

North Simcoe Muskoka Local Health Integration Network

**Annual Service Plan
2008 - 2009**

Introduction

Overview

The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) is a crown agency responsible for the planning, integration and funding of hospitals, long-term care homes, addictions and mental health agencies, community support services, community health centres, and the NSM Community Care Access Centre.

Table 1: North Simcoe Muskoka LHIN – 2008-09 Funding Allocations

Sectors	Number of Health Service Providers	2008-09 Allocation (\$000)
Operations of Hospitals	7	\$343,292.0
Grants to compensate for Municipal Taxation – Public Hospitals		\$77.6
Long Term-Care Homes	27	\$99,602.7
Community Care Access Centres	1	\$62,750.5
Community Health Centres	1	\$3,454.1
Community Support Services	31	\$8,117.7
Community Support Services – ABI	1	\$790.0
Assisted Living Services in Supportive Housing	5	\$4,532.5
Community Mental Health	11	\$20,950.1
Addictions Program	4	\$3,403.6
Initiatives		\$4,956.7
Total	88*	\$551,927.4

**In North Simcoe Muskoka LHIN there are 76 health service providers; some are funded for multiple programs and if counted sectorially, the total would be 88.*

The LHIN's formal Accountability Agreement with the Ministry of Health and Long-Term Care (MLAA) describes key activities that our LHIN has agreed to undertake, as well as specific performance targets related to the performance of our local health system in selected areas. It is an expectation that LHINs develop plans that align with the ministry's strategic planning directions.

The NSM LHIN has committed to our communities that through local professional leadership, relevant investment and strong community partnerships, we will create and maintain the best health care, here in North Simcoe Muskoka.

In developing our first Integrated Health Service Plan (IHSP), an in-depth environmental scan and community engagement process identified specific needs and priorities for our residents, leading to three strategic directions for improving the health care system of the NSM LHIN. These three strategic directions are:

1. Improve the health status of our residents
2. Provide the right care, in the right place, at the right time
3. Use our resources wisely

Figure 1: North Simcoe Muskoka Local Health Integration Network Mission and Vision



Table 2 shows how these NSM LHIN strategic directions and underpinning goals align with four of the ministry's emerging strategic directions, as communicated by the ministry to the Chair via letter dated June 29, 2006. Our IHSP and this Annual Service Plan (ASP) also align directly with the remaining strategic direction of the ministry which is *"Renewed community engagement and partnerships in and about the health care system."* In creation of the ASP and in the detailed plans to implement the IHSP commitments, the NSM LHIN will continue to actively engage stakeholders. Through action groups, task forces, and brainstorming sessions, we will work closely with the public and local health care providers to implement and build an improved local health care system.

Table 2: Strategic Directions of the North Simcoe Muskoka LHIN

Strategic Direction Ministry of Health and Long Term Care	Strategic Direction NSM LHIN	Goal
Improve the health status of Ontarians.	<i>Improve the Health of Residents</i>	Managing and preventing chronic diseases
		Influencing Factors that Affect People's Health
		Improving Aboriginal Health Status and Services
Ontarians will have equitable access to the care and services they need no matter where they live or their socio/cultural/economic status.	<i>Right Care, Right Place, Right Time</i>	Improving the Continuum of Care
		Creating a Patient-Friendly Integrated Health Care System
		Reducing barriers to accessing health care
Establish a framework for sustainability of the health care system that achieves the best results for consumers and the community.	<i>Use our Resources Wisely</i>	Ensuring we Have the Health Care Providers We Need
		Developing new approaches to delivering clinical programs
		Reducing administrative and overhead costs
		Investing In Health Care Buildings and Equipment
		Maximizing the Benefits of eHealth Technologies
Improve the quality of health outcomes.	<i>Linking the IHSP to the MLAA</i>	Continuing to lower wait times for all priority services
		Meeting / surpassing targets of MLAA for wait times and other indicator(s)
		Continuing to improve baselines in future years on all MLAA

		indicators
		Developing Performance Indicator and Score Cards
		Hospital service Utilization review

The environmental scan has been updated for this Annual Service Plan (ASP) to reflect the 2006 census data. Key points that appear throughout the ASP include the following:

- NSM LHIN includes Barrie, the fastest growing Census Metropolitan Area (CMA) in all of Canada. The population in Barrie grew by 24%, from 103,710 in 2001 to 128,430 in 2006, twice as fast as any other CMA in the country.
- Our LHIN's population aged 75+ will more than double between now and 2028, rising from 24,910 in 2006 to an estimated 57,804 in 2028.
- Like all areas of the province, NSM LHIN is facing significant health human resources challenges which, unless aggressively addressed, may impede our ability to implement our Integrated Health Service Plan (IHSP)
- NSM LHIN has an Aboriginal population of 3%, nearly twice that of the provincial average
- Our LHIN also has one of the highest proportions (3%) of Francophone residents

Our initial IHSP was released in December 2006 and provides a framework that allows us to consider and prioritize a wider range of opportunities to both strengthen the health care system and improve the health status of our residents. The North Simcoe Muskoka Annual Service Plan (ASP) examines each of the strategic directions and associated goals from the IHSP. It indicates how we will honour our commitments and achieve our deliverables through 2008 and into 2011, by building the solid foundation required to support the evolution of the local and provincial health care system. Our ASP acknowledges the LHIN's responsibilities with regard to the provision of French Language services and the importance of working closely with the Aboriginal communities in our LHIN to address the inequities they face in health status and health outcomes. The need for transitional resources to advance this work cannot be understated and is outlined in the Plan.

In 2008-09 we have adopted a strong focus on fostering a "culture of inter-dependence" among the health service providers within our LHIN, as a basis for improving service coordination and integration. The Annual Service Plan describes our intention to work closely with a wide range of community partners to implement the first phase of work related to developing a local integrated health system within one of the LHIN's sub-planning areas. This will involve the commitment of all sectors, including public health, Cancer Care Ontario, Ministry of Community and Social Services, Ministry of Children and Youth, and all levels of government. It is important to note that although not all these sectors / agencies fall within our funding envelope we have, and will continue to, engage them in our planning.

This Plan describes how we intend, over time, to increase the capacity of our local health care system through a range of strategies. These include:

- Freeing up capacity for more and better care through integration (e.g. back office support in the community sector, Total Joint Clinic), and the application of “lean” thinking and tools
- Undertaking a comprehensive Health System Utilization Review that will address both the efficiency and effectiveness of the current health system
- Realigning resources (e.g. underutilized Complex Continuing Care capacity to acute care in the Barrie area to address population growth pressures);
- Providing time limited funds to incent or assist the system to realign (hospice services, expert palliative care teams, rural regional geriatric program)
- Requesting new on-going resources where there has been historical inequity or under funding (services for those with addictions, supportive housing for the homeless)
- Implementing a 5 year Health Human Resource Strategy

Our Plan also emphasizes the importance of making substantial early progress in the following areas:

- Improving the continuum of addictions and mental health services
- Supporting the development of regional clinical programs with dedicated leadership resources
- Improving knowledge and skills related to self management of chronic diseases, for both clients and service providers
- Being proactive with regard to our rapidly growing population of seniors, and in particular, the frail elderly
- Accelerating readiness for the implementation of the electronic health record, by streamlining or replacing existing paper based processes in focused areas

Our Plan is supported by a communications strategy, broad based community engagement and a growing sense of shared accountability for outcomes within our local health care system. We continue to develop score cards with performance indicators, and work with local providers to ensure that we achieve our mandate related to the IHSP, as well as our obligations under the Ministry-LHIN Accountability Agreement (MLAA). Through this activity, we can ensure that the vision of health care providers aligns with that of the community and the overall strategic direction of Ontario.

