



Mississauga Halton Local Health Integration Network

Annual Business Plan

April 1, 2015 – March 31, 2016



Ontario

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

**Mississauga Halton
Local Health Integration Network**

**Annual Business Plan
2015-16**

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July 17, 2015

Ms. Nancy Naylor
Assistant Deputy Minister, Health System Accountability & Performance Division
Ministry of Health and Long-Term Care
Hepburn Block, 5th Floor
80 Grosvenor St.
Toronto ON M7A 1R3

Dear Ms. Naylor,

On behalf of the Mississauga Halton Local Health Integration Network Board of Directors, it is my pleasure to submit to you our Board approved Annual Business Plan (ABP) for 2015 – 2016. This plan outlines initiatives planned and underway in the Mississauga Halton LHIN to support continued achievement of our 2013 – 2016 Integrated Health Service Plan (IHSP).

The ABP for 2015-2016 builds upon the successes achieved in the first two years of our current IHSP, reflects the local reality in our LHIN, and takes into consideration results of ongoing community engagements with our health service providers, key stakeholder partners and community at large. The plan further recognizes and supports the direction of health care priorities as provided by the Mandate letter for the Minister of Health and Long-Term Care, along with the newly released Patients First: Action Plan for Health Care.

We are confident that this plan continues to position the Mississauga Halton LHIN towards achieving our vision of a seamless health system for our communities, promoting optimal health and delivering high quality care when and where needed.

Yours truly,



Graeme Goebelle, FCPA, FCA
Chair
Mississauga Halton LHIN Board of Directors

1.1.2 Mandate and Strategic Direction

In 2006, oversight and management of health care services was organized into 14 regions in order to reflect the diversity of Ontario's population and meet the specific and unique needs of each local area. These 14 regions were called Local Health Integration Networks, or LHINs. The *Local Health System Integration Act*, 2006 (LHSIA) is the governing legislation of Ontario's 14 LHINs.

The Mississauga Halton Local Health Integration Network is a crown agency of the Ministry of Health and Long-Term Care. Based on the legislative authority for LHINs found within the *Local Health System Integration Act*, 2006, the mandate of the LHIN is to plan, fund and integrate local health care services provided within its defined boundaries.

To achieve its mandate, the Mississauga Halton LHIN is guided by its mission, vision and values statements, as defined by its Board of Directors:

Mission

"To lead health system integration for our communities"

Vision

"A seamless health system for our communities – promoting optimal health and delivering high quality care when and where needed"

Values

Innovation, Integrity, Accountability, Partnership, Respect, A Holistic Approach

The Mississauga Halton LHIN Annual Business Plan (ABP) for 2015-2016 is the seventh annual business plan produced by the Mississauga Halton LHIN since its inception in 2006. The 2015-2016 ABP identifies the activities that the Mississauga Halton LHIN will undertake in the upcoming fiscal year to achieve the strategic priorities articulated within the LHIN's Integrated Health Service Plan (IHSP) for 2013-2016 *"Partnering for a Healthier Tomorrow"*. This ABP represents the work to be undertaken within year three of the three year strategic planning cycle.

The Mississauga Halton LHIN 2013-2016 IHSP was developed in 2012 based on extensive community engagement with local health service providers, external partner groups, consumers, caregivers and the general public. The plan reflects the voices of our community and highlights the challenges that were identified, the opportunities that were suggested to address these challenges, and the need to work with our partners to build our local health care system and collectively better meet the needs of our residents.

The strategic priorities and goals of the IHSP were developed in alignment with both the priorities of the Ministry of Health and Long-Term Care, as articulated within *Ontario's Action Plan for Health Care* and the provincial LHIN System Imperatives.

The five key strategic priorities identified in the Mississauga Halton LHIN 2013-2016 IHSP, *Partnering for a Healthier Tomorrow*, with specific goals, are:

1. Accessible and Sustainable Health Care

- *Improve access to services to improve consumer flow, quality and safety*
- *Support consumers, families and health care professionals to navigate the health care system*
- *Improve sustainability of the health care system*

2. Family Health Care When You Need It

- *Improve access to family health care*
- *Increase linkages between family health care and other health care providers to improve communication, coordination and integration across the continuum of care*

3. Enhanced Community Capacity

- *Enable people to stay in their homes longer*
- *Provide integrated services that bring care closer to home*

4. Optimal Health - Mental and Physical

- *Increase healthy habits and prevention of disease*
- *Build partnerships for healthy communities*

5. High Quality Person-Centred Care

- *Support and foster a quality culture across the continuum of care*
- *Value people's experiences to support system improvement*
- *Apply a health equity lens for the delivery of health care services*



The achievements over the past two years provide a platform upon which the 2015-2016 ABP has been built. The clear direction provided through the Mandate Letter for the Minister, the newly released *Patients First: Action Plan for Health Care*, along with continued assessment of the changing needs of our growing population and feedback from community engagements have been factored into the development of our local health priorities for the upcoming fiscal year.

The 2015-2016 ABP captures the four key objectives highlighted in the new Action Plan for Health Care: Access, Connect, Inform and Protect. The focus of this ABP is to continue to provide better access to quality health services that are sustainable for generations to come, putting people and patients first and improving the health care experience. Providing better home and community care and ensuring people have the necessary information to make the right decisions about their health are also key elements of our upcoming business plan. We will continue to move forward on accountability and transparency, advancing implementation of health system funding reform so that Ontario's funding system reflects the care that people need and receive. Engaging with cross-ministerial partners and local key stakeholders, we aim to support residents to live healthy lives and to stay healthy.

We believe our collective efforts of *Partnering for a Healthier Tomorrow* will improve the local health care system to meet the needs of our citizens today and into the future, and that the action plans identified within this ABP will support achievement of our priorities.

1.1.3 Overview of the Mississauga Halton LHIN's Current and Future Programs and Activities

The Mississauga Halton LHIN is one of the fastest growing and most diverse populations in the province. Serving a population of approximately 1,179,800 people and geography of roughly 1,059 square kilometers, the Mississauga Halton LHIN encompasses the areas of Halton Hills, Milton, Oakville, Mississauga (excluding Malton) and South Etobicoke (part of the City of Toronto).

The LHIN operates within an accountability framework that is defined in the Ministry-LHIN Performance Agreement or MLPA. The LHIN strives to ensure that health care dollars are spent efficiently and effectively, yielding the best results possible. A total of 76 health service provider organizations receive funding from the Mississauga Halton LHIN through formal service accountability agreements, equating to approximately 1.41 billion dollars for the delivery of health care services. These contracts define the services to be provided and the outcomes to be achieved. Within the Mississauga Halton LHIN there are two public hospital corporations (which includes six sites), 28 Long-Term Care Homes (with approximately 4,180 long stay beds), 34 community support service agencies, 10 mental health and addictions service providers, one community health centre and one community care access centre (CCAC).

Mississauga Halton LHIN Health Service Provider Allocations – March 31, 2015

Health Service Organizations	# of Agencies	Total Funding (Base + One Time)	% of Total Funding
Hospitals	2 Corporations 6 sites	926,426,138	65.8%
Long-Term Care Homes (LTCH)	28	195,611,049	13.9%
Community Care Access Centre (CCAC)	1	158,431,497	11.3%
Community Support Services (CSS)*	34	86,583,409	6.1%
Mental Health and Addictions	10	37,351,622	2.7%
Community Health Centre	1	2,321,269	.2%
TOTAL	76	1,406,724,984	100%

*includes Assisted Living in Supportive Housing and Acquired Brain Injury

Source: MLPA, Schedule 3

In 2013-2014, the Mississauga Halton LHIN commenced on a new journey, guided by the priorities and goals defined in its new IHSP, *Partnering for a Healthier Tomorrow*. Activities identified within the 2013-2014 ABP laid the groundwork and foundation for the following two years to support achievement of the identified priorities and goals within the IHSP. The 2014-2015 ABP built upon that foundation to ensure progress was being made towards

achievement of the identified goals. Working in partnership and collaboration with health service providers and other key stakeholders, the Mississauga Halton LHIN experienced a number of advancements and successes over the past year. Several action plans that were initiated last year will continue into the upcoming year to further progress, while some activities related to our IHSP will be initiated this year.

