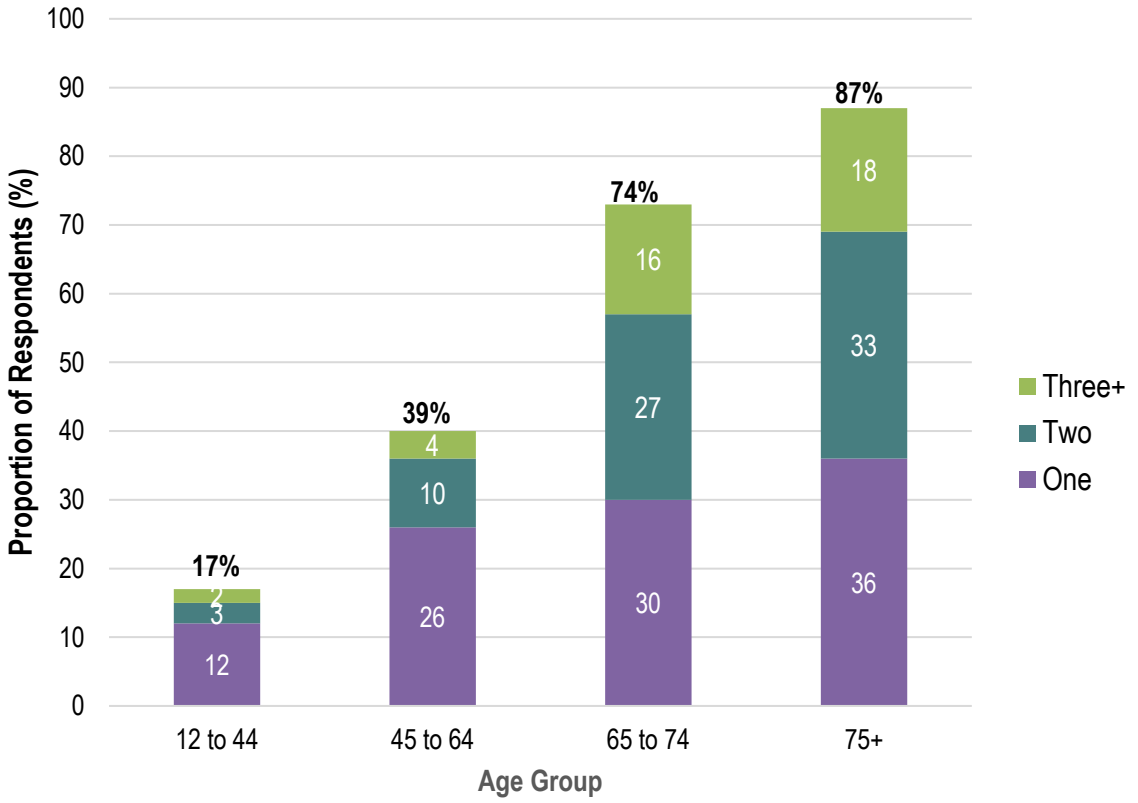
[6] Champlain LHIN analysis based on Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division (population estimates), 2011.

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

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

[9] Age-adjusted rate of acute care hospitalizations in 2015-16 for arthritis, asthma, COPD, cancer, diabetes, stroke, congestive heart failure and ischemic heart disease.

Number of 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 (COPD), cancer, diabetes, hypertension, stroke, heart disease.

Other diseases of importance are dementias and 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)[10]. The impact of dementia is amplified through its impact on other chronic conditions, as well as on family caregivers.

[10] Data Sources: Statistics Canada and the Ontario Registrar General mortality data, using the leading cause of death groups developed by the World Health Organization and adapted by the Association of Public Health Epidemiologists of Ontario. Champlain LHIN *Environmental Scan: Integrated Health Service Plan 2016-19*.

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*
- *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[11].

By the end of 2018-19 we will have expanded our Health Links initiative to serve 10,000 people from this population who use high-cost services on an ongoing basis.

[11] 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 2017-18, this section describes our priorities that support each of the three strategic directions outlined in the *IHSP 2016-19*, and the actions / interventions we will take to advance them.

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 into sub-region networks of care*
    c) *Integrate mental health and addiction 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)[12] 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. Recent activities have included the identification of gaps in health for chronic illnesses, such as diabetes and mental health and addictions issues among 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.

[12] See the "Community Engagement Plan – Indigenous Peoples" section, below.

Strategic Direction 1

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

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. We will concentrate our efforts in the areas of home and community care, primary care, and mental health and addictions.

