Erie St. Clair **LHIN**
RLISS d'Érié St. Clair
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Annual Service Plan

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2008/2009

Ontario
Erie St. Clair Local Health Integration Network
Réseau local d'intégration des services de santé d'Érié St. Clair

Required Elements:

Section A	Transmittal Letter to the Board Chair	
Section B	Introduction	
Section C	Environmental Scan of Opportunities and Risks	
Section D	Detailed Plans to Implement IHSP Priorities for the Local Health System	
Section E	Financial Summary – Local Health System by Sector	N/A
Section F	Planning for ESC LHIN Operations	N/A
Section G	Management Plan to deal with Risks	N/A
Section H	Communications Plan	N/A
Schedule 9	Statement of Erie St. Clair LHIN 2008/09 Funding Allocation and Multi-Year Funding Target	

A. Transmittal Letter to the Board Chair

Description: A short cover-memo from the LHIN's Chair providing context for the LHIN's Annual Service Plan (ASP).

The ESC LHIN may use any format it deems appropriate, but the letter must be signed by the Board Chair confirming Board approval.

B. Introduction

Description: This section provides an overview of the ASP in the context of the LHIN's multi-year strategy for its local health system, linking back to current strategic directions.

Vision, Mission, Values:
The Erie St. Clair Local Health Integration Network (ESC LHIN) has identified the following vision, mission and values for guiding our activities.

Vision:
A healthcare system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren.

Mission:
A catalyst to improve the health and wellness of Erie St. Clair residents through partnership with healthcare providers and the community.

Value Statements:
The ESC LHIN believes:

- That the healthcare system should be focused on the patient, publicly funded, sustainable and universally accessible.

- In operating in a transparent manner with honesty and integrity by being accountable to our community.
- Our healthcare providers must work in cooperation with each other, use best practices and strive for excellence.

Purpose/Overview:

The Annual Service Plan (ASP) is a multi-year planning document that operationalizes the strategic vision for the ESC LHIN as defined through the detailed implementation strategy for the Integrated Health Services Plan (IHSP). This plan is framed within the context of the population health characteristics and current healthcare services available within the ESC LHIN. The ASP includes high level detail with regards to specific plans to advance improvements in the health care system based on the Strategic Directions of the IHSP. Particular initiatives and strategies addressed in the plan are:

- Emergency Department and Medicine Advisory Network
- Chronic Disease and Prevention Management (CDPM) Leadership Team
- Diabetes Project Team
- Alternate Level of Care Project Team (Windsor-Essex)
- Mental Health and Addiction Advisory Network
- Community Services Advisory Network
- Surgical Advisory Network (Wait Time Strategies)
- Aging at Home Advisory Network

These priorities for change reflect the issues identified in the ESC LHIN community engagement component of the IHSP, but also, the priorities identified by the province in the strategic plan and the Ministry LHIN Accountability Agreement (MLAA). The provincial priorities addressed in the plan include:

- promotion of healthy living
- enabling individual empowerment and responsibility
- providing timely access to care
- expanding community capacity
- improving evidence-based decision making
- ensuring equity across the ESC LHIN and the province

The MLAA issues addressed in the ASP are performance obligations based on improved access, improved quality, improved integration and improved sustainability.

e-Health Update for the ESC LHIN:

Service Delivery Plan:

The ESC LHIN e-Health plan was submitted to the MOHLTC in September 2006 and has been utilized by the Ministry in combination with the other 13 LHIN e-Health plans to prioritize the provincial e-Health direction and funding. This year the Ministry has provided $275,000 to begin the work of building a foundation and human resource structure for the eventual execution of the ESC LHIN e-Health plan. The initial work of deployment of a secure health network and e-mail has been initiated in this fiscal year through educational sessions and work groups. Some components of this

project have received additional funding through SSHA as a joint venture with the South West LHIN in regards to sharing of resources for project management and implementation. Organizations that are currently utilizing this network are in the process of switching to a larger bandwidth provider in order to support the future network traffic.

In addition, the MOHLTC has made a commitment for specific funding to support the Canada Health Infoway Diagnostic Imaging Regional PACS project which includes the storage of a copy of the images at LHSC with the other South West LHIN hospitals. This is a multi-year project that is in the final analysis and planning phase for hospitals in the ESC LHIN. This project will require a master patient index in order to recognize and link individual patient records. This application is being planned through this project and will support future regional projects.

The high priority projects for Erie St. Clair will entail a thorough implementation plan that will need to be aligned with the provincial e-Health strategy. These priorities include a provider portal to securely access patient records, electronic referral systems and a patient/client portal. These applications will support the needs identified in the IHSP. The chronic disease management protocols, which will be developed, will need these types of applications in order to ensure that the care providers have access to timely patient information and to empower patients with the information they need to manage their own health care.

