

# **NORTH EAST LOCAL HEALTH INTEGRATION NETWORK**

## *Annual Business Plan 2012/13*

June 30, 2012

# Annual Business Plan 2012/13

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## CONTEXT

### TRANSMITTAL LETTER FROM NORTH EAST LHIN BOARD CHAIR

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June 30, 2012

Rachel E. Kampus  
Acting Assistant Deputy Minister  
Health System Accountability and Planning Division  
Ministry of Health and Long-Term Care

Dear Assistant Deputy Minister Kampus,

The North East Local Health Integration Network (NE LHIN) is pleased to provide you with our 2012/13 Annual Business Plan (ABP) as required by the Local Health System Integration Act, the Ministry/LHIN Memorandum of Understanding, and the Ministry/LHIN Performance Agreement (MLPA).

The 2012/13 ABP provides details on the status of current initiatives and upcoming action plans to achieve our goal of increasing access to health care for fellow Northerners. Our ABP is aligned with Ontario's Action Plan for Health Care, our 2012/13 Operational Plan, 2011 Summary Report of the NE LHIN's Community Engagement Sessions, and our 2010/13 Integrated Health Service Plan (IHSP).

In 2012/13 we will continue to work on implementing projects and actions required to move forward on our 2010-2013 IHSP. This ABP provides a full account of the status of our work in this regard. In addition, this year we will focus on priorities in our 2012/13 Operational Plan, a plan which has been put together in direct response to input received from thousands of Northerners in community engagement sessions over the past twelve months (see Plan on page 4). The Operational Plan provides a solid foundation to move forward this year and develop our 2013-2016 IHSP.

Our work continues to concentrate on building a more patient-centered and integrated *local* health care system, in collaboration with stakeholders across Northeastern Ontario.

In June, 2012, the NE LHIN Board of Directors will have received two realignment plans: one for the Cochrane Hub area of our region and the other for the Temiskaming District. Each plan was been prepared further to focussed engagements with more than 650 Northerners. They outline detailed next steps in order to achieve a more patient-focused, demographically aligned, and integrated system of care in these two areas of our region.

Realignment efforts that focus on the need to move towards a patient-centred system of care right across our region will continue in the 2012 fiscal year.

Please do not hesitate to discuss this ABP with either myself or our CEO Louise Paquette.

Sincerely,

Wally Wiwchar  
Acting Board Chair

# NORTH EAST LHIN OPERATIONAL PLAN, 2012-2013

## Ontario's Action Plan For Health Care

Better Patient Care Through Better Value From Our Health Care Dollars  
*With a focus on: Keeping Ontario Healthy; Faster Access and a Stronger Link to Family Health Care; Right Care, Right Time, Right Place*



## North East LHIN Overarching Goal

*To Realign Northeastern Ontario health care providers in an effort to increase access to quality care for Northerners and ensure a more patient-centred and community based system.*

### 2012-2013 Priorities

- Increase Primary Care Coordination
- Enhance Coordination and Transitions of Care
- Facilitate Realignment and System Transformation
- Make Mental Health and Addiction Programs and Services More Accessible

### Enablers

- Targeting the needs of special population groups
  - Francophone Northerners
  - Aboriginal/First Nation/Métis Northerners
- Expanding eHealth Opportunities
- Enabling Recruitment and Retention of Health Care Professionals
- Accountability Agreements with health service providers
- Local Health System Integration Act (LHSIA)



## Outcomes/Metrics

Performance Indicators of the Ministry/LHIN Performance Agreement

# MANDATE AND STRATEGIC DIRECTIONS

The NE LHIN vision of ***‘health and wellness for all’*** was created with the goal that quality healthcare must be delivered to *all* people residing within the NE LHIN region. In order to fulfill this vision, the NE LHIN developed and embraced a mission statement of creating an ***‘innovative, sustainable and accountable’*** health care system in Northeastern Ontario.

This NE LHIN vision and mission align with the Ministry’s strategic directions as outlined in its 2010/11 operational plan:

- Healthier people;
- Healthier communities; and a
- Healthier system.

Our mission and vision also aligns well with the Ministry’s stated strategic objectives and is specifically referred to in our Integrated Health Service Plan (IHSP):

- ER Service Improvement;
- ALC reduction;
- Diabetes service improvement;
- Mental Health and Addictions service improvement; and
- eHealth.

A key component to help achieve the NE LHIN’s vision is our current Annual Business Plan, 2012/13 Operational Plan, 2011 Summary Report of the NE LHIN’s Community Engagement Sessions, and our 2010/13 Integrated Health Service Plan (IHSP). Each component is key to moving forward on building a more integrated and patient-focussed system of health care in Northeastern Ontario.

## ASSESSMENT OF ISSUES FACING THE NE LHIN (ENVIRONMENTAL SCAN OF OPPORTUNITIES AND RISKS)

### Our Population

The NE LHIN covers a large geographic area of approximately 400,000 square kilometres. With a 2011 population of about 551,042 persons, the overall population density in the region is only 1.4 persons per square kilometre. When compared to the provincial population density of approximately 13.4 persons per sq km (Southern Ontario has a population density of approximately 100 persons per sq km), it is not surprising that there are significant challenges to providing health care in Northeastern Ontario.

According to the Statistics Canada 2006 Census, the NE LHIN has:

- a much higher proportion of Aboriginals than Ontario as a whole – 9.4% and 2.0% respectively;
- a significantly higher proportion of Francophones compared to Ontario – 22.7% and 4.0% respectively;
- an older population than the province as a whole (16.5% of NE LHIN is aged 65 and over compared to 13.6% in Ontario);

- the Aged Dependency Ratio (the per cent of people 65+ relative to working age group 15-64) is 24.5% in Northeastern Ontario vs. the province's Aged Dependency Ratio of 19.9%
- an overall lower education status than the rest of the province;
  - only 50.3% of the population in Northeastern Ontario aged (25+) have a postsecondary certificate, diploma or degree vs. the provincial rate of 56.8%
  - 25.9% of the population in Northeastern Ontario (age 25+) have no certificate, diploma, or degree vs. the provincial rate of 18.7%.
- a lower employment status;
  - an overall unemployment rate in the NE LHIN which is higher than the provincial rate, 8.4% vs. 6.4% respectively;
  - a participation rate (the per cent of the population in the labour force) which is lower than Ontario's, 60.1% vs. 67.1% respectively.

Additionally, the NE LHIN has seen a population reduction of 5.3% from 1996 to 2011, whereas Ontario has seen a population increase of 19.5%. These geographic, demographic and socioeconomic realities are only some of the challenges to those providing health care in Northeastern Ontario.

### **NE LHIN Population Health Status**

The Statistics Canada 2011 Health Profile (Statistics Canada, Canadian Community Health Survey, Catalogue No. 82-228-XWE. Ottawa. Released October 25, 2011) reports that there is a smaller proportion of NE LHIN residents who report their health as 'very good' or 'excellent' compared to Ontarians overall. Also, the profile shows a higher prevalence of self-reported activity limitation in the NE LHIN compared to Ontario - 34.8% vs. 27.8% - and a higher proportion of persons who report pain or discomfort preventing activities - 17.4% vs. 13.2%.

Furthermore, the NE LHIN has higher percentages of people whose health practices are known to compromise health status when compared to Ontario. These include:

- daily smokers - 19.8% vs. 14.5% - and exposure to second hand smoke at home - 7.0% vs. 5.2%;
- adults who are current drinkers reporting heavy drinking - 19.7% vs. 15.9%; and
- adults who are obese – 24.1% vs. 18.0%.

Not surprisingly, the health profile also shows a higher prevalence of chronic diseases in the NE LHIN, including:

- arthritis/rheumatism - 24.1% vs. 17.3%;
- asthma – 9.4% vs. 8.3%;
- high blood pressure – 22.4% vs. 17.4%;
- diabetes - 8.0% vs. 6.8%; and
- hospitalized acute myocardial infarction event rate - 294 vs. 207 per 100,000 people.

In addition, the profile indicates a lower rate of contact with a medical doctor in the previous 12 months in the NE LHIN - 79.5% vs. 82.2%; and a smaller proportion of persons who report having a medical doctor – 85.4% vs. 91.1%. The proportion of the population with a family physician is significantly lower than the provincial average (Access to Primary Care in Ontario: 2009; Health Analytics Branch, Health System Information Management and Investment Division September 2010).

## **Mortality, Potential Years of Life Lost, and Hospitalization**

According to health indicators published in May 2012 by the Canadian Institute for Health Information (CIHI), the NE LHIN performed worse off (statistically significant) than the Canadian rate (and worse off than most other LHINs in Ontario (statistical significance not measured against other LHINs) in several areas, some of which include:

- Dependency Ratio
- Premature Mortality (mortality ratio, potential years of life lost)
- Potentially Avoidable Mortality
- Avoidable Mortality From Preventable Causes
- Injury Hospitalization
- Avoidable Mortality From Treatable Causes
- Hospitalized Acute Myocardial Infarction Event
- Hospitalized Stroke Event
- 30-Day Acute Myocardial Infarction In-Hospital Mortality
- 30-Day Stroke In-Hospital Mortality
- Acute Myocardial Infarction Readmission
- 30-Day Medical Readmission
- 30-Day Surgical Readmission
- 30-Day Readmission for Mental Illness
- Patients With Repeat Hospitalizations for Mental Illness
- Self-Injury Hospitalization
- Mental Illness Hospitalization
- Mental Illness Patient Days
- Cardiac Revascularization
- Hysterectomy

The high prevalence of chronic heart conditions – as evidenced by the CCHS and MOHLTC reports and data – places pressure on the local health care system and also has an impact on the quality of life for those who suffer from the condition.

## **New/Emerging/Evolving Drivers of System Change**

### **Age Structure**

Beyond the current difference in age structure between the NE LHIN and the province overall, it is important to consider that the projected difference in the near future will be greater still. For example, the 2011 population estimates (Ministry of Finance) assess the proportion of the NE LHIN population aged 65+ at 17.8% compared to 14.1% in Ontario, a difference of 3.7%. Projecting out further, the proportion of persons aged 65+ in the NE LHIN for the year 2016 is 20.5% compared to 16.0% for Ontario. This gap of 4.5% is expected to grow.

For the NE LHIN, this aging population will translate to a higher:

- rate of chronic diseases (with associated co-morbidity);
- demand for many health services;
- demand for long-term care; and
- demand for Aging at Home opportunities.

### **Aboriginal/First Nation/Métis Population Growth**

Given the larger proportion of Aboriginal/First Nation/Métis in the NE LHIN (9.4%), it is important to consider the unique population structure associated with this population and the impact it may have as a key driver of change.

In Canada, the Aboriginal population is younger and has a much higher fertility rate than the non-Aboriginal population. This is significant because evidence shows that in the Hudson and James Bay Coast area, incidence rates are high and resource issues are significant for: sexually transmitted diseases; injuries and poisonings; infant mortality and pregnancy complications; and teenage pregnancies.

Furthermore, First Nations youth are more likely to die of suicide than the general population, with a significant proportion of teen deaths attributable to suicide.

According to Health Canada, compared to the general Canadian population, First Nations people have a higher risk of:

- Type 2 Diabetes;
- HIV and AIDS; and
- Tuberculosis.

Health Canada also reports that, in the year 2000, life expectancy at birth for the registered Indian population was estimated at 68.9 years for males and 76.6 years for females. This reflects differences of 8.1 years and 5.5 years, respectively, from the 2001 Canadian population life expectancies.

A 'patient-centered care' health system demands investments and strategies to eliminate these health disparities.

### **North East Resource Based Economy as a Determinant of Health**

Employment and generated income are key contributors to health status. Unfortunately, the recent global economic downturn has had a significant negative impact on many of the resource based industries (including forestry and mining) on which Northeastern Ontario depends. Employment in these industries is significantly greater in the NE LHIN (7.3%) compared to the province overall (2.9%). Recovery continues to be slow and it is expected that increased unemployment will ultimately contribute to negative health outcomes among NE LHIN residents.

## **Health System Performance**

The Ministry-LHIN Performance Agreement (MLPA) defines the relationship between the Ministry of Health and Long-Term Care (MOHLTC) and the NE LHIN in the delivery of local health care programs and services. The indicators on the next page are those that are included in the MLPA of each LHIN. It is important to note that the final column of the chart is an estimate at the time of printing given that full results for the final quarter of fiscal 2011/12 were not in. Preliminary results indicate a favourable change in several indicators due to full implementation of LHIN initiatives but could not be included at the time of printing. For an up-to-date status report on indicators, please contact the NE LHIN or visit [www.nelhin.on.ca](http://www.nelhin.on.ca).