As part of our mandate to better coordinate services in our local health system, we will develop supportive tools to guide health system partners in advancing their efforts towards more integrated patient care.

Partnering with Primary Care

Effective primary care is a fundamental component of an integrated, high-performing health system. The improvements in health care we intend to achieve require direct and meaningful involvement of primary care providers...

A few current examples of initiatives to partner with primary care include:

- *Development of a regional care map for mental health and addictions services*
- *Recruitment of clinical leads in each of five sub-regions to engage local clinicians*
- *Engaging the Primary Care Advisory Council in system-level planning*
- *Development of a regional, needs-based, palliative care education plan that supports primary care*
- *Hosting an annual Primary Care Congress to support system integration and excellence in patient care*

As the *Patients First Act* is fully implemented, we will work closely with the Ministry and primary care providers in Champlain to ensure people in each sub-region are able to access a continuum of home and community care services through primary care when they need it.

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.*
- *Enabling various Providers to effectively operate within a cohesive home and community care sector.*
- *Successfully assuming an expanded LHIN mandate to govern and provide home care services.*

  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 and that they must repeat their story many times to different care providers.

One of our goals this year will be to reduce the number of times people must repeat their information. We will enable providers to use the same assessment tools and share information as needed. Patients will have a coordinated care plan and their family or primary care provider will be able to easily connect with home and community care agencies.

In addition, we will aim to improve access and continuity of care to home care services. Some examples of progress we have recently made include:

- *Improving information and referral systems for clients who need home care*
- *Increasing the amount of care for low-needs clients in our LHIN*
- *Making it easier to find services in the areas where people live*
- *Stabilizing our personal support workforce through wage enhancements, and*
- *Enhancing care options to maintain people in their homes longer.*

In 2016-17, we began work on profiling and aligning services within sub-regions of our LHIN. These smaller regions will allow us to plan and deliver services closer to home and in a more integrated manner for patients.

In 2017-18, the former Community Care Access Centre, which provided home care services in the region, was integrated into the Champlain LHIN. Now that we have taken on the responsibility for the provision of home and community care services, we have an added responsibility to continually strive to improve those services. We have included several interventions in this plan that are intended to modernize the home and community care delivery model as well as enable increasingly complex patients to be supported in their own homes.

As the organization responsible for the provision of home and community care services, we will also ensure that services are available in French and in accordance with the *French Language Services Act, 1990*.

Priority B: Evolve primary care networks into sub-region networks of care

We will do this by:

- *Beginning the development of integrated networks of care in all LHIN sub-regions that better connect patients with primary care providers as well as home and community care. These efforts will be guided by a common understanding of the unique population health needs within each sub-region.*

- *We will also make sure that LHIN sub-regions evolve in alignment with emerging provincial directions stemming from the introduction of the* Patients First Act, 2016.

Current Status & Highlights of Accomplishments

In 2016-17, all LHINs identified sub-regions as required by the *Patients First Act*. Five sub-regions have been identified in the Champlain region to help us better understand and address patient needs at the local level. These were proposed after extensive consultation with local communities.

By looking at care patterns through a smaller lens, we will be able to better identify and respond to community needs and we will be able to ensure that patients across the entire LHIN region will be able to access the care they need, when and where they need it.

A key priority of all LHINs is to improve access to a continuum of health care services. In 2017-18 we will focus on improving access to integrated primary, home and community care.

Recognizing that over 1,500 family physicians serve people in our region, we will ensure that our plans enable primary care providers to better connect their patients with other health system partners to access the care they need for their patients.

Priority C: Integrate mental health and addiction services

We will do this by:

- *Coordinating access to services*
- *Building partnerships with primary care networks to provide more holistic services and supports*
- *Smoothing transitions between services and across sectors for transitional aged youth, and*
- *Building a stronger mental health and addictions continuum of care to better serve communities.*

Current Status & Highlights of Accomplishments

In any given year, approximately 15.7% of Champlain residents experience a mental health or addiction problem[13]. Our region has made significant 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 and concurrent disorder populations, Indigenous and homeless populations.

[13] 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.

Since 2014-15, base funding for Community Mental Health and Addictions agencies in the Champlain LHIN has grown by 7%.

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 jurisdictions 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 2017-18 on the integration of mental health and addiction services across the region, collaboration with related sectors and where appropriate, align this work with other sub-regional planning efforts.

