



2018/19

Annual Business Plan

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TRANSMITTAL LETTER FROM THE NSM LHIN BOARD CHAIR

March 1, 2018

Tim Hadwen
Assistant Deputy Minister
Health System Accountability, Performance Division & French Language Services Division
Ministry of Health and Long-Term Care
Hepburn Block, 5th Floor
80 Grosvenor Street
Toronto ON M7A 1R3

Dear Mr. Hadwen,

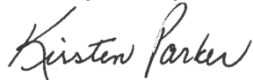
The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) is pleased to provide you with our 2018/19 Annual Business Plan (ABP). Since the transfer of home care services and staff to the NSM LHIN occurred on May 3, 2017, this ABP will represent the first full fiscal year of activities supported by the *Patients First Act 2016* and its transformative changes to increase access to care, reduce wait times and improve the patient experience.

This ABP focuses on our alignment with the priorities of the Minister's Mandate Letter 2018/19, along with the final year of our NSM LHIN's 2016-2019 Integrated Health Service Plan and its achievements to date with three priorities: Improve Access to Appropriate Care, Build Capacity and Enhance Coordination, and Drive System Sustainability.

The 2018/19 ABP encompasses key commitments which reflect the patient-focused hallmarks of the NSM LHIN's recently refreshed Mission, Vision and Values. We will continue to work with many partners from health care and beyond to make local care more responsive to local needs, with additional focus on cultural and linguistic sensitivity in the delivery of health care services to the Indigenous and French-speaking people of our region.

The ABP details action plans within our five sub-regions, and across our region, to continue improving the performance of local health services. We have also described priorities for LHIN-delivered Home and Community Care. All actions developed have been thoughtfully considered from the perspective of current capacity, as we are cognizant of the need to have achievable and sustainable goals, within available resources.

Thank you very much for your support in this endeavour.



Kirsten Parker
Board Chair,
NSM LHIN Board of Directors

Context for Planning

Mandate and Strategic Directions

Local Health Integration Networks (LHINs) were established in Ontario in 2006 to enable local planning for health care services. The North Simcoe Muskoka Local Health Integration Network (NSM LHIN) serves just under half a million residents living in five communities described as sub-regions.

Under the legislation that governs the work of the LHINs, there is a requirement to develop a three-year strategic plan, known as the Integrated Health Service Plan (IHSP) that is consistent with provincial direction. In consultation with patients, health service providers and other stakeholders, the NSM LHIN considered the four strategic goals of the *Patients First: Action Plan for Health Care* (access, connect, inform and protect) and our local context in establishing the LHIN's three strategic priorities.¹

-  **1.0 Improve Access to Appropriate Care**
-  **2.0 Build Capacity and Enhance Coordination**
-  **3.0 Drive System Sustainability**

A great deal has changed in the health care system since the LHIN developed its 2016-19 IHSP. The most significant change has been the integration of the NSM LHIN and the NSM Community Care Access Centre (CCAC) following the passage of the *Patients First Act, 2016*.² The integration took effect in North Simcoe Muskoka on May 3, 2017 and has significantly expanded the mandate and responsibility of the LHIN, including the direct delivery of home and community care. These changes in the health care system are substantive and have been embraced by the NSM LHIN and our partners.

The North Simcoe Muskoka LHIN's Annual Business Plan (ABP) for 2018/19 serves as the operational plan for the LHIN to deliver on the third year of its 2016-19 IHSP. NSM LHIN priorities have shifted in support of the LHIN's expanded role in the health care system and will not necessarily completely align with all of the goals articulated in the current IHSP. The 2018/19 ABP brings together existing areas of focus with additional priority areas identified within the LHIN's new mandate. To support delivery on key provincial priorities, the 12 goals established by the LHIN for 2018/19 are closely aligned with the areas of focus articulated in the Minister's Mandate Letter.

In fiscal year 2017/18, the NSM LHIN and its Board of Directors engaged local stakeholders to refresh the existing Mission and Vision to better reflect the expanded mandate and role of the new LHIN. This was achieved through an iterative process with input from a broad group of stakeholders including health service providers, the public,

¹ Office of the Minister, Ministry of Health and Long-Term Care. *Patients first: action plan for health care*. Ministry of Health and Long-Term Care; 2015.

² *Patients First Act, 2016*.

the LHIN's Patient and Family Advisory Committee, local municipalities, Public Health colleagues, Indigenous partners, and representatives of the Francophone community. The input of these partners was essential and ultimately led the Board of Directors to endorse the continuation of the existing LHIN Mission and Vision, as it reflects the role of the new LHIN. The Board of Directors felt strongly that LHIN staff must identify and feel a connection with the LHIN Values. Through multiple internal staff engagements, Values were developed that support the desired future culture of the NSM LHIN.

The work required to fully operationalize changes supported by the new legislation will take place over the next several planning cycles. The NSM LHIN and its Board of Directors will continue to work collaboratively with local communities, health service providers and other system partners to leverage their collective expertise as we work towards delivering on our strategic priorities and our collective vision for the system. These partnerships will be key as we move forward to evolve the local health care system towards the vision of *Patients First*.

Alignment of Mandated Priorities and NSM LHIN Commitments

Minister's Mandate Letter Priorities	NSM LHIN Commitments
Transparency and Public Accountability • Work with Health Shared Services Ontario (HSSOntario) to complete an enterprise-wide review of the LHINs that identifies opportunities for improving efficiency and effectiveness, and opportunities for savings that can be reinvested into patient care. • Continue to be accountable for outcomes and report on your progress toward achieving health system performance targets. • Collaborate with the ministry to develop performance targets to measure the success of transformational activities and publicly report on progress and outcomes. • Effectively manage all operational, strategic, and financial risks encountered by the LHIN while ensuring alignment with government priorities and achievement of business objectives.	Aligned Goal: Improve operational efficiency and effectiveness and continue to ensure accountability for current investments. Aligned Actions: 3.2.1, 3.2.2, 3.2.3 and 3.2.4 (pgs. 44 – 45).
Improve the Patient Experience • Continue to engage your Patient and Family Advisory Committee(s) to ensure patients and families are involved in health care priority setting and decision-making. • Work towards improving transitions for patients between different health sectors and providers so that patients receive seamless, coordinated care and only need to tell their story once. • Support patients and families by implementing initiatives that reduce caregiver distress.	Aligned Goal: Continue to work with the LHIN's Patient and Family Advisory Committee (PFAC) to ensure the inclusion of patient and family perspectives in decision-making, with a particular focus on improving care transitions and supporting caregivers. Aligned Actions: 2.1.1, 2.1.2 and 2.1.3 (pg. 36).
Build Healthy Communities Informed by Population Health Planning • With input from patients, caregivers and partners, assess local population health needs, patient access to the services they need, wait times and the capacity of health providers to serve the community. • Through sub-regional (community level) planning, identify how providers and patient partners will collaborate to address health gaps, and improve patient experience and outcomes. • Work with public health and other health care providers to incorporate health promotion strategies in integrated planning, with a specific focus on chronic disease prevention.	Aligned Goal: Partner with public health and other health care providers to identify local population health needs and to support the inclusion of health promotion strategies in integrated regional and sub-regional planning. Aligned Actions: 2.3.1, 2.3.2, 2.3.3 and 2.3.4 (pg. 39).
Equity, Quality Improvement, Consistency and Outcomes-Based Delivery • Work with the sector to both enhance existing and develop new performance and quality measurement frameworks that are consistent and flexible to address regional priorities. • Work with local clinicians at a community level to support implementation of quality standards in partnership with Health Quality Ontario. • Promote health equity and recognize the impact of social determinants of health that effectively reduce health disparities and inequities in the planning, design, delivery and evaluation of services by: i) Identifying high-risk populations and working with public health and local community partners on targeted interventions to improve access to appropriate and culturally sensitive care, and improve health outcomes, including through sub-region planning. ii) Ensuring engagement with Indigenous leaders, providers and patients to guide investments and initiatives. iii) Assessing the capacity of health service providers, within LHIN sub-regions and the extent to which Francophone citizens are provided with an active offer of health services in French, and develop a plan to strengthen health services in French.	Aligned Goal: Work with our partners to address regional priorities, guided by a focus on health equity, continuous quality improvement and outcomes-based care delivery. Aligned Actions: 3.1.1, 3.1.2, 3.1.3, 3.1.4, 3.1.5, 3.1.6, 3.1.7, 3.1.8, 3.1.9 and 3.1.10 (pg. 43).

Minister's Mandate Letter Priorities	NSM LHIN Commitments
Primary Care - Continue to work with providers to build primary care as the foundation of the health care system and work with health care providers to implement sub-region plans that: i) Use an equity lens to assess the number and proportion of primary care providers based on the needs of the local population. ii) Improve access to primary care providers, including family doctors and nurse practitioners. iii) Facilitate effective and seamless transition between primary care and other health and social services. iv) Improve access to inter-professional health care providers to support comprehensive care. v) Implement the plan developed with input from primary care providers, patients, caregivers and partners to embed care coordinators and system navigators in primary care to support smooth transitions of care between home and community care and other health and social services as required. - Support continued integration of Health Links into sub-regional planning with input from primary care providers.	Aligned Goal: Work with providers to build comprehensive primary care as the foundation of the health care system and to support patient access and effective transitions in care. Aligned Actions: 1.1.1, 1.1.2, 1.1.3, 1.1.4 and 1.1.5 (pgs. 28 – 29).
Hospitals and Partners - Work with system partners to improve how people move through the health system to avoid unnecessary hospital stays, reduce the length of time people must spend in hospital, including the emergency room, and reduce the number of people who are waiting in a hospital bed for the right level of care. - Support hospitals to enable the adoption of innovations in patient care, like bundled care.	Aligned Goal: Work with hospitals and partners to improve how patients move through the health care system and to support the adoption of innovations in patient care. Aligned Actions: 1.2.1, 1.2.2, 1.2.3, 1.2.4, 1.2.5 and 1.2.6 (pg. 31).
Specialist Care - To improve access to specialty care, work with providers to further reduce wait times and drive appropriate care utilization starting with people suffering from musculoskeletal (MSK) pain, and those suffering from mood disorders. - Support enhanced connections and communications across networks of providers to drive more effective and appropriate specialist referrals.	Aligned Goal: Enable enhanced connections and communications among providers to support improved wait times and appropriate referrals for patients in need of specialist care. Aligned Actions: 1.3.1, 1.3.2 and 1.3.3 (pg. 32).
Home and Community Care - With input from patients, caregivers and partners: i) Reduce wait times and improve coordination and consistency of home and community care so that clients and caregivers know what to expect. ii) Continue to implement initiatives that strengthen home and community care. - Work with the Ontario Palliative Care Network and other sector partners, with support from the ministry, to expand access to palliative and end-of-life care across sectors	Aligned Goal: Continue to improve wait times and quality of care for patients who are receiving home and community care services. Aligned Actions: 4.1.1, 4.1.2, 4.1.3, 4.1.4, 4.1.5, 4.1.6, 4.1.7, 4.1.8, 4.1.9 and 4.1.10 (pg. 48).
Long-Term Care Work with the ministry to strengthen the long-term care home sector, including through the redevelopment of long-term care homes across the province.	Aligned Goal: Work in partnership with the Ministry and long-term care home operators to strengthen the sector, including long-term care home redevelopment. Aligned Actions: 3.3.1 and 3.3.2 (pg. 46).

Minister's Mandate Letter Priorities	NSM LHIN Commitments
Dementia Care Implement regional dementia capacity plans, with support from the ministry, to enable persons living with dementia and their care partners to live well at home and in their communities for as long as possible.	Aligned Goal: Develop a regional dementia capacity plan to support persons living with dementia and their caregivers to live well in the setting of their choice. Aligned Actions: 2.2.1, 2.2.2 and 2.2.3 (pg. 37).
Mental Health and Addictions - Based on the advice from Ontario's Mental Health and Addictions Leadership Advisory Council, work with local partners and other sectors to expand access to mental health and addictions services that: i) Expand access to structured psychotherapy and supportive housing. ii) Establish referral networks with primary care providers. iii) Make access to community mental health services a priority for sub-region planning, in collaboration with community and social service providers and partners. - Support the provincial opioid strategy, and provide support to connect patients with high quality addictions treatment.	Aligned Goal: Work with local partners to support expanded access to a broad range of Mental Health and Addictions services that are delivered in settings accessible to patients. Aligned Actions: 1.4.1, 1.4.2, 1.4.3, 1.4.4, 1.4.5 and 1.4.6 (pgs. 33 – 34).
Innovation, Health Technologies and Digital Health - Champion Ontario as a leading jurisdiction to adopt and scale new and innovative health technologies and value-based processes. - Support the Ministry's Digital Health Strategy, including but not limited to: i) Ensuring that any hospital information system (HIS) renewal decisions are consistent with HIS Renewal Advisory Panel clustering recommendations and reflect a commitment to reduce the overall numbers of HIS instances in the province. ii) Implementing or expanding existing virtual models of care or digital self-care models that are consistent with existing provincial initiatives. iii) Supporting the delivery of digital solutions to improve patient access and navigation as well as referrals to specialists, and further expand online consultations between primary care providers and specialists.	Aligned Goal: Support the adoption of innovative health technologies and digital solutions across all sectors to improve patient access and navigation. Aligned Actions: 2.4.1, 2.4.2 and 2.4.3 (pg. 40).

Overview of Current and Forthcoming Programs and Activities

The NSM LHIN allocated over \$892 million in 2016/17 to LHIN-funded health service provider organizations to deliver services across the continuum of care. Several of these organizations have multiple homes, programs or branches in North Simcoe Muskoka. Many of the LHIN-funded health service provider organizations offer different services and hold more than one type of service accountability agreement with the LHIN. Table 1 lists the 61 current LHIN-funded organizations in NSM and identifies the sectors among which their services fall.

Table 1: LHIN-Funded Service Providers in North Simcoe Muskoka, 2017/18

HEALTH SERVICE PROVIDERS	Hospital Sector	Long Term Care	Community Health Centre	Community Support Services	Mental Health & Addictions
Collingwood General and Marine Hospital	HOSP			CSS	MH&A
Waypoint Centre for Mental Health Care	HOSP			CSS	MH&A
Orillia Soldiers' Memorial Hospital	HOSP				MH&A
Royal Victoria Regional Health Centre	HOSP				MH&A
Beechwood Private Hospital	HOSP				
Georgian Bay General Hospital	HOSP				
Muskoka Algonquin Healthcare	HOSP				
Corporation of the County of Simcoe (including Georgian, Sunset and Trillium Manors)		LTC		CSS	
Grove Park Home for Senior Citizens		LTC		CSS	
IOOF Senior Homes Inc.		LTC		CSS	
Bay Haven Senior Care Community		LTC			
Coleman Care Centre (Schlegel Villages Inc.)		LTC			
Collingwood Nursing Home Limited		LTC			
District Municipality of Muskoka (The Pines Long-Term Care Home)		LTC			
Hillcrest Village Inc.		LTC			
Huntsville District Nursing Home Inc. (Fairvern Nursing Home)		LTC			
Leacock Care Centre (Orillia Long-Term Care Centre Inc.)		LTC			
Mill Creek Care Centre		LTC			
Muskoka Landing (Huntsville Long-Term Care Centre Inc.)		LTC			
Ontario Mission of the Deaf Incorporated, The		LTC			
Revera Long-Term Care (including Oak Terrace and Sara Vista Long-Term Care Centres)		LTC			
Roberta Place (Barrie Long-Term Care Centre Inc.)		LTC			
Sienna Senior Living (including Creedan Valley, Muskoka Shores and Owen Hill Care Communities)		LTC			
Spencer House Inc.		LTC			
Stayner Care Centre (Stayner Care Centre Inc.)		LTC			
Victoria Village Inc.		LTC			
Villa Care Centre (Jarlette Limited)		LTC			
Woods Park Care Centre Inc.		LTC			
Wendat Community Programs				CSS	MH&A
Alzheimer Society of Muskoka				CSS	
Alzheimer Society of Simcoe County				CSS	
Barrie Area Native Advisory Circle				CSS	
Beausoleil First Nation				CSS	
Brain Injury Services of Simcoe County Inc.				CSS	
Breaking Down Barriers - An independent Living Centre Inc.				CSS	

HEALTH SERVICE PROVIDERS	Hospital Sector	Long Term Care	Community Health Centre	Community Support Services	Mental Health & Addictions
Canadian National Institute for the Blind, The Simcoe Branch				CSS	
Canadian Red Cross Society (Muskoka, Northumberland, Simcoe County Branches)				CSS	
Chippewas of Rama First Nation				CSS	
Deaf Access Simcoe-Muskoka Inc.				CSS	
Gravenhurst Senior Citizens Club Inc.				CSS	
Helping Hands, Orillia				CSS	
Hospice Georgian Triangle				CSS	
Hospice Huronia				CSS	
Hospice Simcoe				CSS	
Huntsville Meals-on-Wheels Inc.				CSS	
Independent Living Services of Simcoe County and Area				CSS	
March of Dimes				CSS	
Moose Deer Point First Nation				CSS	
Muskoka Seniors Home Assistance				CSS	
North Simcoe Muskoka Hospice Palliative Care Network				CSS	
Victorian Order of Nurses for Canada - Ontario Branch, Simcoe County				CSS	
Wahta Mohawks				CSS	
Barrie Community Health Centre			CHC		
Centre de santé communautaire CHIGAMIK Community Health Centre Inc.			CHC		
South Georgian Bay Community Health Centres, The			CHC		
Canadian Mental Health Association, Muskoka-Parry Sound Branch					MH&A
Canadian Mental Health Association, Simcoe County Branch					MH&A
Enahtig Healing Lodge and Learning Centre					MH&A
Huronia Transition Homes					MH&A
Mental Health Consumer Survivor Project of Simcoe County					MH&A
Seven South Street Treatment Centre					MH&A

In 2016/17, the NSM LHIN provided \$569 million in base and one-time funding to support the region's five community hospitals, one specialty mental health facility, and one private hospital. In total, the funding supported delivery of approximately 370,000 days of patient care, 260,000 emergency department visits, 52,000 surgeries and 315,000 outpatient clinical visits.

The LHIN also provided \$147 million in funding in 2016/17 to support North Simcoe Muskoka's 26 long-term care homes. There are 3,065 long-term care beds in the region, including 1,169 in Barrie and Area, 418 in South Georgian Bay, 536 in Muskoka, 521 in Couchiching and 421 in North Simcoe. The region's average long-term care occupancy rate was 98.8% for 2015/16.

Funded health service providers in the community sector include community support service (CSS) providers, community mental health and addictions (CMHA) service providers and community health centres (CHCs). In fiscal 2016/17, NSM's community sector health service providers utilized \$176 million of LHIN funding to provide 2.6 million units of care (visits, hours, attendance days, meals, etc.) to a combined 33,300 CSS clients, 16,800 CMHA consumers, 7,100 Community Treatment Centre clients, 7,200 CHC patients and 26,700 patients of the then Community Care Access Centre (CCAC).

With respect to primary care provision, in addition to the three CHCs in North Simcoe Muskoka, there are six Family Health Teams and three Nurse Practitioner-Led Clinics providing comprehensive team-based care. Family Health Teams and Nurse Practitioner-Led Clinics are currently funded directly by the Ministry.