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Performance Indicator                                                                       | LHIN<br>2011/12<br>Starting<br>Point | LHIN<br>2011/12<br>Performance<br>Target | Most Recent<br>Quarter<br>2011/12 LHIN<br>Performance | Percent from<br>Target for<br>Most Recent<br>Quarter<br>Result* | FY 2011/12<br>LHIN Annual<br>Result |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------|
| <b>Emergency Room/Alternate Level of Care</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                      |                                          |                                                       |                                                                 |                                     |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution***                | 33%                                  | 17%                                      | 25%                                                   | 47.5%                                                           | 32%                                 |
| <p><i>Good progress was made in 2011/12 with 27,000 ALC days removed from the system between Q1 and Q3. Emphasis was placed on expanding services for: Home First, Assisted Living, Integrated Discharge Planning, Assess and Restore Beds and increased community capacity to care for seniors and the frail elderly outside of hospital. These efforts will be continued in 2012/13 and increased with more supports for elderly patients with behavioral challenges, CCAC case managers in selected Family Health Teams, and a new LHIN mandate to plan for primary care.</i></p> |                                                                                             |                                      |                                          |                                                       |                                                                 |                                     |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 90th Percentile Emergency Room (ER) Length of Stay for Admitted (LOS) Patients              | 28                                   | 23.5                                     | 28                                                    | 19%                                                             | 27                                  |
| <p><i>ER LOS performance for admitted patients improved in 2011/12. 9 of 11 reporting sites maintained an ER LOS below 25 hours. High rates of ALC patients in Sudbury and Timmins hospitals at peak times contributed to an overall longer wait time reported.</i></p>                                                                                                                                                                                                                                                                                                              |                                                                                             |                                      |                                          |                                                       |                                                                 |                                     |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients            | 7                                    | 6.5                                      | 7                                                     | 13%                                                             | 7                                   |
| <p><i>ER LOS performance for high acuity non-admitted patients remained stable throughout the year. High acuity patients are those that fall between an assessment of a "CTAS" 1 to 3. High acuity refers to people presenting themselves to the ER for life threatening or urgent health care issues. 9 of 11 reporting sites maintained ER LOS below 7 hours. High ALC and ER admissions particularly in Sudbury contributed to an increase in wait times.</i></p>                                                                                                                 |                                                                                             |                                      |                                          |                                                       |                                                                 |                                     |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients | 4                                    | 4                                        | 4                                                     | 10%                                                             | 4                                   |
| <p><i>ER LOS performance for low-acuity non-admitted patients remained stable throughout the year. Low acuity patients are those that fall between an assessment of "CTAS" 4 to 5. Low acuity refers to people presenting themselves to the ER for non-urgent health care issues such as low grade fevers, removal of stitches, etc. 7 of 11 reporting sites maintained ER LOS below 4 hours.</i></p>                                                                                                                                                                                |                                                                                             |                                      |                                          |                                                       |                                                                 |                                     |
| <b>Surgical Wait Times</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |                                      |                                          |                                                       |                                                                 |                                     |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 90th Percentile Wait Times for Cancer Surgery                                               | 62                                   | 48                                       | 65                                                    | 35%                                                             | 61                                  |
| <p><i>Cancer surgery wait times remained relatively stable throughout 2011/12.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                             |                                      |                                          |                                                       |                                                                 |                                     |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 90th Percentile Wait Times for Cardiac By-Pass Procedures                                   | 62                                   | 49                                       | 29                                                    | -41%                                                            | 31                                  |
| <p><i>Performance improvement in wait times for cardiac by-pass procedures improved markedly in 2011/12 due to additional surgeon capacity and improvements in patient flow strategies at Health Sciences North in Sudbury.</i></p>                                                                                                                                                                                                                                                                                                                                                  |                                                                                             |                                      |                                          |                                                       |                                                                 |                                     |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 90th Percentile Wait Times for Cataract Surgery                                             | 125                                  | 125                                      | 159                                                   | 27%                                                             | 156                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |     |     |     |       |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----|-----|-----|-------|-----|
| Wait times for cataract surgery increased in 2011/12 due to increased volumes (demand). Prior to year-end, the NE LHIN reallocated volumes to surgical sites and increased available capacity to help ease pressures.                                                                                                                                                                                                     |                                                                                     |     |     |     |       |     |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                         | 90th Percentile Wait Times for Hip Replacement                                      | 301 | 215 | 332 | 54%   | 306 |
| Wait times for hip replacement increased modestly in 2011/12. All sites except Timmins met volumes (Timmins was unable to meet volumes due to limited number of available surgeons. The NE LHIN assigned additional volumes to help ease pressures in Q4.                                                                                                                                                                 |                                                                                     |     |     |     |       |     |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                         | 90th Percentile Wait Times for Knee Replacement                                     | 426 | 300 | 367 | 22%   | 402 |
| Wait times for knee replacement decreased in 2011/12. All sites except Timmins (surgical supply issue) met volumes and NE LHIN assigned additional volume in Q4. Improvement in wait times is dependent upon additional volumes for the NE LHIN and successful recruitment of surgeons (Timmins).                                                                                                                         |                                                                                     |     |     |     |       |     |
| <b>Diagnostic Wait Times</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |     |     |     |       |     |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                        | 90th Percentile Wait Times for Diagnostic MRI Scan                                  | 105 | 80  | 75  | -6%   | 106 |
| Wait times for MRI improved in 2011/12 with the addition of North Bay's first MRI scanner in May 2011. It is expected that with an additional MRI in the NE LHIN, wait times will continue to improve, however, for MRI continues to increase as the diagnostic modality of choice by clinicians.                                                                                                                         |                                                                                     |     |     |     |       |     |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                        | 90th Percentile Wait Times for Diagnostic CT Scan                                   | 33  | 33  | 27  | -18%  | 29  |
| Wait times for CT scans improved in 2011/12 and it is expected that wait times in the range of 28 to 30 days will continue in 2012/13.                                                                                                                                                                                                                                                                                    |                                                                                     |     |     |     |       |     |
| <b>Excellent Care for All/Quality</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |     |     |     |       |     |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                        | Readmission within 30 Days for Selected CMGs**                                      | 17% | 14% | 16% | 14%   | 16% |
| Performance improved modestly. Initiatives in Sudbury, such as the Congestive Heart Failure Clinic and Care Transitions Unit are addressing this patient population and should have an impact on reducing readmissions to hospital. Case Managers in selected Family Health Teams will contribute to earlier identification and treatment for frail elderly care.                                                         |                                                                                     |     |     |     |       |     |
| <b>Mental Health and Substance Abuse</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |     |     |     |       |     |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                        | Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions**   | 19% | 18% | 18% | -0.3% | 18% |
| Performance at Q4 met target. Initiatives implemented in Q4 2011/12 include: Addictions Counseling resource in the Health Sciences North ER, a Peer Support Counsellor in North Bay Regional Health Centre ER, a Case Manager in the ER at Sault Area Hospital, and access to more hours for "safe" beds for detox patients in Timmins will continue to contribute to reducing unnecessary revisits to the ER in 2012/13. |                                                                                     |     |     |     |       |     |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                        | Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions** | 30% | 27% | 30% | 10%   | 26% |

Performance at fiscal year-end was close to target. Initiatives implemented in Q4 2011/12 include: Addictions Counseling resource in the Health Sciences North ER, a Peer Support Counsellor in North Bay Regional Health Centre ER, a Case Manager in the ER at Sault Area Hospital, and access to more hours for "safe" beds for detox patients in Timmins will continue to contribute to reducing unnecessary revisits to the ER in 2012/13.

#### Access to Community Care

|    |                                                                                                                                            |    |    |    |     |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|-----|----|
| 15 | 90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management) | 73 | 66 | 61 | -7% | 56 |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|-----|----|

Performance is below target for 2011/12. This trend is expected to continue into 2012/13 with emphasis on increasing community capacity across the region to care for people outside of hospital. The NE CCAC is implementing standardized practice guidelines for rehabilitation services (key area for performance improvement).

\* A negative percentage means the LHIN is below it target

\*\* FY 2011/12 is based on most recent four quarters of data (Q3 2010/11 - Q2 2011/12) due to availability

\*\*\* FY 2011/12 is based on most recent four quarters of data (Q4 2010/11 - Q3 2011/12) due to availability

## Report on MLPA Performance Indicators

**Success Stories:** NE LHIN wait times for a number of procedures improved from the previous year – Cardiac By-Pass Procedures wait times were the second-lowest in the province, Diagnostic CT scan wait times were well below target, MRI wait times decreased, Knee Replacement wait times were improved through the opening and use of LHIN-funded Joint Assessment Centres.

**Alternate Level of Care (ALC):** Much progress was made in 2011/12 with 27,000 ALC days removed from the system between Q1 and Q3. The NE LHIN focused on the following to help bring down rates of ALC patients: Home First, Assisted Living, Integrated Discharge Planning, Assess and Restore beds. Efforts will continue in 2012/13 with supports for behavioural patients, case managers in selected family health teams, and work to further integrate primary care into NE LHIN planning.

**Emergency Room (ER):** ER length of stay (LOS) performance for admitted patients improved in 2011/12. Nine of 11 monitored sites maintained an ER LOS below 25 hours. High ALC patient numbers in Sudbury and Timmins in particular hindered patient flow and contributed to longer wait times. Continued vigilance on ALC in 2012/13 will improve wait time for admitted patients in the ER. ER LOS performance for high acuity non-admits remained stable throughout the year. Nine of 11 monitored sites maintained ER LOS below provincial target of 7 hours. High ALC and ER admissions particularly in Sudbury contributed to the lack of performance improvement in 2011/12. ER LOS performance for low-acuity non-admits remained stable throughout the year. Seven of 11 monitored sites maintained ER LOS below provincial target of 4 hours. Patient flow in Sudbury and Timmins ER(s) contributed to length of stay performance. Improved ALC and reduced ER admits particularly in Sudbury will result in improved ER LOS for low acuity non-admits in 2012/13. The NE LHIN is working closely with HSN and community partners to address ER LOS in Sudbury. It is anticipated that these efforts will reduce ER over-crowding enabling improved wait time performance.

## **Surgical Wait Times**

**Cancer Surgeries:** Cancer surgery wait times remained relatively stable throughout 2011/12. New surgeons (urology, ENT) in Sault Ste. Marie, where previously none existed, resulted in wait times increasing in this community as previously, patients were sent out of town to receive the specialized care needed. Wait times for cancer surgery is identified as a high priority for break-through results in Sault Ste. Marie in 2012/13 and this will result in reduced wait times. It is expected that wait times in Sudbury will be reduced in 2012/13. The appointment of a physician-community engagement lead by the Regional Cancer Centre will assist in standardizing the prioritization of patients in the NE LHIN resulting in improved wait time performance.

**Cardiac Surgeries:** Performance improvement in wait times for cardiac by-pass procedures improved markedly in 2011/12 due to the addition of surgeon and patient flow alignment at Health Sciences North in Sudbury.

**Cataract Surgeries:** Wait times for cataract surgery increased in 2011/12 due to volume (demand). All surgical sites met volumes with additional capacity available. With a 10% reduction in cataract volumes for 2012/13, it is expected that wait times will increase. The NE LHIN has and will continue to advocate for additional cataract volumes from the MOHLTC.

**Hip Replacements:** Wait times for hip replacement increased modestly in 2011/12. All sites except Timmins (due to surgical supply issues) met volumes and the NE LHIN assigned additional volumes in Q4. Improvement in wait times is dependent upon additional volumes for the NE LHIN and successful recruitment of surgeons (Timmins). The NE LHIN has and will continue to advocate for additional hip replacement volumes from the MOHLTC. In 2011/12 the NE LHIN implemented five Joint Assessment Centres (JACs), one in each of the orthopaedic surgical centres.

JACs provide patients with access to an Advanced Practice Physiotherapist who conducts comprehensive assessments and advises the surgeon on best course of care. In 2011/12, 1,500 patients were assessed and determined to be appropriate for conservative care thus avoiding surgery and freeing-up time for the surgeons to provide consultation for those patients assessed as appropriate for surgery. In addition, JACs have enabled patients to opt for the next available surgeon in the NE LHIN. In 2011/12, 477 patients opted to select the next available surgeon.

**Knee Replacements:** Wait times for knee replacement decreased in 2011/12. All sites except Timmins (surgical supply issues) met volumes and NE LHIN assigned additional volume in Q4. Improvement in wait times is dependent upon additional volumes for the NE LHIN and successful recruitment of surgeons (Timmins). The NE LHIN has and will continue to advocate for additional knee replacement volumes from the MOHLTC.

The implementation of Joint Assessment Centres (JACs), as described above (Hip Replacements), was also greatly beneficial for Northerners with knee concerns.

**MRI Scans:** Wait times for MRI improved in 2011/12 with the addition of North Bay's first MRI scanner in May 2011. By Q4 2011/12 the NE LHIN achieved its performance target of 80 days (actual wait time at Q4 = 75 DAYS). It is expected that current wait times of 75-80 days will be maintained in 2012/13. Some unfunded additional capacity is available in Sault Ste. Marie, Timmins and North Bay. Demand for MRI continues to increase as the diagnostic modality of choice by clinicians.

**CT Scans:** Wait times for CT scans improved in 2011/12 and it is expected that wait times in the range of 28 to 30 days will continue in 2012/13.

**Excellent Care for All/Quality:** Performance improved modestly. Initiatives in Sudbury including the Care Transitions Unit are addressing CHF and COPD patient population and should have an impact on reducing readmissions to hospital. Case Managers in selected family health teams will contribute to earlier identification and treatment planning for the frail elderly.

## OVERVIEW AND IMPLEMENTATION OF CURRENT IHSP PRIORITIES

The priorities outlined in the 2010/2013 Integrated Health Service Plan (IHSP) of the NE LHIN are interrelated and are not independent of one another. The priorities are regionally focused; however their management is important to the rising tide of improved health services across the province. The implementation of these priorities will be approached through innovations in information and communication technology and electronic processes (eHealth).

The NE LHIN priorities identified in our current IHSP can in fact be grouped as follows:

**(1) Alternate Level of Care Strategies and Solutions**

- *Emergency Department Wait Times*
- *Aging at Home*

**(2) An Integrated Approach to Cultural Diversity**

- *Aboriginal/First Nations/Métis Health Services*
- *French Language Health Services*

**(3) Addiction and Mental Health Services**

*Developing a more integrated system to help address addiction and mental health needs of individuals and communities across the region*

**(4) Diabetes Care**

*Identifying and planning local diabetes initiatives that support the goal of self-management for those people living with diabetes in Northeastern Ontario*

**(5) Health Human Resources**

*Engaging with local health service providers, communities and individuals to determine innovative ways to use our current workforce and attract and retain additional professionals for Northeastern Ontario*

**(6) Optimize Surgical Services**

*Ensuring equitable access to surgical services across the region*

Integration and eHealth are processes of change necessary for a more patient-focused and efficient health system of care. *(Although eHealth and Integration are not stand-alone IHSP priorities, for the purpose of this ABP, a Template A (Core Content) in Section 5 has been completed for these two items given their significance in the overall work of the NE LHIN.)*

## ALTERNATE LEVEL of CARE (ALC) STRATEGIES and SOLUTIONS

### TEMPLATE A: ALC STRATEGIES and SOLUTIONS

#### PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY

Comparing LHIN regions across the province over the past few years, the percent of acute care hospital days being used for ALC patients has been the highest in Northeastern Ontario. Although significant gains have been made in the last year, the situation in the region remains a priority for all leaders in our communities who are making a concerted effort to introduce new initiatives and improvements.

The complex nature of the problem is obvious – there is no single solution. Approaches need to be varied by individual communities to effectively address the situation and reverse the trend over time. The NE LHIN's 2012/13 ALC Action Plan outlines a range of strategies and approaches to address the ALC challenge in Northeastern Ontario by focusing both on enablers and the continuum of services required by ALC patients.

In June 2011, Dr. David Walker and the provincial ALC Action Team visited the NE LHIN and met with a range of hospital and community providers. One of the recommendations coming out of this visit was for the NE LHIN to annually update its ALC Action Plan. A summary of the 2012/13 action plan is presented below.

#### Summary of NE LHIN ALC Action Plan 2012/13

| Enablers                                    | Service Continuum                     |                        |                            |                                                        |                                      |
|---------------------------------------------|---------------------------------------|------------------------|----------------------------|--------------------------------------------------------|--------------------------------------|
| Project / Program Management & Monitoring   | Community                             | Emergency Department   | Acute Inpatient            | Ambulatory                                             | Post Acute                           |
| North East ED/ALC Executive Committee (HUB) | Seniors Assisted Living Services      | Short Stay Unit        | Senior Friendly Hospitals  | Expansion of North East Specialized Geriatric Services | Home First (& CCAC Service Maximums) |
| North East ED/ALC Leadership Committee      | Primary Care                          | Clinical Decision Unit | Acute Care of Elderly Unit | Geriatric Day Hospital                                 | Integrated Discharge Planning        |
|                                             | End of Life Care                      | GEM Nurse              | Elder Life Program         | Psychogeriatric Outreach Nurse                         | Transitional Capacity                |
|                                             | Falls Prevention                      | ED Coverage            |                            | CDPM Clinics                                           | Assess / Restore Programming         |
|                                             | Integrated CSS Service Delivery Model |                        |                            |                                                        | Telehomecare                         |
|                                             |                                       |                        |                            |                                                        | Behavioural Support Systems          |
|                                             |                                       |                        |                            |                                                        | Specialized LTCH Unit Planning       |

