

North Simcoe Muskoka Local Health Integration Network

*"Through local professional leadership,
relevant investment and strong community
relationships, we will create and maintain
the best health care. Here."*

**Annual Business Plan
2009 - 2010**



Ontario

Local Health Integration
Network
Réseau local d'intégration
des services de santé

Table of Contents

Executive Summary	3
Introduction	4
Environmental Scan	7
Integrated Health Service Priorities	12
• Regional Health System Design	13
• Emergency Department Wait Times and Alternate Level of Care	17
• Meeting the Health Needs of Seniors	23
• Chronic Disease Prevention and Management	26
• Addictions and Mental Health	29
North Simcoe Muskoka LHIN Operations	32
Communications	36

Executive Summary

The North Simcoe Muskoka Local Health Integration Network (LHIN) Annual Business Plan for 2009-2010 outlines the LHIN's strategic directions for the coming year. It sets out the actions the LHIN is committed to taking and highlights the need to develop effective integrated partnerships that will further the development of a truly regional health system.

The LHIN is aware that scarce health care resources need to be utilized wisely. We have developed initiatives to increase the capacity of our local health care system, particularly focusing on addictions and mental health services, regional health system design, chronic disease management, services for seniors and access to care.

In the North Simcoe Muskoka LHIN's first service plan, a number of priorities were identified which were intended to further the goals and strategic directions outlined in the LHIN's Integrated Health Service Plan. These priorities were addressed during 2008-2009, some with greater success than others.

Key initiatives to advance this plan in 2009-2010 are: the development of the integrated health system design incorporating a detailed implementation roadmap for addictions and mental health, chronic disease and seniors health programs; enhanced capacity through new long-term care beds and transitional care beds to ease the alternate level of care burden experienced by our hospitals; and, enhanced community capacity through Aging at Home initiatives to avoid inappropriate emergency room visits.

The North Simcoe Muskoka LHIN will be relying on leadership from our health care professionals, clinical leaders and local health service providers to assist in addressing the key cost drivers affecting our system. These include economic conditions, chronic disease, growing population, the lack of available health human resources and the need to advance the development and implementation of the LHIN's health service providers' eHealth capabilities.

The pages following, and the online version at www.nsmhlin.on.ca, outline the LHIN's plans for fiscal year 2009-2010.



- Photo property of North Simcoe Muskoka LHIN

Introduction

The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) is a crown agency responsible for 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.

North Simcoe Muskoka LHIN – 2009-2010 Funding

Sectors	Number of Health Service Provider Programs	2009-2010 Funding (\$000)
Operations of Hospitals	7	\$453,245.4
Long Term-Care Homes	27	\$105,416.2
Community Care Access Centres	1	\$68,056.1
Community Health Centres	1	\$3,543.4
Community Support Services	31	\$8,963.0
Community Support Services – ABI	1	\$816.6
Assisted Living Services in Supportive Housing	5	\$5,349.6
Community Mental Health	12	\$21,822.5
Addictions Program	4	\$3,518.5
Total	89*	\$681,884.2

The LHIN's Accountability Agreement with the Ministry of Health and Long-Term Care (M-LAA) describes key activities that our LHIN has agreed to undertake, as well as specific 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.

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 Vision and Strategic Directions and Goals



Our initial Integrated Health Service Plan was released in December 2006 and provides a framework that allows us to consider and prioritize a wide 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 examines each of the strategic directions and associated goals from the IHSP. The plan identifies 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 service plan acknowledges the LHIN's responsibilities with regard to the provision of French Language Services and the importance of working closely with our Aboriginal communities to address the inequities they face in health status, access and health outcomes. The need for transitional resources to advance this work cannot be understated and is outlined in the plan.

The 2008-2009 Annual Service Plan described how we intend, over time, to continue to increase the capacity of our local health care system through a range of strategies. These included:

- Undertaking a comprehensive Integrated Health System Design that will address both the efficiency and effectiveness of the current health system realigning resources to address population growth pressures and other needs;
- Requesting new on-going resources where there has been historical inequity or under funding (services for those with addictions, supportive housing for the homeless, support for the development of an Aboriginal Health Circle); and
- Implementing a 5-year Health Human Resource Strategy.

Our plan also emphasized the importance of making substantial progress in the following areas:

- Improving transitions and access within the addictions and mental health system through better coordination of services;
- Supporting the development of regional programs with dedicated leadership resources (e.g., complex continuing care);
- Improving knowledge and skills related to the self-management of chronic diseases, for both clients and service providers;
- Being proactive with regard to our rapidly growing population of seniors by targeting investments in community services; and
- Accelerating readiness for the implementation of the electronic health record, by streamlining or replacing existing paper based processes in focused areas.

The North Simcoe Muskoka Local Health Integration Network considers the 2009-2010 service plan an essential next step for our success. In preparation of the plan, we have re-examined the Integrated Health Service Plan to ensure the activities planned are still relevant.

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

The 2009-2010 plan is supported by a communications strategy 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 (M-LAA). Through this activity, we can be assured that the vision of health care providers aligns with that of the community and the overall strategic direction of Ontario.

Environmental Scan¹

North Simcoe Muskoka LHIN Profile

The North Simcoe Muskoka LHIN has a boundary population of 422,175 (Census 2006), representing 3.5% of Ontario's population. It encompasses the District of Muskoka, most of the County of Simcoe and small portion of Grey County. NSM is home to four First Nations and experiences significant seasonal variation in population and demands for related health services. In summer months, visitors account for over 20% of all hospital emergency department (ED) visits in the LHIN, which is most prominent in Muskoka, Collingwood and Wasaga Beach areas. NSM is also an increasingly popular retirement destination.

The North Simcoe Muskoka LHIN population has increased by 12% while the population for the province grew by 6.6%. Out of the five sub-planning areas, the Central East area is the fastest growing area in the LHIN. This higher rate is due to the population increase in Barrie and its surrounding area. A significant portion of Barrie's population is under 14 years of age. Areas such as Midland, Gravenhurst and Essa have lower growth rates than the rest of the LHIN.

Relative to the province, North Simcoe Muskoka has a higher

- annual average population growth rate
- proportion of older people
- proportion of daily smokers
- prevalence of activity limitations
- prevalence of arthritis/rheumatism
- mortality and hospitalization rates;

and a lower

- percentage of immigrants, visible minorities and Francophones
- prevalence of physical inactivity
- percentage of the population who had contact with a medical doctor in the past year
- life expectancy at birth for both men and women.

Aboriginal Population in the NSM LHIN

There are four First Nation Reserves in the NSM LHIN. The First Nations people, Aboriginals, Métis and Inuit, account for 1.4% of Ontario's population. According to the 2006 Census, self-identified Aboriginal people in the NSM LHIN were estimated at 13,978 representing 3.3% of the NSM LHIN population. According to the Aboriginal Peoples in Canada in 2006, Statistics Canada, *"An estimated 9% of people living in Midland were Métis"*.

Francophone Population in the NSM LHIN

According to the 2006 Census, 3% of the population in the NSM LHIN reported French as their mother tongue. Across the five sub-planning areas, the North West area, which includes Midland and Penetanguishene, has a francophone population of 8.1%.

¹ All data is sourced from Census, 2006 and the Canadian Community Health Survey, 2005

Penetanguishene has the highest French speaking population in the NSM LHIN with 13.2%, followed by Midland with 4.6% francophone population.

North Simcoe Muskoka has a relatively low proportion of young adults, but has experienced relatively high population growth. Its population is less diverse than other areas of Ontario. Of the NSM population, 2.9% identify themselves as Francophone and 3.3% as of Aboriginal Identify. In general, health practices and outcomes in NSM are similar to the province overall, but hospitalization rates have been consistently higher.

For planning purposes, the NSM LHIN has identified five discrete sub-planning areas. These are easily identifiable geographic regions, each containing an acute care hospital.

Distinguishing characteristics of the five sub-planning areas are as follows:

Muskoka – Includes the communities of Bracebridge, Georgian Bay, Gravenhurst, Huntsville, Muskoka Lakes, Lake of Bays and two First Nations: Wahta Mohawk Territory and Moose Deer Point First Nation. The Muskoka sub-planning area:

- Makes up approximately 13% of the NSM LHIN population
- Percentage of population identified as Aboriginal is 10%
- Subject to major seasonal population flux, with summer increases of 50% in some municipalities
- Muskoka Algonquin Healthcare is the organization with acute care hospitals in this planning area, located in Bracebridge and Huntsville

Central West Simcoe – Includes the communities of Collingwood, Wasaga Beach, Clearview, and part of Grey Highlands and the Town of the Blue Mountains.

- Makes up approximately 15% of the NSM LHIN population
- Percentage of population identified as Aboriginal is less than 1%
- The population of Wasaga Beach grew by 21%, nearly four times faster than the province, from 2001 to 2006
- Mortality rates are higher than those for NSM overall and for Ontario
- Collingwood General and Marine Hospital is the acute care hospital located within this planning area

Central East Simcoe – Includes the communities of Essa, Innisfil, Barrie, Springwater, Oro-Medonte and part of Adjala-Tosorontio.

- Makes up just over half (approximately 51%) of the NSM LHIN population and continues to grow
- Predominantly urban in nature
- Barrie is the fastest growing and the youngest Census Metropolitan Area (CMA) in Canada. Since 2001 the population of Barrie has increased by 24%, which is four times faster (Census 2006) than the province.
- Central East Simcoe has surpassed, in number of individuals that identified as Francophone (5,855), the North West Simcoe area (3,670).
- Twenty percent of Barrie residents were under the age of 14 years, compared to the national average of 17.7%.
- Mortality rates are lower than for NSM overall and for Ontario

- Inpatient hospitalization rates are lower than for the overall NSM LHIN and for Ontario
- The Royal Victoria Hospital of Barrie is the acute care hospital located within this planning area. It is the largest hospital in NSM and currently in an expansion phase developing a Regional Cancer Centre and the addition of 101 acute care beds

North West Simcoe – Includes the communities of Midland, Penetanguishene, Tay, Tiny and the Beausoleil First Nation.

- Makes up approximately 11% of the NSM LHIN population
- The percentage of the population who identify as Aboriginal (approximately 10%) is more than five times higher than in Ontario as a whole
- Has the highest percentage of Francophone residents in the LHIN (3%)
- Has a higher rate of unemployment than NSM overall and Ontario
- Two hospitals Penetanguishene General Hospital and Huronia District Hospital previously known as the North Simcoe Hospital Alliance amalgamated December 1, 2008.
- The Mental Health Centre Penetanguishene, the last of the provincial psychiatric hospitals to be divested by the province was divested December 1, 2008, is also located in this planning area.

North East Simcoe - Includes the communities of Orillia, Severn, Ramara, and the Chippewas of Rama First Nation.