Additional Issues the ESC LHIN is Addressing:

Other issues the ESC LHIN is working on for completion in 2008/09 to 2010/11 include:

- voluntary integration opportunities identified by our providers
- working with our providers in developing strategic plans that reflect the appropriate services to be offered to meet the needs of the residents they serve
- the rationalization of services necessary to maintain equity in patient access, quality and financial sustainability

Key Initiatives for the ESC LHIN:

- Facilitating and supporting the FLO Collaborative
- Developing wait-time strategies to improve wait times as per the MLAA performance indicators
- Chronic Disease Initiatives
- ALC/LTCH Access
- Creation of the Health Professional Advisory Committee as per LHSIA
- Assisting and supporting Bluewater Health hospital
- Implementing e-Health initiatives to support the IHSP and integration opportunities
- End of Life Planning

C. Environmental Scan of Opportunities and Risks

Description: The environmental scan sets the context for the detailed plans to implement the IHSP priorities by providing evidence for the plans set forth, based on the LHIN's own research, through local planning, community engagement and other activities, and risk analysis of its local health system, its needs and future priorities.

Introduction and Profile of the ESC LHIN

The ESC LHIN is home to approximately 650,000 people (5.1% of the population of Ontario) who are living in the communities of Windsor-Essex, Chatham-Kent and Sarnia-Lambton.

Essex County Profile

Essex County has a total population of approximately 408,000 residents. The county is located in the most southerly part of Canada, with Windsor, the region's largest city, located across the boarder from Detroit, Michigan. Fifty-five per cent of Essex County's population resides in the city of Windsor. Though Essex County had a reported 12 per cent increase in population since 1997, the downturn of the automotive sector in the past year may impact on the rate of population growth as well as the resources available to support positive determinants of health. Four per cent of the population of Essex County declared themselves French speaking and 11 per cent of the population is registered as a visible minority.

Chatham-Kent Profile

Chatham-Kent has a total population of approximately 109,000 residents. The area is largely rural-agricultural with 48 per cent of the population living in urban centres. The total population of Chatham-Kent declined by three per cent between 1997 and 2007. Bkejwanong First Nation (Walpole Island) is home to 1,900 residents. Although the island is located in Lambton County, the community uses many health services in the Municipality of Chatham-Kent. Four per cent of the residents of Chatham-Kent list French as their first language.

Lambton County Profile

Lambton County has a total population of approximately 132,000. The area is an urban/rural mix with the major urban centres being Sarnia and Petrolia. Almost 56 per cent of the population lives in the city of Sarnia, which is located in the northwest of the county. Three First Nation communities are located in the county: Chippewas of Kettle and Stony Point (over 1,000 residents), Aamjiwnaang (did not participate in the 2006 Census) and Bkejwanong (about 1,900 residents). First Nations people account for about four per cent of the 2006 population. Three per cent of the population are visible minorities with just over two per cent reported as speaking French as their first language.

Significant variances in comparison to the provincial population are noted in the analysis of the health characteristics of Erie St Clair's population:

- higher proportion of seniors, specifically in the 85+ cohort and a lower proportion of individuals in the 25-39 year age group
- higher unemployment rates
- significantly higher incidence of overweight/obese individuals
- slightly higher proportion of individuals who practice poor lifestyle habits (smoking, drinking, poor nutrition, inactivity)
- significantly higher prevalence of arthritis/rheumatism and higher rates of other chronic

conditions such as asthma, diabetes, heart disease and high blood pressure
- significantly higher rates of hospitalization, potential years of life lost, and mortality due to higher rates of neoplasm, circulatory disease and external causes such as injury
- significantly higher percentage of people without a high school diploma

Health Services Utilization

Currently, 1,370 hospital beds (on average) are staffed and in operation across the ESC LHIN. Of this complement, there are 861 acute beds of which include:

- 44% medical beds
- 21% surgical beds
- 12% combined medical/surgical beds
- 10% critical care/intensive care beds
- 6% paediatric
- 7% obstetric

Further, the ESC LHIN has in service a total of:

- 128 mental health beds
- 256 complex continuing care beds
- 125 rehabilitation beds

Localization Index

Erie St. Clair hospitals provided treatment to 85 per cent of ESC LHIN acute inpatients, with the Southwest LHIN serving another 12.5%. The age-standardized separation rate for all levels of care within the ESC LHIN is significantly higher than for Ontario residents.

Mental Health

Acute mental health visits represented approximately eight per cent of all separations and 15 per cent of total days for Erie St. Clair hospitals. This represents a higher proportion than those for Ontario Hospitals (6% and 11% respectively). The age-standardized mental health separation rate for Erie St. Clair residents was 35% higher than the rate for Ontario residents.

Rehabilitation

Rehabilitation days have remained constant within the ESC LHIN over the last three years, averaging approximately 40,000 patient-days per year. Of note, the ESC LHIN had an average length of stay of 18 days for rehabilitation in 2005/06 and accounted for five per cent of the total provincial rehabilitation days - in line with our share of total population.

In 2005/06 there was a monthly average of 153 individuals admitted for long-term care placement, ranging from 130 to176 per month. There was also a monthly average of 1,222 individuals awaiting admission to long-term placement, ranging from 964 to 1,336 per month.

Health Professionals

Although the limitations of the data are acknowledged, the ESC LHIN has fewer healthcare professionals per 100,000 people than Ontario in all categories, with the exception of Extended Class Registered Nurses and Registered Practical Nurses.