Consistent with the priorities in the IHSP, the areas identified as in need of making substantial early progress, and other areas highlighted in the ASP, the following performance indicators will be tracked and reported through our LHIN level balanced scorecard:

- Percentage of Alternate Level of Care (ALC) days
- Rate of Emergency Department visits that could be managed elsewhere
- Hospitalization rate for Ambulatory Sensitive Conditions (ACSC)
- Median Wait Time to Long-Term Care Home Placement

- Various 90% Wait Time targets

The following pilot indicators particularly relate to our areas of greatest focus:

- Percentage of in-hospital cancer deaths as a proportion of all cancer deaths
- Psychiatric readmission rates in hospitals
- Percentage of individuals with multiple psychiatric hospitalizations in the past fiscal year

In addition, we will actively participate in the development of new indicators e.g.:

- Mental Health Continuity of Care.

Process of Developing the Annual Service Plan

Ontario's 14 LHINs began limited operations in August 2005 and community engagement commenced in earnest in the spring of 2006. The first IHSP was completed and released publically in December 2006. Since then, a wide range of implementation activities have been initiated.

The North Simcoe Muskoka Local Health Integration Network considers the 2008-2011 ASP an essential next step for our success. In preparation of the ASP, we have re-examined the IHSP, and engaged local health providers to ensure that the activities planned are relevant. This step provided opportunity for continued ownership of our plan by the people we rely on to assist us in achieving these goals. As well, it continues to foster communication, integration and mutual respect between the LHIN and health service providers, which the NSM LHIN considers essential for success. We will continue to act as facilitators to ensure that this plan stays on track for success.

The ASP identifies a number of current gaps in the local health care system. It clearly demonstrates how these will be addressed over the upcoming years, and to what extent they can be achieved within the current allocation of NSM LHIN resources. Risks are identified that link into the environmental scan, and demonstrate how our rapidly changing and growing environment provides both pressures and opportunities for growth and development.

The NSM LHIN Board of Directors approved the final ASP 2008 – 09 in an open board session on June 23, 2008.

Environmental Scan

Executive Summary

The North Simcoe Muskoka region enjoys a wide variety of characteristics, including a large and thriving younger metropolitan area, popular seasonal destinations and many mature retirement communities. With a population of 423,000, North Simcoe Muskoka represents 3.5% of Ontario's population. The region includes the District of Muskoka, most of Simcoe County and a portion of Grey County and has 26 different communities. The largest is Barrie, where almost 25% of the total North Simcoe Muskoka population lives. In addition, there are four First Nations communities within the region's boundaries and 3% of our residents are Francophones.

Higher Population Growth Rate

The population of the NSM LHIN has increased by 12% during period 2001-2006. This is almost twice the growth rate of the province of Ontario (6.6%) over that same period. Literally this is equivalent to 3 bus loads of new residents arriving in our LHIN weekly. Furthermore, the NSM LHIN is home to Barrie, the fastest growing and youngest Census Metropolitan Area (CMA) in Canada. Over the period 2001-2006, the population in Barrie grew by 24%, four times faster than the province and almost twice as fast as any other CMA in Canada. According to the 2006 Census data, Barrie had the highest proportion of population under the age of 14 at 20.8% while the national average was 17.7%. As of 2006, one in three residents of the NSM LHIN lived in Barrie.

Rising Aging Population

Not only is our population growing at a quicker rate, it is also aging at a higher rate. The 'over 65' age group grew by 16% during period 2001- 2006 while the 'over 75' age group grew by 24% over the same period. It is estimated that the 'over 75' age group will more than double by 2028. The 'over 65' group is estimated to grow at an accelerating rate of 20% (average 5-year growth rate) compared to 9% for the entire NSM LHIN population. The structure of the NSM LHIN population is changing to reflect a higher proportion of individuals 'over 65' and lower proportion of those 'under 15'. The proportion of the 'over 65' group in NSM LHIN is estimated to rise from 15% in 2006 to 25% in 2031. Moreover, there is an uneven geographic distribution of older people in the NSM LHIN. The NSM region is one of the destinations of choice after retirement resulting in higher concentrations of seniors mainly in the northern and western parts of our LHIN. According to growth predictions, the mean age in the NSM LHIN will increase from 37 years in 2001 to 42 years in 2016.

Health Services Utilization

The North Simcoe Muskoka region has higher crude and age-adjusted hospitalization rates than the province as a whole (crude: 9,814 and 8,094/100,000 population for the North Simcoe Muskoka region and the province in 2004/05, respectively; age-adjusted: 9,269 and 7,783 for the North Simcoe Muskoka region and province, respectively). The North Simcoe Muskoka region's age-standardized hospitalization rates for the top five major causes (i.e., maternal conditions, circulatory system diseases, digestive system diseases, respiratory system diseases, and injury and poisoning) were all higher than their corresponding provincial rates, sometimes by as much as 35% (as in the case of hospitalization due to injuries and poisonings). Another measure for hospital utilization is the rate of acute separations. The age-standardized acute separation rate of NSM LHIN residents was significantly higher than the Ontario rate during 2004/05 (87.1/1,000 and 72.5/1,000 population, respectively). Additionally, the NSM LHIN shows higher rates of emergency department visits for non-urgent conditions, and hospitalizations for ambulatory care sensitive conditions compared to the province.

Lack of Health Human Resources

The change in the structure and a higher dependency ratio of the North Simcoe Muskoka (NSM) population has deep implications in terms of health human resources (HHR) planning. Dependency ratio is the ratio of the age groups 'under 15' and 'over

65' to the working age group '15-65'. The dependency ratio in this LHIN is going to rise by 41% from 46 dependents per 100 active labour force in 2007, to 65 per 100 active labour force in 2031. By comparison, Ontario is predicted to see its dependency ratio rise to 59 dependents per 100 active labour force in 2031. Health human resources planning is a major issue for the NSM LHIN with the greatest need in the area of nursing. There is urgent need for full-time, part-time and casual Registered Nurses (RNs) as well as surgical/medical RNs and Health Care Aides (HCAs)/Personal Support Workers (PSWs) in LTC homes. Barrie, Bracebridge, Gravenhurst, Midland, Penetanguishene, and Orillia are all designated as under serviced areas.

Greater Health Risk Factors

Residents of North Simcoe Muskoka have higher obesity, smoking and drinking rates compared to the rest of the province – a dangerous situation when combined with an aging population. The incidence of most chronic diseases, such as arthritis, hypertension, heart disease, diabetes, depression and cancer, is higher in our region than the provincial average. The largest disparity is for diabetes among those 65 to 74 years-of-age, affecting 22% of the population in North Simcoe Muskoka, compared to 14% provincially.

Uniqueness of the NSM LHIN

The NSM LHIN will continue to experience very unique pressures. There is a higher proportion of Aboriginal population than the province. The population of the four First Nations has experienced high growth rate during the previous five years and is expected to continue growing. This population experiences very specific health related issues such as higher prevalence of diabetes and related chronic diseases. Our LHIN has 3% of its population reporting French as their mother tongue. Francophones have been identified as a population facing systemic barriers in the NSM LHIN with specific health issues such as higher rates of heart disease. Furthermore, NSM LHIN is a popular tourism spot and experiences extreme seasonal peaks during tourist seasons. During summer months tourists and seasonal visitors account for over 20% of all hospital emergency visits, climbing to over 50% in the Muskoka area.

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

Introduction

The three strategic directions of the IHSP 2007-2010 include: improving the health of residents; providing the right care, in the right place, at the right time; and using our resources wisely. These align with, and support, the priorities of the Ministry of Health and Long-term Care to improve access to services and family health care, including promoting wellness and preventing illness.

In 2007-08, LHIN staff supported implementation activity for the 11 identified goals and associated deliverables of the IHSP. Through this work, inter-relationships and inter-

dependencies amongst goals were identified. This offered the opportunity to realign many of those deliverables into projects, creating synergies and reducing duplication in efforts.

