

Annual Business Plan 2014 - 2015



introduction.....	3
section 1 context	4
1.1 The Ever-Changing Landscape	4
1.2 Mandate & Strategic Directions The NSM LHIN Vision	6
1.3 Current Overview	10
1.4 The Year Ahead	13
section 2 core content.....	21
2.1 The Care Connections 12 Areas of Focus	21
2.1.1 Complex & Chronic Health Needs Coordinating Council	23
2.1.2 In-Home and Community Capacity Coordinating Council	26
2.1.3 Maternal, Newborn Child and Youth Coordinating Council and Community of Practice	28
2.1.4 Mental Health and Addictions Coordinating Council	32
2.1.5 Medicine Coordinating Council	35
2.1.6 Surgery Coordinating Council	39
2.1.7 Communications and Community Engagement Coordinating Council	42
2.1.8 Governance Coordinating Council	44
2.1.9 eHealth Coordinating Council	46
2.1.10 Integrated Health and Human Resources Coordinating Council	48
2.1.11 System Navigation Coordinating Council	51
2.1.12 Transportation Coordinating Council	55
2.2 Successes and Outcome Measures	59
section 3 financials.....	61
LHIN Operations Spending Plan	61
LHIN Staffing Plan (Full-Time Equivalents)	62
section 4 communications and community engagement	63
4.1 Communications Strategy	63
4.2 Community Engagement Strategy	67

The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) Integrated Health Service Plan (IHSP) 2013-2016 | *Healthy People. Excellent Care. One System.* begins its second year on April 1, 2014. As required by the Local Health System Integration Act (LHSIA), 2006, NSM LHIN has developed its Annual Business Plan (ABP) 2014-15. This plan will build on the improvements, initiatives and achievements made to date through continued dedication and commitment by health system partners accountable for the implementation of *Care Connections – Partnering for Healthy Communities*, the NSM LHIN's ten-year integrated health system plan.

As system transformation continues and the landscape changes and evolves, provider organizations will need to adapt, as always, to work within the current economic and fiscal environments. Yet to be adaptable, flexible, and nimble, a renewed system-wide approach to health service delivery is required to enable further transformation of the local system to achieve Better Health, Better Care Better Value. Together, the system partners in North Simcoe Muskoka remain steadfast to quality care and the non-negotiable involvement of individuals, families and their caregivers in the design transformation for effective coordination of care in the local community.

As year one of the three-year IHSP 2013-2016 comes to a close, along with the third year of implementation of the system-wide plan, NSM LHIN undertook Phase One of a three-phase evaluation of *Care Connections*. Evaluation results showed where some recalibration is needed with regard to focus and efforts so that NSM LHIN and its partners continue to make progress towards achieving the plan's ten-year system transformation goals. The time had come to step back and reflect on the achievements and improvements made, while at the same time looking ahead to understand the direction for the remaining seven years, while holding true to the IHSP vision.

NSM LHIN's 2014-15 Annual Business Plan reflects the ongoing work of the *Care Connections* Councils, as the LHIN, working with *Care Connections* Leadership Council, develops and implements an overarching framework based on the recent evaluation to guide our work going forward. Provincial direction, government priorities and other environmental factors will also continue to inform a number of enabling transformation components across the system (e.g. diabetes care, capital planning, Aboriginal and Francophone engagement, service accountability agreement performance monitoring, Home First, excellent quality care, etc.). During this time, partners have committed to continuing with the implementation of *Care Connections* and alignment with provincial priorities, while taking the time to consolidate these gains and review the current integrated health system plan (service delivery model) for a refocused future. System-wide leaders agreed that a clear, integrated health system strategic plan to outline the program and service configuration across the communities in North Simcoe Muskoka is needed. By focusing on this, the outcome will be to further solidify shared ownership and a clearer path to keep moving *Care Connections* forward towards the vision of... *Healthy People. Excellent Care. One System.*

Healthy People = Better Health	improved health of the population: quality person-centred care that meets local needs.
Excellent Care = Better Care	better experiences for the individual: care is accessible, well-coordinated and sustainable.
One System = Better Value	efficient operation/sustainability: local health care dollars are spent wisely and appropriately.

1.1 The Ever-Changing Landscape

NSM LHIN ENVIRONMENTAL SCAN

As the evolution of health system transformation continues and is now approaching year four of implementation for *Care Connections*, the ten-year integrated health system plan, the need to remain flexible and adaptable to meet the demands of an ever-changing landscape remains constant. IHSP 2013-2016 and, by extension, the ABP 2014-15, requires more of the same, along with time to reflect and recalibrate whilst focusing on achieving the vision of *Healthy People. Excellent Care. One System.*

While the development of the ABP 2014 – 2015 requires far more insight than can be provided by this type of scan alone, the scan does:

- provide an overview for a number of key characteristics related to local populations, services, utilization and health impacts
- serve as a catalyst for further discussion regarding future system transformation both regionally and locally
- outline the key “game changing” components of the environment that need to be kept top-of-mind as transformation continues
- allow people to better understand and compare the impacts, issues and status of many important health system attributes.

Informing System Transformation and Collaboration Process

In 2012, the NSM LHIN was home to 478,000 residents; 3.5% of Ontario’s population. By 2017, the population is projected to increase by 4.4% or over 21,000 individuals, just shy of half a million people. Of further note, the NSM population is projected to rise by 29.8% to 620,444 in 2032.

In 2012, 17.0% of NSM seniors were 65 years of age and over; up from 15.1% in 2007. By 2017, NSM seniors will account for 19.0% of the population and 21.4% by 2022. Meanwhile, the number of seniors aged 65 and over is expected to more than double over the next 20 years, from 79,091 in 2012 to 163,199 or 27.0% of the population by 2032.

Within the NSM LHIN, ischemic heart disease, diabetes and lung, colon and colorectal cancers are the leading causes of death. The top ten leading causes of death account for 57% of deaths. Mortality rates for many health issues including influenza, pneumonia and diabetes, and rates of Potential Years of Lost Life (PYLL) for many issues such as cirrhosis and other liver diseases, intentional self-harm and diabetes are among the highest in the province.

We know the population of NSM is both growing and aging quickly. There is also a clear picture related to causes of mortality and those areas where preventative medicine and primary care can play a leading role toward the provision of the right care, at the right time and in the right place. IHSP 2013 – 2016 takes into account the diversity and locations of the population in respect of what services to prioritize and where to deliver them.

The aforementioned information has been used to inform *Care Connections*, the NSM LHIN’s ten-year operational roadmap designed to bring about the vision of an integrated health system. Building capacity within communities, to care for individuals as close to home as possible and ensure care is delivered in the appropriate location at the right time with funds following the individual, will be top-of-mind. Specific attention will be given solutions to meet the needs of the 1% of the population that utilizes 34% of health care resources, including seniors and those living with complex needs and conditions.

Through the implementation of effective data management and a standardized platform for electronic health (eHealth) initiatives, the integration of information and technology will continue to be a catalyst for “one source of truth.” As we continue to meet the complex needs of an ever-changing population, we must effectively manage our Health Human Resources to support meaningful change across the system, as well as including volunteer and caregiver strategies and supports, standardized job profiling to meet the needs of community-based care and continued awareness of needs to build effective capacity.

The role of the North Simcoe Muskoka LHIN is built around one simple but important premise: that local health care is best designed, implemented and evaluated by those that utilize, deliver and access its programs and services. From this perspective, residents across NSM and health system partners alike share a common belief in both the importance of the health system and its responsiveness to the needs of people in their local communities, and that together, with everyone taking responsibility for their role in the health system, a truly integrated system can be achieved.

1.2 Mandate & Strategic Directions | The NSM LHIN Vision

PROVINCIAL CONTEXT

Established in 2005, LHINs are mandated to manage the planning, integration, performance and funding of the health system across Ontario. As crown agencies that work in partnership with the Ministry of Health and Long-Term Care (MOHLTC), LHINs provide leadership and accountability for the health system at the local level, ensuring the health needs of people are being identified, coordinated and addressed in a truly integrated system. It is by design that LHINs strategically plan in such fashion as to align with ministerial and government priorities.

Ontario's LHINs are responsible for the allocation of approximately half (\$22 billion in 2011) of provincial health care expenditures. Together with the MOHLTC and local system partners, they align local and regional plans with provincial priorities in order to both improve access to care and ensure long-term sustainability of the health system.

Between April 2003 and March 2012 health sector funding in the provincial budget increased at an average annual rate of 6.1%, for a total increase of \$17.9 billion. With a need to curtail growing expenditures, if only to ensure the future sustainability of the health system, the government has indicated that funding for the health care system cannot continue to grow at past rates.

If access to services and quality care are to be maintained and/or improved upon, such a position will necessitate better value for money from all parts of the health care system.

LHINs, along with partners strive to make significant gains to improve the system to work better for individual patients and clients, and ensure that many of the building blocks required for transformation are in place locally. Aligned with ministry efforts, Ontario's LHINs plan for changes to the health care system to enable delivery of the right care, in the right place and at the right time, promote value, and ensure sustainability.

ALIGNMENT - PROVINCIAL PRIORITIES, 14 LHIN SYSTEM IMPERATIVES & THE NSM LHIN

Ontario's Action Plan for Health Care is focused on three main areas:

- Keep Ontario Healthy
- Faster Access and a Stronger Link to Family Health Care
- Right Care. Right Time. Right Place.

LHIN System Imperatives shared by all 14 LHINs and the NSM's vision of *Healthy People. Excellent Care. One System.*, align with these three areas, guiding decisions regarding the allocation of resources to providers and the programs and projects that need to be funded locally. The NSM LHIN will work in partnership with the ministry, health system partners and residents across the region to ensure a sustainable health system that delivers high-quality, person-centred healthcare for current and future generations.

As outlined in Table 1.2.1, below, the three inter-related, pan-LHIN System Imperatives easily coordinate with the Ontario Action Plan's three priorities, providing local guidance for the provincial vision. LHINs must be sure to build on the many advances they have made in improving wait-times, value for money, transparency and accountability. As a result, a fourth LHIN-system imperative - Holding the Gains – will help Ontario's LHINs make sound choices about local projects by ensuring performance is continually measured and achievements made to date are not lost as new priorities are identified.

Table 1.2.1

Ontario's Action Plan for Health Care	Fourteen LHINs System Imperatives	NSM LHINs IHSP 2013 – 2016		Alignment
Keep Ontario Healthy - Support to Become Healthier	Leading with Quality and Safety	Healthy People Excellent Care One System	Holding the Gains	Yes
Faster Access and a Stronger Link to Family Health Care	Enhancing access to Primary Care			Yes
Right Care, Right Time, Right Place	Enhancing Coordination and Transitions of Care for Targeted Populations			Yes

The next several years are pivotal in demonstrating the collective ability to advance transformation in Ontario's health system and improve access and quality, while at the same time controlling costs. Locally, as leaders for change, LHINs and health system partners play a crucial role in mobilizing these efforts across diverse providers, championing local needs and safeguarding the interests of the individual and communities when tough decisions need to be made.

The ABP 2014-15 will guide and direct the operations of the organization and the system to achieve NSM LHIN's vision. The alignment between the deliverables in which the NSM LHIN is accountable to the Ministry of Health and Long-Term Care (Ministry-LHIN Performance Agreement - MLPA), and the LHIN Performance and Leadership Agreement with the NSM LHIN Board of Directors dovetails as they both impact the work at the local level (Table 1.2.2).

Table 1.2.2

NSM LHIN Vision	NSM LHIN Performance & Leadership Agreement (2014-15)		MLPA
Healthy People Excellent care One System	Enhance Internal and External Relationships	Alignment	
	Improve Quality and Safety		✓
	Build and Foster Integrated Communities of Care		✓
	Drive Innovative and Sustainable Service Delivery		✓
	Financial Health - Improve Value for Money		✓

VISION – NSM’s LOCAL HEALTH SYSTEM

As year one of the three-year IHSP 2013-2016 comes to a close, along with the third year of implementation of the system-wide plan, NSM LHIN undertook Phase One of a three-phase evaluation of *Care Connections*. Evaluation results showed where some recalibration is needed with regard to focus and efforts so that NSM LHIN and its partners continue to make progress towards achieving the plan’s ten-year system transformation goals. The time had come to step back and reflect on the achievements and improvements made, while at the same time looking ahead to understand the direction for the remaining seven years, while holding true to the IHSP vision.

It was agreed by the LHIN Leadership Council that the Vision remains foundational and guides the direction of system transformation. Further review of the System Transformation Model (below) supporting the implementation of *Care Connections* will identify opportunities to consolidate recent gains and refocus to achieve our Vision. Key areas include: a renewed model for health services in North Simcoe Muskoka; the strategic governance to support the system; how project management can support the transformation; and, identification of collective strategic initiatives.

Moving into 2014-15, opportunity has arisen where time is needed to focus on the outcome of a service integration model to clearly articulate the service configurations needed to support the people in communities across North Simcoe Muskoka....*Healthy People. Excellent Care. One System.*





HEALTHY PEOPLE

At the centre - the heart - of North Simcoe Muskoka's health system are its PEOPLE; almost 478,000 people to be more precise. Represented by overlapping circles, the health needs of our population – social, occupational, spiritual, physical, intellectual emotional, environmental, financial and mental wellness - are diverse and constantly changing as they move through life and stages of health.

EXCELLENT CARE

Safe, quality, person-centred care will provide the right care at the right time and in the right place. It will be achieved through **Care Connections**, which organizes health services into six clinical areas (Complex and Chronic Health Needs; In-Home & Community Capacity; Maternal, Newborn, Child & Youth Health; Mental Health & Addictions; Medicine; and Surgery). These are, in turn, supported by six key enablers (Communications & Community Engagement; eHealth; Governance; Integrated Health Human Resources; System Navigation; and Transportation) that support the activities of each clinical area.

ONE SYSTEM

Through **Care Connections**, health system partners and residents across North Simcoe Muskoka have come together, committed to optimizing the use of our collective resources to promote a healthy and supportive environment, to take care of people when they are ill and to help them maintain better health through all stages of life.

1.3 Current Overview

The shifting landscape and changing environment necessitates the current local health system to be nimble, adaptable and ready to embrace change to support the vision. There are many new and exciting opportunities that have recently occurred which will reshape and design the direction over the next two years of the IHSP 2013-16 and the remaining seven years of the *Care Connections* 10-year integrated health system plan. By being open to evaluation, receptive to different perspectives and able to reflect and refocus, these new opportunities and existing initiatives together will facilitate success as they intersect with the established culture, structure, and strategy of the *Care Connections* framework.

Evaluation: The First Three Years of *Care Connections – Partnering for Healthy Communities*

In 2010/11, the North Simcoe Muskoka LHIN commenced the implementation of *Care Connections*, the ten-year integrated health system plan which forecasted recommendations out to 2020-2021. In 2013/14, the final year of the first three years of the longer term plan, the LHIN, along with the LHIN Leadership Council, conducted Phase One of a three-phased evaluation to be conducted over the lifetime of the plan (Table 1.3.1). As described by Patton (1997), “evaluation” is the systematic collection of information about the activities, characteristics and outcomes of programs, services, policy or processes, in order to make judgments about the program/process, improve effectiveness, and/or inform decisions about future development.

Table 1.3.1



Four main outcomes drove the purpose for the evaluation, including program development; program improvement; program impact and research (Source: A Guide to Evaluation in Health Research, Canadian Institutes of Health Research). Phase One, started in 2013/14, examined issues related to *Care Connections* program structure, processes and functioning, as well as the alignment between program inputs and activities and anticipated results achieved over the first three years.

Confidentiality, anonymity and informed consent guided the ethical framework for the evaluation.

The method for evaluation included a quantitative Partnership Self-Assessment Tool (PSAT) survey and qualitative interviews. The partnership survey was distributed to all members of the *Care Connections* Coordinating Councils and Project Steering Committees which measured collaborative process and opportunities for improvement. Qualitative interviews were conducted with ten randomly selected participants representing a cross-section of roles to further explore structure and process (design and delivery) of *Care Connections* in order to inform program refinement.

With overwhelming response rate to the survey (over 65.1%, or 207 completed surveys), the qualitative and quantitative results will guide the improvements required moving forward, along with the other phases of the evaluation. The PSAT scale showed that a number of areas within *Care Connections* fall within the “work zone”, where improvement can be made going forward (Table 1.3.2). Work zones are these areas where more effort is needed to maximize the partnership’s collaborative potential.

Table 1.3.2

PSAT Scale	Category
Synergy	Work Zone
Leadership Effectiveness	Work Zone
Efficiency	Work Zone
Administration & Management Effectiveness	Work Zone
Sufficiency of non-financial resources	Work Zone
Sufficiency of financial & capital resources	Work Zone

Key themes emerging from the interviews, input, and recommendations focused improvements in the following areas:

- Relationships and networking amongst health system partners
- Communications and Community Engagement required for *Care Connections*
- Leadership Council and Operations Committee role and responsibilities
- Clinical and Enabling Councils’ roles and responsibilities
- Priorities and priority setting process and accountability
- *Care Connections* as an organizational priority for the health system partners and the LHIN
- Decision-making process and accountability
- Funding investments and process for decisions and prioritization
- Supportive roles required as key factors for success
- Diversity of populations and involvement
- Involvement of Persons with Lived Experience

LHIN Leadership Council – Validating Direction for the Future

The results of Phase One of the *Care Connections* evaluation, along with how the achievements and transformation to date carry the health system design forward into the future have been examined recently by the LHIN Leadership Council. The Council took the time to understand where the implementation of *Care Connections*, structure and processes to support the LHIN-wide integrated health system plan fall on the continuum between “first curve” and “second curve” thinking in health system design (Ball, Merry, & Verlaan-Cole). Second curve healthcare is a “more evolved set of system, organizational and process designs that are required to satisfy the increasing demands of funders, service providers and customers in the knowledge economy” (Ball, Merry, & Verlaan-Cole). Leadership Council members were surveyed and asked to rate where they felt 37 contrasting statements about “first curve to second curve” thinking fell on the spectrum, resulting in an overall view of where *Care Connections* rated in relation to second curve thinking. Statements were themed and grouped into six categories with the following scoring prioritized from least to greatest shift toward second curve:

- Focus: 28% of the statements were close to second curve thinking
- Patient-Centred: 28% of the statements were close to second curve thinking
- System Design: 42% of the statements were close to second curve thinking
- Governance & Leadership: 48% of the statements were close to second curve thinking
- Accountability and Performance: 56% of the statements were close to second curve thinking
- Quality & Safety: 58% of the statements were close to second curve thinking

Based on the results and opportunities for improvement, the LHIN Leadership Council confirmed that to accelerate second curve thinking, the current *Care Connections* Strategic Plan needs to be reviewed in order to consolidate recent achievements, recalibrate, and refocus efforts through a framework for a renewed model for health services, strategic governance, project management and strategic initiatives.