The NSM LHIN includes organizations that are either fully or partially designated to provide health care services in French. In the North Simcoe sub-region, Beechwood Private Hospital has full designation and Georgian Bay General Hospital holds a partial designation. Chigamik Community Health Centre has submitted an application to the Ministry of Francophone Affairs for partial designation. Agencies identified to deliver health care in French include the Canadian Mental Health Association Simcoe Branch, Georgian Manor Long-Term Care Home, Orillia Soldiers' Memorial Hospital, Royal Victoria Regional Health Centre, Waypoint Centre for Mental Health Care and Wendat Community Programs.

The LHIN also funds a variety of services through six organizations specifically serving the Indigenous population. All four of the First Nations communities in the region have LHIN-funded services. These communities include Beausoleil First Nation, Chippewas of Rama First Nation, Wahta Mohawks First Nation, and Moose Deer Point First Nation. The Barrie Area Native Advisory Circle and Enaahtig Healing Lodge and Learning Centre also deliver LHIN-funded programs in the region.

NSM LHIN Sub-Regions

LHIN sub-regions were described in the *Patients First Act, 2016* as a mechanism for LHINs and health and social service providers to collaborate and use population health data to improve planning and coordination of service delivery. Sub-region development is at varying stages across the LHIN. Some sub-regions have been working together over the last couple of years through an advisory/planning table to assess the current programs and services offered within the region through health and social services organizations. Prioritized work plans inclusive of measures of success guide their work. Other sub-regions are learning from the work of the tables in existence, and are in the early stages of planning for their region.

The approach in NSM, which began in fall 2017, involves a LHIN leadership ‘triad’ for each sub-region - a Clinical Lead, a Director for Integration and Planning, and a Director for Home and Community Care. Collectively, these three roles have responsibility for planning, directing and evaluating the delivery of patient services and providing expertise in each area.

In 2018/19, the LHIN will continue to develop the patient-focused health care potential of the North Simcoe Muskoka LHIN’s five sub-regions:

- Barrie and Area
- Couchiching
- Muskoka
- North Simcoe
- South Georgian Bay.

Each sub-region is affiliated with the Simcoe Muskoka District Health Unit, and each has one Health Link.

A profile of each sub-region is provided below.



Barrie and Area Key Characteristics:

Barrie and Area is the most densely populated of NSM LHIN sub-regions, with 221,585 people, which represents nearly half (46.2%) of the total population. This sub-region is also home to our largest population of persons aged 65 and older, with 30,167 people or 13.6% of the population. Close to one-quarter of these seniors live alone (5,350 people). Barrie and Area is also home to 53,650 children and youth under age 25 representing 24.2% of the total population.³

Diverse population groups include: Francophones (2.8%), defined as those who identify French as their mother tongue and Indigenous peoples (2.4%). More than a tenth (11.2%) of the population is living below the low-income measure. In the sub-region, 83.7% are satisfied with health care, which is lower than the average for the NSM LHIN overall (86.6%).⁴

Couchiching Key Characteristics:

Couchiching is the LHIN's second-most populous sub-region, with 80,413 people, representing 16.8% of the region's total population. It ranks second-highest of the five sub-regions in terms of its rural area population (56.6%). More than one in five persons (21.0%) is aged 65 and older and of these, 23.4% (3,060) seniors live alone. Close to one fifth of the total population (19.4%) is comprised of children and youth and 20.2% of children live in low-income households.⁵

Couchiching has an Indigenous population higher than that of the region, at 5.4% (versus 4.2%). The Francophone population is 1.5%, which is lower than the LHIN region's (2.8%). Slightly more than 90% of residents in the sub-region are satisfied with health care.⁶

Muskoka Key Characteristics:

The Muskoka sub-region is home to a population of 62,737, which represents 13.1% of the total LHIN population. Of NSM's five sub-regions, Muskoka has the greatest percentage of rural area population (62.1%). Muskoka is also one of the two NSM LHIN sub-regions with the highest percentage of seniors, at 24%, and close to this same percentage of seniors also live alone (23.4%). The sub-region is home to 11,189 children and youth (17.8%) and close to one in five (19.6%) children live in low-income households.⁷

The population diversity includes 1.5% Francophones and 3.0% Indigenous peoples. Satisfaction with health care in the sub-region ranks just above that of the region, at 87.8%.⁸

³ Health Analytics Branch. LHIN sub-region social, economic and population profile. Ministry of Health and Long-Term Care; 2017

⁴ Health Analytics Branch. LHIN sub-region social, economic and population profile. Ministry of Health and Long-Term Care; 2017.

⁵ Health Analytics Branch. LHIN sub-region social, economic and population profile. Ministry of Health and Long-Term Care; 2017

⁶ Health Analytics Branch. LHIN sub-region social, economic and population profile. Ministry of Health and Long-Term Care; 2017.

⁷ Health Analytics Branch. LHIN sub-region social, economic and population profile. Ministry of Health and Long-Term Care; 2017

⁸ Health Analytics Branch. LHIN sub-region social, economic and population profile. Ministry of Health and Long-Term Care; 2017.

North Simcoe Key Characteristics:

North Simcoe is home to 11.0% (52,743) of the region's total population. There are 11,669 seniors over the age of 65 living in this sub-region, of whom 24% live alone. There are 9,629 children and youth under the age of 25, with 19.0% living in low-income households. More than one-third of North Simcoe residents (34.4%) live in a rural area.⁹

This sub-region is home to NSM's largest population of Indigenous peoples (6,735) representing 14.4% of the total population. North Simcoe also has the largest percentage of Francophones, at 7.4%. Satisfaction with health care is lower than the NSM LHIN average, at 80.8%.¹⁰

South Georgian Bay Key Characteristics:

South Georgian Bay represents 12.9% (61,993) of the LHIN's total population. More than one-quarter (25.6%) of the population is in their senior years, with 2,725 of these seniors living alone. South Georgian Bay is home to 11,421 children and youth under age 25 (18.4%), with 15.2% living in low income households. A significant percentage of the population resides in a rural area (40.6%).

The Francophone population in South Georgian Bay represents 1.7% of the total population and Indigenous peoples represent 2.1%. The sub-region ranks highest (91.4%) in North Simcoe Muskoka with respect to satisfaction with health care.¹¹

⁹ Health Analytics Branch. LHIN sub-region social, economic and population profile. Ministry of Health and Long-Term Care; 2017.

¹⁰ Health Analytics Branch. LHIN sub-region social, economic and population profile. Ministry of Health and Long-Term Care; 2017.

¹¹ Health Analytics Branch. LHIN sub-region social, economic and population profile. Ministry of Health and Long-Term Care; 2017.

Environmental Scan

There are a number of local issues that impact the planning and delivery of health services in North Simcoe Muskoka. Although some of these are trends that are reflected in other regions, others are specific to the unique characteristics of the NSM LHIN population or to the unique geography of the region. These local considerations are essential in ensuring that system planning is responsive to the needs of NSM's residents and communities.

Access to Appropriate Levels of Care

Primary care access is key in ensuring that patients receive care in the most appropriate setting for their needs. Local data on primary care attachment includes both a patient self-report measure and a measure of continuity in primary care utilization. According to data from the Health Care Experience Survey (HCES), approximately 95.8% of NSM adults report having access to a regular medical doctor. This is relatively consistent across NSM LHIN sub-regions, ranging from 94.6% in Barrie and area to 98.3% in North Simcoe.¹² By contrast, an analysis of utilization data indicates that 87.4% of NSM residents are either attached to a primary care physician or Nurse Practitioner-Led Clinic (NPLC), or are regularly accessing the same family physician.¹³ Regardless of how it is measured, this equates to a large majority of NSM residents who are attached to a primary care provider.

Despite the high primary care attachment rate, reduced access to care in the evening, and on weekends and public holidays is a concern in North Simcoe Muskoka, with 63.2% of NSM HCES respondents indicating that it is difficult to access care after hours. More than half of NSM respondents (51.2%) indicated that their provider does not, to their knowledge, offer an after-hours clinic. Only 33.9% of NSM respondents indicated that they were able to see their provider on the same or next day when they were sick. In fact, 21.1% of NSM respondents indicated that they did not see their provider until 8 or more days after becoming ill. Notwithstanding these challenges to access, 74.5% of respondents rate the medical care from their provider as excellent or very good and 17.8% rate it as good.¹⁴

Access to primary care may correlate with the utilization of emergency departments (EDs) for less urgent / non urgent conditions and for conditions better treated in a primary care setting. Based on 2016/17 Q4 data, the rate of ED visits for CTAS IV and V conditions best managed elsewhere was 7.30 per 1000 population, which was the fifth highest rate in the province.¹⁵

Similar to the rest of the province, access to bedded hospital services is challenged by patients who remain in hospital waiting to move to a more appropriate setting, which is measured by the alternate level of care (ALC) rate. While the ALC rate in NSM has

¹² Health Analytics Branch. Health care experience survey results, January 2013 – September 2016. Ministry of Health and Long-Term Care; 2017.

¹³ Internal analysis up to March 31, 2016 based on Corporate Provider Database (CPDB), Claim History Database (CHDB), Registered Persons Database (RPDB), Client Agency Program Enrolment (CAPE). Accessed June 2016.

¹⁴ Health Analytics Branch. Health care experience survey results, January 2013 – September 2016. Ministry of Health and Long-Term Care; 2017.

¹⁵ North Simcoe Muskoka LHIN. Ministry-LHIN quarterly Stocktake report, August 2017. NSM LHIN; 2017.

been improving, challenges to moving patients into appropriate non-hospital based services continue. The ALC rate represents the proportion of inpatient days in acute and/or post-acute care settings that are spent as ALC. In North Simcoe Muskoka, the proportion of patients designated ALC who are occupying acute care beds (17.2% in Q1 2017/18) has fallen to near the provincial rate for the first time since Q2 of 2011/12. The ALC rate for post-acute services including rehab, mental health and complex continuing care in NSM is significantly lower than that of the province (6.0% in the same data period), resulting in an all-service ALC rate of 12.1%, which is again lower than the provincial rate.¹⁶

Aging Population

North Simcoe Muskoka currently ranks as one of the top three LHINs in terms of its relative proportion of seniors aged 65 and older. In 2015, seniors represented 18.2% of the NSM population. As is the case in other regions across the province, forecasted growth for seniors greatly exceeds that of other age groups. By 2020, seniors are expected to comprise 21.3% of the NSM population and by 2025 this will increase to 24.3%.¹⁷ This is, in part, due to the region's popularity as a retirement destination.

Data from the Canadian Institute for Health Information shows that seniors are high users of the health care system, including the hospital, continuing care, home care, and primary care sectors.¹⁸ Provincial data shows a clear association between older age and the rates of both scheduled and unscheduled emergency department (ED) visits and ED visits for potentially preventable conditions.¹⁹ In 2016/17, seniors accounted for approximately 24.6% of all NSM emergency department visits.²⁰ Seniors also account for a significant proportion of patients designated as ALC; based on data from April-June 2017, seniors aged 65 and older accounted for 85% of patients who were in hospital and designated ALC while awaiting appropriate care.²¹

Although ALC days overall have decreased, older adults designated as ALC continue to wait longer to receive care in an appropriate setting than younger people. Nine out of 10 older adults identified as ALC in hospital were moved to an appropriate level of care within 123 days. Wait times are longest for residential and bedded levels of care; the wait time for long-term care for nine out of 10 of these older adults was 437 days and for supervised or assisted living, nine out of 10 patients waited 128 days.²²

Complexity and Chronic Disease Prevalence

Data indicates that the prevalence of chronic disease in NSM is the second highest in the province and that the rate of multiple chronic conditions is increasing over time. Prevalence rates for diabetes, chronic obstructive pulmonary disease, high blood

¹⁶ Access to Care. North Simcoe Muskoka LHIN monthly alternate level of care performance summary, August 2017. Cancer Care Ontario; 2017.

¹⁷ Health Analytics Branch. Environmental scan integrated health service plans 2016-19. Ministry of Health and Long-Term Care; 2015.

¹⁸ Canadian Institute for Health Information. Health care in Canada 2011 – A focus on seniors and aging. CIHI; 2011.

¹⁹ Bronskill SE, Carter MW, Costa AP, Esensoy AV, Gill SS, Gruneir A et al. Aging in Ontario: an ICES chartbook of health service use by older adults. Institute for Clinical Evaluative Sciences; 2010.

²⁰ Access to Care. ER fiscal year report, September 2017. Cancer Care Ontario; 2017.

²¹ Access to Care. North Simcoe Muskoka LHIN monthly alternate level of care performance summary, August 2017. Cancer Care Ontario; 2017.

²² Access to Care. North Simcoe Muskoka LHIN monthly alternate level of care performance summary, August 2017. Cancer Care Ontario; 2017.

pressure and mood disorders in NSM all exceed those of the province.²³ Related to this are high rates of health system utilization and increased rates of mortality. In NSM, the rate of avoidable deaths from preventable causes is 148 per 100,000 population, which is significantly higher than the provincial rate of 123 per 100,000. Relative to the province, residents of this region had higher rates of hospitalization for heart attack and stroke.²⁴

Life expectancy in NSM, at 80.5 years, is one year less than the provincial life expectancy.²⁵ Contributing to the impact of chronic and complex disease, this region has higher rates of obesity (22.3% versus 20.4%) and smoking (20.7% versus 17.4%) than the province. In this region, nine chronic conditions accounted for more than 60% of all deaths and nearly a quarter of acute hospitalizations in 2013.²⁶

Based on the Ministry of Health and Long-Term Care's definition, a patient is identified as being complex and chronic if that patient has three or more comorbid chronic conditions. An internal analysis indicates that the largest proportion of chronic and complex patients in NSM are those between 75 and 84 years of age. However, the prevalence of chronic and complex conditions begins to increase after the age of 55. Among chronic and complex patients in NSM, the top five most prevalent conditions are hypertension, diabetes, ischemic heart disease, arthritis disorders and pneumonia.²⁷ Correlating with the prevalence of chronic and complex conditions, perceived good health for NSM is lower than the province (55.3% versus 59.2%).²⁸

Mental health and addiction conditions are included in the Ministry's definition of chronic disease. Utilization rates for designated mental health beds among NSM residents are among the highest in the province. Based on the most recent provincial analysis, the rates of active cases, admissions and discharges per 100,000 population among NSM residents were the second-highest in the province in 2013/14.²⁹ This is consistent with the overall trend of higher utilization rates in LHINs with tertiary psychiatric beds and may reflect the drift of individuals with severe persistent mental illness to regions with specialized resources. Among active cases in NSM LHIN hospitals, short-term crisis stays, mood disorders, and schizophrenia / psychotic disorders accounted for the largest proportions of patients. NSM also has a significantly higher rate of hospitalization for self-injury than the province (127 per 100,000 versus 64 per 100,000).³⁰

Emergency department utilization for mental health and substance abuse conditions in NSM is, however, well below the provincial average, which may reflect recent efforts to

²³ Canadian Institute for Health Information. Your health system. Accessed September 2017.

²⁴ Canadian Institute for Health Information. Your health system. Accessed September 2017.

²⁵ Canadian Institute for Health Information. Your health system. Accessed September 2017.

²⁶ Health Analytics Branch. Environmental scan integrated health service plans 2016-19. Ministry of Health and Long-Term Care; 2015.

²⁷ Internal analysis based on 2013/14 data from the Discharge Abstracts Database (DAD), the National Ambulatory Care Reporting System (NACRS) and Ontario Mental Health Reporting System (OMHRS). Accessed via IntelliHealth, January 2015.

²⁸ Canadian Institute for Health Information. Your health system. Accessed September 2017.

²⁹ Health Analytics Branch. Environmental scan integrated health service plans 2016-19. Ministry of Health and Long-Term Care; 2015.

³⁰ Canadian Institute for Health Information. Your health system. Accessed September 2017.

implement community-based approaches to care in the region.³¹ The exception to this is emergency department utilization for children and youth with mental health or addiction conditions. In 2014/15, the NSM LHIN had the third-highest ED visit rate in the province for children and youth with a primary diagnosis of mental health or addiction, which may reflect the lack of inpatient mental health services for children and youth at that time.³² This gap is being addressed through the Ministry's 2016 investment in a regional Child and Youth Mental Health program for NSM.

Opioid Use, Misuse and Abuse

According a recent analysis provided by the Ministry, in fiscal year 2014/15, the rate of opioid dispensing by prescription in NSM was 1,565 per 10,000, which was the third highest LHIN rate in the province. The overall provincial rate in the same period was 1,431 per 10,000. During this period, codeine was the most commonly dispensed opioid followed by oxycodone. The dispensing rates for both morphine and oxycodone in NSM exceeded the provincial rates, whereas the rates for other opioids (fentanyl, hydromorphone and codeine) were similar to those of the province.³³

The rate of treatment dispensed for opioid addiction in NSM was also higher than the provincial rate. Methadone maintenance therapy in NSM was dispensed to 46 individuals per 10,000 population as compared to 31 per 10,000 for the province. Suboxone was dispensed to 6 per 10,000 residents in NSM versus 8 per 10,000 for the province.³⁴

While prescription opioid use in NSM is higher than that of the province, there is also growing concern for illicit opioid use, with increasing numbers of opioid overdoses being reported in NSM LHIN hospital emergency departments. Tracking of illicit use is a complex task and therefore may under-report the issue.

Rural Geography and Seasonal Variability

Nearly one-third (32.0%) of NSM residents live in a rural area, making the region home to the third largest proportion of rural residents in the province.³⁵ There is, however, significant variability within NSM's sub-regions, ranging from 12.1% in the Barrie and Area sub-region to 62.1% in Muskoka.³⁶ This is notable given the significant urban-rural gap on a number of health-related measures, including risk factors like obesity and smoking, and outcomes, such as mortality from injury and certain chronic diseases.³⁷ The variability within NSM highlights the challenges of planning for both an urban census metropolitan area and a significantly rural and northern population in other parts of the LHIN.

³¹ North Simcoe Muskoka LHIN. Ministry-LHIN quarterly Stocktake report, February 2017. NSM LHIN; 2017.

³² Royal Victoria Regional Health Centre (RVH) analysis of 2014-15 National Ambulatory Care Reporting System (NACRS) and 2013 Ministry of Finance data. Accessed July 2016.

³³ Health Analytics Branch, Drugs Programs Policy and Strategy Branch. Ontario narcotics atlas. Ministry of Health and Long-Term Care; 2016.

³⁴ Health Analytics Branch, Drugs Programs Policy and Strategy Branch. Ontario narcotics atlas. Ministry of Health and Long-Term Care; 2016.

³⁵ Health Analytics Branch. Environmental scan integrated health service plans 2016-19. Ministry of Health and Long-Term Care; 2015.

³⁶ Health Analytics Branch. LHIN sub-region social, economic and population profile. Ministry of Health and Long-Term Care; 2017.

³⁷ DesMeules M, Pong R, Lagacé C, Heng D, Manuel D, Pitblado R et al. How healthy are rural Canadians? An assessment of their health status and health determinants. Canadian Institute for Health Information; 2006.