As we move forward with implementation of the IHSP in 2008-09 the focus will be on the following six areas:

- Senior's Health
- The Emergency Department Action Plan
- Addictions and Mental Health
- Chronic Disease Prevention and Management
- Local Integrated Health System
- Regional System Design

Other IHSP related activities for 2008-09 include:

- Reducing Barriers to Accessing Health Care
- Reducing Administrative and Overhead Costs
- Ensuring we have the Health Service Providers we need
- Maximizing the Benefits of e-Health Technologies

Several initiatives, which were areas of focus for NSM in 2007-08, have established significant momentum and will continue to move forward with local leadership in 2008-09. These include:

- Improving Aboriginal health status and services
- Creating residential hospice space
- Establishing Palliative Care Resource Teams
- Pre-operational development of two new community health centres

The goal of developing a 10 year capital strategy for North Simcoe Muskoka will be deferred to 2009-10 when it can be informed by the NSM LHIN Health System Future State Roadmap.

Through all of our work, we will focus on reducing system pressures (ALC), improving health system outcomes, and laying the groundwork for the IHSP 2010-15 which will be a plan to integrate the health system.

Limitations

Achievement of the planned deliverables is dependent on the concerted efforts of many people. As new local issues or provincial priorities emerge, some planned activities may need to be adjusted in line with the available resources (time, people, funding). The LHIN will report regularly on the status of the plan, including any revisions that may become necessary throughout the year.

Project Areas of Focus for 2008-09

Senior's Health

In late fall 2007 an Aging at Home Planning Team was established to develop the NSM LHIN's Aging at Home Detailed Service Plan. Opportunities to engage the public resulted in the NSM LHIN receiving numerous funding proposals for 2008-09 allocations. The Aging at Home Detailed Service Plan was submitted to the Ministry of Health and Long-Term Care on February 29, 2008.

In addition to local planning and implementation of the "Aging at Home Strategy", the NSM LHIN is moving forward with improving the health status of the frail elderly in North Simcoe Muskoka and improving access to appropriate care and services for individuals living with severe behaviours.

Key Objective: Improve the health status of the frail elderly in North Simcoe Muskoka

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	- Identify the unique needs of the sub-populations in the frail elderly including Aboriginal and the cognitively impaired - Evaluate effectiveness of service provision in priority areas for the frail elderly - Create Seniors Health Regional Action Group - Develop a comprehensive implementation plan for an Integrated Geriatric System of Care specific to NSM - Monitor Year 1 Aging at Home initiatives - Home Support - Best Practice Meals on Wheels Pilot - Enhancement support services – congregate dining, transportation and meals on wheels - Mobile Adult Day Away - Enhanced transportation - Home At Last - Home Support for hard of hearing - Transportation for aboriginal and first nations - Primary care - Falls Prevention - Intensive case management - Mobility Clinic - Re-Act - Supportive Living 24 hour supportive living - Muskoka - Supportive housing - Collingwood - Supportive housing – Orillia - System Navigation - Integrated Geriatric System - Assistive Devices Program - First Link - Volunteer 211 - Develop a strategy to allocate Year 2 Aging at Home funding	A detailed work plan for years 2 & 3 of an IGS that includes such factors as human resource needs and detailed costing.

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2009-10	- Final implementation of Aging at Home Strategy - Implementation of the detailed work plan	- Fewer pre-mature admissions to Long-Term Care homes - Fewer unnecessary hospital admissions - An appropriate combination of supports for seniors in their own homes
2010-11	Implementation of the detailed work plan	To be determined

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Reduced % of ALC days in hospital
- Reduced emergency department visits by seniors that could be managed elsewhere
- Improved median wait time to LTC Home Placement from hospital and community

Key Objective: Improve access to long-term care homes for severe behaviours

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	- Focus on target population of adults with dementia and/or mental illness whose behaviours are unpredictable or aggressive - Create system capacity to meet the residential care needs of patients with severe behavioural issues by implementing recommendations from the severe behaviours report ➢ Share the report with the Senior's Health Regional Action Group to oversee project implementation and work with them to advocate for changes to the LTCH funding model to support people who require specialized supports ➢ Approve plan to develop an 18 bed behavioural unit within new build long term care beds ➢ Enhance and align existing community, long-term care home and hospital based long term care support and services ➢ Identify role and responsibilities of LTCH Regional Medical Director ➢ Support LTCH physician recruitment and retention ➢ Improve consistency and timeliness of access to High Intensity Needs Fund ➢ Develop multi-dimensional risk screening and assessment tools for common application across long-term care settings. ➢ Explore relationship with Registered Nurses Association of Ontario Best Practices Group for Long-Term Care Homes to participate in pilot projects that evaluate performance and quality of care measures with implementation of this plan.	A regional system report and implementation plan with a focus of accommodating the difficult to serve population with the right care, in the right place, at the right time.

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2009-10	- Continue implementation of recommendations from the severe behaviours report - Focus on including adults with acquired brain injury or older adults with a developmental delay or older adults with a substance abuse problem or individuals with other diagnoses whose behaviours are unpredictable or aggressive in the target population - Hire Behavioural Health Support Unit (BHSU) Program Administrator to begin building relationship and developing policies and procedures for the BHSU - Implement common risk screening and assessment tools - Implement agreed upon consistent processes to access High Intensity Needs Fund - Continue to Enhance and align existing community, long-term care home and hospital based long term care support and services - Hire LTCH Regional Medical Director - Ongoing monitoring of LTC system to ensure the system is efficient, effective and responsive to the needs of people in need of service in the community and in LTCHs.	Implementation of options to support individuals with severe behaviours including a regional severe behaviours unit.
2010-11	Behavioural Health Support Unit to be fully operational (including referral and intake processes, Admission and Discharge Committees and formal linkages/relationships)	Fully operational BHSU

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Decreased ALC days
- Reduced Emergency Department visits by Seniors that could be managed elsewhere
- Improved median wait time to Long-term care placement from hospital and community

Emergency Department Action Plan

The goal of the Ministry of Health and Long-term Care's Emergency Department (ED) Action Plan aligns with the NSM strategic direction of improving access to the right care, in the right place, at the right time. Through focused actions and investments, the NSM LHIN will reduce ALC days, increase timely access to priority services, reduce the inappropriate utilization of emergency departments and improve flow through them.

The plan for the next two years of the North Simcoe Muskoka LHIN supporting the mandate of the ministry is to carry out improvements within the Emergency Department (ED) setting by decreasing the ED length of stay. This will be carried out by the NSM LHIN hospitals in a variety of ways, addressing issues both in the ED and hospital settings. For some this may mean that for patients admitted to hospital the time for them to be located in an inpatient care area will be decreased to improve throughput in

the ED setting. Processes will be put in place to address educational needs of participating hospital ED staff in order to address issues around the ministry ED Wait Time strategy. Hospitals will need to forge new partnerships aimed at alleviating the Alternate Level of Care (ALC) pressure which will in turn free up bed capacity thereby allowing admitted patients to be placed in a timely fashion which reduces morbidity and mortality.

As part of our evidence-based decision-making process, Emergency Department Reporting System (EDRS) data will be collected by all NSM LHIN hospitals and then improved upon by moving to an acceptable Emergency Department Information System (EDIS) at the hospitals requiring this technology. Evidence-based improvements and policies will be implemented to support the development of programs that will provide sustainable care. Research and Education initiatives will be implemented, where possible, to enhance the working and academic environment of Emergency Departments, to support the province's medical education programs and improve care for all Ontarians.

