



Annual Business Plan 2015-16

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Introduction

The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) Integrated Health Service Plan (IHSP) 2013-16 | **Healthy People. Excellent Care. One System.** is entering its final year on April 1, 2015. As required by the Local Health System Integration Act (LHSIA), 2006, NSM LHIN has developed its Annual Business Plan (ABP) 2015-16. 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 the NSM LHIN's ten-year health system design report: **Care Connections – Partnering for Healthy Communities.**

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 flexible, a renewed system-wide approach to health service delivery is required. The NSM LHIN collaborative planning structures have been evaluated over the past year and it has been determined that collaborative planning is a key strength across the region. At the same time it has also been determined that some recalibration is needed to focus the efforts of those planning and delivering services so that clearly defined outcomes towards achieving system transformation can be realized. This initiative to build collaboration and focus efforts has been entitled the Care Connections Second Curve Project (CCSC).

Concurrent with the CCSC project, the North Simcoe Muskoka LHIN Board of Directors undertook the process of developing a strategy map that aligns with the provincial priorities identified in **Patients First: Action Plan for Health Care.** The strategy map identifies system priorities, patient and financial outcomes, along with key areas of focus throughout the 2015-16 fiscal year. The activities and measureable indicators associated with each of these priorities is now underway.

Internally, the LHIN is also conducting a review of LHIN operations, processes and organizational structure to ensure alignment of strategy, structure, skills and culture with the overarching strategy as defined by the Board. The approach to work between NSM health service providers, deliverables defined by the NSM LHIN Board of Directions strategic directions and the process and organizations structure of LHIN operations will all change during the 2015-16 fiscal year. This is all clear evidence of the NSM LHIN values: **Be Real, Be Revolutionary, Be Courageous.**

Together, the system partners in North Simcoe Muskoka remain steadfast to their commitment to provide quality care. A commitment continues to involve individuals, families and their caregivers in the design of an effective, coordinated local system. The 2015-16 Annual Business Plan is framed in the twelve priorities of the 2013-16 IHSP but it is noted that this is a year of transformation. During the year, the deliverables identified herein will be completed while the framework, process and structures evolve to more effectively achieve **Better Health, Better Care, and Better Value** for the residents of the NSM LHIN.

Context

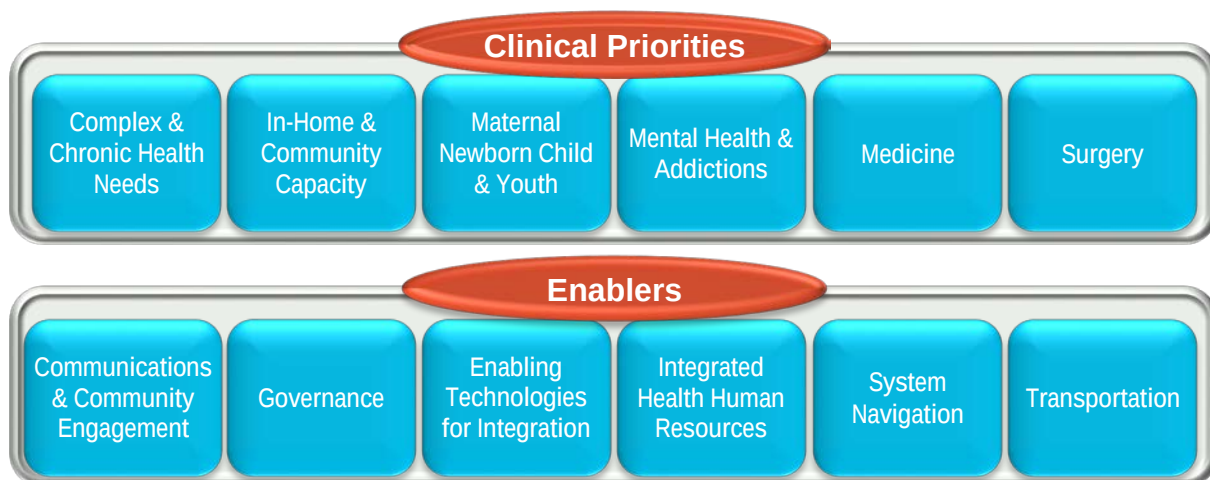
NSM LHIN Vision, Mission, Values

The vision, mission and values of the North Simcoe Muskoka LHIN form the foundation upon which all future effort is based. The vision: Healthy People. Excellent Care. One System remains the foundation for all work dedicated to health system improvement. The mission speaks to the collaboration required to optimize outcomes and realize value. The NSM LHIN values: Be Real: Engage with Purpose, Be Revolutionary: Explore the Possibilities and Be Courageous: Model the Way continue to express the approach taken to achieve the vision and mission of the organization.



Care Connections – Partnering for Healthy Communities, Health System Design¹

The ten-year health system design report released in 2011, **Care Connections – Partnering for Healthy Communities**, set the following priority areas which then became the framework for the establishment of twelve coordinating councils. These councils have been led by service providers and supported by LHIN staff since 2011.



¹ North Simcoe Muskoka Local Health Integration Network (Feb 2011), Care Connections – Partnering for Healthy Communities, Health System Design Report, Retrieved from <http://nsmhlin.on.ca/~media/sites/nsm/PrimaryNavigation/GoalsAchievements/CareConnections/Care%20Connections%20Final%20Report%20Feb28%202011.pdf?la=en>

Integrated Health System Plan (IHSP) 2013-16²

It is within the framework of Care Connections presented above that the NSM LHIN developed its 2013-16 Integrated Health Service Plan (IHSP) entitled for the NSM LHIN vision: **Healthy People. Excellent Care. One System.** This three-year IHSP begins its third year on April 1, 2015. The 2013-16 IHSP framed the state of the health system and achievements to date in the following context:

Healthy People = Better Health | improved health of the population: quality person centred care that meets local needs.

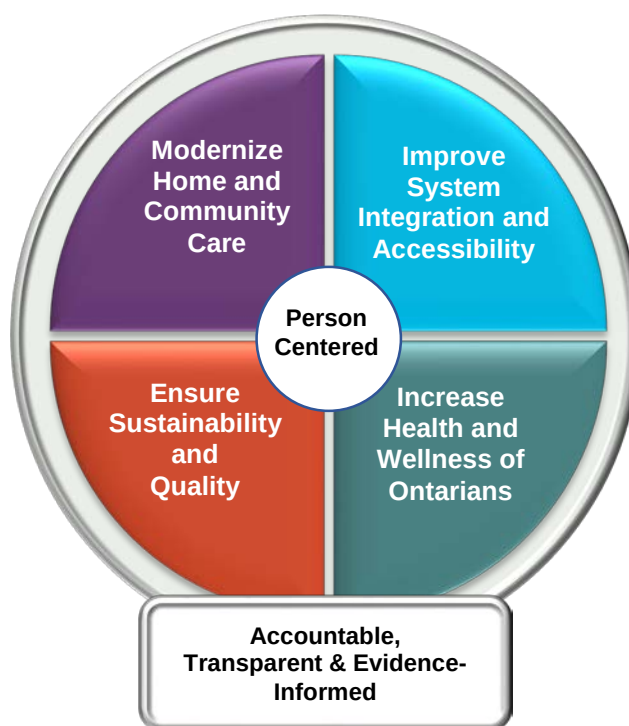
Excellent Care = Better Care | better experiences for the individual: care is accessible, well-coordinated and sustainable.

One System = Better Value | efficient operation/sustainability: local health care dollars are spent wisely and appropriately.

Provincial Priorities

Patients First: Action Plan for Health Care is the next phase of Ontario's plan for changing and improving Ontario's health system, building on the progress that has been made since 2012 under the original **Action Plan for Health Care**.

The Ministry of Health and Long Term Care has identified four key objectives that will be the foundation for initiatives to be pursued in the upcoming years of the current provincial mandate. These four priority areas build on the progress made under the Excellent Care for All Act (ECFAA). Work within each of the priority areas will build upon a foundation of accountability, transparency, and evidence and each will keep the patient at the centre of focus. Faster access to the right care closer to home and services that are better coordinated and integrated into the community are of utmost importance. Being transparent and providing people with the information needed to make informed decisions about their health is paramount. All of the above provisions must be made while ensuring the quality and sustainability of the health care system for generations to come.



² North Simcoe Muskoka Local Health Integration Network (2013), Healthy People Excellent Care. One System. Integrated Health Service Plan 2013 -2016, Retrieved from <http://nsmhlin.on.ca/~media/sites/nsm/PrimaryNavigation/GoalsAchievements/CareConnections/Care%20Connections%20Final%20Report%20Feb28%2011.pdf?la=en>

Moving Forward: Evaluating Opportunities and Risks

Year two of the three-year 2013-16 IHSP *Healthy People. Excellent Care. One System*, and year five of the ten-year system design report *Care Connections – Partnering for Healthy Communities* are both now coming to a close. As such, it was determined that it was time to take the opportunity to step back and reflect on the achievements made towards the region’s ten year *Care Connections – Partnering for Healthy Communities* system transformation goals.

In December 2013, North Simcoe Muskoka LHIN conducted an evaluation of the *Care Connections - Partnering for Healthy Communities* structure. The intent of the evaluation was to inform any necessary mid-course recalibration and ensure the program continues to be responsive to the needs of its partner organizations. Feedback was solicited from those who participate on the councils and project steering committees of the Care Connections planning structure. Preliminary findings were presented to the NSM Care Connections Leadership Council at a full day meeting in January 2014. These results identified both strengths and opportunities for improvement to the current structure and functioning of the program. The greatest success of the Care Connections planning structure was the cross –sector, collaborative planning and the relationships that have developed across organization in the achievement of common goals. North Simcoe Muskoka has become highly inclusive and integrated in the approach to planning. Findings also included the reinforcement that meaningful participation of patients, community members and those with lived experience is key. Planning that is centrally focused on quantitative evidence and best practice towards the realization of key system indicators was also of crucial importance. Finally, results demonstrated that stakeholders believe that planning needs to become more focused on fewer key priorities in order for efforts to be effective in realizing long term goals for system transformation.

These results together indicate that while maintaining a collaborative approach, recalibration was needed with regard to focus and efforts. Changes made to the planning approach could facilitate the continued progress towards the long-term system transformation goals. The vision of the care connections model holds true and it is to this vision that future work will remain aligned:

Care Connections Vision:

A healthy population supported by our North Simcoe Muskoka health system – a respectful, accessible, and coordinated collection of health services that, when needed, provides the necessary care and works with people to help them manage their own health.

A health system optimizing the use of our collective resources to promote a healthy and supportive environment, to take care of people when they become ill and to help them maintain better health through all stages of life.

Following these initial evaluation results, a sub-group of the Care Connections Leadership Council was tasked with developing a refreshed plan that would accelerate the future vision and move the NSM LHIN toward “Second Curve” thinking. The concept of “First Curve” versus “Second Curve” thinking is taken from the work of Ball, Merry, and Verlaan-Cole³ as they describe the ideal design and creation of the healthcare system. This approach to change management envisions a second curve system as a more

³ Ball T., Merry M.D., Verlaan-Cole L.(2011), Designing & Creating “Second Curve” Healthcare Systems, Quantum Transformation Technologies, Retrieved from <http://quantumtransformationtechnologies.com>

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. Health system design moves from provider-centric, sector-based delivery system to an integrated, customer-driven delivery system.