Community Engagement Findings

The issues identified through ESC LHIN community engagement consultations included:

- issues related to the training, recruitment and retention of health professionals
- the need for increased access and improved wait times
- increased emphasis on health promotion and disease prevention
- improved health system navigation and continuity of care
- issues related to mental health continuum of care
- increased involvement and participation of Francophones, other minority groups and rural groups throughout the systems services process
- improved information and data regarding the needs and the health status of various unique communities within the ESC LHIN
- focus on primary care
- shift from provider focus to patient focus
- focus on transportation
- need for a long-term, transparent and sustainable financial plan
- increased availability and support for advanced technology and therapeutic measures
- development of best-practice guidelines, quality measures and related accountability
- issues related to non-acute bedded services
- confidentiality

Through the IHSP planning process, the following opportunities and risks were identified:

Opportunities and strengths are identified as:

- critical mass available to support enhancement of selected hospital and community services
- widespread interest in innovation and improvement
- dedicated volunteer base
- collaborative relationship with academic centres
- joint staff training and development
- shared support services
- best practice advancement
- health promotion and prevention strategies
- reduced need for referral to services outside the ESC LHIN
- return of healthcare professionals due to strengthening Canadian dollar

Risks and weaknesses are identified as:

- limited training capacity for health human resources
- increased cost of new technology and drugs
- fundraising capacity decreasing locally
- professional staff burnout
- consumer and family involvement in planning, decision-making and evaluation
- lack of integrated infrastructure for information sharing capacity at the client level
- border security issues
- generally shrinking workforce
- Alternate Level of Care patients inhibiting access to acute service beds

D. Detailed Plans to Implement IHSP Commitments and Priorities for the Local Health System

Description: This section provides detailed description and analysis of how the LHIN will meet the commitments of the IHSP. Any changes to existing programs, cost adjustments, etc. as well as new inter-LHIN initiatives or reallocations, and integration activities will be discussed in the context of meeting the commitments and addressing the priorities outlined in the IHSP.

IHSP Overview

The IHSP is a three-year document that was completed and approved in January 2007. It advances eight Strategic Integration Directions intended to transform the healthcare system in the planning areas (Windsor-Essex, Chatham-Kent, Sarnia-Lambton) that make up the ESC LHIN. A key objective of the IHSP is to advance planning frameworks and structures needed to improve the local healthcare system through integrated planning. Toward this end, the ESC LHIN envisions an evolving system of strengthening relationships grounded in dialogue, common understanding, visioning, cooperation, and coordination among the health service practitioners in the region. The key to successfully implementing the IHSP and developing system level improvements is to bring like functions and providers together in ongoing discussion and action focused forums that can advise/advance the Strategic Integration Directions.

The ESC LHIN has had to identify how to obtain effective input and balance the role of existing networks to be used in its planning processes. Currently, there are many planning and coordination networks in Erie St. Clair. Many of them have expressed an interest in becoming involved in some capacity with the ESC LHIN. These groups meet for a wide variety of reasons (planning, information sharing, decision-making, needs identification, advocacy, etc.) and may be involved with clinical, operational, or administrative planning activities at the organizational and/or health system level. A key challenge for ESC LHIN planning staff has been to advance a planning and accountability framework that, while building on the work of existing groups, will firmly establish the ESC LHIN as the leader in healthcare planning, integration and performance measurement.

An ESC LHIN planning and accountability framework, completed in April 2007, was developed as a tool to support the implementation of the eight Strategic Integration Directions (See attached diagram). This framework proposes four different but inter-dependent planning levels or structures:

- Clinical Advisory Networks
- Integration Leadership Teams (ILT)
- Project Teams (PT)
- Community Engagement

Clinical Advisory Networks

The Clinical Advisory Networks are clinically-oriented networks that have scope, span, experience, and insight into patient-level issues and processes that affect our residents. This recognizes that the key to the success of integrated healthcare systems is achieving clinical integration. The ESC LHIN is using Clinical Advisory Networks on an ongoing basis to understand operational processes, staffing, expenditure patterns, gather best practices, describe practice variations, share ESC LHIN concerns and act as a venue for problem solving.

Eventually, the ESC LHIN will use the Clinical Advisory Networks as a mechanism to compare

current processes, share best practices and share new processes. They will also be used to provide peer support, develop joint accountability for initiatives, develop and implement standardized approaches to care, advance contingency plans and provide advice to the Integration Leadership Teams (described below) by reviewing their planning recommendations and helping to identify clinical integration opportunities.

Advisory Networks and Integration Leadership Teams include:

- Emergency Department and Medicine Advisory Network
- CDPM Leadership Team
- Surgical Program, Obstetrics and Ambulatory Services Network
- Mental Health and Addictions Advisory Network
- Aging at Home Advisory Network
- End of Life/Palliative Care
- Diabetes Project Team

The Clinical Advisory Networks generally meet four times per year (or more often when a final planning report is needed and/or as issues arise) and are in place on a permanent basis. The Clinical Advisory Networks are considered to be at the highest level in the ESC LHIN Integration Planning and Accountability Framework providing expert advice to a wide variety of Strategic Integration Leadership Teams and specific Project Teams across the entire continuum of care.

Membership selection on Clinical Advisory Networks (and other teams) follow the established process described below. Initially, ESC LHIN Planning staff will consider the planning topic and identify experts to be considered for membership. A pre-meeting will be set up with the identified experts and other interested parties to discuss the group's goals, outcomes, potential membership, and other requirements. Following the pre-meeting, formal invitations will be sent to identified people inviting them to become involved as a member of the planning team. At the first formal meeting, group membership and the Terms of Reference are reviewed, finalized and approved.