- Makes up approximately 13% of the NSMLHIN population
- Mortality rate in Orillia is more than double the rate for NSM overall and for Ontario
- Population who identify as Aboriginal (19%) is the highest in the NSM LHIN and the province
- The Orillia Soldiers' Memorial Hospital, which completed a major redevelopment in 2008 is the acute care hospital in this planning area



NSM LHIN Sub-Planning Areas

Cost Drivers

Limited community support services (e.g. affordable housing) relate to higher acute care utilizations, which results in increased alternate level of care days and high emergency department wait times. This section explores five key drivers of cost that will significantly impact planning and implementation within North Simcoe Muskoka over the horizon of this service plan. They are: e-Health (refer to LHIN Operations), Population Growth and Aging; Chronic Disease; Shortages in Health Human Resources, and Economic Conditions.

Population Growth and Aging

The population of NSM increased by 12.23% overall between 2001 and 2006, representing almost twice the growth rate of the province (6.6%) over the same time period. Not only is the NSM population growing at a faster rate than Ontario, it is also getting older at a faster rate. The population in NSM that was over the age of 65 years grew by 26% between 2001 and 2006, compared to a provincial rate of 19%. In the same period, the NSM population over the age of 75 grew by 43%, while the comparable provincial growth rate was 35%. This seniors' population in NSM is expected to double over the next 20 years.

Through the Aging at Home Strategy and the broader integrated health system design project the NSM LHIN will be addressing these pressures.

Chronic Disease

Chronic disease is a major cost pressure in North Simcoe Muskoka. Improvement in the management and prevention of chronic disease is a priority area of focus for the NSM LHIN, given the relatively high and growing proportion of seniors and the high prevalence of (a) risk factors for chronic diseases such as smoking, heavy drinking and obesity and (b) chronic conditions of arthritis, hypertension, asthma, heart disease, diabetes, depression, chronic obstructive pulmonary disease and cancer. (mention the Regional Kidney Program)

It is estimated that up to 70% of health care costs are related to chronic disease and approximately 90% of deaths in Canada are a result of chronic disease (WHO, 2005). The presence of multiple conditions increases an individual's total burden of illness and the burden on the health care system. Individuals with multiple chronic conditions tend to experience longer hospital stays, greater associated health care costs, increased hospital mortality and higher rates of hospital readmission.

In NSM 37% of residents have one or more chronic conditions² and almost half of residents aged 65 and older, have two or more chronic conditions.

NSM residents with one or more chronic conditions accounted for:

- 7 out of 10 deaths
- 1 in 4 inpatient hospital separations
- 1 in 10 Emergency Department visits
- 1 in 5 visits to general physicians or family physicians.³

² (cancer, diabetes, depression, heart disease, hypertension, stroke, asthma, COPD and arthritis) Health System Intelligence Project, 2008

³ Health System Intelligence Project, 2007

NSM LHIN has been making some progress related to some of its health status indicators. Relative to the province, NSM LHIN has a higher proportion of its population overweight and obese, although there has been some progress from 2005 to 2007 according to the Canadian Community Health Survey (CCHS) 2007. The proportion of adult population in the NSM LHIN who are obese or overweight decreased from 56% in 2005 to 51% in 2007; the proportion for Ontario was 49% in 2007. The smoking rate has also gone down from 24% in 2005 to 22% in 2007, still higher than the provincial average of 21% in 2007. An interesting fact is that in 2005 there were relatively more female smokers than male smokers in the NSM LHIN; in 2007 the pattern reversed itself with 25% male smokers and 19% female smokers.

On the other hand, alcohol consumption has gone up slightly to 25.5% compared to 21% at the provincial level. While male drinkers are on the rise from 34% to 38% in 2007, female drinkers have declined from 16% to 13%. Fruit and vegetable consumption has also declined from 43% in 2005 to 39% in 2007. More women eat fruits and vegetables compared to men. In 2007, fruits and vegetable consumption rate among NSM LHIN women was 48% compared to male consumption of 30%. The female consumption rate dropped from 53% in 2005 to 48% in 2007.

In North Simcoe Muskoka, many chronic conditions such as diabetes, arthritis and hypertension have increased and remained higher than the provincial level. In 2005, NSM LHIN had more women (6%) diagnosed with diabetes than men (5%). While the rate for women has stayed the same from 2005 to 2007, the male rate has gone up from 5% in 2005 to 8% in 2007.

Shortages in Health Human Resources

Health service providers in all sectors in NSM are challenged in delivering care with the right provider at the right time and place, in the face of significant ongoing staffing vacancies. In NSM, staffing categories such as personal support workers, nurse practitioners, nurses, physiotherapists, occupational therapists, speech therapists, pharmacists, family physicians and selected medical specialties have been particularly difficult to fill. Increasingly, compensation differentials between sectors compound these challenges.

With the first phase of expansion at Royal Victoria Hospital in Barrie (including the creation of a Regional Cancer Centre and the addition of 101 acute care beds); the development of two new Community Health Centres and new long-term-care beds opening, the challenges of recruitment and retention will increase significantly.

To the extent that appropriate skill mix and staffing complements cannot be achieved and/or maintained in both the acute and community sectors, service targets will not be met and costs will not be optimized. Given the human resource intensity of health service delivery, to achieve a sustainable and client focused integrated health system design, the LHIN will be engaging the NSM providers and patients across all sectors to explore innovative partnerships, roles and approaches to the delivery of health services.

Economic Conditions

With the economic down-turn in the United States and other world markets and associated uncertainty in the outlook for the Canadian economy, Ontario's ability to deliver identified investment plans for health strategies such as eHealth and Aging at Home, and plans for growth and job creation, may be constrained. Health system implications of a slowing economy may present challenges to implementation timelines for both provincial and local priorities. For the NSM LHIN, with its growing and aging population, managing growth while maintaining balanced budgets will continue to challenge the health service providers. Economic pressures will intensify the focus on risk management and outcome evaluation on a go forward basis.



- Photo property of North Simcoe Muskoka LHIN

Integrated Health System Priorities

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 2008-09, 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 2009-10 the focus will be on the following five areas:

- Integrated Health System Design
- Emergency Department Wait Times and Alternate Level of Care
- Seniors' Health
- Chronic Disease Prevention and Management
- Addictions and Mental Health

Other IHSP related activities 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 2008-09, have established significant momentum and will continue to move forward with local leadership in 2009-10. These include:

- Improving Aboriginal health status and services
- Creating residential hospice space
- Establishing Palliative Care Resource Teams
- Development of two new Community Health Centres

The goal of developing a 10 year capital strategy for North Simcoe Muskoka will be deferred to 2010-11 when it can be informed by the NSM LHIN Integrated Health System Design.

Through all of our work, we will focus on reducing system pressures (ALC), improving health system outcomes, and laying the groundwork for the IHSP 2010-13 which will be a plan to integrate the health system.

Priorities for 2009-2010

Integrated Health System Design

Imagine....a better health care system

Imagine... communities that work together to help people stay healthy.

Imagine... a health care system available to everyone – no matter who they are or what their needs may be.

Imagine... health care providers treating the same health problems in a similar way.

Priority Description and Context

The inaugural Integrated Health Service Plan reflected the needs and desires of people living in North Simcoe Muskoka as captured in the *"imagine statements"* noted above. The Plan was designed to support the Ministry of Health and Long-Term Care's (MOHLTC) vision for *"a health care system [for the Province of Ontario] that helps people stay healthy, delivers good care when they need it and will be there for their children and grandchildren"*.

In keeping with the strategic directions and the attributes of the desired system as imagined, the NSM LHIN is undertaking a major Integrated Health System Design project that will be developed as part of our next 3-year strategic plan, IHSP 2010 -13. It will provide:

- A shared vocabulary, principles, framework and a priority setting context for future health system changes across NSM that will explicitly address the unique needs of the residents of each of the LHIN's five geographic sub-planning areas
- A high level description of the desired structure of the health system in NSM 10 years out (2020)
- A multi-year roadmap to guide implementation and monitoring of system changes and their respective impacts on health status

The project will engage providers and users across our LHIN, the MOHLTC, and neighbouring LHINs in addressing the question of what we would like the health system to look like in the year 2020. This will be done in the context of the ministry's vision and proposed 10-year strategic plan for the Ontario Health System.

Recognizing that the LHIN's overriding mandate is to improve the health of the residents of North Simcoe Muskoka, including determinants that influence or affect a person's health, it is our intention through the design project to take an in depth look at our role and how we work interdependently with health and health related service providers in the communities that comprise our LHIN. We understand that sustainable improvement in health outcomes will require coordinated community engagement.

Achieving a shared understanding of the desired future (2020) state of health services in North Simcoe Muskoka will provide us with the basis to more effectively assess existing and projected system capacity challenges, clarify organizational roles and responsibilities, identify and assess change opportunities (content, timing and preferred sequencing) and make/recommend resource allocation and policy changes accordingly.

To establish a baseline for the integrated health system design development, we will establish shared principles and definitions for the planning process and identify key enablers and critical success factors. We will also conduct, by sub-planning area, an inventory of health and health-related services, update our assessment of current population health status; identify population changes/demographic change patterns, patterns of health service access and utilization across our LHIN relative to best practice. Projected needs, gaps and overlaps will be identified and validated accordingly.

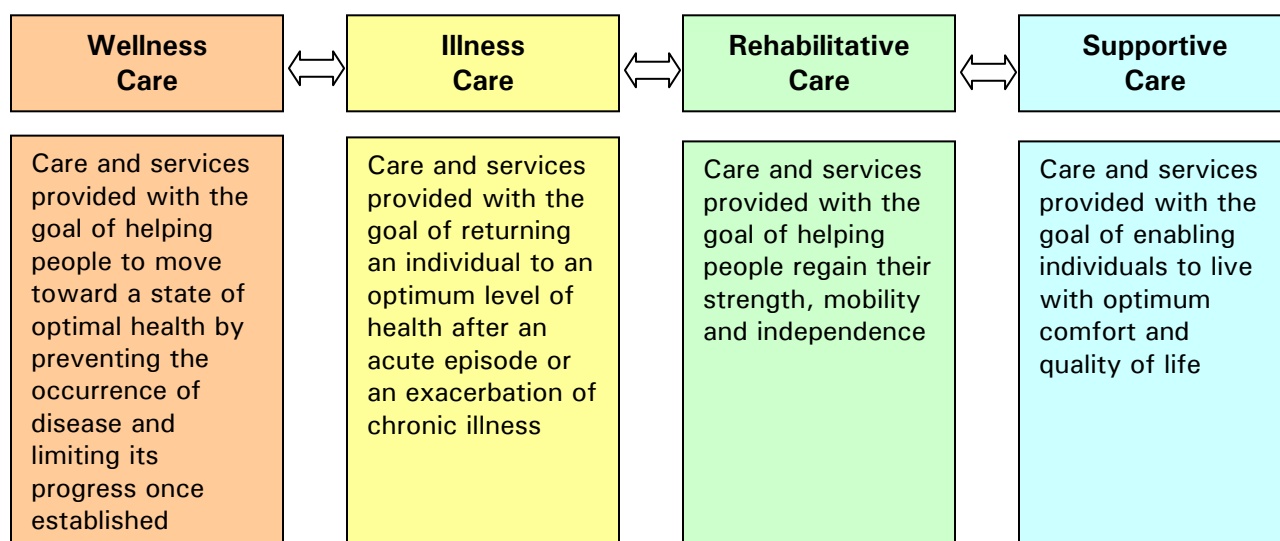
We will take a population health approach and will look at our population as defined in terms of demographics and in terms of specific disease clusters. Opportunities for long term health system improvements through both functional and clinical integrations, vertically and horizontally, will be considered.