This change initiative from first curve to second curve thinking in North Simcoe Muskoka has been entitled the Care Connections Second Curve (CCSC) Project. The outcome of the initiative will be a refreshed Care Connections Strategic Plan using a three phased approach. The first phase of the CCSC project was the initial evaluation which, as mentioned, resulted in a number of recommendations for change. The second phase involves a detailed system design. Consultation with Care Connections participants, leadership council and LHIN leadership has determined that the following areas will be the narrowed focus areas for further detailed system design:

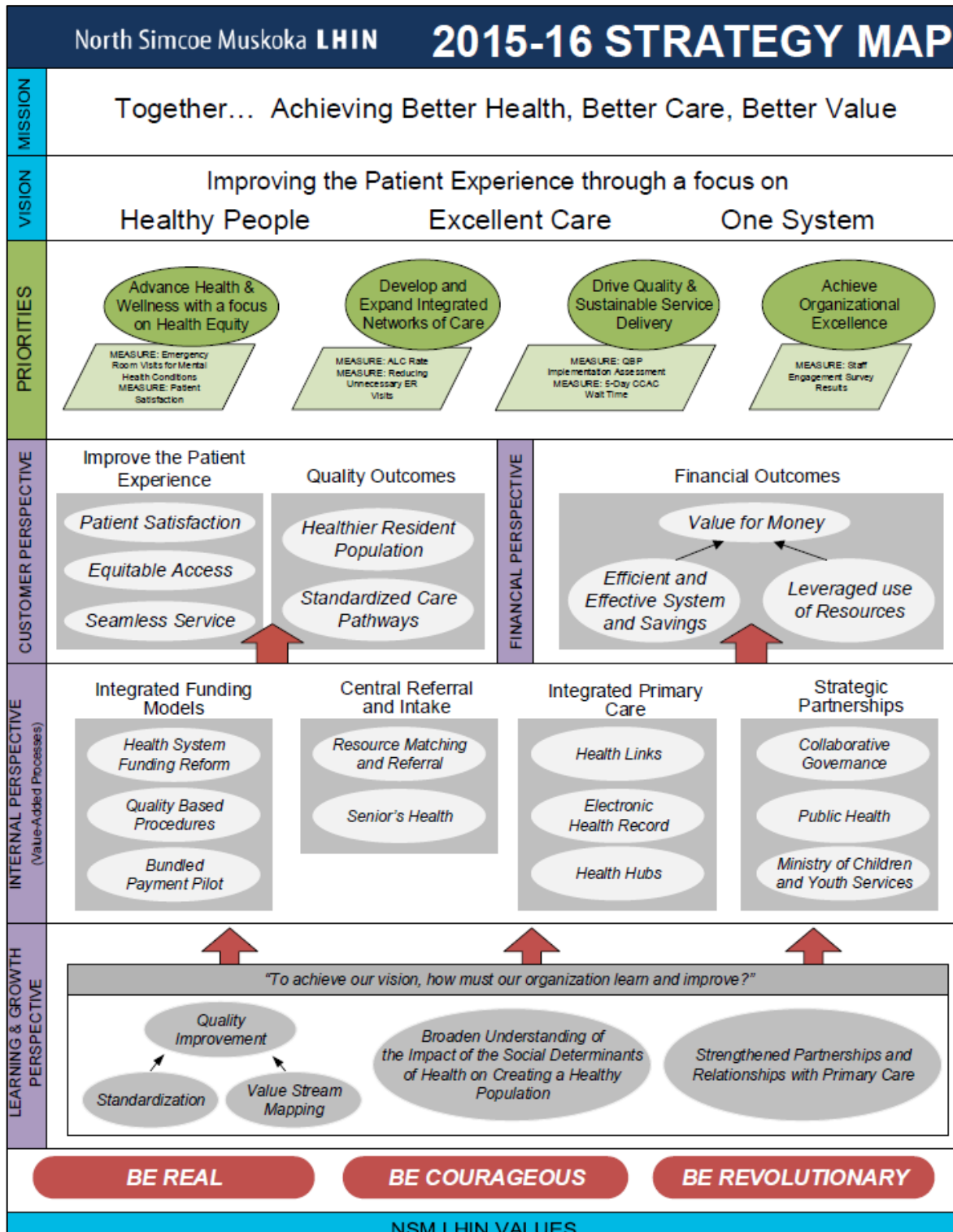
1. The capacity of the local system to support people to receive the care they need from their homes and from within their communities.
2. The design and implementation of a health plan for the senior's population including specialized geriatric services and behavioural supports.
3. The development of a sustainable future system through integrated networks of care across different types of providers and specific to communities.
4. The continued effort to create an effective, accessible, integrated, coordinated and patient-centred system for those with issues related to mental health and addictions.

These priorities, and the associated detailed design of planning structures to support these priorities, will continue to evolve in 2015-16. Priorities will be balanced and aligned with the provincial direction, ***Patients First: Action Plan for Health Care***. At the same time, projects that have been initiated out of past provincial recommendations and are well underway such as the vision care strategy and the development and implementation of integrated regional cardiac and stroke programs will continue. Recommendations regarding detailed design of the Care Connections Second Curve Project are expected to be presented later in the fiscal year.

As this new approach involves change from the status quo, the risk is that stakeholders may be uneasy with the pace of change or this new "Second Curve" approach to health system design. Community leadership, engagement and inclusion in the change management process has been the means to which this risk is mitigated. This refocused and recalibrated approach has developed out of their feedback around the strength of collaboration and the need to focus effort on key measureable deliverables. During the transition related to the detailed design phase, partners have continued participate in existing Care Connections planning tables in order to consolidate the gains of the past and refocus for the 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 towards the NSM LHIN vision of ***Healthy People. Excellent Care. One System.***

North Simcoe Muskoka LHIN 2015-16 Strategic Directions

Concurrent with the CCSC project, the North Simcoe Muskoka LHIN Board of Directors together with the NSM Executive Management Team developed a strategy map that aligns with the provincial priorities identified in *Patients First: Action Plan for Health Care*. This strategy map identifies system priorities, patient and financial outcomes, along with key areas of focus for the 2015-16 fiscal year. The development of indicators associated with each of these priorities is now underway. It is anticipated that this work will inform the Integrated Health Services Plan for 2016-19.



Goals and Action Plans

IHSP Priority 1 | Complex and Chronic Health Needs – Health and Wellness

Description of the Priority

The top five most prevalent conditions occurring in North Simcoe Muskoka are hypertension, diabetes, ischemic heart disease, arthritis disorders, and pneumonia. Forty two percent of North Simcoe Muskoka residents live with a chronic health condition, with 16% having multiple chronic conditions. This ranks the North Simcoe Muskoka region as the third highest across all regions of the province. The prevalence of those with COPD is also the second highest in the province. Risk factors associated with chronic disease are also disproportionately high in the region. The prevalence of smokers and those who are defined as overweight or obese is significantly higher than the provincial average and among the highest across all regions. The prevalence of physical inactivity (42%) is also significantly lower than the provincial average of 49%. Chronic disease, complex and chronic health needs, and the health and wellness risk factors associated with these issues continue to be an area requiring significant focus.

During the creation of the 2013-16 IHSP, Complex and Chronic Health needs was identified as the language to describe this priority. Since that time there have been several initiatives that have come to the LHIN that are focused on overlapping segments of the patient population such as those with chronic disease, those who are complex and those who are the highest users of health system resources. Now the regional coordination of diabetes services, which was transferred from the MOHLTC in 2013, is a specific area of work within this IHSP priority. Also since 2013, Health Links has also become a new and significant initiative that is defined to best fit within the scope of this priority area.

Current Status

Currently there are a wide range of services that support high users and those with complex and chronic health needs. Each of the five sub-regions of North Simcoe Muskoka has a number of programs to support adults with diabetes and pre-diabetes. The Barrie sub-region has a cross section of services which include those at the Barrie Community Health Centre, Barrie Family Health Team, Lifestyle Metabolism Centres (LMC), and the Diabetes Education Program at Royal Victoria Regional Health Centre. In the Collingwood and Wasaga Beach area, programs are offered through the Georgian Bay Family Health Team and the South Georgian Bay Community Health Centre. In the Midland-Penetanguishene sub-region, programs are available at the North Simcoe Family Health Team and Chigamik Community Health Centre. In the Muskoka sub-region the Algonquin Family Health Team, Cottage County Family Health Team and the Huntsville and Bracebridge sites of Muskoka Algonquin Healthcare also provide diabetes programming. The Couchiching Family Health Team, Huronia Nurse Practitioner Lead Clinic and Orillia Soldiers' Memorial Hospital Diabetes Education Program provide services to those in Orillia and area. The MOHLTC also funds a regional Diabetes Prevention Program, one of seven in the province, at the Algonquin Family Health Team. This program is open to all who wish to access it.

Orillia Soldiers' Memorial Hospital (OSMH) is the Regional Centre for the Regional Kidney Care Program Simcoe Muskoka (RKCP SM) and is responsible and accountable for the service delivery and

care of patients at the Regional Centre and each of its five satellites. The satellites within the program are currently hosted at Royal Victoria Regional Health Centre (RVH), Stevenson Memorial Hospital (SMH) in Alliston, Georgian Bay General Hospital's (GBGH) Penetanguishene site, Muskoka Algonquin Healthcare's (MAHC) Huntsville site, and the Collingwood General and Marine Hospital (CGMH).

Services of the Regional Kidney Care Program Simcoe Muskoka include:

- OSMH Regional Centre – 23 stations –In-centre Hemodialysis – Acute care 24/7, 3 stations Home Hemodialysis – Peritoneal Dialysis –Pre-Dialysis
- RVH Satellite – 13 station Hemodialysis Unit –Peritoneal Dialysis –Pre-Dialysis
- CGMH Satellite – 8 station Hemodialysis Unit
- GBGH Satellite – 9 station Hemodialysis Unit
- MAHC Huntsville Satellite – 6 station Hemodialysis Unit
- MAHC Bracebridge Satellite – 6 station Hemodialysis Unit –Pre-Dialysis

In 2013-14 the Regional Kidney Care Program provided Dialysis services for over 1100 patients in the region. Provincial oversight for the program is through the Ontario Renal Network (ORN). The LHIN does not fund or lead this program but is a key stakeholder and engages in collaborative planning with the program leadership.

The Simcoe Muskoka Regional Cancer Program (SMRCP), which opened in 2012, is funded through Cancer Care Ontario. It is located at Royal Victoria Regional Health Centre (RVH) in Barrie. The goal was to build a regional cancer system to bring cancer care closer to home for the residents of North Simcoe Muskoka. The program includes 34 chemotherapy treatment spaces, a satellite pharmacy, three radiation machines, a CT simulator suite to plan radiation treatments, two large outpatient clinic areas and a cancer lodge. Muskoka Algonquin Healthcare has opened a satellite chemotherapy clinic at their Huntsville site and a Supportive Care & Infusion Clinic at both their Huntsville and Bracebridge sites. A satellite chemotherapy clinic was also re-opened in January 2015 at Orillia Soldiers' Memorial Hospital.

In 2014, the Simcoe Muskoka Regional Cancer Plan was launched. Recent accomplishments include the opening of Breast Diagnostic Assessment Clinic, Virtual Rectal Diagnostic Assessment Program (DAP), Community DAP called "Prompt", Oral Chemotherapy Clinic and Palliative Care Clinic. The Ontario Breast Screening Program (OBSP) assessment site at RVH has also been developed and the number of OBSP affiliated sites have increased across the region. Partnerships with Gilda's Club Simcoe Muskoka have been developed to provide an improved psychosocial oncology network throughout the region.

There are a number of programs in the region focused on supporting those with Chronic Obstructive Pulmonary Disease (COPD) and those who require pulmonary rehabilitation. Orillia Soldiers' Memorial Hospital offers a 12-week Pulmonary Rehabilitation Program. This program is open to anyone across the region but often has a lengthy waiting list for enrollment. In 2013-14 the Pulmonary Rehabilitation Program at OSMH delivered over 900 exercise visits for patients and received 85 referrals. A number of other organizations offer pulmonary rehabilitation, COPD or asthma programs for rostered patients only. These include the Barrie and Community Family Health Team, Algonquin Family Health Team, the North Simcoe Family Health Team, the Georgian Bay Family Health Team (in partnership with the South Georgian Bay Community Health Centre and the Collingwood General and Marine Hospital). Cardiac Rehabilitation Programs are also offered in North Simcoe Muskoka through the Royal Victoria Regional

Health Centre, Orillia Soldiers' Memorial Hospital, Collingwood General and Marine Hospital, and the Algonquin Family Health Team. Some of these programs have user fees associated with them.

A province-wide self-management program that includes targeted streams for both patients and care providers is funded directly by the MOHLTC. This program is led by the South Georgian Bay Community Health Centre for the provision of services across the region. In 2013-14, this program provided training to 430 health service providers and 352 patients. This is a 22% increase since the previous year. North Simcoe Muskoka also has a Telehomecare Program under the leadership of the NSM Community Care Access Centre. This program is targeted to provide self-management and coaching support for those with either Congestive Heart Failure or COPD.

Key Issues

Key issues continue to include the high incidence and prevalence of chronic conditions in the region. Increasing service demands are the single greatest challenge for the provision of services for these populations. Multiple co-morbidities often coupled with mental health or patient distress means that the patients served in education, self-management, or rehabilitation programs are increasingly complex. Increased support is needed to serve the clients who are not quickly, if ever, discharged from community support programs. An additional challenge in this region, especially in the more rural and remote sub-regions is the hiring and retention of qualified human resources to perform these care roles.

Successes of 2014-15

A key success to system service delivery for those with complex or multiple chronic diseases is the approval and implementation of five sub-regional Health Links. These five Health Links together comprise the whole of the North Simcoe Muskoka geography (see Fig 1). Two of these Health Links are early adopters (Barrie and South Georgian Bay), with North Simcoe, Couchiching and Muskoka Community Health Links approved and beginning implementation in 2014-15. Each of the five Health Links have identified their target population and have initiated projects such as coordinated care planning and integrated electronic health records.