Key Objective: Reduce ALC days

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	• Create a greater number of affordable continuing care accommodation options such as subsidized retirement homes and other housing options • Increase number of convalescent care and/or interim long term care beds • Create single coordinated access to complex continuing care, convalescent care and long term care (also recommended as part of the complex continuing care regional program) • Continue the work of the LHIN-wide ALC Steering Committee • Establish five local ALC Working Groups (one in each sub-planning area of the LHIN) • Begin implementation of local action plans	• Affordable supportive care solutions • Increased long term care resources and options available in North Simcoe Muskoka • Single coordinated access available • Standardized ALC data collection • Identification of LHIN-wide opportunities to reduce ALC days • Detailed local analysis of factors contributing to and local action plans to reduce ALC days • Collingwood General & Marine Hospital by end of Q2 • Muskoka Algonquin Healthcare and Royal Victoria Hospital by end of Q3 • Orillia Soldiers' Memorial Hospital and North Simcoe Hospital Alliance by end of Q4 • Reduction in ALC days
2009-10	• Continue implementation of local action plans	• Reduction in ALC days
2010-11	• To be determined	• To be determined

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Improved patient / family satisfaction
- As per the MLAA, the NSM LHIN will work toward reducing ALC rates to 11% in 2008-09 and 9.5% in 2009-10
- Decreased emergency room use
- Decreased inappropriate hospital admissions
- Decreased length of hospital stay
- Reduced rate of hospital deaths

Mental Health and Addictions

In 2007-08, an Addictions and Mental Health Regional Action Group was formed. They have developed a three year action plan to advance an integrated continuum of addiction and mental health services in North Simcoe Muskoka.

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
008-09	• Develop a comprehensive plan for integrating the continuum of AMH services including “no wrong door” and peer support programs • Hire a full time Addictions and Mental Health Coordinator to enhance services in both the community and inpatient sector. • Quality management working group to develop a quality management plan for addictions and mental health, including standards, tools, and mechanisms for: ➢ Identifying in need populations ➢ Identifying capacity to collect data at agency level for: ○ monitoring and evaluation ○ information technology, and ○ information sharing • Knowledge enhancement working group to: ➢ identify and/or develop tools and processes to support evidence-based decision-making and practice ➢ assess capacity for local research capacity, ➢ develop and coordinate training and professional education, and ➢ act as the communications hub for the Regional Action Group • System organization, capacity & sustainability work group to: ➢ design a coordinated system of care for addictions and mental health, by identifying a core basket of services for the 5 planning areas, and identifying core regional programs and services, as well as national and international services. ➢ develop a service identification mapping service ➢ ensure the system has the necessary capacity and the necessary resources to deliver coordinated and efficient services. • Utilization/equity working group to: ➢ ensure that services are accessible at the appropriate level and to all population groups ➢ develop central access and ‘no wrong door” process ➢ identify or develop tools and processes to ensure continuity of care ➢ identify or develop tools and processes to ensure responsiveness to consumer need and consumer choice ➢ identify or develop tools and processes to enhance consumer involvement throughout the system, and ➢ thoroughly incorporate recovery principles • Outcomes working group to: ➢ identify tools and processes to enhance clinical outcomes ➢ improve clients’ relevant social determinants of health ➢ enhance clients’ overall quality of life, and ➢ reduce inappropriate utilization of hospitals and jails	• System and practice decisions are made and implemented based on the best information and accepted evidence and practice that demonstrate efficacy • Knowledge and skills of providers of addictions and mental health, health, and other relevant care services, are kept current, to provide quality services at the proper level • Increased consumer choice and involvement • System is more responsive to the needs of consumers • Consumers’ overall quality of life (satisfaction, well-being) is improved • Data regarding service delivery, consumer need, utilization, and outcome are current, accurate, coordinated, and available in a timely and cost-efficient manner and in a useful format • Knowledge base in the field of addictions and mental health is enhanced • Members of the public (individuals or groups or organizations) are informed of issues relevant to addictions and mental health • Consumers and family members are “appropriately” engaged throughout the system, in accordance with proven recovery principles • Working definition of social determinants of health and quality of life relevant to A&MH population • System of care is coordinated, with maximum possible integration of care within and between addictions and mental health

2009-10	• Develop and implement indicators to measure the responsiveness of the system to meet the needs of consumers • Develop individual clinical outcomes for clients and tools to measure success. • Enhance and promote local research capacity • Identify and implement tools and processes to measure clinical outcomes • Develop communication strategy with partners serving clients with AMH needs, with linkages to the broader determinants of health • Expand professional education and training opportunities • Identification and sequencing for further integration initiatives within and beyond the addictions and mental health services • Siting and sizing of acute Schedule 1 Addictions and Mental Health (AMH) inpatient beds • Incorporate recovery philosophy and develop regional tools and processes to enhance consumer and family involvement • Identify or develop tools and processes to ensure continuity of care	• System stakeholders use the full range of reliable, current, and accessible quality management goals, tools, and processes functioning to ensure a high-quality system of care • Local research capacity is enhanced; local innovations are evaluated, shared, and contribute to the expansion of best practices literature • A seamless array of services, responsive to consumer need and grounded in recovery principles, are accessible within appropriate proximity to in-need population, including members of diverse population groups • Services are equitably accessible to members of diverse population groups • Services are accessible across the catchment area in a geographically-equitable manner and at a suitable level • Costs of access are minimized as potential barriers to consumers/family members • Services are more effective—measured/quantified resulting in the improvement of clinical outcomes • Outcomes of social determinants of health measures improve
2010-11	• Further enhance local research capacity • Negotiate and achieve the ongoing infrastructure for the knowledge exchange group • Implement outcome data requirements through the Annual Service Agreements • Influence the addictions and mental health sector at the regional and provincial level to improve services • Ensure services are accessible at appropriate level and to all population groups.	• To be determined

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Reduced readmissions to inpatient Schedule 1 units within 30 days of discharge

Chronic Disease

Today, half of all Canadians live with a chronic disease and one-in-five have three or more. It is estimated that two-thirds of all health care spending is directed toward caring for individuals with chronic disease and, unless managed, this poses a real threat to the sustainability of our health care system. This is a significant concern in NSM where the prevalence of most chronic diseases is slightly higher than the provincial average. Stakeholder groups involved in our work include: consumers, primary health care practitioners (family physicians, nurse practitioners and/or allied health professionals), specialist physicians, community pharmacists, diabetes educators, public health, national and provincial organizations (e.g., Canadian Diabetes Association, Osteoporosis Canada), and representatives of LHIN health service provider organizations (i.e., hospitals, community care access centre and community health centres).

Because of the relatively high rate of diabetes, a regional action group, established in 2007-2008, was tasked to develop a comprehensive model for the prevention and management of that disease. Membership of the regional action group was selected to ensure broad representation of identified stakeholder groups from across the LHIN geographic area.

Key Objective: Develop a comprehensive model for Chronic Disease Prevention and Management (CDPM) focused initially on diabetes, which will be expanded to other chronic diseases

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	• Develop an inventory of local diabetes related resources • Develop and Implement a comprehensive model, starting with diabetes, for service delivery within the context of the Ontario CDMP Framework • Develop an evaluation plan including an understanding of the components which are specific to diabetes and those which are relevant to the prevention and management of chronic diseases more broadly • Continue to implement patient self-management education programs across the LHIN geographic area • Continue to implement health service provider training in Brief Clinical Intervention and motivational interviewing • Continue to partner with Family Health Teams and other primary health service providers	• Diabetes prevention and management model • Informed, activated individuals and families • Prepared, proactive practice teams
2009-10	• Evaluate the model • Continue to implement patient self-management education programs across the LHIN geographic area • Continue to implement of health service provider training in Brief Clinical Intervention and motivational interviewing • Continue to partner with Family Health Teams, two new Community Health Centres, and other primary health service providers	• Identification of opportunities to broaden the program across the region and/or to expand it to include other chronic diseases
2010-11	• To be determined based on 2009/10 evaluation	• To be determined

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Increased proportion of patients receiving diabetes care according to CDA guidelines
- Enhanced patient self efficacy
- Lower utilization of emergency rooms for the management of diabetes and its complications
- Decreased hospital admissions for the management of diabetes and its complications

Local Integrated Health System

Access to high quality health care services and improving the health of communities is fundamental to sustaining our health care system. We believe that LHINs have the potential to provide professional leadership that leverages the assets of local communities, guides relevant local investments, enables the availability of the best health care within NSM, and ultimately influences factors that will improve the overall health of our citizens. The LHIN role in influencing these determinants has yet to be fully explored.