Integration Leadership Teams

The Integration Leadership Teams (ILT) are focused on the cross program/sector implementation of the IHSP. ILT Teams will work with the Clinical Advisory Networks to test assumptions, gain advice, seek appropriate leadership champions and identify Project Team (described below) participants. A main purpose of the ILT will be to advance conceptual models for their respective planning areas through consensus building and a review of evidence-based practices and current models that have proven successful.

An example of an ILT is the current team looking at CDPM. Although initially working with processes largely aligned with the ED/Medicine Clinical Advisory Network, it is anticipated that the team will work across all of the Clinical Advisory Networks in order to champion a seamless service model for patients, clients and residents. ILTs will meet monthly, or more often in the initial conceptual model development stage, to review progress. It is anticipated that ILTs will be implemented over a three year timeframe for:

- CDPM

The key outcomes of the ILT are the same as our Strategic Integration Directions, that is:

- reduced dependence on hospitals
- improved access to care
- improved health care system navigation
- e-Health/back office integration
- health promotion and illness prevention
- health human resources planning
- improved support at home

Project Teams

Project Teams (PTs) are to be determined and guided by the ILTs. They will be implemented to examine unique process issues consistent with the directions of the IHSP and/or consistent with the unique recommendations of the Clinical Advisory Networks. An example of a PT is the current Diabetes PT under CDPM. The Diabetes PT is assessing the current state of diabetes services in the ESC LHIN. Their goals are to plan for better integrated care where the patient/client becomes the centre of the service system, hence improving system navigation and access, with the longer term goal of improved patient outcomes. PTs are time-limited, outcome-oriented and meet frequently as per the scope of the project.

Community Engagement

The final element of the planning and accountability framework is Community Engagement (CE). The ESC LHIN will continue to engage the community planning, reporting IHSP developments and healthcare system integration design. Engagement methods may include focus groups, surveys, web site input opportunities, and involvement on planning teams. The ESC LHIN recognizes that integration success will be more likely if the planning processes have been as inclusive as possible and that all affected parties have had their say in developing a system that best meets their individual needs.

Detailed Plans to Implement IHSP Priorities

This section of the ASP provides detailed information on all active ESC LHIN Advisory Networks, ILTs and PTs including: information on network/planning team goals and objectives, participant roles and implementation plans, the ESC LHIN role, performance impacts and third party involvement. The following ESC LHIN lead Networks and Planning Teams have been established in Erie St. Clair:

- Emergency Services/Medicine Clinical Advisory Network
- CDPM Integration Leadership Team
- Diabetes Project Team
- Alternative Level of Care Project Team (Windsor-Essex)
- Aging at Home
- Mental Health and Addictions Advisory Network
- Surgical Advisory Network
- End of Life Care/Palliative Care

Clinical Advisory Networks

1) Emergency Department/Medicine Advisory Network

Implementation Plan and Timelines

This Network began meeting in October 2007 and have identified a number of potential planning priorities and potential project areas. Currently the group is preparing a directional document outlining the planning process, needs, issues and potential projects/priorities for 2008-09. This report is expected to be completed in August 2008 for consideration by the ESC LHIN Board of Directors.

Ongoing

- review, monitor and advise on both ESC LHIN ILT and PT development/work as required

ESC LHIN Role

The ESC LHIN will organize, facilitate and support/direct the planning meetings and processes.

Key themes that the ESC LHIN supports through the planning processes are improved access to health care services, improved coordination and integration across a continuum of care and the promotion of a sustainable quality care system through the matching of service capacity with community need.

The ESC LHIN will also ensure that provider organizations operate within their financial means and are accountable through outcomes that are identified and measured. The ultimate role of the ESC LHIN is to support practices that will result in improved population health outcomes within their area.

Performance Impacts

Third Parties Identified:
- Critical Care Coordinator
- Emergency Services Coordinator
- others as needed, e.g. base hospital, ambulance service providers
- MOHLTC Staff

2) CDPM Integration Leadership Team

Goals
- advance conceptual models and implementation plans
- advise on the effective and efficient management of the ESC LHIN's human, physical and financial resources
- serve as experts in advancing strategic orientated integration opportunities and process that will positively impact on patient care and health outcomes
- serve as a source of expertise, resource and evaluation to ESC LHIN Project Teams

Objectives
- promoting integration of the local health system through system design
- setting health care system planning priorities
- helping to implement the provincial strategic plan and directions in the local ESC LHIN IHSP
- identifying barriers to advancing a seamless system of care and identifying strategies to overcome these barriers
- working to improve access and coordination of health services
- ensuring that continuity of care exists for their respective area
- supporting evidence-based health planning through disseminating information on best practices
- improving the efficiency and sustainability of health service delivery
- providing advice on funding allocations to health service providers
- supporting performance standards and targets and ensuring that they are achieved
- advising on the need and membership of the PTs
- reviewing the work of PTs to ensure consistency with conceptual planning models and wider provincial strategic directions
- monitoring and evaluating progress on establishing new planning/service models in the ESC LHIN region

Participants' Roles
Participants will develop and advance conceptual models that support CDPM (expressed in the IHSP as Health Promotion and Illness Prevention). Meetings will be held on a regular basis (approximately every two weeks at the initiation of the team – to less frequently once the conceptual models have been developed/implemented and the team assumes a monitoring role). The participants will agree on the desired outcomes and timelines at the onset of the planning process.

