

Erie St. Clair **LHIN**



Annual Business Plan

2018–2019

FINAL
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1. Context

B. Mandate and Strategic Directions

Local Health Integration Networks (LHINs) plan, manage, and fund health care and provide access to home and community care services at the local level within their respective regions. The Erie St. Clair (ESC) LHIN is deeply committed to meeting the needs of local communities while maintaining provincial standards and aligning with provincial priorities.

Vision

Healthy Communities — Exceptional Experiences

Mission

Working together with the communities we serve to deliver a high-performing, patient- and family-centred health care system in Erie St. Clair.

Values

- Respect
- Collaboration
- Compassion
- Accountable
- Integrity
- Transparency

The ESC LHIN is guided in its work by *People First: Our Foundation for Local Health Care Change*, its fourth Integrated Health Service Plan (IHSP 4), which spans the years 2016 to 2019. To support this work, the LHIN creates an Annual Business Plan (ABP) that outlines its strategic priorities for the coming fiscal year. This year's ABP has three priorities that provide both overall guidance and an underlying philosophy for the LHIN's work:

1. The development of a patient- and family-centred health care system
2. The creation of healthy care communities
3. Leadership in accountability and performance

C. Alignment with the Priorities of the Minister's Mandate Letter

The development of the ABP is also informed on a year-to-year basis by the LHIN mandate letter, which is sent to the LHIN by the Minister of Health and Long-Term Care, the Honourable Dr. Eric Hoskins. The current mandate letter focuses on key Ministry of Health and Long-Term Care (MOHLTC) initiatives and outlines the broad service and performance expectations for the ESC LHIN in 2018–2019. It is the LHIN's responsibility to ensure that this ABP, and the LHIN's work in the coming year, align with the priorities established in the LHIN mandate letter.

To that end, the ESC LHIN has identified 12 areas in which it will work to align its efforts with those outlined in the Minister's mandate letter in 2018–2019.

Transparency and Public Accountability

The ESC LHIN will:

- Be accountable for outcomes and report on progress toward achieving health system performance targets
- Use MOHLTC performance targets to measure transformation success
- Create sub-region-level performance targets and publicly report on the results
- Manage operational, strategic, and financial risk

Improve the Patient Experience

The ESC LHIN will:

- Engage the Patient and Family Advisory Council (PFAC) to ensure that patient and family voices are heard. Feedback, input, and insights from patients and families will help drive meaningful changes to local health care
- Work to improve transitions between care providers
- Work to relieve caregiver distress

Build Healthy Communities Informed by Population Health Planning

The ESC LHIN will:

- Thoroughly assess population health needs, patient access to services, wait times, and the capacity of HSPs to serve their communities
- Within sub-regions, identify and improve care provider collaboration in order to address gaps and improve patient experience and outcomes

Equity, Quality Improvement, Consistency, and Outcomes-Based Delivery

The ESC LHIN will:

- Implement quality standards in alignment with Health Quality Ontario (HQO) best practice. This process will begin with a focused implementation strategy to support HQO's quality standards in areas such as opioid prescribing for pain, mental health (schizophrenia and major depressive disorder), and dementia
- Work to enhance access to care at a sub-region level
- Consider the impact of the social determinants of health within sub-region populations
- Work to improve access to culturally appropriate care and improve health outcomes
- Engage with Indigenous leaders, providers, and patients to guide health care planning and investments
- Offer more French language services (FLS) across the ESC LHIN region
- Use an equity lens to assess the number and proportion of primary care providers based on the needs of the population

Primary Care

The ESC LHIN will:

- Strengthen access to primary care and improve inter-professional collaboration to support comprehensive care
- Continue to strengthen relationships with and among primary provider partners

Hospitals and Partners

The ESC LHIN will:

- Work with its system partners to improve how patients move through the health care system and ensure that they receive the most appropriate care in the most appropriate setting
- Support innovations such as digital health solutions and bundled care, and specialized community programs such as rehabilitation and Intensive Hospital to Home (IHH)

Specialist Care

The ESC LHIN will:

- Foster improved engagement and enhance referrals to specialists
- Improve access to specialists, starting with musculoskeletal and mood disorders specialists

Home and Community Care

The ESC LHIN will:

- Strive to not place patients on a wait list
- Strive to improve the consistency of home and community care services across the ESC LHIN region
- Work toward providing access to care closer to home. This includes additional nursing clinics, increased presence in primary care settings, and the adoption of electronic innovations
- Expand palliative, hospice, and end-of-life care across sectors

Long-Term Care

The ESC LHIN will:

- Support long-term care (LTC) redevelopment to meet the growing regional demand for access
- Work with its LTC home sector to increase primary care and palliative care access
- Work with its LTC home sector to improve transitions of care between destinations to ensure that patients are receiving care in the most appropriate setting

Dementia

The ESC LHIN will:

- Implement regional dementia capacity plans to enable people to live at home and in the community as long as possible
- Aim to better understand the needs of caregivers and family members

Mental Health and Addictions

The ESC LHIN will:

- Expand structured psychotherapy
- Enhance supportive housing initiatives and recognize the importance of appropriate housing for all residents
- Improve referral networks with primary care providers
- Make access to community mental health and addictions a priority for sub-region planning
- Support the provincial opioid strategy and invest in local initiatives

Digital Health

The ESC LHIN will:

- Support the provincial digital health 10-point implementation plan
- Improve system-coordinated access through the implementation of
 - The Ocean e-Referral tool for musculoskeletal and low back pain
 - The home and community care e-referral solution for community agencies
- Implement a real-time information system for primary care (the Southeast LHIN Integrated Information Portal [SHIIP]) to help monitor patient activity and to document coordinated care plans
- Continue rolling out the eConsult solution in the region
- Continue rolling out the eShift platform to enable quality-based procedure implementation

D. Strategy Map

The ESC LHIN has created a strategy map that brings together its vision, mission, and values. It also clearly articulates the LHIN's strategic directions and aims, which are aligned with the priority initiatives identified in the Minister's mandate letter. The map will help guide the LHIN, its HSPs, and its partners as it works to transform the health care system today and for the future. The strategy map can be found in Appendix A of this report.

D. Overview of the LHIN's Current and Forthcoming Programs/Activities

As noted, the ESC LHIN's work is informed and directed by the IHSP 4. This plan responded to evolving health system priorities as identified by *Patients First: Action Plan for Health Care*,¹ which was released in February 2015.

Patients First represents the next phase of Ontario's plan for improving the health care system. It mandates four overarching objectives for the province, the LHINs, and every person and organization involved in health care in Ontario:

1. **Access:** Faster access to the right care
2. **Connect:** Better coordinated and integrated care in the community, closer to home
3. **Inform:** Support people and patients by providing the education, information, and transparency they need to make the right decisions about their health
4. **Protect:** Health care decisions based on value and quality, to sustain the system for generations to come

With those objectives in mind, the ESC LHIN continues to work on the eight strategic priorities listed in the IHSP 4. The activities and actions outlined in this ABP support the work needed to improve these eight areas of the health care system:

1. Improved outcomes in hospital emergency departments (EDs)
2. Improved outcomes in alternate level of care (ALC) management
3. Improved outcomes in chronic disease prevention and management.
4. Improved outcomes in addictions and mental health care
5. Improved outcomes in rehabilitation care
6. Improved outcomes in hospice and palliative care
7. Improved outcomes in Indigenous health care
8. Improved outcomes in French-language health care

E. Environmental Scan

Population

The ESC LHIN is Ontario's southernmost LHIN, and borders the United States. It comprises the regions of Chatham-Kent, Sarnia/Lambton, and Windsor/Essex. Although these regions are independent, and each has unique qualities, they also share many commonalities, such as being surrounded on three sides by the Great Lakes. The area's urban–rural mix is economically dependent upon the agricultural, petrochemical, and automotive industries. As well, the region's American neighbours not only influence the local economy and trade, but also affect the use and perception of health care.

¹ Ontario. Ministry of Health and Long-Term Care (MOHLTC). Retrieved from http://www.health.gov.on.ca/en/ms/ecfa/healthy_change

The ESC LHIN is home to 627,633 people,² or 4.66% of the province's population. The region's population grew by 1.4% between 2011 and 2016, which is much slower than the provincial rate of 3.25%.³ The region's population is also somewhat older than the rest of Ontario: 19% of ESC LHIN residents are over the age of 65, while the provincial average is 16.7%.