Key work plan activities from the past year and continuing into 2015-2016:

- **Community Capacity Study to Advance the Provincial Seniors Strategy** –The Collaborative Community Capacity Study was a joint initiative across the Mississauga Halton and Central West LHINs. The study was initiated in December 2013 with the goal of providing the LHINs with a better understanding of the capacity of existing resources and options to meet the demand for services in the context of an integrated system of care delivery. As the study findings were released in February 2015, the focus for the upcoming fiscal year is to review the results and utilize them to guide the appropriate amount and mix of community services to support seniors to age at home and ensure caregivers are well equipped to support their loved ones.
- **Health Links** – Work will continue with our seven Health Links to develop the local model for enhanced service coordination with primary care to support “high users” of health resources and individuals with complex care needs. Through the increased coordination of services, Mississauga Halton Health Links support a person-centred approach so people will receive the right care, in the right place, at the right time, and inappropriate use of valuable health care resources will be reduced.
- **Engagement with Primary Care** – To increase the coordination of services and the knowledge of our health care professionals regarding the local health care system and communication between providers, the LHIN recognized that it is essential to engage our primary care physicians and better integrate them into our health system. Integration of primary care into system planning was therefore established as a key strategy for 2014-2015. The LHIN moved forward on a number of opportunities to engage physicians to be more actively involved in the development of our local health system services and identify what they believe is important and necessary to provide optimal care for their patients. Over the next fiscal year, the LHIN will continue to foster relationships with primary care, further engage them into health system development and transformation, and look to better equip them with the capacity and resources needed to provide the best care possible to our residents.
- **Health System Funding Reform (HSFR) and Implementation of Quality Based Procedures (QBPs)**
– Working with our HSFR Local Partnership Committee, we continue to develop a LHIN wide approach to prioritize the implementation of QBPs and initiation of procedure-based funding methodologies. Developing a regional approach to implementation will build a local health care system that delivers high quality service and is sustainable over time.

- **Increasing Access to Health Care Services by Leveraging Technology** – Building upon the development of central service intake models for access to mental health and addiction services, diabetes services, respite and assisted living, the LHIN explored opportunities to leverage existing technological platforms to gain further improvements in 2014-2015. This important work will continue in 2015-2016, and will be closely monitored to help develop a system that not only increases access, but is easy to navigate. The continued use of telemedicine technology within the strategic implementation framework and continued work to integrate and improve access to electronic health care reports for health care professionals will support this key area.
- **Health Equity and Continuing Community Engagement** - In order to achieve a health care system that supports increased health for our community, we must ensure that people are able to receive services to meet their needs irrespective of their cultural, linguistic, education, sexual orientation or income status. We must also ensure that an understanding of health equity is built within the program and service delivery model of our health service providers. Working with our health service partners we will continue to increase understanding and sensitivity to the diverse needs of our community. We will build upon our relationships with our Francophone and Aboriginal communities and continue to enhance service access opportunities. The revision of our community engagement strategies over the next year will ensure that we continue to reach out to our public and ensure that their voices are heard and included in our planning processes.
- **Advancement of Community Practice Initiative** - The Advancement of Community Practice Initiative builds upon ongoing work in the LHIN over the last 7 years. Through an accountability framework and a variety of “collaboratives” (committees), this initiative is creating the means to explore a focused point of operationalizing best practice and ongoing sustainability of practice within the community as well as providing a mechanism for centralizing discussion, resources and decisions on implementation (e.g.: implementation of new tools, methodology of practice, learning resources to achieve implementation outcomes, etc.). The initiative is continuing to move forward with the creation of an environment of continued learning specific to standardizing and enhancing the competency of front-line staff and managers of all health service providers in the LHIN and to increase the capacity in the community through standardized operating procedures and practices in common problem areas (e.g.: client/patient behaviours within care settings, need for a comprehensive and integrated respite program, coordination and regional standard for exercise and falls prevention strategies across the LHIN).

1.1.4 Assessment of Issues Facing the Mississauga Halton LHIN (Environmental Scan of Opportunities and Risks)

Population Growth and Diversity in the Mississauga Halton LHIN

Mississauga Halton experienced a population growth rate of 10 percent during the period of 2006-2011. By 2015 it is expected that our population will increase by an additional 7.3 percent. This is the highest population growth rate across the province. The greatest percentage of population growth has occurred in the Town of Milton, which is recognized as the fastest growing community in Canada.

One of the key considerations for local health system planning based on patients' needs is that the number of people aged 75 years and older will increase by 131% in the Mississauga Halton LHIN from 2013 to 2030. This is the second highest increase for this age group across all LHINs, and must be considered in terms of anticipated health care usage for this population age-group, as well as prevention and promotion planning and program development to keep people healthy as long as possible.

The communities served within the Mississauga Halton LHIN are also some of the most diverse in the province. Working in partnership with our funded agencies and external partners in the community, we must ensure that services are advertised and provided in ways that reach out to meet the needs of diverse and marginalized groups. Strong relationships with regional municipalities (including public health and social/human services), city and town partners, community agencies, education, businesses, faith-based groups and other key stakeholders supporting our residents will allow us to build upon existing strategies to ensure that people are aware of how they can get access to necessary services without prejudice or fear.

Availability of Long-Term Care Home Services

In terms of access to available Long-Term Care Home beds, the Mississauga Halton LHIN has the lowest distribution of Long-Term Care Home beds per 100,000 people over the age of 75 years in the province. In response to this shortage of Long-Term Care Home services, over the past several years, the LHIN, in partnership with our community based service providers, has explored opportunities to develop and provide unique services to support people with higher levels of need in their own homes. A direct result of this strategy is that those individuals who are placed in our Long-Term Care Homes often have higher, more complex levels of care needs. To be able to meet this changing and more challenging resident profile, our Long-Term Care Homes must also respond and equip their staff with the knowledge and supports required. Opportunities to increase training and knowledge exchange for staff will enhance the capacity of organizations to meet the changing needs of their residents.

Capacity of Health Care Services to Meet Increasing Demand

As the population continues to grow within the Mississauga Halton LHIN each year, and in particular, the number of seniors, the capacity of our health care system to meet the growing demands for service is a key risk that we must be aware of, from a program service component as well as human health resource perspective. The Collaborative Community Capacity Study will provide a framework to guide future decision making and resource

allocation within the Mississauga Halton LHIN, and advise our plans to ensure that our health service providers are able to meet the increasing demands placed on them by the growing, aging population. In addition, we will be supporting the utilization of quality improvement strategies and leading practices from other jurisdictions to improve efficiencies and ensure the best outcomes with our health care resources.

Health Human Resources

One of the enablers in the transformation of the health care system is the availability of adequate and skilled health human resources in the Mississauga Halton region. The LHIN will need to ensure that its people have access to the right number and mix of qualified health care providers, now and in the future to maintain and sustain high quality person-centred services. This does not only represent the recruitment of new health care providers but also the continued support for and provision of training and knowledge exchange opportunities that support increased capacity building of our existing workforce.

2.0 INTEGRATED HEALTH SERVICE PLAN 2013-2016 PRIORITIES

2.1 Accessible and Sustainable Health Care

IHSP Priority Description

People want access to a health care system that meets their health care needs now and in the future. To deliver on this priority, over the past few years the Mississauga Halton LHIN has been working with health service providers and partners to ensure services are accessible and responsive to the growing needs of our community. Leading practices from across the province and other jurisdictions are reviewed to support the delivery of high quality health care services at the regional level. Programs are developed, implemented and evaluated to ensure the desired outcomes are achieved in the most efficient, fiscally responsible manner.

Knowing what health care services are available, and where and how to access these services is also important. Timely information and support to navigate our health care system is critical to health service providers and consumers, as people experience changing health care needs and the health system continues to evolve. To assist with system navigation, our health care providers must be aware of other services available within our community and share this information with their consumers and families. With changing needs and as people continue their journey, there is also a need for care coordination to link people to other services and ensure there is clear communication and collaboration between service providers. Work to increase the opportunity for service providers to share client information, actively support transitions of care and the development of integrated regional services and strategies will assist us to meet this goal.

To ensure our health care services are available both now and into the future, there must be a focus on ensuring we receive the best value for our health care dollar. To provide a sustainable health care system, the LHIN continues to work with our health service providers to explore opportunities to reduce duplication, increase service quality to support system flow and leverage existing high performing system resources. To support the attainment of a sustainable system, work will continue to locally implement Provincial Health System Funding Reform (HSFR) initiatives.

Current Status

In the past year progress has been made in a number of areas to improve the ability of people to access health care services, navigate the system, and ensure that our regional health care system is sustainable to meet future care demands. Achievements aimed to meet this priority area and goals included:

The Mental Health and Addictions System Access Model initiative established an Implementation Steering Committee. Four working groups were developed representing community mental health and addiction service providers to continue the development of the system access model. These four working groups include: Referral, Assessment and Technology; Creating a Brand for the System Access Model; Service Resolution; and System Access Model Hubs/Telemedicine in North Halton. The new brand for the system access model was announced as *one-Link: Connecting you to addictions and mental health services*.

The Mississauga Halton LHIN System Integration Group for Mental Health and Addictions (SIGMHA) revised and updated the “No Wrong Door” (NWD) Protocol document. Based on a mental health and addictions service provider survey related to the implementation of the NWD protocol's principles, by the end of March 2015, SIGMHA will have developed a NWD champions' team, established a charter of NWD member agencies and a NWD launch celebrating early adopters, sharing best practices and building collaborations.

Following an analysis of the current model of delivery of rehabilitative care in the Mississauga Halton LHIN, the Regional Rehabilitative Care Review Report - Phase One was completed in January 2015. This report summarizes findings from a systematic review, secondary data analyses, and stakeholder consultations, and proposes recommendations for a regional strategy based on a best practices model for regional rehabilitative care. An analysis of the impact of adopting the provincial Rehabilitative Care Alliance definitions framework for bedded levels of care was also completed.