Toward this end, the NSM LHIN is embarking on a project to establish a forum for community partners to collectively identify, and act upon, opportunities to maximize the health of their communities.

Expected outcomes of the Local Integrated Health System Project include:

- Positively impacting the health status of residents by focusing, together, on the key determinants of health; and
- Improving access to the right care, in the right place, at the right time by taking a systems view of health and health related services.

These will be achieved through appropriate community collaboration utilizing a population health approach.

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	• Continue with the development of comprehensive environmental scans of all sub-planning areas within the LHIN • Establish appropriate committee structures to support the project in Central West Simcoe • Prioritize and select determinant(s) of health for action • Recommend core local basket of health and health related services and how to better integrate them • Develop a three year action plan to implement the recommendations	• Comprehensive environmental scan of all LHIN sub-planning areas • Action plan to improve the health status of the residents of Central West Simcoe • Action plan to implement recommendations related to the core local basket of health and health related services and how to better integrate them • Action plan to assist individual clinicians to integrate an understanding of health determinants in their day-to-day work.
2009-10	• Evaluate the project • Identify opportunities to transfer learnings to other sub-planning areas of NSM and provincially	• Recommendations related to implementation of the project in other sub-planning area(s) of NSM and the province
2010-11	• Evaluate the project • Identify opportunities to transfer learnings to other sub-planning areas of NSM and provincially	• Ongoing evaluation and implementation of the project in other sub-planning area(s) of NSM and the province

Regional System Design

Regional health programs are seen as an opportunity to provide high quality, safe and effective care while utilizing both human and fiscal resources in the most efficient manner. In 2007-08, key informants were interviewed and experts consulted in the development of a framework and tools.

Coordinated access for the regional Complex Continuing Care program was funded through the Urgent Priorities Fund for 2007-08 and will continue to receive funding in 2008-09. This funding will be used to align the process to equitably access regional complex continuing care beds, convalescent care and long-term care. This single access will minimize re-work and duplication, facilitating the timely discharge of individuals to the most appropriate level of care.

Urgent priorities funding was used to temporarily open nine acute care beds for three months (January – March 2008) at the Royal Victoria Hospital. The opening of these beds helped to alleviate some critical acute care pressures being experienced by the hospital.

Key Objective: Improve integration through regional health programs and services

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	- Implement regional health programs based on the framework and tools developed in 2007-08 - Establish a regional systemic therapy task force/working group to implement “models of care” - Undertake a review of regional lab service - Develop the NSM LHIN Health System Future State description and the related Implementation Roadmap	- Implementation plan for: - Regional Complex Continuing Care service (Phase III) - Regional Orthopaedics program - Regional Obstetrics and Newborn Care program - Regional Critical Care Strategy - Regional Emergency Department Strategy - Models of care implemented for systemic therapy - Evaluation of regional lab service - Roadmap to guide the development of a comprehensive, integrated health system for the residents of North Simcoe Muskoka
2009-10	- Evaluate and revise framework and tools - Begin implementation of the Roadmap	- Revised framework and tools - Additional regional health programs to be determined
2010-11	To be determined	To be determined

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Specific indicators are not available at this time

Other IHSP Related Activities

Reducing Barriers to Accessing Healthcare

Equitable access to health care is an important attribute of a quality health care system. Through the IHSP planning process, many barriers to accessing health care services were identified. While some barriers affected residents of the LHIN broadly (i.e., policy barriers), many were specific to a population or patient group. Barriers that have the potential to affect NSM LHIN residents' access to health care broadly include such things as the rural nature of this area and the related challenges to accessing transportation within and across communities. Barriers which affect very specific populations include such things as stigma associated with illness or lifestyle and lack of access to culturally or linguistically appropriate services.

Key Objective: Improve access to health care services for those currently experiencing systemic barriers.

The North Simcoe Muskoka LHIN hosted a two part forum in November 2007, using a Deep Democracy process, to prioritize the systemic barriers to accessing health services. Through the process, participating stakeholders were able to gain consensus on the two priority barriers to health care on which the LHIN would base its future planning: housing and poverty. These barriers have been incorporated into a set of NSM LHIN planning principles which will under-pin the work of all NSM LHIN Regional Action Groups and other planning bodies.

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	• Systemic Barriers Working Group members publicly present the results of the prioritization of barriers to the LHIN Board of Directors and stakeholders. • Establish an ongoing process to thread the systemic barriers of housing and poverty throughout all relevant activities undertaken by the LHIN. • Ensure all previously identified systemic barriers continue to be considered in LHIN activities. • Continue to track thru internal LHIN Risk Management Program	• LHIN Board and Staff are aware of the two systemic barriers identified (housing and poverty), and the implications of those barriers on the work of the LHIN • A means to ensure decision-making and planning activities are reflective of these two priority barriers.
2009-10	• Continue to address the barriers of housing and poverty, as determined through regional action groups and other appropriate structures and processes (e.g. networks, coalitions, etc.) • Continue to track through internal LHIN Risk Management Program	• More equitable access to health care services for everyone

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2010-11	To be determined	To be determined

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Specific indicators are not available at this time

Key Objective: Understand the Health Care Needs of Women

Women, who currently represent just over half the population of NSM, also experience barriers to equitable access to health care. Many differences between men's and women's health issues have been noted in recent reports. For example, the Ontario Health Quality Council (OHQC) (2006) noted that women's symptoms are more likely to be undiagnosed and women are more likely to be treated with pills rather than diagnostic testing. By assessing the current state of women's health care issues in NSM through the completion of an inventory of resources we will better understand the health care needs of women.

In 2007-08, a literature review of women's health care needs identified the highest needs for NSM, including;

- Maternal and child health
- Reproductive cancers
- Cardiovascular health
- Addictions and mental health

In 2008-09, the NSM LHIN will move forward with the development of a plan for newborn and obstetrical care in NSM. As well, there will be several opportunities to address the identified priority areas of need through the work of the Addictions and Mental Health Regional Action Group, through a focus on access to cardiac care services in NSM and through the development of a regional cancer program. Additionally, the application of a population health approach necessitates that all LHIN planning structures consider factors contributing to health inequities, including gender.

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	• Develop an inventory of women's health care resources and identify areas where additional resources are required • Design a regional plan for Obstetrical and Newborn Care • Identify opportunities to improve equitable access to, and outcomes of, cardiac and cancer care in NSM	• Gaps and under serviced areas are recognized • Required resources to implement additional services for under serviced areas are identified • Design for a Regional Obstetrical and Newborn Care Program • Improved gender equity in access to and outcomes for cardiac and cancer care
2009-10	• Implement the regional plan for Obstetrical and Newborn Care	• Regional Obstetrical and Newborn Care System
2010-11	• To be determined	• To be determined

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Specific indicators are not available at this time

Key Objective: Understand the Health Care Needs of Francophones

NSM has the fifth highest percentage of Francophones among Ontario's LHIINs, at three percent of the population. Many Francophone residents experience barriers to accessing culturally and language-appropriate care because there are few French-speaking health service providers in NSM. Being able to access health care services in French helps improve the health of Francophones and the speed with which the health care system can respond to their needs.