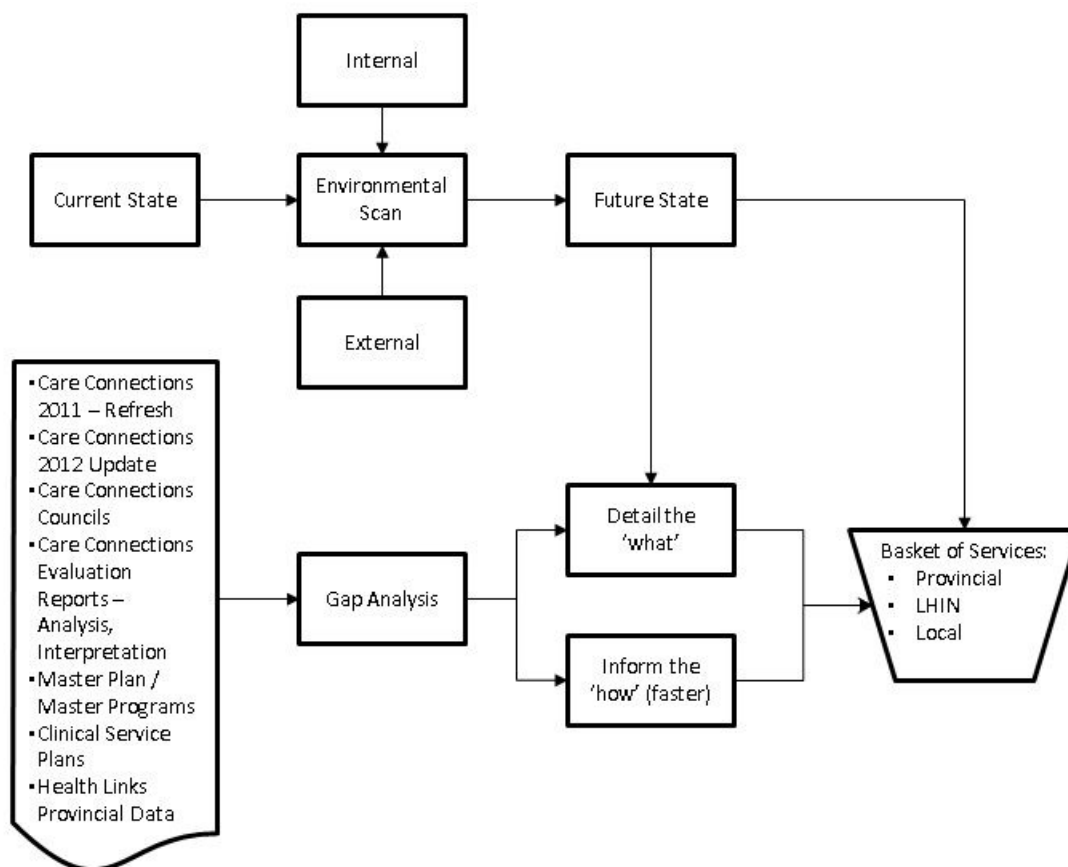
Care Connections Second Curve: Moving into 2014-15 and Beyond

The *Care Connections* Phase One evaluation and LHIN Leadership Council's conversation about second curve healthcare thinking identify both strengths and opportunities for improvement to the current structure and functioning of the program. The intent of the information gathered to date is to inform mid-course recalibration en route to 2020/2021, and to ensure the system (strategic plan) is responsive to the needs of its partner organizations.

Based on the need to reflect, refocus and recalibrate, it was decided that a sub-group of the LHIN Leadership Council be established to advance the work that needs to be done over the next few months to develop a refreshed *Care Connections* Strategic Plan. The *Care Connections* Second Curve working group will actively engage all members of Leadership Council, who will be called upon throughout this process to do work along the way in support of the expected outcomes. The core members of the working group will provide subject matter expertise, drive the development of the strategic plan, identify models, and ensure an integrated communications and stakeholder engagement plan is a key area of focus in this project.

The purpose of this short-term project will be to propose to LHIN Leadership Council a refreshed *Care Connections* Strategic Plan to inform, confirm and facilitate the development of a plan that accelerates North Simcoe Muskoka's future vision and second curve thinking. The prioritized plan will articulate detail around what programs and services will be delivered in each of the five geographic areas, the programs and services that will be delivered locally in each community, the programs and services that will be delivered at a LHIN-wide level and the programs and services that will not be delivered within the LHIN (Provincial) (Figure 1.3.3).

Figure 1.3.3



By taking the time to recalibrate, the LHIN and its partners can ensure initiatives, priorities and effort better align with the new integrated health system strategic plan, thus building a stronger, nimble and resilient system to be sustained in the future.

1.4 The Year Ahead

Venturing into 2014/2015 the gains made to date across the system, along with the supportive environment, collaborative relationships and the right time to take a “pause” to evaluate and recalibrate will ensure future alignment and achievement of the vision of *Healthy People. Excellent Care. One System.*

Complementing the system transformation and *Care Connections* Second Curve realignment focus in 2014-15 will be the continuing effort to meet the mandates and priorities that guide and direct health service provider and LHIN deliverables and objectives. It is acknowledged that direct day to day operations, program and service delivery at the local level, and system-wide collaborations are important initiatives. These initiatives serve as the foundation on which an integrated health system is built (e.g. diabetes care, primary care, cancer care, emergency management system planning, health equity, rehabilitative care, Home First, capital planning, service accountability agreement reporting and performance, quality improvement, information management systems, privacy, project management, etc.).

In concert with the consistent elements of the IHSP, in 2014-15 there are key “game changing” initiatives impacting the big picture of health system transformation provincially and locally. Keeping these on the radar and at the forefront to the work occurring in the year ahead will ensure alignment with and advancement of a shift in the system to revolve around the person.

i. Person-Centred Design

By organizing the system differently and focusing on the evidence, we will provide our residents better care and better value through a system designed by individuals requiring care, caregivers, family members, health service providers and leaders closest to them. Delivering better person-centered outcomes becomes foundational to the redesign of an integrated health system in North Simcoe Muskoka.

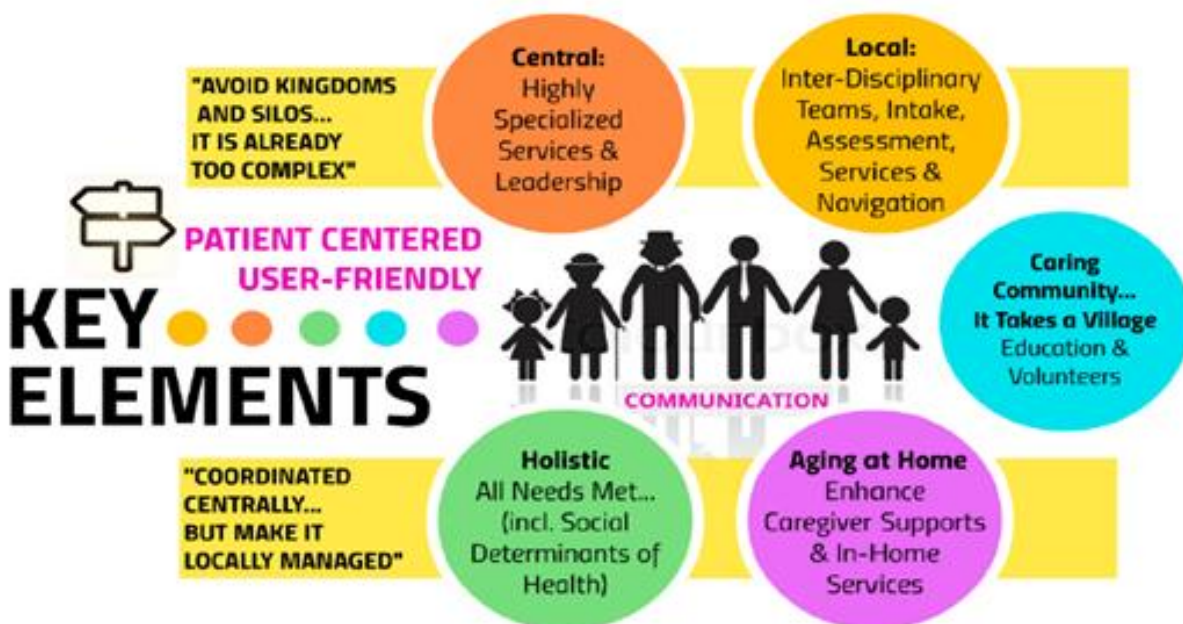
In 2014-2015, NSM LHIN and NSM system leaders agree there is a need for an integrated health system strategic plan that guides the future decisions and program / service delivery models for health care in alignment with second curve thinking. As the article *Designing & Creating "Second Curve Healthcare Systems"* (Ball, Merry, & Verlaan-Cole) indicates, there are shifts to be made from first curve assumptions of the health system to second curve beliefs that will lead to a sustainable and resilient health system. The article indicates a shift from an acute care-centred system to one that is focused around primary care as the hub of the system, which is no longer designed to meet the needs of the health service provider, but is person-centred and designed to meet the needs of patients and their families and caregivers.

ii. Seniors – Specialized Geriatric Services (SGS)

In North Simcoe Muskoka, 17.0% (2012) of the population was 65 years of age and over; up from 15.1% in 2007. By 2017, NSM seniors will account for 19.0% of the population and 21.4% by 2022. Meanwhile, the number of seniors aged 65 and over is expected to more than double over the next 20 years, from 79,091 in 2012 to 163,199 or 27.0% of the population by 2032.

With seniors representing the highest users of our local health system, we face an urgent need to effectively prepare for our aging population by planning regionally in new ways. Locally we must build on our resources, successes, and commitment to working together to ensure better and more efficient service.

In October 2013, in alignment with provincial directions, the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) Board of Directors approved a plan to develop an integrated regional Seniors Health Program in NSM. In April 2014, a *Strategy for a Specialized Geriatric Services Program in North Simcoe Muskoka* was completed. The Strategy focuses on Specialized Geriatric Services and frail seniors as the first building block in an integrated regional Seniors Health Program.



To improve the patient experience, three key recommendations underpin this Strategy:

- NSM will take immediate action to retain and recruit Geriatric Care Specialists.
- An integrated regional Specialized Geriatric Services Program will be established in NSM targeting frail seniors and focused on improving patient outcomes, building capacity and fostering system change (the first building block of a broader integrated regional Seniors Health Program).
- NSM will work to develop a broader integrated regional Seniors Health Program, of which the NSM SGS Program will be one component.

In addition, Community Health Links Steering Committees from across North Simcoe Muskoka have identified the need for improved system planning and care coordination to serve seniors. This aligns directly with the provincial focus on providing the right care, in the right place and at the right time, as emphasized in the recent report of Ontario's Senior Strategist, Dr. S. Sinha in *Living Longer, Living Well*, and through *Ontario's Action Plan for Health Care*. Both encourage local health leaders to address challenges facing seniors through bold and innovative approaches.

Health leaders stress the urgent need to plan now for our aging population:

"While some warn against "apocalyptic demography," few jurisdictions have grasped the complexity of illnesses and social challenges that too many older adults face, or the difficulties that this aging demographic will pose for our health, social, and community care delivery systems as they currently exist."

Dr. S. Sinha,
Living Longer, Living Well (2012), Ministry of Health and Long-Term Care

iii. Health Links

Health Links are based on a partnership and collaboration agreement between health and community service providers. Five Health Links are in various stages of development and implementation across North Simcoe Muskoka in each of the five geographic areas: Muskoka, Orillia & Area, Collingwood-Wasaga Beach & Area, Midland-Penetanguishene & Area, and Barrie & Area.

The objective of the Health Links initiative is to develop one plan of care for complex care patients through direct involvement and collaboration among the patient, family, primary care, community care, social services and acute care. Integrated, coordinated care plans are built around the needs of individuals and providers. This is truly a "grass roots" / bottom up community development project whereby partners and people with lived experience have the opportunity to make change, implement improvements and build a better system that is designed around the care needs of our residents.

An outcome of this collaborative service delivery model will challenge the local health system and partners to understand where improvements are required, how care is costed across the continuum and where savings, value and efficiencies need to be established to ensure sustainability of the local health system for the future.

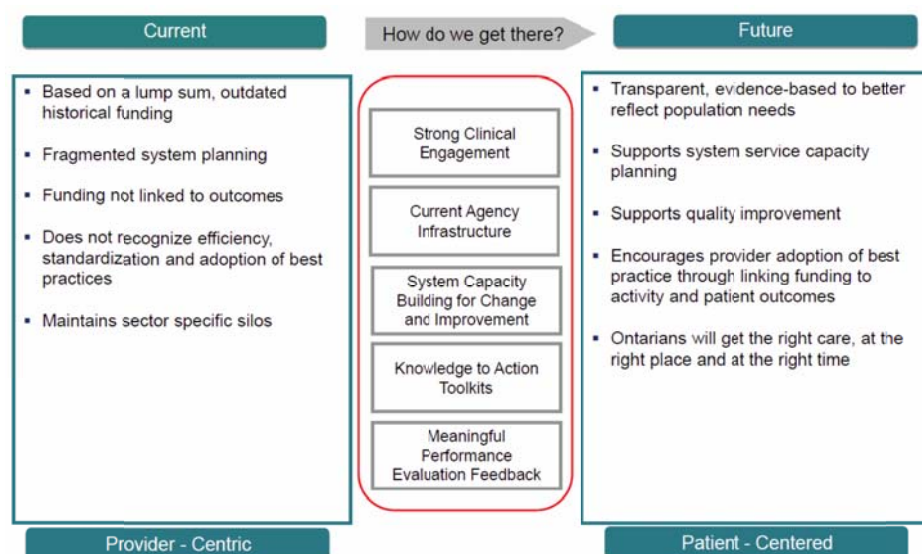
This local community model is complementary to the system-wide transformation occurring with *Care Connections* in North Simcoe Muskoka. As the two continue and a refreshed *Care Connections* Strategic Plan is designed, the interconnection between local community and system-wide will come together. As core local services are required to meet the needs seniors and those living with complex conditions, so too the access to specialized services within North Simcoe Muskoka and across the province is detrimental to ensuring quality of care to these individuals and their families.

iv. Health System Funding Reform

Health System Funding Reform (HSFR) consists of two basic components. The Health Based Allocation Methodology (HBAM) uses demographic, clinical and financial information to estimate expected volumes and costs at a facility level to arrive at expected share of provincial funding. Quality based procedures (QBPs) are targeted activities (e.g. primary hip and knee replacements) that are funded on a 'price x volume' basis based on evidence and best practice.

HSFR will move Ontario's health care system away from the current global funding system towards what is known as Patient Based Funding (PBF). Under PBF, health service providers will be compensated based on how many patients they look after, the services they deliver, the evidence-based quality of those services, and the specific needs of the broader population they serve (Figure 1.4.1).

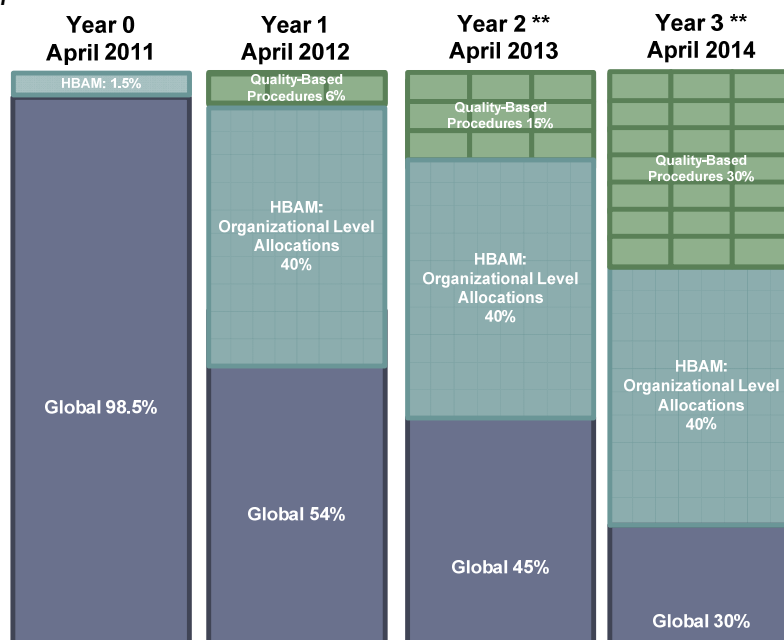
Figure 1.4.1 – Current and Future State of Funding Model



Health System Funding Reform (HSFR) implementation is multi-year, staged and expected to be evolutionary in nature (Figure 1.4.2). The scale of the reform requires local engagement, coordination and planning as well. As such, the NSM LHIN must work closely with health service providers to ensure issues and unintended consequences are flagged, solutions and mitigation strategies developed, and service gaps avoided.

The North Simcoe Muskoka HSFR Local Partnership is a key forum for these discussions to take place. The group facilitates knowledge translation, coordinates education and the dissemination of best practices, and develops strategies to respond to local needs (capacity planning, volume management, etc.). Supporting effective change management is also a key mandate of the Local Partnership. Currently this group is overseeing the development of a system level financial modeling tool for hospitals in order to better understand the impacts of HSFR going forward and to support a LHIN wide approach to optimal resource allocation.

Figure 1.4.2 – Approach



v. Shared Governance

In 2013-14, Board governors from partner organizations (funded and non-funded) across the five geographic areas attended various sessions throughout the year with a focus on: building relationships within local community at the governance level; exchanging knowledge on agency and system governance; understanding the role Boards of individual organizations play in system change; and, how they can collaborate on system level decisions including how to share accountability for better health, better care and better value in local communities.

Governors brought forward thoughtful perspectives on balancing agency and system responsibilities and accountabilities, building Board capacity, leveraging successes, developing common strategic directions, capitalizing on innovative thinking underway, managing risk, and other/new collaborative opportunities to facilitate the transformation of the health system in North Simcoe Muskoka. The majority of governors were in favour of continuing to meet on more regular basis to foster networking and knowledge-sharing opportunities. It was clear that there are varying levels of Governance expertise and needs/wants for future sessions. Bringing together such a diverse group of health care Governors allows for unique challenges and opportunities to be brought forward for discussion and transparent dialogue.

In 2014-15 Regional Governance Sessions as well as a potential annual session would bring Governors from across North Simcoe Muskoka together for various opportunities including the orientation of new Board members, pan-NSM LHIN education and networking prospects, and real-time brainstorming on situations that affecting Boards within our region.

vi. Local Health System Integration Act (LHSIA) Review

The review of the Local Health System Integration Act, 2006 (LHSIA) presents an important opportunity to advance and accelerate transformation in North Simcoe Muskoka, creating a system that is better for patients and ensuring the best value for every dollar spent. NSM LHIN welcomes the review and recommendations as an opportunity to renew and strengthen the provincial framework for health system leadership and build on the regional reforms first introduced by LHSIA in 2006.

The LHSIA review comes at a time when there is a heightened sense of urgency about health system value and sustainability. Healthcare now accounts for more than 40% of the Ontario provincial budget, growing at a rate of nearly 7% over the past decade. As the baby boomers reach retirement age, both demographic and consumer expectations are putting new demands on the system.