The integrated health system design will identify LHIN-wide regional health programs, and the services that comprise them. Each regional program with its component services will cover the full continuum of care from preventive and promotive care to illness care, rehabilitation and supportive care, as required, to equitably address the projected needs of the residents of NSM.

Regional health programs will cross sectors within the traditional health care delivery domain and may include services beyond the traditional health care delivery domain. The design of the regional programs will be tailored to the needs of target populations such as seniors, mental health consumers, children with special needs, persons with disabilities and individuals with specific chronic diseases (Diabetes, Cancer etc.).

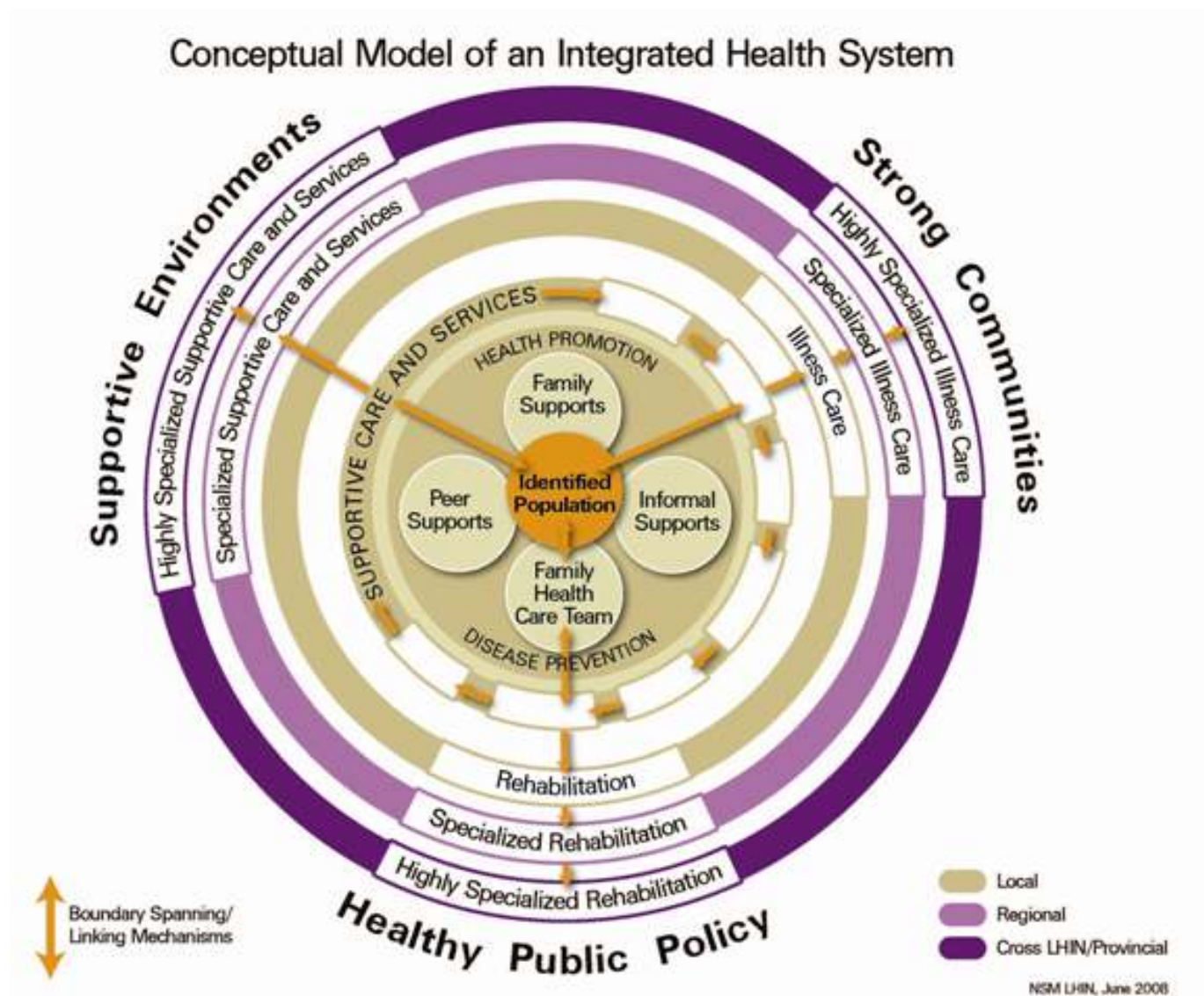
The Continuum of Care

Regional health programs must support the delivery of care and services across the full continuum:



Adapted from "The Family Physician's Role in a Continuum of Care Framework for Newfoundland and Labrador, a Framework for Primary Care Renewal".

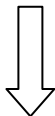
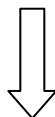
The conceptual model for regional health programs that has been developed by the NSM LHIN through a broadly consultative process over the last twelve months will be used through the design process.



With a LHIN-wide lens, the project will identify:

- The core basket of health services that should be provided within each of the LHIN's 5 sub-planning areas;
- Those services that should be provided within the LHIN and be equitably accessible to all NSM residents who require them, but are not located in all 5 sub-planning areas; and
- Those services that are appropriately sited beyond the boundaries of the NSM LHIN, with equitable access to all LHIN residents who require them.

With a second lens focused at the local sub-planning level, we will work in each of the 5 sub-planning areas to identify unique elements of the local basket of services that extend beyond the traditional boundaries of health services. In this component of the project we will focus on those broader determinants of health that fall outside the realm of healthcare for example income and social status, education, environment, with the intention of engaging specific communities and community partners in the identification of innovative initiatives designed to maintain and improve the health of the community. We will support the development of local capacity to translate the identified opportunities into specific action plans.

Common Platform	Over-arching Health System Framework and Model(s), Planning Principles, Key Definitions and Critical Success Factors for North Simcoe Muskoka	
		Once Extra-LHIN Regional Programs & Services* Selected tertiary/quaternary elements [likely highly specialized or rare] located outside the LHIN, but equitably accessible by LHIN residents as required
		Once Regional Services* Selected tertiary/secondary elements located in one or more sub-planning areas within the LHIN, equitably serving all residents of the LHIN
		Once Core Local Services* Primary/secondary elements located in all 5 sub-planning areas – same but scaled by population of the specific sub-planning area
		Five Times "Unique" Local Services (<i>focus on community elements outside the traditional LHIN & MOHLTC funding</i>) <i>(customized to the unique needs of each of the 5 sub-planning areas – likely different in each sub-planning area/community)</i>
Central West – Central East – North West – North East - Muskoka		

**LHIN funded, with a conscious context that takes into account non-LHIN MOHLTC funded services*

Current Status and Implementation Plans

Project planning for the multifaceted initiative is well underway. The concept of the local component of the project was launched in the Central West sub-planning area in 2007/08 and received an enthusiastic reception. Early education and awareness raising at the local level is ongoing.

To support the achievement of other specific initiatives in the 2007-10 IHSP described elsewhere in this service plan, the NSM LHIN established a number of Regional Action Groups focused in areas such as Seniors Health, Mental Health and Addictions, and Chronic Disease with members from health service providers, other community partners and citizens. . It is intended that these groups and others yet to be developed will be engaged in the broader integrated health system design development process.

The baseline work be undertaken as part of the development process for our second IHSP. The detailed work associated with the final selection and refinement of the preferred future design and its detailed implementation roadmap is expected to be completed during the first year of IHSP 2010-13.

The baseline work noted above will be initiated in the fall of 2009. The more detailed elements of the LHIN wide design is expected to commence fall in 2009. The project will conclude in the Fall of 2010 with the identification of a multi-year implementation roadmap.

Emergency Room Wait Times and Alternate Level of Care

Imagine... being able to get quality health care when and where you need it.

Priority Description and Context

The government has identified reducing wait times in emergency rooms (ER) as a key priority for the health care system over the next four years. Wait times in the ER are significantly increased when patients requiring admission to hospital can not access an appropriate hospital bed because someone who no longer needs that bed is occupying it. A patient who has completed the acute phase of their treatment but continues to occupy an acute care bed is termed "alternate level of care" or ALC. Emergency department volumes and wait times are also impacted when individuals access the ER for concerns that could be managed elsewhere.

The government's goals to reduce ER demand, increase ER capacity and performance through reduced ER length of stay, and improve bed utilization by reducing the percentage of ALC days and length of stay are aligned with North Simcoe Muskoka's strategic directions of improving access to the right care, in the right place, at the right time, using our resources wisely, and improving health outcomes for clients. Through focused actions and investments, a number of intervention strategies have made an impact in 2008-09 and we will continue to see results and outcomes in meeting these goals in 2009-10.

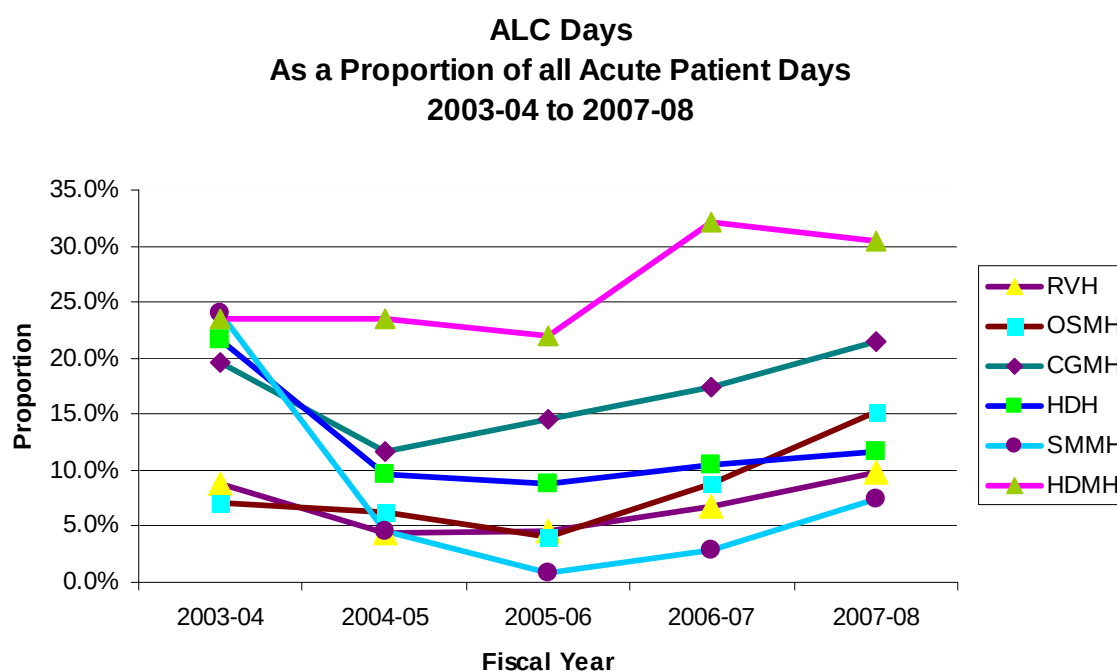
Current Status

Both ALC and inappropriate utilization of emergency rooms are contributing to emergency department wait times in North Simcoe Muskoka. In 2008-09, NSM LHIN had the 4th highest number of ER unscheduled visits per 1000 population across the province. This

may be attributed to factors including limited primary care options, seasonal population, and a growing seniors' population. A significant number of all visits to the ER in NSM, 19% are attributed to 'at risk' patients, all of which have more than 4 visits. Primary care resource limitations attribute to pressures that could be diverted from our ERs. The most recent findings from the Primary Care Access Survey found that 8.7% of NSM patients were without a family physician, whereas the provincial average is 7%.