The ESC LHIN also has fewer newcomers than does Ontario as a whole. Data show that 21.5% of LHIN residents are immigrants, compared with the provincial average of 28.64%.⁴ Additionally, 3.1% of the Erie St. Clair population, or one out of every 40 people, has French as a mother tongue,⁵ and 3.3%, or one out of every 30 people, is Indigenous.

Health Service Providers

There are a total of 82 HSPs in the ESC region, including:

- Five hospitals
- Five community health centres (CHCs)
- 39 community support service agencies
- 36 LTC homes

Home and Community Care

The ESC LHIN serves approximately 39,000 home and community care patients each year, throughout the region.

Health Profile

A look at the ESC LHIN's health profile shows a population that, overall, is less healthy than the rest of the province's. It is, therefore, important for the LHIN to focus initiatives on chronic disease prevention and management and to collaborate with public health partners to help improve the health and lifestyle habits of local residents (see Table 1).

² Statistics Canada. 2017. *Census division Ontario (table). Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released October 25, 2017.
Retrieved from <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>

³ Statistics Canada. 2017. *Census division Ontario (table). Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released October 25, 2017.
Retrieved from <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>

⁴ Statistics Canada. 2017. *Census division Ontario (table). Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released October 25, 2017.
Retrieved from <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>

⁵ Health Analytics Branch, MOHLTC. LHIN Sub-region social, economic and population profile. August 2017.

Table 1: Health Status of ESC Residents Compared to the Province⁶

Health Status Measures	ESC LHIN	Ontario
LIFESTYLE:		
Obesity rate (%)	22.8	18.3
Heavy drinking (alcohol consumption — five or more drinks per occasion at least once per month) (%)	17.9	16.9
Current smoker, daily or occasional (%)	19.8	19.2
Current smoker, daily (%)	15.6	14.4
Leisure-time physical activity, moderately active or physical activity (%)	51.6	53.8
Fruit and vegetable consumption, five times or more per day (%)	34.1	38.9
DISEASE:		
Rate of chronic obstructive pulmonary disease (COPD) (%)	5.8	3.8
Rate of congestive heart failure (CHF) (per 100,000 population)	113.9	86.9
Rate of arthritis (%)	20.8	17.2
Prevalence of high blood pressure (%)	20.6	17.6
Asthma (%)	6.7	7.9
Diabetes (%)	9.3	6.6
Mood disorders (%)	8.0	7.6
Cancer incidence (per 100,000 population)	412.1	398.8
Colon cancer incidence (per 100,000 population)	49.2	47.8
Lung cancer incidence (per 100,000 population)	53.7	49.2
UTILIZATION:		
Hospitalization rate due to mental illness (per 100,000 population)	400	442
Hospitalization rate due to injury (per 100,000 population)	415	409
Rate of premature mortality injury (per 100,000 population)	279.2	239.0
Hospitalized stroke event rate (per 100,000 population)	133	119
Hospitalized acute myocardial infarction event rate (per 100,000 population)	233	198
30-day acute myocardial infarction (AMI) in-hospital mortality (rate)	8.0	7.6
Hospitalized hip fracture event rate (per 100,000 population)	479	479
Ambulatory care sensitive conditions (per 100,000 population)	303	269
Proportion of population with a regular doctor (%)	92.5	91.1
OTHER:		
Life expectancy at birth (years)	80.3	81.5
Life expectancy at age 65 (years)	19.6	20.3
Unemployment (%)	8.9	7.8
Youth unemployment, aged 15 to 24 (%)	17.9	15.8

⁶ Statistics Canada. 2013. Erie St. Clair (Health Region), Ontario and Ontario (table). *Health Profile*. Statistics Canada Catalogue no. 82-228-XWE. Ottawa. Released December 12, 2013. Retrieved from <http://www12.statcan.gc.ca/health-sante/82-228/index.cfm?Lang=E>

2. Health System Oversight And Management

This section highlights the key goals and action plans for both the Minister's mandate letter and local health system priorities not included in LHIN-delivered home and community services. As noted, this ABP establishes three strategic priorities for the ESC LHIN in 2018–2019:

1. The development of a patient- and family-centred health care system
2. The creation of healthy care communities
3. Leadership in accountability and performance

The following goals and plans will be undertaken to help achieve these three strategic priorities.

Erie St. Clair Sub-Regions

The ESC LHIN is made up of six sub-regions (see Table 2 and Figure 1). A sub-region is a local geographic area within the LHIN that has been established as a smaller planning region. These sub-regions do not affect where patients can receive care, but allow the LHIN to better plan, coordinate, and improve the performance of the local health care system on a much smaller scale. This allows the LHIN to better understand the unique care needs of each area and work to ensure that patients are able to access the care they need, when and where they need it. Each sub-region was established based on consultations with providers, patient referral patterns, demographic data, and where health care services exist across the region. Using this model, the LHIN will work to increase access to care for residents and build strong care communities around patients.

Table 2: ESC LHIN Sub-Regions

Sub-Region	Description
Windsor	- Population: 210,091 232 primary care providers 16 community health services - One acute hospital - One tertiary hospital
Tecumseh Lakeshore Amherstburg Lasalle	- Population: 108,355 59 primary care providers 16 community health services
Essex South Shore	- Population: 71,927 39 primary care providers 16 community health services - One acute hospital
Chatham City Centre	- Population: 69,036 49 primary care providers 15 community health services - One acute hospital
Rural Kent	- Population: 32,648 14 primary care providers 15 community health services - One acute hospital

Lambton	• Population: 126,199 • 102 primary care providers • 12 community health services • One acute hospital
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Figure 1: ESC LHIN Sub-Region Map



In the coming year, the ESC LHIN will:

- Establish an operating and oversight structure for each sub-region
- Support the development of action plans based on regional and local priorities
- Enable collaboration and shared planning in quality improvement for each sub-region
- Measure the experience of those engaging in sub-region structures and processes

Alternate Level of Care

Providing the right care in the most appropriate setting is the goal of all care providers. When patients cannot access the care setting they need, the situation is referred to as ALC — that is, they require an alternate level of care setting that is not available at that time.

Being designated ALC essentially means that someone is being provided care in a hospital when they would be better served in another care setting. Improving ALC rates benefits everyone. Patients receive care in the most appropriate care setting, wait times are reduced, and patient flow through the health care system is increased.

In the coming year, the ESC LHIN will continue to monitor the ALC acute and post-acute rate in collaboration with hospitals, will embrace a Home First philosophy, and will provide advice, support, and education about ALC strategies to those already designated ALC, or those who would be at risk of being designated ALC should they remain in hospital. The LHIN will also attend weekly complex discharge rounds and ALC monthly reviews at each hospital as a way to remain focused on ALC issues and help transition patients to other, more appropriate levels of care.

By embracing the Home First philosophy, the ESC LHIN can support early and safe discharges from hospital by providing enhanced service supports to meet patients' care needs at home. This enables patients to go home to make decisions about their care, instead of staying in hospital. Programs such as IHH will assist patients designated ALC or those at risk of being designated ALC if they remain in hospital to transition from hospital to home, thereby enhancing capacity and promoting better patient flow in hospitals.

In addition, the ESC LHIN will:

- Continue to find ways to reduce the number of acute and post-acute ALC days across the region. To this end, the LHIN will develop a regional ALC strategy based on leading practices developed by Cancer Care Ontario and driven by the ESC LHIN Access and Flow Leadership Forum comprising representation from all hospitals in the LHIN as well as the LHIN itself. A review of current state ALC and an environmental scan will be completed by May 2018, and a completed ALC Framework will be sent to the Chief Nursing Executive Council for review by September 2018
 - Status: 20% complete
 - Expected completion date: December 31, 2018
- Achieve full implementation of a regional ED/ALC Avoidance Framework that proactively matches patients and their needs with available community supports, including primary care
 - Status: 20% complete
 - Expected completion date: ongoing

- Increase the engagement of primary care and system partners in the discharge planning process as patients transition from acute and post-acute care to the community, especially for those patients who are receiving rehabilitation services, are discharged with an IHH service plan, or are receiving services for chronic health conditions such as COPD or CHF. The Access and Flow Leadership Forum will draft an ESC LHIN Hospital Discharge Policy, along with a Discharge Planning Toolkit, by May 2018, with full implementation across the LHIN by September 2018
 - Status: 20% complete
 - Expected completion date: December 31, 2018

Emergency Department Care

The ED is often the most visited area of any hospital, and must be available when people need it. Addressing wait times in the ED continues to be an area of priority for the ESC LHIN. Wait times are a complex challenge with no single solution. It takes the collaborative efforts of patients, physicians, nurses, clinicians, administrators, community partners, and patients to make ongoing, incremental improvements. The ESC LHIN meets quarterly with each hospital to review Pay for Results (P4R) projects and to assess their impact on established provincial benchmarks.