The next several years will be pivotal to demonstrate our collective ability to improve access and quality of care for the people in our communities, while at the same time controlling costs. Regional leadership, as demonstrated through **Care Connections** and Health Links, will be essential – translating provincial change strategies to the local context, and bringing a system-wide perspective that challenges traditional silos and maintains a focus on local needs as health service providers transform their operations to meet changing demand on the system.

As leaders for change at the local level, health system partners play a crucial role as champions for the people who depend on the services provided in our communities. Our priority is making the system work better for people, and as partners collaborating together this is our responsibility to ensure quality of care is delivered to individuals as they move between care settings and as their needs change.

vii. **Excellent Care – Common Quality Agenda**

In 2014/15, the burning platform to focus the system on a common quality agenda is critical, not only for the people and their families requiring care and those that dedicate their career to caring for these individuals in the local health system. The LHIN and health service providers are governed by legislation that hold them accountable for ensuring quality care is a number one

priority, including:

- i. *Commitment to the Future of Medicare Act (CFMA)*, 2004, Accountability, Part 3, c.5, s. 21(1), 23 (6);
- ii. *Local Health System Integration Act (LHSIA)*, 2006, Funding and Accountability, Part 4, c.4, s.18;
- iii. *Excellent Care for All Act (ECFAA)*, 2010, Annual Quality Improvement Plans (AQIPs), 2010, c.14, s. 8 (4) and (5); and
- iv. *Health Quality Ontario* (formerly noted in legislation from Ontario Health Quality Council), Functions of Health Quality Ontario, 2010, c. 14, s. 12 (1).

Ontario's Excellent Care for All strategy means that: the patient is at the centre of the health system; decisions about patient care are based on best evidence and standards; the health system is focused on the quality of care and the best use of resources; and that the main goal of the health system is to get better and better at what it does.

Aligned to Health Quality Ontario's Strategic Plan (2012), the focus on excellent care in North Simcoe Muskoka will:

- Accelerate the use of evidence to deliver demonstrable improvements in the quality of health services.
- Drive a culture of quality, value and accountability throughout the health system.
- Forge partnerships and integration among the distinct components of the health system.

The LHIN's role as system manager for the integration, planning, performance monitoring and funding of health service providers across the continuum of care requires the establishment of priorities, goals and targets to mobilize system leadership around a common quality agenda to maximize impact for local residents.

A transformed health system can be successful only if it delivers measurable impacts for those utilizing the programs and services. The work of health system partners in North Simcoe Muskoka must equate into better outcomes such as lives saved, quality of life improved and disability decreased; a better experience for the people being served, with shorter wait times for key services; and a much reduced waste of resources (Better Health, Better Care, Better Value – Institute of Healthcare Improvement). Disparities in these measures must diminish over time.

viii. LHIN Business – System Accountability

The LHIN and the Ministry review, negotiate and sign performance agreements. The Ministry-LHIN Performance Agreement (MLPA) defines the obligations and responsibilities of both the LHIN and the Ministry over a defined period of time. The Minister of Health and Long-Term Care and each Local Health Integration Network Chair initially signed these agreements in 2007, and have been revised annually. The North Simcoe Muskoka's MLPA most current agreement is from April 1, 2013 to March 31, 2015.

The MLPA identifies the MOHLTC's key operational and funding expectations of the LHINs and reflects the critical role of the LHIN to ensure enhanced access and quality of healthcare in a fiscally sustainable manner. The ministry has communicated provincial strategic directions that provides a vision for system change and reinforces the principles outlined in the Excellent Care for All Act (2010). This vision is aligned with the LHIN's strategic directions in order to develop a performance framework focused on better health, better care, better value which includes the shared system goals of:

- Enhanced person-centred care
- Improved system integration and enhanced coordination and transitions of care
- Implementation of evidence-based practices to drive quality, value and improved health outcomes
- Financial sustainability.

In order for the North Simcoe Muskoka LHIN to abide and comply with this Agreement and strategic directions, systems for planning, integrating, funding and monitoring performance of the local health system, including individual health service providers are established locally. As well, a number of key initiatives have been introduced to transform the health system and to achieve the strategic directions, including Health System Funding Reform, Seniors' Strategy, Health Links, etc.

The Agreement outlines the responsibility of the LHIN and Ministry as it relates to specific accountabilities including:

- Provincial Strategic Priorities
- Provincial Health Agencies (e.g. Cancer Care Ontario, eHealth Ontario, Health Quality Ontario, Ontario Agency of Public Health)
- Consistency
- Local Health System Integration and Coordination
- Community Engagement
- Information Management
- Compliance Protocols
- eHealth
- Capital
- Emergency Management
- Funding and Allocations
- Health System Performance
- Required initiatives (e.g. Aboriginal Community Engagement, French Language Health Services, French Language Health Planning Entities, LHIN Shared Services Office, Diabetes Regional Coordination Centre Program, Emergency / Alternate Level of Care Performance Leads, Emergency Department LHIN Leads, Critical Care LHIN Leads, Primary Care LHIN Leads).

In compliance with the MLPA, the North Simcoe Muskoka LHIN continues to be accountable for managing the local health system in a prudent and diligent manner to ensure enhanced access and quality of healthcare in a fiscally sustainable manner. Working together with health system partners to ensure quality of care for our residents will hold us to account and in alignment to achieve the vision of *Healthy People. Excellent Care. One System.*

section 2 | core content

2.1 The Care Connections 12 Areas of Focus

The *Care Connections* twelve areas of focus remain the priority for IHSP 2013 – 2016 and, as a result, ABP 2014 – 2015, as NSM LHIN moves forward with its development of a refocused *Care Connections* Strategic Plan. The work of the Councils and respective Project Steering Committees (PSCs) are specifically aligned to the NSM LHIN Integrated Health Service Plan 2013-16, the *Care Connections – Partnering for Healthy Communities* Health System Design Report and associated appendices (2011), and Ontario's Action Plan for Health Care (2012).

By extension, the recommendations and deliverables established and put forward by the twelve Coordinating Councils will be the priorities for change and will be aligned as the Strategic Plan is finalized. Staying the course during this time, allows gains from the first three years of implementation to be sustained. A renewed focus on reflection and recalibration helps to build on these gains; to accomplish additional achievements in pursuit of NSM LHIN's vision of an integrated health system.

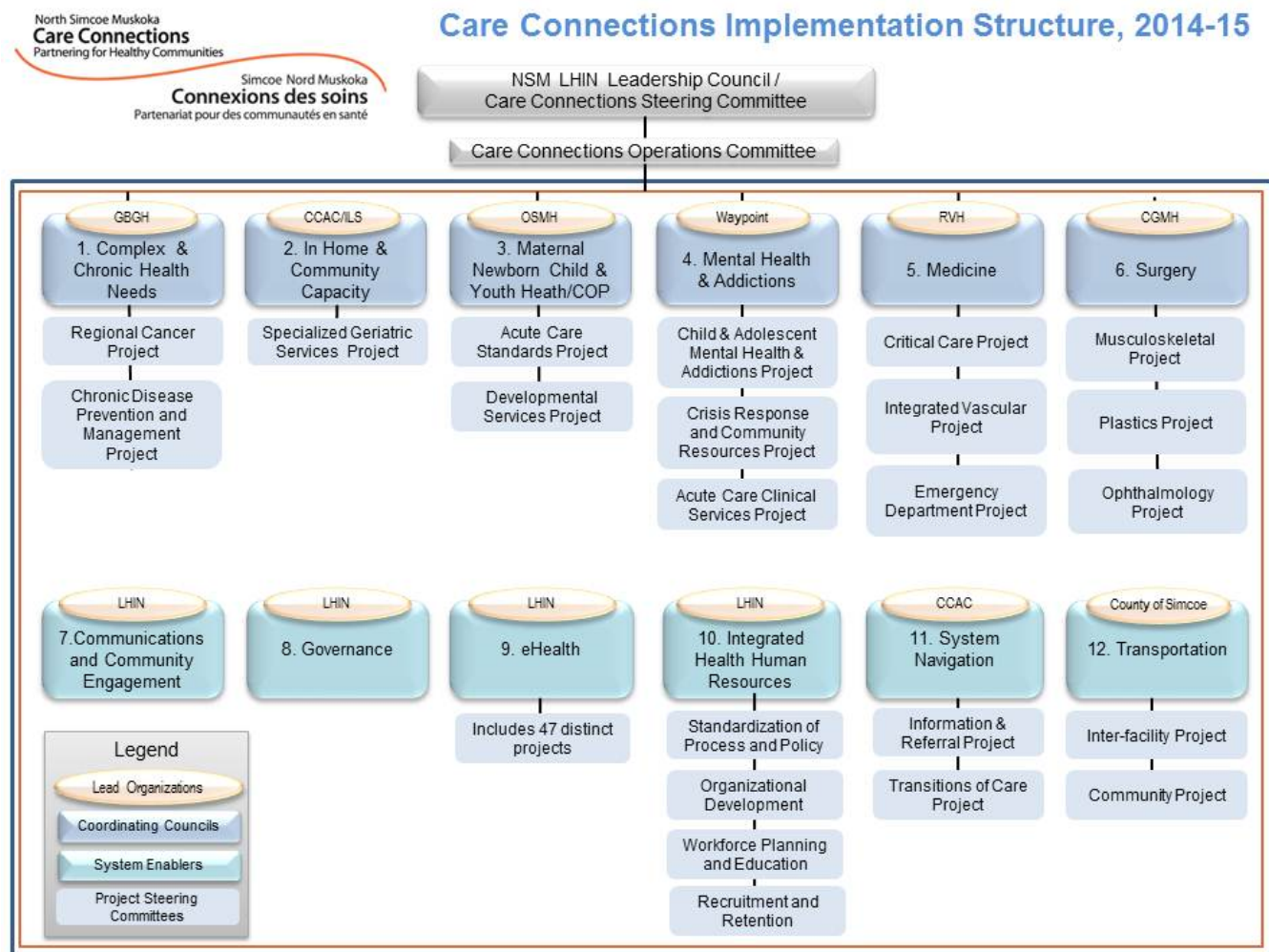
The following pages outline the detailed work that will be the focus of the *Care Connections* 12 areas of focus for 2014 – 2015, and that will adapt as needed in response to opportunities and priorities identified as the Strategic Plan comes together. Projected stages of completion for specific deliverables are numerically quantified as a running completion percentage from left to right, and serve to demonstrate when the goal / deliverable will be completed in its entirety. It is noted that as *Care Connections* moves into year four, certain projects are complete (e.g. Behavioural Supports System and Complex Continuing Care), while others have evolved and morphed into defined projects (e.g. Seniors' Care Strategy, Inter-facility and Community Transportation), and new projects have begun (e.g. Cancer Care, Ophthalmology, Plastics).

The structure supporting *Care Connections* (Figure 2.1.1) is a shared leadership and responsibility model that fosters effective collaboration and, ultimately, accountability for improved outcomes from all health service partners throughout North Simcoe Muskoka. In collaboration with its health system partners and local communities, the LHIN Leadership Council, comprising system-wide leaders, acts as the Steering Committee for *Care Connections*. Members of the Leadership Council are actively involved, engaged and participate in shared planning, implementing and making decisions for the future sustainability of the local health system.

System Leaders, Chairs and Co-Chairs of the twelve Coordinating Councils have each taken on the accountability for the goals and objectives of their Council through signed Accountability Agreements with their respective organization and the LHIN. These Leaders continue to demonstrate a commitment to change and collectively sit as an Operations Committee for *Care Connections*, reporting directly to the LHIN Leadership Council. Similarly, Chairs of Project Steering Committees have also taken on the same accountability and agreement as the Lead Organizations have for the Coordinating Councils. Collaboration of partners and provider Boards for shared accountability and ownership across the system are key factors in the achievement of the vision in North Simcoe Muskoka.

Moving forward into 2014/2015 the gains made to date of many initiatives across the system, along with attention to person-centred design and the interdependencies of Health Links work at the community level with the system-wide change are opportunities to introduce improvements. Building on the supportive environment, collaborative relationships and it being the right time to take a "pause" to refocus *Care Connections* Strategic Plan will only foster the momentum to maintain alignment and sustained gains towards a collective vision of *Healthy People. Excellent Care. One System.*

Figure 2.1.1



2.1.1 Complex & Chronic Health Needs Coordinating Council

i. Purpose

To design and implement a comprehensive Complex & Chronic Health Needs Care System for the residents of North Simcoe Muskoka

ii. Alignment with Local and Provincial Priorities

In addition to the NSM LHIN Integrated Health Service Plan 2013-16, the *Care Connections – Partnering for Healthy Communities* Health System Design Report and associated appendices (2011) and Ontario's Action Plan for Health Care (2012), the work of this Council and its respective Project Steering Committees are specifically aligned with the following initiatives:

Cancer Care Ontario, Ontario Agency for Health Protection and Promotion (Public Health Ontario) – Taking action to prevent chronic disease: recommendations for a healthier Ontario. Toronto: Queen's Printer for Ontario; 2012. Ontario Senior's Strategy

Healthy Kids Panel (February 2013), No Time to Wait: The Healthy Kids Strategy, Queen's Printer for Ontario

Ministry of Health and Long-Term Care (May 2007), Preventing and Managing Chronic Disease: Ontario's Framework

iii. Action Plans and Timelines

The Council and Project Steering Committees have seen a great deal of change over the past year which affects the structure of the Council and Project Steering Committees moving forward. Two of the former Council's Project Steering Committees (Behavioral Support System and Complex Continuing Care) completed their project work in March 2014 and moved into program operations. The Chronic Disease Prevention and Management Project Steering Committee continues under Complex and Chronic Health Needs Coordinating Council, as well as the addition of the Regional Cancer Project Steering Committee..

COMPLEX AND CHRONIC HEALTH NEEDS COORDINATING COUNCIL (CCNHCC)

Health Service Provider Lead Organization: Georgian Bay General Hospital (GBGH)

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Improve health outcomes by implementing a comprehensive system of care for those in NSM with complex and chronic health needs	Redefine the focus and system leadership role of the Council	Will Complete	100				
	Map out how the work of the Council will support the two Project Steering Committees	Will Complete	100				
	Revise the terms of reference and project charter for the Council	Will Complete	100				
	Develop a LHIN-wide Complex & Chronic Health Needs strategy that is informed by the results and priorities from various program / service capacity review documents, the high user analysis via In-Home and Community Capacity (IHCC)	In Progress	50	Will Complete	100		

REGIONAL CANCER PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: Simcoe Muskoka Regional Cancer Centre

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Identify and implement LHIN-wide, regionally appropriate prevention initiatives	Align and collaborate with partners to support a regional infrastructure to address cancer prevention in the LHIN including supportive environments, self-management, screening, resources and education	In Progress	30	Ongoing	30	Will Complete	100
Improve access to cancer screening for patients in NSM closer to their home	Increase the percentage of people with up-to-date cancer screening for breast, cervical, and colorectal cancer by 1% each year through provincial awareness raising campaigns to primary care providers and the general public	In Progress	20	Ongoing	40	Will Complete	100
Improve patient health outcomes and access to care for patients by promoting early detection and timely diagnosis	To develop and implement, for patients across the LHIN, diagnostic assessment programs (DAPs) focused on breast, colon, gynecology, and prostate cancer (focused on quality improvement, decreased wait times, reporting, integrated Electronic Medical Records (EMRs), etc.)	In Progress	30	Ongoing	70	Will Complete	100
Deliver high quality, effective, well-organized treatment for patients	Develop a plan to improve effective patient treatment which includes the expansion of Multi-disciplinary Cancer Conferences (MCC) to all disease sites, enhanced use of EMRs and clinical management systems, continuous improvement, LEAN methodology, education, training, wait time & utilization review, Ontario Telemedicine delivery, program/service capacity review & expansion, etc.	In Progress	48	Ongoing	87	Will Complete	100
Improve access to education resources and emotional supports for patients and families	Improve patient-provider communications through various means, including skills development, reporting, education, screening, etc.	In Progress	43	Ongoing	72	Will Complete	100
Improve access to end of life / palliative care for cancer patients	Build a cross-sector, high quality, integrated system of end of life care (hospice/ palliative) to ensure 80% of patients with non-curative cancer will have a documented referral to palliative care service	In Progress	17	Ongoing	84	Will Complete	100

CHRONIC DISEASE PREVENTION AND MANAGEMENT PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: South Georgian Bay Community Health Centre

*Note: Planning and Accountability for Diabetes Coordination: At this time, the accountability and planning for Diabetes in North Simcoe Muskoka rests with the LHIN based on operational dollars received to deliver the annual initiatives and outcomes outlined in the submitted work plan. Diabetes is well-aligned with the work of the CDPM Project Steering Committee and a meeting has been scheduled for June 13/14 with the Chair of CDPM and the LHIN to further discuss the alignment opportunities of the annual work plan deliverables into the terms of reference of this Project Steering Committee.

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Decrease the health impacts of chronic disease in NSM by collaboratively supporting access to and effectiveness of prevention strategies	Develop a revised terms of reference and project charter beyond 2014/15. This will include revised vision, membership, and project plan beyond 2015 which aligns with the provincial prevention strategy "Keeping Ontario Healthy"	Will Complete	100				
	Identify chronic disease risk factors and support open access to prevention strategies and support	Will Complete	100				
	Organize and host an annual Chronic Disease Prevention and Management event. Establish a sub-committee with a project plan and inclusive of learnings and input from previous year's evaluation input in order to organize and coordinate this event	Will Complete	100				

iv. Current Project Resources

- At this time the Chronic Disease Prevention and Management Project Steering Committee is supported by the lead organization, the LHIN Liaison and steering committee members. System Coordinator and Administrative resources would be helpful in order to achieve these system wide goals and objectives.
- The Regional Cancer Project Steering Committee does not have a system coordinator; however, the committee and program are well-resourced and do not require additional support at this time. The LHIN Liaison to CCHNCC sits as a member and the Council has admin support.

v. Risks to the Achievement of Objectives

- Re-evaluation of the Care Connection model may re-align the projects under the councils.
- Disengagement of committee members based on historical experience (past experience of members)

vi. Risk Mitigation Strategies

- Transparency and sharing of results of *Care Connections* evaluation will be critical to ensuring that membership of the Council remains engaged in the work
- Achieving small measures of success e.g. CDPM conference and engagement of sub-committee
- Developing a clear focus following vision exercise

vii. Key Enablers of Success

- A CDPM sub-committee will be formed to ensure successful planning and implementation of the CDPM conference.
- A LHIN Liaison and Administrative staff will continue to provide support for the work of the CDPM Project Steering Committee.
- In the future, inclusion of a System Coordinator for CDPM will leverage the work of this committee.