Alternate level of care is a symptom of a mismatch between the need for health services and the supply of them. In May 2009, NSM LHIN moved to 18% of acute care beds occupied by ALC patients, down from over 31% in November 2008 and on par with the provincial average of 18%, standing in the seventh highest position in the province. (Ontario Hospital Association ALC Survey, May 2009). The following graph depicts the proportion of ALC days at each of the hospitals in North Simcoe Muskoka between 2002 and 2008.

In May 2009, ninety acute care beds were occupied by ALC patients, down from 119 in April. In April 2009, 59% representing the majority of ALC patients were waiting for LTC placement. The following chart describes the ALC patient destinations. The Other* ALC reasons are comprised of three patients with no reason provided, two patients with ALC destination undetermined, and one patient requiring acquired brain injury rehabilitation services.



Legend: RVH – Royal Victoria Hospital, Barrie
 OSMH – Orillia Soldiers' Memorial Hospital, Orillia
 CGMH – Collingwood General & Marine Hospital, Collingwood
 HDH – Huronia District Hospital, Midland
 SMMH – South Muskoka Memorial Hospital, Bracebridge
 HDMH – Huntsville District Memorial Hospital, Huntsville

**ALC Patient Destinations
North Simcoe Muskoka LHIN
April 2009**

Long Term Care	70	59%
Complex Continuing Care	19	16%
Other *	13	11%
Palliative Care	9	8%
Convalescent Care	2	2%
Home Care	2	2%
Rehabilitation	2	2%
Home	1	1%
Assisted Living or Supportive Housing	1	1%
Mental Health	0	0%
Total NSM LHIN	119	100%

Source: OHA Survey April 2009 ALC Survey Results

In 2008-09 several strategies to reduce ALC days and improve ER flow were implemented. Investments in hospitals and in expanded home and community support services have had a positive impact on reducing ER demand, increasing ER capacity and performance, and improving bed utilization. These investments can improve patients' quality of life, free up hospital beds, and shorten wait times in hospital emergency departments.

Short term strategies with immediate, direct impact included:

- Opening six interim long-term care beds, in the fall of 2008, at the Bracebridge site of Muskoka Algonquin Healthcare; and
- Developing 20 regional transitional beds beginning in 2009 in Barrie and Penetanguishene and 6 specific to Collingwood, where individuals who no longer require acute care can be placed for up to four months while they wait for an available long-term care home.

Longer term strategies included:

- Implementing centralized access to regional complex continuing care beds which began in August, 2008 and will facilitate access to 118 complex continuing care beds. The associated development of an evidenced based client-centred regional CCC delivery service is underway;
- Introducing additional LTC capacity within the NSM LHIN, with 64 new beds which opened in January of 2009 in Midland. Preliminary results have shown a decrease of 72% in the percentage of acute beds occupied by ALC patients at Huronia District Hospital;
- Introducing 10 new Residential Hospice beds in Barrie with scheduled opening Fall 2009; and
- Undertaking a detailed analysis of the need for and availability of health services in each of the LHIN's five sub-planning areas. This work was completed for Central West Simcoe in the summer of 2008 and is planned to be completed for the remaining sub-geographic areas of the NSM LHIN early in 2009-10.

Through Aging at Home, a number of intervention strategies have made a positive impact on reducing ER demand in NSM LHIN. Delivered by NSM CCAC, the Re-Act program provides telehealth home care for chronic disease clients throughout the region. With an investment of \$167,000 in 2008/09, outcomes include more than 10% of clients being diverted from the ER, with a focus on early intervention. The Integrated Intensive Case Management initiative in Huntsville, a unique partnership between the NSM CCAC, Algonquin Family Health Team and Muskoka Algonquin Healthcare, has resulted in a significant decrease in the average number of client ER visits from 12 per month to one per month, through an investment of \$94,000 in 2008/09. A Falls Prevention Strategy implemented by the Victorian Order of Nurses has seen outcomes of nearly 15% of clients avoiding ER visits. Investments in these and other innovative initiatives will continue in 2009-10 through the Aging at Home strategy.

Implementation Plan

The NSM LHIN is working to improve access to the right kind of care, at the right time for residents and others requiring health services in the LHIN. In fiscal year 2009-10 the LHIN will invest an additional \$7.5M to realize this system goal.

Currently in the LHIN, a significant number of hospital patients (about 18%) are not able to leave hospital due to lack of access to other types of care. As well, patients wait many hours in the NSM LHIN's hospital Emergency Rooms (ERs) for a variety of reasons including inefficient processes and health system design and capacity issues.

The LHIN has three objectives for its ER/ALC Plan in 2009-10:

1. short term impact: immediate introduction of new system capacity to reduce ALC days;
2. medium term impact: initiatives to divert patients from hospital EDs; and
3. longer term impact: introduction of new community sector capacity with a wellness/ preventative focus.

The LHIN is targeting its efforts at populations at high risk for becoming ALC patients (these populations are not mutually exclusive): frail elderly seniors (75+ years); seniors who live alone (many in rural areas); seniors who have low income; seniors with dementia and addiction and mental health issues and aboriginal seniors (55+ years).

In keeping with its three objectives, the LHIN will target initiatives that will directly reduce the number of ALC patients such as additional transitional care capacity (including beds) and palliative beds, invest in initiatives to divert patients from the hospital ER and provide programs and services that are alternatives to hospital care or delay need for Long-Term Care Homes (LTCH) placement enabling people to live healthier lives in the community.

As well, the LHIN's plan includes expansion of long-term care bed capacity, short stay, respite and convalescent beds, the start-up of two new Community Health Centres (CHCs), and the adoption of best practice processes/protocols in hospital ERs and patient care units to improve flow of patients and quality of care. The LHIN has a draft Human

Resources Plan to ensure the right resources are in place over the next three years. This plan plays a crucial role in meeting the ER/ALC plan objectives.

In 2009-10 several strategies are planned to reduce ALC days and improve ER flow including:

- Opening 160 additional new long-term care home beds in Barrie;
- Planning for a new 18-bed Specialized Behavioural Support Unit to be sited within a LTC care facility, as outlined in a Priorities for New Investment (PNI) submission as part of the Annual Service Plan process;
- Introducing new Residential Hospice beds in Huntsville (5);
- The most significant and immediate improvements are expected as a result of process and patient flow improvements within hospitals; therefore efforts will be made to ensure all hospitals are participating in such initiatives. We will continue with multi-faceted 'FLO Awareness Blitz' planned to raise awareness and strengthen partnerships with a strong focus on physician involvement;
- Working with physician groups to develop Multi-Team ALC designation screen and process;
- Introducing Nurse-led Outreach Teams to conduct assessments and early interventions to help long-term care homes reduce the need to transfer patients to the ER;
- Introducing Geriatric Emergency Management Nurses program targeting ER seniors diagnosed as having had a fall;
- Continuing to implement the Balance of Care program through CCAC where a comprehensive community care plan is developed for ALC patients, thus reducing returns to the ER (a recent report identified a potential diversion rate of 27% for NSM);
- Working with senior leaders to share best practices and enhance awareness of the scope of options available for ALC and ER patients;
- Implementing a Wait at Home Program through the NSM CCAC to provide care of up to 240 hours per month for individuals waiting for Long Term Care Home placement.

Over \$2M in funding incentives are being provided to two NSM hospitals facing significant ER challenges in Year 2 of the ER Pay for Results Initiative. With implementation just started in April of 2009, both Royal Victoria Hospital and Orillia Soldier's Memorial Hospital are participating in the ER Pay for Results initiative in Year Two, focusing on several strategies including process and patient flow improvements. Orillia Soldier's Memorial Hospital's initiatives include a transfer admission discharge team/lounge, low acuity and follow up clinic, enhancement of discharge/utilization team/project management, waiting room nurse/development, and mental health crisis after hours coverage. Royal Victoria Hospital in Barrie's initiatives include a patient flow project, admission and bed allocation process improvement, bed board project, ED process improvement project, and the addition of four stretchers in an ED observation area.

Meetings are being held with Pay for Results hospitals on a monthly basis to monitor and evaluate their performance, review the current status of their strategies, and discuss challenges and solutions. Reporting mechanisms will be established (both qualitative and quantitative) in cooperation with the hospitals to perform outcome evaluations on the specific initiatives at each site. We are also looking forward to implementing the provincial evaluation model currently under development to assess the impact of these initiatives.

The NSM LHIN re-established its ER/ALC Steering Committee. The mandate of the Committee is to further develop an ER/ALC strategy for North Simcoe Muskoka. Key decision-makers from across the geographic planning areas and sectors will provide leadership using a systems level approach. In developing strategies and providing advice to the NSM LHIN, the ER/ALC Steering Committee will apply the following guiding principles:

- Fulfilling the Ministry of Health and Long-Term Care's ER/ALC, Wait Time, and Access strategies;
- Improving access to the right care in the right place at the right time; and
- Improving patient/client satisfaction and health outcomes.

Longer term (three year) strategies will be developed in the context of the Integrated Health Service Plan for 2010-13.

The ER/ALC plan, which is in its early stage of development, outlines how the LHIN will work with its stakeholder partners to achieve the agreed upon targets. A performance monitoring and measurement system has been established by the LHIN and key stakeholders. It will be enhanced and enabled by the province's ED Reporting System (EDRS) data, the standardized provincial definition of ALC, standardized ALC data collection and reporting by local hospitals, and other tools for measuring system success. NSM LHIN hospitals have begun weekly ALC reporting in June 2009.

The information obtained through the local ALC analysis will help the LHIN to monitor the sub-planning areas more closely. Performance monitoring and evaluation will continue to be further developed and implemented for targeted investments in complex continuing care, Urgent Priority Funds including transitional care beds, and Aging at Home initiatives. Monthly meetings are being held between the NSM CCAC Executive Director and LHIN CEO to monitor the enhanced service maximums and impacts, as well as other areas. These efforts will assist the LHIN in making informed decisions and focused investments in 2009-10 to appropriately meet the health needs of the residents of North Simcoe Muskoka.