The LHIN is committed to working with local clinicians at the community level to support the implementation of quality standards in a variety of areas. For example, the LHIN will support the implementation of quality standards on major depression care that are being developed by Health Quality Ontario.

This year, we will support the provincial opioid strategy and will also work closely with the Overdose Prevention Taskforce in Ottawa, in an effort to coordinate resources to address opioid abuse.

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							
	2016-17 (as of March 31, 2017)		2017-18 (as of March 31, 2018)		2018-19 (as of March 31, 2019)		2019-20 (as of March 31, 2020)	
	Status	%	Status	%	Status	%	Status	%
Priority A: Integrate Community and Home Care Services								
Complete the transition of home care services from the Community Care Access Centre to the Champlain LHIN	In Progress	35%	Completed	100%	Completed	100%	Completed	100%
Leverage enabling technologies to drive common intake tools and processes for more effective information sharing, care coordination, and service delivery within the Community Support Services sector	In Progress	10%	In Progress	35%	In Progress	60%	Completed	100%
Establish an integrated system of chronic disease services between hospital and community, focused on the reduction of unnecessary hospital readmissions	In Progress	50%	In Progress	75%	In Progress	90%	Completed	100%
Develop a regional lung health strategy focused on smoking cessation resources, lung health programs and supports for patients requiring long term ventilation	In Progress	10%	In Progress	50%	Completed	100%	Completed	100%
Reduce gaps in the continuum of community based services for persons with Acquired Brain Injury through integration and service enhancement	In Progress	25%	In Progress	50%	In Progress	75%	Completed	100%

Complete the implementation of the new Behavioural Support Unit	In Progress	40%	Completed	100%	Completed	100%	Completed	100%
Reduce the number of patient days in hospital for patients needing other levels of care, through improved processes	In Progress	60%	In Progress	80%	Completed	100%	Completed	100%
Identify strategies to increase the continuum of long-term care supports	In Progress	5%	Completed	100%	Completed	100%	Completed	100%
Support community paramedicine initiatives across Champlain	In Progress	10%	Completed	100%	Completed	100%	Completed	100%
Support regional development of access pathways for Medical Assistance in Dying in alignment with provincial policy direction	In Progress	20%	Completed	100%	Completed	100%	Completed	100%
Evolve the role of care coordination	In Progress	40%	In Progress	80%	Completed	100%	Completed	100%
Implement new service standards and develop new practices to improve the initiation of home care services to complex clients	In Progress	25%	In Progress	75%	Completed	100%	Completed	100%
Improve the measurement and quality of the client / caregiver experience	In Progress	50%	Completed	100%	Completed	100%	Completed	100%
Enhance performance oversight of home and community care providers through an improved clinical and contractual audit program	In Progress	40%	In Progress	80%	Completed	100%	Completed	100%

Priority B: Evolve Primary Care Networks into Sub-Region Networks of Care								
Support the establishment of LHIN Sub-regions	In Progress	10%	Completed	100%	Completed	100%	Completed	100%
Establish coordinated access in Champlain for home and community care	In Progress	30%	In Progress	60%	Completed	100%	Completed	100%
Implement centralized and coordinated access to services for clients with mental health and addictions problems aligned with LHIN sub-regions where applicable	In Progress	20%	In Progress	40%	In Progress	80%	Completed	100%
Establish primary care and mental health partnerships, to promote integrated care and management within LHIN sub-regions	In Progress	30%	In Progress	70%	Completed	100%	Completed	100%
Expand dementia initiatives in primary care, and review the respite needs of caregivers to reduce their distress	In Progress	10%	In Progress	20%	In Progress	40%	Completed	100%
Implement Inter-professional Spine Assessment and Education Clinics	In Progress	10%	Completed	100%	Completed	100%	Completed	100%