Fig 1: North Simcoe Muskoka Health Links



An annual work plan with clearly defined deliverables has been developed for the regional coordination of diabetes services in North Simcoe Muskoka. This work plan has been submitted to the MOHLTC. Within the scope of the work plan developed for the 2014-15 fiscal year, a number of deliverables have been accomplished. The LHIN diabetes team met quarterly with the key stakeholders in the field delivering services to those living with diabetes, and has continued to implement specific projects that are designed to bring together an integrated system of care. The LHIN diabetes team has taken a key leadership role in the standardized implementation of new policies, procedures and reporting for Diabetes Education Programs serving adults across the province. Training modules were developed and direct one on one support was provided for hundreds of service providers in the adoption of new metrics. The NSM LHIN team then also had a lead role in the development of similar policies, procedures and metrics for the 35 paediatric diabetes program across the province. Work will continue in 2015-16 with the implementation of these new paediatric policies and metrics. An online Diabetes Community of Practice was also established through the HealthLine and significant membership has now expanded to include those seeking this type of information and support from outside of the region.

A regional visioning day was held around health and wellness and the outcomes of this day included some forward thinking around the redefining of prevention and health. Telehomecare was also successfully established across the region in 2013-14. This initial approval and implementation focuses on coaching and self-management support for those with CHF and COPD. The target of 100 patients enrolled in Telehomecare in the initial year was surpassed by the third quarter.

Goals

- Ensure equitable access to high quality coordinated diabetes education services.
- Improve the integration of care for those with chronic disease and complex patients with three or more comorbid diagnoses.
- Instill chronic disease prevention and wellness as part of the continuum of care.

Consistency with Government Priorities

Improving the health and wellness of Ontarians is one of the four key quadrants identified by the Ministry of Health and Long Term Care. Within this quadrant Complex and Chronic Health Needs is well aligned with integrating service delivery for complex patients as well as ensuring the infrastructure is in place to support seamless coordination of community based care.

Cancer Care Ontario (2012), 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

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

Action Plans and Interventions

Strategic System Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Develop coordinated care plans for Health Links patients with multiple chronic diseases that includes referral to appropriate community based education and self-management programs.	Five NSM Health Links	In Progress	20	In Progress		In Progress	
Increase awareness and consider integrating the Canadian Index of Well Being into local service delivery. The North Simcoe Health Link will pilot a survey tool to measure “sense of belonging” as a means of evaluating the success of the Health Link in wrapping services around the patient.	North Simcoe Health Link	In Progress	100				
Create a final proposal for Penetanguishene Health Hub and present to MOHLTC.	Chigamik CHC/North Simcoe FHT	In Progress	100				
Internal LHIN Operational Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Continue to foster partnerships with non-LHIN funded groups focused on chronic disease such as Regional Cancer Steering Committee and the Regional Kidney Care Committee.	LHIN Staff (Diabetes Team)	In Progress	20	In Progress		In Progress	
Support the establishment of telemedicine in Diabetes Education Programs.	LHIN Staff (Diabetes Team)	In Progress	100				
Integrate standardized policies and metrics into service accountability agreements related to Diabetes Education Funding for adults and paediatrics.	LHIN Staff (Diabetes Team)	In Progress	100				
Aggregate and present the analysis of customized quarterly reports that will inform planning and program improvement in each of the seven local LHIN funded diabetes education programs.	LHIN Staff (Diabetes Team)	In Progress	33	In Progress	33	In Progress	33
Administer a Diabetes Community of Practice website targeted at building clinical capacity and resource sharing.	LHIN Staff (Diabetes Team)	In Progress	100				
Take a leadership role in pan LHIN/ MOHLTC initiatives to evaluate diabetes services across the province.	LHIN Staff (Diabetes Team)	In Progress	50				
Implement a CDPM website focused on patients improved access to resources and awareness of local services.	LHIN Staff (Diabetes Team)	In Progress	70	In Progress	30		

Risks and Mitigation Strategies

Movement of the MOHLTC from diabetes to an expanded scope of chronic disease bring new challenges to this portfolio. Risks to seamless service coordination are introduced as programs are funded through different bodies such as the LHIN, the MOHLTC or Cancer Care Ontario. Strong relationships between funders and clear communication in local planning with the Regional Cancer Steering Committee and the Regional Kidney Care Committee mitigates this risk.

Health Links projects across the region are also at different levels of maturity and have varying approaches to implementation. Although this variation is by community design it is also important to ensure that all projects are on track and aligned with MOHLTC expectations. This risk will be mitigated by introducing a regional Health Links evaluation framework to support the achievement of deliverables.

IHSP Priority 2 | In-Home and Community Capacity

Description of the Priority

There were approximately 82,200 individuals over age 65 living in North Simcoe Muskoka in 2013. Those over aged 65 represent 17.4% of the NSM population as compared to the Ontario average of 15.0%. It is expected that the number of people living in North Simcoe Muskoka who are age 65 years and over will more than double over the next 20 years. Between 2010 and 2012, seniors accounted for approximately 22.4% of all emergency department visits in the region. Hospital admissions for seniors with mental health issues have increased while the length of stay has decreased. The numbers of admissions due to falls and fall-related injuries is increasing. Seniors have also accounted for 75-80% of rehabilitation episodes. The Alzheimer Society of Ontario states that North Simcoe Muskoka was home to 7,570 individuals with dementia in 2012 and that this number will grow by 37% by 2020. This represents the third highest rate of growth in the province.

With the population aging, policy changing and funding emphasis increasingly placed on aging in place, there is a need to review, streamline and re-design in-home and community capacity. Although supporting individuals at home and in their communities does not equate all seniors services, the full spectrum of senior's services are also of pressing importance. As such, in-home capacity, community capacity and seniors services are all included in this in this priority area.

Current Status

Through the NSM Community Care Access Centre and the community support sector, local residents are able to access both in-home and congregate community-based programs. In addition to professional services, the North Simcoe Muskoka Community Care Access Centre also provides personal support services to help individuals meet their daily needs and remain in their homes for as long as possible. The Community Support Sector includes programs like Meals-on-Wheels, First Link, transportation services, adult day programs, respite care, caregiver education and support, services for the physically disabled, palliative and end-of-life care.

Additional specialized geriatric services include those offered through Orillia Soldiers' Memorial Hospital Geriatric Day Hospital, Muskoka Algonquin Healthcare's Seniors Assessment Support & Outreach Team (SASOT), and the Integrated Regional Falls Program. Primary care is placing an increasing emphasis on providing support to seniors through dedicated clinics and staffing. Unique programs and partnerships have emerged such as the Memory Clinic offered in partnership between the Barrie and Community Family Health Team and the Barrie Community Health Centre. Inpatient, ambulatory and outreach geriatric psychiatry services are available across the region through Waypoint, Collingwood General and Marine Hospital and Wendat. Through provincial planning and resources, the Behavioural Support System was established in the region several years ago, reflecting a partnership between many local agencies and their services.

In 2013-14 the NSM Community Care Access Centre (CCAC) supported 16,294 individuals, representing 3.4% of the total population in the region. The largest proportion of clients (43%) resided in the Barrie area. The CCAC also provides support to large number of clients aged 0-17. Some of these clients are complex continuing care children or youth who will be active in our health care system for their entire lives. The most significant portion of clients served are over the age of 75. Overall, the top three service

types by client population for the NSM CCAC are: short stay-wounds, care for chronic-seniors and short-stay acute care.

At December 2014 there were 75 regional Complex Continuing Care (CCC) beds in the region located across three sites. During the first half of 2014-15 there were 314 referrals to these beds and 52 refusals for CCC services. Over the same period 74% of referrals were for slow stream rehabilitation or restorative care, 20% for end-of-life care and 6% for the support of medically complex patients. Occupancy in the first two quarters of the fiscal year was approximately 80% (including off-service patients) with a notable increase in the volume of off-service patients supported in regional CCC beds in the second quarter of the fiscal year.

In North Simcoe Muskoka there are currently 38 funded rehabilitation beds, representing 1.5% of the province's total funded rehabilitation beds. The beds at Georgian Bay General Hospital are accessible to the region while the beds at the Royal Victoria Regional Health Centre and Orillia Soldiers' Memorial Hospital are limited to the inpatient population of their respective facilities.

There are 3,065 long-term care home beds in the region, including 56 convalescent care beds and 18 short-stay respite beds. Overall, the region rests slightly above the provincial ratio of beds per 1000 population aged 75 or over, with the Collingwood and Orillia sub-regions resting below the provincial average. The average wait time for a bed in a long-term care home ranged between 245 days in Collingwood to 472 days in Barrie with 4% of the clients on these wait lists being under the age of 65. With regard to regional flow, 40% of all long-term care home admissions originate from inpatient acute care and 23% originate from other long term-care homes. In contrast, 37% of long-term care home residents were discharged to acute care.

In 2014 six new residential hospice beds were opened in Collingwood. These beds are part of a new building established by Hospice Georgian Triangle to provide hospice, palliative and end-of-life care to those in the region. These beds now bring the total residential hospice beds in the region to 21, with five beds in Huntsville at Algonquin Grace and ten beds at Hospice Simcoe in Barrie.

Key Issues

The key issue continuing to face this sector is the lack of capacity related to in-home and community services, including specialized geriatric services. The number of days patients wait for an alternate level of care (ALC) continues to create challenges to hospital flow and capacity. This challenge stems in part from the gaps in community capacity and the limited access to specialized geriatric services. Long-term care waits currently in the region range from 200-600 days with the longest wait for male basic beds. The volume of rehabilitation beds in the region is one of the lowest in the province and open access to these beds is not yet occurring. This means that access to inpatient rehabilitation services is limited to patients in hospitals with rehabilitation bed capacity. Complex continuing care beds continue to present an opportunity for improved utilization and efficiencies. Compared to other regions, North Simcoe Muskoka has a comparatively low number of active home care clients per capita. At the same time, the region has among the highest number of home care service visits and home care service hours per capita in the province. The lack of required human resources in the system, such as Personal Support Workers and Nurse Practitioners continue to create a strain on the capacity of the community.

Successes of 2014-15

An In-Home and Community Capacity Planning Day was held to identify priorities for the coming year. The LHIN also gathered input from providers and provided feedback to the Home & Community Care Expert Panel survey. A Community Integrated Data Set has been completed and implemented under the leadership of the CCAC. This data set will provide a rich source of information for system and local planning. A review of Rehabilitative Care was completed and recommendations were made for an integrated model of rehabilitative care. In collaboration with the health service providers, a regional operational framework was developed for Assisted Living Services for High Risk Seniors (ALS-HRS). Funding was also allocated for the implementation of three ALS-HRS programs in Barrie, Orillia and Collingwood.

Planning was initiated in the past year related to the provincial Long Term Care Home Renewal Strategy. A strategy document around specialized geriatric services (SGS) was also completed and endorsed by LHIN leadership. An initial inventory of specialized geriatric services was completed and a project steering committee was established to support work in this area in the upcoming year. Year-One planning was completed for the provincial Assess and Restore Initiative, including roll-out of geriatrics training across all complex continuing care and convalescent care program sites in the region. Local and provincial reviews were completed related to the Senior Friendly Hospital Strategy. A review was also completed of thirteen targeted seniors programs in the region. LHIN representatives and health service providers participated together in the regional review of geriatric programs and specialized geriatric services.

The NSM LHIN participated in 2013-14 in provincial work related to residential hospices including collaborative development of the “Strengthening Ontario’s End-of-Life Continuum: Advice Regarding the Role of Residential Hospices” report. A funding proposal submitted by the Muskoka Health Link to improve primary care was also successful. This proposal was made jointly by the Nurse Practitioner Lead Clinic, the Algonquin Family Health Team and the Cottage Country Family Health Team.

Goals

- Appropriate quality care available close to or within the patient’s home.
- Reduced number of total days that inpatients wait in hospital for an alternate level of care (ALC)

Consistency with Government Priorities

Modernizing home and community care is one of the four key quadrants identified by the Ministry of Health and Long Term Care. Within this quadrant the priority of increasing in-home and community capacity is well aligned with integrating service delivery for patients as well as ensuring the infrastructure is in place to support seamless coordination of community based care.