The LHIN will measure its success by the use of performance targets agreed to by the LHINs with the Ministry of Health and Long-Term Care (Ministry). The LHIN has a target of 9.5% ALC days in fiscal year 2009-10. Primarily through the introduction of new system capacity, including new LTCH beds, the LHIN is striving to achieve a reduction in its median wait time to LTCH placement to 140 days in 2009-10. The newly established ER Length of Stay (LOS) targets for NSM LHIN in 2009-10 will measure the proportion of patients as a percentage of ER visits completed within the following targets:

- Proportion of admitted patients treated within LOS target of 8 hours:
 - o 2009/10 MLAA target: 46%
 - o 2008/09 actual performance: 40%
- Proportion of non-admitted high-acuity (CTAS I-III) patients treated within their respective target of 8 hours for CTAS I-II and 6 hours for CTAS III:
 - o 2009/10 MLAA target: 93%
 - o 2008/09 actual performance: 87%
- Proportion of non-admitted low-acuity (CTAS IV and V) patients treated within LOS target of 4 hours:
 - o 2009/10 MLAA target: 93%
 - o 2008/09 actual performance: 88%

Over the next two years the North Simcoe Muskoka LHIN will support the ministry priority of reducing ER wait times through a variety of means. Aging at Home initiatives and pilot projects have been developed and continue to be implemented specifically to support this goal as it pertains to the seniors' population.

Through the North Simcoe Muskoka LHIN's Emergency Department Lead and Emergency Committee, the LHIN will support local hospitals in carrying out improvements within the ER. As part of the ministry's ER Wait Time strategy, processes will be put in place to address educational needs of participating hospital ED staff.

Emergency Department Reporting System (EDRS) data will be collected by all NSM LHIN hospitals and then improved upon by moving to an 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.

In addition, it is expected that in time, much of the work currently being supported by the NSM LHIN, including the Aging at Home Strategy and better prevention and management of chronic disease, will improve access to the right care, in the right place, at the right time.

Performance Considerations

It is anticipated that successful implementation of the initiatives outlined above will contribute to:

- reduced ER demand;
- increased ER capacity and performance through reduced ER length of stay;
- improved bed utilization by reducing the percentage of ALC days and length of stay; and
- Improved patient / family satisfaction and health outcomes;

with the ultimate goal of meeting the performance targets established for 2009-10.

Risks and Mitigation Strategies

It is anticipated that, given the current high utilization of CCC beds for ALC patients, the implementation of a Regional Complex Continuing Care Service will result in an increase in acute care ALC days because of improved classification of hospital patients. This impact is being closely monitored. To ensure maximum utilization of resources, regional CCC policies and procedures allow for continued ALC utilization of CCC beds where no eligible CCC patient is waiting.

Health human resource (HHR) shortages, particularly a shortage of personal support workers (PSWs) in the community, are currently contributing to ALC days as patients wait in hospital to access necessary services. As of April 28, 2009, there were 583 clients waiting for Personal Support services in NSM. Enhancing the supply of personal support workers is a primary focus of the NSM LHIN's HHR Strategy. In addition, NSM health service providers are working collaboratively to develop innovative models of care delivery that optimize the utilization of health human resources.

Inadequate system capacity and infrastructure are being addressed through investments in new hospice beds, enhanced home care services, and increased number of long-term care beds to promote a sustainable system.

The NSM CCAC is experiencing significant capacity issues as a result of inadequate funding to deliver services. NSM CCAC receives the 3rd lowest funding proportion for home care services in Ontario, which is also confirmed by Ontario's Health Based Allocation Model. Other funding sources are being utilized, such as through Aging at Home to supplement CCAC delivery of services. In addition, monthly meetings are being held to discuss performance and explore opportunities for enhanced efficiencies and effectiveness through 'LEAN' improvements.

As we await the Ministry's criteria for transitional care beds in retirement home settings, we will continue to explore the need for additional transitional care capacity in 2009-10 through on-going monitoring of capacity and evaluation of the beds funded in 2008-09.

We will continue to work with system partners in addressing the need for seniors affordable housing options, including investments in supportive housing and exploring partnership opportunities.

The need for increased capacity in rehabilitative services within NSM will be reviewed in 2009-10, while considering funding options within existing resources.

It was recognized that Muskoka Algonquin Healthcare (MAHC) was driving the NSM percentage of ALC days and therefore a Joint ALC Task Force was established with MAHC and the NSM LHIN to develop a community, systems approach in addressing the ALC challenge. A report was developed in May 2009, along with a comprehensive work plan which will be implemented and monitored in 2009-10. The plan included the redirection of \$600k in Aging at Home funds previously earmarked for transitional care beds, to a broadened community approach including investments in transitional care beds as well as the Wait at Home program delivered by NSM CCAC, and the establishment of an

Integrated Transitional Care Team comprised of enhanced staffing focused on flow and process improvements.

The need for up to date and accessible information to monitor and evaluate real time performance, particularly in the area of ALC, was addressed through the establishment of weekly ALC reporting with hospitals, which began in June 2009.

It is anticipated that the adoption of the provincial ALC definition effective July 1, 2009 will result in increased awareness and identification causing an increased in the number of ALC patients being designated, thus increasing the percentage of ALC days.

As programs become fully operational on average within 6-8 months of receiving the funding, we expect delays in realizing outcomes with our investments.

Fiscal Implications

Strategies implemented to date have been primarily funded through the Urgent Priorities Fund, Aging at Home funding, and/or the ER Pay for Results funding. Ongoing funding will be required to sustain those initiatives that prove successful in reducing ALC days and improving ER flow.

Meeting the Health Needs of Seniors

Imagine...a health care system focused on patients, clients and their families that supports them across the entire health care system

Priority Description

The North Simcoe Muskoka LHIN is embarking on the development of an integrated client-centred regional health program for seniors in keeping with our strategic direction to provide people with the right care, in the right place, at the right time. A comprehensive needs assessment and detailed inventory of existing services has been carried out. The design of the program is evidence based and is addressing the identified needs of the NSM seniors' population, taking into account the cultural and geographic diversity within it. The overall goal is to provide equitable access to services that will support the health of our seniors' population, maximizing their functional independence and quality of life. This work is being undertaken in the context of our broader North Simcoe Muskoka integrated health system design initiative that is more fully described in a separate section of this service plan.

Context

Long-term care (LTC) wait lists, alternate level of care (ALC) days and inappropriate admissions to hospital emergency departments (EDs) are major problems confronting the health care system in Ontario. In NSM LHIN, seniors account for about 20% of ED visits, over 40% of hospital admissions through the ED and an even greater proportion of ALC days. Evidence shows that seniors have significantly more health care needs than the rest of the population, particularly at the end of their lives. The population over 65 years grew by 26% between 2001 and 2006 (provincial rate of 19%) while the population over 75 population grew by 43% (provincial rate 35%). According to growth predictions, the mean age in the NSM LHIN will increase from 37 years to 42 years by 2016.

The provincial Aging at Home Strategy and accompanying new funding is providing new opportunities to develop and comparatively evaluate the impact of enhanced home care and community support services along with initiatives that will directly impact Alternative Level of Care within NSM. The Strategy also highlights innovative projects that will support non-traditional partnerships and new preventive and wellness services along the continuum of care in NSM LHIN.

Current Status

Approved Year 1(2008/09) and Year 2 (2009/10) initiatives are now underway. New community- based strategies developed under the Aging at Home umbrella are specifically targeting reductions in avoidable ED visits and in ALC days in hospital, which are key local and provincial priorities. New options to directly impact reducing ER wait times and ALC days along with new strategies to avoid LTC placement such as the Balance of Care model have been implemented.

The NSM LHIN established a Seniors Health Action Group to provide advice in support of the LHIN's work in the development of the integrated regional seniors program. Membership reflects the diversity of the LHIN, covers all NSM communities and health care sectors, and includes the voices of consumers, caregivers and health care professionals with specific interest and/or expertise in the health of seniors.

Implementation Plan and Performance Considerations

Key Deliverables	Expected Outcomes	Target Dates
- Implementation of Year 3 Aging at Home - Evaluation of Year 2 Aging at Home - Ongoing Development of an Integrated Regional Seniors Health Care Program	- Ongoing monitoring of performance outcomes - Fewer premature admissions to Long-Term Care homes - Fewer unnecessary hospital admissions - An appropriate combination of supports for seniors in their own homes - Fewer avoidable Emergency Department visits - Lower percent ALC days - Increase in patient and family satisfaction	2010-2011
- Ongoing Implementation for a Comprehensive Seniors Health Care Program - Evaluation of Year 3 Aging at Home Initiatives	- Ongoing monitoring of performance outcomes - Increase in clients that maintain or increase functional status - Increase in number of services used by clients in the community - Decrease in average wait times from referral to start of service in community - Increase in patient and family satisfaction	2011-2012

Risks and Mitigation Strategies

The population of seniors will continue to grow and is expected to be accompanied by an increasing demand for services. Within North Simcoe Muskoka the inability to provide adequate services to seniors in areas such as supportive housing, palliative care and specialized supports and services for severe behaviours, will continue to increase the burden of care in hospitals and other acute care settings.

The one time, pilot/demonstration projects and other investments enabled through the Aging at Home Strategy, and lessons learned from a comparative evaluation will help ensure that stated performance outcomes are being achieved and that opportunities for future developments are being identified accordingly.

Planning for the integrated regional program for seniors addressing the entire continuum of care will set the stage for future improvements. Integrated systems of service provision have been shown to link medical and social interventions and thus decrease hospital use and improve the quality of life of seniors.

Chronic Disease Prevention and Management

Imagine... fewer people with chronic diseases and better care for those that have them.

Priority Description and Context

Preventable chronic conditions are the leading cause of illness, death and disability globally, and account for a substantial burden on the health care system. It is recognized that Ontario is failing the chronic disease challenge. Approximately 1 in 3 Ontarians suffer from chronic disease, and as identified in the Ontario Health Quality Council (OHQC) report (2008), only half of the tests and treatments recommended for individuals with diabetes are done, and only 35% of individuals with coronary artery disease are receiving the ideal medications. It is estimated that 89% of all deaths in Canada are attributed to chronic disease (WHO). In Ontario it is estimated that 8,000 deaths each year associated with chronic disease, could be prevented (OHQC, 2008). Left untreated or managed poorly, chronic conditions can deteriorate and predispose individuals to other chronic conditions. In Ontario the economic burden of chronic disease is estimated to be 55% of total direct and indirect health costs.

By 2010, it is estimated that the Canadian healthcare system will incur \$15.6 billion in diabetes related costs, increasing to \$19.2 billion by 2020. (CDA sourced June 4, 2009 <http://www.diabetes.ca/about-diabetes/what/prevalence/>) Further, an individual with diabetes may directly incur medical costs ranging from \$1,000 to \$15,000 annually.

Managing and preventing chronic diseases, starting with diabetes, was identified as a strategic goal in the NSM LHIN Integrated Health Service Plan (IHSP); as a result, a local regional stakeholder group of chronic disease prevention and management (CDPM) champions was established. Membership in this group is cross-sectoral and is geographically representative of the LHIN.

The provincial focus on 'Growing a Stronger Ontario' is supported by a government plan to strengthen Ontario's health care system. A specific initiative of that plan is the expansion,

alignment and redesign of diabetes care in Ontario through comprehensive, integrated Diabetes and e-Health Strategies.