The participants will work closely with the Clinical Advisory Networks to test assumptions, gain advice, and seek appropriate supports. A key role of the members will be to help identify, advance and implement clinical integration opportunities health system wide.

The participants will also serve as a resource/source of expertise to the ESC LHIN Project Teams regarding issue/project identification, placement of members on PTs and through reviewing and supporting the planning options/recommendations developed by the PTs.

Implementation Plan and Timelines

This ILT has completed some of the planning around identifying and describing the current CDPM service sector and engaging in a needs, issues, barriers identification exercise. The group has also considered the MOHLTC conceptual CDPM framework and other CDPM models that have had some success across Canada. The group is now focusing on the advancement of a "Vascular Model/Team" to serve the ESC LHIN.

This model/team concept will address the following key elements: Diabetes, Hypertension, Cerebro Vascular and Cardio Vascular conditions. The model/team will also bring the work of the Diabetes Team under the vascular concept.

Extending out over both 2008/09 and 2009/10, the CDPM ILT will consider how to expand the vascular team concept to include a respiratory team, congestive heart failure, renal care, and primary healthcare. The first CDPM component (vascular team report) is expected to be completed by October 2008.

Once the report has been completed, the team will develop a CDPM Implementation Strategy for the ESC LHIN that has the following system considerations:

- identifies cross-sector integration opportunities
- identifies best practices
- prioritizes disease areas
- recommends specific action
- considers funding and resource issues
- addresses ongoing demand for services
- identifies future statistical and reporting needs
- applies CDPM conceptual framework and implementation strategy to specific disease area(s) Note - may be sooner for Diabetes Project Team which is currently underway
- reviews and monitors the work of disease-specific ESC LHIN Project Teams

ESC LHIN Role

The ESC LHIN will organize, facilitate and support/direct the planning meetings and processes.

Key themes that the ESC LHIN supports through the planning processes are improved access to health care services, improved quality of care, improved coordination and integration across the continuum of care, the promotion of a sustainable quality care system through the matching of service capacity and cost with community need. Staff will ensure that local CDPM practices and models are consistent with the wider MOHLTC strategic directions and CDPM policies/framework.

The ESC LHIN will also ensure that provider organizations operate within their financial means and are accountable through outcomes that are identified and measured. The ultimate role of the ESC LHIN is to support practices that will result in improved population health outcomes in Erie St. Clair.

Third Parties Identified
- MOHLTC CDPM Lead
- Public Health Units
- provincial disease associations (e.g. Ontario Heart and Stroke Foundation)
- other provincial/regional health authorities (e.g. Calgary, BC)

3) Diabetes Project Team

Goals
- promote practical health system design and implement the conceptual models advanced by the ILT
- advise on the effective and efficient management of the ESC LHIN's human, physical and financial resources at the program level
- plan for a future where services are better integrated and where patients/clients become the centre of the service system

Objectives
- identifying needs and setting planning implementation priorities
- forecasting for a future improved health care system
- identifying the steps needed to get from the present system to the future system in a managed process
- identifying measurable benefits to the health care system
- identifying innovative integration opportunities
- improving access and the continuity of care in a given health care area
- implementing the provincial strategic plan and directions of the IHSP

Participants' Roles
PT participants will be expected to implement the conceptual models advanced by the ILTs for their specific areas of practice (e.g. diabetes). They will also be expected to provide practical direction on the design of integrated care systems that better meet the needs of patients/clients.

PTs will be time-limited, outcome-oriented, and will meet more frequently than the other teams/networks over a shorter period of time - as per the scope of the project. The participants will agree on the desired outcomes and timelines at the onset of the planning process.

PTs will work closely with the ILTs and Clinical Advisory Networks to test assumptions, gain advice and seek appropriate supports.

Implementation Plan and Timelines
The Diabetes Team is working closely with the CDPM Advisory Network to determine how diabetes will best fit with the "vascular team" that is currently under consideration. A final report covering both areas will be completed in the early fall 2008.

ESC LHIN Role
The ESC LHIN will organize, facilitate and support/direct the planning meetings and processes.

Staff will be the coordinating link between the ESC LHIN CDPM Strategic Leadership Team and the Diabetes Project Team to ensure that clinical practices are consistent with the ESC LHIN CDPM conceptual model and wider MOHLTC health system strategic directions.

The ESC LHIN will also ensure that provider organizations operate within their financial means and are accountable through outcomes that are identified and measured. The ultimate role of the ESC LHIN is to support practices that will result in improved population health outcomes within their area.