LHIN/MOHLTC Regional Geriatric Programs and Specialized Geriatric Services Review (2014)

Ministry of Health and Long-Term Care (October 2014), Assess & Restore Guideline

Ministry of Health and Long-Term Care (January 2011), Assisted Living Services for High Risk

Seniors Policy: An updated supportive housing program for frail or cognitively impaired seniors

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

Quality Hospice Palliative Care Coalition of Ontario (December 2011), Advancing High Quality, High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action

Regional Geriatric Program of Toronto (Dec 2010) Self-Assessment Template: Senior Friendly Hospital Care, Ontario Senior Friendly Hospital Strategy

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

Action Plans and Interventions

Strategic System Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Collaborate with NSM Health Links to define the local and regional core basket of home and community services.	IHCC Council	Will Complete	100				
Implement expansion of telehomecare to include a monitoring component.	NSM CCAC	Will Complete	100				
Develop, validate and implement a LHIN-wide Specialized Geriatric Services Program including Behavioural Support Services.	SGS Committee	Will Complete	100				
Develop and implement an Assess & Restore Strategy for 15/16 and 16/17 NSM LHIN funding, in alignment with provincial directions and the A&R Guidelines.	SGS Committee	Will Complete	100				
Continue to implement a Senior Friendly Hospital Strategy in alignment with provincial planning and directions.	SGS Committee	Will Complete	100				
Internal LHIN Operational Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Develop a palliative care strategy for the region including the consideration of residential hospices.	LHIN Staff (Planning)	Will Complete	100				
Develop and implement a plan of the desired future state for the access and utilization of Complex Continuing Care, Rehabilitation and Convalescent Care.	LHIN Staff (Planning)	In Progress	50	Will Complete	50		

Develop a LTCH Renewal Strategy that addresses the NSM need for growth, specialized beds, flow and local needs.	LHIN Staff (Planning)	Will Complete	100				
Support and implement any recommendations made through recent provincial audits and reports including Expert Panel on Home and Community Care; Report of the Expert Panel for Primary Care; and the Audit of Ontario Community Care Access Centres etc.	LHIN Staff (Planning)/ IHCC Council	In Progress	25	In Progress	25	Will Complete	50
Complete planning and implementation of Assisted Living Services for High Risk Seniors across the NSM sub-geographies.	LHIN Staff (Planning)/ IHCC Council	Will Complete	100				
Initiate the implementation of the Low Needs Seniors Strategy.	LHIN Staff (Planning)/ IHCC Council	In Progress	50	Will Complete	50		
Support the implementation of telemedicine and the delivery of direct and indirect patient events in Long Term Care homes.	LHIN Staff (Planning)	Will Complete	100				
Continue to evolve the approach to implementation of Falls & Exercise Classes. Ensure targets are met.	LHIN Staff (Planning)	Will Complete	100				
Continue to participate in the MOHLTC/LHIN review of Regional Geriatric Programs and Specialized Geriatric Services.	LHIN Staff (Planning)	Will Complete	100				
Support development of a provincial infrastructure for Behavioral Supports Ontario. This is a joint project between multiple LHIN with the North Bay Hospital as the host organization.	LHIN Staff (Planning)	Will Complete	100				

Risks and Mitigation Strategies

Alternate Level of Care (ALC) occupancy has continued to remain above target levels outlined in the Ministry LHIN Performance Agreement. Although the actual indicator used to measure and monitor ALC is under review, the need to reduce the number of patients waiting in hospital beds for other more appropriate settings continues to be a significant issue. The NSM LHIN Leadership Council has committed to conversations at each meeting with a system-wide focus on ensuring individuals receive the Right Care at the Right Time in the Right Place and for the Right Cost. This risk is mitigated with continued effort being made to enumerate initiatives that have a significant impact on reducing the numbers of ALC patients and the length of time that patients wait in hospital for alternate care.

As noted in the activities for 2015-16, there are several initiatives and existing programs related to either seniors, or in-home and community capacity that are currently being reevaluated. Evaluations are conducted in order to consider opportunities for system redesign including, where appropriate, the rational reallocation of existing funding. While a more comprehensive assessment of risks and mitigation strategies is being undertaken, the application of any system redesign changes has the potential to result in resistance from the public and service providers who might be discontent with the pace of change

implementation. Due to the complex inter-relationships involved with implementing system changes, careful and deliberate planning is required to ensure that patient care is not compromised. Active communication strategies and plans are being developed to mitigate these risks.

An additional risk to completion of the defined activities is the volume of strategic work that needs to take place during the upcoming fiscal year with regard to planning for the seniors population and the redevelopment of long term care homes. In order to mitigate this risk an additional temporary staff resource has been added to internal LHIN operations to support project and change management in these areas during 2015-16.

IHSP Priority 3 | Maternal Newborn Child and Youth Health

Description of the Priority

The priority of Maternal, Newborn Child and Youth Health (PCMCH) was established to be responsive to the provincial priorities of the Provincial Council for Maternal Child Health. The collaborative work in this area has predominately been community driven. This work has been completed in partnership with planning structures who are led by other provincial ministries and bodies with a vested interest in the health and well-being of children and families such as the Ministry of Community and Social Services, Ministry of Education, and Ministry of Children and Youth, public health and local school boards.

The focus of the collaborative work of health service providers is determined using local evidence produced through the Better Outcomes Registry Network (BORN) and the PCMCH. Through this data the council is able to assess priorities for improvement initiatives. For example, in 2012-13 North Simcoe Muskoka continued to have one of the highest rates of caesarian sections in the province. In alignment with the data, current activities focus on improving the ability to provide healthy births by standardizing protocols for inductions of birth and supporting patients to understand healthy birth. Quality Based Procedure (QBP) implementation is also identified as a means to drive quality and sustainable service delivery.

Current Status

There are a range of community service agencies that provide support for children and families. Each of the six Family Health Teams and three Community Health Centres support children with primary care, counseling, dietitians, lactation and sexual health supports. In North Simcoe Muskoka there are four different midwifery practices that are in operation across the region. These include the Barrie Midwives, Orillia Midwives, Nottawasaga Midwives, and Midwives of Muskoka. Breastfeeding support is also offered by local doulas, LaLeche League, the Simcoe Muskoka Public Health Unit and at the Ontario Early Years Centres. There are a number of Ontario Early Years Centres in region funded as universal programs though the Ministry of Education with numerous community outreach program locations.

All sub-LHIN regions are served locally for low risk birthing with level IIa birthing and level I neonatal care at Collingwood General and Marine Hospital (CGMH), Muskoka Algonquin Healthcare's (MAHC) Huntsville and Bracebridge sites, and Georgian Bay General Hospital (GBGH). Level IIc maternal and neonatal care is available at Orillia Soldiers' Memorial Hospital (OSMH) and Royal Victoria Regional Health Centre (RVH).

Specialized pediatric care is also available at OSMH and RVH for both inpatients and outpatients. Outpatient services include Paediatric Diabetes, Paediatric Oncology, Complex Children's Navigation Programs, Preschool Speech and Language, Infant Hearing and Development Programs, and Simcoe Muskoka Parry Sound Blind Low Vision Early Intervention Program.

Children's mental health services, often funded through the Ministry of Children and Youth are provided by organizations such as Kinark Child and Family Services, Catulpa, New Path Youth and Family Services of Simcoe County, Family Child and Youth Services of Muskoka, Canadian Mental Health Association, Canadian Association of Mental Health, Enaahitig Healing Lodge and Learning Centre, CCAC's mental health nurses and Waypoint Centre for Mental Health Care's Youth Telepsychiatry Program. Developmental and Early Intervention Services are delivered by a number of organizations

including Hands: The Family Help Network, E3 Community Services, Simcoe Community Services, Community Living Huronia, Community Living Huntsville, Community Living South Muskoka, One Kids Place and The Common Roof to name a few.

Key Issues

Children and families face challenges navigating the system as they receive services from multiple providers or transition between programs. Streamlined service coordination, integration of health records, and common intake and referral are challenging to achieve with agencies funded through various means, covering misaligned geographies, with different mandates and different indicators of success. Transition of children with chronic issues as they reach adulthood is also a significant challenge for children and families.

Successes of 2014-15

Successes of the past year include the ongoing partnerships between groups or organizations that plan, fund or deliver services for children and families. The Maternal Newborn Child Youth Coordinating Council and Mental Health Coordinating Council have established cross linkages to support the establishment of inpatient beds for children and adolescents with mental health needs at Royal Victoria Regional Health Centre. The NSM LHIN has linked with local planning committees such as the Simcoe County Coalition for Children Youth and Families and Best Start Planning Tables. All of these groups also included members from the Ministry of Children and Youth, local school boards, and public health.

The NSM LHIN is also an active member in provincial work around Paediatric Diabetes service planning led in conjunction with the Provincial Council for Maternal Child Health (PCMCH). The NSM LHIN took a lead role in 2014-15 in the development of new policies and procedures that will govern the delivery of paediatric diabetes services across the province.

Local health system providers through the Maternal Newborn Child and Youth Coordinating Council have also realized significant successes over the last year. Site visits and engagement of local service providers took place across all five sub-regions of North Simcoe Muskoka. An inventory was created that identifies local developmental services for children and youth. A proposal to support those across the region with Post-Partum Mood Disorder was completed and approved for funding. Service providers and local champions were brought together to review data from the Better Outcomes Registry Network (BORN) and determine local priorities. Since then, work has begun on the creation of region-wide standardized protocols for birth inductions. Two sub-regions within North Simcoe Muskoka were also successful in their application for the funding related to the Healthy Kids Community Challenge as part of Ontario's Healthy Kids Strategy. This initiative focuses on increasing child health and reducing child obesity. Orillia Soldiers' Memorial Hospital will also be moving forward to implement a Pediatric Bariatric program to support the region.

Goals

- Improved health outcomes for the maternal newborn, child and youth populations
- Standardized care across providers of birthing services in alignment with evidence and best practice.

Consistency with Government Priorities

Ensuring sustainability and quality is one of the four key quadrants identified by the Ministry of Health and Long Term Care. Within this quadrant Maternal Newborn Youth Child is well aligned with integrating service delivery for patients as well as ensuring the sustainability and quality.

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

Action Plans and Interventions

Strategic System Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Implement a monitoring framework and region wide data sharing agreement across providers of obstetrical services. Use region wide data to determine priorities for future projects.	Maternal Child Coordinating Council (MCCC)	Will Complete	100				
Finalize an inventory and capacity review of birthing and paediatric services.	MCCC	Will Complete	100				
Support the implementation of the Quality Based Procedures for Tonsillectomies and Hyperbilirubinemia.	MCCC	In Progress	50	Will Complete	50		
Initiate the development of a region wide breastfeeding strategy.	MCCC	Will Complete	100				
Implement services and supports to women with Post-Partum Mood Disorder.	OSMH/ MCCC	Will Complete	100				
Create, finalize and implement region wide standardized protocols for induction of labour	Acute Care Standards Committee	Will Complete	100				
Standardize patient education around normal birthing.	Acute Care Standards Committee	Will Complete	100				

Internal LHIN Operational Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Represent the LHINs as a member of the Child and Youth Advisory Committee of the Provincial Council of Maternal and Child Health.	LHIN Staff (Planning)	In Progress	33	In Progress	33	Will Complete	33
Provide input and oversight as a signatory on Special Needs Strategy Coordinated Care Planning submissions made by of both Simcoe County and Muskoka/Nipissing Parry Sound.	LHIN Staff (Planning)	Will Complete	100				
Implement new policies, procedures and reporting for Paediatric Diabetes. Ensure that these items are clearly communicated through revised accountability agreements with host organizations.	LHIN Staff (Diabetes Team)	Will Complete	100				
Support and monitor the implementation of new Regional Paediatric Bariatric Treatment Clinic.	LHIN Staff (Diabetes Team)/ OSMH	Not Started	80	In Progress	10	Will Complete	10

Risks and Mitigation Strategies

The sheer number of Ministries, funders, agencies, and committees involved in planning and delivery of services for children and youth is an ongoing risk to coordinated planning. Coordination, alignment and cross sector communication is challenging and requires significant resources. Individuals have been specifically assigned as cross-representatives at committee tables to support the mitigation of this risk and ensure knowledge translation. An additional risk to evidence based planning is related to the unavailability of region-wide obstetrical and paediatric data sets. To mitigate this risk a data sharing agreement is under development across the hospitals in the region. Cross-organizational sharing of BORN and other birth and obstetrical data will enable the collaborative determination of areas where standardization or improvement is required.

IHSP Priority 4 | Mental Health and Addictions

Description of the Priority

Mental Health and Addictions will continue to be an area of focus in alignment with the province's ten year Mental Health and Addictions strategy. Key system performance indicators have been selected that align with the Ontario Common Quality Agenda and the Hospital Mental Health and Addiction Quality Initiative. For most of the indicators the mental health and addictions system in the region is performing well. In other areas data demonstrates that there is further work to be addressed in the region with regard to this priority.

In 2013-14, the rate of mental health and addiction emergency department visits was very close to the provincial average, and well below other LHINs with comparable population characteristics. However, over the past three years, the rate has been increasing in NSM LHIN, while it has remained relatively stable for the rest of the province. This data supports the need to continue to enhance crisis and community services in the region in order to provide support for clients seeking care at emergency departments and also as an alternative to an emergency department visit.