2.1.2 In-Home and Community Capacity Coordinating Council

i. Purpose

To support, integrate and expand in-home and community capacity to ensure that individuals have timely access to quality care that appropriately meets their needs in North Simcoe Muskoka and in each of the five geographic areas, as well as to implement a LHIN-wide Seniors' Care Strategy to encourage and promote the wellness and independence of seniors and their caregivers

ii. Alignment with Local and Provincial Priorities

In addition to the NSM LHIN Integrated Health Service Plan 2013-16, the *Care Connections – Partnering for Healthy Communities* Health System Design Report and associated appendices (2011) and Ontario's Action Plan for Health Care (2012), the work of this Council and its respective Project Steering Committees are specifically aligned with the following initiatives:

Health Links Business Plans across NSM – Barrie Community Health Links, Couchiching Community Health Links, North Simcoe Community Health Links, Muskoka Community Health Links, and South Georgian Bay Community Health Links (2013).

Ontario Seniors' Secretariat (2013), Independence, Activity and Good Health: Ontario's Action Plan for Seniors, Queen's Printer for Ontario.

North Simcoe Muskoka Seniors Health Regional Action Group (July 31, 2009), Vision for an Integrated Regional Seniors' Health Program in North Simcoe Muskoka

Sinha, Samir K., Provincial Lead, Ontario's Seniors Strategy (January 2013), Living Longer, Living Well: Highlights and Key Recommendations From the Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on recommendations to inform a Seniors Strategy for Ontario

iii. Action Plans and Timelines

IN-HOME AND COMMUNITY CAPACITY COORDINATING COUNCIL

Health Service Provider Lead Organization(s): Independent Living Services of Simcoe County & NSM Community Care Access Centre

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Ensure collaborative and system-wide planning for seniors and individuals with complex needs is based on evidence and best practice	Compile analysis and themes from the NSM capacity reviews and studies in order to project demand, utilization and future capacity / need for service in the community	Will Complete	100	Will Complete	100		
	Enable the development and oversight of a Community Integrated Data Set (IDS) solution for North Simcoe Muskoka, resulting in a rich source of information for system and local planning	In Progress	50	Will Complete	100		
	Develop and endorse a region-wide Community Capacity Strategy for North Simcoe Muskoka which is strongly aligned with the vision of the LHIN and the goals of <i>Care Connections</i>	In Progress	80	Will Complete	100		
	Begin a phased implementation of the North Simcoe Muskoka Community Capacity Strategy which is aligned and supported by the LHIN and <i>Care Connections</i> Leadership Council	In Progress	40	Ongoing	80	Re-evaluate	100

SPECIALIZED GERIATRIC SERVICES - PROJECT STEERING COMMITTEE

Lead Organization: North Simcoe Muskoka LHIN

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Develop, validate and implement a LHIN-wide Specialized Geriatric Services	Develop recommendations for the NSM Specialized Geriatric Services Strategy in alignment with the NSM Community Capacity Strategy supported by the LHIN	Will Complete	100				
	Develop a project plan for implementation of the NSM Specialized Geriatric Services Strategy NOTE: * To be completed after 2016/17	In Progress	10	Ongoing	40	Ongoing	70*

iv. Current Project Resources

- To coordinate the work across the system with partners, a System Coordinator would be required for the planning and implementation of the NSM Community Capacity Strategy
- A LHIN Seniors Project Lead is required to lead the work of the Specialized Geriatric Services Strategy implementation and oversight.
- Continued funding is needed to support the Seniors' Physician Lead and Clinical Nurse Specialist roles

v. Risks to the Achievement of Objectives

- Current work being conducted in 2013/14 Q4 and 2014/15 Q1 on a refocused **Care Connections** Strategic Plan which may affect the work of the In-Home and Community Capacity Coordinating Council and corresponding Project Steering Committee
- The impacts of the **Care Connections** Phase One evaluation recommendations for improvement
- The lack of required human resources in the system (e.g. Personal Support Workers and Nurse Practitioners) to build capacity in and across community has been noted as an issue and challenge by various providers in NSM

vi. Risk Mitigation Strategies

- The **Care Connections** Second Curve group has been tasked under the LHIN Leadership Council to define what is required for a refocused **Care Connections** Strategic Plan which will include a communications strategy for all **Care Connections** Councils and Project Steering Committees.
- In conjunction with the Integrated Health Human Resource Coordinating Council, the council will raise HR opportunities and solutions as the Community Capacity Strategy is developed in order to address this risk.

vii. Key Enablers of Success

- Further development and implementation of Health Links across the five geographic areas, and building on the relationships / collaboration structures forming as a part of local Health Links
- A refocused **Care Connections** Strategic Plan to outline required capacity (programs & services) in NSM and its five geographic areas

2.1.3 Maternal, Newborn Child and Youth Coordinating Council and Community of Practice

i. Purpose

To design, implement and provide leadership in advancing the care and service delivery models for the maternal, newborn, child and youth populations in NSM LHIN

ii. Alignment with Local and Provincial Priorities

In addition to the NSM LHIN Integrated Health Service Plan 2013-16, the *Care Connections – Partnering for Healthy Communities* Health System Design Report and associated appendices (2011) and Ontario's Action Plan for Health Care (2012), the work of this Council and its respective Project Steering Committees are specifically aligned with the following initiatives:

Child, Youth and Family Services Coalition of Simcoe County (November 2012), Coalition Strategic Plan 2011-14

Healthy Kids Panel (February 2013), No Time to Wait: The Healthy Kids Strategy, Queen's Printer for Ontario

Provincial Council for Maternal & Child Health & Ministry of Health and Long-Term Care (December 2013) Quality-Based Procedures Clinical Handbook for Paediatric Tonsillectomy with and without Adenoidectomy, Queen's Printer for Ontario

Provincial Council for Maternal & Child Health & Ministry of Health and Long-Term Care (September 2013), Quality-Based Procedures Clinical Handbook for Hyperbilirubinemia in Term and Late Pre-Term Infants (≥35 weeks), Queen's Printer for Ontario

iii. Action Plans and Timelines

MATERNAL, NEWBORN CHILD AND YOUTH COORDINATING COUNCIL AND COMMUNITY OF PRACTICE

Health Service Provider Lead Organization: Orillia Soldiers' Memorial Hospital

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Effective collaboration among members who represent geographic areas, multiple sectors and ministries to identify gaps and initiate projects that have the optimum opportunity for success	Host meetings in five geographic area health service provider locations and include presenters who can speak to local gaps, needs and innovations in the provision of Maternal Child services	Will Complete	100				
	Evaluate meeting effectiveness at least twice per year	Ongoing – on target	100	Will Complete	100		
	Educate members on the vision and initiatives of other <i>Care Connections</i> or local planning groups as a means of reducing duplication and seizing opportunities for alignment and collaboration	In Progress	50	Will Complete	100		
	Invite a representative from the Ministry of Children and Youth Services (MCYS) to sit as a member of the Council	Will Complete	100				
Increase the health of children and reduce childhood obesity	Support the Chronic & Disease Prevention Management Project Steering Committee in its work to reduce childhood obesity	Will Complete	100				
Increase breastfeeding rates and increase period of breastfeeding improves health outcomes for moms and children later in life	Develop a North Simcoe Muskoka Regional Lactation Strategy	In Progress	25	Ongoing	50	Will Complete	100

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Increase access, clarify roles of health human resources and standardize care	Review the model of care and scope of practice for Obstetricians, Family Physicians and Midwives performing deliveries across the region; make recommendations for standardization and improvement	In Progress	50	Will Complete	100		
Improve health outcomes and system effectiveness by providing quality care for medically complex children closer home	Support the work to secure stable funding for the Complex Children's Care Navigation Program	Will Complete	100				
Increase access to high quality supports for expectant and new mothers with, or with a risk of, Post-Partum Mood Disorders	Collaborate with the Child & Adolescent Mental Health & Addictions PSC to ensure existing care pathways reflect maternal mental health and addictions services and supports	Ongoing		Ongoing		Ongoing	
	Advocate to the Provincial Council for Maternal and Child Health for funding and implementation of the North Eastern Ontario Mood Disorder Project in Simcoe Muskoka	In Progress	25	Ongoing	75	Will Complete	100
	Create funding proposal for continued education opportunities relating to maternal newborn mental health and addictions	Will Complete	100				
	Create funding proposal for the implementation of maternal mental health and addictions electronic pathways for physicians to click from their desktops	In Progress	50	Will Complete	100		

ACUTE CARE STANDARDS PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: Royal Victoria Regional Health Centre

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Optimize health and system efficiency by reducing C-sections and Inductions across the region in alignment with best practice	Develop and implement common clinical pathways, order sets and communication plans for C-sections and Inductions in local acute care hospitals	In Progress	50	Ongoing	75	Will Complete	100
Ensure system change is effective by informing work via a range of local experts and optimizing physician engagement	Host a region-wide planning day in April 2014 for Obstetricians, midwives and family physicians to work together, review local data and create recommendations for practice change regarding C-sections and inductions	Will Complete	100				
Standardize best practices which exemplify best practice across the region, thereby improving patient health outcomes and system cost effectiveness	Review practices and processes around Tonsillectomies and Hyperbilirubinemia (new Quality Based Procedures) and make recommendations for changes and standardization	In Progress	50	Will Complete	100		
Improve regional picture on local needs and standardization gaps	Create a process for the submission and analysis of BORN dashboard data from 6 local hospitals to the LHIN for use in determining needs for acute standardization	Will Complete	100				

DEVELOPMENTAL SERVICES PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: Children's Treatment Network of Simcoe York

Goal	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Awareness of and access to local supports for children and youth with developmental disabilities	Complete an inventory of services for children/youth with developmental disabilities and determine opportunities to address gaps. Create directory/algorithm that will be posted online and distributed to increase awareness.	In Progress	50	Will Complete	100		
Streamlined access to adult services for youth in transition	Partner with Developmental Services Ontario (DSO) to increase awareness of families of the transition process for youth who need to access adult services at age 18. Ensure the process begins earlier and streamline the application process for families.	In Progress	25	Ongoing	50	Will Complete	100
	Increase access to psychology services for those young adults applying to DSO by building on the resources of the Children's Treatment Network (CTN)	In Progress	25	Ongoing	50	Will Complete	100
Awareness and familiarity with tools, language and implementation of youth-focused programming	Align CTN youth rehabilitation services with the Transition to Independence Process (TIP) model being implemented across various sectors in Simcoe and Muskoka by sharing the information about TIP and focusing on youth and youth engagement across the network	In Progress	25	Ongoing	50	Will Complete	100
Interdisciplinary collaboration and continuity of care for children	Increase the number of providers and organizations who have access to the CTN shared record	In Progress	25	Ongoing	50	Will Complete	100
Timely access to appropriate care, close to home	Develop a model that improves and builds capacity in developmental Paediatric services in Muskoka	In Progress	25	Ongoing	50	Will Complete	100
Equitable access to augmentative communications, whether an individual is supported by the children's or adult systems.	Develop a briefing note outlining the needs for augmentative communications services for young adults and provide recommendations for improvement	In Progress	25	Ongoing	50	Will Complete	100

iv. Current Project Resources

The Council is receiving a full time System Coordinator for six months in 2014-15 to enable the council to work towards achieving its goals. Resources beyond this timeframe would support the timely and quality completion of work beyond this six-month period.

v. Risks to the Achievement of Objectives

- With the lack of a permanent coordinator, the efforts of the Council may be delayed or stopped.
- One source of data is needed for the consistent use of valid data and interpretation by service providers.
- The work of this council involves three distinct ministries (MOHLTC, MCYS and Education), which is important to keep on the radar and ensure strategies and mechanisms are undertaken to enhance communications for the required collaboration in order to achieve the goals together.

vi. Risk Mitigation Strategies

- Careful management of the Council's meeting schedule and project scope will mitigate the risk created by the lack of resources available to complete the deliverables.
- Collaboration with other Councils and Project Steering Committees (i.e. Mental Health and Addictions, Chronic Disease Prevention and Management) will enhance project success.
- LHIN decision support/performance as well as Ontario's Better Outcomes Registry and Network (BORN Ontario) supports will be leveraged as available to support the collection, interpretation and use of data.
- Ministry partners from MCYS will be invited to join the Council table. The LHIN will work closely to connect with MCYS and Ministry of Community and Social Services (MCSS) on Council issues. The Council will retain a member from the Child Youth and Family Services Coalition of Simcoe County. These initiatives will all be implemented as a means of decreasing the risk of duplication or lack of communication that comes with a target population that is served by multiple Ministries/Planners/Funders.

vii. Key Enablers of Success

- Information management and systems, particularly those packages and linkages which ensure information and patient flow across the system
- Consistent shared vision of a Community of Practice and system-wide approach
- Health human resources for required service delivery models improvements
- Linkage between Maternal, Newborn, Child & Youth Health system-wide work and the development of local Health Links

2.1.4 Mental Health and Addictions Coordinating Council

i. Purpose

To improve the care for individuals living with mental health and addictions conditions, thereby optimizing their health and well-being

ii. Alignment with Local and Provincial Priorities

In addition to NSM LHIN Integrated Health Service Plan 2013-16, the *Care Connections – Partnering for Healthy Communities* Health System Design Report and associated appendices (2011) and Ontario's Action Plan for Health Care (2012), the work of this Council and its respective Project Steering Committees are specifically aligned with Ontario's Mental Health and Addiction Strategy

iii. Action Plans and Timelines

MENTAL HEALTH AND ADDICTIONS COORDINATING COUNCIL

Health Service Provider Lead Organization: Waypoint Centre for Mental Health Care

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Ensure equitable, safe, timely access to mental health and addictions services	Streamline access to services and improve system navigation by making 211 a common point of access for information and referral on mental health and addictions services	Will Complete	100				
	Support the design of an adult mental health services continuum for the Francophone community	In Progress	75	Will Complete	100		
	Leverage Aboriginal networks to help derive best practices developed by NSM and elsewhere to address the improvement of mental health and addictions services	In Progress	55	Will Complete	100		

CHILD AND ADOLESCENT MENTAL HEALTH AND ADDICTIONS PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: Waypoint Centre for Mental Health Care

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Build child and adolescent mental health capacity across NSM community and mitigate access to acute care being the first point of patient support	Develop a strategy to enhance mental health and addictions services for the child and youth population including hospital-based, community and primary care	In Progress	50	Will Complete	100		
	Incrementally build child and youth mental health and addictions services capacity including services for Transition Aged Youth (age 14-25)	In Progress	75	Will Complete	100		
Improve client outcomes via timely, accessible, and effective screening and treatment	Inform the collaborative development and deployment of integrated screening programs for children and youth to include particular mental health and addictions related tools for specific age cohorts	Will Complete	100				

CRISIS RESPONSE AND COMMUNITY RESOURCES PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: Canadian Mental Health Association – Simcoe Branch

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Enhance crisis management and community resources for mental health and addictions for NSM and ensure that services are appropriately resourced and integrated.	Implement and integrate the future vision for mental health crisis services which has been outlined	In Progress	55	Will Complete	100		
	Develop and implement standards of care for treating mental health and addictions populations	In Progress	35	Ongoing	50	Will Complete	100
	Inform the collaborative development and deployment of integrated mental health and addictions screening programs and tools	Not Yet Started		In Progress	75	Will Complete	100
	Develop a repository of evidence-based screening and assessment tools to be accessible to health professionals	Not Yet Started	0	In Progress	50	Will Complete	100
	Expand coverage of community crisis and intervention and community withdrawal management services	In Progress	75	Will Complete	100		
	Establish referral pathway between local police and mental health and addictions programs	In Progress	30	Will Complete	100		
	Develop and deploy a strategy to engage employers as partners in accommodating individuals with mental health and addictions illness	Not yet started				Will Complete	100
	Build service capacity to address gaps in mental health and addictions services and implement community integration strategies in planning area	In Progress	50	Ongoing	75	Will Complete	100
	Leverage provincial efforts to design and deploy an education campaign targeted for both the public and professionals to reduce the stigma associated with mental health and addictions	In Progress	50	Ongoing	75	Will Complete	100
	Design a visiting specialist program, and other mobile services, to expand access to mental health services for rural, remote and isolated communities and Francophone and Aboriginal groups	In Progress	50	Ongoing	75	Will Complete	100

ACUTE CARE CLINICAL SERVICES PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: Waypoint Centre for Mental Health Care

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Ensure mental health and addictions acute care services are safe, timely, of high quality, person centred and fully integrated within the broader continuum of care	Build a regional acute care service system and redistribute 31 Schedule 1 beds from Waypoint Centre for Mental Health Care to Royal Victoria Regional Health Centre and Georgian Bay General Hospital according to benchmarks (of which 11 beds currently have been redistributed to RVH)	In Progress	50	Will Complete	100		
Improve coordination between acute care services and transitions between hospital and community	Implement common protocols and practices in acute care mental health services to create an integrated system of care	In Progress	50	Will Complete	100		

iv. Current Project Resources

The Council and three Project Steering Committees are also supported by the work of eight additional working sub-groups. Members of the Mental Health and Addictions groups represent a cross-section of sectors including education, child and youth, developmental services, public health and health. One full time System Coordinator has been hired to support the work of the Council and its project groups, and administrative support is provided in kind by Waypoint Centre for Mental Health Care and the Canadian Mental Health Association – Simcoe Branch.

v. Risks to the Achievement of Objectives

- Implementation of initiatives within planned / current health service provider, LHIN and MOHLTC resources and allocations (health human resources, physical space, psychiatry) within the timeframe required may result in revised timelines and partial implementation.
- Lack of access to system indicator data and data support to monitor progress
- Limited opportunity for expansion of Ontario Telemedicine Network (OTN) Personal Computer Video Conferencing (PCVC).
- Some objectives are dependent on the recruitment of specialty resources (i.e. child and youth psychiatrist required to move forward with regional model of care for child and youth, mental health and addictions specialists to provide Aboriginal and Francophone services)
- Limited improvement in access through quality improvement initiatives, as the historic flat funding levels have eroded the capacity for expansion. Currently people with similar needs may receive different levels of services depending on where they live in the region or cannot find services that are culturally safe and appropriate.

vi. Risk Mitigation Strategies

- Revise timelines and consider partial implementation where feasible
- Continue exploration of innovative ideas and collaborative strategies to address service gaps and inequitable distribution of resources across the region

vii. Key Enablers of Success

- Collaboration with other *Care Connections* Councils (e.g. System Navigation Council)
- Linkage with Health Links
- Technology enhancement supports such as OTN equipment, software which allows for better communication and access to specialized mental health and addictions resources
- Availability of evidence-based screening and assessment tools

2.1.5 Medicine Coordinating Council

i. Purpose

To improve the care and health outcomes for individuals requiring critical care services, emergency department services or, integrated vascular and/or stroke health care through collaborative work and facilitated implementation

ii. Alignment with Local and Provincial Priorities

In addition to NSM LHIN Integrated Health Service Plan 2013-16, the *Care Connections – Partnering for Healthy Communities* Health System Design Report and associated appendices (2011) and Ontario's Action Plan for Health Care (2012), the work of this Council and its respective Project Steering Committees are specifically aligned with the following initiatives:

Bell, R. and Robinson, L. [Steering Committee Co-Chairs] (March 2005), Final Report of the Ontario Critical Care Steering Committee, Critical Care Ontario

Cardiac Care Network of Ontario (February 2014), Strategy for Community Management of Heart Failure in Ontario, Cardiac Care Network

Cardiac Care Network of Ontario, Heart and Stroke Foundation and the Ontario Stroke Network (August 2012), Shaping the Future of Vascular Health: An Integrated Vascular Health Blueprint for Ontario

Critical Care Services Ontario (September 2012), Standards for Critical Care Nursing in Ontario

Health Quality Ontario & Ministry of Health and Long-Term Care (January 2013) Quality-Based Procedures: Clinical Handbook for Chronic Obstructive Pulmonary Disease, Queens Printer for Ontario.