Current Status

Of the NSM LHIN population, 37% of residents had 1 or more chronic conditions⁴, and of residents aged 65 and older, almost half had two or more conditions. The presence of multiple conditions increases an individual's total burden of illness as well as the burden on the health care system, as these individuals tend to have longer hospital stays, greater associated health care costs, increased hospital mortality and higher rates of readmission (Health System Information Project, 2007).

People with co-morbidities (multiple chronic conditions) are more likely to experience limitations in activity, and require substantially more health care compared to individuals living with one chronic condition. Relative to the province, NSM LHIN has a higher proportion of its population overweight and obese, although there has been some progress from 2005 to 2007 according to the Canadian Community Health Survey (CCHS) 2007. The proportion of adult population in the NSM LHIN who are obese or overweight decreased from 56% in 2005 to 51% in 2007; the proportion for Ontario was 49% in 2007. The smoking rate has also gone down from 24% in 2005 to 22% in 2007, still higher than the provincial average of 21% in 2007. An interesting fact is that in 2005 there were relatively more female smokers than male smokers in the NSM LHIN; in 2007 the pattern reversed itself with 25% male smokers and 19% female smokers.

On the other hand, alcohol consumption has gone up slightly to 25.5% compared to 21% at the provincial level. While male drinkers are on the rise from 34% to 38% in 2007, female drinkers have declined from 16% to 13%. Fruit and vegetable consumption has also declined from 43% in 2005 to 39% in 2007. More women eat fruits and vegetables compared to men. In 2007, fruits and vegetable consumption rate among NSM LHIN women was 48% compared to male consumption of 30%. The female consumption rate dropped from 53% in 2005 to 48% in 2007.

In North Simcoe Muskoka, many chronic conditions such as diabetes, arthritis and hypertension have increased and remained higher than the provincial level. In 2005, NSM LHIN had more women (6%) diagnosed with diabetes than men (5%). While the rate for women has stayed the same from 2005 to 2007, the male rate has gone up from 5% in 2005 to 8% in 2007.

Death rates, inpatient hospital stays and emergency department visits for diabetes increased with age, and were greater for residents of NSM across age groups when compared to the province. Additionally, the highest physician utilization rates occurred in the 65-74 age group (Health System Intelligence Project, 2007).

⁴ (cancer, diabetes, depression, heart disease, hypertension, stroke, asthma, COPD and arthritis)

Prevalence of Chronic Conditions and Risk Factors⁵

Total Population (12 years and older)	NSM LHIN %	Ontario %
CHRONIC CONDITIONS		
Arthritis	20.2	16.4
Hypertension	17	16.4
Asthma	9.3	8.2
Heart Disease	4.7	5
Diabetes	6.8	6.1
Cancer	2.6	1.5
Stroke	0.9	1.3
Has a mood disorder	7.6	5.6
Has an anxiety disorder	9.3	6.9
Stroke		
RISK FACTORS		
Obesity (age 18+)	20.7	16.4
Overweight (age 18+)	30.9	33.2
Smoking	20.3	18.7
Heavy Drinking	27.5	21.7
Physical Inactivity	41.3	49
Poor Diet	55.6	55.1

Source: CCHS, 2007, Statistics Canada, Ontario Shared File

A number of Diabetes Education Centres (located in Hospitals) are currently providing programs related to the management and prevention of diabetes throughout the LHIN. The Barrie Community Health Centre offers programs in patient self management for chronic disease and Brief Clinical Intervention targeted toward health service providers to assist them in managing their patients with chronic illness. Both of these programs will be further enhanced throughout the LHIN with a focus on Diabetes prevention and management in coordination with the provincial Diabetes Strategy. As the six newly created Family Health Teams in the LHIN begin to develop their programs there is an emphasis on chronic disease management.

Implementation Plan

With the release of the provincial Chronic Disease Prevention and Management (CDPM) Strategy, planning and implementation at a local level has had a lens on *prepared, proactive practice teams, informed, activated individuals and families, and activated communities and prepared, proactive community partners*.⁶ More specifically, the work of the LHIN in 2009-10 and 2010-11 will facilitate:

- Planning related to enhanced prevention and health promotion programs
- Planning for expanded and improved comprehensive, culturally appropriate diabetes care
- Readiness for planning and implementation of the diabetes registry
- Development of standard reporting measures

⁵ † Coefficient of variation 16.6% to 33.3% - interpret with caution

⁶ Provincial CDPM Strategy

- Organizing and expanding access to care
- Improved navigation and referral based on need; and
- An ongoing inventory and analysis of resources within NSM.

It is recognized that part of the eHealth initiative, in support of a provincial comprehensive diabetes strategy, will resource the implementation of a diabetes registry within each LHIN through a phased approach. The diabetes registry is foundational and will enable the provincial strategy to re-orient the system for individuals to better co-manage disease and promote wellness.

Performance Considerations

LHIN objectives will continue to align with ministry priorities in 2009-10 and 2010-11.

Developmental indicators specific to CDPM will include:

- An increased proportion of patients receiving diabetes care according to CDA guidelines
- Enhanced patient self efficacy
- Decreased utilization of both emergency departments and hospital admissions for diabetes management and its related complications.

Risks and Mitigation Strategies

The LHIN was unsuccessful in its application to be an 'early adopter' in rolling out the provincial diabetes registry. As a means of preparing for this role, the LHIN had engaged stakeholders in developing an action plan for improving the local system for patients and providers. Moving forward with a strong investment in this area will be key to continuing to focus on chronic disease management and prevention and keep our stakeholders engaged in this work.

Fiscal Implications

In the interim, funding to support local innovations, system capacity and readiness for alignment to provincial priorities specific to CDPM will be challenging. Avenues to secure funding will need to be explored through Aging at Home resources and Urgent Priority Funding. However, targeted investment may not be available within 2009-10.

Addictions and Mental Health

Imagine...a health care system focused on patients, clients and families that supports them across the entire health care system.

Priority Description and Context

A number of people in the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) have complex and continuing needs for health care or services. These include people living with addictions and mental illness. They face systemic barriers to getting the care they need. A full range of services must be available to meet their changing needs. As their needs change, the health care provider best able to meet those needs may also change. Often, moving from one health care provider to another is extremely difficult. We must attempt to remove barriers to access that to prevent people from obtaining health care in their communities.

A comprehensive Addictions and Mental Health Plan is a priority in NSM LHIN. We need a greater number of qualified mental health and addiction professionals. We also need to improve the way individuals are discharged from inpatient beds and make their transition to community and other care organizations smoother. In addition, there is need for more care options and a greater ability to care for special populations (such as psychogeriatrics and Aboriginals).

In 2008/2009, work focused on overarching foundational system components, through working groups led by content experts. A 3-year regional action plan was developed. A regional action group of addictions and mental health system providers, consumers and family members developed definitions as a basis for moving forward with a comprehensive addictions and mental health plan as part of the broader health system design envisioned for North Simcoe Muskoka. These definitions included, evidence based practice, recovery and healing model (reflective of our Aboriginal population) and quality of life (adapted from the World Health Organization). Further to the development of a comprehensive addictions and mental health program, a regional model for central access (“no wrong door”) was developed but not funded.

In 2008/2009, Mental Health Centre Penetanguishene Corporation was divested to the Penetanguishene General Hospital (the last provincially owned and operated Mental Health Centre) which supported and advanced directions toward a NSM LHIN comprehensive program, including the Acute Schedule 1 Bed Registry. Mental Health Centre Penetanguishene supports the technological aspects of this valuable program. In 2008/2009 child and transitional youth addictions and mental health was added as a focus within the development of a broader system design for addictions and mental health.

Current Status

In 2009/2010, the focus on child and transitional youth is needed for acute schedule 1 beds in North Simcoe Muskoka. Currently, children needing intensive inpatient treatment must access service in other LHINs, leaving their home community and family. Collection of acute inpatient bed utilization was identified as a priority and is ongoing in collaboration with Royal Victoria Hospital, Barrie. Preliminary discussions began with NSM LHIN and the Ministry of Children and Youth Services (MCYS) to determine need and intersects of current service systems. This is an ongoing initiative.

In 2009-2010, identification of a core basket of local services at the community level was developed. The appointment of a Regional Addictions and Mental Health Coordinator was proposed to assist with the initial implementation of the regional addictions and mental health plan and an overarching integrated system design for the NSM LHIN. This coordinator would transition to being a full partner bringing the addictions and mental health perspective to the integrated health system.

The voluntary integration of Simcoe Outreach Services and Canadian Mental Health Association, Barrie in 2009 and the integration of Muskoka-Parry Sound Community Mental Health Service and Addictions Outreach Parry Sound in 2010 will provide knowledge and lessons learned for future integration opportunities, including partners beyond the addictions and mental health sector.

In the spring of 2009, the Minister of Health announced the appointment of a Minister's Advisory Committee to develop a 10-year Addictions and Mental Health Strategy. Themes of the strategy included system design, healthy communities, consumer partnerships, early identification and intervention, and increasing capacity and competencies. An extensive consultation process was completed by NSM LHIN, including Family Health Teams, Ontario Works, Public Health Unit, consumers, families and other health and social service providers. The release of the final report will be in the spring of 2010/2011.

A Joint Steering Committee comprised of members of the Addictions and Mental Health and Seniors Regional Action Groups was struck in the spring of 2009 to develop the roadmap and implementation plan for the three year recommendations of the "Integrated Specialized Behavioural Health Supports Program of North Simcoe Muskoka." The final report will be released in the spring of 2010/2011.

The NSM LHIN conducted an "Information Technology (IT) Support Shared Model Assessment" of six community addictions and mental health agencies. Challenges were identified and a steering committee was struck to further develop the system of support required. A final system plan will be released by winter 2010.

Multi year funding was received to support the development of 32 addictions housing units (supplements) and 4 support staff in North Simcoe Muskoka. There will be 16 units in Barrie, 8 units in Collingwood, and 8 units in Muskoka opened over the next 2 fiscal years.

The "Joint Policy Guideline for the Provision of Community Addictions and Mental Health and Developmental Services for Adults with a Dual Diagnosis in Ontario" was released in early 2009. A half day educational session sponsored by the NSM LHIN, Central East Region Network of Specialized Care (MCSS) and the North Network of Specialized Care (MCSS) was held and a Steering Committee comprised of addictions and mental health community agencies and developmental services agencies was formed to develop and monitor ongoing joint planning and treatment for this population.