In support of the development of a Mississauga Halton LHIN Seniors' Strategy, a cross-sectoral steering committee was established. A key focus was to ensure alignment with both regional municipalities' (Halton and Peel) seniors' plans. The committee also wanted to ensure clear alignment with various seniors' care plans and provincial initiatives. The release of the Collaborative Community Capacity Study report in February 2015 was well received by the community. This report will be a key component to determining priorities for planning for care for seniors in our communities. Considering the future demographics and understanding the key issues facing seniors in our communities will be the driving force in directing the future actions of the steering committees goal setting.

The provincial Life or Limb policy is a “no refusal” policy for patients with life or limb threatening conditions. The Mississauga Halton LHIN has collaboratively engaged in ongoing communication, meetings and evaluations since the inception of the policy in January 2014. Recently, the Mississauga Halton LHIN Life or Limb and Repatriation Working Group were incorporated into the Critical Care Committee to improve system-level alignment in performance management. The Mississauga Halton LHIN's relative performance aligned to the provincial targets is trending well.

Trillium Health Partners submitted a proposal to consolidate its complex continuing care beds to one site while increasing acute care capacity. The proposed project is awaiting Ministry approval.

Halton Healthcare Services continued to work through Stage 3 of the capital planning cycle for the Milton District Hospital redevelopment project. Occupancy of the new Oakville Trafalgar Memorial Hospital is expected in December 2015 and the organization has been working through operational readiness.

Navigation of the health care system was identified as a key priority area for consumers, health care providers and partners. Over the past year, the LHIN has been working with the Mississauga Halton CCAC Health Line, 211 and the Hi-Collaborative through the University of Toronto to explore alignment opportunities for a regional on-line and telephone tool that can assist people to find services that are available at the local level. Collaboration with other key stakeholders and partners will continue over the upcoming year to support further development of a navigation tool that meets the needs of the community and its health care providers.

The five strategic priorities under the Integrated Orthopaedic Capacity Plan (IOCP) will be transferred to sustainability status commencing in Spring 2015. A new strategic priority of focus was determined to fall within the

scope of IOCP governance - hip fracture patient population. This work will focus on improving length of stay across the continuum of care from the emergency department, acute care, and rehabilitation and returned to the most appropriate destination with wrap around support to achieve the highest quality of care

The Mississauga Halton LHIN utilized an approach to evaluate all QBPs where patient cohorts had been clearly identified through authoritative definitions employing clinical handbooks released by the Ministry. Three priority areas have so far been identified for regional improvement – stroke, congestive heart failure and hip fractures. The LHIN implemented a set of common tools and approaches to facilitate rapid improvement cycles. Work streams are expected to identify regional improvement opportunities and implementation plans with measurable goals within six months of being identified. Three projects with cross-regional participation delivered exceptional improvement to stated goals and outcomes. Further, the teams were able to continue to transfer knowledge to front-line staff related to quality improvement science to enable changes to be implemented and sustained.

Goals

As articulated within our Integrated Health Service Plan, the following are the goals identified for Accessible and Sustainable Health Care:

- **Improve access to services to improve consumer flow, quality and safety**
 - Establish new ways of working in and with Emergency Departments to reduce wait times
 - Develop innovative and collaborative approaches to reduce unnecessary hospital stays and avoidable hospital admissions and readmissions
 - Leverage evidence-based practices to reduce wait times for priority surgical services (i.e. hips, knees, cataracts, cancer, cardiac bypass)
 - Integrate services to support regional programs and system effectiveness
- **Support consumers, families and health care professionals to navigate the health care system**
 - Begin planning for transitions early and include all care providers, including informal caregivers and family health care
 - Enhance provider awareness and knowledge of the health care system and available resources
 - Provide service navigation to consumers and their caregivers during transitions within the health care system
- **Improve sustainability of the health care system**
 - Develop regional, integrated capacity plans to support health system funding reform (e.g. integrated orthopedic capacity plan) and implement funding for selected health programs (quality based procedures)
 - Focus on seniors and those individuals who utilize a significant proportion of our health care resources and how to meet their needs with greater efficiency

- Work in partnership with health care providers and partners to explore maximizing scope of practice, utilizing services in different ways to improve access
- Manage growth in capacity required as a result of population increases and aging

The Mississauga Halton LHIN's strategic priority of Accessible and Sustainable Health Care, the above noted goals, as well as the action plans to support achievement of these goals are consistent with the provincial government and LHIN priorities as reflected in:

- The Minister's Mandate Letter
- Ontario's *Patients First: Action Plan for Health Care*
- Ontario's *Patients First: A Roadmap to Strengthen Home and Community Care*
- *Excellent Care for All Act*
- Health System Funding Reform
- Mental Health & Addictions 10 year Strategic Plan
- Advancing High Quality, High Value Hospice Palliative Care Recommendations
- Seniors Strategy for Ontario- *Living Longer, Living Well*
- Provincial Life or Limb Policy
- Provincial Rehabilitative Care Alliance
- Assess and Restore Policy

Action Plans	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
1. Enhance access to mental health and addictions services (one-Link)	In progress	30	In progress	30	In progress	20
2. Implement the No Wrong Door Policy - Towards an "Every Door is the Right Door" service system	In progress	20	Complete	20		
3. Implement regional plans for Hospice Palliative Care in the Mississauga Halton LHIN to support greater patient choice for palliative and end-of-life care	In progress	30	In progress	40	In progress	20
4. Develop and implement a regional rehabilitative care strategy in alignment with directions of the provincial Rehabilitative Care Alliance	In progress	30	In progress	30	In progress	30
5. Support the development of appropriate capital plans to meet the future acute and long-term needs of the community	In progress	25	In progress	25	In progress	25

Action Plans	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
6. Develop and implement a Mississauga Halton LHIN Telemedicine Strategy	In progress	50	In progress	25	Complete	25
7. Evaluate the application of the Provincial Life or Limb Policy and repatriation within the Mississauga Halton LHIN	Complete	90				
8. Plan and implement Health System Funding Reform that includes HBAM and Quality Based Procedures	In progress	30	In progress	30	In progress	30
9. Plan, organize and collaboratively develop a Pan Am/ Parapan Am Games 2015 communication and response strategy	Complete	100				
10. Develop a Mississauga Halton LHIN Management of Business Continuity and Emergency Response Plan for internal Mississauga Halton LHIN staff	Complete	100				
11. Mississauga Halton LHIN health system Emergency Management Planning	In progress	75	Complete	25		
12. Disseminate the Mississauga Halton LHIN Performance Scorecard System (PScS) HSP/Hospital/CCAC inclusive of the ED leaders Committee as the pilot group	In progress	75	Complete	25		
13. Align with provincial direction around development of community based speciality clinics	In progress	30	In progress	30	Complete	40
14. Develop a Vision (Care) Strategy for the LHIN	In progress	75	Complete	25		
15. Explore opportunities to expand the integrated community health hub model to meet the diverse needs of our community	In progress	30	In progress	30	In progress	40

16. Enable access and flow strategy in the Health system for proactive approach to seamless transitions through the care continuum	In progress	20	In progress	30	In progress	30
17. Ensure high quality, efficient and integrated health service providers by supporting their governance processes	Complete	100				

Measures of Success

Indicators of success for the Mississauga Halton LHIN will be captured through our MLPA Dashboard (Appendix A) and achievement of the 2014-2015 targets as agreed upon by the Ministry of Health and Long-Term Care and the LHIN. The following developmental/monitoring indicators will also be used to help guide planning and program implementation/evaluation:

1. Number of individuals accessing care through one-Link
2. Identification of champions for the No Wrong Door
3. Mental Health Provider signing the No Wrong Door Charter
4. Reduction in the number (rate) of hospital days attributed to palliative care
5. Development and implementation of a robust regional Rehabilitative Care strategy including standard definitions and eligibility criteria for regional rehabilitative care services
6. Reduction in the number of patient readmissions post discharge; reduction in wait time to first CCAC/community support service contact following discharge; reduction in administrative time for service referrals; improved and more timely communication flow between providers and with the patient/family
7. Joint service resolution structure in place; increased number of individuals with development disabilities linked to primary health teams
8. Increase in total use of telemedicine across the Mississauga Halton LHIN by 25%.
9. Increase utilization of Mississauga Halton Health Line by 25% and integration with other regional databases (i.e. 211 and iamsick.ca)
10. Effective implementation of the Pan Am ParaPan Am strategy in July 2015
11. Development and dissemination of the Mississauga Halton LHIN Emergency Planning training for LHIN staff regarding new role and responsibilities
12. Development of a local health system plan to prepare for response to and recover from emergency events, with an overarching goal of ensuring continued access to healthcare services and maintaining local health system capacity during emergency events