| Current Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>As identified in the quarterly Stocktake Reports, the NE LHIN continues to have significant ALC challenges (typically now around 25+% of acute care days in the NE are ALC).</p> <p>Initiatives such as the Home First Strategy/Integrated Discharge Planning continue to be implemented in the four large HUB hospitals; Assess/Restore beds in Sudbury, Sault Ste. Marie, North Bay and Timmins; time-limited transitional care beds in Sudbury and Sault Ste. Marie; and increased community services and seniors assisted living across the region.</p> <p>These initiatives are showing results. The NE LHIN's weekly monitoring of ALC in hospitals across the region is indicating an ALC rate of 10-15% of acute care bed days in the four HUB hospitals.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Goals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p>To demonstrate a sustained reduction in ALC in acute care over the next three years. This will be achieved by:</p> <p><b>Resource/Capacity Strategies:</b></p> <ul style="list-style-type: none"> <li>• Where possible, focus available resources on expanding seniors assisted living capacity and implement a regional seniors' assisted living approach to leverage all opportunities to maximize resources within the region.</li> <li>• Continue to work to expand the North East Specialized Geriatric Service.</li> <li>• Continue to spread best practice programming along the ALC service continuum.</li> </ul> <p><b>Improve Processes of Care Delivery:</b></p> <ul style="list-style-type: none"> <li>• Continued implementation of the Home First Strategy and Integrated Discharge Planning in the four large HUB hospitals.</li> <li>• Roll out of senior friendly hospital initiatives and process improvement programs</li> <li>• Strengthened linkages to primary care through the work of the NE LHIN's new Primary Care Lead who will assist in developing strategies to reduce ED/ALC pressures including reducing avoidable ED visits</li> <li>• By the end of 12/13, fully implement the CCAC's enhanced role.</li> </ul> <p><b>Performance Management and Monitoring:</b></p> <ul style="list-style-type: none"> <li>• The NE LHIN will continue to work with all hospitals in the region to implement and refine a standardized approach and understanding re: accounting for ALC patients in acute care.</li> <li>• The NE LHIN will participate in provincial ER/ALC monitoring activities (e.g. Stocktake Report).</li> </ul> <p>The NE LHIN is committed to developing partnership with primary care providers, long-term care providers and others community partners in addressing ALC challenges.</p> |
| Consistency with Government Priorities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>ALC related activity is consistent with the Government's ER/ALC Strategy which states, "Improving bed utilization expedites patient throughput and maximizes hospital capacity."</p> <p>Reducing ALC will also have a positive impact on ER wait times in Northeastern Ontario.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| Action Plans/Interventions                                                                                                                                                                                                                               | Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column. |      |         |     |         |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----|---------|-----|
|                                                                                                                                                                                                                                                          | 2012-13                                                                                                                                                                                      |      | 2013-14 |     | 2014-15 |     |
|                                                                                                                                                                                                                                                          | Status                                                                                                                                                                                       | %    | Status  | %   | Status  | %   |
| Implement a North East regional seniors' assisted living approach to leverage all opportunities to maximize resources within the region e.g. development of the hub model as outlined in the Assisted Living Services for High Risk Seniors Policy, 2011 |                                                                                                                                                                                              | 20%  |         | 20% |         | 20% |
| Continue to implement Home First / Integrated Discharge Planning in the HUB hospitals                                                                                                                                                                    | The program has been implemented in the four Hub hospitals and is now being refined                                                                                                          | 100% |         |     |         |     |
| Expand the North East Specialized Geriatric Service                                                                                                                                                                                                      |                                                                                                                                                                                              | 20%  |         | 20% |         | 20% |
| Implement the BSO plan as outlined in the December 2011 plan.                                                                                                                                                                                            |                                                                                                                                                                                              | 100% |         |     |         |     |
| Expand options for End of Life care in the NE LHIN                                                                                                                                                                                                       |                                                                                                                                                                                              | 33%  |         | 33% |         | 33% |
| Expand ambulatory care clinics and Telehomecare                                                                                                                                                                                                          |                                                                                                                                                                                              | 20%  |         | 20% |         | 20% |
| Develop a cohesive and comprehensive falls prevention program in the region (which is part of a broader provincial program)                                                                                                                              |                                                                                                                                                                                              | 50%  |         | 50% |         |     |
| Implement pilot primary care patient navigator positions.                                                                                                                                                                                                |                                                                                                                                                                                              | 100% |         |     |         |     |

|                                                                                                                                                             |  |      |  |     |  |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|-----|--|-----|
| Place CCAC case managers in four of the region's FHTs                                                                                                       |  | 100% |  |     |  |     |
| Develop and implement Senior Friendly Hospital Strategy action plans across NE LHIN hospitals for monitoring and addressing functional decline and delirium |  | 33%  |  | 33% |  | 33% |
| Refine LHIN-wide approach to weekly ALC reporting.                                                                                                          |  | 100% |  |     |  |     |

### Expected Impacts of Key Action Items

Twenty of twenty-four general hospitals in the North East are small and/or rural. As noted in Dr. Walker's June 30, 2011 report to the MOHLTC, page 19, "In many small, rural hospitals (often located in the north), very significant bed capacity is occupied by those patients who have been identified as ALC, sometimes in excess of 50 per cent of capacity. Many such hospitals have adapted their resources to meet the needs of the population with rehabilitation, behavioural, palliative and sometimes restorative capacity available in the hospital.

Upon examination, it is clear that for many of these patients, there is no alternate care setting available locally that could more appropriately meet the patients' needs. "

This is a unique consideration for the NE LHIN as it works to achieve a LHIN-wide target of 17% ALC. Dr. Walker's recommendation that small hospitals' role in supporting frail elderly in their communities be acknowledged and supported is critical within the North East i.e. these are not ALC patients but are patients in the right place within their local community continuum.

Nonetheless, ALC information provided by all hospitals to the NE LHIN on a weekly basis shows that actual ALC days in acute care beds is now approaching the overall target of 17%.

### What are the risks/barriers to successful implementation?

- Critical services in the community do not have the capacity to make the necessary impact i.e. insufficient resources to address seniors assisted living needs. Per *NE LHIN Seniors' Residential Housing Options – Capacity Assessment and Projections, March 16, 2009*, in order for the supply of seniors' housing to simply keep pace with projected growth in seniors' population, an increase of 8,409 beds or units over the next 25 years, or an average of 336 per year, would be required across the NE LHIN.
- HR recruitment and retention issues to address additional needs especially for Personal Support Workers.
- Lack of policy and processes to support a shift of resources towards community and home based care.
- The change management and time required for the process improvement initiatives are greater than anticipated.
- Factors that are outside the control of the health system that impact on the level and intensity of health services required by seniors (i.e. rate of growth of senior's population in the NE, social determinants of health).

# EMERGENCY DEPARTMENT WAIT TIMES

## TEMPLATE A: EMERGENCY DEPARTMENT WAIT TIMES

### PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY

Reduce the number of non-urgent and less-urgent visits to Emergency Departments and continue to improve ED wait times performance and patient satisfaction in the NE LHIN.

#### Current Status

- There are 26 Emergency Department sites across Northeastern Ontario. Nine hospital corporations representing 11 sites are part of the Emergency Room NACRS Initiative (ERNI) reporting system in Northeastern.
- As a whole, the NE LHIN ED wait times for high and low acuity patients (admitted and not) are at, or near, the provincial targets.
- The rate/1000 population of unscheduled ED visits in Northeastern Ontario continues to be nearly twice that of the province as a whole. This reflects the lack of primary care services (particularly after hours) and community support services in our communities that could assist in avoidance of visits to the Emergency Departments.
- LHIN interventions to date: CCAC case managers in Emergency Departments to assist with triage and moving patients out of EDs and back home or to appropriate placement; Geriatric Emergency Management nurses, Nurse Led Outreach Teams into long-term care homes; and enhanced community supports and access to services through NE CCAC and other HSPs through Aging at Home and Urgent Priorities resources. Additionally, there are a number of approved initiatives that are just in the early stages of being implemented, including: integrated CSS service delivery within the hospital setting, mental health workers in EDs, and CCAC case managers in FHTs.
- The four large HUB hospitals that received 11/12 Pay for Results funding implemented the following range of initiatives to reduce ED wait times: Patient Flow Coordinator; Clinical Nurse Specialist Flow Improvement/Medical Directive Implementation; Acute Care of the Elderly Service; Geriatric Diagnostic and Unscheduled Treatment Follow-up Service; Admission/Discharge Nurse; Short Stay Unit (SSU); Fast Track Zone; Early Discharge Program; Patient Flow Navigator Program; and Non-Urgent Patient Transportation Services. Details of the 2012/13 Pay for Results funding and programming remain outstanding.

#### Goals

- 1) To improve NE LHIN ED wait times performance across individual hospitals and the LHIN as a whole.
- 2) To reduce the rate of unscheduled ED visits, particularly for less-urgent and non-urgent visits.

The following actions/outcomes have been planned for over the next three years in our IHSP 2010-13 to meet the noted goals:

- Develop: resource matching and referral to expedite patient referrals out of acute care and divert ED visits; a wait time information system to provide detailed information about waits for post-acute care; and an ED reporting system to capture information on hospital ED length of stay to facilitate performance management.
- Ensure appropriate utilization of hospital beds and resources.

- Improve capacity management including surgical flow.
- Ensure that community services are available to enable patients, wherever possible, to avoid visiting the ED.
- Expand community-based projects to manage selected chronic diseases.
- Support comprehensive performance improvement training with respect to ED patient flow.
- Increase case management and system navigation.
- Support the NE LHIN's Emergency Department Network (that will address, among other things, a coordinated coverage plan for all 25 EDs in Northeastern Ontario).
- Improve triage and admission processes.
- Implement strategies to reduce ALC pressures.

### Consistency with Government Priorities

ED related activity is consistent with the Government's ER/ALC Strategy which states:

- 1) Reducing the number of non-urgent cases that present at the ER will enable emergency clinicians to focus on patients with critical needs.
- 2) Improving triage and admission processes and reducing ambulance offload times will enable emergency clinicians to provide more efficient care.

| Action Plans/Interventions                                                                                                                                                          | Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column. |     |         |     |         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|-----|---------|-----|
|                                                                                                                                                                                     | 2012-13                                                                                                                                                                                      |     | 2013-14 |     | 2014-15 |     |
|                                                                                                                                                                                     | Status                                                                                                                                                                                       | %   | Status  | %   | Status  | %   |
| Resource Matching and Referral – see eHealth section for details                                                                                                                    |                                                                                                                                                                                              |     |         |     |         |     |
| Improve capacity management including surgical flow – see section on surgical services optimization for details                                                                     |                                                                                                                                                                                              |     |         |     |         |     |
| Expand community-based projects to manage selected chronic diseases – see section on diabetes for details                                                                           |                                                                                                                                                                                              |     |         |     |         |     |
| Support comprehensive performance improvement training with respect to ED patient flow                                                                                              |                                                                                                                                                                                              | 33% |         | 33% |         | 33% |
| Increase case management and system navigation                                                                                                                                      |                                                                                                                                                                                              | 33% |         | 33% |         | 33% |
| Support the North East LHIN's Emergency Department Network (that will address, among other things, access to acute mental health services and resources, and coverage coordination) |                                                                                                                                                                                              | 33% |         | 33% |         | 33% |
| Implement strategies to reduce ALC pressures – see ALC section for details                                                                                                          |                                                                                                                                                                                              |     |         |     |         |     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |     |  |     |  |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|--|-----|--|-----|
| Work closely with the MOHLTC and local HSPs to address the finding and recommendations outlined in the Enhancing the Continuum of Care: Report of the Avoidable Hospitalization Advisory Panel, November 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 25% |  | 25% |  | 25% |
| <b>Expected Impacts of Key Action Items</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |     |  |     |  |     |
| <ul style="list-style-type: none"> <li>• Reduced rate of unscheduled ED visits (particularly for less-urgent and non-urgent cases).</li> <li>• Reduce ED wait times (all indicators).</li> <li>• Improved patient flow within the hospital and community sectors.</li> <li>• Improved management of diabetes.</li> </ul>                                                                                                                                                                                                                                                                                                                                               |  |     |  |     |  |     |
| <b>What are the risks/barriers to successful implementation?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |     |  |     |  |     |
| <ul style="list-style-type: none"> <li>• Many small hospitals rely on physician locums to maintain full coverage of their EDs. This strategy, although necessary, places the on-going ED coverage at risk.</li> <li>• At the community level, many of the interventions rely on partnerships with primary care providers who are, for the most part, outside of the LHIN mandate. As noted in Enhancing the Continuum of Care: Report of the Avoidable Hospitalization Advisory Panel, November 2011, these partnerships, as well as increased accountability between partners, are critical to keep medically complex patients out of the ED and hospital.</li> </ul> |  |     |  |     |  |     |

## AGING at HOME

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TEMPLATE A: AGING AT HOME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p>The main focus of the NE LHIN's Aging at Home (AAH) strategy was to create a continuum of community-based services for seniors and their caregivers to enable seniors to live independently and safely in their own homes for as long as possible.</p> <p>In-line with the provincial direction of addressing ED wait times and ALC pressures, the NE LHIN will focus on the low income frail elderly within each of the following four priorities:</p> <ul style="list-style-type: none"> <li>• Develop seniors' assisted living capacity;</li> <li>• Implement the North East Home First Strategy focusing on the four large HUB hospitals;</li> <li>• Expand the North East Specialized Geriatric Services; and</li> <li>• Establish interim and permanent long-term care beds and assess/restore beds.</li> </ul> |
| <b>Current Status</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>As identified in the quarterly Stocktake Reports, the NE LHIN continues to have significant ALC challenges (typically around 25+% of acute care days in the NE are ALC).</p> <p>Initiatives such as the Home First Strategy/Integrated Discharge Planning are being implemented in the four large HUB hospitals; Assess/Restore beds in Sudbury, Sault Ste. Marie, North Bay and Timmins; time-limited transitional care beds in Sudbury and Sault Ste. Marie; and increased community services and seniors assisted living across the region.</p>                                                                                                                                                                                                                                                                    |

These initiatives are showing results. The NE LHIN's weekly monitoring of ALC in hospitals across the region is indicating an ALC rate of 10-15% of acute care bed days in the four HUB hospitals.

## Goals

To enhance community services for seniors and address ED wait times and ALC pressures by investing in the following four priorities:

### (1) Seniors' Assisted Living

- Focus available funding on expanding seniors' assisted living capacity.
- Implement a regional senior assisted living approach to leverage all opportunities to maximize resources within the region.
- The NE LHIN is continuing to work with municipalities to look for opportunities to partner in developing more seniors' assisted living units and services.

### (2) North East Home First Strategy

- Improve patient flow through the system by:
  - Ensuring that frail elderly seniors are discharged upon completion of their acute care with appropriate home supports; and
  - Avoiding unnecessary hospital admissions by ensuring appropriate home support services.

### (3) North East Specialized Geriatric Services

- Assist seniors with complex multiple needs to stay at home longer.
- Continue to explore avenues to fund the expansion the North East Specialized Geriatric Service.

### (4) Interim and Permanent Long-Term Care Beds and Assess/Restore Beds

- Develop the continuum of care options in the region e.g. behavioural support, specialized and differentiated LTCH capacity

The Aging at Home strategy will be evaluated to identify whether:

- It is reaching the target population of seniors 65+.
- It is meeting the identified goals and objectives.
- It is supporting health system integration from the perspective of seniors, caregivers, health service providers and the LHIN.
- It is delivering on models that are sustainable.
- It is aligned with MOHLTC and LHIN objectives around ED/ALC performance.

## Consistency with Government Priorities

The AAH Strategy as implemented by the NE LHIN meets the objectives of the provincial government for this initiative.

| Action Plans/Interventions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column. |      |         |      |         |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|------|---------|-----|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2012-13                                                                                                                                                                                      |      | 2013-14 |      | 2014-15 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Status                                                                                                                                                                                       | %    | Status  | %    | Status  | %   |
| Expand seniors assisted living across the region                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                              | 20%  |         | 20%  |         | 20% |
| Expand the North East Specialized Geriatric Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                              | 20%  |         | 20%  |         | 20% |
| Implementation of the Home First Strategy in the four HUB hospitals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                              | 60%  |         | 40%  |         |     |
| Construction of additional long-term care beds in Timmins and Wawa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                              | 50%  |         | 100% |         |     |
| Establish interim and permanent long-term care beds and assess/restore beds in large four urban centres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                              | 100% |         |      |         |     |
| Develop a cohesive and comprehensive falls prevention program in the region (which is part of a broader provincial program)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                              | 50%  |         | 50%  |         |     |
| <b>Expected Impacts of Key Action Items</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                              |      |         |      |         |     |
| <p>As a result of implementing the AAH Strategy, the following impacts are expected:</p> <ul style="list-style-type: none"> <li>• Reduction in ALC</li> <li>• Expansion of community services for the frail elderly</li> <li>• Improved patient flow within the hospital and community sectors</li> <li>• Reduction in ED wait times</li> </ul>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                              |      |         |      |         |     |
| <b>What are the risks/barriers to successful implementation?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                              |      |         |      |         |     |
| <ul style="list-style-type: none"> <li>• Critical services in the community do not have the capacity to make the necessary impact i.e. insufficient resources to address seniors assisted living needs. Per <i>NE LHIN Seniors' Residential Housing Options – Capacity Assessment and Projections, March 16, 2009</i>, in order for the supply of seniors' housing to simply keep pace with projected growth in seniors' population, an increase of 8,409 beds or units over the next 25 years, or an average of 336 per year, would be required across the NE LHIN.</li> <li>• Human resource recruitment and retention issues to address additional needs especially for Personal Support Workers.</li> </ul> |                                                                                                                                                                                              |      |         |      |         |     |

- The change management and time required for the process improvement initiatives are greater than anticipated.
- Factors that are outside the control of the health system that impact on the level and intensity of health services required by seniors (I.e. rate of growth of senior's population in Northeastern Ontario, social determinants of health).