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	In Progress	20%	In Progress	60%	Completed	100%	Completed	100%
Develop systems to reliably monitor performance of mental health and addictions services	In Progress	30%	In Progress	75%	Completed	100%	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	10%	In Progress	40%	In Progress	70%	Completed	100%
Enhance access to services that improve the well-being of youth transitioning from child to adult services	In Progress	40%	In Progress	70%	In Progress	90%	Completed	100%
Establish a regional program for inpatient mental health services	In Progress	20%	Completed	100%	Completed	100%	Completed	100%
Support and coordinate resources to address opioid abuse	Not Started	0%	Completed	100%	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 the proportion of adults with a primary care provider* • *Increase timely access to a primary care provider* • *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**
Data may be unavailable or outdated and not reflective of current challenges or state. Examples of common data challenges include the timeliness of physician billing data, the availability of socio-demographic data and primary care capacity planning data, and the complexity of connecting disparate datasets to understand how patients move through the health system.	Ensure we are using the most recent provincial data for health system planning and solicit supplemental information from health system partners when necessary. Where appropriate, consider the implementation of new data collection systems.
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 sub-region networks of care, involve significant engagement with many health care system partners. In some cases, these partners are not directly accountable to the LHIN and the LHIN needs to rely on their willingness to engage in this work.	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.* • *Development of information technology capabilities that enable the secure flow of information across the health system, and supports decision-making processes.* • *Establishment of clinical leadership within sub-regions will facilitate increased engagement of primary care and further development of networks.*

Strategic Direction 2

Access: Ensure Health Services are Timely and Equitable

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 more timely access to priority health services.

Equitable access to service is a concern for many in the region. We will concentrate our efforts in the areas of culturally and linguistically appropriate care, achieving health system performance targets and by using enabling technology and other means 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
    - Public health units, and
    - Emerging sub-region networks of care.
- *Assuring the provision of French Language Services through service accountability agreements with Providers and monitoring their performance through regular reports.*

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, or the type of care that is appropriate to their cultures. 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 linguistically linked health status data for health system planning purposes.*

Despite these improvements, inequity exists within our system. We will work with our planning partners to reduce gaps in service and improve access to health services that meet the unique health care needs of the diverse communities we serve. Some areas of focus include the:

- *Collection of data on the French linguistic competence of health human resources*
- *Provision of Indigenous Cultural Competency training*
- *Expansion of health services for seniors in immigrant communities.*

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

Five 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.

In 2015-16, the Ministry set higher standards across the province, affirming the expectation that Ontarians should have timely access to high-quality services wherever they live.

With new standards in place, Champlain was ranked 11 among the 14 LHINs, overall, at the beginning of 2015-16. A set of targeted strategies and investments brought the region up to fourth place by the third quarter of 2016-17. In 2017-18, we expect Champlain to remain a top performer.

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 digital health 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, 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 across northern and eastern Ontario 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 link over 1,000 physicians' electronic medical record systems to 20 hospital information systems to reduce 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 can 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 worked closely with provincial partners to enable the replication and extension of this successful service across Ontario, and we supported collaborations to share the knowledge nationally as well.

We will continue to support and build on these initiatives in 2017-18, with added emphasis on further enabling the community providers and patients to have more timely access to richer information that will improve the coordination of care and overall experience with the healthcare system.

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 Digital Health Strategy*
- *Legislated requirements for focusing on Francophone and Indigenous communities.*

Action Plans / Interventions	Strategic Direction 2 Access: Ensure health services are timely and equitable							
	2016-17 (as of March 31, 2017)		2017-18 (as of March 31, 2018)		2018-19 (as of March 31, 2019)		2019-20 (as of March 31, 2020)	
	Status	%	Status	%	Status	%	Status	%
Priority A: Provide for Culturally and Linguistically Appropriate Care								
Complete the analysis of French Language Service gaps within sub-regions	In Progress	50%	Completed	100%	Completed	100%	Completed	100%
Collect data on the French linguistic competence of health human resources in the region	In Progress	50%	In Progress	80%	Completed	100%	Completed	100%
Complete the Francophone Linguistic Variable Regional Pilot Project	In Progress	80%	Completed	100%	Completed	100%	Completed	100%
Facilitate planning and implementation of Indigenous addictions treatment centres which includes the Minwaashin Indigenous Women and Children Treatment Centre and Tungasuvvigat Inuit Mamisarvik Healing Centre	In Progress	40%	In Progress	80%	Completed	100%	Completed	100%
Support a range of Indigenous Cultural Safety training initiatives to health service providers	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Validate and finalize an Indigenous health equity and wellness framework for Champlain region	Not Started	0%	Completed	100%	Completed	100%	Completed	100%

Host a conference on Indigenous Mental Wellness for Youth - Reframing our Approach to Care	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Pilot Indigenous system navigators to improve coordination and access	Not Started	0%	Completed	100%	Completed	100%	Completed	100%
Expand health services for seniors in immigrant communities	In Progress	50%	In Progress	85%	Completed	100%	Completed	100%
Conduct regional needs assessment for refugees and immigrants who have experienced trauma; work with partners to increase access to trauma services for this population	Not Started	0%	In Progress	30%	Completed	100%	Completed	100%
Increase health services for refugees, including assessing client needs at the Ottawa Newcomer Health Centre	In Progress	30%	Completed	100%	Completed	100%	Completed	100%
Develop strategies to address health service gaps related to sexual orientation and/or gender	In Progress	10%	In Progress	50%	Completed	100%	Completed	100%