In the coming year, the ESC LHIN will focus on reducing the number of unnecessary ED visits and return visits. To this end, the LHIN will expand and spread programs based on best practices that have proven to be effective in supporting patients to live longer in their homes, that support reductions in unnecessary ED visits and hospitals, and that provide high-quality service that creates excellent patient experiences.

In addition, the ESC LHIN will leverage the DIVERT (Detection of Indicators and Vulnerabilities for Emergency Room Trips) tool, beginning in the ED, and will embrace the use of coordinated care plans and technology to support patients in the community and connect them with the services they require. The LHIN will develop linkages with primary care to promote seamless and coordinated care that includes service plans and care pathways that facilitate safe transitions of care between different parts of the health care system. Staff education on the use of coordinated care plans will be completed by March 31, 2018, with implementation beginning on April 1, 2018. Education on the use of the DIVERT tool in the ED will be completed by June 1, 2018.

The ESC LHIN will continue to implement influenza surge planning with HSPs across each sub-LHIN region. As part of this work, the LHIN will compile surge targets and action plans. The ESC LHIN Regional Influenza Surge Strategy will be finalized following a forum with health sector partners in May or June 2018; this is a follow-up consultation to the September 15, 2017, planning day that brought all partners together to assist with the development of the strategy. The LHIN will also better connect agencies such as emergency medical services (EMS), public health, hospitals, post-acute care, and home care to create a more coordinated response to increased patient volumes and sickness due to the impending flu season.

Finally, the ESC LHIN will continue using its P4R program (now in its 10th year), with hospitals receiving additional ED funding based on their annual performance in key areas, including:

- Reducing wait times
- Reducing the time to physician initial assessment

- Developing and enhancing rapid assessment and treatment zones
- Reducing the time to inpatient bed to 60 minutes
- Supporting access to diagnostic imaging
- Strengthening patient flow and capacity
- Enhancing ED-avoidance strategies that support patients receiving care in the community

Each hospital submits annual plans for improving quality and flow through their EDs in order to receive funding from this program. The ESC LHIN will be hosting a P4R Best Practices Education Day on May 16, 2018, to bring hospitals and stakeholders together to learn from each other and to share best practices. The ESC LHIN meets with ED departments quarterly to review their 90-day plans and progress on achieving provincial benchmarks. The ESC LHIN will also be setting up a new Emergency Department Leadership Forum to bring together leadership from all departments to have regular discussions of emerging issues, best practices, and policy development to enhance the patient experience. The Leadership Forum will hold its first meeting in early March 2018.

- Status: 20% complete
- Expected completion date: ongoing

Chronic Disease Management and Prevention

An emerging reality in health care is that people are living longer and thus experiencing an increasing number of chronic diseases that create challenges for both patients and their families, and the health care system. Chronic conditions affect patients' quality of life and create cost pressures on the system through ED visits and hospital admissions.

In the ESC LHIN, the problem is particularly acute and challenging. Compared with the province as a whole, ESC residents have higher rates of arthritis, diabetes, hypertension, mood disorder, COPD, and heart disease. The LHIN needs to find ways to reduce the burden of chronic disease in this region, improve health equity by addressing the root causes and social determinants of health through health promotion, improve service coordination, and ensure that patients are better able to self-manage their conditions.

In the coming year, the ESC LHIN will:

- Assess population health needs and develop action plans to address priority needs across the sub-regions
 - Status: 10% complete
 - Expected completion date: December 2018
- Work toward implementing an electronic assessment and referral service for chronic disease prevention and management
 - Status: 15% complete
 - Expected completion date: March 2019
- Work toward implementing standardized discharge checklists across the continuum of care to reduce unplanned ED visits and hospital readmissions, and continue to

implement standard care paths for chronic diseases, based on priority needs within the sub-regions

- Status: 20% complete
- Expected completion date: March 2019
- Continue to work with chronic disease prevention and management HSPs to monitor work plan objectives and process/outcome indicators, in order to improve the quality of life for patients and their families
 - Status: Ongoing
 - Expected completion date: ongoing
- Phase in initiatives from the Regional Vision Care Strategy. This work will enhance access to timely surgical care, including cataract surgery, and help ensure access to ophthalmologic screening and care for people with diabetes:
 - Status: 30% complete
 - Expected completion date: December 2019

Mental Health and Addictions (MHA)

Approximately 20% of Ontarians will, at some point in their lives, experience a mental health or addiction problem.⁷ Mental health and addictions are extremely serious issues in society, and the ESC LHIN is committed to addressing MHA in a number of key ways.

In the coming year, the ESC LHIN will:

- Implement sub-region plans for addressing gaps in MHA care, with an emphasis on vulnerable population groups. The sub-region plans will be in place by fall 2018
- Work to build a strong network of support for MHA patients, ensuring that they receive the right care at the right time and in the right place, across the continuum of care

The ESC LHIN plan includes:

- Working with partners to establish and improve awareness about the importance of coordinated access, including structured psychotherapy counselling services and high-quality addiction treatment with an emphasis on supporting the provincial opioid strategy.⁸ Coordinated access for each county will be established in conjunction with primary care will be formalized by the beginning of the 2019–2020 fiscal year. Enhanced counselling and structured psychotherapy services are anticipated to be implemented in the fall of 2018
- As of early 2018, in collaboration with providers and municipal partners, making it easier for transitional-aged youth to access supportive housing options

⁷ Ontario. Mental Health and Addictions Leadership Advisory Council. *Better Mental Health Means Better Health*. 2015. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/bmhmbh/mental_health_adv_council.pdf

⁸ See <http://www.healthachieve.com/Presentations%202015/Tackling%20the%20Opioid%20Crisis%20in%20Ontario%20-%20Dr.%20David%20Williams.pdf>

- Reducing the length of time people are waiting to receive services from a mental health or addiction specialist by working with primary care practitioners. This work is in its first phases, and is anticipated to reach half of the region's primary care providers by the end of the 2019–2020 fiscal year
- Establishing care pathways and partnerships between primary care and chronic pain/addiction specialists, including outreach and digital processes. The care pathway is a key deliverable for the sub-region planning tables and is anticipated to be completed by December 2018
- Working with system partners to improve the transition and treatment of vulnerable patients, including older adults with responsive behaviours and other forms of cognitive impairments. Transitions from community to LTC for older adults with responsive behaviours is being strengthened through new, dedicated coordination between home and community care. This work is expected to roll out initially in Windsor in the 2018–2019 fiscal year, and spread to Chatham-Kent and Sarnia/Lambton by 2019–2020
- Championing the dementia strategy through strengthening existing community and home care supports and through the creation of a behavioural supports unit. This will be achieved partly by establishing processes such as partner agreements to expedite patient transitions, as well as through a pilot program for direct admissions from LTC to tertiary psychiatric for individuals with complex responsive behaviours. The LHIN anticipates that the pilot will be evaluated by the end of 2018–2019

Rehabilitation Care

Patients requiring rehabilitation care are frequently among the most vulnerable and least able to negotiate the complexities of the health care continuum. Many are frail and medically complex seniors, suffer from orthopaedic conditions such as total joint arthroplasty or hip fracture, or are recovering from stroke or hospital-acquired deconditioning.

One of the ESC LHIN's priorities in the coming year is to improve the capacity for community-based rehabilitation care services and to improve the patient journey through hospitals and back into the community.