## ABORIGINAL/FIRST NATION/MÉTIS HEALTH SERVICES

### TEMPLATE A: ABORIGINAL/FIRST NATIONS/MÉTIS HEALTH SERVICES

#### PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY

##### Aboriginal/First Nations/Métis Health Services – An Integrated Approach

Effective engagement with Aboriginal/First Nations/Métis stakeholders is a high priority of the NE LHIN. The NE LHIN has worked to advance and improve the health status of this population group throughout North Eastern Ontario, which conservatively represents 10% of the overall population of the region. The health needs of Aboriginal communities across the region are significant in scope and magnitude. Aboriginal/First Nations/Métis health services are a priority on its own, however, it must be, and is, included as an integrated approach to each Integrated Health Service Priority.

##### Current Status

The NE LHIN has focused on capacity building and sustainability of current Aboriginal health service providers to increase the health status of this population group. Leveraging opportunities for continued engagement within all sectors of the NE LHIN that respects language, nationhood, cultural and spiritual beliefs of Aboriginal/First Nations/Métis communities as well as the delivery of care by health service providers is a priority across the northeast region.

Recently, the Local Aboriginal Health Committee reviewed their Terms of Reference. The committee will continue to advise the NE LHIN and its Board of Directors on health service priorities within Aboriginal (First Nation, Métis, urban, rural) communities and opportunities for the integration and coordination of health care services.

The LAHC and NE LHIN work collaboratively on targeted issues and engagement activities that will best meet the needs of the Indigenous people within the NE Region. The LAHC acts as a vehicle for knowledge exchange between Aboriginal Health Service providers. Each member takes the shared information back to their home communities, Chiefs and Boards for endorsement.

The following recommendations under the Mental Health and Addictions Framework were approved by LAHC for 2012/13:

- (1) To create seamless, integrated Aboriginal mental health and addictions services. In order to achieve this, service integration must be improved in areas of Traditional Aboriginal healing, mental health and addictions, primary care, provincial and federal services and between Aboriginal and mainstream service organizations;
- (2) To improve integration of Traditional Aboriginal and clinical approaches. Mechanisms to support integration of traditional and clinical approaches should be encouraged, supported and designed as appropriate and in partnership with Aboriginal communities and service organizations;
- (3) To enhance knowledge exchange and access to information through the development of an agenda for Aboriginal, First Nations and Métis health information and data, extracting information from existing data sets to develop new data bases and data sharing agreements, and;

(4) To support the development of appropriate planning mechanisms by establishing a NE LHIN Aboriginal Mental Health and Addictions planning table or committee. Its focus would be to create and monitor systems and service integration of Aboriginal mental health and addiction services in the northeast region.

The North East Aboriginal/First Nations/Métis Health Status and Environmental Scan (completed in March, 2011) remains a working document as new data and research are compiled and distributed from external resources. The NE LHIN is challenged to establish accurate statistical information due to limited health information, data sets and identifiers for the Aboriginal/First Nations/Métis population.

The NE LHIN's Health Professional Advisory Committee (HPAC) currently has two Aboriginal members. These new members represent different health professions, health sectors and geographical areas in the NE LHIN and provide advice and guidance to support the NE LHIN's priorities.

The total Aboriginal population in Northeastern Ontario's geographic region from urban, semi-urban, rural to isolated remote communities is estimated conservatively at over 55,000 people located within 41 First Nations and 14 urban and rural communities. The Aboriginal diversity within the NE LHIN by nationhood is Cree, Ojibwa (Anishnabe), Odawa, Algonquin and Métis ancestry.

The NE LHIN funds 36 Aboriginal health service providers at a total of \$35.0 million, including one hospital, one long-term care home, 32 community support service agencies, seven mental health and addiction agencies, and one community health centre. These 36 health service providers are dispersed throughout the NE LHIN region and are found in urban centres, rural communities, and remote and isolated areas.

### **Goal(s)**

To improve the health status and access to health services delivered to Aboriginal/First Nations/Métis population in the NE LHIN, with a particular focus on mental health and addictions.

To advance a continuum of holistic health services determined by Aboriginal/First Nations/Métis populations.

To promote and support culturally appropriate programming and services that ensures accessibility and inclusion.

To collaborate, develop and implement strategies that strengthen and integrate local health services to Aboriginal/First Nation/Métis populations.

To support the advancement, alignment and integration of services for Aboriginal health service providers and Aboriginal/First Nation/Métis communities.

To promote culturally appropriate services within all NE LHIN health service providers.

To ensure an understanding and compliance with reporting requirements as outlined in the M-SAA, H-SAA and L-SAA.

To support Weeneebayko Area Health Authority integration to ensure services are enhanced for persons residing on the James and Hudson Bay Coast.

### **Consistency with Government Priorities**

The identified goals are aligned with the requirements of the Local Health System Integration Act and are outlined by the NE LHIN as a priority.

Other key government initiatives such as the provincial Ontario Aboriginal Health Policy and the Aboriginal Healing and Wellness Strategy are included in the planning and alignment of health services with consideration given to the following goals of the Aboriginal Health Policy:

- To improve the health of Aboriginal individuals, families, communities and nations through equitable access to health care;
- To provide Aboriginal specific health care facilities;
- To provide standards of care;
- To provide culturally appropriate health services; and
- To provide a healthy environment.

The NE LHIN Integration Strategy (2008) identifies principles that will guide integration activities within the Aboriginal/First Nation/Métis communities. The principles recognize:

- The Ontario Aboriginal Health Policy and Aboriginal peoples' rights to determination in health;
- Existing integration processes underway within First Nation, Métis and urban Aboriginal communities and health structures which improve the health status of those populations; and
- Choices for First Nation, Métis and urban Aboriginal communities including culturally appropriate and traditional health services.

| Action Plans/Interventions                                                                                                                                                                                                                                                                                             | Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column. |     |         |     |         |     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|-----|---------|-----|--|
|                                                                                                                                                                                                                                                                                                                        | 2012-13                                                                                                                                                                                      |     | 2013-14 |     | 2014-15 |     |  |
|                                                                                                                                                                                                                                                                                                                        | Status                                                                                                                                                                                       | %   | Status  | %   | Status  | %   |  |
| Improve access to primary care for Aboriginal/First Nations/Métis people by recognizing barriers and limitations                                                                                                                                                                                                       |                                                                                                                                                                                              | 20% |         | 20% |         | 20% |  |
| Improve access to integrated diabetes care through support of the current Ontario Diabetes Strategy                                                                                                                                                                                                                    |                                                                                                                                                                                              | 30% |         | 30% |         | 30% |  |
| Recognize culturally appropriate care and traditional healing services within existing health system and identify how these services will improve health determinants such as chronic disease management, treatment, prevention and education to Aboriginal/First Nations/Métis people throughout Northeastern Ontario |                                                                                                                                                                                              | 20% |         | 20% |         | 20% |  |
| Develop collaborative strategies that aim to strengthen and integrate local health services within the Aboriginal/First Nations/Métis populations                                                                                                                                                                      |                                                                                                                                                                                              | 25% |         | 25% |         | 25% |  |

|                                                                                                                                                                                                                                                                                                |  |     |  |     |  |     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|--|-----|--|-----|--|
| Monitor on-going planning and funding of the Weeneebayko Area Health Authority integration for the James/Hudson Bay Coast                                                                                                                                                                      |  | 20% |  | 20% |  | 20% |  |
| Ensure compliance of all Aboriginal HSPs with reporting requirements and indicators in the M-SAA, H-SAA and L-SAA Agreements and provide the necessary support and training as required                                                                                                        |  | 33% |  | 33% |  | 33% |  |
| Share information from the Health Status and Environmental Scan within the NE LHIN Region<br><br>Utilize data, research and health information generated by the environmental scan to monitor the overall improvement in the health status of the Aboriginal First Nation and Métis population |  | 50% |  | 50% |  |     |  |
| Implement the recommendations of the Aboriginal First Nation and Métis Mental Health and Addictions Strategy for the NE LHIN that supports the recommendations of the Northeastern Ontario Mental Health and Addictions Framework research document (March 2011)                               |  | 33% |  | 33% |  | 33% |  |

### Measures of Success

The NE LHIN Aboriginal/First Nations/Métis communities are engaged throughout the region. The engagement activities lead to an overall improvement and enhancement of the Aboriginal people's health status, eliminate the disparities between the communities and are inclusive of alternative health and healing practices.

### What are the risks/barriers to successful implementation?

The vast geography of the NE LHIN poses a challenge to planning and engagement strategies within the Aboriginal communities. There is recognition of the disadvantaged circumstances under which many Aboriginal communities exist compared to mainstream Northern Ontario, especially in terms of health status and care. The magnitude of this problem is significant in the north east region. The high degree of health disparities, poverty, low to poor socioeconomic conditions and high unemployment are factors that hinder the advancement of Aboriginal peoples' cultural, social, emotional well being and overall health status.

Another notable barrier to the successful implementation of integration strategies and access to health care services is the multi-level governmental funding mechanisms and the complex jurisdictional and governmental relationships that direct First Nation policy and governance.

The NE LHIN respects Aboriginal/First Nations/Métis rights to determination in health and utilizes the Ontario Aboriginal Health Policy where applicable. The Indian Health Policy (IHP) adopted by the federal government recognizes the legal and traditional relationship the federal government has with Aboriginal peoples which stems from the constitution, Treaties and customary practices.

## FRENCH LANGUAGE HEALTH SERVICES

### TEMPLATE A: FRENCH LANGUAGE HEALTH SERVICES

#### PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY

Effective engagement with Francophone stakeholders is a high priority of the NE LHIN, given that Francophones represent 24% of the North East's population. Community consultations for the purpose of validating the priorities in the IHSP indicated that an integrated approach to addressing challenges for the Francophone community is required. Effective engagement with Francophone stakeholders will continue both internally with the French Language Services team of the NE LHIN and externally with the new French Language Health Planning Entity. The NE LHIN integrates FLHS within each priority and within its mission and vision.

#### Current Status

The NE LHIN is making significant progress in its priority of improving the integration of French Language Services (FLS) within the local health care system.

The NE LHIN has developed a joint action plan for 2011-2012 with the FLS Health Planning Entity – the Réseau du mieux-être francophone du Nord de l'Ontario. An operational working group comprised of the LHIN's FLS Coordinators and the Réseau's Planning Officers was formed to collaborate on community engagement activities and initiatives and roll out the action plan based on identified projects and priorities. At the end of 2011, the Réseau submitted their first Advisory Report to the NE LHIN which includes a Community Engagement Plan. As per the Funding and Accountability Agreement between the Réseau and the NE and NW LHINs, a Liaison Committee was established, with all three parties being represented at the senior level.

The NE LHIN FLS Unit consists of three FLS Coordinators and a Senior Director responsible for the French Language Services priority. The FLS Unit continues to implement French language services both within the NE LHIN as a Crown Agency and in the local health care system. The team also supports health service providers with the preparation of FLS designation plans.

Revised internal processes for the implementation of FLS, an updated FLS section on the NE LHIN web site and continued support and education for health service providers on FLS matters are some of the communication strategies that help the NE LHIN increase knowledge and awareness of FLS.

The NE LHIN currently has 36 health service providers (HSPs) officially designated under the *French Language Services Act*, and has identified 69 other HSPs to work towards the implementation of FLS. In 2010, the NE LHIN accepted and approved requests for designation under the FLS Act from two HSPs in the North East and these requests are currently being processed by the Office of Francophone Affairs. Furthermore, the NE LHIN FLS staff is providing guidance to 7 other HSPs who are currently working on designation plans.

In order to help ensure and monitor continuous improvement in the quality, accessibility and integration of FLS, the FLS accountability process was refined. Currently, 115 HSPs have a FLS performance indicator in their 2011-2014 multi-sectoral service accountability agreement, their 2010-2013 long-term care service accountability agreement or their 2011-2012 hospital service accountability agreement.

The NE LHIN FLS staff continues to work with the five bilingual and Francophone Community Health Centres (CHCs) to implement a joint action plan. This plan will lead to increased access to the primary health care sector for Francophones, joint integration initiatives between the CHCs, increased awareness of the programs and services delivered by CHCs to the Francophone community and identification of opportunities for service enhancement by identifying common priorities in the primary care sector.

The FLS Unit is actively involved in all NE LHIN activities, such as integration, community engagement, decision support and communications to ensure a consistent integrated approach is used in the implementation of FLS.

### **Goals**

The NE LHIN, with the help of FLHS providers, has identified the following three main objectives to guide French language planning activities:

- Continuous improvement in the quality, accessibility and integration of FLHS in all LHIN internal and external activities
- Community empowerment and continued community engagement with the Francophone community with the support, assistance and guidance of the new FLHPE in order to impact the overall health system and improve health status
- Accountability of health service providers to their community with the inclusion of the FLS indicator

### **Consistency with Government Priorities**

These goals are in keeping with the *French Language Services Act* and the FLS requirements under the *Local Health System Integration Act*.