Priority B: Implement Strategies to Achieve Performance Targets								
Focus health service providers on achieving Ministry-LHIN accountability performance targets through accountability agreements	In Progress	70%	In Progress	90%	Completed	100%	Completed	100%
Achieve wait time targets for Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans by optimizing efficiency, ensuring sufficient capacity, and examining appropriateness (with initial focus on MRI)	In Progress	20%	In Progress	60%	Completed	100%	Completed	100%
Support hospital improvement processes to reduce time spent in the emergency room	In Progress	20%	In Progress	50%	Completed	100%	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%	Completed	100%

Priority C: Integrate Expand Use of Enabling Technologies to bring Care Closer to Home								
Optimize the use of telemedicine, telehomecare and complementary enabling technologies for select conditions to provide care closer to home	In Progress	30%	In Progress	75%	Completed	100%	Completed	100%
Support Ministry and eHealth Ontario strategy and plans to implement, deploy and adopt regional electronic health record solutions through Connecting Northern & Eastern Region (cNER)	Not Started	0%	In Progress	10%	In Progress	70%	In Progress	90%
Maintain oversight of eConsult strategy for Champlain LHIN providers, including opportunities for further integration to improve efficiency and wait times in key areas, and support MOHLTC strategy	Not Started	0%	Completed	100%	Completed	100%	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 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 between the LHIN and Health Service Providers is not sufficiently defined and focused to achieve our goals.	Funding and service accountability agreements between the LHIN Health Service Providers will be aligned with our strategic priorities and will clearly articulate expectations and responsibilities.
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.
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, Quality Improvement Plans and performance dashboards for critical priorities.* • *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

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 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. Stemming from the Triple Aim approach, we will focus our efforts on improving health outcomes, patient experience and the cost-effectiveness of our local health system.

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. We will concentrate our efforts in the areas of funding reform, health system re-structuring, 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*
- *Implementing the regional sub-acute care plan to achieve optimal utilization for inpatient/outpatient care.*

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. In the coming months and years, we must further unlock the value of our health system to respond to the changing health needs of our population.

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 LHIN (home care) 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 patients express their preferences and goals for care through advanced care planning, and that patients' expressed preferences are effectively communicated.*

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*. Among the important principles of the *Declaration of Partnership* guiding our system improvements are improving access to hospice palliative care in the community and providing support for primary care providers.

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 a rapidly 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 ten Health Links in the Champlain region. The LHIN has worked with the Health Links on a scaling and sustainability strategy for 2017-18 to support 4,375 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 align 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**							
	2016-17 (as of March 31, 2017)		**2017-18 (as of March 31, 2018)**		**2018-19 (as of March 31, 2019)**		**2019-20 (as of March 31, 2020)**	
	Status	**%**	**Status**	**%**	**Status**	**%**	**Status**	**%**
Continue Implementing Funding Reform and Innovative Models of Care								
Implement key recommendations of the Champlain Vision Care Plan	In Progress	25%	In Progress	50%	In Progress	75%	Completed	100%
Implement the regional sub-acute care plan to achieve optimal utilization for inpatient/outpatient care	In Progress	20%	In Progress	60%	Completed	100%	Completed	100%
Develop a regional capacity plan for child and youth health services	In Progress	25%	In Progress	50%	Completed	100%	Completed	100%
Develop a plan for a pilot health hub in a rural area including a detailed implementation plan	In Progress	50%	In Progress	80%	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	10%	In Progress	75%	Completed	100%	Completed	100%
Implement common tools to support advance care planning discussion and document goals of care	In Progress	50%	Completed	100%	Completed	100%	Completed	100%