The LHIN has already developed an online referral pathways source that identifies services for frail seniors identified as being at risk of functional decline. Over the coming year, the ESC LHIN will work with its system partners in hospitals and the community to:

- Develop and implement a Geriatric Care Pathway, including processes for direct access to inpatient rehabilitation care from the community
 - Status: 25% complete
 - Expected completion date: March 31, 2018 (50% complete)
- Implement a risk-screening mechanism for frail seniors in ED, primary care, and home care settings to facilitate early access to assessment and care planning. Education on the screening tool has begun
 - Status: 10% complete
 - Expected completion date: March 31, 2018 (50% complete)
- Implement a LHIN-wide Geriatrics Learning Plan to build capacity for comprehensive geriatric assessment in health service providers, including community, hospital acute,

and post-acute care settings. The Learning Plan is complete, with an anticipated launch in April 2019 through a coordinated scheduling of webinars

- Develop a Total Joint Arthroplasty Care Pathway to facilitate the adoption of bundled care pilot projects. The pathway is being developed
 - Status: 80% complete
 - Expected completion date: March 31, 2018
 - Implementation of bundled care pilots: April 1, 2018
- Collaborate with ESC LHIN service provider organizations, patients, and care partners to develop a coordinated model of community-based rehabilitation for patients with stroke and hip fracture. Partnerships are being developed for a stroke pathway
 - Status: 20% complete
 - Expected completion date: March 31, 2018 (50% complete for stroke; hip fracture will be explored in 2018–2019)

End-of-Life Care

The ESC LHIN's work in this area will focus on improving the patient and family experience by partnering with patients/caregivers in health care planning and delivering care that reflects the patient's voice and is responsive to patients' needs, values, and preferences. The LHIN will improve transitions between care settings so that care is seamless and coordinated, support earlier referral to palliative care, implement initiatives that reduce caregiver distress, and improve resource utilization.

The ESC LHIN will also:

- Review regional and local Hospice Palliative Care Committees (HPCs) for representation. Regional HPC work planning processes and interventions, including the 2018–2019 Regional HPC Plan, must reflect the engagement and input of Indigenous residents, Francophones, and vulnerable persons. A review of representation will be completed by April 2018. Input from Indigenous people, Francophones, and vulnerable persons into the planning processes and interventions will be fully completed by December 2018
- Strengthen representation from patients and caregivers at planning and decision-making tables by adding patients and caregivers to each of the three local HPCs as well as the Regional HPC Advisory Council. The representation strengthening will be 50% complete by April 2018, and fully completed by December 2018
- Develop a process for regular review and discussion of CaregiverVoice survey data to identify key gaps and short- and longer-term needs that need to be addressed. The project is 40% complete and expected to be finalized by the fall of 2019
- Build on the Windsor-Essex Compassion Care Community holistic health model and leverage it for working with targeted populations (e.g., vulnerable persons). This approach helps patients and caregivers identify their goals, access services, and manage their own care. Leveraging the Windsor-Essex Compassion Care Community for Vulnerable Persons will be 50% complete by September 2018 and fully completed by March 2019

- Leverage EMS as a partner in palliative care. This will help improve resource utilization and reduce transfers between care settings. This goal will be 30% complete by June 2018 and fully completed by March 2019

Finally, the ESC LHIN offers a wide range of supportive care options for patients, including advanced care planning, palliative pain and symptom management, and system navigation for medical assistance in dying (MAID). The ESC LHIN supports its health care partners and patients who are requesting MAID in the community setting.

3. LHIN-Delivered Home and Community Services: Priorities

In June 2017, Ontario's LHINs became responsible for the delivery and coordination of home and community care in their respective regions. At the ESC LHIN, this added responsibility is an opportunity to better coordinate care across all health sectors. Primary care physicians, nurse practitioners (NPs), and allied health professionals will be engaged to identify their specific needs around care coordination and on-site support to improve the care experience and health outcomes for the patients we serve.

In the coming year, the ESC LHIN will:

- Implement coordinated access for patients in the ESC LHIN who require admission to complex continuing care beds, rehabilitation beds, or assisted living/supported housing supports by March 31, 2019. This priority is in the planning phase
- Collaborate with patients, caregivers, and ESC LHIN service provider organizations to create nursing clinics in smaller communities, thereby providing care closer to home. Three new nursing clinics in smaller communities will be introduced in 2018–2019; 33% of this priority will be complete by April 15, 2018
- Link all primary care and NP clinic practitioners with home and community care by December 31, 2018, thereby enhancing support with system navigation and coordinated care plan development to ensure that patients are receiving the care they require, close to home
- Enhance home and community care supports for Indigenous communities by transitioning to and supporting an Indigenous-led care coordination model. The LHIN will endorse and support Indigenous cultural safety training for all home and community care staff and service providers. Additionally, the LHIN will collaborate with the Southwest Ontario Aboriginal Health Access Centre to enhance culturally safe care coordination. The ESC LHIN will hire an Indigenous Patient Services Manager to support this work by June 30, 2018
- Undertake initiatives to improve wound care, including:
 - Partnering with the South West Regional Wound Care Program to develop an ESC LHIN and pan-LHIN wound care framework, and provide collaborative educational opportunities to support consistency in practices. This partnership is 10% complete, and it is estimated that it will be 50% complete by March 31, 2018
 - Providing physician (primary care and specialist) education and engagement on the three HQO wound care pathways to build capacity and a consistent best practice approach across the region. This initiative will be completed by September 30, 2018
 - Implementing HQO's three-stream wound care guidelines and providing education opportunities for frontline staff and system partners while collaborating with the Canadian Association of Wound Care. This includes regional wound care workshops for frontline staff to build capacity, skill, knowledge, and judgment. This work will begin on April 2, 2018 and will be completed by December 31, 2018
 - Undertaking a phased approach for contact casting implementation. This initiative will begin on April 1, 2018, and be fully implemented across all ESC LHIN regions by August 31, 2018. A contact cast is a specially designed cast that takes weight off the foot in patients with diabetic foot ulcers. The ESC LHIN will work with community stakeholders to identify patients and provide offloading devices that will reduce the

risk of amputations. This will be provided in clinic settings and will support increased healing rate and time

4. French Language Services

Francophones in this region face unique challenges when interacting with the health care system. Some cannot always make themselves understood, or are not always able to understand what is being said to them. Providers may not be as culturally knowledgeable or as sensitive as they could be to the linguistic and cultural needs of Francophones.

The ESC LHIN, in collaboration with its network of 31 FLS providers, continues to strive for an environment in which FLS are actively offered every day and where service in French is widely available.

The LHIN has initiated and/or participated in various community engagement activities over the past several years, and has reviewed surveys produced by the Erie St. Clair/South West French Language Health Language Health Planning Entity, giving the LHIN a clear understanding of the general health needs of the region's Francophone population. This knowledge has guided the development of a joint action plan with the Entity, which sets out priorities and guides the work of both the ESC LHIN and the Entity. This work includes the following components.

Engaging the French Language Health Planning Entity and the Region's Francophone Communities

The ESC LHIN has established a collaborative relationship with the Entity. Regular meetings are held to share information, discuss progress, and plan future activities. The Entity is also involved in various LHIN committees, such as the ESC LHIN FLS Providers Network, the Hôtel-Dieu Grace Healthcare FLS Committee, and the ESC LHIN FLS committee.

In 2018–2019, engagement activities will be aligned with sub-region planning, allowing the LHIN to take an even closer look at the Francophone population.

Addressing the Needs and Concerns of the Local Francophone Community

The ESC LHIN's strategy is two-fold. First, the LHIN will continue to encourage FLS providers to actively offer services in French and will work with FLS providers to develop FLS plans. Support is available to providers in many forms, including the development and implementation of their FLS plans, recruiting bilingual staff either to circulate job postings or to sit as a member of the interview panel, and provision of "*Je parle français*" promotional items. As well, bilingual professionals will also have the opportunity to join a community of practice.

Second, the ESC LHIN is working on specific initiatives to address gaps in care. This work is based on barriers that Francophones are facing in accessing health services, including senior-related services such as LTC, assisted living, home and community care, community support, and respite care, as well as chronic disease management, mental health and addiction services, trauma care, and primary care. The expansion of a "hub-and-spoke" model through Assisted Living Southwestern Ontario and Résidence Richelieu in Windsor is a key example. This model builds on the existing French supportive-housing/assisted-living services for residents of Résidence Richelieu (the hub), with plans to extend out to other Francophone seniors (the spokes) who live in proximity to the retirement home.

In addition to this two-fold strategy, the LHIN continues to apply a Francophone lens in all of its planning activities.

Increasing Awareness of Available Services in French

The ESC LHIN is developing a multifaceted strategy to inform the Francophone population about available services in French. First, the LHIN will create a more detailed section on FLS on its website. Second, the LHIN will continue to build a directory of French-speaking resources through ErieStClairhealthline.ca. Third, the Erie St. Clair/South West French Language Planning Entity is building, in collaboration with the ESC LHIN, an inventory of bilingual health care professionals practising in the region. Lastly, the LHIN FLS Lead and HSPs will continue to offer presentations to various community groups to increase their awareness about specific services in French.