ADDICTIONS AND MENTAL HEALTH: INTEGRATED HEALTH SERVICE SYSTEM DESIGN

AREA OF FOCUS	DELIVERABLES/ACTIVITIES	TARGET DATES
1. Full Partnership:	- Accepted as full partner at the Integrated health System Design Table (S) - A@MH sector design complete	- To be determined 2010
2. System Design: - Central Access - Addictions Housing - Integration - Integration	- Proposal developed and implemented 32 beds open - SOS/CMHA complete - AOMPS/MPSCMHS complete	2010-2011 2010-2011 2009 2011

• Siting and Sizing • Regional coordinator	• Consultant(s) hired • Position filled	• 2010 • 2009
3. Healthy Communities: • System level planning across ministries and other sectors • Recovery and Healing • Quality of Life • Community Engagement Strategy	• Commenced • Addictions and Mental Health definition widely adopted within LHIN • Addictions and Mental Health definition widely adopted • Developed/delivered and minimum of 10 engagements/year by group members/parties	• 2010 • 2011 • 2010 • 2010-2011
4. Consumer Partnerships: • Appointed and subsidized to sit on all Health/Social Services Development Committees	• Full implementation	• 2011-2012
5. Early Identification and Intervention: • Partnerships across all sectors and services targeting ages 0-35 years	• Multi media and multi sectoral communication strategy and engagement developed	• 2010-2011
6. Capacity and Competencies: • Sitting and sizing of adult and child inpatient acute schedule 1 beds • Overarching e-health strategy • Data and Outcomes • Accountability • 32 rent supplement and support addictions housing units	• Report received and recommendations implemented • Strategy developed and implemented • Internal and LHIN wide systems developed • Internal LHIN systems developed • All units will be occupied within one month of funding. Funding staged over next 2 years 2	• 2010 • 2010-2013 • 2010-2011 • 2010 • 2011

Performance Considerations

Addictions and mental health services are an integral component of the NSM LHIN regional health system. All future sector planning and priority outcomes will be developed following these dimensions:

- Accessible;
- Equitable
- Sustainable;
- Respectful;
- Evidence Informed;

- Measurable; and
- Compatible with overarching integrated health system design plan.

Risks and Mitigation Strategies

- Central Access (No Wrong Door): Individuals needing access to addictions and mental health services are showing up in Emergency Departments in crisis, due to a lack of knowledge of where to turn to, or when transitioning between acute and community services. The development of a Central Access Service to streamline services at the appropriate level of intervention will help system navigators to assist individuals find the most appropriate care. Additional or re-allocated funding will be required to support 4.6 full time equivalent system navigator positions. A central 1-800 number will be provided with trained system navigators answering the phones to assist individuals who are seeking mental health and/or addiction services. The system navigators will be available 12 hours / day, Monday to Friday and 4 hours per day on weekends. The goal of this service is to ensure those individuals and their families in North Simcoe Muskoka who are experiencing addiction and/or mental health difficulties are able to access needed information and services receive the right care, at the right time, in the right place.
- eHealth: Ongoing funding pressures and the lack of adequate technology in this sector has resulted in the lack of accurate base line data and outcome measurement tools. Further regional and local planning will not be sufficiently supported without further investments. A comprehensive assessment of the local capacity and ability of community based agencies to provide appropriate data is required to further support the development of the regional system.
- Regional Coordinator of Addictions and Mental Health: there is a need for a dedicated resource to ensure gains and goals achieved in the first 3 years of service planning in the community and acute sector of addiction and mental health are protected and continue to thrive (e.g. Bed Registry).



- Photo property of North Simcoe Muskoka LHIN

North Simcoe Muskoka LHIN Operations

Primary LHIN Objectives

For 2009- 2010 the LHIN's focus will be:

- To achieve successful outcomes in Year 3 of our first Integrated Health Service Plan (IHSP)
- To achieve the negotiated targets detailed in the Ministry-LHIN Accountability Agreement (M-LAA) and foster innovation and integration within the North Simcoe Muskoka LHIN
- To develop the second IHSP and related implementation roadmap, building on the September 2008 Board retreat priorities following:
 - Improved access to appropriate care
 - A client-centred vision for the health system and a supporting framework for change; (For further information on the regional health system design project, please refer to pages 12 – 15)
 - Improved chronic disease management

Throughout 2010-2012 the focus will be:

- To achieve successful outcomes as outlined in the first two years of the second Integrated Health Service Plan
- To achieve the negotiated targets detailed in the Ministry-LHIN Accountability Agreement (M-LAA) and
- Continue to foster innovation and integration within the North Simcoe Muskoka LHIN with an enhanced focus on social marketing and system level capacity building for change management

LHIN Operations Objectives

For 2009- 2010 the LHIN's operational objectives will be:

- Leverage the human and technical resources of the LHIN operations office to enable the North Simcoe Muskoka LHIN to achieve the primary objectives outlined above
- Assess, analyze and make recommendations regarding the:
 - i. Ability of the North Simcoe Muskoka LHIN to operate within the parameters of our funding
 - ii. Best deployment of human and physical resources to support the achievement of the primary LHIN objectives. A review and proposed re-organization of the LHIN staffing plan will assist in developing a project approach to the work that needs to be completed in 09-10 and the out years. The goals of the review are to:
 - Ensure staff roles are manageable
 - Improve the capacity to support system transformation and performance improvement
 - Increase internal capacity for risk identification and risk management
 - Provide a stronger focus on a social marketing approach
- In 2009-10 LHIN staff will be negotiating service accountability agreements for the first time with the long-term care sector and hospital service accountability agreements will need to be re-negotiated. In 2011-12, the multi-sector (community) service accountability agreements will be re-negotiated.
- In 2010-11 the LHIN office lease will expire at which time a new lease will need to be re-negotiated or a location change may be required

eHealth

Implementing Ontario's renewed eHealth Strategy will require significant funding over the next several years. Investments in eHealth at the local HSP level as well as at the LHIN-wide level are needed to develop the foundation for electronic information capture and exchange to support improved patient access, care and safety. It is a key enabler for system-wide outcome measurement and evaluation. Existing technology platforms of health service providers across North Simcoe Muskoka vary in age, level of sophistication and clinical service coverage/automation and inter-organizational data sharing. The requirement that individual providers finance additions/changes to their information technology systems needed to enable their internal systems to align to/connect with the provincial and LHIN-wide strategies will continue to challenge the already-stretched provider IT/IS/IM/eHealth budgets across the NSM LHIN. This will increase the risk of failure and affect timelines for implementation.

The NSM LHIN has been identified as one of the "Getting Ready" LHINs by the provincial eHealth Ontario agency. Consequently, the CIO/eHealth Lead and LHIN staff is working closely with health service providers across the LHIN and other partners to complete the local readiness requirements, such as establishment of the project management office to support alignment with the provincial eHealth Strategy. Expectations of eHealth Ontario are high on the NSM LHIN and its HSPs to meet their eHealth implementation objectives.

Engaging the Francophone Community in North Simcoe Muskoka

NSM LHIN will continue to engage our region's Francophone community and ensure their voice is represented at all relevant planning tables and in all relevant decision-making processes. In response to the proposed LHIN Francophone Community Engagement Regulation, a public forum will be held in French, spring 2009, targeting potential members to form part of this new committee of the LHIN. The forum will also serve as an opportunity to engage the broader Francophone community in the LHIN's work on a go forward basis.

In 2009-10, the LHIN will have appointed the membership to the committee that will engage the Francophone community on the local health system. The committee will provide advice on such matters as the health needs of the Francophone community and will work in partnership with French Language Health Services to improve access to services in French. The Committee and other initiatives will be supported by a Francophone Partnership Liaison to be located at the LHIN.

Building Capacity in French Language Health Services

NSM LHIN will continue to work in cooperation with our Regional Consultant of French Language Health Services (FLHS). In partnership, we will continue to build greater capacity within the region's health service provider organizations, to enable them to offer expanded health services in both official languages.

In partnership with the Regional Consultant of FLHS, the LHIN recently undertook an extensive survey of all volunteers and staff working in our area hospitals, identifying French-speaking human resources by department and French language oral proficiency. This initiative includes working with hospitals, as they begin to set targets and complete

compliance plans, as outlined in a new section of NSM LHIN's 2008-09 Hospital Service Accountability Agreements (H-SAAs). Through this collaborative work, NSM LHIN has been identified as a leader in the province in our work to improve access to French Language Health Services.

In 2009-10 through 2010-11, the LHIN will look to expand this work to include health service provider organizations that have been designated or identified to provide French language services, as well as others that may be identified in the future.

Working to Improve Aboriginal Health

Through the fiscal support of our Urgent Priorities Fund, NSM LHIN's Aboriginal Health Circle (AHC) and Secretariat began operations in the region in February 2008. The AHC is a health planning body comprised of partner First Nation communities, Métis and urban Aboriginal service agencies located throughout the region. While building valuable bridges and new partnerships between mainstream and Aboriginal health service providers, the development of an Aboriginal Health Service Plan was completed. The plan outlines key health issues and respective solutions for the improved health of this region's Aboriginal community.

In 2009, the LHIN will look to transition the current membership of the Aboriginal Health Circle to form a committee as per the new Aboriginal Community Engagement Regulation under the Local Health System Integration Act, 2006. In 2009-10 funding to support the implementation of the three-year strategic plan of the Aboriginal Health Circle was confirmed through the Federal Aboriginal Health Transition Fund.

LHIN Operations Budget

The North Simcoe Muskoka LHIN has identified LHIN operations funding requirements using the following assumptions:

- Compensation Considerations
 - Annual Cost of Living Allowances at 2%
 - Annual Merit Increment range of 0% - 6% (with some restrictions as per Ministry of Health and Long-Term Care directive)
- Community Engagement
 - The LHIN is currently reviewing all existing (mandated, self-organized, LHIN established) groups for effectiveness and will determine which ones, LHIN staff need to or will support on a go forward basis
 - Community engagement is on-going, but during 2009-2010 there will be a particular focus related to the development of the second IHSP
 - As well, the LHIN will continue to engage with our mandated Aboriginal and Francophone populations as described above.
- Staff leadership and development is a priority to ensure staff have the competencies necessary to deliver on the LHIN mandate
- Equipment replacement is based on the estimated life cycle of relevant assets

- Annual inflationary increases of 2% have been applied to on-going non- staffing expenditures.
- Staffing complement
 - In filling staff vacancies, the LHIN will continue the practice of seeking qualified, bilingual staff.
 - In order to build internal project management capacity, the LHIN is proposing the addition of a Project Management Office Coordinator. This need is based on the LHIN's own assessment and work done as part of the Effectiveness Review.
 - The LHIN's role in performance management and performance improvement is continuing to evolve, both at the system (LHIN-wide) level and with individual health service providers. In 2009-10, service accountability agreements will be in place with all community agencies (46). This will significantly increase the LHIN's responsibility for oversight of actual performance against expected performance. Additional resources will be required to undertake this work in an effective and supportive manner. For 2009-10 and beyond, the addition of 2 FTE Performance Improvement Specialists is proposed who will have expertise in quality improvement and lean methodologies. These staff, who will also have clinical credibility, will work with the sector leads to support individual agency risk management and performance improvement initiatives, as well as with project teams focused on system-wide improvement efforts

Risks and Mitigation Strategies

The NSM LHIN Operations Spending Plan includes provisions for the following:

1. One additional FTE Coordinator to maintain a Project Management Office.
2. Two additional FTEs Performance Improvement Specialists.
3. Cost of living (2%) and performance (0-6%) increases for existing staff (with restrictions).
4. Inflationary increases for non-staffing costs as applicable.

This additional funding equates to 8.5% in 2009-10 and 4.5% for the remaining out-years.