13. Timely identification of potential performance issues within and amongst the health sectors in the Mississauga Halton LHIN as it relates to the service accountability agreements and aligns with the IHSP. Trend analysis; care continuum system impact; interrelated effect of one area's system performance on another; impact of investments/return on investment and comparative analysis among peers or other LHINs are all examples of the various ways we will continue to monitor any performance issues within Mississauga Halton LHIN
14. Feasibility of community based clinics and number of new community based clinics developed
15. Development of the Mississauga Halton LHIN vision (care) strategy in alignment with Provincial Vision Task Force priorities
16. Improved acute ALC rates
17. Health service provider adherence to new M-SAA performance obligations around the use of LHIN provided governance guidelines. Health service provider attendance at regular Governance to Governance education sessions and participation in any LHIN sponsored governance educational opportunities

Risks / Barriers to Successful Implementation

- Timely access to service utilization data at regional system and client levels
- Access to information technology/information management systems that are integrated across sectors and allow for the secure, timely and useful transfer of information between health service providers
- Patient preference for hospital based emergency and urgent care services and resistance to seek non-emergency services elsewhere
- Community capacity; capital and human health resources
- Patients have expressed the preference and desire to die at home however, fear and physiologic aspects of the dying process result in patients and their caregivers seeking acute (hospital) services for support.
- Influence of confounding variables on measurement of project or strategy outcomes
- Client/family perceptions that only hospital based services can meet their needs
- Transformational change within all sectors will encounter change management challenges
- Project dependencies on provincial work and best practice recommendations from various ongoing initiatives (with regard to rehabilitative care)
- Development of supply of services within specialist physician audience i.e. psychiatry (telemedicine)

Mitigation Strategies

- Involvement of local health service providers and their decision support units to provide timely and quality data into regional databases
- Provide a performance measurement framework for health service providers

- Development of balancing indicators
- Communication materials delivered to the general public on options for non-urgent health care available in appropriate formats and languages for our LHIN population; use of social media to deliver messages to the public
- Collaborative Community Capacity Plan
- Future strategies in care plan development and the provision of clear information to clients/patients and their families concerning “what to expect” with palliative care
- Strategy to access regional cross-sectorial databases
- Promotion of community based services and their successes
- Development of common value statements to foster acceptance of change strategies
- Stakeholder engagement
- Central Intake information technology/information management work plan established to build IT/IM solution business case
- Working proactively with specialists to identify and plan strategies to address potential supply issues and increase their participation

Key Enablers for Success

- Performance measurement with timely access to data to support evidence based practice and decision making
- Capacity planning to support enhanced and expanded community support programs
- Health innovation and identification of early adopter agencies to act as system change champions
- Advancement of e-health strategies for secure information management and sharing
- Information technology/information management solutions that ensure secure, timely and useful notification transfers across sectors
- Funding reform
- Standardized clinical care pathways
- Education and knowledge transfer
- Stakeholder engagement strategies
- Clearly defined roles for LHIN and stakeholders within project charters
- Clearly articulated, supported and progressive palliative care implementation
- Engagement and increased involvement of primary care
- Executive Leadership support from all service provider agencies critical to support the system transformation required to implement the new rehabilitative Care service model
- Provincial best practice rehabilitative care recommendations to enhance impetus for change

2.2 Family Health Care When You Need It

IHSP Priority Description

Timely access to family health care is critical to the early identification and treatment of health care concerns. In the absence of timely access to a family doctor, people may inappropriately seek out more intensive health care services in our system when they may not be necessary, or may experience increased severity of their condition by not having it treated in a timely manner.

The linkage and integration of primary care to the broader health care system is critical so that people receive the services they need. This may include access to specialist services or information and access to services in the community to assist with better managing health; supporting people to remain living in their homes as long as possible. Through increased collaboration and integration of primary care with other community based health care services, a coordinated care model is supported. The development of Health Links within the Mississauga Halton LHIN is aimed at the coordination of care, beginning with access to family health care for those people with complex care needs who are the most frequent users of the health care system.

Current Status

Over the past year our engagement with primary care has resulted in a number of achievements that have advanced improvements in access to family health care services and the coordination of these services with other components of the broader health care system. Achievements include:

East Mississauga Health Link:(early adopter):

- 137 patients enrolled with approximately 95% involved in the development of a coordinated care plan
- A comprehensive community engagement strategy was developed and implemented across the Health Link
- Early qualitative and quantitative quality improvement reviews demonstrated positive patient experiences and decrease in health system utilization
- Actively addressing barriers to care conferencing through OTN (Personal Computer Video Conferencing).

All six remaining Health Links submitted their Business Plans to the Ministry of Health and Long-Term Care. It is anticipated that all Health Links in the LHIN will be approved in the upcoming year and move into operations.

Within the Connecting the Health Links forum, a decision was made to create a secretariat to support activity related to issues impacting all Health Links. This will enable the Health Links to move ahead in a collaborative and coordinated approach.

The Primary Care Network recruited 12 core members providing coverage across the LHIN both geographically and in terms of practice models. The Network has identified several initiatives to focus on. This includes the development of a primary care website to act as a one stop shop for primary care, and an eCompendium of Specialists to promote ease of navigation from primary to specialty care.

Through a partnership with the Champlain LHIN, the Mississauga Halton LHIN is participating in the Ministry of Health and Long Term Care's eConsult initiative. Using the eConsult platform established in the Champlain LHIN, 80 Mississauga Halton primary care providers are able to access the over 50 specialities already offered along with 9 additional specialties being provided by Mississauga Halton LHIN specialists. The eConsult platform will allow primary care physicians to access clinical consults rapidly providing them with the information needed to progress with their patient's care and avoiding referrals and unnecessary waits for specialist appointments.

Goals

As articulated within our Integrated Health Service Plan, the following are the goals identified for Family Health Care When You Need It:

- **Improve access to family health care**
 - Leverage Health Care Connect to support consumers who want or need a family health care provider to get one, particularly for those people who are admitted to hospital or frequently visit the Emergency Department
 - Improve access to same-day or next-day appointments and after-hours care including home visits and mobile clinics
 - Increase access to multi-disciplinary health care teams
- **Increase linkages between family health care and other health care providers to improve communication, coordination and integration across the continuum of care**
 - Improve coordination of care among providers (particularly for complex consumers who are at high risk for readmission or high users of the system) through the development of Health Links
 - Increase capacity of family health care providers to manage an increased complexity of consumer care through the provision of consultations with specialists
 - Improve communication with family health care providers through consistent and timely sharing of consumer information
 - Leverage technology (i.e. electronic medical records, portals, Ontario Telemedicine Network) to promote sharing of information between providers

The Mississauga Halton LHIN's strategic priority of Family Health Care When You Need It, the above noted goals, as well as the action plans to support achievement of these goals are consistent with the provincial government and LHIN priorities as reflected in:

- Ontario's *Patients First: Action Plan for Health Care*
- *Excellent Care for All Act*
- Health Links
- ED/ALC Strategy and Wait Times
- Health Care Connect
- Ontario Telemedicine Network

Action Plans	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
1. Implement and advance a primary care integration strategy	In progress	40	Complete	20		
2. Implement Health Links across the Mississauga Halton LHIN	In progress	40	Complete	30		
3. Improve transitions by leveraging the development of electronic hospital and emergency discharge to support information flow between hospitals and primary care	Complete	50				
Measures of Success						
Indicators of success for the Mississauga Halton LHIN will be captured through our MLPA Dashboard (Appendix A) and achievement of the 2014-2015 targets as agreed upon by the Ministry of Health and Long-Term Care and the LHIN. The Ministry Health Links Performance Measures once fully defined, will also be used as measures of success. The following <u>developmental/monitoring</u> indicators will also be used to help guide planning and program implementation/evaluation: 200 physicians engaged in the Mississauga Halton Primary Care Network, Primary Care Advisors will have made contact with 100% of primary care physicians, a primary care physician database will be established for regional use and 500 e-Consults will be completed - All patients identified with complex needs (high users) within the LHIN supported by a Health Link; 100% of Health Link patients have a coordinated care plan developed. Develop measurement of patient experience with coordinated care - Percentage of hospital patients seen by a primary care physician within seven days of discharge; percentage of the population served who received a home visit within 48 hours of discharge from hospital from a Rapid Response Nurse (RRN) - Enhanced care connections across sectors (hospital, primary care, CCAC and community providers), patient experience and reduced hospitals readmissions						

Risks/Barriers to Successful Implementation

- Willingness of primary care physicians and specialists to participate in primary care related initiatives
- Availability of timely, reliable data for evaluation
- Ability of primary care to offer timely access to patients post hospital discharge
- Willingness of patients to accept home visit immediately following hospital discharge

Mitigation Strategies

- Design Primary Care Network initiatives in response to primary care identified needs
- Ensure Primary Care Advisors have a primary care provider centric approach and are able to tailor their offerings to the needs of individual physicians
- Promote eConsult through education opportunities and Primary Care Advisors
- Engage the Chronic Disease Prevention & Management Clinical Lead to support physician and Endocrinologist participation in eConsult
- Engagement with primary care through the various stages of Health Link development to support primary care engagement
- Implement the Mississauga Halton LHIN Integrated Decision Support Tool

Key Enablers for Success

- Information technology management and electronic health records
- Existing networks, partnerships and collaboratives
- Physician engagement sessions
- Communication strategies through Primary Care Network and Primary Care Advisors

2.3 Enhanced Community Capacity

IHSP Priority Description

The Mississauga Halton LHIN is home to a rapidly growing seniors population. The enhancement of the capacity of community based services to support people to remain in their homes as long as possible has been a long standing goal of the Mississauga Halton LHIN. With a continued shift in our approach to health care delivery from acute or long-term institutional care to the home, the need to ensure appropriate capacity within the community is paramount.