The NE LHIN's work is also aligned with the Ministry's results based planning key result areas for French language services:

- 1) To expand FLS Capacity;
- 2) To increase knowledge and awareness of FLS;
- 3) To engage the Francophone Community; and
- 4) To integrate/coordinate FLS within the local health system.

| Action Plans/Interventions                                                                                                        | Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column. |      |         |      |         |      |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|------|---------|------|
|                                                                                                                                   | 2011-12                                                                                                                                                                                      |      | 2012-13 |      | 2013-14 |      |
|                                                                                                                                   | Status                                                                                                                                                                                       | %    | Status  | %    | Status  | %    |
| <b>FLS Capacity</b>                                                                                                               |                                                                                                                                                                                              |      |         |      |         |      |
| • Target 10% per year of the HSPs that are identified to implement FLS and work towards the development of a FLS designation plan |                                                                                                                                                                                              | 25%  |         | 25%  |         | 25%  |
| • Work with 7 HSPs to help them finalize their FLS designation plans                                                              |                                                                                                                                                                                              | 75%  |         | 25%  |         | N/A  |
| • Inclusion of an FLS indicator in 22 hospital service accountability agreements (H-SAA)                                          |                                                                                                                                                                                              | 100% |         | N/A  |         | N/A  |
| • Inclusion of an FLS indicator in 20 long-term care service accountability agreements (L-SAA)                                    |                                                                                                                                                                                              | 25%  |         | 75%  |         | N/A  |
| • Inclusion of an FLS indicator in 73 multi-sectoral service accountability agreements (M-SAA)                                    |                                                                                                                                                                                              | 75%  |         | 25%  |         | N/A  |
| • Monitoring of FLS indicator in 115 service accountability agreements (73 M-SAA, 22 H-SAA, 20 L-SAA)                             |                                                                                                                                                                                              | 100% |         | 100% |         | 100% |
| <b>Knowledge and Awareness</b>                                                                                                    |                                                                                                                                                                                              |      |         |      |         |      |
| • Provide education and monitor implementation of internal FLS processes                                                          |                                                                                                                                                                                              | 50%  |         | 25%  |         | 25%  |
| • Implement external FLS knowledge & awareness strategies, such as FLS page on website, FLS education sessions for HSP            |                                                                                                                                                                                              | 100% |         | 100% |         | 100% |
| • Develop and monitor quality assurance processes and protocols for bilingual written correspondence                              |                                                                                                                                                                                              | 75%  |         | 25%  |         | N/A  |

| <b>Francophone Community Engagement – French Language Health Planning Entity (FLHPE)</b>                                                                                                                                  |  |      |  |      |  |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|------|--|------|
| • Develop a joint annual work plan with the FLHPE                                                                                                                                                                         |  | 100% |  | 100% |  | 100% |
| • Establish a NE-NW LHIN Liaison Committee with the FLHPE.                                                                                                                                                                |  | 100% |  | N/A  |  | N/A  |
| • As Lead LHIN, initiate and coordinate a minimum of 2 meetings of the NE-NW LHIN Liaison Committee                                                                                                                       |  | 100% |  | 100% |  | 100% |
| • Develop an operational working group comprised of staff from the NE LHIN FLS Unit and the FLHPE                                                                                                                         |  | 100% |  | N/A  |  | N/A  |
| • Use the working group to collaborate with the FLHPE in the implementation of Francophone community engagement activities                                                                                                |  | 100% |  | 100% |  | 100% |
| <b>Francophone Community Engagement – LHIN as a Crown Agency</b>                                                                                                                                                          |  |      |  |      |  |      |
| • Develop and implement an action plan with 5 francophone/bilingual Community Health Centres (CHC) to support the NE LHIN's priorities                                                                                    |  | 50%  |  | 25%  |  | 25%  |
| <b>FLS Integration</b>                                                                                                                                                                                                    |  |      |  |      |  |      |
| • Develop a FLS guide to complement and support the NE integration strategy and process                                                                                                                                   |  | 100% |  | N/A  |  | N/A  |
| • Work with the new North Bay Regional Health Centre (NBRHC) to develop FLS policies and procedures that will support the implementation of FLS in the new hospital and lead to the development of a FLS Designation plan |  | 50%  |  | 50%  |  | N/A  |
| • Work with the proposed Anchor Agency for Mental Health and Addictions in Algoma to ensure that FLS issues are included in the planning process                                                                          |  | 50%  |  | 50%  |  | N/A  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |     |  |     |  |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|--|-----|--|-----|
| <ul style="list-style-type: none"> <li>Work with the CHCs in developing an OTN initiative for shared physician services that will lead to enhanced access to primary care for the Francophone community</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 75% |  | 25% |  | N/A |
| <b>Measures of Success</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |     |  |     |  |     |
| <p><b>FLS Capacity:</b></p> <p>7 additional HSPs have initiated the development of a designation plan</p> <p>All 115 identified or designated HSPs have an FLS indicator in their accountability agreement</p> <p>50% of HSPs have shown an improvement in their FLS indicator at the end of the first year of their agreement, and 75% have reached their FLS indicator target by the end of their agreement</p> <p><b>Knowledge and Awareness:</b></p> <p>100% of NE LHIN staff have received education regarding the FLS Internal Processes</p> <p>100% of NE LHIN staff are aware of the NE LHIN's FLS obligations as a Crown Agency</p> <p>Knowledge and awareness opportunities are offered to 100% of identified and designated HSPs</p> <p>Quality assurance processes and protocols are implemented for all bilingual written correspondence</p> <p><b>Francophone Community Engagement:</b></p> <p>Joint action plan is developed and approved between the NE LHIN and the FLHPE by September 30, 2011</p> <p>A joint work plan is developed annually between the NE LHIN and the FLHPE</p> <p>A NE-NW LHIN Liaison Committee with the FLHPE is established and meet a minimum of twice a year</p> <p>An operational working group is established, comprised of staff from the NE LHIN and the FLHPE</p> <p>Francophone Community Engagement is enhanced by the FLHPE's community engagement efforts, engagement activities are documented and feedback from these engagements is included in NE LHIN decision-making</p> <p>A joint action plan is developed with 5 francophone/bilingual CHCs and specific initiatives have been completed</p> <p><b>FLS Integration</b></p> <p>FLS Guide is included in the integration strategy and process.</p> <p>The NBRHC completes a designation plan by the end of 2012 and submits a request for designation to the NE LHIN by the end of 2013.</p> <p>Planning for FLS is included in the work plan of the Anchor Agency for Mental Health and Addictions in Algoma.</p> <p>The CHCs successfully launch an OTN joint initiative to share physician services.</p> |  |     |  |     |  |     |

| What are the risks/barriers to successful implementation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>FLS Capacity:</b></p> <p>HSPs may be involved in other initiatives which could delay the development of a designation plan</p> <p>HSPs may not achieve expected FLS indicator targets due to challenges with service coordination, recruitment and retention of French-speaking staff</p> <p><b>Knowledge and Awareness:</b></p> <p>Due to staff turnover in HSPs, new HSP staff may not have received the necessary FLS training and education on FLS requirements</p> <p><b>Francophone Community Engagement:</b></p> <p>Roles and responsibilities regarding Francophone community engagement might need clarification as the joint LHIN-FLHPE action plan is rolled out</p> <p>Initiatives identified in the joint action plan with the CHCs may not be implemented due to competing priorities</p> <p><b>FLS Integration</b></p> <p>The NBRHC is unable to complete the deliverables in the FLS work plan by the expected timelines</p> <p>The CHCs are unable to recruit a physician for their OTN initiative</p> |

## ADDICTION AND MENTAL HEALTH SERVICES

| <b>TEMPLATE A: ADDICTION &amp; MENTAL HEALTH SERVICES SYSTEM INTEGRATION</b><br><b>PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The existence of separate treatment programs for addiction and mental health, separate funding envelopes, different reporting mechanisms and differing treatment approaches are significant barriers to the effective support for persons with addiction and/or mental health problems (as many as 50% of people suffering from mental illness also face an addiction). An integrated addiction and mental health system in Northeastern Ontario will help to address the needs of individuals and communities across the region. An integrated system also has the potential to create better links with other key areas such as housing, income, employment, and social supports that are all important components to providing a comprehensive approach to mental health and addiction treatment and support.</p> <p>In Algoma, the NE LHIN is working with partners to establish an integrated addiction and mental health Anchor Agency.</p> |
| Current Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>There is a continuum of addiction and mental health treatment services currently being provided throughout the NE LHIN region</p> <p>The NE LHIN has 83 funded programs across the region, which provide the continuum of services, including gambling treatment. In Algoma there are 13 agencies providing 129 services in various parts of the district.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

The key concern of consumers (apart from clinical intervention) is improved access to services, less fragmented system of services, better awareness of services available, and improved access to services after hours and a more recovery/consumer focused service system.

In 2012/13 a plan to decentralized 12 tertiary children's mental health beds will be completed and implemented.

The NE LHIN has provided funding to the a number of HSPs in the NE to provide a number of specific services aimed at reducing the number of inappropriate visits to hospital emergency departments and to decrease the overall need for consumers to access hospital services. These services included a regional "Warm Line", Peer Navigators in EDs, increased access to safe beds and community addictions counsellors and case managers in EDs. The NE LHIN will continue to monitor outcomes and direct/redirect resources where appropriate.

## Goals

During 2012/2013 the NE LHIN will continue working with the Algoma Anchor Agency Board to integrate the services of 13 organizations into a single mental health and addiction Anchor Agency. The goal is to integrate services to improve access to care for consumers and their families. The NE LHIN has hired a project coordinator to oversee this important project.

The NE LHIN is working with key stakeholders and CCIM to implement version 2 of OCAN. The use of OCAN version 2 has been included in the provider's MSAA agreements with the NE LHIN.

The NE LHIN worked with the MOHLTC to implement/expand the Rebound pilot program into an existing Rebound focused program in Sault Ste. Marie. The NE LHIN & MOHLTC will continue to monitor & evaluate this program.

The NE LHIN continues to collect intelligence and to work with providers to implement plans to reduce the readmission rates of mental health clients in the hospital emergency rooms.

We continue to work with North Bay Regional Health Centre, MCSS/MCYS, the 4 schedule one hospitals and our community children's mental health partners to decentralize the regional children's tertiary mental health beds.

Establish a centralized crisis community program with Health Sciences North and The Canadian Mental Health Association (Sudbury Branch) in Sudbury with the goal of reducing mental health admissions in the Emergency Department.

We will establish a Regional Consultation Group that will advise the NE LHIN on the implementation of the MOHLTC's 10 year strategy. The Consultation Group will also help the NE LHIN do some longer term addictions/mental health planning and advise the NE LHIN where emerging funding would be best invested within the system.

## Consistency with Government Priorities

- Improves access for consumers.
- Provides a viable alternative (rather than the ED) to consumers who need assistance.
- Provides for a more consumer and family directed service as per the MOHLTC Ten Year strategy and the Select Committee Report.
- Re-directs efficiencies back into the system in order to address gaps in services.
- Builds a strong critical mass of services that will help to recruit and retain skilled professionals.
- Provides after hour options for consumers and their families thereby decreasing frequent visits to the ED.

| Action Plans/Interventions                                                                                                                                                                                                                                                                                                    | Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column. |      |         |     |         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----|---------|-----|
|                                                                                                                                                                                                                                                                                                                               | 2012-13                                                                                                                                                                                      |      | 2013-14 |     | 2014-15 |     |
|                                                                                                                                                                                                                                                                                                                               | Status                                                                                                                                                                                       | %    | Status  | %   | Status  | %   |
| We will deliver integrated addiction and mental health services in Algoma                                                                                                                                                                                                                                                     |                                                                                                                                                                                              | 25%  |         | 30% |         | 45% |
| Implement the plan to decentralize the 12 Children's Tertiary mental health beds                                                                                                                                                                                                                                              |                                                                                                                                                                                              | 30%  |         | 70% |         |     |
| We will develop and implement a mechanism to assist small hospitals within the NE LHIN that need access to schedule one acute mental health beds in a more expedient and equitable manner                                                                                                                                     |                                                                                                                                                                                              | 75%  |         | 25% |         |     |
| We will implement the CCIM – HR & MID systems to the integrated Anchor Agency in Algoma                                                                                                                                                                                                                                       |                                                                                                                                                                                              | 50%  |         | 50% |         |     |
| We will implement centralized mental health crisis services in downtown Sudbury with Health Sciences North and the Canadian Mental Health Association to allow Greater Sudbury Police Services to more adequately respond to mental health consumers in crisis and to divert inappropriate visits to the Emergency Department |                                                                                                                                                                                              | 100% |         |     |         |     |
| We will work with HSPs to implement measures to reduce hospital revisits                                                                                                                                                                                                                                                      |                                                                                                                                                                                              | 100% |         |     |         |     |
| We will develop and implement a NE LHIN Regional (Mental Health & Addictions) Consultation Group to assist with the implementation of the MOHLTC's ten-year strategy, and to plan for a more seamless and equitable treatment system across the NE                                                                            |                                                                                                                                                                                              | 80%  |         | 10% |         | 10% |
| We will work with the Centre for Addiction & Mental Health to implement anti-stigma training for hospital ED staff across the NE LHIN Region                                                                                                                                                                                  |                                                                                                                                                                                              | 100% |         |     |         |     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |     |     |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|-----|--|--|--|
| We will work with primary care to pilot a 6 month “store forward” initiative with OTN                                                                                                                                                                                                                                                                                                                                                                  |  | 75% | 25% |  |  |  |
| <b>Measures of Success</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |  |     |     |  |  |  |
| <ul style="list-style-type: none"> <li>Decreased number of visits/revisits to ED in Algoma</li> <li>Decreased number of accountability agreements in Algoma</li> <li>Increase in number of consumers accessing Algoma services (other than hospital)</li> <li>Improved consumer experience with services</li> <li>Treatment gaps identified and resources re-directed where necessary</li> <li>Increased volumes in some functional centres</li> </ul> |  |     |     |  |  |  |
| <b>What are the risks/barriers to successful implementation?</b>                                                                                                                                                                                                                                                                                                                                                                                       |  |     |     |  |  |  |
| <ul style="list-style-type: none"> <li>Integration process can be slow and difficult</li> <li>Efficiencies may be minimal</li> <li>Initial costs to establish Anchor Agency may be high</li> <li>There may be resistance from some providers</li> <li>Implementation of “store forward”, “Telehomecare” &amp; CritiCall involved complex discussions with hospitals, physicians and other HSPs</li> </ul>                                              |  |     |     |  |  |  |

## DIABETES CARE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TEMPLATE A: DIABETES CARE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>Chronic Disease Prevention Management – Diabetes Care</b></p> <p>To address the high burden of chronic disease in the NE LHIN and optimize the health and wellness of all residents in the region.</p> <p>The NE LHIN is committed to improving access to diabetes care by supporting the roll-out of the provincial Diabetes Strategy.</p> <p>The three MOHLTC Ontario Diabetes Strategy key performance measures are:</p> <ol style="list-style-type: none"> <li>Reduce risk</li> <li>Increase access to coordinated diabetes care</li> <li>Improve management of diabetes according to Clinical Practice Guidelines</li> </ol> <p>The NE LHIN is also committed to assisting our health service providers identify and access CDPM services in Northeastern Ontario.</p> |
| <b>Current Status</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>Diabetes Clinical Indicator Data for NE LHIN</b></p> <p>As identified in the Key Performance Measures for the Ontario Diabetes Strategy (March 31, 2011), there are more than 989,212 Ontarians living with diabetes. Table 1 provides a comparison of diabetes indicators for the NE LHIN and Ontario.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

Table 1: Diabetes Clinical Indicators Compared for NE LHIN and Ontario, 2011.

|                | Individuals living with diabetes | A1C test in a last 6 months | LDL test in last year | Retinal Exam in last 2 years | All 3 indicators within guidelines |
|----------------|----------------------------------|-----------------------------|-----------------------|------------------------------|------------------------------------|
| <b>Ontario</b> | 989,212                          | 56.9%                       | 69.1%                 | 67.6%                        | 39.6%                              |
| <b>NE LHIN</b> | 54,051                           | 46.9%                       | 53.7%                 | 72.0%                        | 33.1%                              |

Key Performance Measures for the Ontario Diabetes Strategy Report #3 - March 31, 2011.

Table 2: Diabetes Patients, age 18+ and Testing Status as of March 31, 2011

|                                 | ALL PERSONS WITH DIABETES |                          |                        |                                    |                            |
|---------------------------------|---------------------------|--------------------------|------------------------|------------------------------------|----------------------------|
| Sub LHIN Area Name              | All 3 tests done          | A1C within past 6 months | LDL-C within past year | Retinal eye exam within past 2 yrs | All patients with Diabetes |
| Algoma                          | 5,248                     | 7,026                    | 7,456                  | 9,220                              | 11,990                     |
| James and Hudson Bay Coasts (1) | -                         | -                        | -                      | -                                  | 921                        |
| Nipissing                       | 2,055                     | 2,976                    | 3,505                  | 5,857                              | 8,173                      |
| Parry Sound                     | 1,494                     | 2,034                    | 2,186                  | 2,531                              | 3,268                      |
| Manitoulin-Sudbury              | 6,553                     | 9,494                    | 11,415                 | 13,525                             | 19,094                     |
| Timiskaming                     | 981                       | 1,426                    | 1,583                  | 2,355                              | 3,222                      |
| Cochrane                        | 1,528                     | 2,338                    | 2,764                  | 4,993                              | 7,294                      |
| <b>13. North East LHIN</b>      | <b>17,869</b>             | <b>25,314</b>            | <b>28,937</b>          | <b>38,873</b>                      | <b>53,962</b>              |

Key Performance Measures for the Ontario Diabetes Strategy Report #3 - March 31, 2011.

### **Chronic Disease in Northeastern Ontario:**

Northeastern Ontario's health profile shows a higher prevalence of chronic diseases including:

- arthritis/rheumatism - 24.0% vs.16.8%;
- asthma - 10.0% vs. 8.2%;
- high blood pressure - 23.% vs. 17.2%;
- hospitalizations due to heart conditions - 314 vs. 216 per 100,000 people.