North Simcoe Muskoka also experiences significant seasonal variation in population and demand for related health services including a significant impact on local emergency departments. In 2016/17, the emergency departments at the two Muskoka sub-region hospital sites experienced a 31% increase in volumes between Q1 and Q2, which equates to an additional 3,379 ED visits over a three month period at a low volume hospital.³⁸

Palliative and End-of-Life Care

According to the most recent data available, there were 4,004 deaths among NSM LHIN residents in 2015/16. Of these, 41.2% occurred in hospital, 19.2% in long-term care settings, 36.1 % in the patient's home or a residential hospice, and 3.5% in complex continuing care settings. In the same period, approximately 83.3% of palliative care patients received home care services of some type in NSM. Nearly three quarters (74.6%) of NSM LHIN palliative care patients received home service visits from a home and community care agency, while 41.4% of palliative care patients received physician home visits. These rates are all higher in North Simcoe Muskoka as compared to the province as a whole.³⁹

Palliative care patients are more likely than other types of patients to be designated as ALC. Specifically, 13.6% of palliative care patients in the province had at least one ALC day in 2015/16 compared to 3.1% in non-palliative patients who had died. In North Simcoe Muskoka, 16.6% of palliative patients had at least one ALC day versus 2.6% in non-palliative patients who had died. This is of particular importance given the high rate of ALC utilization in the region.⁴⁰

Home and Community Care

Annually, over 25,000 people in NSM receive government funded home care. On an average day, services in the home touch more than 2,500 people of all ages across the region. Home care in NSM has seen significant growth between 2013 and 2017, growing faster than the underlying population demographics. Specifically, the number of chronic patients in NSM increased by 25.9% over four years, with 42.0% growth in the number of complex patients. Home care is now provided annually to over 3,500 patients with complex care needs. This has been partially offset by a 10% reduction in the number of lower needs patients receiving home care over the same four year time period. Hospital referrals to home care have increased by 37% over the past six years. Seniors age 65 and over represent the largest population utilizing these homecare services.⁴¹

Of special concern is access to personal support services. More than one million hours of personal support were delivered in 2016/17, providing support for activities of daily living. From 2012/13 through 2016/17, the number of patients receiving personal support increased from 4,735 to 7,442 patients, or an average of 12.0% annually. Increased demand has resulted in more seniors receiving care but fewer hours per

³⁸ Access to Care. ER fiscal year report, September 2017. Cancer Care Ontario; 2017.

³⁹ Ontario Palliative Care Network. Regional profiles tool, version 1.1. OPCN; 2017.

⁴⁰ Ontario Palliative Care Network. Regional profiles tool, version 1.1. OPCN; 2017.

⁴¹ North Simcoe Muskoka LHIN. Personal support services: examining the factors affecting the gap between supply and demand in North Simcoe Muskoka. NSM LHIN; 2017.

person seen. The combination of rapid patient growth and declining per patient care has resulted in a 9.0% cumulative growth over the five year period or an average annual growth rate of 1.7%. Demographic data would indicate that the demand for personal support will increase faster than for any other home care service provided by the NSM LHIN.⁴²

Home and community care is also impacted by access to bedded residential care. While the population of seniors is increasing, long-term care home capacity remains a challenge. Wait times for long-term care are increasing, with a larger proportion of seniors placed in long-term care under crisis conditions, which impacts the numbers of complex and chronic patients seeking home care services. This also impacts hospital bed utilization with seniors disproportionately represented in the ALC population.

Since retirement home regulation in 2010, there has been a significant growth in the retirement home sector in North Simcoe Muskoka. The number of available spaces in the region's retirement homes increased from 2,712 in 2013 to 3,724 in 2017. While the LHIN does not directly fund retirement homes, residents of retirement homes are supported by home and community care with therapy, nursing and personal support services. The number of placements and crisis placements to long-term care homes from retirement homes is also increasing steadily.⁴³

[Access to Personal Support Workers](#)

Projections indicate that an additional 200,000 hours of personal support will be required for the NSM LHIN to provide the same level of home care personal support in 2021/22 as it did in 2016/17. Although actual data for personal support use in long-term care is limited, it is estimated that the approximately 3,000 long-term care home residents in North Simcoe Muskoka require approximately 1,100 personal support worker (PSW) FTEs. Estimates suggest that demographic pressure on long-term care populations will add demand for another 140-240 PSWs over the next five years. As the demand for PSS services has increased, there have been recent challenges related to a lack of availability of personal support service workers. Projections indicate that this trend may worsen over time given the aging population and the current work force growth rate.⁴⁴

[Dementia Care](#)

According to the latest release from the Canadian Institute for Health Information, in 2014, 38.5% of NSM seniors receiving home care services and 67.3% of those in residential care had a diagnosis of dementia. Further, 15.1% of home care clients and 42.8% of long-term care residents exhibited responsive behaviours. Resisting care, a common symptom of dementia, was reported as present in 11.2% of NSM home care recipients and 31.8% of those in residential care. Furthermore, 62.8% of NSM seniors

⁴² North Simcoe Muskoka LHIN. Personal support services: examining the factors affecting the gap between supply and demand in North Simcoe Muskoka. NSM LHIN; 2017.

⁴³ North Simcoe Muskoka LHIN. Personal support services: examining the factors affecting the gap between supply and demand in North Simcoe Muskoka. NSM LHIN; 2017.

⁴⁴ North Simcoe Muskoka LHIN. Personal support services: examining the factors affecting the gap between supply and demand in North Simcoe Muskoka. NSM LHIN; 2017.

receiving home care services and 66.2% of those receiving residential care were taking nine or more medications per day, which increases the risk of falls and other adverse events.⁴⁵ Internal analysis indicates that of all assessments of long-term care residents in 2016, only 1% had a behaviour intervention program in place, 37% did not have a program in place and for 62% of residents, staff were unsure if there was a plan in place.

⁴⁵ Canadian Institute for Health Information. Seniors in transition web tools. Accessed July 2017.

Successes

In the past year, the NSM LHIN has been focused on the successful integration of the LHIN with the NSM CCAC, as mandated through the passage of the *Patients First Act, 2016*.⁴⁶ Sixteen work streams were established by the Ministry of Health and Long-Term Care to lead the transition work across the province, including a communication and change management stream. North Simcoe Muskoka was represented on all 16 provincial work streams and co-led two of the streams. The NSM LHIN and the NSM CCAC were selected to be the first organizations in the province to transition on May 3, 2017. Although the NSM LHIN and the NSM CCAC had different responsibilities within the health care system prior to transition, they enjoyed a positive long-standing working relationship. The LHIN and the CCAC took a proactive approach to transition planning. A transition project team was formed early in the process with local work streams and a Joint Transition Committee was developed to oversee the detailed work required to ensure readiness to transition. A change management framework was developed in October 2016 to guide the transition work. This framework continues to inform the new LHIN organization through transformation

The work of transition encompassed all functions of both organizations. Included was examining pre-transition policies, procedures and practices at both organizations, and designing the post-transition methods for the new LHIN. Transition project sub-teams worked to address business requirements specific to human resources/ labour relations/ organizational development, contracts and agreements, IT/ eHealth, shared services, privacy and records management, finance and procurement, physical assets and facilities and corporate information management. Many of the post-transition processes developed required business process re-design prior to implementation with staff. There were a number of successes achieved through this work, including the ongoing commitment to patients, staff, health services providers and the Board throughout the transition process.

The transition project team initiated their work about a year pre-transition and the project wrapped up 100 days post-transition. Throughout this time, the LHIN continued to focus on quality of care and ensured that patient care was not compromised. Care delivery and all related services remained intact as core organizational activities, which supported the continued trust and confidence of the community, patients and stakeholders. System planning, funding and performance monitoring continued to receive the same degree of prioritization during transition, as reflected in this plan. Shortly after transition, the LHIN recruited primary care physician leads to support the planning work in each sub-region through engagement of those delivering care and to advance the work of the care communities. During and post-transition, the LHIN has remained fully compliant with all applicable legislation and directives and has met all external reporting obligations.

Integrating two cultures is a difficult long-term process and thoughtfully managing the emergence of a desired future culture was a high priority for the NSM LHIN leadership

⁴⁶ Patients First Act, 2016

team. The LHIN has undertaken a project to support the creation of a work environment where the culture that is desired by staff can emerge.

Alternate Level of Care (ALC)

Alternate level of care continues to be a focus and a priority in the NSM LHIN. Multi-sector work over the past two years has contributed to a system-based approach to addressing patient flow and access to service in North Simcoe Muskoka. Representation from all hospitals and many community providers has been instrumental in moving the LHIN's ALC rate in a positive direction.

In 2017/18 the regional ALC Standardization Task Force continued to address ongoing implementation of the five high priority recommendations from the NSM LHIN ALC Strategy. Work included finalizing the LHIN-wide ALC Designation Policy to support a standardized approach to ALC management, as well as resources to support expansion of Home First. Home First is a time-limited program designed to support patients identified as ALC in an acute care hospital to return home with more intense supports to provide additional time for recovery. The Task Force also supported the opening of a transitional bed program in the Barrie sub-region in Q3 to support ALC challenges at the Royal Victoria Regional Health Centre (RVH). A regional Joint Discharge Operation Committee is currently being established.

In August 2017, the NSM LHIN received a response from the Ministry regarding the Expression of Interest submitted for Seniors at Home, including the partnership between LOFT Community Services, the County of Simcoe, and NSM's Specialized Geriatric Services (SGS) program. The NSM LHIN anticipates funding to support 60 new supportive housing units with psychogeriatric support services for 24 of these units in Barrie. All individuals who will access these units and services must be designated ALC within an NSM LHIN hospital. Planning for these units is well underway and in early October, LHIN staff facilitated a planning session with partners to support implementation of the 24 units in Barrie. In addition, LHIN staff met with the District of Muskoka and Muskoka Algonquin Healthcare (MAHC) to plan for the implementation of 12 new units identified for Muskoka. The County of Simcoe will work with LHIN staff to implement the additional 24 units to be located within the remaining three sub-regions based on community need.

Health Links

The Health Links teams in NSM continue to evolve their care processes and models of care to effectively support the needs of complex patients. The LHIN's Aboriginal Health Links System Coordinator was invited to speak on a panel on health equity at the Health Quality Ontario fall summit. The NSM LHIN and the five Health Links teams continue to focus on accountability and sustainability and are considering the most effective way for Health Links to contribute to sub-region planning. All five Health Links teams will be adopting a common technology platform to host their client coordinated care plans (CCPs). The Client Health Related Information System (CHRIS) and Health Partner Gateway (HPG) will be adopted to support all client CCPs. Utilizing this system will require each team to undertake business process re-design and provide education to all Health Links contributors in order to enable successful implementation.

Personal Support Services (PSS)

With support from LHIN leadership, staff initiated planning to support a one-sector strategy for home and community care, aligned with the intent of the Ministry's PSS Guidelines and the NSM LHIN Vision developed by home and community care providers.^{47,48} This strategy will support sub-regional needs, leveraging services including personal support and homemaking. Initially, this planning will begin in Muskoka.

Over the last year and a half, the Ministry has been working with representatives from the home care sector and service provider organizations and associations to develop and implement a harmonized rate for personal support services. This initiative is intended to bring greater consistency, transparency, and fairness to service provider organizations and personal support workers (PSWs) across the province. The new rate, which covers four general PSW service types, accounts for 82% of PSW services in the province and incorporates the total PSW wage enhancement. The harmonized rate was implemented in North Simcoe Muskoka in June 2017. The Ministry will convene a group to develop the audit process for this funding.

Personal Support Capacity Project

The NSM LHIN is experiencing challenges obtaining home and community care personal support services for patients living in some geographic areas, resulting in access delays for some patients. Demand for home and community care personal support services in North Simcoe Muskoka has increased significantly over the last two fiscal years. In 2015/16 there were, on average, 341 referrals to personal support services each month. In 2016/17 this increased to 419 and in the first two months of 2017/18 there were, on average, 504 referrals each month. In addition, the profile of patients being referred to personal support services is changing, with increasing complexity and an increasing need for two personal support workers (PSWs) to provide care at the same time to support patient safety.

The NSM LHIN launched a project in July 2017 focused on identifying longer term, sustainable strategies to improve the balance between demand and supply of personal support services. This included understanding key factors contributing to the misalignment and identifying improvement strategies. The information gathering stage of the project included key informant interviews, a literature review and quantitative analysis. Results were summarized in a report, which was distributed to key informants and other stakeholders in November 2017.

An Action Planning Forum was also held and participants identified strategies that can be implemented locally, those that require pan-LHIN collaboration, and those that require Ministry consideration or action. Local opportunities were to be prioritized for

⁴⁷ Ministry of Health and Long-Term Care. Policy Guideline for Community Care Access Centre and Community Support Service Agency Collaborative Home and Community-Based Care Coordination. Queen's Printer for Ontario: 2014.

⁴⁸ Ministry of Health and Long-Term Care. Policy Guideline Relating to the Delivery of Personal Support Services by Community Care Access Centres and Community Support Service Agencies. Queen's Printer for Ontario: 2014.

implementation while recommendations regarding provincial opportunities and/or policy were moved forward for further consideration.

Mental Health and Addictions

Mental Health Walk-In Clinics have been established in all five NSM sub-regions since 2015 through a partnership between Catholic Family Services of Simcoe County and other LHIN-funded agencies. These clinics were designed to address emergency department visits for mental health and substance abuse conditions by providing a more appropriate access point for those seeking mental health and addictions services. The Walk-In Clinics provide single-session counselling services for individuals aged 12 and up who are not in immediate crisis. In 2017/18, the LHIN approved \$287,000 in new base funding to increase capacity in the North Simcoe, Couchiching and Barrie sub-regions and to establish a second clinic location in the Muskoka sub-region to address transportation issues.

In the NSM LHIN, 56 new rental supplements and seven case managers will be implemented across all sub-regions by the end of fiscal year 2018/19. In addition, Enahtig Healing Lodge will receive eight units and one case manager to provide Indigenous-specific supportive housing across the LHIN. Participating agencies were identified and the allocation methodology was developed and approved by the NSM LHIN Mental Health and Addictions Coordinating Council. This initiative is aimed at supporting individuals with severe and persistent mental illness who are homeless or at risk of homelessness.

Through the Simcoe Muskoka Alcohol and Other Drug strategy, the LHIN and the Simcoe Muskoka District Health Unit are jointly developing a comprehensive regional opioid strategy, in alignment with the federal and provincial approaches. The strategy coordinates and prioritizes efforts within a comprehensive approach, inclusive of surveillance, prevention, treatment, harm reduction and enforcement, as well as the development of a mass overdose plan. The final report is expected in February 2018. Work continues through this collaboration to enhance current initiatives and respond to evolving opportunities. The steering committee is working to include the perspectives and advice of people with lived experience in the work. The NSM LHIN will be working with the Aboriginal Health Circle (AHC) to develop an Indigenous-specific strategy that is connected with the broader strategy.

As a component of the recent opioid investments, the Ministry has provided \$1.65 million in base funding in NSM to develop programs to target individuals affected by opioid addictions. A regional strategy has been developed incorporating a Rapid Access Addictions Medicine (RAAM) mobile program and expanded community treatment and counselling services. These core services will be linked with primary care, community addictions treatment services and local hospital emergency departments. These targeted investments will create channels for more rapid access to specialized care.

Palliative Care

The Ontario Palliative Care Network (OPCN) is finalizing the three-year provincial action plan and regional scorecards. Once finalized, the NSM Regional Palliative Care Network (NSM RPCN) will align its current work with the proposed 18 regional deliverables and indicators. The NSM RPCN continues to engage with local providers to inform the development of sub-regional work plans in support of a regional strategy. By the end 2017/18, palliative patients in all five NSM sub-regions will have access to residential hospice care with the opening of new facilities in the North Simcoe and Couchiching sub-regions.

Since Medical Assistance in Dying (MAID) became legal in Canada in June 2016, MAID deaths have occurred in both Simcoe County and the District of Muskoka. In anticipation of the passage of this legislation, local clinical leaders across sectors assembled the NSM LHIN MAID Regional Steering Committee. Working under the premise that palliative care and MAID are distinct, but should not be dissociated, has enabled the Steering Committee to develop a strong regional MAID system. The province continues to endorse a localized approach to care coordination services to better meet local needs. The MAID Steering Committee worked to ensure that policies were in place for centralized, regional coordination of services, aligned with home and community care. The policies are designed to ensure patients can access MAID services in their preferred place of death - home, hospice or hospital.

In 2017/18, the LHIN provided the Barrie Area Native Advisory Circle (BANAC) one-time funds to support their project entitled "Towards Reconciliation - An Indigenous Focused Palliative Care and Education Mobile Outreach Project in North Simcoe Muskoka." This project was in response to a Ministry Expression of Interest to support homeless and vulnerably housed individuals with appropriate palliative care. BANAC's submission was developed to meet the palliative pain and symptom management needs of the Indigenous homeless and vulnerably housed with advanced life-limiting illness. This proposal presents the concept of a Nurse Practitioner-led mobile outreach approach in alignment with the program developed and implemented through the Palliative Education and Care for the Homeless (PEACH) project. This team will have the capacity to establish trusting relationships with those they serve, which will contribute to the collective healing process of the Indigenous community as a whole.

Integration

Four integrations were completed in the NSM region in the 2017/18 fiscal year. The funding to support the Psychogeriatric Resource Nurse Consultants was transferred from the Collingwood General and Marine Hospital (CGMH) to Waypoint Centre for Mental Health Care. This allows the resources to be integrated with the Specialized Geriatric Services (SGS) program which Waypoint supports in a lead agency capacity. The Nurse Consultants support residents in all five NSM sub-regions.

The voluntary integration of the Integrated Regional Falls Program (IRFP) from Orillia Soldiers' Memorial Hospital (OSMH) to Waypoint was also approved. The IRFP will be incorporated into the SGS program to allow for improved coordination of services for patients and fewer transitions of care.

The Canadian Red Cross voluntarily transitioned out of delivering several programs in North Simcoe Muskoka, including assisted living, homemaking and social work. As the funder of these programs, the LHIN issued a Call for Proposals to identify new service providers for these three programs. The March of Dimes, Wendat Community Programs and Helping Hands were selected to provide services going forward.

Waypoint Centre for Mental Health Care (Waypoint), Ontario Shores Centre for Mental Health Sciences (Ontario Shores) and Royal Ottawa Mental Health Centre (The Royal) were also approved to voluntarily integrate the sharing of the Meditech hospital information system (HIS) and related services. This is a cross-LHIN integration where approval was required from the NSM LHIN Board, the Central East LHIN Board and the Champlain LHIN Board.

Digital Health

The opportunity to increase the provision of virtual care and specialist services via telemedicine continued in 2017/18. Base funding was approved to fund three additional Telemedicine Nurse Coordinators, evaluated through the LHIN prioritization process. With these investments, primary and community care will be strengthened in three areas. Regional specialty programs offered from the Royal Victoria Regional Health Centre will connect to patient sites in primary care and community across the region. Seniors in long-term care homes will also benefit from enhanced access to primary, specialty and community care in their homes. The Town of Innisfil has been identified as an area that is proportionally underserved with respect to primary care. A program providing primary care services via telemedicine is currently being delivered by the Barrie and Community Family Health Team. Annually, these new programs are expected yield a minimum of 3,200 additional clinical appointments for patients in their home communities.

Health System Oversight and Management

Integrated Health Service Plan Strategic Priority:



1.0 Improve Access to Appropriate Care

Description of the Priority

This priority reflects the importance of ensuring that residents have timely access to the best possible care, in the most appropriate setting, delivered by the right provider. Local data indicates that NSM residents are not always accessing care that is appropriate for their needs. The work identified in this section of the plan addresses issues that have led to misaligned patient access to care. Priorities include primary care, hospitals and partners, specialist care and mental health and addictions services. The plan is inclusive of both longer-standing LHIN objectives and emerging health issues such as ALC pressures, access to primary care and the opioid crisis.