Providing the right care, in the right place, at the right time requires the LHIN to work closely with its health service providers, consumers and community stakeholders to ensure we are supporting people where they need care – closer to home. Consumers and caregivers have articulated that care needs to be provided in a timely and convenient manner – minimizing the need to go to multiple locations for services.

Building capacity refers to adequately managing the volume of services available (and ability to meet growing demands), as well as ensuring providers and caregivers have the skills and supports they require to best meet the needs of an increasingly complex consumer. By providing people the appropriate level of care in the community, the use of more resource intensive levels of care, such as Long-Term Care Homes, will be reserved for those people who truly need that level of service.

Current Status

In 2013-2014, a number of activities were undertaken to achieve the enhancement of the capacity of our community based services. Key achievements include:

The Advancement of Community Practice (ACP) initiative served as an environment of continued learning through the provision of a centralized point to operationalize an evidence informed practice, provide a mechanism for centralizing discussion, resources and decisions for high quality service delivery and improve the health of those living in the Mississauga Halton LHIN community by enhancing the competency of staff and caregivers. The Regional Learning Center served as a collective foundation aligned with the six collaboratives defined within the Advancement of Community Practice initiative as an educational resource to help educate, train and support health service providers and caregivers in the Mississauga Halton LHIN.

The Mississauga Halton LHIN successfully developed and implemented the expansion of Physiotherapy services within the community as part of the provincial reform of Physiotherapy Services. Expansion of services included 66 community locations with 16 sites in progress to be implemented by March 2015, providing exercise and falls prevention classes for seniors. The total capacity of seniors that could benefit from these classes is 12,486. As a result of LHIN and Ministry of Health and Long-Term Care collaborative planning, an additional nine community based physiotherapy clinics agreements were established within the LHIN. In total, there will be 13 provincially funded clinics that support the delivery of physiotherapy services across our community.

The Collaborative Community Capacity Study in collaboration with the Central West and Mississauga Halton LHINs was completed and released in February 2015. The plan identified required resources to provide a community based focus of care for seniors. Targeted interventions have been identified particularly focusing on:

- Care coordination
- Supports for daily living
- Adult day programs
- Self and informal care
- Aggressive behaviours
- End of life (palliative care)
- Materially deprived seniors
- Residential instability
- Socioeconomic status
- Ethnicity

The Collaborative Community Capacity Study's findings will help the Mississauga Halton LHIN anticipate planning for future senior health care and inform investment and reallocation decisions to the programs with highest projected gaps, or across programs in proportion to their projected gaps to ensure improvements in care, creating a path to excellence for the Mississauga Halton LHIN's health care for seniors.

Goals

As articulated within our Integrated Health Service Plan, the following are the goals identified for Enhanced Community Capacity:

- **Enable people to stay in their homes longer**
 - Manage the volume of services in the community to reduce wait times and meet demand for vulnerable populations such as seniors, palliative consumers and those with mental health concerns and addictions
 - Provide support for medication management and instrumental activities of daily living such as meals and homemaking to avoid institutionalization
 - Support caregivers by providing adequate training, respite and coordination of service
 - Build appropriate staffing through enhanced training to attract skilled staff to serve consumers with complex needs in the community
- **Provide integrated services that bring care closer to home**
 - Create community centres for health where people can access integrated services that address more than one need in a single stop
 - Address transportation challenges or bring programming to convenient locations (home or community based) to meet the needs of specific target groups
 - Maximize use of technology to bring care closer to home

The Mississauga Halton LHIN's strategic priority of Enhanced Community Capacity, the above noted goals, as well as the action plans to support achievement of these goals are consistent with the provincial government and LHIN priorities as reflected in:

- Ontario's *Patients First: A Roadmap to Strengthen Home and Community*
- Ontario's *Patients First: Action Plan for Health Care*
- The *Excellent Care for All Act*
- Seniors' Strategy- *Living Longer, Living Well*
- *Home Care and Community Services Act*
- Assisted Living for High Risk Seniors Policy
- ED/ALC Strategy and Wait Times
- Health Links
- Ontario Telemedicine Network

Action Plans	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
1. Enhance a focused point of operationalizing best practice and ongoing sustainability of practice within the community as well as providing a mechanism for centralizing discussion, resources and decisions on implementation through the Advancement of Community Practice Initiative and Regional Learning Centre	In progress	60	Complete	40		
2. Review the findings of the Collaborative Community Capacity Study and develop implementation plans for a Mississauga Halton LHIN Seniors' Strategy	In progress	40	In progress	30	Complete	30
3. Complete the Caregiver Respite Program Research initiative (in partnership with the University of Waterloo) and implement recommendations to ensure caregivers have better resources to care for their loved ones and also to take care of themselves	Complete	100				
4. Implement remaining respite program development inclusive of integration of adult day services and centralizing intake of all services for respite	Complete	100				

Action Plans	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
5. Implement improved service commitment for complex care clients and consumers requiring nursing services	Ongoing	50	Complete	50		
6. Regionalize the Meals on Wheels Program to concentrate resources, attaining greater efficiencies and economies of scale	In progress	50	Complete	50		
7. Implement appropriate changes to regional transportation program to enable better options for dialysis transportation and medical appointments as well as adult day service intake	In progress	75	Complete	25		
8. Continue to move forward with implementation of the province's plan to enhance the wages of personal support workers and provide other supports to improve the stability of the Personal Support Worker (PSW) workforce	In progress	75	Complete	25		
9. Enhance adult addictions and mental health peer support services	In progress	50	In progress	40	In progress	10
10. Enhance opioid outreach treatment services	In progress	30	In progress	30	Complete	20
11. Define and develop addiction support services	In progress	60	Complete	40		
12. Enhance health services for people with developmental disabilities in the Mississauga Halton LHIN, in collaboration with Ministry and Community Social Services regional offices	In progress	40	In progress	20	Complete	20

Measures of Success

Indicators of success for the Mississauga Halton LHIN will be captured through our MLPA Dashboard (Appendix A) and achievement of the 2014-2015 targets as agreed upon by the Ministry of Health and Long-Term Care and the LHIN. The following developmental/monitoring indicators will also be used to help guide planning and program implementation/evaluation:

1. Increased number of service staff that receive enhanced training to understand and assess complex care needs
2. Increased number of caregivers receiving supports such as respite, and training for safe care provision that allows them to safely support their family member at home
3. Achieve operational uptake of the new caregiver assessment instrument into the respite program
4. Reduced number of ED visits best managed elsewhere; reduced number of hospitalizations due to related reasons; reduced number of 30 day readmissions for same diagnosis
5. Reduced number of ED transfers and hospital admissions from Long-Term Care Homes
6. Increased number of individuals in priority populations receiving assisted living services to enable care in the community and decrease hospital and Long-Term Care admissions; implementation of program evaluation recommendations relating to governance and engagement, communication and education, service delivery, client and stakeholder engagement and experience and data and outcomes
7. One regional provider of Meals on Wheels services achieving increased clients served meals and economies on meals purchases
8. Achieve increased number of patients accessing rides to and from dialysis treatment and medical appointments; decreased number of cancellations
9. Achieve faster transportation referrals for access into adult day services; achieve increased rides for clients of adult day services; decrease number of cancellations; increase training of onboard assistants
10. Ensure that all eligible health service providers are funded as per the Ministry of Health and Long-Term Care directive and the health service providers have amended agreements with contracted agencies or flowed the enhanced funding to their Personal Support Workers
11. Number of formal partnerships with non-funded partners for opioid outreach treatment services
12. Number of LHIN funded Mental Health and Addiction Peer Support FTEs
13. Development and evaluation of the community addiction liaisons to the Emergency department (called CALED); Completion of final report with logic model and recommendations

Risks / Barriers to Successful Implementation

- Physical program space to accommodate increased service levels
- Limited cooperation of non-LHIN funded service partners
- Lack of consistent, robust data collection and management reporting practices
- Community engagement timing
- Slow uptake of service providers to change historic practices and service models
- Resistance to rapid community change

Mitigation Strategies

- Develop consistent and standard data collection and management reporting processes for community services
- Consider social determinants
- Build existing capacity and consider cost implications prior to implementation
- Include current state and future state projections considering demographics for 5, 10 and 15 years
- Reallocation of funding
- Engagement of service partners early to collaborate in action plan development
- Ensure collaborative and comprehensive participation with all sectors, health and key stakeholder partners
- Capitalize on leading practice models
- Ensure appropriate level of staff utilized
- Coordinated health human resource planning and recruitment
- Knowledge exchange opportunities for current staff to learn new service models
- Create joint vision for program outcomes
- Consider prevention and wellness factors in the aging continuum
- Identification of local champions of service change

Key Enablers for Success

- Identification of provincial and local leading practices
- Advancements in information technology and management
- Identification of LHIN wide, standard accountability expectations
- System access and efficiencies (transportation, eligibility criteria, central access, provider practice and communication for smooth transitions, standard care pathways)
- Communication strategy for new services
- Broad stakeholder engagement, including active patient participation
- Ability to understand and accept risk where information or data may not be known

2.4 Optimal Health - Mental and Physical

IHSP Priority Description

Six out of 10 deaths and one quarter of all acute hospital days in the Mississauga Halton LHIN are the result of chronic conditions such as heart disease, high blood pressure, diabetes and asthma. Chronic disease is the leading cause of death in Ontario. To build a high quality, sustainable health care system, we recognize that attention must be focused on chronic disease prevention and optimizing mental and physical health.