Factors compounding the prevalence of chronic disease in the NE LHIN region:

- 17% of people in our region are age 65 and over. This number is expected to increase to 30% in 20 years. Chronic diseases are more prevalent in older population groups.
- The Statistics Canada 2010 Health Profile reports that there is a smaller proportion of NE LHIN residents who report their health as 'very good' or 'excellent' compared to Ontarians overall. The profile shows a higher prevalence of self-reported activity limitation in the NE LHIN compared to Ontario - 34.8% vs. 27.8% - and a higher proportion of people who report pain or discomfort preventing activities - 17.4% vs. 13.2%.

## Goals

To ensure increased access to CDPM services, the NE LHIN supports the implementation of the Ontario Diabetes Strategy across its region as well as assist our health service providers identify CDPM services.

The NE LHIN has identified four goals:

- Support the implementation of the Ontario Diabetes Strategy
- Creation of a CDPM inventory of services in Northeastern Ontario
- Conduct a follow-up CPDM forum
- Hold a First Nation CDPM forum

## Consistency with Government Priorities

The Ontario Diabetes three-year Strategy targets prevention, self-management, increased access to care, and the treatment of diabetes. The NE LHIN will work with health service providers who deliver diabetes care; support the implementation of Self-Management Initiatives; and assist the Ontario Diabetes Strategy in meeting its targets by collaborating with the Regional Coordinating Centre to identify and determine the needs of the local population.

The Ontario Diabetes Strategies provincial goals are:

- To ensure all people with diabetes have access to a primary health care provider
- To ensure that 80 per cent of people with diabetes aged 18 and older have received the three tests/exams listed below within the indicated guideline period:
  - i. HbA1c test in the past 6 months (measure of blood sugar control)
  - ii. LDL-Cholesterol test in the past year
  - iii. A Retinal Eye Exam in the past 2 years

| Action Plans/Interventions                                                                                     | Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column. |      |         |     |         |     |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----|---------|-----|
|                                                                                                                | 2012-13                                                                                                                                                                                      |      | 2013-14 |     | 2014-15 |     |
|                                                                                                                | Status                                                                                                                                                                                       | %    | Status  | &   | Status  | %   |
| On-going primary care engagement with the aboriginal communities as it relates to diabetes and chronic disease |                                                                                                                                                                                              | 25%  |         | 25% |         | 25% |
| Support the roll-out of the Ontario Diabetes Strategy                                                          |                                                                                                                                                                                              | 100% |         | N/A |         | N/A |
| Collaborate with the Diabetes Regional Coordinating Centre                                                     |                                                                                                                                                                                              | 100% |         | N/A |         | N/A |
| Support the implementation of the Diabetes Registry across the Northeast region                                |                                                                                                                                                                                              | 50%  |         | 50% |         | N/A |

|                                                                                                                                                                                                                          |  |      |  |     |  |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|-----|--|-----|
| Share NE LHIN expertise and information on HSPs and NE LHIN chronic disease related data with the Regional Lead responsible for the implementation of the Self-Management Initiative                                     |  | 50%  |  | 50% |  | N/A |
| In consultation with the Health Professional Advisory Committee and partner with Public Health and the Ontario Medical Association to hold a follow-up Chronic Disease Prevention Management (CDPM) forum in the NE LHIN |  | 100% |  | N/A |  | N/A |
| Hold the 2 <sup>nd</sup> Annual Chronic Disease Prevention Management Forum in the NE LHIN                                                                                                                               |  | 100% |  | N/A |  | N/A |
| Hold a First Nation Chronic Disease Prevention Forum                                                                                                                                                                     |  | 100% |  | N/A |  | N/A |
| Create a CDPM inventory                                                                                                                                                                                                  |  | 100% |  | N/A |  | N/A |

### Measures of Success

Four NE LHIN specific goals have been identified.

Goal 1: Continue support of the Ontario Diabetes Strategy

- Work with local partners to ensure the roll-out continues.

Goal 2: Creation of an Inventory List of CDPM services within the NE LHIN

- Compile information pertaining to the delivery of chronic disease services. Share the information with the NE LHIN stakeholders through the LHIN website and through a CDPM Forum.

Goal 3: Hold a follow-up CDPM Forum

- Work closely with the Health Professional Advisory Committee to ensure the follow-up Forum continues to meet the needs and expectations of the NE LHIN stakeholders.

Goal 4: Hold a First Nation CDPM Forum – the first for the NE LHIN

- Engage First Nation Stakeholders to discuss the impact of chronic disease in their communities

### What are the risks/barriers to successful implementation?

Risks for Goal 1: Ontario Diabetes Strategy

- As the implementation of diabetes strategy will be completed by March 2012, the on-going management of the programs and initiatives may be jeopardized due to the availability of the on-going financial resources

Risks for Goal 2 to 4: CDPM

- Ensuring the Inventory is a valuable and useful tool.
- The follow-up Forum meets the expectations of the CDPM Stakeholders.
- Ensure the FN CDPM Forum answer the needs of the First Nation Community

## HEALTH HUMAN RESOURCES

### TEMPLATE A: HEALTH HUMAN RESOURCES

#### PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY

Health human resources (HHR) and timely access to the necessary health professionals in Northeastern Ontario is perhaps the challenge most frequently identified by all individuals working in health care.

Each of the IHSP priorities has a human resources dimension. The challenges facing our health care system and the providers within it are well documented. The NE LHIN will work with the province, local health service providers, communities and individuals to determine innovative ways to utilize our current workforce and to attract additional professionals to the region and retain them.

#### Current Status

The North East Health Human Resources Steering Committee was established in early 2009.

The Committee provides system-wide leadership in the development of the Northeastern Ontario Health Human Resources Plan which gives consideration to local, cultural and language-related HHR issues.

In 2012, the Steering Committee will undertake a transformation and will evolve to be increasingly supportive of the LHIN's system transformation. The LHIN will facilitate the establishment of sub-regional groups (or leverage established groups) to foster dialogue and mobilization on identified HHR priorities. The committee's membership will be composed of direct-representation from the sub-regions.

The key directions for 2011/13 include:

- Shared HR services → business case examining key themes
  - Shared Recruitment Services
  - Succession Planning / Mentorship
  - Virtual HR Department
  - Workforce Planning Services/Support and Career Promotion
- PSW Action Plan → Support identified HSP leads in implementing key strategies identified in the 2011 Action Plan on Personal Support Occupations

#### Goals

To collaborate with all stakeholders to create a system-wide framework to anticipate HHR requirements and mitigate the service delivery challenges as they pertain to the NE LHIN health care workforce. The NE LHIN is committed to working with municipalities, medical schools, academic research units, other ministries, colleges and universities.

#### Consistency with Government Priorities

Ontario's vision for health care embraces a goal that there will be the right number and mix of health care professionals, when and where they are needed.

When compared to Ontario and the rest of Canada, Northeastern Ontario has significant shortages in a number of health human resources areas including: physician specialists, physiotherapists, and occupational therapists. However, there are instances where the number of professionals in

Northeastern Ontario compares favourably to Ontario and Canada on a per capita basis; nonetheless there is a significant misdistribution in the region with many communities experiencing ongoing shortages. Chronic vacancies which already exist are made worse by both the aging of the health service workforce and general population as a whole. This leads to an increasing demand for services.

Information about the number of people working in health care is generally hard to come by and there is no one place to go to identify current vacancies on a regional basis. There are, however, some good building blocks in place that will help to address long-standing HHR issues.

A broad definition of the scope of HHR is being used at this stage of the NE LHIN's planning efforts, including recruitment and retention, partnerships and collaboration, training and development, and occupational health and safety. Planning is inclusive of all HHR including management, physicians and other professionals, staff, students and volunteers.

| Action Plans/Interventions                                                                                                                                                                                                                                                    | Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column. |     |         |     |         |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|-----|---------|-----|
|                                                                                                                                                                                                                                                                               | 2012-13                                                                                                                                                                                      |     | 2013-14 |     | 2014-15 |     |
|                                                                                                                                                                                                                                                                               | Status                                                                                                                                                                                       | %   | Status  | %   | Status  | %   |
| Transition the composition/terms of reference of the NE HHR Planning Steering Committee to reflect the LHIN's focus on HUB-level (sub-regional) planning and system transformation<br><br>Refresh the NE HHR 18 month Directional Plan                                        |                                                                                                                                                                                              | 75% |         | 25% |         |     |
| Expand/maintain HHR inventory in the NE                                                                                                                                                                                                                                       |                                                                                                                                                                                              | 25% |         | 25% |         | 25% |
| Maintain support role in the implementation of the Action Plan for Enhancing Personal Support Occupations in the North East                                                                                                                                                   |                                                                                                                                                                                              | 50% |         | 25% |         | 25% |
| Develop business case on shared services in Health Human Resource which reflects the following themes:<br><br>- Shared Recruitment Services<br>- Succession Planning / Mentorship<br>- Virtual HR Department<br>- Workforce Planning<br>Services/Support and Career Promotion |                                                                                                                                                                                              | 25% |         | 50% |         | 25% |

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |      |  |     |  |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|-----|--|-----|
| Establish formal linkages to Aboriginal and FLHS planning structures                                                                                                                                                                                                                                                                                                                                                                    |  | 100% |  |     |  |     |
| Engage with HUB-level groups in identifying key collaboration opportunities in HHR including (not limited to):<br><br>-Research the functional requirements and develop a plan for a system level HRIS<br>-Develop a plan that leverages HFO resources and mobilizes HFO-MRA's efforts in recruitment and retention                                                                                                                     |  | 50%  |  | 25% |  | 25% |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 25%  |  | 75% |  |     |
| <b>Expected Impacts of Key Action Items</b>                                                                                                                                                                                                                                                                                                                                                                                             |  |      |  |     |  |     |
| <ul style="list-style-type: none"> <li>The first cohesive and collaborative planning approach to mitigate HHR pressures for Northeastern Ontario.</li> <li>Increased access to recruitment and training opportunities for various occupations including Personal Support.</li> <li>Sound data and information on our health care workforce and on the HR practices (and effectiveness) used by our health service providers.</li> </ul> |  |      |  |     |  |     |
| <b>What are the risks/barriers to successful implementation?</b>                                                                                                                                                                                                                                                                                                                                                                        |  |      |  |     |  |     |
| <ul style="list-style-type: none"> <li>Availability of resources</li> <li>Securing the buy-in from the various stakeholders (local and provincial)</li> </ul>                                                                                                                                                                                                                                                                           |  |      |  |     |  |     |

## OPTIMIZE SURGICAL SERVICES

|                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TEMPLATE A: OPTIMIZE SURGICAL SERVICES</b>                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY</b>                                                                                                                                                                                                                                                                                                                                                             |
| <p>The NE LHIN undertook a review of surgical services currently being delivered in hospitals throughout the region to ensure that access and quality care is maintained in the future. The mandate of the project was to review the surgical volumes, diagnostics and resource requirements to meet Northeastern Ontario's surgical needs. A surgical Optimization Steering Committee was established to steer the project.</p> |
| <b>Current Status</b>                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p>The Surgical Optimization Steering Committee is moving forward with the three-year action plan to carry out the 33 recommendations stemming from the <i>Surgical Optimization Study Report, May 22, 2009</i>.</p> <p>Work is ongoing on the following two initiatives:</p> <ul style="list-style-type: none"> <li>Optimization of General Surgery for the Cochrane Hub Hospitals</li> </ul>                                   |

- Call schedule for Urgent/Emergent Surgical Care Report

Optimization of General Surgery:

**Objectives:**

- Consolidation of a larger number of surgical activity to enhance recruitment possibilities
- Make efficient use of the operating rooms
- Provision of sufficient activity to support anaesthetists
- Provision of minor surgical procedures in feeder communities
- Provision of pre and post operative consultation and support in feeder communities

**Update:**

- Work on this project is being lead by Notre Dame Hospital in Hearst.
- Meetings are taking place with the seven (7) hospitals (Notre Dame Hospital, Sensenbrenner Hospital, Smooth Rock Falls Hospital, MICs Group of Health Services and Timmins and District Hospital) involved in the project.
- It is expected that a draft general surgery model will be presented to the Surgical Optimization Steering Committee by December 2012.

Call Schedule for Urgent/Emergent Surgical Care Report

**Objectives:**

- Identification of priorities to be addressed as per recommendations outlined in the Call September Report, September 2011.
- Preparation of work plan outlining required resources and funding.

**Update:**

- A working group will be established to begin the implementation process for the following:
- On-call standards for the North East
- Centralized call process
- Identification of a web-based program for call schedules.

## Goals

### **Optimization of General Surgery**

- Consolidation of a larger volume of surgical activity, to enhance recruitment possibilities
- Make efficient use of the operating rooms
- Provision of sufficient activity to support anaesthetists
- Provision of minor surgical procedures in feeder communities
- Provision of pre and post operative consultation and support in feeder communities

### **Call Schedule for Urgent/Emergent Care**

- Creation of a centralized process so that all centres that provide after hours surgery services could publicize and distribute their call schedule gaps
- Implementation of a web base program to facilitate call schedule input and monitoring
- Review and establish standards pertaining to the requirement for surgeons to offer after hours service

## Consistency with Government Priorities

Provincially, the Ontario government has been implementing a plan to increase access and reduce wait times for five major surgical services: cancer surgery, cardiac procedures, cataract surgery, hip and knee replacements, as well as certain diagnostic exams. Many of the recommendations identified in the Surgical Optimization Report are directly linked to addressing the provincial priorities.

| Action Plans/Interventions                                                                                                                    | Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column. |      |         |     |         |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----|---------|-----|
|                                                                                                                                               | 2012-13                                                                                                                                                                                      |      | 2013-14 |     | 2014-15 |     |
|                                                                                                                                               | Status                                                                                                                                                                                       | %    | Status  | %   | Status  | %   |
| Formalize regional diagnostic and surgical components of the Regional Thoracic Oncology Program as it pertains to SAH                         |                                                                                                                                                                                              | 100% |         |     |         |     |
| Implementation of the NE HKRP                                                                                                                 |                                                                                                                                                                                              | 100% |         |     |         |     |
| Develop framework to guide implementation of a regional call model                                                                            |                                                                                                                                                                                              | 50%  |         | 50% |         |     |
| Development of a NE LHIN surgical human resource plan (refer to HHR section for further details)                                              |                                                                                                                                                                                              |      |         | 25% |         | 25% |
| Implementation of call model for urgent/emergent surgical care                                                                                |                                                                                                                                                                                              |      |         |     |         | 50% |
| Address request from SAH to enhance their vascular program within the context of creating a singular vascular program in Northeastern Ontario |                                                                                                                                                                                              | 100% |         |     |         |     |
| Development of an integrated approach to care pathways between hospitals in Northeastern Ontario                                              |                                                                                                                                                                                              |      |         |     |         | 25% |
| Mapping of surgical services in Northeastern Ontario as it relates to the appropriate distribution of resources and availability of services  |                                                                                                                                                                                              |      |         | 25% |         | 25% |

| <b>Measures of Success</b>                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Regional Call – gaps in call schedules in Northeastern Ontario are identified and model developed to address service issues.</li> <li>• General Surgery – hospitals working in a collaborative model to address surgical activities in the Cochrane Hub.</li> </ul>                                                                                  |
| <b>What are the risks/barriers to successful implementation?</b>                                                                                                                                                                                                                                                                                                                              |
| <ul style="list-style-type: none"> <li>• Lack of financial resources to move recommendations forward</li> <li>• Lack of human resources to respond to the needs of the NE LHIN surgical activities and ability to repatriate patients</li> <li>• Resistance from the physicians to move forward with changing the way surgical services are being offered in Northeastern Ontario.</li> </ul> |

## eHEALTH

| <b>TEMPLATE A: eHEALTH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>The Ministry has identified eHealth and Information &amp; Communication Technology as key focus areas, which the NE LHIN is currently supporting through our strategic priorities and activities in the IHSP. The NE LHIN has identified eHealth and Information &amp; Communication Technology (ICT) as the key enabler to the nine NE LHIN priorities.</p> <p>All of these areas are interconnected and interdependent. Within these priorities, we will seek to reinforce the need for prevention within our system wherever possible, enable and facilitate innovation, ensure smarter health care spending, and improve access to health care.</p> <p>ICT solutions are key enablers for each of our nine priorities and will be leveraged to support service integration and the delivery of quality care. As with most health care initiatives, ICT projects reap the greatest benefit when they:</p> <ul style="list-style-type: none"> <li>• Enhance patient care services or access to services;</li> <li>• Are part of a broader regional strategic ICT plan;</li> <li>• Use a multi-LHIN, multi-agency or multi-sector partnership approach;</li> <li>• Have a sound business case; and</li> <li>• Can be used as foundational elements in the creation of an electronic health record.</li> </ul> |
| <b>IHSP Priority Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>eHealth and ICT</b> involves the electronic enablement of health services to:</p> <ul style="list-style-type: none"> <li>• Empower individuals and their families to manage their own health</li> <li>• Improve the harmonization and integration of care delivery to patients</li> <li>• Allow population health initiatives such as mapping chronic diseases (i.e. diabetes) to occur in a timely fashion</li> <li>• Allow critical monitoring of chronic diseases (i.e. chronic obstructive pulmonary disease, congestive heart failure) to occur in a timely fashion leading to improved patient outcomes</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

- Enhance and enable the communication between health service providers, patients and care givers

### **Build on an eHealth Framework**

In March 2009 the Ontario government released a provincial eHealth Strategy which focuses on: diabetes management, medication management, and wait times. EHealth Ontario also defined Ontario's 2015 eHealth blueprint and conceptual architecture to which Connecting Northern and Eastern Ontario's solution strategy will be aligned.