Providing FLS in Compliance with the *French Language Services Act*⁹

The ESC LHIN is developing a new FLS plan that will identify ways to harmonize and improve its home and community care practices, as well as fill gaps in order to better serve the Francophone population. Once again this year, the LHIN has included local FLS obligations in service accountability agreements with identified and designated providers in order to ensure that implementation and delivery of FLS continue to move forward.

In the coming year, the LHIN will continue to promote the implementation of an active offer of FLS by the region's FLS providers and to implement an active offer within LHIN services. An FLS toolkit will continue to be made available to providers to help them build their capacity to provide services in French. The toolkit will include promotional items that can be worn by staff to identify themselves as French-speaking, as well as signs that can be placed at reception areas to promote the availability of services in French.

The ESC LHIN will also build cultural awareness about the Francophone population amongst its HSPs, and enhance its collective ability to serve Francophones in a culturally and linguistically appropriate manner. To that end, the LHIN, together with the South West LHIN and in collaboration with several stakeholders, will be developing cultural competency training for LHINs and HSPs.

5. Indigenous Peoples

The ESC LHIN's Indigenous Health Planning Committee (IHPC) comprises representatives from local First Nations, Friendship Centres, Métis groups, and Indigenous organizations. The committee is responsible for setting out priorities for the health care needs of Indigenous people in the ESC LHIN region.

In 2016, the IHPC established a three-year strategic plan to determine the ESC LHIN's annual priorities vis-à-vis local Indigenous communities. The IHPC was provided with a draft of the ABP (those portions specific to Indigenous communities) for their review and revision during a regularly scheduled meeting in December 2017.

The ESC LHIN's goals for Indigenous care in the coming year include:

- Providing support and direction to HSPs that are seeking to incorporate culturally appropriate care models within their organizations. This will be accomplished through the continued expansion of cultural awareness training for HSPs. The LHIN will also develop Indigenous patient-care guidelines and work on the development of culturally safe care standards
- Improving the coordination of patient care between home and community care and Indigenous communities. This will be accomplished by continuing to provide home support for discharged patients, including palliative and end-of-life care, and by enhancing the discharge and referral processes from hospital to home. The LHIN will enhance home and community care supports for Indigenous people by transitioning to and supporting an Indigenous-led care coordination model. It will also endorse and support Indigenous cultural safety training for all home and community care staff and HSPs, in order to enhance culturally appropriate care
- Enhancing the provision of health care for Indigenous youth. This will be accomplished through the development of a youth health promotion strategy
- As in previous years, the ESC LHIN CEO and Board members will continue to meet with the local Indigenous community leadership to provide updates and determine areas of priority focus. In the coming year, the ESC LHIN is seeking to jointly develop a formal process and expectations for engagement and accountability with local Indigenous leadership. Indigenous community leadership will provide updates and determine areas of priority focus. Some of those discussions will involve the creation of an agreement or protocol outlining Indigenous communities' expectations for engagement and accountability

6. Performance Measures

It has often been said that “you can’t fix what you can’t measure,” and this is certainly true in health care. As previously noted, the ESC LHIN strategic priorities for the coming year are:

- The development of a patient- and family-centred health care system
- The creation of health care communities
- Leadership in accountability and performance

The Ministry LHIN Accountability Agreement (MLAA) contains 13 performance indicators, seven monitoring indicators, and two developmental indicators. The MLAA measures home and community, system integration and access, mental health – health and wellness, and sustainability and quality. The table below is a summary of the ESC LHIN’s performance.

Indicator	Performance Indicators			Monitoring Indicators			Developmental Indicators		
	at or better than Prov	total indicators	Opportunities	at or better than Prov	total indicators	Opportunities	at or better than Prov	total indicators	Opportunities
Home and Community	4	4					0	1	Palliative discharged with Home Supports
System Integration and Access	4	6	knee wait times Emerg Waits for Minor/Uncomplicated	4	7	emerg visits best managed elsewhere admits for ambulatory sensitive conditions followup in 7 days post discharge			
Mental Health - Health and Wellness	1	2	Substance Abuse						
Sustainability and Quality	1	1					0	1	overall satisfaction with healthcare in community

In order to succeed in these three priority areas, the ESC LHIN must be able to measure and demonstrate its successes and its failures. As the LHIN advances its sub-regions, it will track performance on priority indicators and use scorecards to measure and report on its successes. The priority indicators will include the following areas.

Transitions of Care

Seven-day follow-up — leveraging real-time information from the South East Health Integrated Information Portal.

Percentage of Acute Care Patients Who Had a Follow-Up Visit with a Physician within Seven Days of Discharge				
ESC LHIN	FY 2015 and FY 2016 Baseline			FY 2018–19 Target
	Number of Patients with a Physician Visit	# Index	Percentage Followed Up within Seven Days	ESC LHIN 5% Away From Target (5% Improvement)
ESC LHIN	8,042	17,970	44.75%	46.9%
Ontario	154,007	328,608	46.87%	

30-Day Readmissions: Tracking Rates Using the Integrated Decision Support (IDS) Portal				
ESC LHIN Hospitals	FY 2015 and FY 2016 Baseline			FY 2018–19 Target
	Number of Re-admissions	# Index	Crude Percentage	10% Improvement
All cohorts	2,721	18,072	15.1%	13.6%
COPD	509	2,742	18.6%	16.7%
CHF	390	1,811	21.5%	19.4%

Re-visits to the ED: Tracking Rates Using the IDS Portal				
30-Day ED Visits: ESC LHIN Hospitals	FY 2015 and FY 2016 Baseline			FY 2018–19 Target
	Number of Re-visits	# Index	Crude Percentage	10% Improvement
Mental health	3,203	17,374	18.4%	17.5%
Substance abuse	1,926	6,957	27.7%	32%

Chronic Disease Scorecards

These will be automated to track the ESC LHIN's impact on priority areas such as COPD, CHF, diabetes, and stroke (per-capita LOS and ED visits) LHIN targets.

ESC LHIN	Per Capita (10,000) Baseline	Target 5% Improvement to Per-Capita Rate FY 2019–20	FY 2016–17 # Volumes	Volume Reduction Needed to Hit Target (FY 2018–19)
Total sum of pop., 2016	Calendar year 2016 population: 627,633			
Total number of ED visits	4,893	4,649	30,5325	13,554
Total number of ED, CHF	29	27	1,802	77
Total number of ED, COPD	92	88	5,861	354
Total number of IP discharge	948	901	59,811	3,286
Total number of IP discharge, CHF	20	19	1,229	43
Total number of IP discharge, COPD	26	25	1,647	83

Palliative Care Scorecards

These measure preferred setting, palliative ED visits, and patient and family experience (LHIN target).

ESC LHIN	Per Capita (100,000) Baseline	Target 10% Improvement to Per-Capita Rate FY 2019–20	Volume Reduction Needed to Hit Target (FY 2018–19)
Total sum of pop., 2016	CY 2016 population: 627,633		
ED visit	20	18	15 Visits

Mental Health and Substance Abuse Scorecards

These will track and monitor areas as they are developed by the ESC LHIN with stakeholders (ED re-visits by LHIN).

30-Day ED Visits: ESC LHIN Hospitals	FY 2015 and FY 2016 Baseline			FY 2018/19 Target
	Number of Re-visits	Number of Index	Crude Percentage	
Mental health	3,203	17,374	18.4%	17.5%
Substance abuse	1,926	6,957	27.7%	32%

ED performance

There will be a continued focus on ED performance, specifically on time to physician initial assessment (PIA) and non-admitted minor event (ESC LHIN ED).

ESC LHIN ED Visits	90th Percentile Baseline (FY 2015–16 and 2016–17)	Target 10% Improvement to 90th Percentile LOS FY 2018–19
Time to PIA	4.0	3.6
Non-admitted minor	4.1	3.7

Hospital Surge Capacity

- Target: Decrease percentage of days 100% or greater capacity during surge season

Hospital surge capacity is tracked using real-time data feeds through the Oculys tool. As a proactive measure to address surge pressures associated with seasonal influenza and other events that put a strain on the region's acute-care hospital system, the ESC LHIN is implementing a region-wide surge protocol. The protocol was developed in collaboration with hospitals, community partners, public health units, and home and community care to ensure that HSPs have capacity when needed and that patients continue to receive timely care both in hospital and in the community.