Keeping people healthy is a responsibility that is shared by many, including individuals themselves. By promoting healthy habits and lifestyles we can support the prevention of chronic conditions and assist those people living with chronic disease to enjoy a better quality of life and live longer. The promotion of self-management services and education will allow people to take an active role in the management of their own health. Leveraging partnerships, including the expertise of people with lived experience offers a sustainable, effective mechanism to optimize health.

Working with our partners in public health, local government and other key stakeholders, we can collaborate on prevention strategies and broaden the reach of our messages and education to the general public. People's health concerns need to be addressed in consideration of their living and working conditions, as well as social supports to support the achievement of a healthy community.

Current Status

In 2013-2014, the Mississauga Halton LHIN, in collaboration with our health service providers and partners, advanced the priority of Optimal Health – Mental and Physical through a number of achievements which laid the foundation for the coming year:

- The Chronic Disease Prevention and Management Regional Advisory Working Group developed a CDPM inventory to better understand the current assets and gaps in the Mississauga Halton LHIN with respect to chronic disease programs, services and resources. The inventory will be distributed in March 2015. This inventory will also be used to identify opportunities to leverage and co-localize resources and integrate where possible. The Chronic Disease Prevention and Management Regional Advisory Working Group continued to engage external partners to get a holistic view on chronic disease in the region as well as look at opportunities to integrate programs, services and information.
- The Diabetes Education Program Central Intake continued to work with stakeholders to improve and standardize processes and definitions to ensure value is provided to clients, health service providers and the health system. Through much of the year they were refining their manual processes.

Since the inception of the Diabetes Education Program (DEP), Central Intake has processed over 4200 total referrals (April 2013 – Dec 2014), from 503 referral sources with 98% of referrals triaged to DEPs within 48hrs of receipt. The Central Intake Program at Halton Healthcare Services was expanded in 2014 to include managing the Regional Diabetic Foot Care in May 2014 and the Regional Mental Health and Addiction System Access Model (one-Link) in June 2014. In 2014 Halton Healthcare Services entered a partnership agreement

with an electronic referral solution provider to develop and implement an eReferral solution for all three pathways. The eReferral system went live between the Central Intake program and the Diabetes Education Program in November 2014 and is expected to be available for primary care starting in Q1 2015-16.

- The Healthy Holidays initiative, formerly Holiday Surge strategy built on the successes of previous years' strategies and utilized new technology and partnerships to continue to inform the Mississauga Halton residents of their health care options over the holiday season. The Healthy Holidays initiative was well underway in the fall of 2014 with the execution of a multi-sectoral strategy and a key partnership with iamsick.ca. A large scale communication strategy was rolled out to enable individuals, their families and providers in the Mississauga Halton LHIN to access information through smartphone technology that was up-to-date, reflected the holiday hours and provided everyone with information at their fingertips via the iamsick.ca app. Upon the completion of the Healthy Holidays strategy in January 2015, the campaign will move towards a year-round strategy of health system preparedness called myhealth365. Highlights from this year's Healthy Holiday strategy include:
 - 976 visits to feelbetterfaster.iamsick.ca website
 - 782 app downloads
 - Mobile app was used 1,992 times – Android ranked #7 of Canadian Health apps and iPhone ranked #13 of Canadian Health apps
 - Clinics were engaged and updating their hours to reflect changes in their schedules and data was immediately displayed in real-time on website and app
 - Received holiday information from 200 healthcare providers
 - 394,500 social media views, shares, likes, visits of Mississauga Halton LHIN healthy holidays tips and resources in a 10 day span

Goals

As articulated within our Integrated Health Service Plan, the following are the goals identified for Optimal Health – Mental and Physical:

- **Increase healthy habits and prevention of disease**
 - Leverage existing resources for chronic disease and develop an integrated model and approach to chronic disease prevention and management that supports individuals through their lifespan
 - Partner with Public Health to support approaches to healthy lifestyles and disease prevention
 - Promote healthy workplace policies, leading by example through the work of our health service providers
- **Build partnerships for healthy communities**
 - Develop partnerships across various sectors such as municipalities, public health, education and social services to collaborate on issues relating to or impacting health such as the social determinants of health
 - Leverage the expertise of people with lived experience and expand/develop peer support initiatives and networks

The Mississauga Halton LHIN's strategic priority of Optimal Health – Mental and Physical, the above noted goals, as well as the action plans to support achievement of these goals are consistent with the provincial government and LHIN priorities as reflected in:

- Ontario's *Patients First: Action Plan for Health Care*
- Ontario's *Patients First: A Roadmap to Strengthen Home and Community*
- The *Excellent Care for All Act*
- Seniors' Strategy- *Living Longer, Living Well*
- Mental Health and Addictions 10- year strategy
- *Home Care and Community Services Act*
- ED/ALC Strategy and Wait Times
- Ontario Telemedicine Network initiatives

Action Plans	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
1. Develop and implement a regional integrated chronic disease prevention and management strategy	In progress	20	In progress	20	In progress	20
2. Establish external partner linkages to develop promotion and prevention of chronic disease strategies	In progress	40	In progress	30	Complete	20
3. Explore and implement standardization of diabetes programs and services, optimizing resources and residents' experiences and outcomes	In progress	30	In progress	50	Complete	20
4. Develop and implement the myhealth365 strategy to support residents of Mississauga Halton to navigate available services and resources year round	In progress	50	In progress	25	Complete	25

Measures of Success

Indicators of success for the Mississauga Halton LHIN will be captured through our MLPA Dashboard (Appendix A) and achievement of the 2014-2015 targets as agreed upon by the Ministry of Health and Long-Term Care and the

LHIN. The following developmental/monitoring indicators will also be used to help guide planning and program implementation/evaluation:

1. Number of co-localized/co-administered programs or services for residents with chronic diseases
2. Increased number of cross sector partnerships (beyond health services) to develop and implement strategies and tactics for optimizing health
3. Development and implementation of a standardized regional type 2 diabetes group class curriculum across Mississauga Halton LHIN
4. Number of people with diabetes who received preventative foot care from Mississauga Halton LHIN diabetes foot care program
5. Increase the number of individuals served through DEPs in Mississauga Halton LHIN
6. The number of healthcare professionals participating in regional diabetes education sessions established to standardize and optimize resources
7. Reduction in the ED visit rate for less urgent cases(CTAS IV&V) during known ED surge periods
8. Increased (uptake) number of residents utilizing the iamsick.ca technology
9. Increased number of primary care services available and increased hours of service during surge periods and development and measurement of user satisfaction

Risks / Barriers to Successful Implementation

- Lack of reliable, quality community health data, and methodology for evaluation
- Lack of information technology platforms to allow sharing of integrated information in a secure and timely manner
- Resistance to change by health service providers to new service models and/or integration of services

Mitigation Strategies

- Identify change champions to model and support new service delivery methods
- Collaboration with partner decision support groups to identify standardized indicators and data collection processes
- Identification of current IT platforms that can be leveraged
- Development of common purpose and outcomes for projects
- Phased implementation approach (early adopters) to demonstrate success prior to regional implementation

Key Enablers for Success

- Information management and technological advances
- Communication with stakeholders
- Early adopters of change practices
- Collaboration among agencies
- Accountability management through service accountability agreements
- Leadership among health service providers
- Provider and staff knowledge translation and engagement
- Partnerships

2.5 High Quality, Person-Centred Care

IHSP Priority Description

Ontario's *Excellent Care for All Act* was established in 2010, and set out standards to ensure that Ontarians receive health care of the highest possible quality and value. In alignment with this legislation, the Mississauga Halton LHIN has been working actively to ensure that consumers and caregivers are at the centre of the health care system; that decisions about patient care are based on the best available evidence; and that the people with lived experience are actively involved and engaged in the planning and development of the services that they receive. The voice of the consumer is paramount to quality improvement, strengthening accountability in the system and ensuring best use of resources.