The Urgent Priorities Fund supported the development, distribution and review of a French Language Services survey, whose key deliverables included identifying priority Francophone health care needs and areas where additional health care services are required.

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	- Facilitate and maintain ongoing relationships and partnerships within the Francophone community - Work in partnership with the Local French Language Health Planning Entity for NSM to identify priorities for the Francophone population - Implement tools that will support future development of a regional Francophone HHR strategy aligning with the HHR strategy of the LHIN - Work with the newly developed community health centres to identify priority Francophone health care needs - Contribute to local health system monitoring of designated and identified health service providers in the delivery of French language services	- Improved understanding of the health status and needs of the Francophone population - Strengthened partnerships with key groups and individuals in the Francophone community - Increased equity of the health system for Francophone communities - Local HHR strategies geared at improving access to French Language Services - Francophone perspective included in LHIN's activities
2009-10	- Develop a regional Francophone HHR strategy aligning with the HHR strategy of the LHIN - In partnership with the Local French Language Planning Entity for NSM, develop priorities for the Integrated Health Service Plan	Francophone HHR strategy aligning with the HHR strategy of the LHIN
2010-11	To be determined	To be determined

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Specific indicators are not available at this time

Reducing Administrative and Overhead Costs

We must look at improving organization efficiency and effectiveness through the integration of non-clinical services – administrative and support services. Functions that could be integrated include bulk purchasing; shared overhead costs for rent and utilities; payroll, benefits and bookkeeping; information management and technology and organizational development activities such as training.

Through the Urgent Priorities Fund, full MIS (Management Information System) implementation for all Community Support Services (CSS) will be accomplished in one year rather than three years. NSM LHIN has supplemented 17 CSS agencies to purchase software to fast-track the collection and standardization of common data and provide regional training. Supporting all CSS agencies to become compliant at the same time will ensure the measurement of indicators and targets for the Aging at Home strategy and support sector-wide performance standards required through the Service Accountability Agreements for 2008-09. The Ministry of Health and Long-Term Care will provide support and training in partnership with NSM CCAC.

Key Objective: Promote sustainability through the most effective use of available resources

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	• Prioritize opportunities to implement non- clinical programs utilizing a community based framework for the integration of administrative and overhead costs for Community Support Services Sector (CSS). • Identify and implement leading practices for reducing overhead and administrative costs • Recommend integration opportunities which could increase efficiencies for the Community Support Services Sector (CSS). • Implement MIS Integration for CSS	• Framework for community based non-clinical integration developed • All CSS Sector MIS compliant
2009-10	• Evaluate projects • Implement integration opportunities identified • Prioritize opportunities to implement non- clinical programs utilizing a community based framework for the integration of administrative and overhead costs for the hospital sector •	• Refined framework for non-clinical integration • To be determined
2010-11	Implement Integration opportunities identified	• To be determined

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Specific indicators are not available at this time

Ensuring we have the Health Service Providers we need

North Simcoe Muskoka LHIN does not have enough front-line health care providers and the situation will get worse when current providers begin to retire.
In 2007-08, an HHR multi year action plan was developed to meet the needs of the residents of NSM.

Key Objective: Create and maintain a 5 year regional HHR strategy

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	Primary Education: • Work with educational institutions to plan programs and curricula • Work with provider organizations to optimize the availability of internships, residencies, etc. Recruitment: • Promote HealthForceOntario (HFO) (for agencies to use www.hfojobs.com) through a hosted forum and other communication avenues Human Resources Management Infrastructure: • Implement a survey to identify and evaluate employee objectives and concerns Training and Development: • Develop an inventory within NSM and locate resources for funding Retention: • Create a regional website to support retention • Organize to solve regional geographic & demographic requirements	• Meet priorities and develop next steps for 2009-10 and 2010-11 • Close gap in current/near-term staffing requirements • Benefits of working in NSM promoted • Local leaders and champions identified • First staffing initiatives accord with system integration map • Employee objectives and issues related to business systems and human resource management systems identified • Training and education inventory completed • Awareness, encouraged to continue, choices developed • Redeployment on a project basis
2009-10	Recruitment: • Plan to align staffing with system integration map Organizing To Complete Current and Near-Term Results: • Evaluate current Rural Ontario Medical Program (ROMP) projections for efficiencies through co-locations, integration, core basket of services, shared referrals and evaluation of systems within systems Organizing To Respond To New Business Priorities • Organize talent to achieve IHSP outcomes (i.e., rightsizing based on funded vacancies and future need)	• First staffing initiatives accord with system integration map • Initial co-locations, integration, core basket of services, shared referrals and evaluation of systems within systems • Organization around Year 1 business priorities • Local leaders and champions identified
2010-11	Organizing To Provide Interdisciplinary, Flexibly Deployable Models Of Delivery: • Identify opportunities for positions for innovative sharing while showcasing best practice models Strategy Management: • Regional local HHR Capability • Effectiveness of: • Data and analysis of types/levels • How we get/keep • How we organize • Transformation process • Efficiencies • Evidence Based actions: Identification of needs, design, production, delivery, evaluation	• Local leaders and champions identified • Evaluate existing information management processes • Identify existing tools • Develop new processes and tolls if required • Identify baselines and performance indicators

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Specific indicators are not available at this time

Maximizing the Benefits of e-Health Technologies

The NSM LHIN has identified e-Health as a critical enabler of the IHSP. The LHIN established a multi-sector steering committee to guide the development and implementation of the e-Health Strategic Implementation Plan. A key focus of the plan is

to enable the LHIN to quickly align its efforts toward implementation of the overall draft Provincial e-Health Strategy Renewal within the NSM context.

Key Objectives:

The following six e-Health objectives were developed:

- Enhance management of chronic disease
- Engage people to play a more active role in decision-making about their care
- Improve access to care in geographically remote communities
- Provide information to manage the health system across all sectors
- Advance development of the Electronic Health Record
- Advance development of regional e-Business systems

NSM LHIN e Health Strategy	Year 1				Year 2				Year 3			
Project / Objective	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Self care management												
Tools for primary care												
Patient portal												
Directory of services												
Advance telemedicine and telehomecare												
HOBIC												
Secure e-mail												
Palliative Care Integration												
Decision Support System												
Data Warehouse												
Interface hospitals with MD EMRs												
PACS												
Standardize acute systems												
Shared IT support												
PMO												
Emergency Dept. IS												
Clinical Portal, SSO, Context Management												
e-Referral												
Community Provider IT Inventory												
Primary Care Information Exchange												
Scanning and Archiving												
Financial												
Human Resources												
Materials Mgmt.												
e-Learning												

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

1. Electronically register patients and manage records, as well as maintain a functional directory of care provider information.
2. Electronically capture and present clinical results and reports (e.g. laboratory results, diagnostic images, Electro Cardio Gram results).
3. Order tests and medications at the bedside or nursing station.
4. Capture clinical patient information, reports and structured data (i.e. clinical documentation).
5. Readiness to electronically share clinical data with consulting physicians in the community and Family Health Teams.
6. Readiness for an Enterprise Master Patient Index (EMPI) (e.g. cross reference local patient identifiers).
7. Regional governance associated with the e-Health strategy (Chief Information Officer, e-Health steering committee, strategic plan).
8. Provide technical capabilities that are essential to e-Health technology users (e.g. user authentication, security audits).
9. Processes and people are in place that develop and support e-Health.

IHSP Related Initiatives Moving Forward under Local Leadership

Improving Aboriginal Health Status and Services

As a result of consultations with area Aboriginal communities and service organizations, and in recognition of the health disparities and limited data on the health status of Aboriginal people in this region, a Steering Committee was struck early in 2007. The committee worked to establish an Aboriginal Health Circle, supported by a small Secretariat, and a three-year plan to begin to address these issues with the financial and human resources required. The Urgent Priorities Fund supported the Aboriginal community by assisting in the hiring of four staff members for the NSM LHIN Aboriginal Secretariat.