Home and Community Care

ESC LHIN Home and Community Care	FY 2016–17 Q2 to 2017–18 Q1			Target	
	Index Cases	Numerator	Performance Percentage	Improvement	FY 2018–19 Target
Client experience			94%	1.4%	95.0%
Five-day wait times (complex)			94.6 %	1.0%	95.0%
Five-day wait times (nursing)			96.6 %	Status quo	96.6%
Falls			38.0 %	2.7%	37.0%
End-of-life			68.88 %	8.5%	75.0%
Post-ED visits	11,425	670	5.9%	6.4%	5.5%
Readmissions	11,425	1,791	15.7%	7.8%	14.5%

The ESC LHIN will implement and continue to track indicators such as:

- Hospital readmissions
- Unplanned ED visits
- End-of-life planning (i.e., died in preferred place of death)
- Patient experience
- Falls for long-stay clients
- Wait time for home care

In addition to establishing the priority indicators noted above, over the coming year the ESC LHIN will:

- Continue to focus on home and community care wait times for personal support and nursing services and tracking patient satisfaction of home and community services as well as those of its contract providers
- Redevelop and strengthen its HSP contract and performance framework. Additionally, a quality improvement plan with measureable outcomes and defined aims and goals will be created
- Continue to use an event management-tracking system that trends complaints and incidences as well as compliments. These items will form the basis of a scorecard that will inform the Board's Quality Committee
- As the LHIN advances its sub-regions, track performance on priority indicators and use scorecards to measure and report on transitions to care, re-visits to the ED, readmissions, patient satisfaction, and per-capita usage of acute-care patient days and ED visits. The scorecards will also be used to closely monitor the increased use of coordinated care plans for high-needs clients
- Implement an integrated health information portal to provide real-time data for the sub-regions. This will enable better decision-making and improved transitions to care
- Revise its risk-based performance framework to amalgamate the home and community care contract performance framework with the service accountability agreement framework and management of the HSPs

- Measure the number of performance improvement plans and quality improvement notices, as well as the use of enhanced LHIN Board powers to implement investigators and supervisors

7. Risks and Mitigation Plans

Those involved in the planning or delivery of health care understand that there are always going to be challenges or circumstances that can pose risks to the success of a strategy. It is important, therefore, to have mitigation strategies in place that lessen the severity of those risks and increase the chances of success.

The ESC LHIN has identified a number of these risks and has proposed mitigation plans to lessen them.

More Seniors and Other Individuals with Complex Medical Conditions

The ESC region's population is aging faster than the rest of the province's, and, because of this, there are going to be increasing demands upon the health care system. The ESC LHIN is planning for these increased demands in a number of ways: through the development of sub-regions, the expansion of Health Links, a regional dementia strategy, and continued investment in home and community care services.

Alternate Level of Care

The solution to reducing ALC days lies within the community: People need alternatives to staying in or going to the hospital. The ESC LHIN is advancing community capacity planning, coordinating chronic disease care paths, and supporting bundled care initiatives. In addition, the LHIN is investing in community supports such as assisted living and IHH, and specialized home nursing programs such as eShift and Telehomecare.

Fiscal Challenges

Fiscal challenges are nothing new. The ESC LHIN is working to ensure that its investments are targeted and strategic, and that its programs and services are carefully evaluated in terms of their return on investment.

Unhealthy Lifestyles

The ESC LHIN will continue to invest in education and health promotion, expand and promote self-management strategies, and work more closely with its public health units to promote integrated planning.

Health Care Change Management

This is risk in nearly every field. We may know that change is good, but too many of us instinctively resist it. The answer is to ensure clear and frequent communication, to put a change management strategy in place, and encourage collaborative decision-making whenever possible. In addition, better partnerships across the system can help create a culture of change.

Primary Care Support

Strengthening relationships with the primary care sector is a key goal for the ESC LHIN. It requires continued collaboration and engagement, more consistent two-way communication, and the identification of primary care change leaders and champions. To assist with this goal, the ESC LHIN will implement sub-region clinical leads for its sub-regions.

Health Care Human Resource Shortage

An educated and well-trained workforce is essential to delivering on the ESC LHIN's strategic priorities, especially in home and community care. As the need for personal support workers increases, the LHIN needs to ensure that the region has a skilled and available workforce. The ESC LHIN is supporting provincial initiatives to address this issue, and is looking locally at retention rates and how it can encourage a return to this profession.

The ESC LHIN will continue to work in collaboration with HealthForceOntario to enhance health human resource planning for its communities, with the goal of improving access to care planning for future needs. Additionally, the LHIN will embrace the innovative use of technology and digital health solutions to increase access to care for local residents.

8. LHIN Operations and Staffing Tables

Tables A and B outline the ESC LHIN's estimated expenditures on both staffing and operations from 2017 to 2021. It is important information, particularly in an era of transparency and accountability. What the tables do not show, however, is the extraordinary importance of people in the work that the LHIN does — they are determined to improve the way the ESC LHIN delivers health care to the patients who depend on it.

The tables also don't show the commitment of the LHIN's frontline staff, administration, or the many other HSPs who tirelessly answer the call when patients need them, and they don't acknowledge the volunteers or caregivers in this region. As well, the tables don't sufficiently reflect the ESC LHIN's overriding priority vis-à-vis every dollar it spends — putting patients first.

Table A: LHIN Operations Spending Plan				
	2017-18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
Allocation: Home Care/LHIN-Delivered Home and Community Services				
Salaries (Worked hours + Benefit hours cost)	29,051,133	30,381,644	30,989,276	31,609,061
Benefit Contributions	8,281,727	8,309,485	8,475,674	8,645,187
Med/Surgical Supplies & Drugs	6,614,864	5,737,370	5,752,270	5,752,270
Supplies & Sundry Expenses	1,470,466	1,501,218	1,501,218	1,501,218
Equipment Expenses	1,173,782	1,030,704	1,030,704	1,030,704
Amortization on Major Equip, Software License & Fees	14,044	14,044	14,044	14,044
Contracted Out Expense	92,728,117	92,685,679	91,669,195	90,633,444
Buildings & Grounds Expenses			-	-
Building Amortization			-	-
TOTAL: Home Care/LHIN-Delivered Home and Communi	139,334,133	139,660,144	139,432,381	139,185,928
Allocation: LHIN Operations				
Salaries (Worked hours + Benefit hours cost)	2,245,649	3,025,735	3,086,250	2,822,735
Benefit Contributions	503,558	798,900	814,878	747,593
Med/Surgical Supplies & Drugs			-	-
Supplies & Sundry Expenses	678,133	261,927	261,927	148,750
Equipment Expenses			-	-
Amortization on Major Equip, Software License & Fees			-	-
Contracted Out Expense			-	-
Buildings & Grounds Expenses			-	-
Building Amortization			-	-
TOTAL: LHIN Operations	3,427,340	4,086,562	4,163,055	3,719,078
Allocation: Integrated Administration and Governance				
Salaries (Worked hours + Benefit hours cost)	4,874,837	5,722,675	5,837,129	5,953,872
Benefit Contributions	2,395,061	1,514,984	1,545,284	1,576,190
Med/Surgical Supplies & Drugs			-	-
Supplies & Sundry Expenses	1,575,679	1,359,448	1,359,448	1,359,448
Equipment Expenses	562,229	569,045	569,045	569,045
Amortization on Major Equip, Software License & Fees	227,208	207,675	207,675	207,675
Contracted Out Expense	30,000	30,560	30,560	30,560
Buildings & Grounds Expenses	1,910,289	1,742,914	1,762,408	1,781,228
Building Amortization	312,940	312,940	312,940	312,940
TOTAL: Integrated Administration and Governance	11,888,243	11,460,241	11,624,489	11,790,958
Allocation: Initiatives				
Salaries (Worked hours + Benefit hours cost)	299,512	307,848	77,926	79,485
Benefit Contributions	66,115	79,445	20,639	21,041
Med/Surgical Supplies & Drugs			-	-
Supplies & Sundry Expenses	1,191,516	1,445,840	1,129,890	1,129,890
Equipment Expenses			-	-
Amortization on Major Equip, Software License & Fees			-	-
Contracted Out Expense			-	-
Buildings & Grounds Expenses			-	-
Building Amortization			-	-
TOTAL: Initiatives	1,557,143	1,833,133	1,228,455	1,230,416
Allocation: Digital Health				
Salaries (Worked hours + Benefit hours cost)			-	-
Benefit Contributions			-	-
Med/Surgical Supplies & Drugs			-	-
Supplies & Sundry Expenses	510,000	510,000	510,000	510,000
Equipment Expenses			-	-
Amortization on Major Equip, Software License & Fees			-	-
Contracted Out Expense			-	-
Buildings & Grounds Expenses			-	-
Building Amortization			-	-
TOTAL: Digital Health	510,000	510,000	510,000	510,000
Total	156,716,859	157,550,080	156,958,380	156,436,380
NOTE: Above Spending Plan does not reflect impact of the Special Needs Strategy				