The region meets the four hour target for 90th percentile emergency department length of stay for non-acute, non-admitted patients for mental health and addictions related visits. However, North Simcoe Muskoka far exceeds the eight hour target set by Health Quality Ontario for the 90th percentile length of stay in emergency departments for patients who are subsequently admitted for issues related to mental health and addictions. Further improvements are required so patients can move more quickly from emergency departments to be admitted as inpatients for issues related to acute mental health and addictions.

For over half of 2013-14, the percentage of acute inpatient days that were designated as Alternate Level of Care (ALC) was as high as 12% in North Simcoe Muskoka for people with Mental Health and Addictions. This far exceeds the target of 3.5%. Lack of supported housing and challenges in accessing the right care for clients with neurodegenerative illnesses, mental illnesses and responsive behaviours are some factors that are thought to contribute to high ALC days.

Current Status

The mental health and addiction system provides a range of treatments along a tiered model of services that range from acute care to longer term rehabilitation in the community. The services provided depend on the acuity and complexity of client needs. Acute Care inpatient sites provide intensive care for clients with urgent, acute and complex needs. Orillia Soldiers' Memorial Hospital (OSMH) is a Schedule 1 facility with 23 inpatient mental health beds. Waypoint is a schedule 1 facility with 23 beds. Royal Victoria Health Care (RVH) is also a Schedule 1 facility with 36 inpatient mental health beds. The geography in region is divided up among these three Schedule 1 hospitals that meet the benchmarks for inpatient beds (21 per 100,000 population aged 15+) and have the population or critical mass to justify a Schedule 1 unit. Each Schedule 1 facility takes patient's from neighbouring sub-regions. Orillia Soldiers' Memorial Hospital takes clients from Orillia and Muskoka. Waypoint Centre for Mental Health takes clients from Collingwood, Midland, and Parry Sound. The Royal Victoria Regional Health Centre cares for Barrie residents. These three Schedule 1 hospitals work collaboratively as a regional system of care to ensure that clients who are the most acute get the next available bed, regardless of their place of residence.

There are a number of services for people who are experiencing a mental health or addiction crisis. Community mental health services are provided by the following organizations: The Canadian Mental Health Association, Collingwood General and Marine Hospital, Royal Victoria Regional Health Centre, Orillia Soldiers' Memorial Hospital, Wendat, Waypoint's outpatient programs and the Canadian Mental Health Association Muskoka Parry Sound (CMHA MPS). Community Health Centres also provide support to clients with severe and chronic mental health and addiction concerns to remain in the community and achieve wellness. Peer support initiatives are also available in all communities in the region. Primary care providers support clients with mild to moderate needs.

A crisis line is also available 24 hours, seven days a week. In some areas of the LHIN, Mental Health Crisis services are available to provide an assessment in a community setting or the client's home. If a person presents to an emergency department with a mental health or addiction concern, a mental health crisis worker will complete an assessment and connect the client with the appropriate acute or community based service.

Community or outpatient mental health and addictions services are also offered across North Simcoe Muskoka. Primary Care providers, including Family Health Teams offer community mental health services for brief interventions for people with mild/moderate depression, anxiety, etc. Specialized mental health services provide services for people with severe and persistent mental illness. In Orillia both OSMH and the Couchiching Family Health Team provide care for people with mental health and addictions related issues. The Algonquin and Cottage Country Family Health Teams offer some mental health programming while Addiction Outreach Muskoka Parry Sound, Canadian Mental Health Association Simcoe and CMHA MPS also provide services in the Muskoka sub-region. In Barrie, Royal Victoria Regional Health Centre offers, in addition to their inpatient services, structured outpatient care and transitional case management. The Barrie Family Health Team and the Barrie Community Health Centre also offer supports. CMHA also provides a range of services for people living with mental illness and addictions in the Barrie area. In the South Georgian Bay sub-region community services are offered by the Collingwood General and Marine Hospital, the Georgian Bay Family Health Team and the South Georgian Bay Community Health Centre.

Key Issues

Access to a full continuum of care for the high numbers of complex chronic patient and as well as those with complex mental health issues is a key concern. Ensuring equitable resource distribution across the geographies of the region that meet the needs of diverse communities including the Francophone and Aboriginal populations is paramount. There are significant gaps locally in community services and hospital services. North Simcoe Muskoka is the only region in the province without mental health beds in acute care specifically designated for children and youth. North Simcoe Muskoka is also one of five regions in the province that does not have mental health psychiatric crisis beds (sometimes called Psychiatric ICU beds). A significant number of active cases receive care from outside of the region. There also continues to be a high number of unscheduled visits to emergency departments related to mental health and addictions.

Given the wide range and number of organizations providing services in the region, coordinated and integrated access to streamlined care can be an issue. Improving coordination and integration of services by implementing standardized tools and protocols will ultimately lead to better client outcomes.

Successes of 2014-15

Ontario's Comprehensive Mental Health and Addictions Strategy: Open Minds, Healthy Minds has led to new investments to the adult mental health and addictions sector in 2014-15. A collaborative decision making process was utilized to prioritize proposed projects in alignment with a gap analysis and resource allocation model that was developed during the year.

The following projects received new investments in 2014-15 as a result of the provincial mental health and addictions strategy. Counseling walk-in clinics have been piloted over recent years in two sub-regions. These clinics received approval for expansion in all five sub-regional geographies. The clinics do not require appointments, provide single-session brief therapy and connect clients with any needed longer-term services. New base funding was also directed to mental health and addictions services for First Nations, Inuit and Métis; mental health crisis services; case management; youth addictions, supports for Post-Partum Mood Disorder and Psychogeriatric services.

Acute Care mental health services are working toward implementing common approaches to services delivery in order to create an improved integrated care experience for NSM LHIN residents. Over 88% of staff (over 150) from Crisis Services and Inpatient Acute Care Mental Health were trained to use the Level of Care Utilization System (LOCUS). The LOCUS is a tool that provides a systematic approach to determine client needs and recommends a level of service to meet those needs. The tool can be used across sectors from community to hospital services by many different health care providers. This creates objective system-wide criteria to support clinical decision making to determine the right level of care for clients.

With respect to better integration and efficiency of services in 2014-15, the governing boards of Muskoka Parry Sound Community Mental Health and Addiction Outreach Muskoka Parry Sound entered into an agreement to voluntarily integrate, a recommendation that was supported by the local planning mental health and addictions planning council.

Goals

- High quality, equitable and accessible mental health and addictions services
- Increased capacity to support children and youth with mental health and addictions issues.
- Integrated crisis management services
- A regional system of acute care mental health and addictions services with multiple sites.

Consistency with Government Priorities

Ministry of Health and Long Term Care, Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy, June 2011 © Queen's Printer for Ontario (2011)
Ontario's Action Plan for Healthcare (2012)

Action Plans and Interventions

Strategic System Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Make Community Connections/211 a common point of information and referral.	MH&A Coordinating Council (MH&A CC)	In Progress	75	Will Complete	25		
Increase access and address the gaps in the adult mental health services continuum for Francophone communities	MH&A CC	In Progress	25	In Progress	25	Will Complete	50
Increase access and address the needs of Aboriginal communities by leveraging Aboriginal Networks	MH&A CC	In progress	50	In progress	25	Will Complete	25
Implement a strategy to enhance MHA services for the child (0-5) including wellness promotion, early intervention, screening, assessment and intervention in collaboration with other partners.	Child and Adolescent MH Steering Committee (C&A MH SC)	In Progress	25	Will Complete	75		
Build capacity for child and youth MHA services including services for Transition Aged Youth (14-29 years of age)	C&A MH SC	In Progress	33	In progress	33	Will Complete	33
Enable the development of a continuum of integrated services for children and youth with Dual Diagnosis	C&A MH SC	In Progress	33	In progress	33	Will Complete	33
Support the development of a Regional Inpatient Acute Care Program for children and youth under age 18	C&A MH SC	In Progress	33	In progress	33	Will Complete	33
Build capacity for community education to reduce stigma and discrimination towards people living with mental health and addictions issues. The audience includes the public and professionals.	Crisis Response & Community Resources Committee (CRCRC)	In Progress	33	In progress	33	Will Complete	33
Improve system integration, service delivery and client outcomes.	CRCRC	In Progress	33	In progress	33	Will Complete	33
Increase access to brief counseling & early intervention services.	CRCRC	In Progress	33	In progress	33	Will Complete	33
Increase access to a continuum of crisis services.	CRCRC	In Progress	33	In progress	33	Will Complete	33
Improve collaboration between MHA system and justice/police	CRCRC	In Progress	33	In progress	33	Will Complete	33
Ensure implementation of standards of care for treating MHA populations	CRCRC	In Progress	35	In progress	15	Will Complete	50
Redistribute Schedule 1 Beds from Waypoint Centre for Mental Health Care to Georgian Bay General Hospital.	MH Acute Care Clinical Services Committee	In Progress	33	In progress	33	Will Complete	33
Implement common protocols and practices in acute care mental health services to create an integrated system of care.	MH Acute Care Clinical Services Committee	In Progress	50	In progress	25	Will Complete	25

Risks and Mitigation Strategies

As with many of planning initiatives, the availability of timely data and analysis support can become a risk to high quality evidence based planning and monitoring. Opportunities are currently being explored to leverage decision support expertise of health service providers who collaborate in regional planning of mental health and addictions services and support.

It can be challenging to implement initiatives that require new specialty resources. The shortage of specialized human resources in the region such as child and youth Psychiatrists, and Aboriginal and Francophone service providers can pose a risk to the successful implementation of planned projects. This risk is mitigated by employing alternative models to access resources from outside the region through methods such as telemedicine. Removal of barriers at the provincial level also supports risk mitigation in this area. For example, the Ontario Telemedicine Network is currently waiving the annual fee for practitioners to register for Personal Computer Video Conferencing (PCVC).

Finally, an inequitable distribution of resources between the five sub-regions of North Simcoe Muskoka can create a risk to the equitable access to quality care for residents in different parts of the region. The LHIN along with the Mental Health and Addictions Coordinating Council continue to adapt the LHIN decision making framework and employ the Health Equity Impact Assessment tool to ensure the allocation of resources continues to remove sub-regional inequities.

IHSP Priority 5 | Medicine

Description of the Priority

The Emergency Department visit rate for those from North Simcoe Muskoka was higher than provincial averages in all panels (Admitted, Non-Admitted High Acuity, Non-Admitted Low Acuity) in fiscal 2013-14. In fiscal 2013-14, there were 253,492 ED visits to North Simcoe Muskoka LHIN hospitals, representing a ED Visit/Population ratio of 53.8%⁴. This ratio is 14.1% higher than the Provincial rate of 39.7% and represents the fourth largest LHIN ED Visit rate in the Province. The largest proportion of ED visits in North Simcoe Muskoka LHIN hospitals (48.1%) were in the high acuity (I, II and III) levels of the Canadian Triage Acuity Scale (CTAS) which is lower than the provincial average (55.8%), which represents the third lowest high acuity ratios in the province. North Simcoe Muskoka LHIN hospitals had a higher proportion of low acuity visits (42.9%) as compared to the Provincial average of 33.8%. The Emergency department visits rate continues to be an area of focus because many of these less acute patients could be supported to receive care by other means.

Medicine and the projects within it have continued to be an area of intense focus since they were established as priorities in the 2013-16 Integrated Health Services Plan. Vascular, critical care and emergency departments continue to be the key area of focus under this priority area. Much of the explanatory rationale for the ongoing focus on vascular including cardiac and stroke was discussed in the local prevalence and high incidence of risk factors in the chronic disease priority. Currently many of these patients must leave the region for specialized care, so improving access to quality services continues to be of value.

Current Status

Collingwood General and Marine Hospital (CGMH) is an acute care facility serving the sub-LHIN region of South Georgian Bay. CGMH has a total of 71 acute care beds and a level 3 trauma centre with an annual emergency department visit volume of 31,671 in the 2013-14 fiscal year. In addition to general medical services, the hospital has a level II ICU and offers inpatient palliative care. Georgian Bay General Hospital (GBGH) is a 112 bed facility (acute, chronic, rehab) with sites located in the municipalities of Midland and Penetanguishene. GBGH has a level III trauma centre at its Midland site with an annual emergency department volume of 44,321 visits in the 2013-14 fiscal year. GBGH provides general medical services, 15 rehab beds, 21 regional complex continuing care beds (including palliative care), and level II/III ICU beds.

Muskoka Algonquin Healthcare (MAHC) has a total of 108 beds (acute, chronic) and sites located in Huntsville and Bracebridge. The hospital has a level III trauma unit with an annual combined volume of 43,584 emergency department visits across the two sites during the 2013-14 fiscal year. MAHC provides general medicine, level II/III ICU beds, and offers inpatient palliative care at both sites. Orillia Soldiers' Memorial Hospital (OSMH) is a 172 bed facility (acute, chronic, rehab, mental health) with a level III trauma centre and a level III ICU. In fiscal year 2013-14 OSMH had an emergency department volume of 52,921 visits. The acute care facility serving the sub-LHIN of Barrie and area is the Royal Victoria

⁴ Population Projections for 2013, as developed by the Ministry of Finance and serving the Province of Ontario reveal a total projected population (based on 2011 Census Estimates) in North Simcoe Muskoka of 471,348. Total Population Projections for 2013 for the Province of Ontario were calculated to be 13,632,450.