Health Quality Ontario and Ministry of Health and Long Term Care (January 2013), Quality Based Procedures Clinical Handbook for Congestive Heart Failure, Queens Printer for Ontario

McKelvie, R.S; Moe, GW; Ezekowitz, J.A et al. (2013), The 2012 Canadian Cardiovascular Society Heart Failure Management Guidelines Update: Focus on Acute and Chronic Heart Failure, Canadian Journal of Cardiology, 2013-02-01, Vol 29 No. 2, pg 168-181

Ministry of Health and Long-Term Care (December 2013), Life or Limb Policy, Queen's Printer for Ontario

Ministry of Health and Long-Term Care, Critical Care Strategy

Task Force for the Diagnosis and Treatment of Acute and Chronic Heart Failure 2012 of the European Society of Cardiology (2012) European Society of Cardiology, Guidelines for the Diagnosis and Treatment of Acute and Chronic Heart Failure, European Heart Journal, 33, 1787–1847

iii. Action Plans and Timelines

MEDICINE COORDINATING COUNCIL

Health Service Provider Lead Organization: Royal Victoria Regional Health Centre

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Improve health outcomes through the standardization of care, access to effective services closer to home, and optimization of health and human resources in critical care, vascular services and emergency department care	Collaborate at a leadership level to oversee, champion and provide expertise to the project work being completed the steering committees of the council	In Progress	33	Ongoing	66	Will Complete	100
	Leverage council expertise to identify gaps and innovative solutions based on best practice	In Progress	33	Ongoing	66	Will Complete	100
	Authorize improvements to the system by escalating barriers and bring forth collective accountability	In Progress	33	Ongoing	66	Will Complete	100

CRITICAL CARE PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: Royal Victoria Regional Health Centre

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Improve patient flow and capacity to provide timely care by standardizing and collaborating to fill current critical care inequities and gaps	Develop and implement a LHIN-wide approval process for regional critical care initiatives, including a regional agreement to share patient order sets	In Progress	90	Will Complete	100		
	Develop, disseminate, implement, evaluate and update standardized care process protocols that are consistent with CritiCall requirements	In Progress	40	Ongoing	80	Will Complete	100
	Create a LHIN-wide critical care referral communication and education plan that will ensure physician engagement and successful adoption of system improvements	In Progress	40	Ongoing	80	Will Complete	100
	Pilot a project to leverage the existing Critical Care Outreach Teams, a LHIN-wide resource, to gain lessons learned and develop plans to implement long term	In Progress	40	Ongoing	80	Will Complete	100
Improve patient flow, system capacity and effective care through the implementation of a LHIN-wide Life or Limb policy as mandated by the Ministry of Health and Long Term Care (MOHLTC)	Create in inventory of critical care services and submit to CritiCall for use in provincial referrals and triaging	Will Complete	100				
	Develop a process to implement the MOHLTC Life or Limb mandate lead by Critical Care Services Ontario (CCSO)	Will Complete	100				
	Implement a region-wide Life or Limb Repatriation Agreement	Will Complete	100				
	Support the development of surge plans for each individual hospital in the region	Will Complete	100				
	Collaborate with the Transportation Council to review current transportation model and plan to mitigate any risks identified	Will Complete	100				
	Develop LHIN-wide Human Resource Plan to support the successful implementation and future sustainability of the Life or Limb Policy	Will Complete	100				
	Participate in provincial evaluation of the Life or Limb Policy. Conduct further local evaluation or apply lessons learned as needed on a local level.	Ongoing	90	Will Complete	100		

INTEGRATED VASCULAR PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: Royal Victoria Regional Health Centre

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Improve access closer to home by providing advanced cardiac services (interventional cardiology) within NSM	Implement a plan for Stand Alone Percutaneous Coronary Intervention (Angioplasty) services at RVH	In Progress	50	Will Complete	100		
Develop a comprehensive congestive heart failure strategy that ensures quality care which aligns with quality based procedures	Develop and implement standardized order sets, care pathways, and a common approach for Heart Function Clinics	In Progress	50	Ongoing	75	Will Complete	100
	Partner with Southlake Regional Health Centre for Advanced Heart Failure Management	In Progress	50	Ongoing	75	Will Complete	100
Implement recommendations for stroke in alignment with quality based procedures.	Design and implement three Integrated Stroke Units, inclusive of expansion of stroke prevention services	In Progress	33	Ongoing	68	Will Complete	100

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Facilitate the implementation of standardized vascular care across NSM.	Develop a LHIN-wide education program for vascular assessment and referrals	In Progress	50	Ongoing	75	Will Complete	100
	Collaboratively conduct a feasibility study for the establishment of region-wide vascular program	In Progress	50	Ongoing	75	Will Complete	100

EMERGENCY DEPARTMENT PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: Royal Victoria Regional Health Centre

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Improve LHIN-wide access and quality of care in the local emergency departments especially in the areas of plastics, orthopaedics and mental health	Collaborate with subject matter experts in plastics, orthopedics and mental health to implement standardized best practice, staff training, pathways and tools for use in local emergency departments	In Progress	50	Will Complete	100		
Provide timely access to effective care by reducing ambulance off-load times	Develop a strategy informed by best practice with standardized definitions, processes and monitoring of ambulance off load times in the pursuit of meeting the 30 minute standard	Will Complete	100				
Provide effective and standardized care for all patients across the LHIN through standardization based on best practice	Measure the utilization and outcomes of the four LHIN-wide medical directives adopted in 2013/14 (Backboard Removal by Nurses, Sepsis, Pain Management, Nausea and Vomiting in Children). Use findings to determine opportunities to improve or apply to future work.	Will Complete	100				
Provide timely access, effective care and efficient patient flow, by improving the 90 th percentile admit time (time from physician decision to admit to the admission to bed)	Review best practice and pilot projects to address 90 th percentile admit time in other regions. Use findings to inform local planning building upon the lesson learned.	In Progress	33	Ongoing	67	Will Complete	100

iv. Current Project Resources

- Currently two full time System Coordinators support the work of the Medicine Council and the three Project Steering Committees. The contract of these coordinators is currently time limited and continuation of the work depends on not only continuing this support but further increasing it so that both Critical Care and Emergency each have its own dedicated resources.
- Further short term support would be invaluable to ensure the timely implementation of the mandated Life or Limb Policy.
- Decision support is required while planning and implementing.
- Sustained Physician Leadership, both formal and informal, is critical to support the work.
- Lack of internal resources at each site makes it difficult to implement changes and sustainable improvements. Dedicated resources, training and engagement strategies are needed to be successful in implementation of new policies and standards.

v. Risks to the Achievement of Objectives

- To coordinate the work across the system with partners, a System Coordinator would be required for the planning and implementation of the project work.
- Repatriation agreements require accountability amongst the impacted health service providers.
- Intensive Care Unit funding model requires standardization/updating.
- Implementation of LHIN-wide Critical Care Outreach Team pilot project is dependent on engagement of current lead agency.
- Hospital commitment is needed to fully collaborate and create common priorities, goal and objectives.
- Significant work is required to effect system transformation and, therefore, without extreme commitment, daily operations/core work remains the focus.
- Lack of health service provider commitment, or weak commitment to the provision of internal education resources
- Not receiving Critical Care Network support and Ministry approval for SA PCI Program
- Lack of coordinated communications from the LHIN, Councils and Projects Steering Committees to better influence and guide change (communication flow)

vi. Risk Mitigation Strategies

- Continue to advocate around the value of system coordinators to move transformation forward
- Continue to consider governance, funding and resource allocation when managing project work
- Ensure working relationships are productive with open communication and that agreed upon objectives are met within collaboration approach
- Continually review project status, identify barriers, define mitigation strategies, and escalate issues requiring resolution through the *Care Connections* Operations Committee and LHIN Leadership Council if required
- Develop innovative, collaborative strategies to share resources
- Request that HSPs re-affirm their commitment to *Care Connections*

vii. Key Enablers of Success

- Decision support to support the work of the projects
- Technology, connectivity and sharing of patient records need to be streamlined to optimize patient flow
- Strong partnerships among other Coordinating Councils to develop systems based on best practice
- Strong leadership and accountability from service providers and the LHIN in implementing change

2.1.6 Surgery Coordinating Council

i. Purpose

To improve the surgical care for individuals living in North Simcoe Muskoka through the implementation of a comprehensive, coordinated and integrated surgical program

ii. Alignment with Local and Provincial Priorities

In addition to NSM LHIN Integrated Health Service Plan 2013-16, the *Care Connections – Partnering for Healthy Communities* Health System Design Report and associated appendices (2011) and Ontario's Action Plan for Health Care (2012), the work of this Council and its respective Project Steering Committees are specifically aligned with the following initiatives:

Integrated Orthopaedic Capacity Plan (IOCP)

Ministry of Health and Long-Term Care (June 2012), Quality-Based Procedures Clinical Handbook for Primary Unilateral Hip Replacement, Queens Printer for Ontario

Health Quality Ontario & Ministry of Health and Long-Term Care (November 2013), Quality-Based Procedures Clinical Handbook for Primary Hip and Knee Replacement, Queen's Printer for Ontario

Vision Care Clinical Advisory Group & Ministry of Health and Long-Term Care (October 2013), Quality-Based Procedures Clinical Handbook for Cataract Surgery, Queens Printer for Ontario

iii. Action Plans and Timelines

SURGERY COORDINATING COUNCIL

Health Service Provider Lead Organization: Collingwood General & Marine Hospital (CGMH)

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Improve health outcomes through standardization of surgical services based on best practice with focus on the areas of orthopaedics, plastics and ophthalmology	Collaborate at a leadership level to oversee, champion and provide expertise to the project work being completed by the steering committees of the council	Ongoing	33	In Progress	66	Ongoing	100
	Leverage council expertise to identify gaps and innovative solutions based on best practice	Ongoing	33	In Progress	66	Ongoing	100
	Develop a systems approach to the measurement and evaluation of surgery services in NSM	Ongoing	33	In Progress	66	Ongoing	100

MUSCULOSKELETAL PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: Collingwood General & Marine Hospital (CGMH)

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Improve patient access to high quality orthopaedic surgical care within the region	Implementation of an Integrated LHIN-wide Musculoskeletal program	Will Complete	100				
	Repatriation of hip fracture surgeries currently occurring outside the region back to NSM as appropriate	Will Complete	100				
	Repatriation of elective hip and knee replacement surgeries occurring outside of the region back to NSM	Dependent on ministry negotiation					
	Implement a performance measurement system which considers volumes of patient leaving the LHIN for	In Progress	50	Will Complete	100		

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
	services, cost per case, and wait times						
	Work with rehabilitation to maximize access to services	Will Complete	100				
	Ensure capacity of hospitals to manage the negotiated hip and knee replacement volumes	Will Complete	100				

PLASTICS PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: Collingwood General & Marine Hospital (CGMH)

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Improve patient access to high quality plastic surgery services within the region	Development of a plan for an integrated LHIN-wide program for plastic surgery	Will Complete	100				
	Implement the plan for an integrated LHIN-wide program for plastic surgery	In Progress	75	Will Complete	100		
	Implement a performance measurement system which considers volumes of patient leaving the region for services, cost per case, and wait times.	In Progress	50	Will Complete	100		
	Work with rehabilitation to maximize access to services			Will Complete	100		

OPHTHALMOLOGY PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: Collingwood General & Marine Hospital (CGMH)

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Improve patient access to high quality ophthalmology services within NSM	Develop a plan for regional ophthalmology services which is aligned with the directions of the Ministry of Health and Long-Term Care	Will Complete	100				
	Implement the plan for LHIN-wide ophthalmology services	Dependent on Ministry direction					

iv. Current Project Resources

- Currently there is one full time Systems Coordinator allocated to the work of the surgery council. There is also some data support for data analysis for planning purposes.
- Ideally additional resources could fill in existing gaps. These include a half time staff for the management of the patient registry, a half time staff to track performance and system level data, and project management support of the proposal for ophthalmology if approved by the LHIN and MOHLTC

v. Risks to the Achievement of Objectives

- To coordinate the work across the system with partners, a System Coordinator would be required for the planning and implementation of the committee.
- System collaboration and ownership that requires shared accountability and responsibility with trust and confidence amongst health system partners to be engaged in health system change and integration for the greater good
- Time and resources required by health system partners to administratively commit to the implementation of Council goals and objectives, thus ensuring success and achieved outcomes
- Multiple stakeholders and roles resulting in unclear responsibility and accountability for decision making

- Dependence on the ministry for quality based procedures and negotiation on elective patient volumes
- Ministry direction on Specialty Clinics for ophthalmology and other patient population including labour relations
- Changes to health care removing surgical procedures from smaller hospitals and the impact on overall hospital function
- Uncertainty in the changes to the rehabilitation sector and potential access issues for musculoskeletal (MSK) patients

vi. Risk Mitigation Strategies

- Continue to advocate around the value of system coordinators to move transformation forward
- Ongoing dialogue with the Senior Leadership of the NSM LHIN and health system partners
- Reasonable and coordinated deliverables that respect the time of the partners to implement the Council goals and objectives that maximize the use of the HHR resources assigned to the Surgery Council
- Ongoing dialogue with the LHIN on decision-making framework
- Ongoing dialogue with the ministry and provision of support to the development of the Quality Based Procedures.
- Work closely with the rehabilitation sector in NSM LHIN to maximize the effectiveness of the services provided for MSK patients

vii. Key Enablers of Success

- Ongoing resource for the Surgical Coordinator role
- Clarification of vision for acute care hospital services within our LHIN to ensure Surgery Council vision of five strong acute care hospital surgery programs is aligned in order to support and enable the work of Steering Committees and their work plans
- Surgery Council members possess ability to bind their organization in discussion/decisions
- Implementation of processes and structures to enhance communications and knowledge transfer among all **Care Connections** Councils and Steering Committees regarding goals, work plans and accomplishments to date

2.1.7 Communications and Community Engagement Coordinating Council

i. Purpose

To provide advice, coordinate messaging and determine how to pursue a more collective and strategic approach to communications in support of *Care Connections* Councils and Project Steering Committees

ii. Alignment with Local and Provincial Priorities

In addition to NSM LHIN Integrated Health Service Plan 2013-16, the *Care Connections – Partnering for Healthy Communities* Health System Design Report and associated appendices (2011) and Ontario's Action Plan for Health Care (2012), the work of this Council and its respective Project Steering Committees are specifically aligned with the following initiatives:

Sinha, Samir K., Provincial Lead, Ontario's Seniors Strategy (January 2013), Living Longer, Living Well: Highlights and Key Recommendations From the Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on recommendations to inform a Seniors Strategy for Ontario

Ontario's plan for Community Health Links

iii. Action Plans and Timelines

COMMUNICATIONS AND COMMUNITY ENGAGEMENT COORDINATING COUNCIL

Lead Organization: North Simcoe Muskoka LHIN

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Develop and build support for integration of communications and community engagement principles and practices into daily <i>Care Connections</i> activities, projects and initiatives	To develop, implement and evaluate an overarching <i>Care Connections</i> Communication and Community Engagement Plan	Will complete	100	Implement: In progress Evaluate – Interim: In progress	60 60	Implement: Will complete Evaluate – Interim: Will complete	100 100
Ensure effective and consistent messaging, focusing on <i>Care Connections</i> vision, progress and successes	Provide recommendations forward to the <i>Care Connections</i> Operations Committee on consistent messaging	Recommendations on consistent messaging ongoing with respect to changing issues, priorities and climate					
Ensure effective and timely communications and community engagement initiatives and support	Communicate the effectiveness of system-wide change initiatives	Communication of system-wide change initiatives ongoing; aligned with individual Council implementation plans					
Ensure effective and timely communications and community engagement initiatives and support	Strategize around common communication and engagement opportunities, challenges and risks	Ongoing, based-on individual Council priorities and implementation plans					
Ensure effective and timely communications and community	Participate in major <i>Care Connections</i> activities requiring support of Communications and Community	Ongoing, based-on individual Council priorities and implementation plans					

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
engagement initiatives and support	Engagement						
Ensure effective and timely communications and community engagement initiatives and support	Evaluate the effectiveness of the Council on an annual basis	Ongoing, based-on year end evaluation					

iv. Current Project Resources

The Council currently comprises nine members representing hospitals and other HSPs across North Simcoe Muskoka, as well as three members from the NSM LHIN, including the Council Chair.