Goal 1.1: Work with providers to build comprehensive primary care as the foundation of the health care system and to support patient access and effective transitions in care.

Consistency with Government Priorities

A focus on enhancing access to primary care has been of significant importance across Ontario for some time. Over the last decade, substantive change in primary care has taken place. The creation of new models of care, changes to contracts and funding reform have resulted in fewer unattached patients. Today, 184 Family Health Teams (FHTs), 75 Community Health Centres (CHCs), 25 Nurse Practitioner-Led Clinics (NPLCs), and 10 Aboriginal Health Access Centres (AHACs) provide comprehensive primary care to more than 3.5 million Ontarians in over 200 communities across the province.⁴⁹ While there are fewer unattached patients, timely access to primary care continues to be a challenge. Ontario's overall ranking relative to international comparators for primary care indicators is increasingly lagging despite significant change over recent years.⁵⁰

The Auditor General of Ontario's *2015 Annual Report*, identified the need for the Ministry of Health and Long-Term Care to determine how best the LHINs can support primary care to meet the mandate of system integration.⁵¹ Connecting all Ontarians who want a primary care provider with one was outlined as a priority in the *Patients First Act, 2016*.⁵² North Simcoe Muskoka has a tradition of building strong relationships among providers and engaging the community in joint decision-making and collaborative planning. It is within this tradition that work will continue in the shared interest of improving patient care.

Action Plans and Interventions

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
1.1.1 Strengthen relationships with provincial primary care associations and regulatory bodies and their local representatives to ensure alignment in transformation efforts.	In Progress	Ongoing
1.1.2 In partnership with the Ministry, support the expansion and/or establishment of interdisciplinary primary care (IPC) models in NSM to promote equitable access to comprehensive primary care for our residents, particularly focusing on vulnerable populations. Provide support with the implementation of new IPCs.	Completed	March 31, 2019

⁴⁹ Association of Family Health Teams of Ontario. <https://www.afhto.ca/teams/>.

⁵⁰ Steering Committee for the Ontario Primary Care Performance Measurement Initiative. A primary care performance measurement framework for Ontario. Report of the steering committee for the Ontario primary care performance measurement initiative: phase one. Health Quality Ontario; 2015.

⁵¹ Auditor General of Ontario. Annual report 2015. Office of the Auditor General of Ontario; 2015.

⁵² Ministry of Health and Long-Term Care. The Patients First Act – frequently asked questions. Queen's Printer for Ontario; 2016.

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
1.1.3 Analyze baseline primary care data related to service capacity in each sub-region utilizing the tools provided by the Ministry, including a population health equity lens, to identify gaps and strengths. This data will be used to develop a primary care health human resources capacity plan in collaboration with HealthForceOntario (HFO).	In Progress	Ongoing
1.1.4 Establish a Diabetes Collaborative Community of Practice to support regional and sub-regional planning.	Completed	March 31, 2019
1.1.5 Foster sub-regional collaboration with primary care to consider innovative ways to improve access to comprehensive primary care.	In Progress	Ongoing

Goal 1.2: Work with hospitals and partners to improve how patients move through the health care system and to support the adoption of innovations in patient care.

Consistency with Government Priorities

Ensuring timely access to and appropriate utilization of hospital-based care is an important element of many provincial initiatives, which are reflected in the regional work taking place in North Simcoe Muskoka. These initiatives include work focused on alternate level of care (ALC) and surge capacity planning, as well as rehabilitative care, care for those with musculoskeletal pain, and specialized geriatric services.

Patients who remain in hospital waiting for placement in a more appropriate setting are reflected in the alternate level of care rate. The ALC rate is a key indicator of patient flow and access to appropriate care in the health care system. Alternate level of care is a long-standing provincial priority, reflected in the establishment of the ALC Expert Panel in 2006 and the release of Dr. David Walker's report, *Caring for our Aging Population and Addressing Alternate Level of Care* in 2011.⁵³ In North Simcoe Muskoka, the ALC rate has historically been among the highest in the province and as a result has been a significant area of focus locally.

Related to ALC utilization are episodes of surge, which represent periods of over-capacity in acute care. To continue to support the provincial philosophy of right care, right time, right place and right provider, the NSM LHIN will enable the development of sub-regional surge plans to address variable capacity planning. The sub-regional surge plans will connect to the LHIN's Surge Capacity Management Plan, along with specific regional surge plans, such as those developed for Critical Care and Mental Health and Addictions.

The Rehabilitative Care Alliance (RCA) is a province-wide collaborative that was established by the 14 LHINs in 2013 to strengthen and standardize rehabilitative care across the province. In accordance with LHIN CEO endorsement of the RCA's *Definitions Frameworks for Bedded and Community-Based Levels of Rehabilitative Care*, the NSM LHIN will move towards re-aligning existing rehabilitative care resources with the levels of care defined in the frameworks.^{54,55}

A key component of the Ministry's *Access to Specialists and Specialty Care Strategy* is improving access and wait times for musculoskeletal (MSK) conditions.⁵⁶ In alignment with the strategy, the Ministry and LHINs will scale and spread evidence-based MSK service delivery models, included under the Central Intake, Assessment and Management Model.

⁵³ Walker D. *Caring for our aging population and addressing alternate level of care*. Report submitted to the Minister of Health and Long-Term Care. Queen's Printer for Ontario; 2011.

⁵⁴ Rehabilitative Care Alliance. *Definitions framework for bedded levels of rehabilitative care*. RCA; 2014.

⁵⁵ Rehabilitative Care Alliance. *Definitions framework for community based levels of rehabilitative care*. RCA; 2015.

⁵⁶ Ministry of Health and Long-Term Care. *Health bulletin: transforming MSK care in Ontario*. Queen's Printer for Ontario; 2017.

In 2013, the Ministry released its action plan for seniors entitled *Independence, Activity and Good Health*, identifying seniors as a key area of focus. The plan was informed by Dr. Samir Sinha's *Living Longer, Living Well* report, which included 166 recommendations regarding seniors' health, ranging from wellness and housing to specialized geriatric services and end-of-life care.^{57,58} In alignment with provincial direction, the NSM LHIN developed its Strategy for a Specialized Geriatric Services (SGS) program, focusing on SGS and frail seniors as the first building block of an integrated regional seniors' health program. The implementation of the SGS strategy is a continued area of focus in 2018/19.

Action Plans and Interventions

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
1.2.1 Support the ongoing development of the Regional Rehabilitation Steering Committee.	In Progress	Ongoing
1.2.2 Facilitate and monitor the impacts of the bundled care payment pilot for hip and knee quality based procedures (QBPs) for participating NSM LHIN organizations.	Completed	March 31, 2019
1.2.3 Support the ongoing development, application and evaluation of sub-regional surge plans to address variable capacity planning related to seasonal surges.	Completed	March 31, 2019
1.2.4 Continue to implement the NSM LHIN ALC Strategy governed by the ALC Steering Committee and supported at this time by the ALC Standardization Task Force.	In Progress	Ongoing
1.2.5 Facilitate and provide project management support to plan, implement and evaluate the regional musculoskeletal (MSK) Central Intake, Assessment and Management Model.	In Progress	March 31, 2020
1.2.6 Continue to guide and monitor performance related to the implementation of the NSM Specialized Geriatric Services Program.	In Progress	Ongoing

⁵⁷ Ontario Seniors' Secretariat. Independence, activity and good health. Ontario's action plan for seniors. Queen's Printer for Ontario; 2013.

⁵⁸ Sinha SK. Living longer, living well. 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. 2012.

Goal 1.3: Enable enhanced connections and communications among providers to support improved wait times and appropriate referrals for patients in need of specialist care.

Consistency with Government Priorities

Supporting improved wait times and appropriate referrals to specialty services is identified as a priority in the Minister's Mandate letter for 2018/19. This priority is reflected locally in the work of the LHIN's eHealth portfolio, as well as in the areas of critical care services and diagnostic imaging.

The Ministry of Health and Long-Term Care's *Digital Health Strategy* includes the expansion of an online consultation model (eConsult) to inform clinical decision-making in primary care. This work is also reflected in the priorities of the LHIN and Ministry's delivery partners, the Ontario Telemedicine Network (OTN) and OntarioMD. This model supports improved access to specialty services by reducing unnecessary referrals for diagnosis and treatment.

Critical Care Services Ontario (CCSO) is responsible for the overall implementation and evolution of the initiatives under Ontario's *Critical Care Strategy*. In 2015, CCSO launched the *Ontario Critical Care Plan 2015-18*, which identifies strategic goals that inform the activities of NSM's Regional Critical Care Steering Committee and the Local Critical Care Network.⁵⁹ The work taking place locally in 2018/19 will support a number of goals aligned with the current CCSO strategy map.

Computed tomography (CT) and magnetic resonance imaging (MRI) scans were among the original five services included in *Ontario's Wait Times Strategy*.⁶⁰ These wait times are publicly reported to support accountability for improving timely access to key health services. A CT/MRI Working Group has been meeting to evaluate and establish best practice in the region with a goal of improving access and efficiency.

Action Plans and Interventions

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
1.3.1 Facilitate and monitor the projects undertaken by the Regional Critical Care Steering Committee.	In Progress	Ongoing
1.3.2 Support the expansion of technology enabled consultations between primary care providers and specialists.	Completed	March 31, 2019
1.3.3 Evaluate and where practicable implement recommendations of the CT/MRI Working Group related to establishing best practice and improving access and efficiency.	In Progress	Ongoing

⁵⁹ Critical Care Services Ontario. Ontario critical care plan 2015-18. CCSO; 2015.

⁶⁰ Ministry of Health and Long-Term Care. Ontario wait times. Queen's Printer for Ontario; 2014.

Goal 1.4: Work with local partners to support expanded access to a broad range of Mental Health and Addictions services that are delivered in settings accessible to patients.

Consistency with Government Priorities

Both *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy* and *Patients First* highlight the provision of the right care for those living with mental health and addiction conditions as critical to health system performance.^{61,62} More recently, the key findings of Ontario's Mental Health and Addictions Leadership Advisory Council, as outlined in its 2015 and 2016 annual reports, identify recommendations to support the development of a person-centred system that is equitable, accessible, high-performing and recovery-oriented.^{63,64} Efforts continue within the NSM LHIN to align policies, programming and funding with this provincial direction.

Ontario's Strategy to Prevent Opioid Addiction and Overdose and recent enhancements to the strategy emphasize a collaborative, evidence-based approach to support those affected by opiate addictions.⁶⁵ In alignment with provincial direction, the NSM LHIN will continue to partner with the Simcoe Muskoka District Health Unit and other sector stakeholders to identify collaborative local strategies to address opiate addiction and overdose. The LHIN will also work with local stakeholders to facilitate the implementation of Health Quality Ontario's clinical quality standards targeting opiate use disorders and opiate prescribing.

Action Plans and Interventions

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
1.4.1 In alignment with the provincial Opioid Strategy, implement a regional Opioid Strategy designed to identify, prioritize and address key strategies in collaboration with the Simcoe Muskoka District Health Unit (SMDHU) and other sector partners.	In Progress	Ongoing
1.4.2 In partnership with the Ministry and sector stakeholders, prioritize and support implementation of the Health Quality Ontario (HQP) clinical quality standards for opioid use disorders, opioid prescribing for acute and chronic pain, and associated implementation recommendations.	Completed	March 31, 2019

⁶¹ Ministry of Health and Long-Term Care. *Open minds, healthy minds. Ontario's comprehensive mental health and addictions strategy*. Ministry of Health and Long-Term Care; 2011.

⁶² Ministry of Health and Long-Term Care. *Patients first: action plan for health care*. Officer of the Minister, Ministry of Health and Long-Term Care; 2015.

⁶³ Ontario's Mental Health & Addictions Leadership Advisory Council. *Moving forward: Better mental health means better health*. Ontario's Mental Health & Addictions Leadership Advisory Council; 2015.

⁶⁴ Ontario's Mental Health & Addictions Leadership Advisory Council. *Moving forward: Better mental health means better health*. Ontario's Mental Health & Addictions Leadership Advisory Council; 2016.

⁶⁵ Ministry of Health and Long-Term Care. *Background: taking action to prevent opioid addiction and overdose*. Queen's Printer for Ontario; 2017.

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
1.4.3 Implement year two of the supportive housing rental supplement initiative by analyzing data to determine the allocation of both beds and FTEs. Work with local housing service providers to develop ongoing evaluation processes.	Completed	March 31, 2019
1.4.4 Initiate the development, implementation and evaluation of a local governance framework for mental health and addictions services that defines roles and accountabilities at the regional and sub-regional levels.	In Progress	March 31, 2020
1.4.5 Work with local health service providers to assess and develop opportunities to implement enhanced psychotherapy services in alignment with provincial direction.	Completed	March 31, 2019
1.4.6 Leverage the work of existing regional coordinated access models and provincial direction to assess and develop potential options for the implementation of a regional coordinated access model for Mental Health and Addictions services.	In Progress	March 31, 2020



Integrated Health Service Plan Strategic Priority:

2.0 Build Capacity and Enhance Coordination

Description of the Priority

This priority reflects the Ministry objective to deliver “better coordinated and integrated care in the community, closer to home”.⁶⁶ This can be achieved through continuing to leverage the strengths of each sector, establishing a system that is seamless from the perspective of the patient. Given the increasing population of seniors in the North Simcoe Muskoka region, effective planning is essential to ensure the capacity exists to meet their specific needs. Services targeting persons living with dementia and their care partners are a key priority reflected in this plan. Exploring the reach of new and innovative technologies will continue to improve patient access and enable effective system navigation. An effective mechanism to advance this priority is through sub-region partnership where advisory/planning tables will examine population health needs and system capacity to inform local strategies.

⁶⁶ Office of the Minister, Ministry of Health and Long-Term Care. Patients first action plan for health care. Ministry of Health and Long-Term Care; 2015.

Goal 2.1: Continue to work with the LHIN's Patient and Family Advisory Committee (PFAC) to ensure the inclusion of patient and family perspectives in decision-making, with a particular focus on improving care transitions and supporting caregivers.

Consistency with Government Priorities

Strengthening the voice of patients and families to inform our system is a key component of the *Patients First Act, 2016* and a priority in the NSM LHIN region. In alignment with provincial efforts to elevate patient feedback, the NSM LHIN continues to evolve the work and mandate of our local Patient and Family Advisory Committee to better inform health system planning and care delivery.

In April 2017, the Ministry of Health and Long-Term Care increased its investment in respite care, given the significant number of individuals who are dependent on caregivers to remain in their homes and communities.⁶⁷ In alignment with provincial direction, the NSM LHIN will work to maximize current available resources to achieve the greatest benefit for family caregivers. Allowing caregivers respite is often the material support required to continue to maintain function for patients.

Action Plans and Interventions

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
2.1.1 Continue to develop and begin implementation of models that connect care coordinators with primary care and refine based on the outcomes achieved.	In Progress	Ongoing
2.1.2 Using RAI assessment outcomes, identify individuals who would benefit from caregiver respite and apply innovative service models to maximize current resources.	In Progress	Ongoing
2.1.3 Create a centralized access team to improve the patient experience and streamline the intake and referral workflow.	Completed	March 31, 2019

⁶⁷ Ministry of Health and Long-Term Care. News release – providing a helping hand to those caring for loved ones. Queen's Printer for Ontario; 2017.

Goal 2.2: Develop a regional dementia capacity plan to support persons living with dementia and their caregivers to live well in the setting of their choice.

Consistency with Government Priorities

A number of provincial policies and directives guide the provision of care and services for the seniors' population. A key area of emphasis for 2018/19, as identified in the Minister's Mandate Letter, is dementia services and supports. In 2016, the Ministry released a discussion paper to inform the development of a provincial strategy to support persons with dementia and their caregivers. In releasing the report, the Ministry aimed to consult with the public and service providers to better understand existing capacity, current best practices and required improvements to service delivery.⁶⁸

In alignment with the province's recently launched *Dementia Strategy* and the Ministry's capacity planning approach, the NSM LHIN will work with the Ministry and sector stakeholders to develop a regional dementia capacity plan.⁶⁹ The scope of this capacity planning work serves to advance the first two pillars of the *Dementia Strategy* by supporting those living with dementia and their caregivers to live well in their homes and local communities. Also supporting persons living with dementia is ongoing work aligned with the *Behavioural Supports Ontario* (BSO) initiative, which continues in North Simcoe Muskoka under the leadership of the region's Specialized Geriatric Services (SGS) program.⁷⁰

Action Plans and Interventions

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
2.2.1 In partnership with the Specialized Geriatric Services program, assess the implementation of the Behavioural Supports Ontario (BSO).	In Progress	Ongoing
2.2.2 Build local capacity to support people living with dementia through the expansion of adult day programs and provision of education. Evaluate the impact of the expanded programming.	In Progress	Ongoing
2.2.3 Facilitate and monitor the local implementation of the provincial Dementia Strategy in partnership with the Specialized Geriatric Services program.	In Progress	Ongoing

⁶⁸ Ministry of Health and Long-Term Care. Developing Ontario's dementia strategy: a discussion paper. Queen's Printer for Ontario; 2016.

⁶⁹ Ministry of Health and Long-Term Care. Ontario's dementia strategy. Queen's Printer for Ontario; 2017.

⁷⁰ Behavioural Supports Ontario. Provincial framework of care. BSO; 2011.

Goal 2.3: Partner with health care providers to identify local population health needs and to support the inclusion of health promotion strategies in integrated regional and sub-regional planning.

Consistency with Government Priorities

LHIN sub-regions were highlighted in the *Patients First Act, 2016* as a mechanism for LHINs and health and social service providers to collaborate and use population health data to improve planning and coordination of service delivery. Sub-regions were described as “focal points for population planning, service integration, and performance improvement”.⁷¹ As per the *Patients First Act, 2016*, LHINs are required to establish and formalize geographic sub-regions in their local health system for the purposes of planning, funding and service integration. There are five sub-regions in the NSM LHIN that were well established prior to the *Patients First Act, 2016* and all sub-regions have had a Health Links planning table in place for several years. Many valuable lessons learned through the Health Links work have informed the sub-region advisory/planning tables.

There has been a great deal of prioritized work undertaken at the overarching system level that supports creating capacity at a sub-region level and aligns with the mandate of improving planning and coordination of service delivery. Transitions in care are an area where primary care plays a significant coordination role to ensure effective communication between sectors. Working effectively across sectors is also evident in the LHIN plan in response to the opioid crisis that is experienced in all sub-regions. A regional Rapid Access Addictions Medicine (RAAM) program will be established with mobile clinics that will cover the entire NSM LHIN area. The balance between planning at a system and community level is critical to creating a coordinated care community and improving access to care.

The requirement under the *Patients First Act, 2016* to promote health equity, reduce health disparities and recognize the social determinants of health requires a broader consideration of the health of the population. This is aligned with the efforts of other ministries including the Ministry of Housing and the Minister Responsible for the Poverty-Reduction Strategy, as articulated in *Realizing Our Potential: Ontario's Poverty Reduction Strategy*.⁷² The provincial strategy has led to the release of a discussion paper *Finding a Better Way: A Basic Income Pilot Project for Ontario* and in turn this paper has become the focus of local work led by the Simcoe Muskoka District Health Unit and endorsed by the NSM LHIN.⁷³

In 2016, the Ministry of Health and Long-Term Care launched *Ontario's Smoking Cessation Action Plan* to prioritize supporting access to a coordinated system of smoking cessation services.⁷⁴

⁷¹ Patients First Act, 2016.