Regional Health Centre (RVH). RVH is a 350 bed regional facility (acute, rehab, mental health), with a level III trauma centre and level III intensive care. During 2013-14 RVH had 80,994 emergency department visits. Each of MAHC, OSMH and RVH offer inpatient palliative care in addition to their general medicine services.

Key Issues

Creating sustainable change in the areas of medicine including vascular services, emergency medicine and critical care require sound evidence to determine existing gaps and opportunities. Decision support and analysis resources are critical to ensuring that new processes and system changes are planned and implemented to be successful.

Hospital commitment is needed to fully collaborate and create common priorities, goals and objectives. Significant work is required to effect system transformation and, therefore, commitment to collaborative initiatives, daily operations or core work remains the focus. Sustained physician leadership and engagement, both formal and informal, is also critical to support the work in these areas. Lack of internal resources at each site makes it difficult to implement changes and create sustainable improvements. Dedicated resources, training and engagement strategies are needed to be successful in implementation of new policies and standards.

NSM LHIN currently has a lack of advanced Cardiac Services and Best Practice Stroke Care, however efforts are underway in both of these areas from a planning perspective.

Successes of 2014-15

Successes for 2013-14 in the area of medicine include continued collaboration and partnership among health service providers and organizational leaders. Within the area of vascular medicine, a recommendation was successfully made for the integration of an advanced cardiac program. Meanwhile the health service providers and their leadership continue to advance toward the integration of stroke services and the development of a vascular blueprint. There has been support for one of three integrated stroke sites to move forward at Royal Victoria Regional Health Centre (RVH) to achieve Stroke Distinction with Accreditation Canada.

Additional work in the area of medicine has been in critical care services. An inventory of critical care services has been created and submitted to *CritiCall* for use in provincial referrals and triaging. The North Simcoe Muskoka LHIN has reached a 75% compliance rate with the provincial Life or limb policy. Work continues on solutions to improve standardized training for critical care nurses. Work also continues toward the implementation of an extramural pilot of Critical Care Outreach Teams (CCOT) at one site external to Royal Victoria Regional Health Centre (RVH). The NSM LHIN and local health care providers also participated in the provincial evaluation of the Life and Limb Policy.

With regards to improvement of service in emergency departments, significant successes have also been achieved in 2013-14. Four medical directives (Backboard Removal by Nurses, Sepsis, Pain Management, Nausea and Vomiting in Children) have been developed and implemented regionally. Efforts have been made to learn more about initiatives in other regions to reduce the amount of time between emergency department and an admission to an inpatient bed. Locally ambulance off-load times have been an area of focus. Discrepancies in reported times have been identified and the agreements between local hospitals and the County of Simcoe (as the local Transportation lead) have been reviewed. Recommendations have

been made to track the variances between paramedic reported times and those times reported by emergency departments. Pay for Results initiatives related to emergency departments within hospitals were reviewed by the LHIN prior to their submission. A provincial working group was also recently struck to review the ability and applicability of including ambulance off-load time as a performance metric within the Pay for Results Program.

Goals

- Timely and equitable access to quality critical care.
- High quality care standardized across providers.
- Optimized use of health and human resources.

Consistency with Government Priorities

Ensuring sustainability and quality and improving system integration, integration and accessibility are two of the four key quadrants identified by the Ministry of Health and Long Term Care. The work of the Medicine area of focus builds upon these quadrants and upon the foundation of accountability, transparency and evidence while keeping the patient at the centre of their focus.

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- 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.
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Action Plans and Interventions

Strategic System Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Develop and implement a LHIN-wide approval process for regional critical care initiatives, including a regional agreement to share patient order sets	Critical Care Steering Committee (CCSC)	Will Complete	100				
Develop, disseminate, implement, evaluate and update standardized care process protocols that are consistent with CritiCall requirements	CCSC	In Progress	50	Will Complete	50		
Create a LHIN-wide critical care referral communication and education plan that will ensure physician engagement and successful adoption of system improvements	CCSC	In Progress	50	Will Complete	50		
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	CCSC	In Progress	50	Will Complete	50		
Implement a region-wide Life or Limb Repatriation Agreement	CCSC	Will Complete	100				
Support the development of an integrated surge plans for NSM	CCSC	Will Complete	100				
Implement a plan for Stand Alone Percutaneous Coronary Intervention (Angioplasty) services at RVH	Vascular Steering Committee (VSC)	Will Complete	100				
Develop standardized order sets, care pathways, and a common approach for Heart Function Clinics	VSC	Will Complete	100				
Partner with Southlake Regional Health Centre for Advanced Heart Failure Management	VSC	Will Complete	100				
Move towards the clinical integration of Integrated Stroke Units across three hospital sites, inclusive of expansion of stroke prevention services	VSC	In Progress	50	Will Complete	50		
Develop a LHIN-wide education program for vascular assessment and referrals	VSC	In Progress	50	Will Complete	50		
Collaboratively conduct a feasibility study for the establishment of region-wide vascular program	VSC	In Progress	50	Will Complete	50		
Evaluate current basket of vascular services. Create recommendations around the location and sizing of local services and any adjustments that should be made in the future.	VSC	In Progress	25	In Progress	25	Will Complete	50
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	ED Steering Committee	In Progress	50	Will Complete	50		

Develop a evidence based standardized strategy to address ambulance off load times in the pursuit of meeting the 30 minute standard	ED Steering Committee	Will Complete	100				
Evaluate implementation of the four LHIN-wide medical directives adopted in 2014/15. Use findings to establish improvement opportunities or further gaps.	ED Steering Committee	In Progress	50	Will Complete	50		
Continue to evaluate initiatives from other regions aimed at addressing the 90th percentile admit time. Use findings to build on lessons learned.	ED Steering Committee	Will Complete	100				

Risks and Mitigation Strategies

In the areas of medicine, like many other priority areas, a lack of dedicated resources to support the regional coordination, planning and implementation of projects poses a risk to success. For 2015-16, a physician lead will be hired by the LHIN to support this work in conjunction with the existing part time emergency department physician lead. This increase in dedicated resources and clinical leadership will improve the ability of the LHIN to engage acute and primary care in projects related to this and other priority areas.

IHSP Priority 6 | Surgery

Description of the Priority

Surgery and more specifically, collaborative work in ophthalmology, plastics and musculoskeletal services continues to be an area of regional priority. The MOHLTC has identified that Ophthalmology continues to be a provincial priority and a requirement for local focus. A mandate was provided by the MOHLTC to improve access to cataract surgery. This mandate has resulted in the identification of opportunities for system improvements throughout the region.

Provincially, new funding methodologies have been applied and Clinical Handbooks describing best practice have recently been implemented for Orthopaedics. The Clinical handbooks have been created by Health Quality Ontario and describe best practices for hip and knee replacement surgery and hip fracture surgery. These changes have led to work relating to region wide system work to improve access, best practice standardization and repatriation of patients back to their home communities.

Finally, with regards to Plastic Surgery it was identified that there was limited access to surgical services related to a lack of coordination of plastic surgery on call at the surgical hospitals. Therefore the development of a regional plastic surgery program is also a priority.

Current Status

Each of the hospitals within the region provide surgical services. However, each hospital offers different services related to the size of the community and the resources available including access to surgical specialists. Surgical procedures are provided for both patients that are admitted through the emergency departments, related to an urgent or emergent condition, as well as elective patients. All hospitals provide general surgery and gynecology/obstetrics. Other services are provided at different hospitals across the LHIN:

- Plastic surgery is provided at Royal Victoria Regional Health Centre (RVH) and Orillia Soldiers' Memorial Hospital (OSMH);
- Orthopaedics is provided within RVH, OSMH and Collingwood General and Marine Hospital (CGMH).
- Ophthalmology is provided at Georgian Bay General Hospital (GBGH), Muskoka Algonquin Healthcare (MAHC), OSMH and RVH.
- Otolaryngology is provided at GBGH, MAHC and RVH.
- Urology is provided at OSMH and RVH.
- Dental, maxillofacial and vascular surgery is also provided through the RVH surgical program.

With the varying services that are provided across the regions it is extremely important that there is a coordinated LHIN wide program for each of the different surgical populations in order to ensure equitable access for all NSM LHIN patients wherever they are live and/or are admitted into the healthcare system. Although the NSM LHIN is able to provide the majority of surgical services there are some conditions that cannot be managed within the hospitals such as trauma, for which the patients are referred to Sunnybrook Health Science Centre and St Michael's Hospital as well as other complex elective procedures.

Key Issues

The issues in the NSM LHIN that are related to surgery are a result of the multiple programs across the LHIN and the requirement for a coordinated system between the hospitals to effectively manage patient volumes, especially urgent or emergent inpatient volumes. Each patient population experiences different pressures related to the multiple stakeholders and care providers involved. This can lead to difficulty in access as well as difficulties in repatriation for inpatient procedures. Identification of clinical standards through the provincial work, such as the HQO Clinical Handbooks, has also resulted in the need for a coordinated approach to changing the practices at the different hospitals.

Successes of 2014-15

In 2014-15 the Surgical Coordinating Council undertook projects to improve access and care for orthopaedic patients, plastic surgery and ophthalmology.

The Musculoskeletal Working Group implemented an integrated regional Musculoskeletal program that improved care for hip fracture patients and hip/knee replacement patients. Processes were developed to repatriate the surgical care back into the region for hip fracture patients that were admitted to hospital without orthopaedic services, and for those patients who received hip fracture surgery outside of the region. Efforts were made to standardize transfer processes, quality of care and repatriation protocols. Care maps were improved and implemented at all surgical sites thereby improving efficiencies and preparing service providers for a potential increase in volumes. Outpatient rehabilitation services have also been improved to maximize access across the region.

Throughout the year, work has been undertaken in plastic surgery to develop the systems necessary within each surgical hospital to move towards a regional on-call system which would thereby providing coordinated access to residents of the region. A work plan has been developed to facilitate a more efficient utilization of clinical human resources.

With respect to Ophthalmology, consensus was also reached in 2014-15. A regional model was created and work was undertaken to develop an integration proposal.

A template was also developed for general surgery to be used to start identifying the patient populations receiving care within the region. With this information future work can be undertaken to review and align the services between the different hospitals currently providing services. Through all the work of local health service providers, strong collaboration has been established between the necessary stakeholders.

Goals

- Equitable access to high-quality musculoskeletal care for surgical populations.
- Equitable access to high quality ophthalmology services.
- Equitable access to high-quality plastic surgery services.
- Sustainable service delivery and optimal use of system resources.

Consistency with Government Priorities

Ensuring sustainability and quality and improving system integration, integration and accessibility are two of the four key quadrants identified by the Ministry of Health and Long Term Care. The work of the Surgery area of focus builds upon these quadrants and upon the foundation of accountability, transparency and evidence while keeping the patient at the centre of their focus.

Integration Proposal to Implement a LHIN-wide MSK program (2013) - MSK Project Steering Committee

North Simcoe Muskoka Integrated Orthopaedic Capacity Plan (2013)

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 (Nov 2013), Quality-Based Procedures Clinical Handbook for Primary Hip and Knee Replacement, Queen's Printer for Ontario

Health Quality Ontario & Ministry of Health and Long-Term Care (Nov 2013), Quality-Based Procedures Clinical Handbook for Hip fracture, Queen's Printer for Ontario.

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

Action Plans and Interventions

Strategic System Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Implement a performance measurement system for Musculoskeletal services which considers volumes of patient leaving the LHIN for services, cost per case, and wait times.	LHIN Staff (Planning) & MSK Committee	Will Complete	100				
Develop and begin implementation of a plan for an integrated LHIN-wide program for plastic surgery	LHIN Staff (Planning) & Plastics Committee	Will Complete	100				
Develop and begin implementation of a plan for regional ophthalmology services which is aligned with the directions of the Ministry of Health and Long-Term Care	LHIN Staff (Planning), Ophthalmology Committee	Will Complete	100				
Internal LHIN Operational Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Review LHIN volume management strategy for and the allocation of resources strategy for surgery related components such as cataracts, paediatrics, surgery etc.	LHIN Staff (Planning)	Will Complete	100				

IHSP Priority 7 | Community Engagement

Description of the Priority

Community Engagement continues to be a high priority as it relates to the planning and provision of high-quality patient-centred care. Although defined as priorities in themselves, both communications and community engagement are also pursued within planning and service delivery in relationship to the other eleven priority areas. The Local Health System Integration Act (LHSIA) defines these populations as core to all LHIN work. LHSIA describes that the LHINs will:

“focus on...Aboriginal people as a priority population” and...