The Aboriginal Health Circle membership is open to representatives from all area Aboriginal communities and organizations that wish to participate in a planned regional approach to health service delivery. In addition, a process is being established to recruit members to the other designated seats: two health professionals, two community members, and an Elder.

The Aboriginal Health Circle is viewed as a planning body that will encourage and nurture partnerships and joint approaches between the Aboriginal communities and organizations and with the NSM LHIN to address key health priorities. It will also serve an important advisory function to other external health stakeholders, and as a potential resource for the broader health service sector.

The Secretariat's mandate is to build partnerships with other mainstream health care providers, collect and analyze local data to support an understanding of needs, provide a clearinghouse of Aboriginal resources in the LHIN and build Aboriginal-specific health planning including a Health Human Resources plan in alignments with the NSM LHIN's

Integrated Health Service Plan. The Secretariat is the first of its kind by bringing First Nations, Métis and Friendship Centres around the table to work together to enhance the health care needs of the Aboriginal community.

Key Objectives:

- Improve health service delivery
- Increase coordination and communication
- Build system capacity
- Establish an information clearing house (Aboriginal data and resources)
- Increase access to and awareness of Aboriginal holistic health
- Conduct research to determine best practices

Key deliverables outlined below describe the deliverables for the Aboriginal Health Circle and Secretariat

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	• Develop an Aboriginal Health Service Plan • Establish an Aboriginal presence on Strategic Action Groups (e.g. relevant LHIN Regional Action Groups) • Develop an Aboriginal Health Human Resources Strategy • Develop a Cultural Awareness Training Strategy • Establish an Information Clearinghouse, including data and resources related to Aboriginal health • Assist LHIN staff, Aboriginal service providers and other stakeholders to access health information related to local Aboriginal communities • Proactively identify and secure funding opportunities to further enhance the work of the Aboriginal Health Circle • Ongoing coordination of the activities/meetings of the NSM Aboriginal Health Circle	• An Aboriginal Health Service Plan that outlines a coordinated approach to reducing Aboriginal health disparities • Aboriginal perspective at all relevant planning tables • A strategy to identify, recruit and maintain Aboriginal health professionals • Point of contact for mainstream and Aboriginal stakeholders to access health related information • Strengthened communication and transparency among Aboriginal partners
2009-10	• Year One of implementation of the Aboriginal Health Service Plan for North Simcoe Muskoka • Year One implementation of a regional Aboriginal Health Human Resources Strategy • Continued participation on Strategic Action Groups (e.g. relevant LHIN Regional Action Groups) • Ongoing dissemination of best practices and information to communities • Host a regional health conference • Conduct research on emerging and ongoing health issues • Establish health indicators • Investigate and share information on best practices/new initiatives among stakeholders	• Multi-year work plan • Plan/Strategy in place to increase the number of Aboriginal Health Service Providers in NSM
2010-11	• To be determined	• To be determined

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Specific indicators are not available at this time

Creating Residential Hospice Space

Residential hospice provides people with a life threatening illness a home-like alternative to acute care settings. Small, rural communities are in particular need of hospice beds to prevent individuals from spending their last months in an acute care setting.

In 2007-08 there were no residential hospice beds in NSM. A master plan was developed by the residential hospice task force to create 45 residential hospice beds in rural communities in North Simcoe Muskoka.

Key Objectives:

- Increase the number of residential hospice beds in rural communities in NSM.

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	• Implement best practices for residential hospice programs • Develop a standard way of reporting hospice program information • Develop a rural residential hospice pilot	• A regional master plan for hospice beds • Utilization of best practices by all rural residential hospice programs • Standard reporting implemented
2009-10	• Implement the regional plan • Evaluate the rural residential hospice pilot and identify opportunities to expand the program to other communities in NSM	• Increase in hospice beds
2010-11	• Continue implementation of the regional plan	• Increase in hospice beds

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Decreased number of Alternate Level of Care days
- Decreased length of hospital stay
- Decreased emergency room use
- Increased patient/family satisfaction

Establish Palliative Care Resource Teams

Dying at home is often the preferred choice of palliative patients and their families. This preference can be made possible through service delivery by an interdisciplinary palliative care team providing service in the most appropriate location as needed and support for caregivers and family members.

In 2007-08, North Simcoe Muskoka was successful in acquiring an alternate funding agreement (AFA) for 2.5 FTE palliative care physicians.

Key Objectives:

- Improve access to expert interdisciplinary palliative care teams across NSM.

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	• Implement teams (including physicians and spiritual coordinators) • Establish partnerships with other organizations providing palliative services(e.g., Family Health Teams) • Develop training and ongoing education programs for palliative care providers	• A regional plan for 24 hours per day, 7 days a week access to interdisciplinary expert palliative care teams
2009-10	• Implement a phased in approach for regional plan for 24 hours per day, 7 days a week access to interdisciplinary expert palliative care teams	• Implementation of the regional plan
2010-11	• Ongoing implementation of regional plan	• To be determined

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Increased patient / family satisfaction
- Decreased Alternate Level of Care days
- Decreased emergency room use
- Decreased hospital admissions
- Decreased length of hospital stay
- Reduced rate of hospital deaths

Pre-operational Development of two new Community Health Centres

One of the biggest drivers for change is the emerging strong focus on “staying healthy” and taking more control of ones’ health. Income, social status, education, employment and working conditions all play a role in our health. The NSM LHIN has engaged and partnered with various stakeholders and initiatives to address and improve the factors that affect people’s health (i.e., the Canadian Index of Wellbeing, the Simcoe Muskoka Public Health Unit, the Count of Simcoe and District of Muskoka, community health centres, the Association of Ontario Health Centres, community support services, Family Health Teams, various ministries, etc.). More specifically, the NSM LHIN has an active role in overseeing the development of new community health centres awarded for the Collingwood and Midland communities.

In 2007-08 the LHIN approved the commencement of the community engagement phase of development for the Community Health Centres (CHCs) announced for the communities of Collingwood and Midland.

Key Objectives

- Establish linkages to address the broader determinants of health
- Work toward healthy families and communities in NSM within a population health approach
- Oversee and approve the development phases for new community health centres (CHCs) in the NSM LHIN

	KEY DELIVERABLES OVER 3-YEAR PLAN	EXPECTED OUTCOMES
2008-09	• Review and approval of the community engagement phase of development • Oversee the pre-operational development of two new Community Health Centres (CHCs)	• Approval of CHC Community Engagement Final Reports • Pre-operational development of CHCs announced for Collingwood and Midland
2009-10	• Commencement of the operational phase for The South Georgian Bay CHCs (as announced for Collingwood) and the CHIGAMIK CHC (as announced for Midland)	• Two new CHCs are operational
2010-11	• To be determined	• To be determined

Performance Indicators (Ministry LHIN Accountability Agreement or Other)

- Canadian Index on Wellbeing.

Linking the IHSP to the Ministry LHIN Accountability Agreement (Access)

- Commitment: Continuing to lower wait times for all priority services
- Commitment: Meeting / surpassing targets of MLAA for wait times and other indicator(s)
- Commitment: Continuing to improve baselines in future years on all MLAA indicators

Cardiac Surgery

There is currently no provider located within the geographical boundaries of the NSM LHIN. The institution that provides this service to NSM LHIN patients is Southlake Hospital, located within the Central LHIN. As stated in the environmental scan, the NSM LHIN in general has higher rates of daily smoking, higher rates of diabetes, higher alcohol consumption and a higher percentage of residents who are overweight. The NSM LHIN also has socio-economic factors associated with higher rates of heart disease and stroke. Cardiac services will play a role in the hospital utilization review, and we will continue to work with our partner LHINs to ensure that the required levels of service are maintained for our residents.