⁷² Government of Ontario. *Realizing our potential: Ontario's poverty reduction strategy*. Queen's Printer for Ontario; 2016.

⁷³ Segal, H.D. *Finding a better way: A basic income pilot project for Ontario*; Queen's Printer for Ontario; 2016.

⁷⁴ Ministry of Health and Long-Term Care. *Ministry reports: helping smokers quit*. Queen's Printer for Ontario; 2016.

Action Plans and Interventions

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
2.3.1 Sub-region development will be informed through the formation or continuation of its work where it exists of an advisory/ planning table with broad representation reflective of its population. The mandate of the table is to jointly plan for the sub-region through collaborative partnerships and to improve the patient experience through identification of gaps and developing innovative solutions.	In Progress	Ongoing
2.3.2 Each sub-region advisory/ planning table will either review or complete an assessment of the current programs and services offered through health and social services organizations, and create a prioritized work plan (inclusive of measures of success) to guide their work. Population health data will inform the plan and a patient-based design approach will be applied.	Completed	March 31, 2019
2.3.3 Partner with the Simcoe Muskoka District Health Unit and other stakeholders to support the implementation of an outreach strategy that enhances primary care providers' knowledge, attitudes and comfort towards supporting patients living in poverty across all sub-regions.	Completed	March 31, 2019
2.3.4 Partner with the Simcoe Muskoka District Health Unit to deliver a smoking cessation project across our region, initially focused on the education of health service providers working in acute care centres and establish indicators to monitor performance.	In Progress	March 31, 2020

Goal 2.4: Support the adoption of innovative health technologies and digital solutions across all sectors to improve patient access and navigation.

Consistency with Government Priorities

As a component of *Patients First*, the Ministry of Health and Long-Term Care introduced a *Digital Health Strategy* designed to support improved access to health information and services. Inherent in the plan is the requirement to strengthen quality and accountability while encouraging innovation. Each year, a *Digital Health Action Plan* is developed at a provincial level to articulate new priorities and drive delivery. Many provincial delivery partners collaborate with the Ministry and the LHIN to support the strategy. The strategy will span many years and evolve with the system. Successful implementation will advance the objectives of *Patients First* and will establish accountability for integrated stewardship of provincial digital health assets.

In North Simcoe Muskoka, health service provider input into local delivery is achieved through active participation at the NSM LHIN eHealth Advisory Committee. In alignment with the strategy, the NSM LHIN will support the expansion of virtual models of care such as Telehomecare and Telemedicine. The NSM LHIN eHealth team has been engaged at a provincial table convened to design an eReferral strategy for the province. The LHIN is also working with the Ministry and other stakeholders to determine the mechanisms that will allow for effective implementation of the Hospital Information System (HIS) renewal guidelines.

Action Plans and Interventions

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
2.4.1 In alignment with the provincial guidelines and direction, provide oversight to Hospital Information System (HIS) renewal and partnership decisions.	In Progress	Ongoing
2.4.2 Participate in the design of a provincial eReferral Strategy.	In Progress	March 31, 2019
2.4.3 Promote the expanded use of virtual models of care and/or digital self-care models that are consistent with provincial initiatives.	In Progress	Ongoing



Integrated Health Service Plan Strategic Priority:

3.0 Drive System Sustainability

Description of the Priority

Transparency and public accountability with respect to health system funding and performance are described in the legislation that guides the work of the LHINs. Included is the responsibility to evolve the health care system and implement sustainable, equitable delivery approaches. In this context, sustainability is inclusive of financial resources, human resources and system infrastructure. Of note with respect to system infrastructure, long-term care home redevelopment, as described in this plan, will ensure that facilities in the region meet current design standards and codes. Reflecting the LHIN's commitment to equitable service delivery and outcomes, planning/advisory tables will be representative of their local constituents. Efforts will also be directed at ongoing engagement with and inclusion of the region's Indigenous and Francophone populations to inform system planning. Sustainability is also supported through a commitment to continuous quality improvement and evidence-informed care. Locally, the Regional Quality Advisory Council oversees this work, including the implementation of the clinical quality standards.

Goal 3.1: Work with our partners to address regional priorities, guided by a focus on equity, continuous quality improvement and outcomes-based care delivery.

Consistency with Government Priorities

The *Local Health System Integration Act (LHSIA)*, 2006, requires that the province's health care system 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." *LHSIA* also mandates that LHINs "recognize the role of First Nations and Aboriginal peoples in the planning and delivery of health services in their communities."⁷⁵ Further to these provisions, the *Patients First Act*, 2016 includes a requirement for LHINs "to promote health equity, including equitable health outcomes, to reduce or eliminate health disparities and inequities, to recognize the impact of social determinants of health, and to respect the diversity of communities and the requirements of the French Language Services Act in the planning, design, delivery, and evaluation of health services." This obligation strengthens the provisions of *LHSIA* as it relates to health equity and recognizes a broader definition of health that includes the social determinants of health.

The NSM LHIN's ongoing partnership with the local French Language Health Planning Entity, Entité 4, aims to ensure that issues relevant to the Francophone population are reflected in system level planning. With the release of *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*, the Ministry of Health and Long-Term Care also committed to meaningful engagement with Indigenous partners across Ontario. This engagement is occurring through a parallel process that aims to increase Indigenous inclusion in the health care system and improve access to culturally appropriate services. The NSM LHIN's initiatives align with the provincial commitment, as well as reflecting the ongoing work of the region's Aboriginal Health Circle.

The *Excellent Care for All Act (ECFAA)*, came into effect in 2010 and established a number of requirements for health care organizations.⁷⁶ *ECFAA* laid the foundation for evidence-based care and patient-centred funding, as well as broadening the mandate for the Ontario Health Quality Council (now Health Quality Ontario). In 2015, HQO and the LHINs initiated partnerships to advance quality at the regional level through the establishment of Regional Quality Tables. The Regional Tables were intended to provide a mechanism to build local foundations for quality and improve alignment between regional and provincial strategic directions.

The NSM LHIN established its Regional Quality Advisory Council in 2016, in partnership with HQO. This group provides a forum for advancing the foundations of clinical quality improvement in support of the NSM LHIN Integrated Health Service Plan. It also serves as an important mechanism for clinical leadership to achieve progress and momentum on quality in alignment with the work of the NSM LHIN Quality Improvement Network and the NSM LHIN Leadership Council. This table is a valuable resource for the NSM

⁷⁵ Ontario, Local Health System Integration Act, 2006, S.O. 2006, c. 4.

⁷⁶ Excellent Care for All Act, 2010, S.O. 2010, c. 14

LHIN, as it provides a venue to discuss performance improvement, align efforts across sectors, and share best practices throughout the region. The *Patients First Act, 2016* expanded HQO's mandate to include overseeing the development of consistent clinical standards and driving best practice implementation through the Ontario Quality Standards Committee. The Regional Quality Advisory Council is a means of ensuring that local clinicians and NSM LHIN clinical leadership have an opportunity to inform clinical standard development and to support local implementation work.

Action Plans and Interventions

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
3.1.1 Apply the HQO quality standard for wound care in each sub-region through the advisory/planning table. Measure the efficacy of the standard and its impact on patient outcomes.	Completed	March 31, 2019
3.1.2 Facilitate the local implementation of HQO's clinical quality standards based upon local population health needs and NSM LHIN priorities in partnership with HQO, health service providers and other stakeholders.	In Progress	Ongoing
3.1.3 Work with the Regional Quality Advisory Council to develop a culture of quality throughout our LHIN and to provide oversight to the LHIN council structure on the development of actions in alignment with improving transitions in care.	In Progress	Ongoing
3.1.4 Engage representatives from the Indigenous urban and First Nations communities at the sub-region planning tables.	Completed	March 31, 2019
3.1.5 Continue to implement the LHIN strategy for ongoing and meaningful engagement with and inclusion of Indigenous communities.	In Progress	Ongoing
3.1.6 Continue to facilitate the provision of Indigenous Cultural Safety training to health service providers.	Completed	March 31, 2019
3.1.7 Continue to implement the Joint Action Plan objectives in partnership with Entité 4, focusing on supporting HSPs working towards French language service identification or designation.	In Progress	Ongoing
3.1.8 Evaluate how effectively health service providers deliver on "active offer" to the Francophone community.	In Progress	March 31, 2020
3.1.9 In partnership with Entité 4, complete an inventory of French language health service capacity across each sub-region.	Completed	March 31, 2019
3.1.10 Support the implementation of accountability agreement changes specific to French language services, once amended.	Completed	March 31, 2019

Goal 3.2: Improve operational efficiency and effectiveness and continue to ensure accountability for current investments.

Consistency with Government Priorities

Creating a health care system that is sustainable is the responsibility of all organizations that constitute the health sector. Inherent in sustainability, is accountability for investments and performance. Responsible fiscal management must be demonstrated through transparency. During the transition process of *Patients First*, LHINs were expected to achieve eight percent administrative savings. Opportunities for financial and process efficiency have already been identified through working collaboratively with Health Shared Services Ontario (HSSOntario). Prudent management of resources requires targeting funding to services that improve patient outcomes in an efficient and effective manner.

Since their inception, LHINs have been accountable for meeting health system performance targets and monitoring existing investments. The LHIN monitors performance indicators for existing programs and also supports new programs in establishing evaluation criteria and metrics. In the NSM LHIN, the five Health Links tables will work collaboratively with the LHIN to deliver on performance targets and develop a sustainable model of service delivery that is integrated with sub-region planning.

Reliable and current health system data is a key dependency for accountability. The LHIN will continue to foster the development of its integrated data repository, the NSM Community Health Information Portal (nsmCHiP), as an emerging source of real-time system and patient level data.

Health human resource shortages are an emerging concern that has the potential to negatively impact the sustainability of the health system. Informative work has been undertaken to appreciate the early impacts of the personal support worker shortage currently experienced both provincially and locally. This work will be shared provincially to inform the work of other regions. Health human resource capacity planning will be examined at a provincial level and tools will be developed that LHINs will apply locally. The NSM LHIN is actively involved in this provincial work.

Action Plans and Interventions

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
3.2.1 Collaborate with the five Health Links to develop a sustainable model of service delivery that allows them to effectively meet their performance targets.	Completed	March 31, 2019
3.2.2 Develop and implement strategies to improve participation in nsmCHiP by health service providers, thereby expanding its use for health service reporting and analysis.	In Progress	Ongoing

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
3.2.3 Continue to work with impacted sectors to test innovative solutions to the current lack of PSW capacity at the sub-region level, while contributing to the development of tools and resources as a member of the provincial health human resource (HHR) working group, designed to support measuring and managing health human resource capacity broadly at a LHIN and sub-region level.	In Progress	Ongoing
3.2.4 Work with HSSOntario to find efficiencies and cost savings through group purchasing and back office integration.	In Progress	Ongoing

Goal 3.3 Work in partnership with the Ministry and long-term care home operators to strengthen the sector, including long-term care home redevelopment.

Consistency with Government Priorities

There are a number of provincial policies and directives that serve to strengthen services for seniors. A key priority identified in the 2018/19 Minister's Mandate Letter is work aligned with the long-term care sector, including redevelopment. As acknowledged by the Ministry, the long-term care sector is a key contributor to delivering on the *Patients First: Action Plan for Health Care*.⁷⁷

In 2014, the Ministry of Health and Long-Term Care announced the *Enhanced Long-Term Care Home Renewal Strategy*, which applies to approximately 30,000 eligible long-term care home beds in the province that have yet to be redeveloped under the original *Long-Term Care Renewal Strategy*.^{78,79} The primary role of the LHIN in supporting this provincial initiative will be to analyze the need for long-term care beds at the regional and sub-regional levels and to support equitable distribution of these beds in the future state. Following the implementation of the Inter-RAI assessment tool and its functionality, the LHIN will implement the new algorithms for long-term care placement.

Action Plans and Interventions

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
3.3.1 Implement the new LTC Appropriateness of Care and Crisis algorithms with the introduction of the Inter-RAI assessment functionality.	Completed	March 31, 2019
3.3.2 Continue analysis of the demand for long term-care beds at the regional and sub-regional levels to support redevelopment and capacity planning.	In Progress	Ongoing

⁷⁷ Ministry of Health and Long-Term Care. *Patients first: action plan for health care*. Officer of the Minister, Ministry of Health and Long-Term Care; 2015.

⁷⁸ Ministry of Health and Long-Term Care. *Enhanced long-term care home renewal strategy*. MOHLTC; 2014.

⁷⁹ Ministry of Health and Long-Term Care. *Long-term care home development: long-term care home renewal strategy (phase1)*. MOHLTC; 2007.

LHIN-Delivered Home and Community Care

Goal 4.1 Continue to improve wait times and quality of care for patients who are receiving home and community care services.

Consistency with Government Priorities

One of the four pillars of the *Patients First: Action Plan for Health Care* is to deliver better coordinated and integrated care in the community, closer to home.⁸⁰ The *Patients First Act, 2016* operationalizes and legislates these principles to enable the health care system to build on progress and further advance system transformation. The NSM LHIN, like all LHINs across the province, is working with local stakeholders to optimize patient outcomes and protect system sustainability. Home and community care will evolve in alignment with the provincial statement of values: to deliver “patient-centred home care that is responsive, collaborative, transparent and flexible.”⁸¹

Putting the patient voice at the centre of health care planning and delivery is essential for the LHIN to improve delivery of home and community care. The LHIN will work with our primary care and mental health and addictions partners to better integrate the sectors and ensure safe and seamless transitions. In particular, the NSM LHIN will continue to work with our sub-region partners to improve the experience of transition for complex patients discharged from hospital to home.

We will also streamline the assessment process, reducing duplication and ensuring that patients only have to tell their story once. North Simcoe Muskoka will work with other LHINs to improve consistency of services so that residents know what to expect with respect to care delivery. This will include implementation of the Levels of Care Framework which considers the work of the Levels of Care Expert Panel. Also to be implemented in 2018/19 is Self-Directed Care, in alignment with Self-Directed Personal Support Services Ontario.⁸² Included in this work is a strategy at the sub-region level to align contracted service providers, decreasing the number of individuals or agencies involved in patient care thereby improving consistency and continuity of care.

The LHIN will ensure that wound care and palliative care are advanced in each sub-region through a more deliberate integration of primary care, direct nursing programs, and care coordination, in alignment with provincial direction. As relationships between primary care and Care Coordinators mature, additional opportunities for improvement will be identified and leveraged to improve the patient experience and to reduce caregiver distress.

Finally, the NSM LHIN is committed to supporting the provision of culturally and linguistically appropriate care. The internal LHIN FLS Committee is working to enhance

⁸⁰ Office of the Minister, Ministry of Health and Long-Term Care. *Patients first: action plan for health care*. Ministry of Health and Long-Term Care; 2015.

⁸¹ Ministry of Health and Long-Term Care. *Home and community care, putting patients and caregivers first*. Queens Printer for Ontario; 2017.

⁸² Levels of Care Expert Panel. *Thriving at home. A levels of care framework to improve the quality and consistency of home and community care for Ontarians*. Queen's Printer for Ontario; 2017.

our intake processes and improve communication of patient preferences during transitions in care.

Action Plans and Interventions

Action Plans and Interventions	Expected Status (as of March 31, 2019)	Expected Completion Date
4.1.1 Optimize the match between the supply of persons available to provide personal support services (PSS) and demand for those services in home and community care.	In Progress	Ongoing
4.1.2 Launch regionally integrated Medical Assistance in Dying (MAID) models that deliver sufficient patient access and support to health service providers and caregivers.	Completed	March 31, 2019
4.1.3 Realign patient service contracts such that each provider is delivering the full basket of services within a sub-region.	In Progress	Ongoing
4.1.4 Develop and implement a resource management model that supports Care Coordinator decision-making and ensures spending remains within budgetary constraints.	Completed	March 31, 2019
4.1.5 In alignment with provincial direction and priority patient groupings, advance self-directed care.	In Progress	Ongoing
4.1.6 Increase awareness and compliance with the French Language Services Act requirements specific to the delivery of home and community care services through the work of the NSM LHIN internal FLS Committee.	In Progress	Ongoing
4.1.7 Develop enhanced intake processes that effectively identify the linguistic needs of home and community care patients at the first point of contact, supporting access to services in French.	Completed	March 31, 2019
4.1.8 Develop enhanced intake processes that effectively identify the Indigenous culture of home and community care patients at the first point of contact, supporting the provision of culturally safe care.	Completed	March 31, 2019
4.1.9 Plan for and implement the interRAI-HC assessment tool and associated business processes and decision tools as per the provincial implementation schedule, ensuring that patients are assessed and re-assessed within required time frames.	Completed	March 31, 2019
4.1.10 Participate in provincial work to inform development of the implementation plan to support roll out the Levels of Care Framework.	In Progress	Ongoing

French Language Services (FLS)

The NSM LHIN works to ensure that Francophones in the region can access timely and appropriate health services and programs in French. This work promotes inclusiveness and diversity by providing the ability for people to speak their first language when they require health care services. The LHIN's goal is to ensure that health service planning reflects the needs and priorities of the Francophone population, which in North Simcoe Muskoka represents 2.8% of the total population, or close to 12,000 people.

Under the *French Language Services Act*, designation refers to legal recognition of an agency's ability to offer French language services in accordance with criteria established by the Ministry of Francophone Affairs.⁸³ Georgian Bay General Hospital (GBGH) received partial designation in July 2017. The LHIN and Entité 4 continue to support GBGH and the local community to ensure information regarding services available in French are accessible to the public. CHIGAMIK Community Health Centre (CHC) has submitted a request for partial designation and continues to engage with the Francophone community and local partners to find innovative ways to support French language service provision. There are also seven health service providers in North Simcoe Muskoka that are currently 'identified' to move towards French language service designation.

A continued partnership with the local French Language Health Planning Entity (Entité 4) is key to advancing the LHIN priority of meeting the needs of the Francophone community. The primary role of Entité 4 is to support engagement of the Francophone population by soliciting feedback regarding health needs and priorities, health services available, and the potential identification of organizations for French language services. Feedback from the community can then be used as the foundation for evidence-informed and patient-centred planning in each of the sub-regions.

The NSM LHIN partnered with Entité 4 in 2017/18 to develop FLS performance indicators. The LHIN undertook a review and assessment of obligations regarding FLS reporting and will continue to work with the province to ensure all future service accountability agreements (SAAs) clearly outline French language service obligations. Additionally, the LHIN has introduced a new FLS reporting tool which will support stronger accountability on the part of local HSPs, as well as informing sub-region planning. To assist HSPs with planning of health services that meet the needs of their Francophone patients, the LHIN and Entité 4 have developed a brochure to support organizations in the identification of French-speaking patients.

In 2017/18, a partnership between the CHIGAMIK CHC, the Barrie CHC, and the South Georgian Bay CHC was implemented to improve access to French language services across the entire NSM LHIN region. The partnership enabled the development of a health promotion program with workshops on chronic disease and pain management

⁸³ Ontario, French Language Services Act, R.S.O. 1990, c. F.32

offered in French in communities where they were previously unavailable. This was the first time in Ontario that community health centres within one LHIN region partnered to support the improvement of services in French.