“focus on French-speaking people as priority populations... the health system should be 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.”

Current Status

Health care planning in North Simcoe Muskoka is centred on the needs and experiences of people as patients, clients, residents, family members, caregivers, and key stakeholders. Many opportunities have been made available for these individuals to provide feedback, sharing their stories and actively participating in LHIN planning groups. Notice of planned consultations as well as any project or consultation-related reading materials are continuously posted on the NSM LHIN website.

North Simcoe Muskoka is home to four First Nations communities. A variety of health services are provided by twelve separate Aboriginal Health Service Provider agencies. The Aboriginal Health Circle and Aboriginal Health Links Coordinator continue to work closely with the LHIN to identify, develop and meet common objectives. The continued involvement and engagement of the NSM LHINs indigenous residents regarding system planning is essential for ensuring traditional practices and the unique cultural needs of this population are honoured and incorporated.

The NSM LHIN continues to work closely with French Language Health Planning Entity #4 to maintain and enhance the existing, collaborative working relationship and to continue to engage the Francophone community. Entité #4 plays a notable role in addressing the needs of the Francophone community in the region. By partnering with and advising the LHIN on how best to overcome existing barriers and improve access and accessibility to French language services, Entité #4 is helping to ensure the delivery of excellent care.

Key Issues

There are a number of ongoing issues that can make organizing community engagements difficult, from connecting with and recruiting community members or patients for inclusion in LHIN work to maintaining their interest and participation, and ensuring their input is best applied to the planning work being completed. The LHIN does not deliver direct patient care, so finding ways to connect with those who would like to get involved can be difficult. This can be even more difficult for the populations that are at risk, marginalized or vulnerable whose input would be extremely valuable to system improvement. The North Simcoe Muskoka region is geographically vast and travelling to or from or engaging those in rural or remote regions can also be difficult. Once community members do become engaged in LHIN

work there are additional issues that need to be considered. The language around health care can be very difficult and technical when clients, caregivers and residents are brought in to work with local stakeholders and experts. Residents are very passionate about healthcare in their local communities therefore making it challenging at times to work at a system planning level. Finally, health care transformation takes time and community or patient expectations around the speed that system changes can be made must be managed. Once they become involved it can be difficult to keep them involved due to these issues coupled with their own busy lives and sometimes complex health challenges.

Successes of 2014-15

In 2014-15 the North Simcoe Muskoka Patient, Caregiver, and Family Advisory Panel was formed. Their role is to consult on the work of the NSM LHIN as we move forward with achieving our priorities. Meetings occur quarterly and all residents of the region are invited to participate at this or any of the Care Connections Council or Committee tables on an ongoing basis.

Representatives of local Francophone and Aboriginal communities participate on the Chronic Disease Prevention and Management Committee, Mental Health and Addictions Council, Care Connections Leadership Council, and local Health Links Community of Practice meetings. The NSM LHIN supported and funded the creation of an Aboriginal Coordinator to collaborate with the five community Health Links to ensure a focus on culturally sensitive care and to support a better understanding of care needs for this population.

Goals

- Engaged health service providers who see how their participation is impacting the system.
- Engaged NSM residents who access health information through a variety of means.
- Equitable access to service and equitable quality of services received among different populations.

Consistency with Government Priorities

Community engagement supports the four key quadrants identified by the Ministry of Health and Long Term Care. NSM LHIN work in community engagement supports transparency, accountability and keeps the patient at the central focus of everything we do.

Action Plans and Interventions

Internal LHIN Operational Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
To develop, implement and evaluate an overarching Care Connections Communications, Community Engagement and Change Management Plan.	LHIN Communications and Community Engagement (LHIN Comm & CE)	Will Complete	100				
LHIN CEO to meet with one patient or person with lived experience each month to learn about their perspective of the system and learn about their healthcare journey in NSM.	LHIN Leadership	Will Complete	100				
Deliver 2015-16 LHIN Forum event to showcase local patient-centred best	LHIN Communications	Will Complete	100				

practice, innovation, and inter-agency collaboration.	and Community Engagement						
Deliver 2015-16 Annual Aboriginal Health Forum focused on identifying barriers and support of traditional health practices.	LHIN Communications and Community Engagement	Will Complete	100				
Participate in provincial survey to assess the engagement of persons with lived experience to inform and drive system change.	LHIN Comm & CE Team	Will Complete	100				
Monitor and support health service providers with their 2015-16 French Language Service plans.	LHIN Francophone Lead	Will Complete	100				
Support implementation of the LHIN-Entity Joint Action Plan initiatives.	LHIN Francophone Lead /Entité 4	Will Complete	100				
Deliver a workshop for service providers based on the principles of “Active Offer” of French language services.	LHIN Francophone Lead/Entité 4	Will Complete	100				
Establish a working group to develop tools and resources focused on meeting the needs of the Francophone population.	LHIN Francophone Lead/Entité 4	Will Complete	100				
Review data to identify system gaps which create barriers to equitable access to quality care for Francophone residents.	LHIN Francophone Lead/Entité 4	Will Complete	100				

IHSP Priority 8 | Governance

Description of the Priority

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. The purpose of *The Local Health System Integration Act*, 2006 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. NSM LHIN takes a collaborative approach across the region with Board Governors, engaging them frequently and purposefully to ensure effective and timely communications and community engagement around initiatives.

Current Status

A Governance Coordinating Council comprised of nine members from across all sectors of health service providers in North Simcoe Muskoka meet monthly. Key enablers in moving the work of a collaborative governance model forward include effective and demonstrative leadership from all health service providers, effective and meaningful knowledge exchange, willingness for cultural change, linkages between councils to better inform community engagement, messaging to key stakeholders, announcements to the public, and general communications activity and development of supporting materials.

Key Issues

Much work has been done in building system collaboration, ownership, shared accountability and responsibility, trust and confidence amongst health system partners. For service providers, organizational leadership and governors to be further engaged in health system change and integration for the greater good there remains to be further work required in this area.

Successes of 2014-15

Regional governance engagement sessions were held across NSM LHIN to engage governors. Engagement sessions focused on local strategic and improvement plans, governance education, Care Connections Second Curve and transformation of the patient experience. Future sessions are planned for early spring to continue building on the momentum.

Activities over the past year have significantly improved governance skill and knowledge and have contributed to the development of an understanding of collaborative governance principles. Engagement activities have supported relationship building between the governing bodies of Health Service Providers. These activities have also helped participants review and understand a range of governance models and approaches. Collaboration across governance bodies has also furthered the local understanding of Health Links.

Goals

- Support a governance development plan based on education, relationships and engagement.

Consistency with Government Priorities

Ensuring sustainability and quality is one of the four key quadrants identified by the Ministry of Health and Long Term Care. Within this quadrant, the work of the Governance area of focus is well aligned in ensuring sustainable service and quality.

Action Plans and Interventions

Strategic System Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Conduct “Governance 101” and “LHIN 101” sessions for new board governors and executives at partner organizations across the region.	Governance Coordinating Council						
Develop “Collaborative Governance 2.0” as a model development for operationalizing LHIN wide and regional programs	Governance Coordinating Council						
Internal LHIN Operational Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Deliver regular Regional Governance Sessions in each of North Simcoe Muskoka’s sub-geographies with a specific focus on optimizing capacity and governing an integrated health care system.	LHIN Staff (Leadership)						
Support a governance development plan based on education, relationships and engagement; conduct “Governance 101” and “LHIN 101” sessions for new board governors and executives at partner organizations across the region.	LHIN Staff (Leadership)						
Support Collaborative Governance 2.0; model development for operationalizing LHIN wide and regional programs (Big G, little g)	LHIN Staff (Leadership)						
Support collaborative governance for local programs (Health Links, sub-geography service plans)	LHIN Staff (Leadership)						
Quarterly engagement sessions with governors.	LHIN Staff (Leadership)						

IHSP Priority 9 | Enabling Technologies for Integration (ETI)

Description of the Priority

Enabling Technology solutions support the integration of patient health data across the care continuum. Patient health information such as hospital reports, care plans, medical histories, scans, labs or other diagnostic tests could be shared in a more seamless and coordinated fashion. This patient-centred approach means that the patient does not need to maintain their own records and re-tell their stories as various providers serve them. Electronic health records (EHR) that are accessible at the point-of-care improves the ability of the clinician to make informed plans for care thereby improving patient health outcomes.

Current Status

With respect to application system assets, opportunities exist to standardize applications across sectors to reduce costs and simplify data sharing. This could include standards for software, configuration, business processes and system usage. There are limited organizational capabilities with respect to information and communication technology resources in the region.

The current level of Information Technology (IT) investment at 2.5% of operating budget limits the pace of IT enabled improvement. Only 30% or less of IT budgets goes to new assets. With the eHealth budgets excluded, this percentage is closer to 10-15%. The majority of investment in IT to date has been at the local level with some limited sharing among providers and not at the region-wide level. Current state supports the need for region-wide oversight of IT expenditures to increase overall system capability. The LHIN is currently embarking on the development of the regional NSM strategy for enabling technologies for integration.

Key Issues

The need to shift care from the acute care sector to community has led hospitals to reassess care delivery in order to reduce hospital admissions, decrease emergency department visits, and decrease the number of patient waiting in hospital for an alternate level of care. In order to achieve this shift, collaboration across care providers needs to be improved. Therefore, the cross organization sharing and management of information is crucial. Connectivity, especially in community service organizations and primary care can be a challenge.

Successes of 2014-15

In 2014, Resource Matching & Referral Provincial Standards were implemented allowing clinicians to send and receive electronic referrals. The system matches patients to their applicable alternative level of care programs thereby supporting timely access to appropriate care. A regional Information Technology Collaborative was also established providing a venue to enable collaboration and information exchange among service providers, leadership and the LHIN. The deployment of Hospital Report Manager provides a solution that enables clinicians to receive patient reports from other participating facilities in a secure manner.

Implementation of the Ontario Lab Information System (Orillia Soldiers' Memorial Hospital) as a province-wide, integrated repository of tests and results will contribute to fundamental improvements in patient care by providing practitioners with timely access to necessary information at the time of clinical

decision-making. OLIS is one component of the overall provincial strategy to improve chronic disease management in Ontario.

The Integrated Assessment Record (IAR) is an application that allows authorized users to view a consenting client's assessment information to effectively plan and deliver services to that client. The IAR allows assessment information to move with a client from one health service provider (HSP) to another. HSPs can use the IAR to collaborate with other care providers and to view timely assessment information electronically, securely and accurately.

Goals

- Continue efforts to move towards a shared vision and strategy for technology enabled care.
- Develop a recommendation to the LHIN Board on the options for future health information system investments including supporting recommendations related to back office sharing and governance.

Consistency with Government Priorities

With respect to planning information technology, the LHIN works to align with the priorities of local health service providers, eHealth Ontario, Canada Health Infoway, Cancer Care Ontario, OntarioMD, Ontario Association of Community Care Access Centres (OACCAC), Ontario Telemedicine Network (OTN), and the Ministry Health and of Long Term Care to move ideas and projects forward. The work underway in this priority area is primary governed by the mandate of the eHealth Liaison Branch. The NSM LHIN works to support all projects within the scope of the MOHLTC eHealth mandate at a regional level.

Action Plans and Interventions

Strategic System Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Pilot the provincial electronic coordinated care tool (CCT) designed for Health Links patients.	Local Health Links	Will Complete	100				
Support Barrie and South Georgian Bay Health Links in their implementation of an electronic patient portal as part of a larger consumer health solution.	Barrie and South Georgian Bay Health Links/ LHIN Staff (PMO)	Will Complete	100				
Internal LHIN Operational Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Develop a comprehensive IT strategy and roadmap for the region. The plan will include how service providers will collaborate in joint IT investment planning, shared human resources and integrated decision support.	LHIN Staff (PMO)	Will Complete	100				
Support Electronic Health Record expansion in NSM LHIN including Connecting GTA, Health Links, and the provincial Comprehensive Drug Profile Strategy (CDPS).	LHIN Staff (PMO)	In Progress	50	In Progress	30	In Progress	20

Support the expansion of SharePoint as a document sharing tool across the Central Ontario Electronic Health Systems Council.	LHIN Staff (PMO)	Will Complete	100				
Support the expansion and adoption of Eclipse as a common project Management Tool across the Central Ontario Electronic Health Systems Council.	LHIN Staff (PMO)	Will Complete	100				
Locally implement a Customer Relationship Manager (CRM) system including customized funding modules to support LHIN finance record management.	LHIN Staff (PMO)	Will Complete	100				

IHSP Priority 10 | Integrated Health Human Resources

Description of the Priority

Optimizing the integration of health and human resources across the region continues to be an ongoing priority. Designing integrated health human resource models can be a lever for standardizing clinical or operational utilization of best practices. It can also lead to the realization of system efficiencies. In North Simcoe Muskoka, a region with a relatively smaller population base, securing and retaining skilled human resources locally is paramount to maintaining high quality services close to home.