Additional funding would eliminate the following risks:

1. Inability to sustain a project management office that supports staff in achieving their maximum and most effective output.
2. Inability to monitor and measure system outcomes within a system performance management framework.
3. Staff retention will be at risk if the LHIN is not able to offer cost of living or performance salary increases.
4. Other initiatives involving consulting services supporting our primary objectives may have to be curtailed.

Communications

The North Simcoe Muskoka LHIN has identified that the nature of our work involves:

- Changing the way our health system is managed
- Designing a system that will provide better access, keep Ontarians healthy and reduce wait times
- Confirming that community-based care is best planned, coordinated and funded in an integrated manner within the local community

Our communications strategy ensures that relevant information is communicated in a way that is consistent, transparent, timely and supports the strategic directions outlined in the Integrated Health Service Plan and initiatives in the LHIN's service plan.

Separate from the service plan but encompassing elements, the North Simcoe Muskoka LHIN will develop an annual communication plan which will support the LHIN's service plan, including:

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

Key Messages for all LHIN Communications

1. Local is better.

Local people are best able to determine their own health service needs and priorities.

2. A change for the better – the NSM LHIN is changing our local health care system.

The NSM LHIN represents a more coordinated, local approach to meeting the health care needs of residents.

LHINs were founded on the principle that community-based care is best planned, coordinated and funded at the community level, because local people are best able to determine their own health service needs and priorities.

The LHIN transforms a very complex health system and a collection of services into a coordinated system that focuses on the patient's needs. The LHIN supports the patient's needs by improving access to services across the entire health care system.

3. Our three strategic directions

The NSM LHIN plans, coordinates and funds local health care services to:

- Improve the health of residents
- Provide the right care, at the right place, at the right time
- Use our resources wisely

Each of the three strategic directions of the IHSP are supported by "Imagine..." statements that further define the benefits of the LHIN health care system.

Imagine...a better health care system.

2009/10 RESULTS-BASED PLANNING (RbP)
FORM 1A - STATEMENT OF FINANCIAL POSITION

LHIN Name: North Simcoe Muskoka
LHIN #: 246

Balance Sheet As at:	E ACTUAL (12 months) March 31, 2008	G ACTUAL (12 months to) March 31, 2009	I FORECAST (12 months to) March 31, 2010
ASSETS:			
1. Cash	935,429	952,128	815,000
2. Accounts Receivable from:			
MOHLTC	1,676,620	774,600	-
Public Hospitals			
LHINS			
Other Govt. Reporting Entities (other GREs)			
Non-GRE (Receivable from third parties)			
<i>Sub-Total</i>	<i>1,676,620</i>	<i>774,600</i>	<i>-</i>
3. Tangible Capital Assets			
i. Capital Costs:			
a. Beginning Balance	1,048,532	1,101,316	1,226,864
b. In-year additions	52,784	125,548	20,000
c. In-year disposals			
d. Ending balance	1,101,316	1,226,864	1,246,864
ii. Accumulated Amortization:			
a. Beginning Balance	421,051	656,841	922,659
b. less: amortization on disposed assets	-	-	-
c. In-year amortization	235,790	265,818	268,695
d. Ending balance	656,841	922,659	1,191,354
<i>NET BOOK VALUE (i less ii)</i>	<i>444,475</i>	<i>304,205</i>	<i>55,510</i>
4. All Other Assets:	14,299	14,224	14,224
TOTAL ASSETS	3,070,823	2,045,157	884,734
LIABILITIES:			
5. Accrued Salaries, Wages and Benefits	276,508	205,199	215,000
6. Accounts Payable and Accrued Liabilities to:			
MOHLTC	1,789,218	775,393	-
Public Hospitals	-	-	-
LHINS	3,756	14,108	-
Other Govt. Reporting Entities (other GREs)	-	-	-
Non-GREs (such as Trade Payables to third parties)	556,866	746,252	614,224
<i>Sub-Total</i>	<i>2,349,840</i>	<i>1,535,753</i>	<i>614,224</i>
7. Deferred Capital Contributions from the Province (i.e. MOHLTC & Other GREs)			
a. Beginning Balance	627,481	444,475	304,205
b. In-year Capital Contributions Received/To Be Received	52,784	125,548	20,000
c. Amortization for the Year	235,790	265,818	268,695
d. Ending Balance	444,475	304,205	55,510
8. Deferred Revenue from the Province (i.e. MOHLTC & Other GREs)			
a. Beginning Balance	-	-	-
b. In-year Contributions Received/To Be Received	-	-	-
c. Recognized in Income for the Year	-	-	-
d. Ending Balance	-	-	-
9. All Other liabilities	-	-	-
TOTAL LIABILITIES	3,070,823	2,045,157	884,734
NET ASSETS / (LIABILITIES)	-	-	-

2009/10 RESULTS-BASED PLANNING (RbP)
FORM 1B - STATEMENT OF FINANCIAL ACTIVITIES

LHIN Name: North Simcoe Muskoka
LHIN #: 246

	E ACTUAL (12 months) March 31, 2008	G ACTUAL (12 months to) March 31, 2009	I FORECAST (12 months to) March 31, 2010
Income Statement for Period Ending:			
REVENUE:			
A. Ministry of Health and Long Term Care Funding :			
A.1 Health Service Provider (HSP) Transfer Payment	534,187,234	604,031,421	677,033,100
A.2 LHIN Operations	3,409,387	4,095,584	4,955,151
A.3 Other MOHLTC initiatives/programs	561,000	463,300	805,000
Total MOHLTC Funding	538,157,621	608,590,305	682,793,251
B. Funding from Ontario Govt. Ministry/Agency other than MOHLTC			
C. Funding from Government of Canada			
D. Amortization of Deferred Capital Contributions	235,790	265,818	268,695
E. Other Revenues			
Total Revenue	538,393,411	608,856,123	683,061,946
EXPENSES:			
F. Transfer Payment to HSPs	534,187,234	604,031,421	677,033,100
G. General and Administrative Expenses for LHIN Operations	3,628,322	4,360,760	5,223,846
H. Other funding initiatives	515,802	463,149	30,000
I. Other Expenses			
Total Expenses	538,331,358	608,855,330	682,286,946
Revenue less Expenses	62,053	793	775,000

NSM LHIN Operations Spending Plan

LHIN Operations (\$)	2007/08 Actuals	2008/09 Actuals	2009/10 Planned Expenses	2010/11 Planned Expenses	2011/12 Planned Expenses
Operating Funding	3,462,171	4,221,132	TBD	TBD	TBD
Salaries and Wages	1,816,987	2,013,927	2,775,881	2,944,655	3,123,690
Employee Benefits					
HOOPP	169,515	197,848	277,588	294,466	312,369
Other Benefits	250,334	272,444	416,382	441,698	468,554
Total Employee Benefits	419,849	470,292	693,970	736,164	780,923
Transportation and Communication					
Staff Travel	39,444	48,531	44,350	45,700	47,100
Governance Travel	20,094	21,087	27,000	28,350	29,800
Communications	36,751	43,156	41,700	43,400	45,100
Others	5,150	165,866	30,100	30,950	31,300
Total Transportation and Communication	101,439	278,640	143,150	148,400	153,300
Services					
Accommodation	192,939	185,289	182,200	185,900	189,600
Advertising	5,912	2,843	10,200	10,400	10,600
Banking	444	-	-	-	-
Community Engagement	-	-	-	-	-
Consulting Fees	226,927	263,069	408,000	408,000	408,000
Equipment Rentals	9,008	8,995	10,200	10,400	10,620
Governance Per Diems	102,775	123,275	149,800	149,800	149,800
Insurance - Operations Only	16,055	16,093	16,500	17,000	17,510
LSSO Shared Costs	300,000	483,600	300,000	300,000	300,000
Other Meeting Expenses	31,338	34,243	36,000	36,750	37,520
Other Governance Costs	15,932	28,934	52,000	54,600	54,600
Printing & Translation	10,460	15,771	36,550	37,550	38,550
Staff Development	33,005	53,191	49,500	52,500	55,400
Other Services	-	-	-	-	-
Total Services	944,795	1,215,303	1,250,950	1,262,900	1,272,200
Supplies and Equipment					
IT Equipment	48,509	55,575	40,000	40,000	40,000
Office Supplies & Purchased Equipment	60,953	61,205	51,200	53,400	55,600
Other S & E	-	-	-	-	-
Total Supplies and Equipment	109,462	116,780	91,200	93,400	95,600
Capital Expenditures	52,784	125,548	20,000	20,000	20,000
LHIN Operations: Total Planned Expense	3,445,316	4,220,490	4,975,151	5,205,519	5,445,712
Annual Funding Target		4,221,132	4,975,151	5,205,519	5,445,712
Operating Surplus (Shortfall)	16,855	642	-	-	-
Amortization of Tangible Capital Assets	235,790	265,818	268,695	33,395	25,082
Initiatives Funding					
E-Health	275,000	425,000	600,000	TBD	TBD
A@H	161,000				
Aboriginal Community Engagement	30,000	30,000	30,000	30,000	30,000
ED Lead	25,000	75,000	75,000		
Wait List Management	70,000				
ER/ALC Lead		33,300	100,000		
Other Initiatives (please specify - LHIN Operations Only)					
Other Initiatives (please specify - LHIN Operations Only)					
Other Initiatives (please specify - LHIN Operations Only)					
LHIN Operations - Total Planned Expense	4,023,171	4,783,790	5,780,151	5,235,519	5,475,712

North Simcoe Muskoka LHIN Staffing Plan (FTE)					
Position Title	2007/08 Actuals as of March 31	2008/09 Actual	2009/10 Plan	2010/11 Plan	2011/12 Plan
Administrative Assistant	3	2	3	3	3
Business Manager	1	1	1	1	1
Chief Executive Officer	1	1	1	1	1
Community Engagement Consultant	1	1	1	1	1
Controller	0	1	1	1	1
Corporate Coordinator	1	0	0	0	0
Corporate Coordinator / Communications Lead	0	1	1	1	1
Epidemiologist	0	0	1	1	1
Executive Assistant	1	1	1	1	1
Funding & Allocation Consultant	1	1	1	1	1
Office Assistant / Receptionist	0	1	1	1	1
Performance & Contract Consultant	1	1	1	1	1
Performance Improvement Specialist	0	0	2	2	2
Planning & Decision Support Consultant	1	1	1	1	1
Planning & Integration Consultant	1	1	1	1	1
Project Management Office Coordinator	0	0	1	1	1
Program Assistant	1	0	2	2	2
Senior Consultant, Community Engagement	1	1	1	1	1
Senior Consultant, Funding & Allocation	1	1	1	1	1
Senior Consultant, Performance & Contract Mgmt	1	0	1	1	1
Senior Consultant, Planning & Integration	2	1	2	2	2
Senior Director Performance Contract & Allocation	1	0	1	1	1
Senior Director Planning Integration & Community Engagement	1	1	1	1	1
Senior Project Director - Health System Improvement	0	1	0	0	0
Subtotal	20	18	27	27	27
LHIN Project Coordinator - E-Health	0	0	1	1	1
Senior Project Manager - E-Health	0	1	1	1	1
Total	20	19	29	29	29

The LHIN Staffing Plan will be updated as soon as restructuring resulting from the staffing review is implemented.