Performance Impacts
Third Parties Identified:
- MOHLTC Diabetes Coordinator

4) Alternate Level of Care (ALC) Project Team (Windsor-Essex)

Goals
- improve patient flow along transfer points on the care continuum
- address overcapacity/full capacity situations and build capacity to better support individuals along the care continuum
- advance strategies to relieve ALC pressures in hospitals
- improve communications among all system partners
- ensure community resources are maximized
- improve and standardize information collection, sharing and data management practices across the ALC care continuum

Objectives
- provide a forum to share best practices/processes
- provide a forum for issues identification, response and joint problem solving
- provide a deeper understanding of current operations and performance/outcome measures
- provide a forum for contingency planning
- provide peer support
- develop and implement a standardized methodology for data collection (identify performance targets and indicators) for ALC patients awaiting placement to the appropriate level of care
- develop a coordinated communication strategy to inform and educate the general public on what to expect should they, or a relative, require a hospital stay
- develop and implement coordinated and consistent processes to deal with surge capacity and related issues
- develop a process and mechanisms to ensure community resources are fully maximized
- implement practices to reduce the time required to process applications for placement in LTC facilities

Participants' Roles
PT participants will be expected to work together through partnerships and collaboration to develop a coordinated and progressive response to ALC issues across the care continuum. Members will

provide resources, such as time, information, data provision, and practical direction (expertise) on the design of the future ALC system that results in an integrated approach to care provision intended to better meet the needs of patients/clients in a more sustainable manner.

PTs will be time-limited and outcome-oriented and will meet more frequently (than the other teams/networks) over a shorter period of time - as per the scope of the project. The participants will agree on the desired outcomes and timelines at the onset of the planning process. In some instances, there may be a need to extend the time lines of a project team for monitoring/evaluation purposes.

PTs will work closely with the ILTs and Clinical Advisory Networks to test assumptions, gain advice, and seek appropriate supports thus ensuring that planning directions are consistent with the overall directions of the IHSP.

Implementation Plan and Timelines

The ALC Team and the Correct Level of Care Team for Chatham-Kent and Sarnia Lambton have completed a Draft ALC Report (March 2008) that is currently under consideration by Senior ESC LHIN staff. The next steps may involve establishing a ESC LHIN-wide ALC Network to implement and monitor the directions set out in the planning report.

ESC LHIN Role

The ESC LHIN will organize, facilitate and support/direct the planning meetings and processes. The accountability framework/schedule to ensure that work is completed on time as agreed by the participating parties.

The ESC LHIN staff will serve as the coordinating link between the ESC LHIN Integration Leadership Teams and Clinical Advisory Networks to ensure that plans and recommendations are consistent with the ESC LHIN IHSP and wider MOHLTC health system strategic directions.

The ESC LHIN will also ensure that provider organizations operate within their financial means and are accountable through outcomes that are identified and measured. The ultimate role of the ESC LHIN is to support practices that will result in improved population health outcomes and a sustainable health care system within their area.

Performance Impacts

- decrease ED visits
- decrease in number of avoidable admissions to hospital
- expedite timely hospital discharges
- prevent readmissions
- decreased length of stay in ALC
- quicker turnaround/processing for clients needing LTC
- increase in ALC staff and patient/family satisfaction

Third Parties Identified

- MOHLTC Staff – 1A designation

5) Aging at Home Advisory Network

Goals

- ensure that senior's homes support them through:
  - community support services
  - home environment - safety/injury prevention
  - enhanced assistive devices
  - supportive housing – residential options
  - LTC homes beds/other supports
  - End of Life Care
- advance supportive social environments through:
  - decreased isolation
  - adult day centres
  - assisted and supportive housing/living
  - caregiver relief and respite
  - friendly home calling and visits
- ensure that senior-centered care is easy to access through:
  - access to a flexible continuum of services
  - coordination of home care, supportive housing and community supports
  - case management and care coordination (system navigation)
  - transportation/access
  - specialized geriatric services
  - links to primary care, Family Health Teams and Community Health Centres
- identify and advance innovative solutions to keep seniors healthy:
  - focus on innovation to deliver prevention and wellness strategies
  - partnerships with non-traditional providers
  - supports to informal care providers (home visits, telephone calling, transportation/appointments)
- act in an advisory capacity to better understand events, trends, linkages, and contingency thinking in the long-term care system and wider health care system
- act as a source of expertise, resource and evaluation to ESC LHIN Integration Leadership and Project Teams
- ensure that the goals and activities of the Network are consistent with the planning directions/activities of other teams in the wider health care system

Objectives

- advance an integrated system of community-based services that links with the wider health care system
- identify the amount of community-based supports needed for seniors in the ESC LHIN area
- provide a forum for issues response, joint problem solving and innovation/integration
- advance innovative solutions/programs to help keep seniors healthy
- provide a deeper understanding of current practices, operations and performance/outcome measures in the LTC system
- provide the ESC LHIN with an opportunity to understand staffing patterns and human resources concerns/issues in the LTC system
- describe and explain the rationale for observed variation in practices
- provide a forum to share best practices/processes

- provide peer support
- provide a forum for the expression of ESC LHIN viewpoints and directives
- consider the needs of rural and special needs populations
- conduct an annual "aging in place" service review beginning in 2008-09
- provide advice and support for new integration directions and assist with implementation and monitoring change as needed

Participants' Role

Generally, Network members will be expected to attend meetings on a regular basis (four to six times per year) and become prepared to discuss relevant information. Members are also expected to be active participants in discussions on health system design, priority identification, coordination and advancement of implementation strategies aimed at improving health system integration. Members will be asked to provide advice on all long-term care issues, as defined by the ESC LHIN. The members will also provide expert input on the development of a "high level plan" for the Aging at Home initiative that considers service expansions, innovative programs and provides information on functional operational processes, staffing and expenditure patterns. The Network will serve as a forum for intelligence gathering, identifying and describe practice variations, sharing ESC LHIN concerns, and acting as a venue for health system problem-solving.