Current Status

From 2006 to 2010, the total number of physicians in the region increased 4.8% from 629 to 659. Over the same period, the region's population grew at a similar rate of 4.0%. Although ratio of family physician to residents was similar to the provincial average in 2010, in North Simcoe Muskoka there are far fewer specialists per 100,000 population. Also between 2006 and 2010, the total number of nurses in the region increased by 8.8% from 4,171 to 4,536. As compared to the province in 2010, NSM had more registered practical nurses (RPNs) per capita and similar numbers of registered nurses (RNs) and nurse practitioners (NPs) per capita. The number of NPs in North Simcoe Muskoka went from 23 in 2006 to 56 in 2010. The number of midwives and occupational therapists remained relatively unchanged between 2008 and 2009. From 2008 to 2009, slight growth took place in the number of opticians, optometrists, and pharmacists in the region. North Simcoe Muskoka had more opticians per capita, fewer pharmacists, but similar rates of other regulated health professionals.

Key Issues

Incorporating a standardized model at all sites to deliver care continues to be an objective in development of an integrated approach toward human resources. As service providers identify unique inpatient, outpatient and community program policies and practices, this can lead the resource shifting from a standardized model to align with patient profiles.

Evolving new service delivery models will include different staffing and mixes of skills across health service providers. For example, an integrated musculoskeletal, mental health, stroke and advanced cardiac care have already been designed. Current funding models for physicians in some programs may not incent recruitment and retention. Involvement with labor unions representing all regulated professionals and allied staff will be critical in implementing evolving workforce and resourcing models.

Successes of 2014-15

The Integrated Health Human Resources area of focus has had many successes in the last year including the establishment of a Centralized recruitment portal through www.nsmhealthline.ca, the launch of a joint marketing and advertising campaign, and the development of a plan to draw new employees from outside LHIN.

In collaboration with Health Force Ontario, we will work together on shared objectives as outlined in Health Force Ontario 2.0.

Goals

- Optimize the local integration of health human resources

- Support the implementation of integrated interdisciplinary care teams
- Assess the value of system wide share services

Consistency with Government Priorities

Ensuring sustainability and quality is one of the four key quadrants identified by the Ministry of Health and Long Term Care. Within this quadrant, Integrated Health Human Resources is well aligned with ensuring service sustainability and quality.

Health Force Ontario (May 2010), Implementing Interprofessional Care in Ontario: Final Report of the Interprofessional Care Strategic Implementation Committee
 Health Force Ontario (July 2007) Inter-professional Care: A Blueprint for Action in Ontario

Action Plans and Interventions

Strategic System Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Supporting the implementation of Integrated Inter-disciplinary care teams for new models of care as developed by local planning tables.	IHHR Coordinating Council	Will Complete	100				
Assess the value of system wide shared services including Recruitment, Labour Relations, Learning, Policies, Best Practices, Payroll and Benefits, Physician Recruitment, Credentialing	IHHR Coordinating Council	Will Complete	100				
Internal LHIN Operational Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Implement Year 2 of the Personal Support Services three year strategy. Personal Support Services Personal Support Worker Workforce Stabilization directive.	LHIN Finance	Will Complete	100				

IHSP Priority 11 | System Navigation

Description of the Priority

System navigation is a priority within the NSM LHIN due to the importance of patient experience and a seamless journey through the healthcare system. System navigation enables access to health services. The responsibility for system navigation does not belong to one individual organization or resource, yet is everyone's responsibility and responds to the individual's needs. System navigation is a continuum and can range from self-directed to fully facilitated depending on the needs of the individual. System Navigators support high users and complex patients and work collaboratively in an integrated, consistent approach across all providers.

Current Status

CCAC plays an instrumental role in system navigation for the residents of the NSM LHIN. Many other organizations provide system navigation for their clients as they cross the continuum of care. Work to date for system wide system navigation has included the development of a system navigation framework (visual depiction of system navigation) and guiding principles for navigation grounded in a person centred approach. Any system must align with a patient-centred approach to healthcare and support. Four key pillars are included in the current system navigation model, including knowledge, partnership, technology and responsiveness. Enablers of system navigation that support the pillars include access to information on line (nsmhealthline.ca), via phone (211, 31-2222), information and referral services, facilitated navigation and strong communication strategies. System navigation takes a holistic approach, considering social, physical, psychological and mental health needs of the individual. Healthcare partners and community wrap around the people, it is multidirectional and supports all of the determinants of health. Much time and effort is currently devoted to system navigation through the evolution of Health Links and coordinated care planning for individuals.

Key Issues

It is an ongoing challenge to stay ahead of the technological curve in terms of updating solutions or platforms designed to optimize patient care. Lack of compatibility across technology platforms also continues to be a challenge. Systems and support for successful transition of clients between programs continues to be an area for future focus.

Successes of 2014-15

Successes of the last year include the allocation of a dedicated human resource to the coordination of projects related to local system navigation. The NSMHealthline.ca Information and Referral Strategy has been developed including support for those with issues related to mental health and addictions. The System Navigation Council has also initiated the development of a framework. This framework defines common language and illustrates the system navigation process in the region. Work towards a "Successful Transitions: Principles and Protocols" document will support consistent transition practices across all care locations. Finally, strong relationships established between the System Navigation Council and each of the five Health Links is identified as a significant success. This work will continue in 2015-16.

Goals

- Seamless coordinated experience for individuals navigating the health care system.
- Common approach to transition planning and care for all local health service providers.

Consistency with Government Priorities

Improving system integration and accessibility is one of the four key quadrants identified by the Ministry of Health and Long Term Care. Within this quadrant, system navigation is well aligned with integrating service delivery for complex patients as well as ensuring the infrastructure is in place to support seamless coordination of community-based care.

Action Plans and Interventions

Strategic System Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Continue to build upon the System navigation framework, provide further definition of system navigation, and clarify roles of health care providers.	System Navigation Coordinating Council	Will Complete	100				
Plan and develop protocols that align with and support the Health Link activities related to system navigation and transitions	System Navigation Coordinator Collaboration with five Health Links	Will Complete	100				

IHSP Priority 12 | Transportation

Description of the Priority

Transportation is a priority due to the challenges faced by those residing in the rural or remote areas of North Simcoe Muskoka. Access to transportation enables care closer to home and potentially the prevention of access to emergency care. Focus on this priority also underlines the importance of seamless transportation of patient between health care settings.

Current Status

Transportation is provided at the agency/facility level by various service providers, including community organizations, private transfer companies, EMS, facility-owned vehicles, and municipal transit. This transportation may be subsidized, or clients/patients may be billed directly. Many people from vulnerable populations are utilizing transportation services, such as seniors, people with physical limitations/mobility issues, medical concerns, and/or living in low-income. The Transportation Coordinating Council supports system-planning for transportation to build capacity and coordination through two project steering committees, Inter-Facility and Community Transportation; agency representatives include: hospitals, long-term care, community organizations (including those that provide transportation and those that do not), and local municipalities.

Key Issues

The largest portion of the geography in North Simcoe Muskoka is rural and not densely populated. As such, there is not good access to public transportation. For those without their own transportation or whose health is not conducive to driving, this means that there is a heavy reliance on family, volunteers, or specialized transportation services. Lack of coordination among transportation providers across a large geography also is challenging. For services to be effective they must be available, patients must be aware of them and the services must patient need which are at time very complex.

Successes of 2014-15

Successes include: the development of a Non-Urgent Patient Transportation Information brochure, a clinical decision tool, standardized policies and procedures, an environmental scan of practices, a transportation services inventory map, development of a webpage to disseminate information and resources, a three-phased community survey research project evaluating community transportation services and availability, and the development of a business case for a web-based coordinated transportation portal for community-based transportation service providers.

Goals

- Accessible quality community-based transportation for clients and patients.

Consistency with Government Priorities

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.

Action Plans and Interventions

Strategic System Actions	Lead	2015-16		2016-17		2017-18	
		Status	%	Status	%	Status	%
Plan a model for non-urgent inter-facility patient transfer.	Transportation Council	Will complete	100				
Develop and implement a coordinated community transportation portal.	Transportation Council	Will complete	100				
Develop and communicate the framework for a decision support tool applying a transportation lens.	Transportation Council	Will complete	100				

Integrated Communications Strategy

Objectives

The business objectives of North Simcoe Muskoka LHIN's 2015-16 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 health system transformation agenda as it is implemented across the LHIN.

The Communication and Community Engagement strategy will support NSM LHIN's 2015-16 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

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 2015-16 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.

Patients First: Action Plan for Health Care, announced by the Minister of Health and Long-Term Care in February 2015, focuses the work of the ministry and the Local Health Integration Networks on the needs of our residents, ensuring they have:

- Faster access to the right care
- Better home and community care
- Information to make the right decisions about their health
- A sustainable universal health care system for generations to come

A ‘patients first’ health care system is one designed by people requiring care in partnership with health service providers and other community supports, which leads to integrated services and 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

Public

- Residents
- Diverse populations (Francophone, First Nation, Métis, Inuit)
- 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 2015-16. 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 2015-16 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, putting people and patients first by improving the health care experience. 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.

By shifting the focus we expect to see:

- Improvements in the health care experience will put people and patients first
- Provision of information that enables people and patients to make decisions, and tools to live healthy and stay healthy
- A caring integrated experience for patients and their support networks
- Faster access for all Ontarians to quality health care in the right place
- Better home and community care – keeping individuals safe and well in their homes as long as possible
- A health care system that is sustainable for generations to come

How are we transforming the health care system?

- Partnering with sectors 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 service 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
- Community reports
- 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:

- 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
- Local 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)

Staffing and Operations

LHIN Operations Spending Plan

LHIN Operations Sub-Category (\$)	2014/15 Actuals	2015/16 Allocation	2016/17 Planned Expenses	2017/18 Planned Expenses
Salaries and Wages	2,593,993	2,732,755	2,732,755	2,732,755
Employee Benefits				
HOOPP	196,852	200,000	200,000	200,000
Other Benefits	259,709	260,000	260,000	260,000
Total Employee Benefits	456,561	460,000	460,000	460,000
Transportation and Communication				
Staff Travel	50,086	50,000	50,000	50,000
Governance Travel	10,999	14,404	14,404	14,404
Communications	39,300	36,500	36,500	36,500
Other	10,594	17,500	17,500	17,500
Total Transportation and Communication	110,979	118,404	118,404	118,404
Services				
Accommodation	227,009	170,000	170,000	170,000
Advertising		5,700	5,700	5,700
Banking	27	50	50	50
Community Engagement	41,570	41,500	41,500	41,500
Consulting Fees	246,494	200,000	200,000	200,000
Equipment Rentals	11,024	10,000	10,000	10,000
Governance Per Diems	88,595	96,500	96,500	96,500
LSSO Shared Costs	280,983	242,437	242,437	242,437
Other Meeting Expenses	46,476	50,353	50,353	50,353
Other Governance Costs	11,226	15,000	15,000	15,000
Printing & Translation	16,268	20,300	20,300	20,300
Staff Development	52,929	41,156	41,156	41,156
Total Services	1,022,601	892,996	892,996	892,996
Capital Purchases				
IT Equipment	30,000	20,000	20,000	20,000
Office Supplies & Purchased Equipment	25,652	27,500	27,500	27,500
Total Supplies and Equipment	55,652	47,500	47,500	47,500
LHIN Operations: Total Planned Expense	4,239,786	4,251,655	4,251,655	4,251,655
Annual Funding Target	4,251,655	4,251,655	4,251,655	4,251,655
Surplus- Payable to MOH	11,869	0	0	0

Notes: 1. The Budget does not include funding or expenses relating to other Initiatives.

LHIN Operations Staffing Plan in Full-Time Equivalents (FTEs)

Position Title	2014/15 Actuals as of Mar. 31/15 FTEs	2015/16 Forecast FTEs	2016/17 Forecast FTEs	2017/18 Forecast FTEs
CEO	1	1	1	1
Chief Operating Officer	1	1	1	1
Directors	2.8	3	3	3
Senior Managers	2.8	3	3	3
Controller	1	1	1	1
Senior Advisors	1.8	2	2	2
Co-ordinators	1.8	2	2	2
Senior Analyst	1	1	1	1
Advisors	4.2	5	5	5
Office Co-ordinator	1	1	1	1
Executive Assistant	2	2	2	2
Administrative Assistant	2.8	4	4	4
Receptionist	1	1	1	1
Total FTEs	25.2	27	27	27

Note: The FTE's do not include staffing for other initiatives.

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