Table B: LHIN Staffing Plan (Full-Time Equivalents)				
	2017/18 Actuals as of February 28/2018	2018/19 Forecast	2019/20 Forecast	2020/21 Forecast
Home Care/LHIN-Delivered Home and Community Services				
Management and Operational Support (MOS) FTE	107.4	110.00	110.00	110.00
Unit Producing Personnel (UPP) FTE	251.5	256.00	256.00	256.00
Nurse Practitioner (NP) FTE	10	10.00	10.00	10.00
Physician FTE			-	-
Salaries (Worked hours + Benefit hours cost)	29,051,133.00	30,381,644	30,989,276	31,609,061
Benefit Contributions	8,281,727.00	8,309,485	8,475,674	8,645,187
Total FTE	368.90	376.00	376.00	376.00
LHIN Operations				
MOS FTE	30.5	35.00	35.00	32.00
UPP FTE			-	-
NP FTE			-	-
Physician FTE			-	-
Salaries (Worked hours + Benefit hours cost)	2,245,649	3,025,735	3,086,250	2,822,735
Benefit Contributions	503,558	798,900	814,878	747,593
Total FTE	30.50	35.00	35.00	32.00
Integrated Administration and Governance				
MOS FTE	52.5	57.66	57.66	57.66
UPP FTE	12	12.50	12.50	12.50
NP FTE			-	-
Physician FTE			-	-
Salaries (Worked hours + Benefit hours cost)	4,874,837	5,722,675	5,837,129	5,953,872
Benefit Contributions	2,395,061	1,514,984	1,545,284	1,576,190
Total FTE	64.50	70.16	70.16	70.16
Initiatives				
MOS FTE	3.5	3.50	1.00	1.00
UPP FTE			-	-
NP FTE			-	-
Physician FTE			-	-
Salaries (Worked hours + Benefit hours cost)	299,512	307,848	77,926	79,485
Benefit Contributions	66,115	79,445	20,639	21,041
Total FTE	3.50	3.50	1.00	1.00
Digital Health				
MOS FTE			-	-
UPP FTE			-	-
NP FTE			-	-
Physician FTE			-	-
Salaries (Worked hours + Benefit hours cost)			-	-
Benefit Contributions			-	-
Total FTE			-	-
TOTAL FTE SUMMARY	467.40	484.66	482.16	479.16

9. Integrated Communications Strategy

Objectives

The ESC LHIN's communications department supports the objectives established in the LHIN's annual business plans through effective communication with stakeholders, the MOHLTC, other LHINs, and — above all — the patients and families who rely on the LHIN to manage the health care system.

The ESC LHIN accomplishes this through a communications strategy that supports the implementation of IHSP 4 initiatives, the Minister's mandate letter, *Patients First: Action Plan for Health Care*, and other key local initiatives. All of the LHIN's communications products support the ESC LHIN vision of "Healthy Communities — Exceptional Experiences."

Communications responsibilities have been broadened somewhat this year. Under the *Patients First Act, 2016*,¹⁰ the ESC LHIN's responsibilities were expanded. Historically, the LHIN's role has been to provide local funding and performance management for the 82 HSPs in the region, including system planning, design, and system coordination. Effective June 21, 2017, however, the LHIN — and all LHINs in Ontario — assumed the additional role of providing home and community care services. These services, which were previously provided by the ESC Community Care Access Centre (CCAC), have created additional responsibilities in terms of communications, as the LHIN now provides frontline patient care. The ESC LHIN must now ensure that information about home and community care is also made available, including information about how the LHIN delivers and coordinates home and community care, what services and resources are available, and where they can be found.

Moving forward, the ESC LHIN's communications objectives will be to:

1. Help support and inform patients and families who rely on the ESC LHIN for care and system navigation
2. Provide patients, staff, and the health care system information and education on services available that will positively influence health behaviours and improve the health of local residents
3. Sustain and build trust in local health care by providing timely and positive two-way communication with the community
4. Uphold the ESC LHIN's commitment to be open, transparent, and accessible to the public and patients
5. Support LHIN staff to ensure that all employees are informed about new initiatives, investments, projects, and other opportunities contained within the annual business plan

Provincial Context

The LHINs not only manage and fund health care at the local level — they also communicate the broader priorities and directions of that system to patients, stakeholders, and health organizations within their regions. In that sense, they are the "local lens" of the provincial health care system. In addition, the LHINs provide patients and caregivers with support and

¹⁰ S.O. 2016, c. 30.

information about care and system navigation. As such, the LHINs are responsible for home and community care as part of their legislated mandate.

The specific activities and areas of involvement through which the ESC LHIN's overall corporate communications strategies are being executed include the following:

- Provincial strategies, initiatives, and programs
- ABP
- *Patients First: Action Plan for Health Care*
- Strategic Plan
- IHSP 4
- *Patients First Act, 2016*
- Sub-region planning
- PFAC
- Home and community care
- Expanded LHIN authorities
- Governance Advisory Councils
- Integration activities
- Regional Transportation Strategy
- Chronic Disease Prevention and Management Care Paths
- Vision Care Strategy
- Mental Health Strategic Plan
- Addictions Strategic Plan
- Rehabilitation Care Strategic Plan
- Primary Care Strategy
- Indigenous Health Strategic Plan
- Hospice palliative care
- Orthopaedic Strategic Plan
- Opioid Strategy
- Surge planning
- Emergency management communications and planning
- French Language Health Planning Entity/LHIN Joint-Strategic Plan
- Capital projects
- BSO Action Plan
- Other planning activities as developed

Strategic communications plans are developed and implemented for these strategies/activities for both the local and pan-LHIN roles.

Target Audience

The ESC LHIN's target audience is extremely broad. However, within the context of directing its communications, the LHIN has identified the following primary audiences:

- Consumers/patients of the health care system, including home and community care patients
- ESC LHIN PFAC
- Elected officials
- Engaged general public
- ESC LHIN Board
- ESC LHIN staff
- Francophone people and communities
- HSPs
- Indigenous people and communities
- Primary care providers
- Media
- MOHLTC
- Service provider organizations
- Unions (CUPE, ONA)

Key Messages

Provincial — 2018–2019 Patients First Messaging

Ontario is increasing access to care, reducing wait times, and improving the patient experience through its *Patients First: Action Plan for Health Care*, which protects health care today and into the future. This plan sets clear and ambitious goals for putting patients at the centre of Ontario's health care system by increasing access, connecting services, informing patients, and protecting the health care system.

The ESC LHIN is fully committed to supporting *Patients First: Action Plan for Health Care*. By putting patients first in everything it does, the LHIN will provide faster access to the care patients need today and make the necessary investments to ensure that the health care system will be there for patients for generations to come.

Changes underway that are supported by the *Patients First Act, 2016*, have expanded the LHIN's mandate and will give the LHIN the tools, oversight, and accountability it needs to better integrate local health care services and coordinate care across the care continuum in a way that better serves patients.

In May and June 2017, home care services and staff across the province transferred from the CCACs to the LHINs. This was a structural system change that will help patients and their families have better access to a more local and integrated health care system. The process happened in carefully planned stages and was seamless for patients and home care clients. There was no disruption to care and providers remained the same.

Once fully implemented, these changes will make local health care more responsive to local needs. Specifically,

- 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 NP
- 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
- Administration of the health care system will be streamlined and reduced, with savings put back into improving patient care
- With a PFAC in every LHIN, 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 people and French-speaking people in Ontario

ESC LHIN Local Messaging

The ESC LHIN's key messaging aims to communicate its goals, roles, and responsibilities in language that is easy to understand and remember. Just as the health care landscape is continually evolving and changing, so too will the LHIN's messaging. The communications plan is a "living document" that the LHIN will revise and update in order to accommodate and address any changes, issues, or developments.