The Council meets monthly, with additional work/projects undertaken on a limited and ongoing basis as resources allow.

v. Risk to the Achievement of Objectives

- System collaboration and ownership that requires shared accountability and responsibility with trust and confidence amongst health system partners to be engaged in health system change and integration for the greater good.
- Common understanding of Council mandate and associated expectation management
- Time and resources required by health system partners to administratively commit to the implementation of Council goals and objectives, thus ensuring success and achieved outcomes.
- Successful integration and/or leveraging of existing communication tools and resources across all health service providers

vi. Risk Mitigation Strategies

- Develop Communications and community engagement framework and strategy, to be presented to Leadership Council along with request for endorsement and commitment to supporting objectives through the efforts of all partner HSPs
- Develop and implement tools and processes to facilitate information gathering, updates, effective communications, presentations to other councils and Leadership Council as needed
- Contribute to the development of the plan to support *Care Connections* Second Curve initiatives

vii. Key Enablers of Success

- Effective and demonstrative leadership from all health service providers
- Effective and meaningful knowledge exchange
- Willingness for cultural change
- Linkages between CCE Council all CC Councils to better inform community engagement, messaging to key stakeholders, announcements to the public, and general communications activity and development of supporting materials
- Integration of communications and community engagement into the daily work and activities of all CC Councils

2.1.8 Governance Coordinating Council

i. Purpose

To provide leadership in the transformation of the NSM LHIN system of governance from an individual, provider-centric model to a person-centred model of collaborative governance which is characterized by health system and population health based decision-making

ii. Alignment with Local and Provincial Priorities

In addition to NSM LHIN Integrated Health Service Plan 2013-16, the *Care Connections – Partnering for Healthy Communities* Health System Design Report and associated appendices (2011) and Ontario's Action Plan for Health Care (2012), the work of this Council and its respective Project Steering Committees are specifically aligned with the following initiatives:

Local Health System Integration Act, 2006 - The Act is to provide for an integrated health system to improve the health of Ontarians through better access to high quality health services; to coordinate health care in local health systems and across the province; and to effectively and efficiently manage the health system at the local level by Local Health Integration Networks. 2006, c. 4, s. 1:

- Identifying integration opportunities
24. Each LHIN and each health service provider shall separately and in conjunction with each other identify opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services. 2006, c. 4, s. 24.
- Integration by networks
25. A local health integration network may integrate the local health system by,
 - a) providing or changing funding to a health service provider under subsection 19 (1);
 - b) facilitating and negotiating the integration of persons or entities where at least one of the persons or entities is a health service provider or the integration of services between health service providers or between a health service provider and a person or entity that is not a health service provider;
 - c) issuing a decision under section 26 that requires a health service provider to proceed with the integration described in the decision; o
 - d) issuing a decision under section 27 that orders a health service provider not to proceed with the integration described in the decision. 2006, c. 4, s. 25 (1).

iii. Action Plans and Timelines

GOVERNANCE COORDINATING COUNCIL

Lead Organization: North Simcoe Muskoka LHIN

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Oversee the development of a new governance model for an integrated health system in North Simcoe Muskoka, as informed by evidence and Ontario's Action Plan for Health Care	Establish principles and dispute resolution protocols / mechanisms to guide Health Service Provider (HSP) governance level decision making	In Progress	75	Will Complete	100		
	Establish system performance metrics to which all HSPs are held accountable	In Progress	50	Will Complete	100		
	Establish management protocols that document expectations of the HSP Boards Directors regarding fiduciary duty and conflicts of interest	In Progress	50	Will Complete	100		
	Establish communications policies and processes for the purpose of information sharing and decision making amongst Boards	In Progress	50	Will Complete	100		
	Establish "delegation of authority" mechanism that empowers leaders to commit organizations to system improvements, where possible	In Progress	50	Will Complete	100		

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
	Establish tools to assess and support HSP boards in resource allocation decisions that will lead to a coordinated continuum of health	In Progress	50	Will Complete	100		
	Align with supportive provincial legal framework	In Progress	50	Will Complete	100		
Oversee the Development of a governance education plan for the health system	Survey LHIN HSPs' needs through Board education on governance in a 'one health system' model/environment	In Progress	25	Ongoing	50	Will Complete	100
	Develop inventory of existing governance education providers and related courses, materials, tools for board use, etc.	In Progress	25	Ongoing	50	Will Complete	100
	Establish a system-wide Education Plan for the HSP Boards	In Progress	25	Ongoing	75	Will Complete	100
	Establish schedule of geographic area and LHIN-wide education sessions	Will Complete	100				
	Establish schedule of geographic area, LHIN-wide and Inter-LHIN education from 2014/15 to end of 2016/17	In Progress	25	Ongoing	75	Will Complete	100

iv. Current Project Resources

- The Council consists of twelve voting members, including Board Governors and Chief Executive Officers from across health care sectors (LHIN and non-LHIN funded) with administrative support provided by four non-voting LHIN staff.
- Meetings are held five times per year and with members attending the quarterly Governance Education Sessions held in each geographic area.
- Twice per year external resources support Governance Education Sessions on "system thinking and system transformation" when deemed appropriate.
- Support from MOHLTC Health Systems Transformation Branch, Primary Care Branch, Health System Funding Reform, Health Quality Ontario, etc., is appreciated and partnerships have been established to enable this support.
- It is noted that many governors in the system have full or part-time employment or are retired with busy volunteer and family commitments; therefore, attendance at sessions in all five geographic sub-planning areas can be a challenge.

v. Risks to the Achievement of Objectives

- Insufficient time and resources to complete tasks in a timely fashion
- Some LHIN-funded Health Service Provider organizations may not have identified governance in a 'one system' model as a strategic priority for their organization

vi. Risk Mitigation Strategies

- Review proposed Council timelines and resource requirements and make adjustments to ensure a manageable process
- Continue to work with each HSP to identify appropriate strategy for the individual organization to support its journey in getting to the desired position
- Monitor changes that may evolve over the course of the project; LHISA and other related legislation that impact the governance of HSPs and align the governance model to reflect any changes that may occur over time

vii. Key Enablers of Success

- A refocused *Care Connections* Strategic Plan for North Simcoe Muskoka to enable more informed discussions at upcoming Regional Governance Sessions in order to achieve the vision of *Healthy People. Excellent Care. One System.*

2.1.9 eHealth Coordinating Council

i. Purpose

To support systems that enable evidence-informed care and monitoring performance of the system. Electronic Health (eHealth) is a critical enabler to LHIN strategic priorities and there are opportunities to improve LHIN-wide information integration and build capacity within our community.

ii. Alignment with Local and Provincial Priorities

In addition to NSM LHIN Integrated Health Service Plan 2013-16, the *Care Connections – Partnering for Healthy Communities* Health System Design Report and associated appendices (2011) and Ontario's Action Plan for Health Care (2012), the work of this Council and its respective Project Steering Committees are specifically aligned with the following initiatives:

Ontario's eHealth Strategy

Personal Health Information (PHI) and Privacy by Design

Electronic Health Records (EHR) system development

Provincial and six LHIN cluster-level eHealth projects

iii. Action Plans and Timelines

eHEALTH COORDINATING COUNCIL

Lead Organization: North Simcoe Muskoka LHIN

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Build capacity for the sustainability of LHIN-wide implementation of provincial and local information management projects, based on evidence, best practice and leading innovation	Collaborate on Health Links Information Technology requirements to ensure patient-centred approach and privacy by design in design for all electronic solutions, in compliance with PHIPA, 2004	In Progress	75	Will Complete	100		
	Promote the ePrescribing pilot project implementation among the hospital, the physicians and pharmacists for medication management in the Collingwood / Wasaga Beach & Area to potentially spread across North Simcoe Muskoka	In Progress	75	Will Complete	100		
	Implement and spread Hospital Report Manager (HRM) across NSM	In Progress	75	Complete	100		
Create a quality based information management system to support system-wide and local transformation that is accessible, integrated, efficient, effective, person-centred and sustainable	Measure and evaluate IT project implementation and system outcomes, and when completed conduct project close out	Ongoing		Ongoing		Ongoing	
	Build capacity in the system for Project Management by facilitating education and training for health system partners	In Progress	75	Will Complete	100		
	Identify system-wide gain sharing opportunities through the identification of real costs being saved through the implementation of technology solutions	In Progress	75	Will Complete	100		
	Establish a NSM IT Directors Collaborative forum for operational knowledge exchange and to support the work of the Council	Will Complete	100				
	Support program implementation in community with	In	75	Will	100		

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
	information management systems to enable accessible patient level data / information and alternative means for service deliver (e.g. Community Care Information Management, Common Assessment Project, Integrated Assessment Record, Telehomecare, etc.).	Progress		Complete			
	Adopt and implement a set of information management standards, policies and processes as established by Canada Health Infoway and supported by the eHealth Council	In Progress	75	Will Complete	100		
	Monitor and measure performance of projects governed by the standards in order to track project completion and integration to enable program development (e.g. connection GTA, Ontario Laboratory Information Systems, Resource Matching and Referral, Diagnostic Imaging Repositories, etc.)	In Progress	75	Will Complete	100		

iv. Current Project Resources

- The LHIN is the Chair for the eHealth Council, with Project Management support provided by the LHIN.
- HSP member involvement and leadership supports the implementation of projects in a timely manner.

v. Risks to the Achievement of Objectives

- Limited capacity within some health service providers (HSPs) to participate fully in eHealth initiatives due to information systems not operating at the capacity in which may be required to interface with local or system-wide IT solutions

vi. Risk Mitigation Strategies

- NSM LHIN's PMO (Project Management Office) to serve as catalyst for LHIN HSPs in regards to shared services for human resources, PMO and EHR (Electronic Health Records) technology assessment and implementation
- eHealth Council's ability to effectively engage stakeholders to support implementation, knowledge exchange and adoption of initiatives
- Continued leadership from NSM to work with the Ministry of Health and Long-Term Care, eHealth Ontario, Canada Health InfoWay, Health Quality Ontario, and local health service providers and community partners to promote culture shifts and system thinking

vii. Key Enablers of Success

- Ontario LHINS Privacy Toolkit completed by NSM LHIN in 2011. Privacy by Design, PHIPA, 2004 legislation is foundational to all business plans and technology implementations
- Cloud based Electronic Health Record
- Leveraging IT Directors Collaborative Group's depth of IT and operational management experience to better collaborate, share resources and remove barriers to enable a better service
- Support and capacity by NSM LHIN Project Management Office
- Continue leveraging relationships and subject matter expertise of the Information and Privacy Commissioner of Ontario for NSM electronic health projects
- Continue promoting and encouraging adoption of the regional EHR philosophy among HSPs

2.1.10 Integrated Health and Human Resources Coordinating Council

i. Purpose

To create a health human resource strategy for North Simcoe Muskoka and provide strategic health human resources advice that informs decisions and enables system transformation

ii. Alignment with Local and Provincial Priorities

In addition to NSM LHIN Integrated Health Service Plan 2013-16, the *Care Connections – Partnering for Healthy Communities* Health System Design Report and associated appendices (2011) and Ontario's Action Plan for Health Care (2012), the work of this Council and its respective Project Steering Committees are specifically aligned with the following initiatives:

Supporting evidence-based health human resources planning by implementing key initiatives discussed in the *Inter-professional Care: A Blueprint for Action in Ontario*, 2006.

Health Force Ontario 2.0 Plan, 2014 and Beyond, Health System Transformation, MOHLTC.

iii. Action Plans and Timelines

INTEGRATED HEALTH HUMAN RESOURCES COORDINATING COUNCIL (IHHR)

Lead Organization: North Simcoe Muskoka LHIN

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Develop a LHIN-wide Health Human Resource Recruitment and Retention Strategy with tools, processes and targets to recruit new capacity and maintain current resources based on the needs of a transforming system	Develop a recruitment portal linked to existing databases; identify gaps and technology requirements and permissions; and a marketing plan to develop a compelling branding www.nsmhealthline.ca	Will Complete	100				
	Develop a common 'brand' and joint marketing/advertising initiative to attract new talent into the region with a supporting shared database of resource pool to enable applicant tracking system for www.nsmhealthline.ca leads	In Progress	50	Will Complete	100		
	Inventory of best practice from other www.nsmhealthline.ca tools in order to adopt portal policies and information sharing best practices which support health service providers (HSPs)	In Progress	50	Will Complete	100		
	Establish a plan to achieve a target of 30% of position placements across the LHIN to be from outside the LHIN	In Progress	50	Will Complete	100		
	Establish a plan to achieve a target of 80% of funded HSPs, including www.nsmhealthline.ca for all recruitment activity	In Progress	50	Will Complete	100		
	Identify roles that are at highest risk for recruitment and retention in order to establish shared human resources for two new integrated service delivery models in NSM	In Progress	25	Ongoing	75	Will Complete	100
Establish mechanisms for knowledge exchange, education and standardization of Integrated HHR models of	Standardize process for sharing HR policies and best local practice through utilization of www.nsmhealthline.ca as an information portal of best practices to achieve a target of 50% of HSPs sharing policies on the portal	In Progress	25	Ongoing	75	Will Complete	100

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Care and best practices to align with system transformation	Develop LHIN-wide learning strategies and programs across providers (e.g., common credentialing process for physicians, new mix of providers on care team, etc.) to support achieving the target of two new integrated service delivery models enhanced by new staffing / team models	In Progress	50	Ongoing	75	Will Complete	100
Enhance Development of Safe Work Environment	Assist and encourage the creation of workforce mobility strategy and programs, including the strategy for collaboration on employee programs for <i>Care Connections</i> Initiatives and Service Delivery Integrations	In Progress	25	In Progress	75	Will Complete	100
Optimize Integrated Health Human Resources Service Delivery to support System Transformation.	Collaborate with labor unions and ministries to develop flexible arrangements and expand scope; knowledge sharing through repository of HR leading practices, tools, programs, policies and other useful information; HR shared services feasibility study/business case; and shared labor relations expertise.	In Progress	25	Ongoing	50	Ongoing	75
	Explore opportunities to optimize clinical scope of practice and support organizations and programs to understand and participate in the development and understanding of legislation relative to College and Provincial legislative changes	In Progress	25	Ongoing	25	Will Complete	100

iv. Current Project Resources

The current resources allocated to the IHHR Council are 'in-kind' with no designation of funding specific to support the Council. With a dedicated core group of professionals, and with an interest in moving the system forward, the Council meets its goals and objectives.

An opportunity exists within the IHHR Council to further expand on its goal and objectives by funding a System Coordinator to address specific responsibilities and deliverables of the Council.

v. Risks to the Achievement of Objectives

- Involvement of hospitals in IHHR planning and being part of a system-wide effort to recruit, retain, plan and develop local talent in the health system
- Competitive environment for limited talent
- Diverse Human Resources Information Systems (HRIS); 'one source of truth' not available to support planning
- Variety of different staffing standards and skill mix by health services providers and program delivery; presents a challenge when implementing new service models
- Variations to the feasibility of incorporating a standardized model at all sites to deliver care. In the event that clinical areas identify unique inpatient programs at certain sites, this may result in shifts in resourcing to align with patient profiles.
- Variability among stakeholders as to the appropriate scope of responsibilities for unregulated staff in supporting professionals while meeting the holistic needs of patients
- Current funding models for physicians in some programs may not incent recruitment and retention; and Health System Funding Reform may impact the recruitment of physician specialties
- Siting and sizing of programs may shift resourcing from one site to another, which may result in staffing changes or layoffs; involvement with labor unions will be critical in implementing evolving workforce and resourcing models

vi. Risk Mitigation Strategies

- Continue to work closely with Health Force Ontario (HFO) and Health Quality Ontario (HQO) to align initiatives supporting the Inter-professional Care: A Blueprint for Action in Ontario, 2006 and the HQO Common Quality Agenda
- Support the *Care Connections* Councils during planning and implementation of Integrated Service Delivery Models
- Work with NSM Health System Funding Reform Local Partnership group to identify opportunities for shared service models and new system funding initiatives

vii. Key Enablers of Success

- Coordination of information on initiatives across all *Care Connections* Coordinating Councils and Project Steering Committees

2.1.11 System Navigation Coordinating Council

i. Purpose

To share information, provide advice, and offer recommendations in an effort to facilitate a consistent approach to health care navigation in North Simcoe Muskoka

ii. Alignment with Local and Provincial Priorities

In addition to NSM LHIN Integrated Health Service Plan 2013-16, the *Care Connections – Partnering for Healthy Communities* Health System Design Report and associated appendices (2011) and Ontario's Action Plan for Health Care (2012), the work of this Council and its respective Project Steering Committees are specifically aligned with the following initiatives:

Ontario's Action Plan for Seniors

Community Health Links and linkage with Primary Care

iii. Action Plans and Timelines

SYSTEM NAVIGATION COORDINATING COUNCIL

Health Service Provider Lead Organization: NSM Community Care Access Centre

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Supports a seamless and coordinated experience for patients that supports their healthcare journey Reduces resource burden through coordination of care Supports right care, in the right place, at the right time increasing patient safety Focuses care at home	Develop a system navigation framework, define system navigation, define the role of a system navigator (informed by the Health Link needs) To gather system navigation requirements of 5 NSM Health Links in order to understand and facilitate development of a framework, common definitions and options for system navigation	Initiation	25	In Progress	75	Will Complete	100
To maintain current and accurate information and referral database	To create a process to ensure LHIN-wide data inventory is maintained and updated as per AIRS standards	In Progress	75	Will Complete	100		
Through www.nsmhealthline.ca , comprehensive information is available to consumers and professionals to support their ability to navigate the system Support system navigation access and self-navigation	To leverage www.nsmhealthline.ca functionality to support programs, initiatives and organizations to showcase / communicate information	In Progress	25	Ongoing	50	Will Complete	100
To adopt and use consistent tools to share information and decrease the assessment burden	To incorporate the concepts of evidence based assessment as they are implemented as a part of the broader health system NOTE: *carry over past 2016/17	In Progress	25	Ongoing	50	Ongoing	75*

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
To educate and make others aware of System Navigation Council and Project Steering Committees	To develop and implement a community engagement and communications Strategy for System Navigation NOTE: *carry over past 2016/17	Not yet started		Ongoing	25	Ongoing	50*
	To develop and implement a marketing and communications strategy for Information and Referral Project Steering Committee	Not yet started		In Progress	75	Will Complete	100
To develop best practices based on research for successful transitions that supports system navigation	To plan and develop strategies to support transition safety including patient transportation / transfer protocols, discharge protocols, corridor of care agreements and repatriation agreements	In Progress	25	Ongoing	75	Will Complete	100
Supports a consistent experience and approach based on best practice for successful transitions	To plan and develop protocols that align with and support the Health Link activities related to system navigation and transitions			In Progress	50	Will Complete	100

INFORMATION AND REFERRAL PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: NSM Community Care Access Centre

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Supports consistent and standardized information collection to ensure a high quality of information captured To maintain current and accurate information and referral database	To create a process to ensure LHIN-wide data inventory is maintained and updated as per AIRS standards	In Progress	75	Will Complete	100		
Supports awareness of information through www.nsmhealthline.ca , information is available to consumers and professionals to support their ability to navigate the system To educate and make others aware of System Navigation Council and Project Steering Committees	To develop and implement a marketing and communications strategy for Information and Referral Project Steering Committees			In Progress	75	Will Complete	100
Accessing comprehensive information through www.nsmhealthline.ca , information is available to consumers and professionals to support their ability to navigate the system Support system navigation access and self-navigation	To leverage www.nsmhealthline.ca functionality to support programs, initiatives and organizations to showcase / communicate information	In Progress	50	Ongoing	75	Will Complete	100

TRANSITIONS OF CARE PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: NSM Community Care Access Centre

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Supports a seamless and coordinated experience for patients that supports their healthcare journey Reduces resource burden through coordination of care; Supports right care, in the right place, at the right time increasing patient safety Focuses care at home To develop best practices based on research for successful transitions that supports system navigation	Plan and develop strategies to support transition safety including patient transportation/transfer protocols, discharge protocols, corridor of care agreements and repatriation agreements	In Progress	25	Ongoing	50	Will Complete	100
Supports a consistent experience and approach based on best practice for successful transitions To educate and make others aware of System Navigation Council and Project Steering Committees	Plan and develop protocols that align with and support the Health Link activities related to system navigation and transitions			In Progress	50	Will Complete	100
Supports a consistent experience and approach based on best practice for successful transitions To adopt and use consistent tools to share information and decrease the assessment burden	Incorporate the concepts of evidence based assessment as they are being implemented as a part of the broader health system	In Progress	25	Ongoing	50	In Progress	75*

iv. Current Project Resources

- Project resources supported through NSM CCAC to support the work of this Council and corresponding Project Steering Committees.