Optimize access to existing palliative care resources, including the development of a regional needs-based education plan that will support primary care	In Progress	15%	In Progress	25%	Completed	100%	Completed	100%
Fast-Track Implementation of Health Links								
Support all Health Links (10) across the region to increase the number of people with complex care receiving coordinated care	In Progress	12%	In Progress	44%	Completed	100%	Completed	100%
How Will We Measure Success?								
• *Increase the percentage of palliative patients receiving home care 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**
Accountability between the LHIN and Health Service Providers is not sufficiently aligned to our strategic objectives.	Funding and service accountability agreements between the LHIN and Health Service Providers will be aligned with our strategic priorities and will clearly articulate expectations and responsibilities.
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.
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 Health Service Providers 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	2016/17 Actuals	2017/18 Allocation	2018/19 Planned Expenses	2019/20 Planned Expenses
Salaries and Wages	**$4,246,127**	**$4,248,777**	**$4,110,826**	**$4,110,826**
Employee Benefits				
HOOPP	$395,820	$423,828	$410,033	$410,033
Other Benefits	$486,153	$508,592	$492,038	$492,038
Total Employee Benefits	**$881,973**	**$932,420**	**$902,071**	**$902,071**
Transportation and Communication				
Staff Travel	$41,521	$62,175	$60,975	$60,975
Governance Travel	$13,024	$15,000	$15,000	$15,000
Communications	$43,031	$36,308	$35,808	$35,808
Other Benefits				
Total Transportation and Communication	**$97,576**	**$113,483**	**$111,783**	**$111,783**
Services				
Accommodation	$490,924	$494,266	$494,266	$494,266
Advertising	$9,279	$5,000	$5,000	$5,000
Banking	$410	$500	$500	$500
Insurance	$6,088	$6,209	$6,209	$6,209
Consulting Fees	$352,621	$391,646	$391,646	$391,646
Equipment Rentals	$5,659	$6,500	$6,500	$6,500
Governance Per Diems	$114,725	$110,000	$110,000	$110,000
LSSO Shared Costs	$383,073			
Other Meeting Expenses	$46,931	$49,000	$39,000	$39,000
Other Governance Costs				
Printing & Translation	$82,857	$80,812	$80,812	$80,812
Staff Development	$26,389	$41,527	$41,527	$41,527
Total Services	**$1,518,956**	**$1,185,460**	**$1,175,460**	**$1,175,460**
Supplies and Equipment				
IT Equipment	$68,458			
Office Supplies & Purchased Equipment	$69,943	$75,461	$75,461	$75,461
Total Supplies and Equipment	**$138,401**	**$75,461**	**$75,461**	**$75,461**
LHIN Operations: Total Planned Expense	**$6,883,032**	**$6,555,601**	**$6,375,601**	**$6,375,601**
Annual Funding Target	**$7,021,417**	**$6,555,601**	**$6,375,601**	**$6,375,601**
Variance	**$138,385**	**$0**	**$0**	**$0**

Home and Community Care Services	2016/17 Actuals	2017/18 Allocation	2018/19 Planned Expenses	2019/20 Planned Expenses
Home and Community Care Services	N/A	$268,301,150	$267,922,570	$267,922,570
Annual Funding Target (LHIN)	**N/A**	**$265,743,878**	**$265,365,298**	**$265,365,298**
Annual Funding Target (Other Sources)	**N/A**	**$2,557,272**	**$2,557,272**	**$2,557,272**
Variance	**N/A**	**$0**	**$0**	**$0**

Recovery for Shared Services	2016/17 Actuals	2017/18 Allocation	2018/19 Planned Expenses	2019/20 Planned Expenses
Recovery from LHIN	$31,806	$429,164	$429,164	$429,164
Recovery from Home and Community Care Services	$0	$2,270,643	$2,270,643	$2,270,643
Total Recovery for Shared Services	**$31,806**	**$2,699,807**	**$2,699,807**	**$2,699,807**

Notes:

Although the total budget amount will not change, the allocation of the budget to various cost centers will likely change once the Ministry finalizes reporting requirements for LHINs. For example, some administrative expenses within the Home and Community Care Services budget may be consolidated with similar administrative expenses within the LHIN Operations budget.

Budget includes funding for the Diabetes Regional Program, Aboriginal Engagement, ER/ALC Lead, French Language Coordinator, and Enabling Technologies. 2017/2018 budget includes final year of LHIN Transition funding ($180,000). Budget does not include $993,837 for the French Language Planning Entity. Consulting Fees includes Physician Leads (3 x $75K). As of March 1, 2017, the LHIN Operations Spending Plan reflects the transfer of LHIN Shared Services Office and LHIN Collaborative funding to Health Shared Services Ontario.