Improving the quality and value of the consumer and caregiver experience is a key focus. Quality measures across sectors through the development of quality improvement plans have raised the importance of quality practices and contributed to the creation of a culture of quality.

We recognize that the services provided within our community must reflect and meet the diverse needs of our population. This includes the provision of services in French for the Francophone community as well as services to meet the unique needs of our Aboriginal community. It also means taking the time to better understand how different communities typically access services and ensure that we are developing strategies to meet their needs in the most appropriate, equitable and respectful manner.

Current Status

To improve the cultural competency in regards to French Languages Services (FLS), training for the staff of the FLS identified organizations and the members of the Health Equity Planning Advisory Committee were conducted.

At two Governance to Governance events in 2014-2015, the Mississauga Halton LHIN provided further education and opportunities to focus on Quality at the Board Level. David Brown from Brown Governance provided information on Governance for Quality and led the leaders through a facilitated case study around quality. The final Quality Governance to Governance Session in September was focused on our LHIN and gave examples of a Governance Quality Aid from the CCAC Board and described the work of Synergy West GTA to develop some common community indicators. The engagement during this session focused on identifying some indicators that could be standardized across programs/sectors, which can be used in quality improvement plans (QIPs) and that track to the Quality Committee's initial focus on the attributes of Safe, Accessible, Effective and Patient Centred. The goal in 2015-16 is to have community providers develop QIPs at their organizational level that will have at least one common indicator per program/sector in each of the identified attributes.

The Board Quality Report now includes system level indicators at the Hospital, CCAC, CSS and MH&A sector for client satisfaction for the 2013-14 fiscal year. The community sectors have exceeded the 2013-14 target of 70% set for these indicators.

As a follow-up from recommendations identified at the March 2014 Health Equity Symposium, the Mississauga Halton LHIN System Planning Advisory on Health Equity embarked on the development and implementation of two key initiatives in an effort to increase system health equity capacity in 2014-15: Health Equity Training and Health Equity Data Collection. Health Equity Training was aimed at increasing health service provider health equity capacity through a system of structured training sessions, including the Ministry of Health and Long-Term Care's Health Equity Impact Assessment (HEIA) Tool. The Health Equity Data Collection initiative was aimed at collecting socio-demographic data to apply an equity lens to better understand health outcomes as well as assist in program development and organizational outreach to marginalized groups.

We worked closely with the Northwest Mississauga Health Link to incorporate French Language Services Planning as part of the development of the Health Link. The North West Mississauga Health Link is co-led by the Credit Valley Family Health Team and Nucleus Independent Living. The Credit Valley Family Health Team has the capacity to provide primary care services in French. This will improve transitions between health and social service providers and increase support for system navigation for Francophones.

A health education "train the trainers" session for Francophone seniors, their caregivers and French speaking health care professionals was provided as a result of a partnership between the Alzheimer Society of Peel and Retraite Active (Francophones Seniors Group). The overall goal of this project was to enhance the community capacity for French language services and increase the number of cultural and linguistic appropriate education programs for Francophones. We also provided Mental Health First Aid training for a Francophone trainer, with the goal that this trainer will now be able to provide training within the Francophone community and help achieve the goal of improving access and coordination of mental health and addictions services and supports for Francophone children and youth within the Mississauga Halton LHIN.

A survey was developed in partnership with our French Language Services Planning Entity, Reflet Salvéo, and circulated to all Mental Health and Addictions service providers within the Mississauga Halton LHIN. This will help assess the French language capacity in this sector and improve access to a full range of services in French to the community with a focus on Mental Health and Addictions services.

In 2014-15, the Mississauga Halton LHIN placed a focus on improving the Indigenous Cultural Competency in staff and Board members. As such, the LHIN met the following Aboriginal cultural competency/awareness training targets:

- # of Staff Trained: 33/35 (94.3%)
- Board Members Trained: 5/6 (85.7%)

In addition to the on-site training provided, nine staff and four external partners participated in a certified on-line training program and received certification in Indigenous Cultural Competency.

Over the past year we have also been in consultation with the Métis Nation of Ontario (MNO) on the development of our local System Access Model that will provide information, referral, assessment and navigation function and features for the mental health and addictions sector in our LHIN. The Métis Nation of Ontario has also provided consultation to our LHIN on their telepsychiatric mental health service supports model. An MNO representative also sits as a member of the Mississauga Halton LHIN Telemedicine Advisory Committee.

Goals

As articulated within our Integrated Health Service Plan, the following are the goals identified for High Quality Person-Centred Care:

- **Continue to support and foster a quality culture across the continuum of care**
 - Implement the *Excellent Care for All Act* at a local level to embed a culture of quality within all LHIN health service providers
 - Develop mechanisms for tracking quality of care, safety and system effectiveness as it pertains to desired outcomes
 - Implement consistent care pathways and standardized care plans (i.e. discharge plans)
 - Use scientific evidence to support effective utilization of health care dollars
- **Value people's experiences to support system improvement**
 - Identify person experience metrics and use to guide service improvement and development
 - Ensure services are flexible to meet consumer and caregiver needs
 - Include people with lived experience as active members of planning and quality improvement teams
 - Develop a LHIN-wide customer service focused approach
- **Apply a health equity lens for the delivery of health care services**
 - Raise awareness and decrease stigma to minimize marginalization
 - Focus on the most vulnerable populations and develop awareness and understanding of health equity issues to support these in need
 - Support the provision of services which are linguistically and culturally competent
 - Work in collaboration with the French Language Service Entity (Reflét Salvéo) and Aboriginal leaders to leverage existing capacities and explore new opportunities to meet the respective needs of the Francophone and Aboriginal communities to meet the respective needs of the Francophone and Aboriginal communities

The Mississauga Halton LHIN's strategic priority of Optimal Health – Mental and Physical, the above noted goals, as well as the action plans to support achievement of these goals are consistent with the provincial government and LHIN priorities as reflected in:

- Ontario's *Patients First: Action Plan for Health Care*
- The *Excellent Care for All Act*
- *French Language Services Act*
- Health Quality Ontario Common Quality Agenda
- Pan-LHIN Aboriginal/First Nations priorities
- Provincial Health Equity Impact Assessment

Action Plans	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
1. Revise the Board Quality scorecard to reflect Health Quality Ontario's Common Quality Agenda, Community Indicators and the Board Quality Committee's focus	Complete	100				
2. Require community health service providers to submit Board approved Quality Improvement Plans (QIPs)	In Progress	50	Complete	50		
3. Design and implement a health equity plan across the Mississauga Halton LHIN	In progress	25	In progress	25	In progress	25
4. Design and implement the Mississauga Halton LHIN specific elements and joint elements of the 2015-16 Joint Annual Action Plan (JAAP) (alongside Reflet Salvéo, Central West LHIN and Toronto Central LHIN)	Complete	100				
5. Ensure the Mississauga Halton LHIN is meeting the requirements of the <i>FLSA</i> in its active offer of French language services	In progress	40	In progress	25	In progress	25
6. Gain a greater understanding of the French language service capacity among health service providers and work with identified health service providers and those with capacity to improve the active offer of French language services	In progress	25	In progress	25	In progress	25
7. Build Aboriginal cultural competency within the Mississauga Halton LHIN	In progress	20	In progress	30	In progress	30
8. Build partnerships to develop Aboriginal specific programs and services within some Mississauga Halton LHIN health service providers	In progress	20	In progress	30	In progress	30
9. Develop a Mississauga Halton LHIN strategy around patient engagement to further increase the involvement of patients in LHIN committees	In progress	40	In progress	40	Complete	20

Measures of Success

Indicators of success for the Mississauga Halton LHIN will be captured through our MLPA Dashboard (Appendix A) and achievement of the 2014-2015 targets as agreed upon by the Ministry of Health and Long-Term Care and the LHIN. The following developmental/monitoring indicators will also be used to help guide planning and program implementation/evaluation:

1. Finalized Mississauga Halton LHIN Board Quality Report with HQO's Common Quality Agenda
2. Quality Improvement Plans (QIPs) from each community HSP accepted and determine mechanisms for review
3. Increase update in number of health service providers using the Health Equity Impact Assessment Tool during their planning activities; standard collection and analysis of health equity information by health service providers and the development and implementation of the a standardized tool for Health Equity Data collection
4. Achieve the deliverables of the 2015-16 Joint Annual Action Plan (JAAP); Increase capacity of Mississauga Halton LHIN health service providers to offer French Language Services
5. Identification of capacity of health service providers to deliver services in French with the aim to increase the number of health service providers who are able to provide services in French
6. Develop relationships with Aboriginal leaders to enable effective stakeholder feedback for planning and development. Identification of people requiring/requesting specialized Aboriginal service. Provide choices and service options by creating linkages between the Mississauga Halton LHIN, health services providers and existing Aboriginal specialized programs and services. Development of a Mississauga Halton LHIN framework and strategy for community engagement
7. A strategic plan for incorporation of patient engagement in the Mississauga Halton LHIN