v. Risks to the Achievement of Objectives

- Sustainability planning required for www.nsmhealthline.ca enhanced functionality and maintenance
- Lack of compatible IT platforms across providers
- Varied readiness of other Councils project plans may result in phased System Navigation deployment across the LHIN
- Priority deployments (e.g. Resource Matching & Referral) may alter resources dedicated to System Navigation objectives
- Health Links moving forward locally independent of system level discussions

vi. Risk Mitigation Strategies

- Work with the LHIN and HSPs to ensure the most cost effective www.nsmhealthline.ca development and maintenance
- Liaise with eHealth Council for feedback and input regarding IT recommendations to support System Navigation solutions
- Ongoing communication and collaboration with other Councils to understand their needs and project timelines
- Understand other LHIN initiatives and impact on resources, timelines and System Navigation scope
- Work closely with the Health Links to ensure a consistent and systems approach to system navigation

vii. Key Enablers of Success

- Robust stakeholder engagement plan and communication plan
- Project management approach with clear deliverables and reasonable project scope
- Key interfaces with other Coordinating Councils to determine expectations/readiness to proceed
- Understanding and involvement in key initiatives that are closely aligned/dependent on System Navigation strategies
- Strong relationship with Health Links work

2.1.12 Transportation Coordinating Council

i. Purpose

To identify transportation requirements and establish an integrated transportation system in consideration of alternative technologies and service delivery options to improve health outcomes and wellness services

ii. Alignment with Local and Provincial Priorities

In addition to NSM LHIN Integrated Health Service Plan 2013-16, the *Care Connections – Partnering for Healthy Communities* Health System Design Report and associated appendices (2011) and Ontario's Action Plan for Health Care (2012), the work of this Council and its respective Project Steering Committees are specifically aligned with the following initiatives:

Transportation is an enabler of health and wellness care and integral to the provincial and LHIN-wide system imperatives of healthy people, faster access to health care and enhanced coordination and transitions of care. Specifically, this focus area through the development of an integrated transportation system and expanded health care delivery options will enable:

- Care closer to home and reduce/eliminate the need for avoidable trips to hospital emergency rooms;
- The prevention of avoidable re-admissions to hospitals;
- Moving patients more seamlessly from one health care setting to another;

iii. Action Plans and Timelines

TRANSPORTATION COORDINATING COUNCIL

Health Service Provider Lead Organization: County of Simcoe

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Develop a system-wide approach to an integrated, seamless, accessible and person-centred transportation system for NSM.	Establish a centralized transportation booking / scheduling service and utilize technological advancements and similar systems (e.g. Resource Matching and Referral) and process to support this service.	In Progress	25				
	Based on Consultant recommendations, design an Inter-facility transportation plan. Complete consultant review by the inter facility Project Steering Committee with system-wide recommendations.	In Progress	50				
	Establish a communications strategy to increase awareness, promote engagement & increase success in establishing an integrated transportation system (measures and targets to be set).	In Progress	50				
	Develop an implementation and evaluation plan to increase usage of OTN throughout NSM	In Progress	75				

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
	to reduce travel for long-term care residents (all LTC homes).						
	Improve community transit linkages by working with community partners in NS area to conduct a feasibility study to expand public transit into Penetanguishene from Midland.	In Progress	50				
	Demonstrate utilization and demand via electronic mapping in order to map transportation resources, needs and gaps which serves for local planning and an information sharing tool for providers and public.	In Progress	50				
	Understand the funding opportunities to expand transportation capacity across NSM and seek County approval for dedicated funds to develop a pilot project proposal based on savings in public transit and social services.	In Progress	25				

INTER-FACILITY PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: County of Simcoe

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
Improve consistent access and non-urgent transportation of residents between LTC homes and hospital	Adopt non-urgent transportation policy/procedure in NSM hospitals and County of Simcoe Long Term Care (LTC) Homes	In Progress	50	Will Complete	100		
Improve resident / patient transfers wait times	To implement non-urgent inter-facility clinical decision tool in NSM hospitals & County of Simcoe Long Term Care (LTC) Homes	In Progress	50	Will Complete	100		
To understand non-urgent transportation system requirements	To analyze non-urgent inter-facility patient movement (based on 6 months of data)	Will Complete	100				
To provide system improvement options for consideration	To recommend to LHIN Leadership Council non-urgent inter-facility transportation system options	Will Complete	100				

COMMUNITY PROJECT STEERING COMMITTEE

Health Service Provider Lead Organization: County of Simcoe

Goals	Objectives	2014/15		2015/16		2016/17	
		Status	%	Status	%	Status	%
To establish a Communication Campaign	To bring awareness to the public in understanding transportation options across the County of Simcoe and Muskoka through a triaged approach through 211	In Progress	50	Will Complete	100		
To standardize protocols	To coordinate an approach regarding training and services offered among transportation providers through increased collaboration	In Progress	50	Will Complete	100		
To share services & resources	Coordinate a scheduling protocol that will allow transportation providers to maximize resources in a coordinated fashion	In Progress	50	In Progress	75		

iv. Current Project Resources

None listed.

v. Risks to the Achievement of Objectives

- Non-urgent Inter-facility Project Steering Committee completion of objectives related to standardization including policy/procedure and clinical tool roll-out were not accomplished within 2013/14 as previously indicated. This will require significant engagement of hospitals & long-term care facilities to prioritize these initiatives and commit to the associated change management.
- The three key objectives that have been committed to by the Community Transportation Committee will require funding to support the initiatives. In addition, there will need to be a willingness of all transportation providers to work collectively toward the identified common goals.
- Transportation, as an enabler of health and wellness care, is a very broad and diversified area involving many stakeholders throughout the region. Ensuring effective communication, focus on a common goal, and comprehensive representation (for profit, municipal and not-for-profit) can be a challenge.
- The current human resource requirements associated with this focus area are extensive and can be limiting. A System Coordinator would assist with this initiative and provide great strength in achieving the goals set out by this group.
- The implementation and success of some of the identified strategies may be dependent on associated support and opportunities amongst partners.

vi. Risk Mitigation Strategies

- Investment of a Transportation System Coordinator (1.0 FTE) is required to deliver on the Transportation projects, including the implementation of the policy/procedure and clinical decision tool as well as the decision making required around system improvement options.
- Continue to promote the benefits of a collaborative approach regarding transportation services and to continue working closely with all transportation agencies and service providers
- Ensure that common objectives are endorsed by all transportation providers and the individual Project Charters are agreed upon by all partners
- Complete communication plans for each sub-committee to ensure effective communication strategies are in place

vii. Key Enablers of Success

- MOHLTC regulation of non-urgent inter-facility transportation agencies to include guidelines around vehicle, staffing & patient safety requirements
- Collaboration with other Care Connection enabler Coordinating Councils as well as RM&R (resource matching and referral)
- Additional HR support through recruitment of funded System Coordinator for the duration of the *Care Connections* project to ensure effective planning, research, progress monitoring, evaluation and future projections are undertaken
- OTN funded and supplied to all long-term care homes in NSM region as well as community agencies
- Consistent in-person attendance of key members from NSM LHIN at monthly meetings

2.2 Successes and Outcome Measures

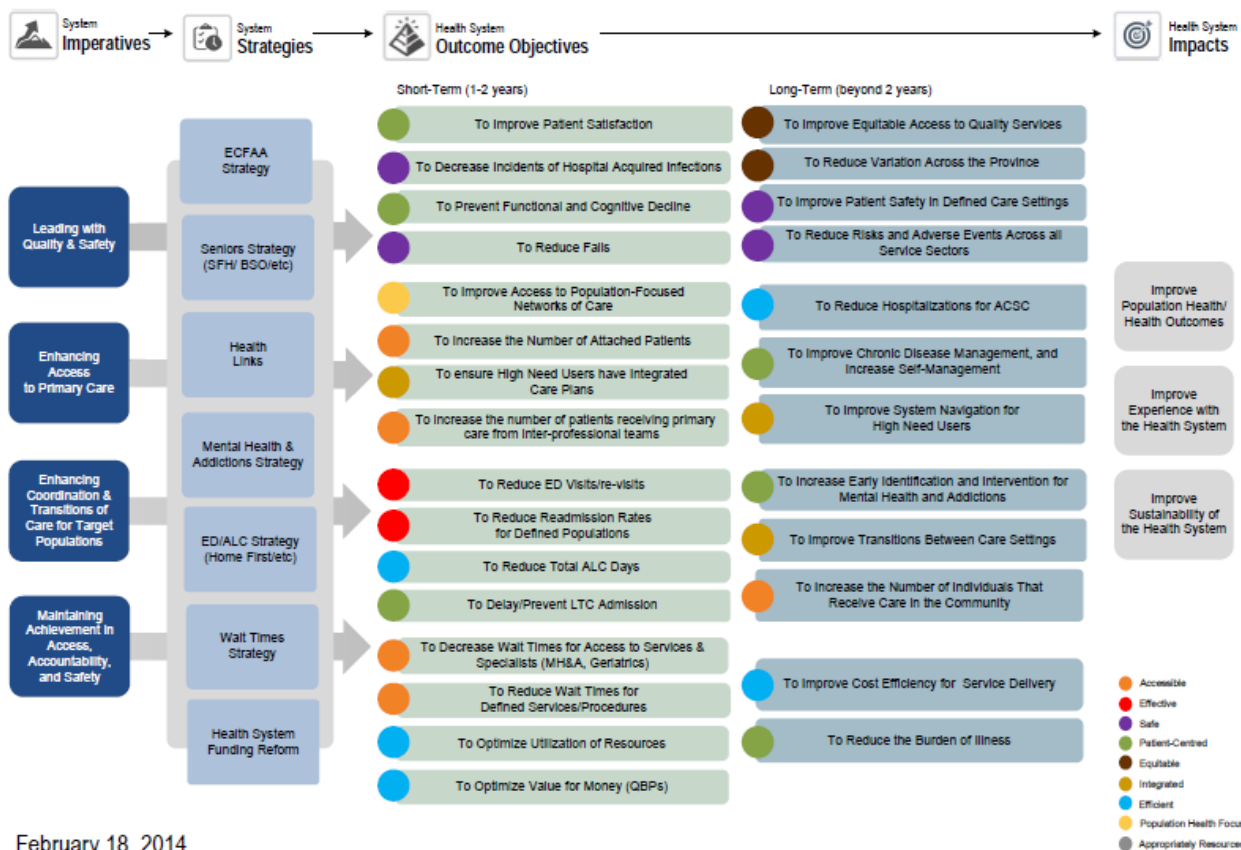
Across the NSM LHIN, be it individually, organizationally, or collectively, there is a desire to achieve high standards and to ensure the needs of communities are being met in the most effective way. As public stewards of the local health system, the NSM LHIN is committed to demonstrating outcomes and/or success through clear measures linked to its strategic direction and priorities.

NSM LHIN is actively involved with the LHIN-led Health System Indicator Initiative (HSII) which supports many processes for the indicators component of the upcoming Service Accountability Agreements (SAAs).

In order to remain focused on a balanced approach to system performance measurement and indicator selection, the HSII Advisory Committee uses a Logic Model (below) tool. The Logic Model is built from the fourteen LHIN System Imperatives and begins to visually organize and connect system strategies, objectives, impacts and indicators. The indicators represent pan-LHIN initiatives, Ministry LHIN Performance Agreement (MLPA) and SAAs.

LHIN Provincial Logic Model

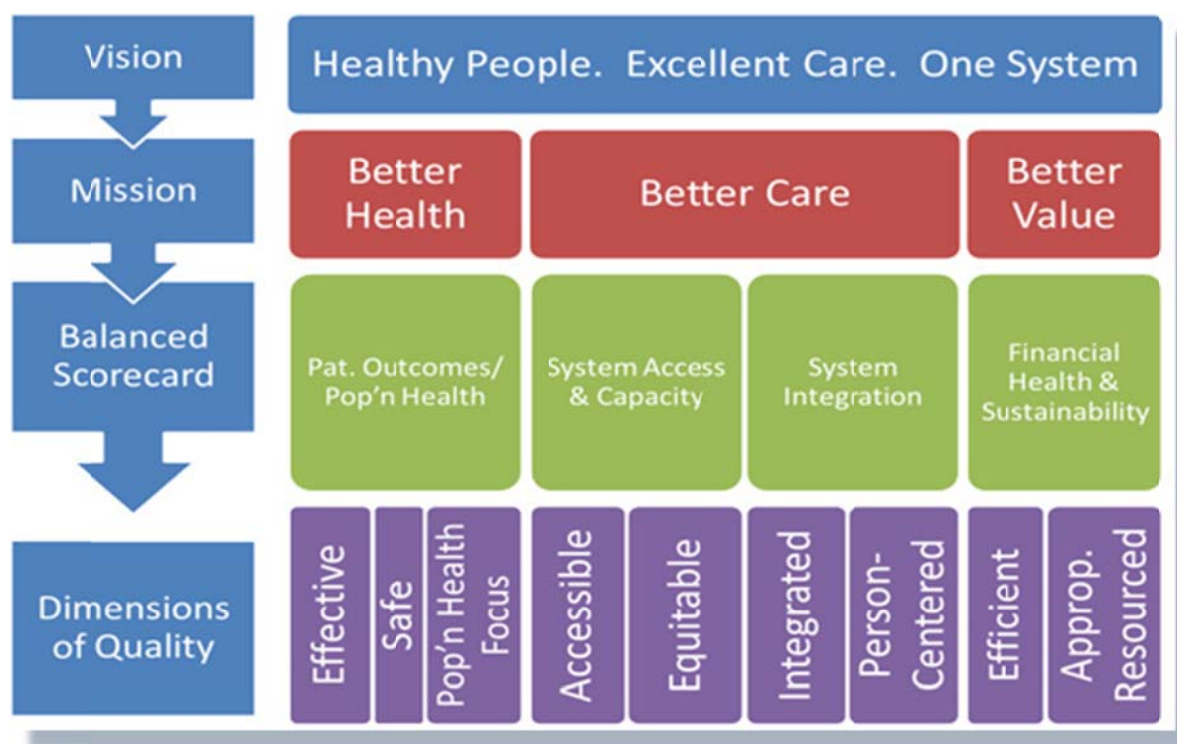
A Provincial Road Map for Measuring and Achieving Health System Priorities



NSM LHIN supports the use of the Logic Model to help guide system thinking on indicator identification and selection. The Logic Model should not be viewed as a definitive or complete source of direction but merely a tool to help organize and connect imperatives, goals, objectives, and impacts around indicator identification and selection. The Logic Model helps pinpoint gaps and opportunities to strengthen performance measurement. This logic model will be a base to support the refocused *Care Connections* Strategic Plan going forward and used to help describe our local indicators.

In addition, and as demonstrated in the figure below, the performance management approach at NSM LHIN aligns not only with the mission and vision but also three widely accepted approaches to demonstrating value and managing performance.

Figure 2.2.1 – *Care Connections* Performance Cascade



LHIN Operations Spending Plan

LHIN Operations Sub-Category (\$)	2013/14 Actuals	2014/15 Allocation	2015/16 Planned Expenses	2016/17 Planned Expenses
Salaries and Wages	3,058,090	3,100,000	3,100,000	3,100,000
<i>Employee Benefits</i>				
HOOPP	297,640	310,000	310,000	310,000
Other Benefits	383,460	363,770	363,770	363,770
Total Employee Benefits	681,100	673,770	673,770	673,770
Transportation and Communication				
Staff Travel	95,800	40,000	40,000	40,000
Governance Travel	21,000	20,000	20,000	20,000
Communications	68,020	60,700	60,700	60,700
Other Benefits	10,000	12,200	12,200	12,200
Total Transportation and Communication	194,820	132,900	132,900	132,900
<i>Services</i>				
Accommodation	338,750	258,200	258,200	258,200
Advertising		5,000	5,000	5,000
Banking		100	100	100
Community Engagement	40,000	43,200	43,200	43,200
Consulting Fees	48,500	45,000	45,000	45,000
Equipment Rentals	12,000	10,600	10,600	10,600
Governance Per Diems	118,700	105,600	105,600	105,600
LSSO Shared Costs	411,650	399,160	399,160	399,160
Other Meeting Expenses	60,000	54,000	54,000	54,000
Other Governance Costs	18,720	18,000	18,000	18,000
Printing & Translation	22,500	18,000	18,000	18,000
Staff Development	82,500	50,000	50,000	50,000
Total Services	1,153,320	1,006,860	1,006,860	1,006,860
<i>Supplies and Equipment</i>				
IT Equipment	30,000	30,000	30,000	30,000
Office Supplies & Purchased Equipment	46,000	62,953	62,953	62,953
Total Supplies and Equipment	76,000	92,953	92,953	92,953
LHIN Operations: Total Planned Expense	5,163,330	5,006,483	5,006,483	5,006,483
Annual Funding Target	5,163,330	5,006,483	5,006,483	5,006,483
Variance	0	0	0	0

Note: The budget does not include other projects or initiative funding.

LHIN Staffing Plan (Full-Time Equivalents)

Position Title	2013/14 Actuals as of Mar. 31/14 FTEs	2014/15 Forecast FTEs	2015/16 Forecast FTEs	2016/17 Forecast FTEs
Chief Executive Officer	1.0	1.0	1.0	1.0
Chief Operating Officer	0.5	1.0	1.0	1.0
Directors	3.3	3.0	3.0	3.0
Senior Managers	4.0	4.0	4.0	4.0
Controller	1.0	1.0	1.0	1.0
Senior Advisors	3.0	3.0	3.0	3.0
Coordinators	2.0	3.0	3.0	3.0
Advisors	5.0	6.0	5.0	5.0
Analyst	0.5			
Executive Assistant	2.0	2.0	2.0	2.0
Administrative Assistant	4.0	4.5	4.5	4.5
Receptionist	1.0	1.0	1.0	1.0
Total FTEs	27.3	29.5	28.5	28.5

Note: The FTEs does not include staffing for other initiatives.

section 4 | communications and community engagement

4.1 Communications Strategy

Objectives

The business objectives of North Simcoe Muskoka LHIN's 2014-15 Annual Business Plan support the LHIN's vision, mission and values, as well as the strategic directions of the NSM LHIN's IHSP 2013 -2016, *Healthy People. Excellent Care. One System.* and the achievement of the *Care Connections – Partnering for Healthy Communities* health system transformation agenda as it is implemented across the LHIN.