Through information and communication technology investments that support clinical collaboration and seamless service delivery such as the diabetes registry, Wait Times Information System and electronic health records, the Ministry aims to improve access to information and support the delivery of high quality health care for patients across the province. eHealth is an enabler of every health service program and all nine of the IHSP priorities.

## **Current Status**

### **Scope of services currently provided**

- eHealth and ICT impacts all health services including: hospitals, physicians, specialists, FHT, FHN, FHG, community support services, independent health facilities (lab & diagnostic imaging), public health, pharmacy, community health centres, CCACs, mental health, addictions and long-term care.

### **Number of providers providing service**

- eHealth and ICT impacts all health service providers including: specialists, physicians, pharmacies, Independent Health Facilities, Community Health Centres, Nurse Practitioners, community support services, CCAC sites, hospitals, public health units, long term care, FHT's, mental health and addictions. eHealth and ICT apply to all funded and non-funded HSPs.

### **Number and type of clients serviced annually**

- eHealth and ICT assists health service providers, patients and clients through the whole continuum of care as eHealth initiatives are piloted, implemented and adopted.

### **Key issues facing this client group**

#### **Patient & Client Issues**

- Duplicate and redundant information collected
- Referrals and matching appropriate resources to patients
- Lack of integration of information between hospitals, physician practices/CHC, CCACs and public health information, pharmacy, etc.
- Service delivery is complicated by geography, weather, lack of economies of scale and critical mass, dispersed populations, shortages of staff and resources
- Information privacy, security and consent
- Lack of understanding of eHealth and technology

#### **Service Provider Issues**

- Lack of electronic tools to communicate among themselves
- Diverse information management requirements of funders, and lack of integration between providers
- Silos of information management due to manual processes and a wide array of independent and non-integrated systems

- Lack of resources and support to identify and develop the opportunities to develop an electronic health record or health information system, especially for smaller organizations
- Differences in extent and use of automation
- Service delivery is complicated by geography, weather, lack of economies of scale and critical mass, dispersed populations, shortages of staff and resources
- Costs for smaller hospitals and community-based providers to advance and maintain their information systems in order to become part of a regional electronic health record is beyond their resource capacity

### **Successes of the Past Year**

- 22 mental health and addiction providers have successfully deployed the IAR in North East, North West, Champlain and North Simcoe Muskoka LHINs. These providers now share a common electronic assessment tool.
- All hospitals in three LHINs (North East, North West and Champlain) share electronic diagnostic images via the Northern and Eastern Ontario Diagnostic Imaging Network's diagnostic imaging repository (NEODIN DI-r).
- 23 hospitals in the NE LHIN are in the process of electronically sharing reports from hospitals to physician, Nurse Practitioner and Community Health Centres.
- Over 100 Telemedicine coordinators attended an Ontario Telemedicine Network Education Conference hosted by the NE, NW and OTN.
- All sectors participated in a recent Information and Communication Technology (ICT) survey whereby providers stated that their priorities are to: improve care delivery outcomes; align each organization with eHealth priorities; improve information integration between HSPs; ensure adequate privacy and security of personal health information; improve access to care.
- A 2011-2016 eHealth and ICT Strategic Plan was developed after extensive consultation with HSPs. Four strategic directions were identified: Establish the EHR within organization; extend the data in the EHR to other agencies; govern the development of the regional EHR; use technology to respond to consumer needs.
- All 25 North Eastern hospitals agreed to move forward to seek funding to conduct a detailed Shared Services Organization analysis and work plan.
- 21,535 patients served using Telemedicine across 207 sites in the NE LHIN, a 120% increase from 2010. The NE LHIN has 207 TM sites, and is the highest user of Telemedicine among Ontario's 14 LHINs.
- 40 HSPs received funding for Telemedicine Nurse Coordinator positions, allowing new and existing sites to expand access to Telemedicine services and employ nurses.
- The LHIN is responsible for supporting several IHSP initiatives including: EMR for 14 Aboriginal, First Nation, Métis communities, North East LHIN eHealth Advisory Council, Nurse Peer eHealth Network (with Registered Nurses Association of Ontario (RNAO), NE Hip and Knee Electronic Referral, development of an Ambulatory Care proposal with Canada Health Infoway (accepted), formation of a Telehomecare strategy/program and work with eHealth Ontario and HSP's as eHealth Ontario 'right-sizes' current circuits.

| Goal(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                              |     |             |     |          |     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|-----|----------|-----|--|
| <ol style="list-style-type: none"> <li>1. To develop an integrated, sustainable Information and Communication Technology shared service with hospitals across North Eastern Ontario.</li> <li>2. To deploy CCIM common assessment systems and back office systems in the community sector.</li> <li>3. To promote an EMR for community-based practitioners.</li> <li>4. To establish an electronic referral process between physicians for hip and knee surgery.</li> <li>5. To support the development of a plan to implement the cNEO Portal, HIAL, and Clinical Data Repository – as identified by eHealth and NEO to support the 2015 eHealth Blueprint.</li> <li>6. To plan for the implementation of the Ontario Laboratories Information System (OLIS) within the NE LHIN.</li> <li>7. To expand the Physician Office Integration project which allows the sharing of client profiles among the community and hospital sectors.</li> <li>8. To support the implementation of the Alternate Level of Care Resource Matching and Referral Business Transformation Initiative within the NE, NW, SE and Champlain cluster.</li> <li>9. To develop and implement a Telehomecare program for patients with chronic obstructive pulmonary disease and congestive heart failure.</li> </ol> |                                                                                                                                                                                                                                                                                                              |     |             |     |          |     |  |
| Consistency with Government Priorities:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                              |     |             |     |          |     |  |
| The eHealth and ICT goals are aligned with the eHealth Ontario Strategy and the NE LHIN IHSP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                              |     |             |     |          |     |  |
| Action Plans/Interventions<br>“We will deliver the following”                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Please indicate the status of project ( <b>Not Yet Started, In Progress, Deferred or Completed</b> ) and if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column. |     |             |     |          |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2012/13                                                                                                                                                                                                                                                                                                      |     | 2013/14     |     | 2014/15  |     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Status                                                                                                                                                                                                                                                                                                       | %   | Status      | %   | Status   | %   |  |
| Goal 1<br>To develop an integrated, sustainable Information and Communication Technology shared service with hospitals across North Eastern Ontario.<br>A: To secure feasibility, analysis and implementation funding for the Shared Services Organization.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | In progress                                                                                                                                                                                                                                                                                                  | 70% | Complete    | 30% |          |     |  |
| B: To develop an Information Technology Shared Services Organization for hospitals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | In progress                                                                                                                                                                                                                                                                                                  | 30% | In progress | 35% | Complete | 35% |  |

|                                                                                                                                                                                   |             |      |             |     |          |     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------|-------------|-----|----------|-----|--|
| Goal 2<br>To deploy CCIM common assessment systems and back office systems in the community sector.                                                                               | In progress | 50%  | Complete    | 50% |          |     |  |
| Goal 3<br>To promote an EMR for community-based practitioners.                                                                                                                    | In progress | 30%  | In progress | 35% | Complete | 35% |  |
| Goal 4<br>To establish an electronic referral process between physicians for hip and knee surgery.                                                                                | Complete    | 100% |             |     |          |     |  |
| Goal 5<br>To support the plan to implement the Connecting Northern and Eastern Ontario Portal, HIAL, and Clinical Data Repository.                                                | In progress | 80%  | Complete    | 20% |          |     |  |
| Goal 6<br>To plan for the implementation of the Ontario Laboratories Information System (OLIS) within the NE LHIN.                                                                | Complete    | 100% |             |     |          |     |  |
| Goal 7<br>To expand the Physician Office Integration project which allows the sharing of client profiles among the community and hospital sectors.                                | In progress | 80%  | Complete    | 20% |          |     |  |
| Goal 8<br>To support the implementation of the Alternate Level of Care Resource Matching and Referral Business Transformation Initiative within the NE, NW and Champlain cluster. | In progress | 60%  | In progress | 20% | Complete | 20% |  |
| Goal 9<br>To develop and implement a Telehomecare program for patients with chronic obstructive pulmonary disease and congestive heart failure.                                   | In progress | 80%  | In progress | 10% | Complete | 10% |  |

|                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>How will we measure success?</b>                                                                                                                                                                                                                                                                                                                              |
| <p>Increase in eHealth adoption as measured by new sites, users and systems</p> <p>eHealth Strategy alignment</p> <p>Completion of eHO project deliverables</p> <p>An increase in the level of engagement in eHealth by health service providers (i.e. champions, partners, committees and organizations)</p>                                                    |
| <b>What are the risks/barriers to successful implementation?</b>                                                                                                                                                                                                                                                                                                 |
| <p>A risk is whether the Ministry flows funds during 2012/15 fiscal; the plan will get revised as required.</p> <p>A risk is whether eHealth Ontario will define future eHealth deliverables and/or flow funding to the LHINs.</p> <p>Another risk is securing funding for the Shared Services Organization initiative through OntarioBuys or other sources.</p> |
| <b>What are some of the key enablers that would allow us to achieve our goal?</b>                                                                                                                                                                                                                                                                                |
| <p>Funding received on time. EHealth Ontario has not flowed fiscal 2011/2012 funding to the LHINs as of January 2012.</p> <p>ICT governance that is agreed upon with the LHINs and amongst cluster projects.</p> <p>Recognition of rural, northern geography issues and extra costs to operate eHealth initiatives given these factors.</p>                      |
| <b>Additional Comments (i.e. additional information that supports the implementation/success of the goal)</b>                                                                                                                                                                                                                                                    |
| <p>All health service providers work together towards integration opportunities.</p> <p>That appropriate funding be provided to support these efforts to avoid stop/go project progress.</p>                                                                                                                                                                     |

## INTEGRATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TEMPLATE A: INTEGRATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>The NE LHIN supports integration initiatives that demonstrate action, priority setting and coordinated health service planning. While a number of integration priorities will continue to be led by the NE LHIN (e.g. wait times), other priorities will benefit from a community and hub area approach to achieve seamless and patient-focused health services that are planned and supported by partnerships.</p> <p>The overarching goal of the NE LHIN Integration Strategy is to achieve the following outcomes at each of the community, hub area and regional levels: unity of governance, planning, action and evaluation leading to realignment/ collaboration of service delivery and sustainability.</p> |

| Current Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                              |      |         |     |         |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----|---------|-----|
| <p>In 2012/13, the NE LHIN will continue to work in partnership with health service providers to achieve successes with the following projects:</p> <ul style="list-style-type: none"> <li>The increased collaboration between three local hospitals and health service providers in the district of Timiskaming. The emphasis will be on implementing a realignment plan that will lead to a more patient focussed local system, fewer pressures on system providers, and increased access to care across the district.</li> <li>The development of an integration plan for the realignment of health service providers in the Cochrane Hub. The emphasis will be on implementing a realignment plan that will lead to a more patient focussed local system, fewer pressures on system providers, and increased access to care across the Hub.</li> <li>A group of mental health and addiction service providers in the Cochrane Hub will work on a collaboration agreement for the integration of mental health and addiction services that will include services to the francophone community.</li> <li>The Anchor Agency in Algoma which currently includes 13 mental health and addiction providers now has an inaugural Board of Directors. The Agency will continue to develop in 2012/13.</li> </ul> |                                                                                                                                                                                              |      |         |     |         |     |
| Goal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                              |      |         |     |         |     |
| To realign Northeastern Ontario health care providers in an effort to increase access to quality care for Northerners and ensure a more patient-centred and community-based system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                              |      |         |     |         |     |
| Consistency with Government Priorities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                              |      |         |     |         |     |
| As described in LHSIA, integration is a key driver of health system transformation and is a shared responsibility between the LHIN, HSPs and the MOHLTC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                              |      |         |     |         |     |
| Action Plans/Interventions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Please indicate % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after 3 years and implemented equally each year, enter 25% in each column. |      |         |     |         |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2012-13                                                                                                                                                                                      |      | 2013-14 |     | 2014-15 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Status                                                                                                                                                                                       | %    | Status  | %   | Status  | %   |
| Mental Health and Addictions Integration in Algoma Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                              | 100% |         |     |         |     |
| Collaboration between health service providers in Timiskaming District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                              | 35%  |         | 35% |         | 30% |
| Collaboration between health service providers in Cochrane Hub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                              | 35%  |         | 35% |         | 30% |
| Collaboration between mental health service providers in Cochrane district                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                              | 35%  |         | 35% |         | 30% |
| Expected Impacts of Key Action Items                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                              |      |         |     |         |     |
| <ul style="list-style-type: none"> <li>Enhance access to, and quality of, health services</li> <li>Improve individual and population health outcomes</li> <li>Improve the overall patient experience within the health system by reducing fragmentation and duplication</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                              |      |         |     |         |     |

- Realize greater efficiencies through the most effective use of available resources
- Improve reporting

**What are the risks/barriers to successful implementation?**

- Resources available to implement identified integration opportunities.
- Resistance from stakeholders to move away from status quo to create a more integrated system.
- Fear of loss of services.
- Culture of change resource intense to manage successfully.