The expression “active offer” refers to the steps taken to ensure that French language services are readily available, accessible and visible, and that the quality of these services is comparable to services in English. In 2018/19, as a component of ‘active offer,’ the LHIN will work to increase awareness of *French Language Services Act* requirements among its Home and Community Care staff, and will work to enhance their ability to offer services in French. The LHIN’s internal French Language Services Committee has created a work plan in order to strengthen compliance both within the organization as an employer, and in our role with our contracted service providers. The LHIN will also partner with Entité 4 in 2018/19 to develop an education model for NSM LHIN staff and HSPs to increase awareness of requirements under the FLSA.

Community engagement efforts with Francophones in our region will be increased over the coming fiscal year to enable the achievement of LHIN deliverables in a manner that is responsive to the needs of the community. Engagements will also ensure the voices and priorities of Francophones are heard in preparation for our next Integrated Health Service Plan. Please see details of these efforts in the Community Engagement strategy found later in this report.

Indigenous Peoples

Indigenous peoples represent 4.2% of the total population in North Simcoe Muskoka. The NSM LHIN funds a variety of services through six organizations that specifically serve individuals who identify as Indigenous. The LHIN also has many stakeholder partnerships across ministries and with organizations that are not LHIN-funded. Partnership and engagement with Indigenous peoples helps to ensure that LHIN work continues to be informed by their needs and perspectives and that traditional practices and the unique cultural needs of these populations are honoured and incorporated. The NSM LHIN works closely with Indigenous partners in the development of our Integrated Health Service Plan (IHSP) which guides the operational work outlined in this ABP. The NSM LHIN also makes concerted efforts to have individuals who identify as Indigenous participate in all LHIN sub-region planning and engagement efforts.

Indigenous Cultural Safety Training plays an important role in developing cultural competency and promoting partnerships with Indigenous peoples. To date, the LHIN has supported over 208 participants in completing this training. Additionally, Cross Cultural Safety Training is offered by the Barrie Area Native Advisory Circle (BANAC) for health service providers in the region. The NSM LHIN requires that all staff participate in Indigenous cultural training.

In 2016/17, 16 organizations in the NSM LHIN, including those that specifically serve individuals who identify as Indigenous participated in collecting data to support identification of their Indigenous patients. The Indigenous population is the fastest growing segment of the Canadian population.⁸⁴ Proper identification of self-reporting Indigenous patients will support evidence-informed and patient-centred planning in each sub-region. As work at the sub-region level evolves in 2018/19, the inclusion of Indigenous perspectives will continue to be a priority.

A respectful partnership between Indigenous and non-Indigenous health partners is key in supporting equitable health outcomes in the NSM LHIN. In 2017/18, the NSM LHIN underwent a planning process for the future allocation of 56 new supportive housing subsidies. Both Indigenous and non-Indigenous LHIN-funded care providers came together to determine how the allocation of these new resources would best meet community needs. The result of this partnership was the identification of eight Indigenous-specific supportive housing units to be implemented across the region, supported by the Enaahhtig Healing Lodge.

In 2017/18, the NSM LHIN participated in an environmental scan on Beausoleil Island which identified a gap in access to patient consultation support. The LHIN supported the Beausoleil First Nation to develop and submit a proposal to the Ontario Telemedicine Network (OTN) to improve access to services through telemedicine. The proposal was

⁸⁴ Statistics Canada, [Projections of the Aboriginal populations, Canada, Provinces and Territories](#).

accepted by OTN and work is currently underway to develop the required clinical programming. Additionally, in 2017/18, the NSM LHIN provided one-time funding for a First Nation, Métis, and Inuit (FNMI) Patient Navigator. The navigator will function as a liaison between the patient, their family, the health care team and community resources. There are many aspects to this role, including working directly with patients to identify their needs and advocating on their behalf throughout the continuum of care. The project continues into the 2018/19 fiscal year.

In June 2017, the Ministry of Health and Long-Term Care invited Indigenous organizations to apply for funding to develop and implement an Indigenous Interprofessional Primary Care (IPC) team. The NSM LHIN participated in discussions with Indigenous communities which led to the development of a proposal by BANAC, endorsed by the Aboriginal Health Circle. The LHIN will continue to work with BANAC on this initiative and in 2018/19 will encourage Indigenous participation in primary care planning.

The NSM LHIN actively seeks opportunities to include members of Indigenous communities on both our Board of Directors and our Patient and Family Advisory Committee. Recently, the NSM LHIN has amended the Oath of Office for staff to recognize our commitment to Reconciliation with Indigenous peoples.

The NSM LHIN also endeavours to include Indigenous representatives at local planning tables to identify needs, plan and implement strategies that support increased access to services for Indigenous community members. These tables include Mental Health and Addictions, Seniors' Health, Home and Community Capacity, Health Links Community of Practice, and the North Simcoe Muskoka Hospice Palliative Care Network.

An Aboriginal System and Health Links Coordinator supports the region and the LHIN in identifying new opportunities and areas for system improvement that support Indigenous peoples. The Coordinator acts as a key resource in championing local initiatives and engagement for the purpose of identifying regional gaps, needs, and successes. This role also provides education and increases community awareness of Health Links to support individuals with Indigenous-specific care plans.

The NSM LHIN will continue to engage members of the Indigenous community in 2018/19 through a variety of settings and activities, described in the Community Engagement section of this plan. This will include a spring engagement between the NSM LHIN Board and Chiefs and Councils of the four First Nations communities in NSM to further develop collaborative relationships to inform planning.

Performance Measures

The North Simcoe Muskoka LHIN is acutely aware of the need to monitor and measure success in achieving its priorities because it holds a distinctive role in managing, coordinating, integrating and, more recently, delivering health care services.

As such, the LHIN has established systems to examine not only its performance on the indicators identified in the Ministry-LHIN Accountability Agreement, but also its progress on implementing local initiatives. Performance is monitored through scorecards, dashboards and regularly produced reports. These scorecards and dashboards are organized under various categories and for selected audiences to reflect desired milestones, targets and outcomes for the LHIN's priorities.

1.0 Improve Access to Appropriate Care

Measure	Baseline	Target	Goal Alignment
Readmissions within 30 days for selected HIG conditions	17.2% (Q4 2016/17)	15.5%	1.1
Rate of emergency visits for conditions best managed elsewhere	7.3% (Q4 2016/17)	Monitoring indicator only	1.1
Percent of discharged acute care patients who have had a follow-up with a physician within 7 days of discharge	42.56% (Q4 2016/17)	Monitoring indicator only	1.1
Hospitalization rate for ambulatory care sensitive conditions	115.68 per 1,000 population (Q4 2016/17)	Monitoring indicator only	1.1
Number of LHIN engagements involving primary care	N/A	Baseline to be established in 2018/19	1.1
Percent of priority 2,3, and 4 cases completed within access targets for hip surgery	76.4% (Q4 2016/17)	90%	1.2
Percent of priority 2,3, and 4 cases completed within access targets for knee surgery	83.6% (Q4 2016/17)	90%	1.2
ALC rate	14% (Q4 2016/17)	12.7%	1.2
Percent ALC – Discharged patients	28.6% (Q4 2016/17)	9.46%	1.2
Number of joint patient referrals to Centralized Intake Access Clinic per population by sub-region	1379 patients all sub-regions (Q4 2016/17)	1209 / quarter	1.2
Number of NSM registered eConsult requesting clinicians (cumulative to date)	227 (October 2017)	280	1.3
Number of NSM registered specialists for eConsult (cumulative to date)	7 (October 2017)	30	1.3
Number of eConsults sent quarterly by referring clinicians	50 (up to Q2 2016/17)	100	1.3
Repeat unscheduled emergency visits within 30 days for substance abuse conditions	20.3% (Q4 2016/17)	22.4%	1.4

Measure	Baseline	Target	Goal Alignment
Number of Supportive Housing Rental Supplement Units operating in NSM LHIN	48 (2017/18)	104 (by 2019/20)	1.4
Number of FTEs for Supportive Housing Rental Supplement initiative	6 (2017/18)	13 (by 2019/20)	1.4

2.0 Build Capacity and Enhance Coordination

Measure	Baseline	Target	Goal Alignment
Overall Home and Community Care experience (Client and Caregiver Experience Evaluation Survey results)	88% (Annual result Q3 2016/17 – Q2 2017/18)	2018/19 target 92.2%	2.1
Behavioural Services Ontario – number of new referrals accepted	446 (2016/17)	534	2.2
Specialized Geriatric Services program – Group participant attendance (both registered and non-registered)	862 (2016/17)	1150	2.2
Number of disparate HIS systems / instances within the region	4 (2017/18)	Maintain for 2018/19	2.4
Number of clinical telemedicine events facilitated by LHIN-funded Telemedicine Nurse Coordinators	17,969 (2016/17)	20,000	2.4
Number of patients enrolled in Telehomecare	464 (anticipated 2017/18 based on YTD actuals)	400	2.4

3.0 Drive System Sustainability

Measure	Baseline	Target	Goal Alignment
Percentage of patients with diabetic foot ulcer closed within 12 week period (HQO wound care standard)	N/A	Baseline to be established in 2018/19	3.1
Number of agencies that completed the FLS report (planning scope)	63 (2016/17)	55*	3.1
Number of FLS community engagement activities or consultations organized by, or in partnership with the LHIN	10 (up to Q3 2017/18)	15	3.1
Number of health service providers collecting data related to client identification as Francophone (building scope)	Not available**	19	3.1
Number of HSPs organizations attending “active offer” education sessions offered by Entité 4	2 (2016/17)	3	3.1
Number of Indigenous members participating at sub-region planning tables (by sub-region)	N/A	1	3.1

Measure	Baseline	Target	Goal Alignment
Number of Indigenous engagements that the NSM LHIN Indigenous Lead supports	4 (2017/18)	5	3.1
Number of Health Professionals who have completed the Indigenous Cultural Safety Training	202 (up to Q3 2017/18)	300	3.1
Number of NSM LHIN staff who have completed the Indigenous Cultural Safety Training	20 (up to Q3 2017/18)	50	3.1
Number of system level reports available in NSM Community Health Information Portal (nsmCHiP)	1 (2016/17)	25	3.2
Number of agencies contributing data to NSM Community Health Information Portal (nsmCHiP)	8 (2016/17)	12	3.2
Number of Coordinated Care Plans completed for each Health Link	(2016/17) Barrie – 424 Couchiching – 115 Muskoka- 92 North Simcoe – 92 South Georgian Bay - 146	150 per Health Link	3.2

* This reflects all current NSM LHIN health service providers, with the exception of those that specifically serve the Indigenous population

** Baseline not available due to reporting irregularities

4.0 LHIN-Delivered Home and Community Care

Measure	Baseline	Target	Goal Alignment
5 day wait time for personal support for complex patients	88% (Full year data Q3 2016/17 – Q2 2017/18)	Monitoring indicator only	4.1
Referral / acceptance rate (visit)	94-100% (Q2 2016/17)	94%-97%	4.1
Missed care	0.23% (Q4 2016/17)	0.05%	4.1
Percent of LHIN referrals from Medical Assistance in Dying Care Coordination Service (CCS) actioned within 1 business day	N/A	Baseline to be established in 2018/19	4.1
Percent of LHIN referrals from Medical Assistance in Dying Care Coordination Service (CCS) actioned within 14 days	N/A	Baseline to be established in 2018/19	4.1
Number of clinicians accepting consultations from Medical Assistance in Dying Care Coordination Service (CCS)	N/A	Baseline to be established in 2018/19	4.1
Percentage of complaints received by LHIN home and community care services acknowledged within two business days	N/A	Baseline to be established in 2018/19	4.1

Risks and Mitigation Strategies

The NSM LHIN supports a strong risk management culture and recognizes the importance of understanding and managing risks within the organization's risk tolerance. The NSM LHIN's Enterprise Risk Management (ERM) Framework incorporates risks related to the achievement of the LHIN's strategic and operational plans and health service provider obligations under service accountability agreements. The framework also incorporates the internal operations of the LHIN, including the delivery of home and community care. The LHIN's risk management cycle ensures that this work is embedded at all levels of the organization, including change management initiatives and performance management and accountability processes.

The risks and mitigation plans identified in this Annual Business Plan are risks that may impact the LHIN's ability to achieve its three strategic priorities and defined goals. This information will be included in the organizational risk register for Executive Management and Board oversight. It is also expected as part of our risk management practice that further risk identification and assessment will take place during the planning and implementation of each action identified within the plan. Additional mitigation strategies will be considered and reflected in the organization's operational work plans.

1.0 Improve Access to Appropriate Care

Goal	Risks	Mitigation Strategies
1.1	The NSM LHIN continues to identify gaps in access to interprofessional primary care (IPC) teams, including improved access for marginalized and vulnerable populations.	Based on existing data, ensure efforts are focused on reducing disparate access, specifically targeting marginalized and vulnerable populations which may be underestimated in the general population data.
1.1	The toolkit provided for the purpose of primary care capacity planning may not fully align with the information and resources available at a LHIN level.	The LHIN is able to assess capacity by aligning work with external partners who have the expertise and mandate to ensure success of this project. Continue to work closely with HealthForceOntario (HFO) and the Ministry to inform the process.
1.1 and 1.2	Significant engagement / participation by stakeholders including hospitals, primary care and other health system partners is necessary to support successful planning and implementation of new innovations in patient care.	A comprehensive change management and stakeholder engagement framework is required and will identify opportunities to influence, obtain and retain participation from appropriate partners and stakeholders. Standard language and a conflict resolution process is to be included within the framework. Continue to strengthen relationships with provincial primary care associations and regulatory bodies and their local representatives to ensure alignment in transformation efforts. Support sub-region clinical lead participation in planning with physicians and primary care providers to establish credibility and to address potential barriers that will support a patient versus provider focus. Develop a physician engagement strategy for the region.

Goal	Risks	Mitigation Strategies
1.1 and 1.2	If timely and valid data relating to access and patient outcomes is difficult to collect, analyze and share across providers, then it also becomes difficult to plan based on evidence and to provide the appropriate level of monitoring and oversight.	Collaborate with the Ministry of Health and Long-Term Care, the five regional Health Links and primary care and local partners to simplify data collection, improve sharing across providers, and strengthen data quality.
1.2	Current organizational structures and processes may be a barrier to supporting the development of regional surge plans that address variable capacity planning and expected surge periods.	Work with organizations to develop a variable planning cycle based on predictable surge capacity. Expand planning beyond hospitals to include primary care and community care. Align incentives and funding with regional participation and implementation of the regional surge plan. Ensure policies for capacity planning support each organization's commitment to variable capacity planning with expected times/seasons of surge.
1.2	Alternate levels of care (ALC) rates highlight complexities of how the system is connected and accessed; ongoing system challenges will continue to exert pressures on ALC management.	Through the work of the ALC Steering Committee, continue to regularly monitor ALC rates across the LHIN. Work to identify ongoing innovative strategies with stakeholders, with particular emphasis on strategies that reduce reliance on personal support capacity.
1.3	Competing priorities and limited resources may impact each hospital's ability to increase capacity to improve access to current services (e.g. MRI, CT) and to support integrated clinical care.	A comprehensive change management and stakeholder engagement framework is required and will identify opportunities to influence, obtain and retain participation from hospital partners. Standard language and a conflict resolution process is to be included within the framework as well as direction on how funding can be requested from the LHIN. Foster collaboration among the acute care hospitals for endorsement and commitment to timelines.
1.4	Access to supportive housing units for mental health and addictions may be limited due to low vacancy rates within the NSM LHIN region and subsequent lack of available units.	The NSM LHIN is working with the County of Simcoe and the Ministry of Health and Long-Term Care to identify opportunities to leverage or support new opportunities to increase housing stock.

2.0 Build Capacity and Enhance Coordination

Goal	Risks	Mitigation Strategies
2.1	Burnout is a risk for unpaid caregivers who are not able to access respite. If respite services are not provided when needed, caregivers may become overwhelmed and unable to continue to provide support. This may result in the requirement for additional services.	Knowledge of the degree to which unpaid caregivers are providing support is gained through the assessment process. The LHIN uses this information to maximize the distribution of respite services across the greatest number of patients.
2.2	With the focus of the dementia strategy and provincial Behavioural Supports Ontario (BSO) funds directed to the long-term care (LTC) sector, there may be an increased demand for LTC beds.	HSPs continue to apply for community funding for initiatives aligned with the local BSO strategy to allow for increased services supporting people to remain in the community. Continue to focus on the development and implementation of key aspects of the strategy locally, aligned with current funding.

Goal	Risks	Mitigation Strategies
2.3	The NSM LHIN plans to partner with the Simcoe Muskoka District Health Unit to deliver a smoking cessation project across the region, starting with hospitals. Indicators will be established to monitor performance, however current priorities and pressures at hospital sites may impact their ability to fully participate.	Provision of an education session regarding a successful implementation in the Champlain LHIN and lessons learned.
2.3	With the lack of data or information to assess the current state of the system in each sub-region, particularly data specific to the continuum of care, the sub-region advisory and planning teams may be challenged in their ability to establish priorities for improvement.	The advisory / planning table will need to incorporate the information that is available, understanding it may not be as current or fulsome as desired. Each participating organization will be required to contribute data it holds to inform the assessment. A consistent decision-making approach will be applied to prioritization.
2.4	The requirement for LHINs to participate in and provide oversight of Hospital Information System (HIS) decision-making may challenge the relationship between the LHIN and its hospital partners.	This risk is being mitigated through discussion of the HIS renewal guidelines at the LHIN eHealth Advisory Committee. New functional centres are also being introduced for hospital reporting to allow the LHIN to track HIS expenditures.
2.4	Timelines associated with the implementation of the provincial e-Referral Strategy may be negatively impacted by the ability of each participating organization in NSM to commit resources.	Additional resources and subject matter expertise may help to reduce this risk.

3.0 Drive System Sustainability

Goal	Risks	Mitigation Strategies
3.1	Members of Indigenous communities have expressed challenges in participating in LHIN planning and concerns regarding the value of their participation and feedback. This may negatively impact their ongoing participation at the sub-region planning tables and continued opportunities for meaningful engagement with Indigenous communities.	Continued focus on relationship building and identification of barriers to Indigenous community member engagement. Identify alternative mechanisms to support ongoing engagement at the sub-region level. Provide regular feedback regarding how the Indigenous perspective garnered through engagements has been reflected in LHIN work to demonstrate value.
3.1	Health service providers are managing multiple competing priorities, which may impact resources dedicated to French language service (FLS) requirements. Challenges in recruiting and retaining adequate numbers of French speaking staff may impact identification or designation of HSPs.	Reduce impact by encouraging participation of health service providers at the NSM FLS Community of Practice to improve the sharing of strategies and resources, including best practices for recruitment of bilingual staff. Identify resources and tools such as "active offer" workshops to support HSPs in moving forward with implementation of FLS.