The Communication and Community Engagement strategy will support NSM LHIN's 2014-15 business objectives through:

- Education and awareness of system-wide change initiatives and strategic priorities outlined in the IHSP
- Activities that align with provincial priorities
- Compliance with the Local Health Integration Network Community Engagement Guidelines
- Tracking and evaluating communication and community engagement activities outlined in this strategy

The strategy will continue to:

- Foster an understanding of the need for health system transformation both internally and externally
- Build support for the model by focusing on the benefits of the health system transformation that creates an integrated sustainable health care system that ensures better health, better care, better value for money
- Align the health service providers to the shared vision, mission, values and common *Healthy People. Excellent Care. One System.* strategic directions, helping NSM residents spend more time in their homes and their communities
- Demonstrate how organizations and individuals can participate in the success of health system transformation
- Mitigate communications risks of negative publicity by proactive planning of risk reduction
- Provide information on performance and progress on the implementation – document successes and share it.
- Guide the communications and engagement activities of the NSM LHIN (Board and staff) and health system partners involved in initiatives contained in ABP 2014-15

This strategic focus will inform LHIN communications and community engagement activities that will continue to build awareness and reinforce the purpose/goals/objectives of both the LHIN organization and the LHIN in working collaboratively to achieve health system transformation.

It also means working in partnership with the Ministry of Health and Long-Term Care and the other 13 LHINs to build awareness and participation on a coordinated provincial level that will support understanding across shared audiences.

Communications Objectives

- Ensure all stakeholders understand the role that they and their respective organizations play in identifying opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services based on funding availability and tracking performance against signed accountability agreements
- Provide accurate and timely information to all audiences
- Be transparent and accountable in working collaboratively with stakeholders, communicating with our diverse audiences, and ensuring opportunities for participation and feedback

Context

Ontario's *Action Plan for Health Care*, announced by the Minister of Health and Long-Term Care in January 2012 and consistent with the principles of the *Excellent Care for All Act* (2010), places Ontario's LHINs at the centre of health system transformation. As a result, LHINs have a critical role to play in recently introduced, key provincial initiatives such as Health System Funding Reform, Health Links, Ontario's Seniors Strategy and the expansion of Quality Improvement Plans into the primary and community care sectors.

The health system has evolved to the point where LHINs are being recognized as local system managers that play a central leadership role in driving health system transformation. IHSP 2013-16 - *Healthy People. Excellent Care. One System.* and the initiatives laid out in ABP 2014-15 are strategically aligned with government direction and priorities and recognize the joint accountability of the ministry and LHINs to serve the public interest and effectively oversee the use of public funds.

Ontario is shifting the focus of its health care system to revolve around the person; ensuring individuals have access to high quality care and a sustainable health system for years to come. By organizing the North Simcoe Muskoka system differently and focusing on evidence, we will help provide our residents with better care and better value for tax dollars.

Through these changes, we expect to see:

- Reduced wait times and faster access to family doctors
- Fewer unnecessary visits to the emergency room and re-admissions to hospital
- Patients receiving care at home or in the community instead of in a hospital

A transformed health system is one that is designed by people requiring care in partnership with the health service providers and leaders closest to them, integrating services and delivering better outcomes.

Stakeholders

Depending on the situation primary and secondary stakeholders / audiences will include:

- Health Service Providers across NSM and surrounding LHINs
 - Health Service Providers Leadership and Front Line staff (including union leadership)
 - Health Service Provider Boards
 - Physicians & Practitioners
 - Patients/Clients/Consumers/Residents
 - Consumer/Patient Support Groups
 - Healthcare Associations (OHA, ONA, OMA, etc.)
- Government
 - Municipal
 - Regional
 - Provincial: including Ministry of Health and Long-Term Care, other ministries as appropriate
 - Federal
- General Public
 - Residents
 - Community Organizations
- Media
- Other LHINs across the province

Strategic Approach

This strategy will guide the communications and engagement activities of the NSM LHIN (Board and staff) and health service provider partners involved in initiatives contained in ABP 2014-15. It is overarching and will be supported by supplemental Communications and Community Engagement plans related to specific initiatives undertaken to support business objectives outlined in the 2014-15 Annual Business Plan.

These plans will outline the context for each initiative, as well as timelines, audiences, tools/tactics, specific key messages and deliverables, with a view to being transparent, responsive, timely and appropriate, inclusive and balanced, accessible, accountable and innovative in achieving desired system improvement outcomes.

Key Messages

Ontario is shifting the focus of its health care system to revolve around the person. We have a plan to ensure Ontarians have access to high quality care and a sustainable health system for years to come. By organizing our system differently and focusing on the medical evidence, we will provide Ontarians with better care and better value for tax dollars.

Through these changes, we expect to see:

- Reduced wait times and faster access to family doctors
- Fewer unnecessary visits to the emergency room and re-admissions to hospital
- Patients receiving care at home or in the community instead of in a hospital

How are we transforming the health care system?

- Partnering with the sector and enabling them to play an active role in how the system will change.
- Strengthening community agencies to support providers and encourage integration around the patient's needs.
- Health care funding will be determined based on the best evidence and will follow the patient.

What can we expect from these changes to the health care system?

- A system built for patients by the health care providers and leaders closest to them.
- A health care system that integrates providers around patients to deliver better outcomes.

Additional messaging to support communications and engagement activity:

- The NSM LHIN collaborates with health service providers and community partners, enabling them to play an active role in transforming the health system to provide best practice, quality care that meets the needs of our residents today and into the future.
- Populations are growing and aging, and the rates of chronic conditions are rising – North Simcoe Muskoka is no exception.
- NSM LHIN and our partners have already brought about significant and positive change in the way health services are delivered, and we must continue that work. In fact, we must aggressively build upon that work, because the status quo is neither acceptable nor sustainable.
- Everyone has an important role to play in making healthy change and system transformation happen, including health service providers, the LHIN, community leaders and the public.
- The NSM health system needs to be adaptable to the changing environment and fiscal realities.
- NSM residents continue to be engaged and play an integral role in the development of the health care system. Changes to the health care system will ensure providers come together in a coordinated manner that will enable the delivery of better, safer patient outcomes.

- The NSM LHIN and our health system partners are taking into account the diversity and locations of the population in respect to what services need to be prioritized, and where they should be delivered.
- The NSM LHIN is working together with all our health service providers, funded and non-funded, to provide care in the most appropriate setting. What does this mean for residents? It means getting the care they need, when they need it, in the most appropriate place and by the most appropriate provider.

Tactics

As described above, detailed tactics will be an integral part of each supporting communications and community engagement plan developed to support specific initiatives. Some high level tactics that may be undertaken include:

- News releases
- Blast Emails
- Newsletters/Bulletins
- LHINfo Minutes
- Website postings/alerts
- Social media
- Stakeholder events
- Outreach to local government stakeholders
- Engagement with specific stakeholders – unions, provincial associations, community groups

Evaluation

Identifying and tracking critical communications success factors will enable the NSM LHIN to more effectively identify whether communication activities have been successful and develop additional strategies as may be appropriate.

Critical success factors may include:

- Senior leadership is visibly engaged and supports the ABP initiatives and related communications
- Senior leadership and LHIN-wide committees take visible, active roles in supporting communications and change
- Key stakeholders have a clear understanding of the *Care Connections* transformation agenda and how they will be impacted by the implementation of any related initiatives
- Health service providers across the NSM LHIN are engaged early and frequently and can see how their participation is impacting implementation
- NSM LHIN residents are engaged by the LHIN and with the LHIN via a variety of tactics including traditional media, online/social media (e.g. websites, Twitter) and LHIN communications vehicles (blast emails, bulletins)

Through feedback mechanisms and ongoing assessment, the LHIN will monitor the effectiveness of communications vehicles and messages and will recalibrate and adapt plans on a go-forward basis as needed to support the achievement of health system transformation goals. Performance measures to support the success factors listed above may include:

- The consistent use of relevant and applicable messaging in materials prepared by LHIN staff and the Councils that support health system transformation work being done through *Care Connections* (10-year Integrated Health Service Plan)
- The number of inquiries by stakeholders and the public regarding clarification of direction, progress being made, expected impacts on local health services
- Level of engagement by stakeholders, health services providers, persons with lived experience and the public in response to LHIN community and stakeholder engagement efforts/activities/events
- Comments received through the NSM public website
- Comments received through engagement activity (feedback forms, interactive discussions)

4.2 Community Engagement Strategy

Core Principles

These seven principles reflect North Simcoe Muskoka LHIN's approach to informing, educating, consulting, involving and empowering stakeholders in both health care or health service planning and decision-making processes to support the transformation of health care:

1. **Careful Planning and Preparation:** Through adequate and inclusive planning, ensure that the design, organization, and convening of the process serve both a clearly defined purpose and the needs of the participants.
2. **Inclusion and Demographic Diversity:** Equitably incorporate diverse people, voices, ideas, and information to lay the groundwork for quality outcomes and democratic legitimacy.
3. **Collaboration and Shared Purpose:** Support and encourage participants, government and community stakeholder, and others to work together to advance the common good.
4. **Openness and Learning:** Help all involved listen to each other, explore new ideas unconstrained by predetermined outcomes, learn and apply information in ways that generate new options, and rigorously evaluate public engagement activities for effectiveness.
5. **Transparency and Trust:** Be clear and open about the process, and provide a public record of the organizers, sponsors, outcomes, and range of views and ideas expressed.
6. **Impact and Action:** Ensure each participatory effort has real potential to make a difference, and that participants are aware of that potential.
7. **Sustained Engagement and Participatory Culture:** Promote a culture of participation with programs and institutions that support ongoing quality public engagement.

Context

The health status of the local population is impacted by many determinants of health, the effects and impacts of which are best felt, told and understood from and by the individuals and families who have experienced the need for care. Knowing that local health care is best planned, coordinated and integrated by those that live in North Simcoe Muskoka, these stories are critical to affecting change, in such a manner as to make the health system better and more patient-focused.

The implementation of *Care Connections – Partnering for Healthy Communities* is centred on the needs and experiences of people / clients / residents as the core of the health system. As such, residents across the NSM LHIN are continuously afforded opportunities to participate. Many have been or are becoming actively engaged as members of the *Care Connections* Coordinating Councils - unpaid stakeholders such as volunteers, family members, informal caregivers and people with lived experience. There have been and continue to be many unique opportunities to engage people with lived experiences to continuously ground NSM's health system transformation.

Ontario's *Action Plan for Health Care* outlines the vision of an integrated health system, for which the LHINs play a critical role with regard to implementation. Carefully planned coordination of health services and close collaboration among health system partners are critical to making the experience of care more seamless and easier to navigate so that people who require health care get the care they need, when they need it and as close to home as possible.

The NSM LHIN's community engagement and communications activities have recognized that integration means different things to different stakeholders, and acknowledges that sectors and communities will be at different stages in their awareness, understanding and commitment to change. Boards of Directors in particular play a key role in health system integration. With responsibility for strategic direction, finances, quality and safety, and performance of their organizations, Board leadership is critical in charting a course for the future.

Engaging the Aboriginal Community

North Simcoe Muskoka is home to four First Nations. A variety of health services are provided by 12 separate Aboriginal Health Service Provider agencies. The Aboriginal Health Circle continues to meet with NSM LHIN Liaisons to identify and develop objectives and deliverables to meet the strategic priorities of the NSM LHIN's three year Integrated Health Service Plan 2013 – 16.

While the Local Health System Integration Act (LHSIA) clearly holds the LHINs accountable to “focus on...Aboriginal people as a priority population” within health system transformation, the continued involvement and engagement of the NSM LHINs Aboriginal Peoples in regard to the implementation of *Care Connections* is essential for traditional practices and the unique cultural needs of this population to be incorporated and addressed.

To this end, the improvement of Aboriginal health services is achieved through ongoing collaboration and dialogue with the local Aboriginal Health Circle (AHC) and Aboriginal Peoples as engaged members of *Care Connections* Councils and Project Steering Committees. Specifically, representatives from local Aboriginal communities sit on the Mental Health and Addictions and Leadership Councils of *Care Connections* as well as being key participants at the NSM Health Links Community of Practice Meetings.

The information gleaned from the Aboriginal Health Circle Symposium 2012, which identified the needs and health requirements of Aboriginal Peoples, has provided a valuable baseline for moving forward. Addressing equitable ‘access’ and ‘accessibility’ to culturally appropriate, sensitive and safe services are the areas of focus from which the planning, development and implementation of an integrated health system will occur.

Engaging the Francophone Community

On December 15, 2010, the Ministry of Health and Long-Term Care named the Francophone planning entity for the North Simcoe Muskoka, Central and Central East LHINs. This newly formed organization, known as *Entité de planification pour les services de santé en français #4 / French Language Health Planning Entity #4*, is incorporated as a non-profit organization with a board of directors comprising residents from each of the three LHINs. In 2014-15, the NSM LHIN will continue to work closely with the planning entity to maintain and enhance the existing, collaborative working relationship to continue to engage the Francophone community.

While the Local Health System Integration Act (LHSIA) states that LHINs should:

- “focus on French-speaking people as priority populations...[with a view to ensuring that the health system is] guided by a commitment to equity and respect for diversity in communities in serving the people of Ontario and respect the requirements of the French Language Services Act in serving Ontario's French-speaking community.”
- [ensure that] excellent care in the NSM LHIN includes access and accessibility to services and program delivery in French; the planning and implementation of which is administered by the twelve *Care Connections* areas of focus.

In NSM the Entité #4 plays a notable role in addressing the needs of the Francophone community. By partnering with and advising the LHIN on how best to overcome existing barriers and how to improve access and accessibility to French language services, Entité #4 is helping to ensure the delivery of excellent care.

Representatives of local Francophone communities and Entité #4 participate on the Chronic Disease Prevention and Management, Mental Health and Addictions and Leadership Councils of *Care Connections*, as well as in the NSM Health Links Community of Practice Meetings.

Engaging Health Service Providers

In 2014 – 2015, the NSM LHIN is responsible for:

- 1 Community Care Access Centre
- 3 Community Health Centres
- 9 Community Mental Health and Addictions Services
- 29 Community Support Services
- 7 Hospital Corporations
- 26 Long-Term Care Homes

In addition to funded service providers, the NSM LHIN is home to one public health unit, six family health teams, three Nurse Practitioner Led Clinics and many other primary care clinicians. We consider these organizations to be an important part of the NSM LHIN health service provider community.

Engagement of the health service provider community, its governors and health system partners is active and ongoing in NSM. Regular interaction on business activities such as performance reporting is key to the NSM LHIN's understanding of the local health system environment.

In 2013-14, NSM LHIN launched all five of its Community Health Links, one in each of its five geographic areas: Muskoka, Orillia & Area, Collingwood / Wasaga Beach & Area, Midland / Penetanguishene & Area, and Barrie & Area. These Health Links are based on a partnership and collaboration agreement between health and community service providers.

The objective of the Health Links initiative is to develop one coordinated care plan for seniors and those individuals living with complex needs through direct involvement and collaboration among the patient, family, primary care, community care, social services and acute care. Integrated coordinated care plans are built around the needs of individuals and providers. This is truly a "grass roots" / bottom up community development project whereby partners and people with lived experience have the opportunity to make change, implement improvements and build a better system that is designed around the care needs of our residents.

An outcome of this collaborative service delivery model will challenge the local health system and partners to understand where improvements are required, how care is costed across the continuum and where savings, value and efficiencies need to be established to ensure sustainability of the local health system for the future.

Engaging the General Public

In an ongoing effort to keep our communities informed, the NSM LHIN will use its website (www.nsmhlin.on.ca) for regular posting of news and information of interest to our communities.

Notice of Public Consultations & Information Sessions

Notice of planned consultations as well as any project or consultation-related reading materials will be posted on the NSM LHIN website. The engagement process may vary depending on the project as the form of consultation must be designed to accommodate the informational needs of the project and the community to be consulted as well as the time and available project resources.

Overview of Proposed 2014-15 Deliverables

Date	Tactic/Event	Purpose
April 2014 September 2014 January 2015	Regional Meetings - Building Community Capacity and Resilience	Meetings/discussions will continue to be held in each of North Simcoe Muskoka LHIN's 5 geographic areas to discuss, plan, activate and maintain local community capacity with a specific focus on governing in an integrated health care system.
TBD 2014	"Active Offer" Sessions with health service providers	Collaborating with Entité 4 in the planning and implementation of French Language Services for "Active Offer".
Ongoing, 2014 Confirmed: February, 2014 (for Barrie & Community Health Link)	Value Stream Mapping – Quality Improvement (<i>partnered with Health Quality Ontario</i>) Events will be held for various initiatives through Care Connections as well as the 5 Community Health Links.	The mandate of each event is: To develop a value statement that is the "voice of the customer" and serves as our "conscience" in future work; To visualize the current client journey and identify the wastes in the system which have been addressed and ones remaining (this helps to communicate how we will free up the resources to allow for the change). To draft a value stream map of the desired future state that includes information and referral and improves the client experience; To identify the gaps between the current and future state, and create a high level action plan to define next steps.
May 2014	Provincial Aboriginal Health Forum	The NSM LHIN continues to partner with the Aboriginal Health Circle and local partner organizations to improve health care within local Aboriginal communities and to strengthen our partnerships.
May 2014 and November 2014	Board to Board Governance/ Education	The Care Connections Governance Council recommends and the NSM LHIN will conduct Governance/LHIN/ Care Connections 101 education sessions for new board governors at partner organizations across the region. This will be an ongoing, semi-annual education session available to any governance members of health care organizations across North Simcoe Muskoka.
October 21 & 22, 2014	NSM Annual Care Connections Forum	Building on the success of last year's event dedicated to networking and showcasing exhibitors, we are expanding to have more exhibitors and presenters from across North Simcoe Muskoka, the province and the country.
March 2015	Annual Aboriginal Health Forum	Focal points include: Identification of systemic barriers to improving Aboriginal Health Regaining and retaining traditional health practices

Evaluation

Identifying and tracking critical communications success factors will enable the NSM LHIN to more effectively identify whether communication and community engagement activities have been successful and develop additional strategies as may be appropriate.

Critical success factors may include:

- Senior leadership is visibly engaged and supports the Annual Business Plan initiatives and related communications
- Senior leadership and LHIN-wide committees take visible, active roles in supporting communications and change with their teams.
- Key stakeholders have a clear understanding of the **Care Connections** transformation agenda and how they will be impacted by the implementation of any related initiatives
- Health service providers across the NSM LHIN are engaged early and frequently and can see how their participation is impacting implementation
- NSM LHIN residents are engaged by the LHIN and with the LHIN via a variety of tactics including traditional media, online/social media (e.g. websites, Twitter) and LHIN communications vehicles (blast emails, bulletins)

Through feedback mechanisms and ongoing assessment, the LHIN will monitor the effectiveness of communications / community engagement vehicles and messages and will recalibrate and adapt plans on a go-forward basis as needed to support the achievement of health system transformation goals. Performance measures to support the success factors listed above may include:

- The consistent use of relevant and applicable messaging in materials prepared by LHIN staff and the Councils that support health system transformation work being done through *Care Connections* (10-year Integrated Health Service Plan)
- The number of inquiries by stakeholders and the public regarding clarification of direction, progress being made, expected impacts on local health services
- Level of engagement by stakeholders, health services providers, persons with lived experience and the public in response to LHIN community and stakeholder engagement efforts/activities/events
- Comments received through the NSM public website
- Comments received through engagement activity (feedback forms, interactive discussions)