LHIN Staffing Plan (Full-Time Equivalents)

Position Title	2016/17 Actuals as of Mar. 31 2017 FTEs	2017/18 Forecast FTEs	2018/19 Forecast FTEs	2019/20 Forecast FTEs
TOTAL LHIN FTEs Pre-Transition	49.1			
Board – Executive Assistant		1.0	1.0	1.0
Chief Executive Officer		1.0	1.0	1.0
CEO - Executive Assistant		1.0	1.0	1.0
LHIN Renewal Senior Advisor		0.6	0.6	0.6
VP - Home and Community Care		1.0	1.0	1.0
Home and Community Care FTEs		604.1	604.1	604.1
VP - Integration		1.0	1.0	1.0
Integration FTEs		19.0	19.0	19.0
VP Performance & Corporate Services & CFO		1.0	1.0	1.0
Performance & Corporate Services & CFO FTEs		67.1	67.1	67.1
VP Communications and Engagement		1.0	1.0	1.0
Communications and Engagement FTEs		15.0	15.0	15.0
VP Human Resources & Organizational Development		1.0	1.0	1.0
Human Resources & Organizational Development FTEs		19.0	19.0	19.0
VP Clinical		1.0	1.0	1.0
Clinical FTEs		1.0	1.0	1.0
Total FTEs	**49.1**	**734.8**	**734.8**	**734.8**

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 the public, providers, and partners. 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 part of this plan outlines how we *educate, consult, involve and empower* the public and partners. A more comprehensive detailing of community engagement activities is 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. That will be accomplished by building a coordinated, integrated and accountable health system for people, where and when they need it.

This is the second year of the Champlain LHIN's *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 activities will also align with the Champlain LHIN's new mandate to deliver home and community services.

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 2017-18 are to:

- *Build confidence among people in the Champlain region 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, and providing value for tax dollars
  - The system is transparent.
- *Raise awareness of health services and support system navigation*
- *Increase health literacy to enable and support people in Champlain to live healthy lives and manage their illnesses better*
- *Engage providers, caregivers, 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 Champlain LHIN liaises with the other 13 LHINs to ensure consistence and synergy among common programs.

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.

For example, 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.

In addition, 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 needs. 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: Mohawks of Akwesasne (near Cornwall and the second most populous reserve in Canada), and Algonquins of Pikwàkanagàn First Nation (in Renfrew County). Over two-thirds of Indigenous peoples live in urban and rural communities.*

Key Points - Patients First: Action Plan for Health Care

- *The Patients First: Action Plan for Health Care is Ontario's plan to transform the health care system into one that puts the needs of patients at its centre. It sets clear and ambitious goals for Ontario's health care system by improving the health care experience: increasing access, connecting services, informing patients and protecting our health care system. We have made progress in all four priority areas, but we can do more to put patients first.*
- *By putting patients first in everything we do, we will provide faster access to the care patients need today and make the necessary investments to ensure our health system will be there for patients for generations to come.*
- *On December 7, 2016, Ontario passed the* Patients First Act, 2016, *an important step forward in the Patients First: Action Plan for Health Care. Once fully implemented, changes supported by the* Patients First Act *will make local health care more responsive to local needs:*
    - Patients will benefit from improved access to primary care, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner
    - Primary care providers, inter-professional health care teams, hospitals, public health units and home and community care providers will be better able to communicate and share information, to ensure a smoother patient experience and transitions. Our goal is that patients will only have to tell their story once.

- Administration of the health care system will be streamlined and reduced, with savings put back into improving patient care.
- The voices of patients and families in their own health care planning will be strengthened.
- There will be an increased focus on cultural sensitivity and the delivery of health care services to Indigenous peoples and French-speaking people in Ontario.

- *LHINs will ensure that any changes are seamless and that they simplify and improve patient experience. There will be no added bureaucracy and financial savings will go to patient care.*

Target Audience

Primary:

- *Patients, clients, family members, caregivers, and the general public*
- *Health Provider Organizations*
- *Provider Boards*
- *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 and local political representatives*
- *Health-care associations*
- *Other provincial ministries.*

Strategic Approach

LHIN Board members and LHIN staff will take part in reaching out to the audiences above. The aim is to ensure members of the public, providers, partners, opinion leaders, and media know how to access health services and become more involved in helping to improve health care. We also want to ensure local residents know that the Champlain LHIN plays a critical role in planning, integrating and funding health services, and in providing home care.

The *ABP 2017-18* 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.

Communications strategies and tools will be evaluated annually to determine effectiveness of approaches.