Cancer Surgery

The LHIN continues to meet its targets and benchmarks. The LHIN will work closely with Cancer Care Ontario and the Regional Cancer Care Vice President during the planning phase for the new Regional Cancer Centre to be located at Royal Victoria Hospital (Barrie).

Cataract Surgery

The NSM LHIN continues to be a leader in low wait times for Cataract surgery. The LHIN created an Ophthalmology Committee that meets quarterly to discuss current trends in this area of expertise. The original mandate of the Committee was to examine and monitor cataract wait times. The recent lower-than-benchmark wait times will cause the focus of this group to shift to examine other pathological services, and ensure that the past concentration on cataract surgery has had no lasting impact on other ophthalmology services.

Hip and Knee

Orthopaedics has been identified as a clinical area with a readiness to implement a regional model. The development of an integrated model of care for Total Joint disease has been one component of that program. The North Simcoe Muskoka Arthroplasty Intake Clinic has been operational for over a year with outcome data revealing a high degree of provider and patient satisfaction and an average decrease in hospital stay of one to two days. Based on these clearly demonstrated benefits, the clinic was funded through the Urgent Priorities Fund for an additional two months (February and March 2008).

Diagnostic Imaging

The IHSP supports the provincial wait times strategy. The Wait Time Strategic Planning Group has established an area focus group on Magnetic Resonance Imaging (MRI) / Computed Tomography (CT) scans. The LHIN supports the Wait Time Strategy (WTS) and is meeting quarterly with a diagnostic imaging working group. Through the Urgent Priorities Fund in 2007-08, the NSM LHIN funded additional CT and MRI hours to improve access for residents to these services.

Acute Myocardial Infarction / Ambulatory Care Sensitive Conditions

Readmission rates for acute myocardial infarction (AMI) and hospitalization rates for ambulatory care sensitive conditions (ACSC) are two indicators utilized to monitor performance of health service providers in the NSM LHIN. Both indicators are reported as part of the Ministry LHIN Accountability Agreement, and the NSM LHIN will continue to work with the health service providers in developing baselines.

Objective: Developing Performance Indicator and Score Cards

The NSM LHIN is accountable to both the public and the ministry. The LHIN is working closely with the MOHLTC to assist with the development of a scorecard and dashboard of indicators represented in the Ministry-LHIN Accountability Agreement.

Identified Risks

Hospital Sector

The NSM hospitals are experiencing significant increases in service demands due to growth, an aging population and seasonal fluctuations due to tourism and seasonal residents. These demands manifest themselves in increased emergency room and surgical volumes, ALC pressures, higher bed occupancies, and growing case complexity. Three of our six hospitals are facing ongoing pressures to meet the balanced budget requirement under the Hospital Service Accountability Agreement (H-SAA). Three LHIN hospitals have signed the 2008-2010 H-SAA with waivers which allows them to carry a deficit in 2008-2009 through short-term borrowing. This will add further pressure to the hospitals' already stressed working capital position.

The LHIN and hospitals will work closely to streamline services where possible. Examples include a regional PACS, laboratory system, CIO, centralized access to complex continuing care and a major review of clinical services. The results of this work will facilitate vertical integration (ie. within hospital sector) and horizontal integration (between hospitals and other health care sectors). The hospitals are also working with community partners to address ALC pressures. The LHIN and hospitals will work collaboratively to develop a set of ALC indicators to allow ongoing tracking of ALC demands and the development of targeted solutions.

The LHIN will monitor the financial status of the hospitals and their ongoing pressures and mitigation options.

Health Human Resources (HHR)

HHR shortages continue to be an issue within the NSM LHIN. Several major ongoing and future capital projects, such as Royal Victoria Hospital, Orillia Soldiers' Memorial Hospital and the Regional Cancer Centre, will create a high demand for HHR. RVH alone is anticipating hiring over 800 nurses. During the same timeframe as the RVH development, staffing for 64 long-term care beds in Midland and 160 beds in Barrie will exacerbate this pressure. The long-term care community has expressed concerns that health care professionals will be attracted to the higher paid jobs offered by hospitals.

HHR is also an increasing concern with the community sector. The NSM CCAC is experiencing HHR shortages which impact negatively on their wait lists and corresponding wait times. Small community agencies have indicated that HHR shortages may delay the implementation of the Aging at Home initiatives. These staffing shortages include other professionals such as deaf interpreters and personal support workers.

The NSM LHIN in collaboration with our partners is developing a three year HHR strategy which focuses on the recruitment and retention of skilled HHR. The strategy will include:

- Identification of types and levels of regional health human resources needed to implement the IHSP and ministry priorities;
- Optimization of the mix and numbers of HHR; and,

- Development of a health human resource management system to monitor and evaluate performance.

The LHIN will work closely with HealthForceOntario and the Health Human Resource Coordinator (once appointed) to ensure that provincial and local efforts are effectively coordinated.

Alternate Level of Care

A high Alternate Level of Care (ALC) rate is a strong indicator that people are not getting the right care, in the right place, at the right time. The number of ALC length of stay (LOS) days by NSM LHIN institutions has increased by 30 per cent from the third quarter of 2006-07 to the third quarter of 2007-08 (5,535 to 7,158 days). The average ALC days for the first three quarters of 2007-08 is significantly higher (13.13%) compared to the first three quarters of 2006-07 (10.54%) and the increase will continue. In the NSM LHIN, a large number of complex continuing care (CCC) beds in hospitals continue to be occupied by ALC patients.

The NSM LHIN has made the ALC issue a high priority and is taking a multi-pronged approach to addressing ALC. Two local ALC working groups are being established and along with the existing LHIN-wide ALC steering committee will be developing a comprehensive understanding of the local factors contributing to ALC days and making recommendations to improve timely access to appropriate care. There are several other initiatives currently underway that are expected to improve ALC days. Two NSM LHIN hospitals with the highest ALC rates are involved in the FLO Collaborative and one of these was recognized as one of six in the province that has demonstrated progress in at least one outcome measure and one high level process measure. Several of the approved Aging at Home initiatives will enhance local community capacity, facilitating discharge from hospital and potentially avoiding admissions altogether. The Ministry of Health and Long-Term Care Emergency Department Wait Time and Alternate Level of Care Strategy's \$109 million announcement is expected to have a significant impact on ALC days. This would include nurse-led outreach teams to prevent transfers from long-term care homes to hospital, new home care regulations increasing maximum levels of personal support services and enhanced integration between hospital and community.

Progress Towards the Electronic Health Record (EHR)

Ontario has recently set aggressive timelines for moving forward on the EHR. Success will require strong alignment at all levels- local, regional, provincial and national. NSM LHIN's current capacity ranks among the lowest in the province. Health Service Providers have expressed great concern about their ability to meet expectations due to insufficient financial and human resources.

A Project Management Office is being established to facilitate implementation of eHealth initiatives that are aligned with provincial and NSM LHIN eHealth priorities. Work is underway to move towards a common Meditech platform in the LHIN hospitals, as well as a common Picture Archiving and Communications System (PACS). Where appropriate, initiatives will be undertaken with other LHINs. Attention is being given to

identifying possible funding sources and small agencies will be encouraged to pool resources.

Communications

The Annual Service Plan (ASP) contains many opportunities for announcements and rollouts but does not, by itself, require a separate strategic or tactical communications plan. North Simcoe Muskoka LHIN will make the ASP available to the public, stakeholders and health service providers by posting it on the website and making hard copies available through the LHIN office.

Separate from the Annual Service Plan but encompassing elements from the ASP, the North Simcoe Muskoka LHIN will develop an annual communication plan which will support the LHIN's business plan, including:

- Identifying target audiences
- Developing key messages
- Detailing the communications rollout, complete with timelines and communications tools.