# NE LHIN STAFFING AND OPERATIONS

## PROPOSED OPERATING EXPENDITURES, PROJECTED REVENUES AND FUNDING REQUIREMENTS

| Template B: LHIN Operations Spending Plan     |                  |                  |                          |                          |                          |
|-----------------------------------------------|------------------|------------------|--------------------------|--------------------------|--------------------------|
| LHIN Operations Sub-Category (\$)             | 2011/12 Budget   | 2011/12 Actual   | 2012/13 Planned Expenses | 2013/14 Planned Expenses | 2014/15 Planned Expenses |
| <b>Salaries and Wages</b>                     | <b>3,036,078</b> | <b>3,147,545</b> | <b>3,071,141</b>         | <b>3,071,141</b>         | <b>3,071,141</b>         |
| <b>Employee Benefits</b>                      |                  |                  |                          |                          |                          |
| HOOPP                                         | 303,608          | 277,710          | 299,438                  | 299,438                  | 299,438                  |
| Other Benefits                                | 333,969          | 324,458          | 329,383                  | 329,383                  | 329,383                  |
| <b>Total Employee Benefits</b>                | <b>637,577</b>   | <b>602,168</b>   | <b>628,821</b>           | <b>628,821</b>           | <b>628,821</b>           |
| <b>Transportation and Communication</b>       |                  |                  |                          |                          |                          |
| Staff Travel                                  | 165,000          | 178,767          | 140,000                  | 140,000                  | 140,000                  |
| Governance Travel                             | 65,300           | 18,524           | 30,000                   | 30,000                   | 30,000                   |
| Communications                                | 60,000           | 66,264           | 50,000                   | 50,000                   | 50,000                   |
| Other                                         | 30,000           | 11,938           | 8,000                    | 8,000                    | 8,000                    |
| <b>Total Transportation and Communication</b> | <b>320,300</b>   | <b>275,493</b>   | <b>228,000</b>           | <b>228,000</b>           | <b>228,000</b>           |
| <b>Services</b>                               |                  |                  |                          |                          |                          |
| Accommodations                                | 177,430          | 195,058          | 190,000                  | 190,000                  | 190,000                  |
| Advertising                                   | 12,500           | 46,969           | 15,000                   | 15,000                   | 15,000                   |
| Banking                                       | -                | -                | -                        | -                        | -                        |
| Consulting Fees                               | 41,000           | 50,659           | 20,000                   | 20,000                   | 20,000                   |
| Equipment Rentals                             | 20,000           | 18,997           | 20,000                   | 20,000                   | 20,000                   |
| Board Chair Per Diems                         | 53,000           | 21,375           | -                        | -                        | -                        |
| Other Governance Per Diems                    | 41,800           | 17,510           | -                        | -                        | -                        |
| Insurance                                     | 16,337           | 16,337           | 5,800                    | 5,800                    | 5,800                    |
| LSSO Shared Costs                             | 359,495          | 382,525          | 341,520                  | 341,520                  | 341,520                  |
| LHIN Collaborative                            | 50,000           | 26,971           | 47,500                   | 47,500                   | 47,500                   |
| Other Meeting Expenses                        | 50,000           | 44,154           | 50,000                   | 50,000                   | 50,000                   |
| Other Governance Costs                        | 29,800           | 36,440           | 24,000                   | 24,000                   | 24,000                   |
| Printing & Translation                        | 77,500           | 55,895           | 60,000                   | 60,000                   | 60,000                   |
| Staff Development                             | 30,000           | 18,896           | 20,000                   | 20,000                   | 20,000                   |
| <b>Total Services</b>                         | <b>958,862</b>   | <b>931,786</b>   | <b>793,820</b>           | <b>793,820</b>           | <b>793,820</b>           |
| <b>Supplies and Equipment</b>                 |                  |                  |                          |                          |                          |
| IT Equipment                                  | 25,000           | 20,895           | 13,000                   | 13,000                   | 13,000                   |
| Office Supplies & Purchased Equipment         | 25,065           | 24,995           | 18,000                   | 18,000                   | 18,000                   |
| <b>Total Supplies and Equipment</b>           | <b>50,065</b>    | <b>45,890</b>    | <b>31,000</b>            | <b>31,000</b>            | <b>31,000</b>            |
| <b>Capital Expenditures</b>                   | -                | -                | -                        | -                        | -                        |
| <b>LHIN Operations: Total Expenses</b>        | <b>5,002,882</b> | <b>5,002,882</b> | <b>4,752,782</b>         | <b>4,752,782</b>         | <b>4,752,782</b>         |
| <b>Annual Funding Target</b>                  |                  |                  | <b>4,752,782</b>         | <b>4,752,782</b>         | <b>4,752,782</b>         |
| <b>Variance</b>                               |                  |                  | -                        | -                        | -                        |

## NE LHIN STAFFING, IMPACT ON BUSINESS PLAN AND COMPENSATION STRATEGY

**Template C: LHIN Staffing Plan (Full-Time Equivalents)**

| Position Title                                    | 2011/12<br>Actual as<br>of Mar. 31 | 2012/13<br>Forecast | 2013/14<br>Forecast | 2014/15<br>Forecast |
|---------------------------------------------------|------------------------------------|---------------------|---------------------|---------------------|
| CEO                                               | 1                                  | 1                   | 1                   | 1                   |
| Senior Director                                   | 3                                  | 3                   | 3                   | 3                   |
| Administrative Support                            | 4                                  | 4                   | 4                   | 4                   |
| Officer                                           | 10                                 | 11                  | 11                  | 11                  |
| Performance & Decision Support                    | 6                                  | 6                   | 6                   | 6                   |
| Executive Assistant and Board Liaison             | 1                                  | 1                   | 1                   | 1                   |
| Controller/Corporate Services Manager             | 1                                  | 1                   | 1                   | 1                   |
| Director, Communications and Community Engagement | 1                                  | 1                   | 1                   | 1                   |
| Communications Officer                            | 2                                  | 2                   | 2                   | 2                   |
|                                                   |                                    |                     |                     |                     |
| Senior Aboriginal/First Nation/Métis Officer      | 1                                  | 1                   | 1                   | 1                   |
| Aboriginal/First Nation/Métis Officer             | 1                                  | 1                   | 1                   | 1                   |
|                                                   |                                    |                     |                     |                     |
| Chief Information Officer                         | 1                                  | 1                   | 1                   | 1                   |
| Senior Project Manager                            | 1                                  | 1                   | 1                   | 1                   |
| Project Manager                                   | 1                                  | 1                   | 1                   | 1                   |
|                                                   |                                    |                     |                     |                     |
| French Language Services Advisor                  | 3                                  | 3                   | 3                   | 3                   |
|                                                   |                                    |                     |                     |                     |
| Total FTEs                                        | 37                                 | 38                  | 38                  | 38                  |

### Operational Impact

The NE LHIN implemented a new organizational structure to enhance the ability to work with health service provider partners and community members across the vast region of the NE LHIN. The new structure will help the organization meet its 2011/2012 priorities through active engagement and collaboration.

In addition, the NE LHIN has given careful consideration in the division of the NE LHIN region into five HUB areas, including:

1. Sudbury/Manitoulin/Parry Sound
2. Nipissing
3. Algoma
4. Cochrane/Temiskaming
5. Hudson and James Bay Coast

The establishment of these Hubs was based on patient referral patterns. Small LHIN offices have been established in each of the four Hub areas (Hudson and James Bay will be served out of our Timmins and North Bay offices). These offices will allow our staff to have more frequent contact with the health service providers and community stakeholders and has resulted in decreased travel costs for NE LHIN staff.

The NE LHIN will see a reduction of 5% in funding in 2012/13. In order to maintain a balanced position, the NE LHIN will need to reduce costs in travel for both board members and staff. This could have an impact on our ability to engage effectively with our communities across the region. We will be adding a new position to focus on the primary care file and at the same time have realigned internal positions so that our staffing complement will remain the same.

The NE LHIN completed over twenty-five community engagement sessions in the summer of 2011. The outcome of these sessions indicated the need for further system realignment and a better coordinated health system. In February and March 2012, we also conducted engagement sessions throughout the communities in the Cochrane area and the three communities in Temiskaming. The goal of these sessions was to gather information to develop a realignment plan that will help move the communities towards a more integrated and patient-focused local health care system. The two plans were presented to the NE LHIN Board in June 2012.

In addition to the priorities outlined in our 2010/2013 Integrated Health Service Plan, a main priority for 2012 continues to be reducing the wait times for emergency rooms and decreasing high rates of alternate level of care patients in our hospitals -- ER/ALC strategies. We will continue to work in partnership with hospitals, communities and the NE CCAC to help ease ER/ALC pressures while we enhance community-based care.

Communication is an integral part of the NE LHIN and we ensure stakeholders receive information in a timely and easy-to-understand manner.

All of the strategies being implemented by the NE LHIN would not be possible without the support of our Project Management Office. Our CIO and her staff work diligently on implementing ways to use technology to reduce staff and board travel and ease financial pressures for our health service providers through innovative technologies. The PMO also assists in many of our projects by implementing technologies to provide seamless access to information. The NE LHIN's eHealth budget for 2012/13 has been reduced and as a consequence one position was reduced.

## **COMMUNICATIONS AND COMMUNITY ENGAGEMENT PLAN**

The ABP is one of four guiding documents that are critical to the work of the North East LHIN in 2012-2013. The other three documents are the *Summary Report of the NE LHIN's Community Sessions* (November 2011), the *Integrated Health Services Plan 2010-13* (IHSP), and the 2012/2013 Community Engagement Plan.

The Community Engagement Report captures the voices of more than 700 Northerners who participated in 25 community engagement sessions in the spring and summer of 2011. Each session focused on receiving the input of fellow Northerners on how to increase access to care and how to ensure health care investments are aligned with the needs of Northerners. The report offers common themes that arose. The NE LHIN has incorporated these themes as priorities in its 2012/13 Operational Plan.

As part of the 2013-2016 Integrated health Service Plan development, the 2012 Operational Plan priorities will be validated. The IHSP will further define activities to be undertaken from 2010 to 2013 that will move us closer to a more patient-centred and integrated system of health care.

The 2012/2013 Community Engagement outlines the NE LHIN's community Engagement plans for the year. This fiscal, the NE LHIN will build on the results of community engagement sessions by further validating the input received and priorities derived. Engagements will center on three main areas focused on how best to realign NE LHIN investments to ensure patient-focused care and system sustainability.

- Focus #1 – Moving Forward with a Refresh of the NE LHIN's Integrated Health Service Plan (IHSP) – *Engaging with Fellow Northerners to Develop the 2013-2016 IHSP*
- Focus #2 – Working Collaboratively with Fellow Northerners to Take Conversations with Communities to the Next Level – *Putting local health care decision-making into action to enhance patient access to care through a more integrated system of care.*
- Focus #3 – Improving Primary Care Access and Integration – *Stepping Up Our Dialogue on Primary Care*

The ABP demonstrates progress made toward the NE LHIN's goals and objectives, and also provides the opportunity to fine tune strategies for the coming year. It provides a framework for communicating to stakeholders the impact local decision making has on health care delivery in our communities.

### ***Why do we do an ABP?***

Under the Local Health Systems Integration Act (LHSIA) 2006, and the Ministry-LHIN Performance Agreement (MLPA), LHINs are required to publish their Annual Business Plan to inform stakeholders about the LHIN's strategies and initiatives for addressing local health care priorities. The NE LHIN's ABP communications and community engagement plan ensures that all stakeholders have full and easy access to our strategic and operational efforts.

LHINs are responsible for engaging health care providers, consumers, and the general public in the work required to build an accessible, patient-centred, integrated and sustainable health care system of quality.

### ***Target Audiences***

The North East LHIN engages with many stakeholder audiences with often differing understanding of the local health care system. Stakeholders can be categorized in several categories and sub-categories:

#### **Audiences:**

##### **External**

- Public (taxpayers, patients/clients and family members)
- Health Service Providers
  - LHIN Funded Health Service Providers: Hospitals; Specialty Mental Health Facility; Community Care Access Centre; Community Support Services;

- Community Mental Health, Addiction & Problem Gambling Services; Long-Term Care Homes; Community Health Centres
- Non-LHIN Funded Health Service Providers: Physicians, Nurses and frontline care workers, Ambulance Services; Family Health Teams; Ontario Telehealth Network; Provincial networks (i.e. Cancer Care Ontario and others); Public Health Units
- Ministry of Health and Long-term Care
- Policy Makers - Northeastern Ontario MPPs; Municipal Government; Councils, Mayors, Reeves and CEOs; Ontario Office of Francophone Affairs; Office of the French Language Services Commissioner; Ministry of Health Promotion; Municipal Affairs and Housing; Services de santé en français; Northern Development, Mines and Forestry; Secretariat for Aboriginal Affairs; Seniors' Secretariat; Children and Youth Services
- Academic Institutions - Algoma University; Collège Boréal; Cambrian College; Canadore College; Laurentian University; Nipissing University; Northern Ontario School of Medicine; Northern College; Sault College of Applied Arts and Technology; University of Sudbury
- Organizations - Local advocacy groups; College of Physicians and Surgeons of Ontario; Ontario College of Family Physicians; Ontario Medical Association; Ontario Public Health Association; Unions
- Special Population Groups - Francophone, Aboriginal/First Nations/Métis
- Media

#### **Internal to the North East LHIN**

- NE LHIN Board of Directors
- NE LHIN Senior Leadership Team
- NE LHIN Health Care Leads
- NE LHIN Advisory Groups and Committees
- NE LHIN Staff

#### **Communications Strategy**

The Annual Business Plan describes many key initiatives to advance the priorities of the NE LHIN and each of these may have its own communication strategy. The NE LHIN also has an overall strategic communications and community engagement plan that outlines the various tactics used to communicate with stakeholder groups.

The section of the ABP on the following page, therefore, will focus on the strategy to build awareness and understanding of the ABP among all stakeholder groups.

| Stakeholder                                                                  | Timing                 | Tactic                                                                | Details                                                                                          |
|------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>DRAFT ABP</b>                                                             |                        |                                                                       |                                                                                                  |
| NE LHIN Board of Directors                                                   | January 2012           | Open Board meeting                                                    | A summary presentation and the full text of the draft ABP                                        |
| Ministry of Health and Long-term Care                                        | January 31, 2012       | Electronic Submission                                                 | Submission of draft ABP to MOHLTC once approved by the Board of Directors                        |
| <b>Final ABP</b>                                                             |                        |                                                                       |                                                                                                  |
| NE LHIN Board of Directors                                                   | June 2012              | Open Board meeting                                                    | A summary presentation and the full text of the final ABP                                        |
| NE LHIN Advisory Groups and Committees                                       | Upon Ministry approval | Meetings/formal presentations                                         | Summary presentation plus full text of ABP                                                       |
| Hospitals/CCAC/LTCH/CHCs/<br>Community agencies/MH&A<br>agencies<br><br>MPPs | Upon Ministry approval | Email notification                                                    | An email, from the LHIN CEO, including attachment of full text ABP, in advance of public posting |
| Media/General Public                                                         | Upon Ministry approval | Localized press release<br><br>Posting on LHIN Website with web alert | Simultaneous posting by all LHINs of MLPA and ABP                                                |

#### **Ongoing NE LHIN Tactics:**

- Developing strong local Government Relations – communicating LHIN priorities to MPPs through one-on-one meetings and regular communication
- Community Engagement – focusing on LHIN priorities in all community engagement efforts with stakeholders
- Developing stories/articles that demonstrate how the ABP is put into action for the benefit of local citizens – through communiqués, media materials, CEO blog, email blasts, website postings and social media
- Organizing and participating in information sharing events
- Board Meetings

### **Communicating on Ministry/LHIN Priorities**

The overarching communications plan is a shared responsibility among the 14 LHINs, the MOHLTC and the Minister's Office. The plan speaks to a shared communication strategy and communication and operational activities to be undertaken by all LHINs, specifically related to a Ministry/LHIN priority projects. It is the platform upon which the LHINs reinforce the LHIN brand and value of the organizations in leading the important transformation of Ontario's health system.

While the LHIN system enables health planning to address local issues, there are a number of common initiatives and platforms that can best be addressed in a coordinated and consistent fashion. To support these activities, and to enhance the awareness of the LHIN role with key stakeholders, LHINs, with the support of the Ministry of Health and Long-Term Care, have worked together to ensure a consistent, overarching communication plan and branding approach to support the following key provincial priorities.

On-going collaboration among the 14 LHINs will ensure that a consistent message is delivered across the province for provincial priorities; the development of local communications plans to support specific projects or programs will ensure that local priorities are addressed.