Key messages include:

1. The design and delivery of quality, patient-centred health care is at the heart of the ESC LHIN's strategy for change
2. Community engagement and listening to the voices of patients and caregivers are critical to the ESC LHIN's plans for an improved health care system and better health care experiences
3. The ESC LHIN is a leader in the transformation of provincial and local health care systems
4. Together with local partners, the ESC LHIN continues to bring about significant and positive change to ensure better patient outcomes
5. Sub-regions are an important tool to allow the ESC LHIN to focus on the uniqueness of different populations and better plan strategic health system resources. Sub-regions do not affect how or where people can choose to access care
6. It is important that the ESC LHIN improve system access and navigation for patients and families by raising further awareness of services and supports. The ESC LHIN remains committed to building a more seamless and coordinated approach to patient care
7. The ESC LHIN is improving value in the system by identifying opportunities for local service providers to work better together to reduce duplication and delays, and avoid unnecessary costs
8. The ESC LHIN continues to foster a culture of quality that will improve the patient experience

9. Together with its partners, the ESC LHIN is supporting digital and innovative solutions across the region and beyond to meet the needs of patients and providers
10. The ESC LHIN invests in innovation to help improve patient care, find additional value in the health care system, and continue to be a leader in local health

Tactics

The ESC LHIN's communications strategy employs a variety of tactics to ensure that it is reaching the desired audiences. These include:

- Communications and engagement plans
- Traditional media products, printed material for patients, social media outreach, events, email, web/online, the *Community Report*, annual reports, LHINfo Minutes, the media engagement strategy, meetings, open Board meetings, Board highlights, open mic sessions, advance dissemination of Board meeting materials and agendas, etc.
- Excellent media relations through proactive media pitches, third-party publications, and availability as a health care resource
- The continued maintenance and promotion of ErieStClairhealthline.ca as a practical and reliable health care resources tool for patients, residents, and ESC LHIN staff
- Deploying health service providers as communicators, through networks and advisory groups, memos, and newsletters
- Reaching out to elected officials through council meetings, one-on-one meetings, and briefing notes

Guiding Communications Principles

- Openness and transparency
- Timeliness and relevance
- A focus on health literacy and accessible, readable public material
- Using clear language
- Promoting local content, programs, services, and successes
- Providing key communications materials in both English and French
- Ensuring that communications materials are accessible to all audiences by following AODA practices
- Adhering to the *ESC LHIN Style Guide* and *Visual Identity Guide*

Evaluation

As always, it is critical to continuously assess and evaluate what the ESC LHIN is doing and how effective it has been. The LHIN will therefore evaluate its communications strategy through the following measures.

Target Audience Feedback

Formal and informal evaluation will be used to understand reach, effectiveness, and impact.

Media Monitoring

Monitoring and evaluation of media coverage related to provincial and local LHIN initiatives will be used.

Website

Analytics will be used to monitor and measure website traffic.

Social Media

Growth/following of social media accounts and level of social media activity will be tracked through social media analytics.

Community Engagement

Continued dialogue with community engagement participants will ensure an open line of communication on process and next steps.

Complaints and Concerns

As the ESC LHIN responds to patient and system concerns, it will track the input in order to identify trends and improve the patient experience.

Through these various feedback mechanisms and ongoing assessment, the ESC LHIN will monitor the effectiveness of its communications vehicles and messages, and recalibrate and adapt plans as needed to ensure that audiences are successfully reached and engaged.

10. Community Engagement

Local decision-making is the model upon which the LHINs are built, and community engagement is therefore both a legislated responsibility and a core function. The ESC LHIN greatly values the input of community members, health care professionals, and stakeholders to inform its planning and decision-making processes.

Over the coming year, the ESC LHIN will engage its key population and stakeholder groups to further develop relationships, influence planning initiatives, and, most importantly, ensure that patient and caregiver perspectives constantly inform the LHIN's work. Key population and stakeholder groups include:

- Patients and families of the health care system
- Residents of Erie St. Clair
- The Francophone community
- Indigenous and Métis communities
- HSPs
- Physicians and primary care providers
- Allied health care professionals
- Public health and social service providers

Consistent with *Patients First: Action Plan for Health Care* and the *Patients First Act, 2016*, the ESC LHIN has formalized its engagement with patients and families by establishing a PFAC.

Currently, the ESC LHIN engages a number of established networks, committees, and working groups on an ongoing basis, and this will continue. The following is a sampling of the various structures, committees, and groups that the ESC LHIN leads or of which it is an active member:

- Governance Advisory Councils
- ALC Performance Management Working Group
- BSO/Home and Community Care/Hospital Quarterly Working Group
- Child and Youth Leadership Table
- CareLink Regional Transportation Committee
- Community Analytics Steering Committee
- Data Consortium
- Decision Support Committee
- Erie St. Clair/South West French Language Health Planning Entity
- Chief Nursing Executives Advisory Council
- Identified and Designated FLS Providers Network
- Indigenous Health Planning Committee
- Local Immigration Partnership Committee
- LTC Operators Networks (Chatham-Kent, Windsor/Essex, and Sarnia/Lambton)

- Ministry of Community and Social Services/Developmental Services Ontario
- Mental Health and Addictions Network
- Mental Health and Addictions Tri-County Municipal Supportive Housing Working Group
- Primary Care Council
- Patient and Family Advisory Council (Home and Community Care)
- Regional Quality Committee
- Regional Diabetes Education Program Network
- Regional Renal Administrative Advisory Committee
- Rehabilitative Care Committee
- Residential Addictions Treatment Leadership Table
- Stocktake Review Table

International Association for Public Participation

The ESC LHIN uses the best practice tools and processes outlined within the International Association for Public Participation Public Participation Spectrum¹¹ and HQO's Patient Engagement Framework.¹²

¹¹ See <https://www.iap2canada.ca/page-1020549>

¹² See <http://www.hqontario.ca/Engaging-Patients/Patient-Engagement-Framework>

Appendix A

Erie St. Clair LHIN Strategy Map

OUR VISION

DRAFT V3 for Board Approval
March 2.18

Healthy Communities – Exceptional Experiences

Strategic Goals

Patient & Family Centred System – Strategic Goals

- Accessible, coordinated, holistic, safe, right care at right time at right place, sustainable, responsive
- Culturally appropriate, evidence-based care
- Patient voice & needs central in all activities

Patient & Family Centred System - Outcomes

- Improved community engagement
- Coordinated seamless care
- Increased care in the home for high needs patients
- Maximal clinical and functional outcomes

Patient & Family Centred System - Processes

- Focused quality improvement plans
- Patient & Family Advisory Council engagement
- Primary Care engagement plan
- Integration (optimized connectivity) between services
- Clinical program effectiveness reviews
- Community & stakeholder engagement framework

Healthy Care Communities – Strategic Goals

- Maximal health for members of all communities
- Optimized outcomes from illness events for all members of all communities

Healthy Care Communities - Outcomes

- Improved health status in each community served
- Enhanced access with a focus on Francophone, Indigenous & other high priority populations & pop segments
- Decreased & optimally managed chronic conditions and illness events

Healthy Care Communities - Processes

- Utilization of social determinants of health framework
- Population health planning
- Enhanced access, coordination, and information
- Evidence based care interventions

Leadership in Accountability & Performance – Strategic Goals

- Commitment to maximal value for investment by all
- Stewardship in the execution of evidence based, quality based interventions
- Ensuring responsibility for deliverables key to creating and achieving health

Leadership in Accountability & Performance - Outcomes

- Most effective utilization of all resources:
Fiscal - Human - Capital - Technology
- Consistent performance management frameworks
- Public reporting

Leadership in Accountability & Performance - Processes

- Sub-region development plan
- Fiscal & utilization metrics based on benchmarking
- Enterprise risk management
- Standardized accountability agreements with regular monitoring & reporting systems
- Results orientated internal & external communication

Enablers

- Shared vision
- Co-designed planning
- Inspiring people-centred leadership style characterized by authenticity, stewardship, and humility

- Passion and expertise in change leadership
- Culture of innovation, quality improvement, safety, and learning
- High performing teams

- Digital health
- Professional development
- Human resources planning
- Sustainability planning

OUR MISSION

Together with Erie St. Clair communities leading and creating confidence in a high performing patient & family-centred health care system

OUR VALUES

Respect – High regard for one another

Collaboration – Cooperative coordinated actions of multiple partners toward a common goal

Compassion – Motivation to relieve the suffering of another

Accountable – Dependent on another for a commitment, intervention or action

Integrity – Consistency & alignment of values & behaviours

Transparency – Openness to sharing & receiving

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