Goal	Risks	Mitigation Strategies
3.1	The volume of clinical quality standards released by HQO may prohibit LHINs fully implementing all recommendations for adoption of standards. The LHIN will embark on a process of prioritization with respect to sequencing of implementation. The release of standards with recommendations without full local implementation may negatively impact quality of care.	Although not directly accountable for implementation, the LHIN will partner with HQO and will disseminate each standard to key stakeholders for action. The LHIN will establish processes to monitor implementation.
3.1	Stakeholder expectations regarding the pace of change may not be aligned with the work required to support sustainable system change.	Manage stakeholder expectations through a comprehensive communications strategy, including extensive engagement targeting all stakeholders. The importance of sustainable change and the value of quality evidence to inform change efforts will be critical components embedded in the strategy.
3.2	Challenges in personal support capacity in North Simcoe Muskoka (and elsewhere in the province) may negatively impact drivers of system transformation and achievement of key indicators such as ALC, patient safety and experience. Implementation of strategies may not be timely enough to manage current capacity pressures.	The LHIN has undertaken a personal support capacity project including the engagement of stakeholders within home and community care, community support services, long-term care and educational institutions to understand key drivers and identify actions that can be taken locally and provincially to mitigate this potential issue. Introduce pilot tests of change as soon as able and prioritize investigating models of care delivery that are less reliant on personal support workers (PSWs).
3.2	Disparate software systems in the community support services (CSS) sector, combined with frequent staff turnover, create challenges for increasing CSS participation in nsmCHiP for system reporting and analysis.	The LHIN will explore the opportunity to work with CSS providers to move towards a common and current client management system. The LHIN will also consider adding nsmCHiP participation to accountability agreements and to all new funding letters. This would significantly reduce project resources needed to increase HSP participation. With governance review, and the integration of the CCAC and the LHIN, there is already a potential need for a master service agreement (MSA) refresh. This refresh could be used to clarify and expand potential value added by participation.
3.2	The five Health Links (HL) have continued to work collaboratively to develop a sustainable model that supports program stability, and have been challenged to create a model that integrates fully with existing programs.	The PAN-LHIN HL table is aware of this issue and is developing strategies to mitigate this risk. The MOHLTC will continue to support Health Links through fiscal year 2019/20.
3.3	The redevelopment plans of long-term care homes as submitted may not align with the needs of the LHIN. The interest of each long-term care home to protect its own resources at times can create a risk or disincentive for homes to plan collaboratively with the needs of the population as a whole within the community.	The LHIN will provide oversight to the planning submissions prepared by long-term care homes. Ensure that each home has considered the needs of the broad community beyond their own specific interests. This risk will be further mitigated by collaborative planning meetings or sessions involving all operators facilitated by the LHIN. The LHIN will encourage information sharing and facilitate discussions among long-term care home operators when issues are present. The NSM LHIN will also continue to work collaboratively with the Ministry to review redevelopment plans and ensure that local needs are being considered as redevelopment moves forward.

4.0 LHIN-Delivered Home and Community Care

Goal	Risks	Mitigation Strategies
4.1	Realignment of patient service contracts such that each provider is delivering the full basket of services within a sub-region could lead to a disruption in service delivery and may impact the sustainability and viability of service provider organization (SPO) contracts.	Engage the MOHLTC early and regularly to ensure that NSM LHIN direction and decisions align with broader health system plans.
4.1	As the transformation of the health care system continues, collective agreements will need to be a consideration.	Frequent and transparent communication with the Ontario Nurses Association (ONA) and the Ontario Public Service Employees Union (OPSEU).

LHIN Spending and Staffing Tables

Table A: LHIN Spending Plan

	2017/18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
Allocation: Home Care/LHIN Delivered Services¹				
Salaries (Worked hours + Benefit hours cost)	\$18,561,610	\$18,792,109	\$18,792,109	\$18,792,109
Benefit Contributions	\$4,777,482	\$4,836,809	\$4,836,809	\$4,836,809
Med/Surgical Supplies & Drugs	\$4,280,000	\$4,350,000	\$4,350,000	\$4,350,000
Supplies & Sundry Expenses	\$656,725	\$605,041	\$605,041	\$605,041
Equipment Expenses	\$2,373,529	\$2,440,067	\$2,440,067	\$2,440,067
Amortization on Major Equip, Software License & Fees				
Contracted Out Expense	\$70,954,615	\$69,920,318	\$69,920,318	\$69,920,318
Buildings & Grounds Expenses				
Building Amortization				
TOTAL: Home Care/LHIN Delivered Services	\$101,603,961	\$100,944,344	\$100,944,344	\$100,944,344
Allocation: Aggregated Operation of the LHIN²				
Salaries (Worked hours + Benefit hours cost)	\$3,179,684	\$2,967,458	\$2,967,458	\$2,967,458
Benefit Contributions	\$561,316	\$571,026	\$571,026	\$571,026
Med/Surgical Supplies & Drugs				
Supplies & Sundry Expenses	\$195,000	\$171,757	\$171,757	\$171,757
Equipment Expenses	\$6,000	\$5,400	\$5,400	\$5,400
Amortization on Major Equip, Software License & Fees				
Contracted Out Expense	\$684,064	\$684,064	\$684,064	\$684,064
Buildings & Grounds Expenses	\$77,000	\$26,855	\$26,855	\$26,855
Building Amortization				
Sub-total: LHIN Operations	\$2,635,000	\$2,961,496	\$2,961,496	\$2,961,496
Sub-total: LHIN Operations Initiatives	\$1,645,064	\$1,465,064	\$1,465,064	\$1,465,064
Sub-total: LHIN Operations Digital Health	\$423,000	TBD	TBD	TBD
TOTAL: Aggregated Operation of the LHIN²	\$4,703,064	\$4,426,560	\$4,426,560	\$4,426,560
Allocation: Integrated LHIN Administration/ Governance³				
Salaries (Worked hours + Benefit hours cost)	\$5,582,598	\$5,389,907	\$5,389,907	\$5,389,907
Benefit Contributions	\$1,421,402	\$1,406,253	\$1,406,253	\$1,406,253
Med/Surgical Supplies & Drugs				
Supplies & Sundry Expenses	\$863,000	\$852,943	\$852,943	\$852,943
Equipment Expenses	\$540,000	\$513,301	\$513,301	\$513,301
Amortization on Major Equip, Software License & Fees	\$13,056	\$13,056	\$13,056	\$13,056
Contracted Out Expense	\$3,000	\$4,000	\$4,000	\$4,000
Buildings & Grounds Expenses	\$1,258,000	\$1,365,834	\$1,365,834	\$1,365,834
Building Amortization	\$51,879	\$51,879	\$51,879	\$51,879
TOTAL: Integrated LHIN Administration/ Governance	\$9,732,935	\$9,597,173	\$9,597,173	\$9,597,173
TOTAL: LHIN SPENDING PLAN	\$116,039,960	\$114,968,077	\$114,968,077	\$114,968,077

Notes:

- Home Care/LHIN Delivered Services envelope includes direct services as defined in Schedule 7, Table 1 of the 2015-18 Ministry LHIN Accountability Agreement.
- Aggregated Operation of the LHIN includes:
 - LHIN Operations: LHINs' mandated system operations/activities related to planning, funding and integrating.
 - LHIN Operations Initiatives: Activities that are one-time and/or require separate reporting as per ministry funding letters. (E.g. French Language Services and Aboriginal Engagement).
 - LHIN Operations Digital Health: The coordinated and integrated use of electronic systems, information and communication technologies to facilitate the collection, exchange and management of personal health information in order to improve the quality, access, productivity and sustainability of the healthcare system.
- Integrated LHIN Administration/Governance envelope includes indirect costs such as administration and overhead expenses of the combined organization.

Table B: LHIN Staffing Plan (Full-Time Equivalents or FTE¹)

	2017/18 Actuals as of February 28/2018	2018/19 Forecast	2019/20 Forecast	2020/21 Forecast
Home Care/LHIN Delivered Services²				
Management and Operational Support (MOS) FTE	63.6	61.2	61.2	61.2
Unit Producing Personnel (UPP) FTE	161.6	164.1	164.1	164.1
Nurse Practitioner (NP) FTE	4.7	4.7	4.7	4.7
Physician FTE				
Total Home Care/LHIN Delivered Services FTE	229.9	230.0	230.0	230.0
LHIN Operations³				
MOS FTE	13.4	15.0	15.0	15.0
UPP FTE	3.8	6.0	6.0	6.0
NP FTE				
Physician FTE	0.7	0.7	0.7	0.7
Total LHIN Operations FTE	18.0	21.7	21.7	21.7
LHIN Operations Initiatives⁴				
MOS FTE				
UPP FTE	2.8	0.9	0.9	0.9
NP FTE				
Physician FTE	1.7	1.7	1.7	1.7
Total LHIN Operations Initiatives FTE	4.5	2.6	2.6	2.6
LHIN Operations Digital Health⁵				
MOS FTE	1.0	TBD	TBD	TBD
UPP FTE	1.4	TBD	TBD	TBD
NP FTE				
Physician FTE				
Total LHIN Operations Digital Health FTE	2.4	TBD	TBD	TBD
Integrated LHIN Administration/ Governance⁶				
MOS FTE	20.3	19.4	19.4	19.4
UPP FTE	44.2	41.5	41.5	41.5
NP FTE				
Physician FTE				
Total FTE	64.6	60.9	60.9	60.9
TOTAL FTE SUMMARY	319.4	315.3	315.3	315.3

Notes:

1. One Full Time Equivalent equals 1950 hours per year. One FTE may be comprised of multiple staff.
2. Home Care/LHIN Delivered Services envelope includes direct services as defined in Schedule 7, Table 1 of the 2015-18 Ministry LHIN Accountability Agreement.
3. LHIN Operations includes LHINs' mandated system operations/activities related to planning, funding and integrating.
4. LHIN Operations includes activities that are one-time and/or require separate reporting as per ministry funding letters. (E.g. French Language Services and Aboriginal Engagement).
5. LHIN Operations Digital Health includes the coordinated and integrated use of electronic systems, information and communication technologies to facilitate the collection, exchange and management of personal health information in order to improve the quality, access, productivity and sustainability of the healthcare system.
6. Integrated LHIN Administration/Governance envelope includes indirect costs such as administration and overhead expenses of the combined organization.

Integrated Communications Strategy

Business Objectives

The business objectives of the North Simcoe Muskoka Local Health Integration Network's (LHIN) 2018/19 Annual Business Plan support the strategic directions of the final year of the LHIN's IHSP 2016-19, and the achievement of the health system transformation agenda as it is implemented by the province and across the LHIN:

-  **1.0 Improve Access to Appropriate Care**
-  **2.0 Build Capacity and Enhance Coordination**
-  **3.0 Drive System Sustainability**

These three strategic priorities guide our communication activities with a primary focus on home and community care, fostering stronger relationships with primary care, mental health and addiction, fostering stronger relationships with Public Health, community based planning in our five sub-regions, expansion of digital health, seniors' care, and capacity building. Health equity, quality, community engagement, collaboration and patient-centred care will continue to be the lens for developing communication plans and tactics.

Communications Objectives

- Support patients and caregivers by raising awareness of programs and services to improve their navigation of the system through outlets such as nsmhealthline.ca.
- Build confidence among residents of the North Simcoe Muskoka LHIN, that:
 - i) progress is being made to improve access to health services
 - ii) progress is being made to improve the patient experience
- Promote the refreshed Mission, Vision, and Values of the North Simcoe Muskoka LHIN among staff, health service providers, stakeholders, and the public.
- Support the development of the Integrated Health Service Plan 2019-22.
- Improve access to care to ensure patients receive care when they need it, and where they want to receive it.
- Build awareness of North Simcoe Muskoka LHIN strategic directions and initiatives by identifying opportunities for alignment of communication planning and opportunities with health service providers and other system partners.
- Develop and disseminate a shared vision of the North Simcoe Muskoka LHIN with internal and external stakeholders related to system transformation, particularly sub-region planning, primary care, home and community care and mental health.
- Ensure the alignment of communications efforts with the priorities outlined in the Minister's Mandate Letter for 2018/19.
- Facilitate opportunities to receive feedback from stakeholders to continuously improve communication tactics and strategies and foster a productive relationship.

- Engage providers, stakeholders, and system leaders to become active participants in and ambassadors for transformation.
- Increase understanding among all stakeholders about North Simcoe Muskoka LHIN programs, initiatives, and successes.

Context

The North Simcoe Muskoka LHIN has a critical role to play in advancing the priorities outlined in the *Patients First: Action Plan for Health Care, the Patients First Act, 2016*, and the LHIN Mandate letter. The priorities of the North Simcoe Muskoka LHIN and the goals that cascade from them reflect alignment with both the strategic goals of Patients First and the priorities of the Ministry of Health and Long-Term Care.

The priorities outlined in the ABP will support meaningful improvements in health system performance and integration. Subsequent communication materials will highlight system success and encourage further health system improvements, including:

- Effective integration of health care services and greater equity.
- Improving access to the best possible care in the most appropriate setting to optimize health outcomes.
- Enabling patients to receive high quality, coordinated care across the care continuum while successfully navigating a complex health care system.
- Providing patients with the right information to make informed decisions about their health.
- Demonstrating system sustainability, including accountability for results, return on investment, access to services, and appropriate use of system resources to ensure the system is sustainable for generations to come.
- Creating stronger links to population health through partnerships with the Simcoe Muskoka District Health Unit.
- Delivering better coordinated, timely access to better integrated home and community care and primary care systems.
- Creating a system that is built around the needs of the patient and the unique needs of our five sub-regions.
- Enhancing access to more consistent and culturally adaptable care by including the voices of Indigenous Peoples and Francophones in planning.

The North Simcoe Muskoka LHIN's communications activities and products are well-positioned to align with priorities listed in the mandate letter to the Minister of Health and Long-Term Care, other provincial priorities and among the 13 other LHINs. Sub-region integration, primary care, home and community care, mental health and addictions, health equity and population health, patient and caregiver engagement, health system performance and reporting, digital health, capacity planning, will be the primary focus of communication initiatives for 2018/19.

The activities undertaken by the North Simcoe Muskoka LHIN over the coming year will ensure we continue to inform and educate the public and providers on the value of LHINs and the role they play in building a sustainable system, provide information for stakeholder and public engagement, and build confidence in the system.

Target Audiences

The North Simcoe Muskoka LHIN is accountable for communicating with a wide variety of stakeholders. Depending on the nature of the communication initiative, the target audience for communication will include:

Primary Audiences	Secondary Audiences
▪ Patients/Family/Caregivers ▪ North Simcoe Muskoka LHIN Board ▪ North Simcoe Muskoka LHIN Staff ▪ North Simcoe Muskoka LHIN-funded Health Service Providers ▪ North Simcoe Muskoka LHIN-contracted service providers ▪ Primary Care including Family Health Teams, Nurse Practitioner-Led Clinics, Community Health Centres and the Primary Care Network ▪ Physicians and Health Care Professionals ▪ Entité 4 ▪ Aboriginal Health Circle ▪ Public ▪ Diverse populations such as Francophone and Indigenous seniors, and marginalized populations. ▪ Leadership Council ▪ Patient, Family, and Caregiver Advisory Council	▪ MPPs ▪ Ministry of Health and Long-Term Care ▪ Municipalities and representatives ▪ Media ▪ Other LHINs ▪ Other Ministries ▪ Health Care Associations including HQO, OHA, HSSOntario, OLTCA, etc.

Key Messages

The below key messages have been developed for 2018/19. Additionally, as the system continues to transform, messages will be revisited for relevancy and accuracy.

Provincial Messages Related to Patients First

- Ontario is increasing access to care, reducing wait times and improving the patient experience through its Patients First: Action Plan for Health Care - protecting health care today and into the future.
- The Patients First: Action Plan for Health Care sets clear and ambitious goals for Ontario's health care system in order to put patients at the centre by improving the health care experience: increasing access, connecting services, informing patients and protecting our health care system.
- By putting patients first in everything we do, we will provide faster access to the care patients need today and make the necessary investments to ensure our health system will be there for patients for generations to come.
- Changes underway supported by the *Patients First Act, 2016* have expanded the LHIN mandate and will give LHINs the tools, oversight and accountability they need to better integrate local health care services and coordinate care across the care continuum in a way that better serves patients.
- In May and June 2017, home care services and staff transferred from CCACs to LHINs. This was a structural system change that will help patients and their families get better access to a more local and integrated health care system. The process happened in carefully planned stages and was seamless for patients and home care clients. There was no disruption to care and providers remained the same.

- Once fully implemented, these changes will make local health care more responsive to local needs:
 - Patients will benefit from improved access to primary care, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner.
 - Primary care providers, inter-professional health care teams, hospitals, public health units and home and community care providers will be better able to communicate and share information, to ensure a smoother patient experience and transitions.
 - Administration of the health care system will be streamlined and reduced, with savings put back into improving patient care.
 - With PFACs in every LHIN, the voices of patients and families in their own health care planning will be strengthened.
 - There will be an increased focus on cultural safety and the delivery of health care services to Indigenous peoples and French speaking people in Ontario.

Local LHIN Messages

Health Equity

Context	Key Messages
4.2% of North Simcoe Muskoka residents self-identify as Aboriginal which is the third highest proportion among the 14 LHINs 2.8% of North Simcoe Muskoka residents identify French as their mother tongue	The North Simcoe Muskoka LHIN continues to work with its partners to promote health equity and enable access to appropriate and culturally safe care.

Primary Care

Context	Key Messages
- Only 33.9% of adults in North Simcoe Muskoka report being able to see their doctor or nurse practitioner either the same or next day when ill. 63.2% of North Simcoe Muskoka patients report having difficulty accessing after-hours care without visiting an emergency department.	95.8% of North Simcoe Muskoka patients report having access to a regular medical doctor. - The North Simcoe Muskoka LHIN is committed to improving access to primary care. - The North Simcoe Muskoka LHIN is fostering sub-region partnerships with primary care to improve access to care, including same day/next day appointments and after-hours care. - Work is being done in partnership with primary and home and community care to plan care at a sub-region level. This will allow family doctors and nurse practitioners to better navigate services for their patients.

Sub-Regions

Context	Key Messages
Sub-regions allow LHINs to better plan, integrate, and improve the performance of local health services. They also help the LHIN to identify and understand the diverse population needs – be they cultural, linguistic, or other – helping our health care system better respond to these needs.	- Sub-regions provide a local lens that will help the North Simcoe Muskoka LHIN better address patients' needs at the local level. - Sub-regions will help to ensure that patients can access care that addresses their community's distinct needs, closer to home. - Sub-regions will bring together health system and community partners, as well

- The North Simcoe Muskoka LHIN has five unique sub-regions:

- Barrie and Area
- Couchiching
- Muskoka
- North Simcoe
- South Georgian Bay

as clinical leadership to enable better health system planning and improvement at the local level.

- Each sub-region will have a planning table responsible for fostering joint accountability for innovative, integrated system that addresses health service gaps, improves quality, and creates better patient experiences and outcomes.

Health Literacy

Context	Key Messages
▪ In North Simcoe Muskoka, the rate of emergency visits for conditions that could be treated in alternative primary care setting consistently exceeds that of the province.	▪ Work is being done to ensure that North Simcoe Muskoka residents know how to access care in the most appropriate setting.

Public Health

Context	Key Messages
▪ Under the <i>Patients First Act, 2016</i>, LHINs are required to promote health equity, reduce health disparities and recognize the social determinants of health, requiring a broader consideration of the health of the population.	▪ The North Simcoe Muskoka LHIN has had a strong history of working collaboratively with the Simcoe Muskoka District Health Unit. ▪ We will continue to strengthen our relationship with public health to better understand and coordinate the population health needs in each of our unique sub-regions.