Activities

A number of external and internal communications tools will be employed by the LHIN in 2017-18. These include:

- *Printed materials and web-based materials/guidance (e.g. champlainhealthline.ca) for clients, patients, family members and caregivers*
- *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
    - LinkedIn.
- *Internal web-based tools and events for sharing information among LHIN staff*

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 the French Language Health Services Network of Eastern Ontario (*Le Réseau*), 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.*

In our activities, we commit to upholding the core principles for LHIN community engagement:

- *Informed planning and preparation*
- *Inclusiveness and attention to demographic diversity*
- *Engagement with Indigenous Peoples*
- *Engagement with the Francophone communities*
- *Commitment to learning*
- *Demonstrate trust and transparency*
- *Focus on impact and action; and*
- *Sustainment of a participatory culture*[14].

Patient engagement remains an important component of the *ABP 2017-18*. Meaningful patient engagement involves patients along the full spectrum of health care.

We aim to strengthen our understanding of patient experiences to:

- *Inform our initiatives, and*
- *Involve a wide range of people in planning health care system improvements.*

[14] LHIN Community Engagement Guidelines and Toolkit – June2016

Based on the objectives of LHIN initiatives and the needs of the community, the Champlain LHIN uses a combination of community engagement techniques.

The *Community Engagement Plan 2016-19* outlines ongoing and specific community engagement activities that will occur to achieve 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.*

The following is a sample of the 2017-18 community engagement initiatives to advance these priorities:

- *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*
- *Establish a LHIN Patient and Family Advisory Council by working with the existing Council that supported the CCAC*
- *Engage with stakeholders, including patients and community members, to better understand the health needs and unique communities of each Champlain sub-region*
- *Engage clients, patients and families to seek their input on the current state and future improvement opportunities of hospital based mental health and addictions services across Champlain*
- *Conduct engagement to identify needs and ways to support Indigenous people with dementia*
- *Collaborate with community partners to advance the development of residential hospice services in Eastern Ottawa and Eastern Champlain sub-regions*
- *Continue to support patient engagement in the development of Health Links across the region.*

A copy of the *LHIN Community Engagement Guidelines* is available on our website to help guide providers as they fulfill their community engagement obligations.

Appropriate community engagement is undertaken for all voluntary, facilitated and required integrations, according to the *Local Health System Integration Act, 2006*.

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 2017-18.

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*, to support the health needs and priorities of Francophone community by engaging the French Language Health Services Network of Eastern Ontario *(Le Réseau)*, which is the French Language Health Planning Entity for this region).

The LHIN 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 LHIN and *Le Réseau's Joint Action Plan*, and contribute to the progress of the Champlain LHIN *IHSP 2016-19* Strategic Directions.

Engagement with the Francophone population that will take place in 2017-18 includes:

- *Engaging Francophone communities on the definition of specific health service needs and priorities*
- *Inviting the Francophone population to share their experience in accessing French-language health services*
- *Measuring the satisfaction of Francophones regarding their access to French-language health services*
- *Collecting data on patient experience*
- *Informing Francophone communities on the availability of French-language health services and on the role French-language health services play in the quality of the care they 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.

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 Nations, Inuit and Métis members, is ideally positioned to:

- *Address the ongoing need within the Champlain LHIN at all levels for cross-cultural awareness, and*
- *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 2017-18 include conducting engagement with stakeholders to:

- *Validate the draft Indigenous healthy equity and wellness framework*
- *Validate the development of an Indigenous cultural safety framework to assist in the delivery of culturally safe services to Indigenous people*
- *Identify needs and ways to support Indigenous people with dementia.*

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 2017-18, the LHIN will continue to collaborate with providers and partners to coordinate health services for refugees, and improve interpretation services for patients and clients who do not speak English or French.

The LHIN will also develop specific services for immigrant seniors. This work will be based on the findings of a needs assessment involving a number of focus groups of immigrant seniors and caregivers, and survey of health providers.

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 2017-18, key engagements include:

- *Champlain eHealth Council and Regional Chief Information Officer committees,*
- *Provincial Electronic Health Record initiative through ConnectingOntario – Northern and Eastern Region,*
- *Various regional and provincial Steering Committees and working groups with particular emphasis on better collaboration and care coordination priority areas such as Health Links, community support services, and access to specialty care.*

A key objective for these engagements will be to closely work with stakeholders and front-line workers to better inform decision-making processes and to develop and apply effective change management strategies that will drive improved access to quality care and reduction in wait times.

The LHIN facilitates these engagements across a broad range of Champlain providers to promote collaboration, information-gathering/exchange, as well as shared oversight for various initiatives.

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