Implementation Plan and Timelines

The Network completed a "High Level Directional Plan" in October 2007. This Plan was approved by the ESC LHIN Board in November 2007 and as a result a number of priority planning teams were formed to complete plans in their respective areas including: Transportation, Meals, Home Care, Assistive Devices, and End of Life Care. The plans of these teams were completed in February 2008 and approved by the ESC LHIN Board for $3M in funding. Currently, pending funding approvals and announcements, the ESC LHIN is devising an implementation strategy to move this process forward targeting the end of June 2008.

ESC LHIN Role

The ESC LHIN will organize, facilitate and support/direct the planning meetings and processes (including inviting external experts/speakers) as needed and will manage processes to get input from the LTC system and wider health care system as determined.

The ultimate role of the ESC LHIN is to support practices that will improve access to an appropriate continuum of supports for seniors that will result in improved population health outcomes generally for this cohort.

Performance Impacts

- increase overall supply (quantity and range) of services available to seniors
- relieve pressures on hospitals and long-term care facilities
- promote proactive wellness approaches to care
- ensure that continuing care services are cost-effective and sustainable
- promote senior's independence

6) Mental Health and Addictions Advisory Network

Goals

- function as experts in advancing clinically-oriented integration opportunities and processes that will positively impact on patient care and health outcomes
- act in an advisory capacity to better understand events, trends, linkages, and contingency thinking in the health care system
- act as a source of expertise, resource and evaluation to ESC LHIN Integration Leadership and Project Teams
- ensure that the goals and activities of the Network are consistent with the planning directions/activities of other teams in the wider health care system

Objectives

- provide a forum for issues response, joint problem solving and innovation
- provide a deeper understanding of current operations and performance/outcome measures
- provide the ESC LHIN with an opportunity to understand staffing patterns and HR concerns
- describe and explain the rationale for observed variation in practices
- provide a forum to share best practices/processes
- provide peer support
- provide a forum for contingency planning
- act as a resource to the Integration Leadership and Project Teams
- provide advice and support for new integration directions and assist with implementation as needed
- provide a forum for the expression of ESC LHIN viewpoints and directives
- consider the needs of rural and special needs populations

Participants Role

Generally, Network members will be expected to attend meetings and become prepared to discuss relevant information. Members are also expected to be active participants in discussions on health system design, priority identification, coordination and advancement of implementation strategies aimed at improving health system integration. Members will be asked to provide advice on all mental health and addictions issues, as defined by the ESC LHIN. The members will agree on the desired outcomes and timelines at the onset of the planning process.

More specifically, the members will provide expert information on operational processes, staffing and expenditure patterns, gather intelligence, identify and describe practice variations, share ESC LHIN concerns, and act as a venue for health system problem solving.

Implementation Plan and Timelines

The Mental Health and Addictions Advisory Network began meeting in September 2007 and has completed some initial work to describe the current system and has had discussions on current needs, issues, and barriers. The Network has also begun to discuss what the future system should look like. In January the work of the Network was suspended as ESC LHIN staff considered how the process should be moved forward. Over the past three months, ESC LHIN staff worked closely with a consultant from KPMG to outline a new process intended to move the vision and new improved system forward. This exercise is nearing completion and will be implemented in July 2008 and is expected to be completed in the fall of 2008.

ESC LHIN Role
The ESC LHIN will organize, facilitate and support/direct the planning meetings and processes (including inviting external experts/speakers) as needed. Key themes that the ESC LHIN supports through the planning processes are as follows:

- improved access to health care services
- improved quality of care
- improved coordination and integration across a continuum of care
- the promotion of a sustainable quality care system through the matching of service capacity and cost with community need

Performance Impacts
To be determined by the Network with the assistance of the Consultant and ESC LHIN Staff.

7) Surgical Advisory Network

Goals

- consider a system-wide perspective in advancing planning opportunities
- advance opportunities that improve coordination and integration across the ESC LHIN
- ensure that care is easy to access and navigate and is efficient
- identify and advance innovative solutions to address needs and issues in this area

Objectives

- provide a forum for need and issues identification as well as joint problem-solving
- provide a forum to establish and monitor performance targets
- provide a forum for best practice advancement and care path development
- provide a forum for data quality development and reporting (dashboard development)
- provide a forum to share/advance innovation
- provide a forum for the expression of ESC LHIN viewpoints and directions
- advance an integrated system of services that links with the wider health care system

Participants' Role
Generally, Network members will attend meetings on a regular basis and become prepared to discuss relevant information. Members are also expected to be active participants in discussions on health system design, priority identification, coordination and advancement of implementation strategies aimed at improving health system integration. Members will provide expert information on functional operational processes, staffing and expenditure patterns, gather intelligence, identify and describe practice variations, share ESC LHIN concerns and act as a venue for health system problem-solving.