Integrated Care

Context	Key Messages
▪ The Patients First: Action Plan and the 2018/19 ABP sets goals for improving the health care experience by increasing access, connecting services, informing patients and protecting our health care system.	▪ The North Simcoe Muskoka LHIN works with its health service providers and stakeholders to reduce ALC times in hospitals by ensuring that patients receive the right care, at the right time, and in the right place. ▪ The North Simcoe Muskoka LHIN is committed to ensuring that residents have access to quality care including

specialty care such as cardiac and stroke.

- Through quality improvement measures and partnering with Health Quality Ontario, the North Simcoe Muskoka LHIN is committed to building an integrated health care system that is based in evidence.

Additional Key Messages

- The North Simcoe Muskoka LHIN collaborates with health service providers and community partners, enabling them to play an active role in transforming the health system to provide quality care that meets the needs of residents today and into the future.
- The North Simcoe Muskoka LHIN is committed to building a more seamless and coordinated approach to patient care by working with our stakeholders to identifying current gaps in the health care system, and working together to develop solutions to close those gaps.
- The North Simcoe Muskoka LHIN is working together with health service providers, funded and non-funded, to provide care in the most appropriate setting. For residents, this means getting the care they need, when they need it, in the most appropriate place, and by the most appropriate provider.
- The North Simcoe Muskoka LHIN is committed to ensuring accountability for current investments to improve capacity in the system, ensuring that our system is sustainable for generations to come.
- The North Simcoe Muskoka LHIN is committed to engaging patients, caregivers, and family members, as well as members of the Indigenous and Francophone populations, to inform planning and decision-making.

Tactics

To help achieve the communications goals and objectives set out in this plan, the following activities are recommended:

Communications Activity	Frequency	Responsibility	Purpose
Patient and Caregiver Information	As needed	Communications in collaboration with program area.	▪ To provide information on patient services, programs, policies, and procedures for activities related to home and community care, in the form of accessible web-based materials as well as printed publications.
Internal LHIN Memos/Updates	Weekly	Communications in collaboration with Executive Lead.	▪ To ensure all North Simcoe Muskoka LHIN staff are aware of provincial and local developments, potential impacts on work, and key messages associated with priorities and milestones.

Communications Activity	Frequency	Responsibility	Purpose
External CEO Communiqué	Quarterly	Communications in collaboration with Executive Lead.	To inform all North Simcoe Muskoka LHIN-funded HSPs, contracted service providers, and stakeholders of our local progress and initiatives related to system transformation.
Communiqués to Health Service Providers	As needed, project/issue dependent	Executive and/or program leads to identify need, communications to support preparation and distribution.	To ensure HSPs remain informed of project status and updates, and/or LHIN-wide or provincial developments that may impact their clients or service delivery.
Seniors' Report	Annually	Communications and Seniors' Lead.	To raise awareness of seniors' services in North Simcoe Muskoka LHIN, share information regarding system improvements, promote system success, share patient stories.
Physician Newsletter	Quarterly	Physician Lead and Communications.	To engage primary care leaders in North Simcoe Muskoka LHIN, and keep them informed of LHIN-wide and provincial priorities/projects, provide opportunities to get involved.
Media Outreach	As required	Communications and program lead.	To raise awareness and inform public audiences of significant achievements, developments, changes, or ministry announcements.
Good News Stories	Monthly/ as appropriate	Program leads and communications to identify communication opportunities and develop content.	For both internal and external distribution, to be packaged in a variety of forms. Build confidence in the system, celebrate milestones and successes.
Community Reports	As required	Program leads to identify opportunity for in-depth communication regarding a broader initiative.	Opportunity to provide in-depth education and information about larger portfolios (i.e., Health Links, Seniors, Palliative Care). Provide public with information to make better choices regarding health care. Build confidence that work is being done to improve access to care in North Simcoe Muskoka.
Conferences Speaking Opportunities	As appropriate	To be attended by relevant Program Lead/ Executive Lead/ CEO/ Board Chair. Key messages and presentations developed in collaboration with Communications	Opportunity for North Simcoe Muskoka LHIN staff to share best practices, achievements, and innovative health system solutions with public and partner organizations. Raise status and awareness of North Simcoe Muskoka LHIN.
Engagement with local government representatives	Bi-annually/ as required	North Simcoe Muskoka LHIN CEO and Board Chair, supported by communications.	Keep local government representatives aware of goals, priorities, milestones, accomplishments. Provide data regarding access to health care, funding, and issues. Provide opportunities for engagement.
Website Management and Updating	Ongoing	Communications/content to be developed by program lead	Provide timely information regarding projects, initiatives, engagement opportunities, milestones, accomplishments, and accountability to public and stakeholders.

Communications Activity	Frequency	Responsibility	Purpose
French Language and Indigenous communication	As required	FLS/ FNMI Coordinator, with assistance from Communications. Collaboration with Entité 4 and Aboriginal Health Circle.	To provide culturally appropriate information to specific stakeholder groups. Communication products will be created in collaboration with representatives from Entité 4 and the Aboriginal Health Circle to ensure appropriateness and completeness.
Board to Board Engagement	As required	North Simcoe Muskoka LHIN Board of Directors	Maintain open dialogue between North Simcoe Muskoka LHIN Board of Directors and HSP partner boards.
Social Media	Ongoing	Communications	- Provide timely information regarding projects, initiatives, engagement opportunities, milestones, accomplishments, and accountability to public and stakeholders. - Promote engagement with online communities. - Build relationships with partners by promoting and sharing other health system information.

Strategic Approach

To achieve our Communications Objectives, the following strategies will be used:

- Engage with caregivers and families through the North Simcoe Muskoka LHIN Patient Family Advisory Council, in co-designing educational materials to reflect their care experiences and care values.
- Communication will be delivered in a variety of formats to accommodate our diverse audiences including our commitment to providing public communication in both official languages.
- Communication will be timely, clear, transparent and will be accountable to best practices of health literacy.
- Where applicable, communications materials will include information to raise awareness of services to promote system navigation for patients and caregivers.
- The North Simcoe Muskoka LHIN's communication will be as proactive and forthcoming as possible.
- Materials and products will be coordinated with health service providers as appropriate.
- Communication will incorporate the vision, mission and values of the North Simcoe Muskoka LHIN and position us as a valued player in the transformation of Ontario's health system.
- Collaboration with system partners, such as the Simcoe Muskoka District Health Unit, will be used to amplify messages, such as cooperative efforts on a Simcoe Muskoka Opioid Strategy communication process.

Evaluation

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

Patient and caregiver engagement will be measured using various feedback opportunities including surveys, participation in community events, complaints, participation in the North Simcoe Muskoka LHIN Patient and Family Advisory Committee, and timely correspondence relating to feedback and concerns.

A critical success factor may include health service providers across the NSM LHIN being engaged early and frequently, and seeing how their participation is impacting implementation.

Through feedback mechanisms and ongoing assessment, the LHIN will monitor the effectiveness of communications vehicles and messages and adjust plans as needed to support the achievement of the Annual Business Plan's areas of focus. Performance measures to support the success factors listed above may include:

- Level of engagement by stakeholders, health service 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).
- Feedback opportunities will be provided as needed (in person, via survey, or online) to evaluate understanding and effectiveness of communications vehicles/messages in conjunction with the Patient Family Advisory Committee and other community groups.
- Monitor media to evaluate the increase in positive media coverage.
- Use of analytics to monitor and measure website traffic and identify content that receives increased focus.
- Social media following, and level of social media engagement through shares, retweets, likes, and favourites.
- Work with health system partners to understand increased interest in programs and services following communications related to programs and services.

Community Engagement Strategy

Health care planning in North Simcoe Muskoka (NSM) is centred on the needs and experiences of people as patients, residents, family members, caregivers and key stakeholders. Community engagement continues to be a high priority as it relates to the planning and provision of high-quality, patient-centred care. Patient-centred care is a key pillar of the *Patients First: Action Plan for Health Care* with community engagement being a foundational element mandated by the *Local Health System Integration Act*:

Meaningful involvement of stakeholders in the work of the Local Health Integration Network (LHIN) and health service providers (at all levels), ranging from priority setting and planning to decision-making, implementation, review and evaluation.

With the foundation that has been created by the Patients First legislation, this is our opportunity to ensure patients are truly at the centre of the health care system. As stated in our Mandate Letter for 2018/19 from Minister of Health Eric Hoskins, we “will continue to work in partnership with patients, families, LHINs, health service providers and health care innovators to transform our health care system today and for the future. Together we will build on a strong foundation to improve patient experiences, increase access to care, and reduce wait times – while working to reduce health disparities.”

Our collective key priorities during this transformational phase are to:

- Improve the patient experience by partnering with patients in health care planning and by delivering care that reflects the patient voice and is responsive to patients’ needs, values and preferences.
- Address the root causes of health inequities and the social determinants of health, by investing in health promotion, and reducing the burden of disease and chronic illness.
- Create healthy communities by improving access to primary care and reducing wait times for specialist care, mental health and addictions services, home and community care and acute care for patients when they need it, which will reduce variation in access across the province.
- Break down the silos between our health care sectors and providers to ensure seamless transitions for patients, and to ensure that providers work together and in collaboration with patients to deliver the best possible care.
- Support innovation by delivering new models of care and digital solutions to make accessing care easier for patients and more efficient for health care providers.

Key engagement activities planned will be influenced by and responsive to the *Excellent Care for All Act*, *The Patients First Act*, 2016, our 2018/19 Mandate Letter, Quality Improvement Plan, sub-region planning and transformation priorities. Additionally, a number of activities occur on an ongoing basis, which do not represent one particular topic, sector, or clinical area, to ensure that health system planning is informed by residents, patients, health service providers, frontline staff, and a broad range of

community stakeholders. The following examples highlight selected community engagement initiatives:

NSM LHIN Patient and Family Advisory Committee

Established in March of 2015, NSM LHIN's Patient and Family Advisory Committee (PFAC) plays a crucial role in ensuring initiatives maintain a patient-centred focus and that the patient voice is heard and included in all levels of the planning, implementation and evaluation. Members share their perspectives and vast experience with the local health care system to continue to improve services for all residents of our region. The panel also acts as a valuable resource for LHIN staff and partner organizations to work through current and future initiatives to ensure a patient-centred focus. Members provide input and feedback on the development of LHIN strategic priorities, LHIN communications and give advice on sub-regional engagement with individuals with lived experience.

NSM LHIN Sub-Regional (Care Community) Engagement

Through the Sub-Region Directors, Home and Community Leads, and Clinical Leads, we will continue to guide collaborations among health care and community partners and local residents (patients and caregivers) in each of our five sub-regions to better meet the needs of specific populations in a geography to:

- formally articulate and strengthen the continuum of care across LHIN-funded health service providers (HSPs) and sectors for patients with specific care conditions;
- standardize approaches to care and service in focused sectors;
- integrate programs and services to improve quality, access and outcomes; and
- build shared capacity in key back office functions that are necessary to support the efficient and effective delivery of care.

NSM LHIN CEO Meetings with Patients, Caregivers, and Family Members

In addition to being members of the NSM LHIN PFAC, the CEO meets with people interested in sharing their stories, experiences and ideas regarding the health care system within NSM. Meetings occur regularly to ensure that the patient voice is heard directly by key LHIN decision-makers and stories are shared to inform NSM LHIN committees and working groups. Often, people the CEO meets with are invited to become directly involved with a council, committee or working group specific to the experiences of that individual patient or caregiver.

Community Events

NSM LHIN staff attend many events throughout the year at which information is shared with our residents on home and community care, the care continuum and feedback is gathered directly. This direct input from patients, caregivers and family members provides us the opportunity to continually improve on our public reporting and ongoing work.

Feedback Surveys

On-line surveys are utilized frequently by the NSM LHIN through our website and Twitter feeds to solicit feedback from residents, caregivers, health care partners and community providers. Surveys are provided in both French and English, and often include questions about respondent demographics, including self-identification to ensure the responses gained are reflective of a representative sample.

NSM Care Connections Forum

The annual Care Connections Forum is a NSM LHIN-wide event at which approximately 300 key stakeholders gather to strengthen relationships, share best practices and knowledge. The April 5, 2018 Forum will take a sub-regional focus and bring together key stakeholders from each of our five care communities to continue the work of improving care and the patient experience at a local level. We aim to have a quarter of our attendees this year be patients and caregivers.

Quality Improvement through Client and Caregiver Engagement

A Quality Improvement Plan (QIP) is an important health system transformation tool. Through learnings garnered from 2017/18 QIP activities, Home and Community Care continues to build on a strong culture of continuous improvement and is committed to working hand-in-hand with partners in care -- patients, their caregivers and families, and health system providers -- to improve the timeliness of care, achieve safe quality health outcomes and improve overall health care experiences while realizing the best value from finite health resources.

Home and Community Care Service Engagement

Patients receiving Home and Community Care services from NSM LHIN and its contracted service providers report high levels of satisfaction with their care experience. In commitment to ongoing improvements in patient experience, Home and Community Care will focus on leveraging patient and caregiver survey results on overall experiences with care in-home and in community/clinic settings and transitions in care to inform change ideas and ensure all endeavours continue to be guided by person/patient-centred care principles. A variety of input mechanisms will enable capturing feedback on care experiences that are broader and more diverse. In 2018/19, NSM LHIN Home and Community Care staff will also respectfully engage caregivers and families to better understand their palliative/end-of-life care journey with a loved one and engage patients and the broader public in co-designing educational materials to reflect their care experiences and care values.

Physician and Clinician Engagement

The LHIN's investment in clinical leadership in each of the NSM sub-regions will be leveraged to develop a clinical engagement strategy to advance the work of system transformation. While physician engagement will be the initial focus, the strategy will be expanded to include clinicians more broadly, in alignment with health human resource planning at a sub-region level.

Simcoe County Local Immigration Partnership (SCLIP)

The NSM LHIN continues to partner with SCLIP with a lens on health equity. This partnership is led by the County of Simcoe and focuses on the development of settlement strategies for newcomers to the region. As such, the LHIN Liaison to this table continues to build relationships, bring opportunities forward with regards to building and improving health equity, and gathers feedback on behalf of the LHIN from this group.

Health Links Community of Practice

The focus of the Health Links Community of Practice group is Health Link sustainability and standardization of practice and care. Areas of focus include reduction in the number of patients waiting for an alternate level of care (ALC), palliative care planning, data quality and consistency, quality improvement plans, and a regional and sub-regional focus on activities to reduce 30 day readmissions. The group consists of Health Link leaders, care coordinators, and front line staff as required to inform specific initiatives or act as subject matter experts in project work. The Health Links Community of Practice is very focused on the outcomes of community and patient engagement in each Health Link, and utilize patient satisfaction survey results and patient stories in every community of practice meeting to drive the work at a regional level.

Indigenous

The LHIN funds a variety of services through six organizations specifically serving individuals who identify as Indigenous, and also has many stakeholder partnerships across ministries and organizations that are not LHIN-funded. Those who identify as Indigenous call attention to challenges they face in receiving equitable access to health services including funding issues, lack of sensitivity to their culture, and a lack of targeted programs that focus on their particular health needs. Engagement with and inclusion of the Indigenous community helps to ensure that LHIN work continues to be informed by their needs and perspectives, and that traditional practices and the unique cultural needs of this population are honoured and incorporated into health care planning. The NSM LHIN makes concerted efforts to have individuals who identify as Indigenous participate on all LHIN sub-region planning and engagement groups, and over the course of 2018/19 Indigenous representation will be increased. The NSM LHIN and LHIN Indigenous Health Lead will participate in the following engagements:

- **Aboriginal Health Circle Meetings** – These meetings are led by Indigenous providers in the community. They are attended by the LHIN, and are a valuable opportunity for the LHIN to learn more about the needs of the community, and communicate opportunities for Indigenous participation in regional initiatives.
- **Aboriginal Health Forum** – The two-day Aboriginal Health Forum, held each spring, explores health issues across the life cycle through a format of interactive workshops, keynote speakers, and community discussion. Participants gain a better understanding of the holistic perspective of health, wellness, and Mino'Bimaadziwin (meaning “The Good Life”). The forum is attended by health care partners, the LHIN, and members of the community. It has strong attendance and increases the visibility of the Indigenous community in health care.

- **Meetings with First Nation Band Councils** – In partnership with the Aboriginal Health Circle, LHIN leadership and the LHIN Indigenous Health Lead have annual meetings with the leadership of the four First Nations communities in North Simcoe Muskoka. These include the Beausoleil, Chippewas of Rama, Wahta Mohawk, and Moose Deer Point First Nations.

The purpose of these engagements is to support cultural safety and improve equitable access and health outcomes for the Indigenous population. Relationships are continually being built and strengthened to ensure that the Indigenous community is engaged and included in health system improvement. Emerging issues can be identified and feedback can be provided in terms of removing barriers in support of equitable access to care and equity of outcomes. These sessions also facilitate an improved LHIN understanding of existing regional, provincial, and federal health planning and service delivery within the Indigenous community. The continued involvement and engagement of the NSM LHIN's Indigenous residents in system planning is crucial.

French Language Services (FLS)

There are currently eight health service providers that are identified and one that is designated to provide health care services in French throughout North Simcoe Muskoka.

Community engagement efforts will be increased over the coming fiscal year to advance LHIN deliverables in a manner that is responsive to the needs of the community. A continued partnership with the French Language Health Planning Entity (Entité 4) is key to advancing the LHIN priority of meeting the needs of the Francophone community. The primary role of Entité 4 is to support the engagement of the Francophone population by soliciting feedback regarding health needs and priorities, health services available, and the potential identification of organizations for French language services. Feedback from the community can then be used as the foundation for informed, evidence-based, and patient-centred planning in each sub-region of NSM LHIN.

Community engagement efforts over the coming fiscal year will enable the completion of LHIN deliverables in a manner that is responsive to the needs of the community through the following channels:

- **NSM French Language Services Community of Practice (FLS COP)** – The FLS COP consists of all French language identified and designated health service providers in the region. Organizations that are not LHIN-funded are also represented. This Community of Practice collaborates to share best practices, policies, resources, and lessons learned. In doing so, they enable the work of building and supporting French language services across the region. At the same time, the LHIN leverages the expertise of the group to overcome barriers and gaps which have been identified in an effort to assist in improving LHIN-wide service provision.
- **Community Partners with Schools (COMPASS) Meetings** – These monthly meetings are attended by elementary and secondary school representatives and community mental health service providers. The goal is to enhance healthy child

and youth development, and to reduce social, emotional, or behavioural barriers to learning. The LHIN French Language Services Coordinator is also linked to these groups as an ongoing opportunity to improve relationships between Francophone community organizations, school boards, and the LHIN. These partnerships support the development of French language services for Francophone youth with regards to mental health and addictions.

- **Local Community Engagements** – The NSM LHIN continues to work closely with the French Language Health Planning (Entité 4) to maintain and enhance existing collaborative working relationships, and to continue to engage the Francophone community. Entité 4 plays a key 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 to and accessibility of French language services, Entité 4 continues to support the delivery of excellent care.
- **Provincial French Language Services Network** - The Network works collaboratively to develop and implement consistent provincial approaches to strategic French language services priorities, always applying best practices. It also acts as a liaison on matters impacting the development and implementation of FLS across the province.
- **nsmhealthline.ca** - In collaboration with the local French Language Planning Entité and NSM LHIN French Language Services lead, a French Language Library on nsmhealthline.ca was developed. This library helps identify local health and social services offered in French to patients, caregivers, families and the broader public enabling effective and timely referrals by health system partners.