Implementation Plan
This group has had two pre-meetings to discuss potential membership and the Terms of Reference. The first formal meeting of the Surgical Advisory Network is scheduled for June 2008.

ESC LHIN Role
The ESC LHIN will organize, facilitate and support/direct the planning meetings and processes.

Performance Targets

To be determined by the Network and the Provincial Wait Times Strategy.

8) End of Life (EOL) Care/Palliative Care

This area is different than the other planning areas listed above given that Community Planning Networks have already been established across the ESC LHIN region and an "Executive Committee" oversees the work of these groups. Currently, the ESC LHIN has become involved with these groups to help facilitate the development of a "high level directional" plan for EOL and Palliative Care services across the entire ESC LHIN region. This "directional" document will be completed in fall 2008 at which time it will be sent to the ESC LHIN Board for consideration.

Future Directions 2008-09

This section of the ASP provides information on projected planning activities for the 2008-09 fiscal year within the context of current activities, ongoing, and future new directions. The main difference in the current and future planning approach(es) is that current activities mainly focus on the development/advancement of a continuum of care at the Clinical Advisory Network level. Future activities will be more directly concerned with Integration Leadership Team/project advancement in order to address the key integration directions outlined in the IHSP.

In 2008-09, current planning activities such as CDPM ILT and the Emergency Department/Medicine Advisory Network within the context of their plans (model development) will address issues such as improved access to care, patient flow, system navigation, health human resource issues, and how to reduce dependence on the hospital sector. CDPM will also consider e-Health and system wide information management and connectivity needs. These are key directions that apply directly to the eight Strategic Integration Directions found in the IHSP. Much of the planning directions/recommendations/models considered and developed at the Clinical Advisory Network level will have system-wide applicability resulting in overall improvements to population health ESC LHIN-wide.

Current Activities Link to Future

For 2008-09 the CDPM ILT, as part of the conceptual model development process, will consider how to improve navigation and coordinate access to the healthcare system for a number of major disease entities (including diabetes) by advancing a "vascular team model" for the ESC LHIN region. The model will also look at options to centralize back office functions and administrative supports, as well as advance a coordinated health record and information management system for the groups that will be served. System capacity and human services needs and issues will also be reviewed and addressed in this submission.

The Emergency Department/Medicine Advisory Network that is currently operational will consider issues such as improved access to care, patient flow, system navigation, health and human resource issues, and to some extent, how to reduce dependence on the hospital sector. Currently, this team is considering 12 strategic directions/opportunities and a final planning report outlining these options and priorities for 2008-09 will be completed in fall 2008.

The Mental Health and Addictions Advisory Network, established in September 2007, will advance a future coordinated/integrated Mental Health and Addiction System model/framework that addresses: access, cost, quality of care, and coordination/integration issues. These plans will also consider IHSP Strategic Directions, for example timely access and improved system navigation, better support to people at home, information management practices and reduced dependence on hospital (outpatient) programs. This work will be facilitated by KMPG and ESC LHIN staff - a final report in this area will be completed in the fall 2008.

The ESC LHIN Surgical Advisory Network will begin meeting in June 2008 and consider a number of areas for planning improvements including understanding functional operational processes, staffing, expenditure patterns, gather information, describe practice variations, share ESC LHIN concerns, and act as a venue for problem solving. This will eventually lead to the sharing of best practices and new processes, and where applicable helping to identify clinical integration opportunities.

In order to support the ESC MLAA initiatives, enhancements to the wait time strategy will be implemented. These enhancements include better aligning/integrating the Wait time Steering Committee with the IHSP model through the development of the "Surgical Advisory Network". The Advisory Network would be supported by category specific "leads" that would monitor access and promote improvement strategies for the following areas:

- cancer
- diagnostic imaging
- total joint replacement
- hospital readmissions for Acute Myocardial Infarction
- length of time till long-term care home placement

An ALC planning report has been completed and is being considered by ESC LHIN staff. A likely outcome of this report will be the formation of an ESC LHIN-wide ALC Network that will consider how to address issues in this area in the context of a longer strategic plan to eventually eliminate the problem once and for all.

The End of Life/Palliative Care Teams/Committees will complete a "directional plan" for this area that addresses the longer term strategic needs as well as identifying issue specific concerns and solutions by fall 2008.

Future Planning Activities

For fiscal 2008-09 the ESC LHIN will focus more on the eight Strategic Integration Directions outlined in the IHSP and the development of specific ILTs to support the directions. An area under consideration (that will likely be needed to support current activities) is Health Human Resources, as this area crosses a number of the current Planning Teams and Networks. There will likely be a need to organize an e-Health/Back Office Team as the work of the CDPM progresses. Another area of potential opportunity is "system navigation" as this issue has become apparent across a number of the existing planning teams.

A final area that may require more formal involvement from the ESC LHIN is Rehabilitation.

Currently, the ESC LHIN has requested that the existing community Rehabilitation Network prepare a background - directional document using an ESC LHIN standardized report format tool. This report will be ready in the early fall and the ESC LHIN will determine how to move forward at that point.

The above future planning directions are dependent on the work of existing Networks and the changing needs of the local and provincial healthcare system. The IHSP, a strategic document, viewed the work of all planning groups being implemented over a three-year timeframe and current practice supports this schedule.