Risks / Barriers to Successful Implementation

- Level of health service providers' knowledge, capacity and capability for quality improvement
- Time commitment for agencies to develop QIPs
- Lack of standardized quality metrics available for community providers as well as at the system level
- Lack of commitment to change and accept new ideas
- Lack of awareness of health equity issues and poor understanding of health equity components by service providers
- Time required for completion of standardized client assessments

Mitigation Strategies

- Ensure there is quality improvement support for health service providers and that they are aware of the multitude of resources available
- Identify community health service provider quality requirements within their service accountability agreements

- Provide education sessions on the *Excellent Care for All Act* and Governance for Quality to health service providers and their Boards
- Training and education to enhance health equity knowledge of the health service provider agency staff
- Development of collaborative communities of practice

Key Enablers for Success

- HQO's Common Quality Agenda
- Implementation of QIPs for the CCAC and Long-Term Care Homes
- Board Quality committee and Mississauga Halton LHIN Governance to Governance structure
- Timing for the development of new accountability agreements (H-SAA and M-SAA)
- Identification of early adopters
- Technology and information management system development

3.0 LHIN OPERATIONS AND STAFFING PLANS

LHIN OPERATIONS SPENDING PLAN				
LHIN Operations Sub-Category (\$)	2014/15 Actuals (DRAFT BUDGET)	2015/16 Planned Expenses	2016/17 Planned Expenses	2017/18 Planned Expenses
Salaries and Wages	3,459,041	3,454,658	3,454,658	3,454,658
Employee Benefits				
HOOPP	350,493	348,383	348,383	348,383
Other Benefits	396,724	389,434	389,434	389,434
Total Employee Benefits	747,216	737,817	737,817	737,817
Transportation and Communication				
Staff Travel	22,000	25,000	25,000	25,000
Governance Travel	12,000	12,000	12,000	12,000
Communications	35,000	35,000	35,000	35,000
Other Benefits				
Total Transportation and Communication	69,000	72,000	72,000	72,000
Services				
Accommodation	303,642	282,030	282,030	282,030
Advertising	5,000	3,000	3,000	3,000
Consulting Fees	59,922	72,869	72,869	72,869
Equipment Rentals	23,989	24,089	24,089	24,089
Insurance	8,800	8,800	8,800	8,800
Governance Per Diems	90,000	100,000	100,000	100,000
LSSO Shared Costs	347,098	384,119	384,119	384,119
Other Meeting Expenses	30,000	30,000	30,000	30,000
Other Governance Costs	45,000	40,000	40,000	40,000
Printing & Translation	39,973	25,300	25,300	25,300
Staff Development	28,000	15,000	15,000	15,000
LHINC	47,500	47,500	47,500	47,500
Other Services	24,286	29,286	29,286	29,286
Total Services	1,053,210	1,061,993	1,061,993	1,061,993
Supplies and Equipment				
IT Equipment	24,851	22,851	22,851	22,851
**Office Supplies & Purchased Equipment	51,000	55,000	55,000	55,000
Total Supplies and Equipment	75,851	77,851	77,851	77,851
LHIN Operations: Total Planned Expense	5,404,319	5,404,318	5,404,318	5,404,318
Annual Funding Target	5,404,319	5,404,319	5,404,319	5,404,319
Variance	(0)	(1)	(1)	(1)
NOTE: Budget and FTE's reflect Operations and DRCC				
DRCC	1,288,626	1,288,626	1,288,626	1,288,626
Does not include capital Revenue and Depreciation of assets.				
** The cost of capital purchase is the fiscal year 2014/2015 is reported on the line office supplies and purchases equipment				

CEO	1	1	1	1
Senior Director, Finance & Risk	1	0	0	0
Senior Director, Finance and Chief Financial Officer	0	1	1	1
Senior Director, Health System Performance	1	1	1	1
Senior Director, Health System Development & Community Engagement	1	1	1	1
Manager of Corporate and Business Services	1	1	1	1
Executive Lead, Health System Performance	1	1	1	1
Executive Lead, Health System Development	1	1	1	1
Executive Lead, Primary Care	1	1	1	1
Executive Lead, Funding & Allocation	1	1	1	1
Director, Decision Support & Information Management	1	1	1	1
Director, Governance, Quality & Communications	1	1	1	1
Executive Assistant	2	2	2	2
Administrative Assistant	5	5	5	5
Receptionist	1	1	1	1
Lead Health System Development & FLS	1	1	1	1
Senior Lead Funding & Allocation	1	1	1	1
Senior Lead Health System Development	4	4	4	4
Senior Lead Health System Performance	5	5	5	5
Financial Analyst	1	0	0	0
Lead, Funding & Allocation	0	1	1	1
Decision Support & Information Mgmt Lead	2	2	2	2
Decision Support & Information Mgmt Analyst	1	1	1	1
Senior Lead Communications	1	1	1	1
HSFR Medical Lead	1	1	1	1
Diabetes Medical Lead	1	1	1	1
Special Projects Coordinator	1	0	0	0
	38	37.0	37	37

4.0 COMMUNICATIONS

4.1 Communication Plan

Objectives

Business Objective:

The Mississauga Halton LHIN 2015-2016 ABP operationalizes the goals contained in the LHIN's 2013-2016 IHSP: *Partnering for a Healthier Tomorrow* and is in line with our vision of a seamless health system for our communities, promoting optimal health and delivering high quality care when and where needed. Specifically,

❖ Accessible and Sustainable Health Care

- Improve access to services to improve consumer flow, quality and safety
- Support consumers, families and health care professionals to navigate the health care system
- Improve sustainability of the health care system

❖ Family Health Care When You Need It

- Improve access to family health care
- Increase linkages between family health care and other health care providers to improve communication, coordination and integration across the continuum of care

❖ Enhanced Community Capacity

- Enable people to stay in their homes longer
- Provide integrated services that bring care closer to home

❖ Optimal Health – Mental and Physical

- Increase healthy habits and prevention of disease
- Build partnerships for healthy communities

❖ High Quality Person-Centred Care

- Support and foster a quality culture across the continuum of care
- Value people's experiences to support system improvement
- Apply a health equity lens for the delivery of health care services

Communications Objective:

The Mississauga Halton LHIN communications objectives are to:

- Foster an understanding and raise awareness of:
 - The need for Ontario's transformation of the health care system;
 - Mississauga Halton LHIN's leadership in managing the transformation of the local health system;
 - The key initiatives that are helping Mississauga Halton LHIN achieve its IHSP priorities as outlined in the section above.
- Educate and build awareness among health service providers about:
 - The shared accountability of the Mississauga Halton LHIN and health service providers in transforming the health system;
 - Their role to identify opportunities to integrate the services of the local health system to provide appropriate, coordinated, effective and efficient services based on funding available;
 - The IHSP and the importance of aligning its initiatives within their strategic plans.
- Guide the communications of the Mississauga Halton LHIN (Board and staff) and health service provider partners involved in initiatives contained in the 2015-2016 ABP to ensure target audiences are reached and messages are clear.
- Work in partnership with individuals and groups to enhance Mississauga Halton LHIN communication efforts locally to align and share key messages, build stronger trusted relationships.
- Inform and update stakeholders on the progress of key initiatives within the Mississauga Halton LHIN that are improving timely, appropriate access to health care.
- Through the implementation of the standardized LHIN visual Identity ensure a consistent look and feel when communicating with our various audiences so that our organization and what it represents is quickly and easily recognizable.

Context

- ***Patients First: Ontario's Action Plan for Health Care*** announced by the Minister in February 2015 builds on a strong foundation laid by the first *Action Plan for Health Care* in 2012 which is consistent with the principles of the *Excellent Care for All Act* (2010), and puts LHINs at the centre of health system transformation that puts the needs of patients at its centre.

- The Mississauga Halton LHIN has a critical role to play in key provincial initiatives such as Personal Support Worker Wage Increase, Life and Limb Policy, Health System Funding Reform, Health Links, Seniors Strategy including Palliative Care and Long-Term Care Renewal, and the expansion of Quality Improvement Plans into the primary and community care sectors.
- The Mississauga Halton LHIN's 2013-2016 IHSP and the initiatives laid out in this ABP are strategically aligned with government directions and priorities and recognize the joint accountability of the Ministry of Health and Long-Term Care and LHINs to serve the public interest and effectively oversee the use of public funds.
- The health care system has evolved to the point where LHINs are being recognized as the local system managers who play a central leadership role in driving health system transformation.

Target Audience

Depending on the situation, primary and secondary audiences will include but not be limited to:

- Health Service Providers and Key Stakeholders (LHIN-wide, cross-LHIN and pan-LHIN)
 - Mississauga Halton LHIN health service providers – administrative and governance
 - Primary care providers including physicians
 - Professional associations such as Ontario Hospital Association (OHA), Ontario Medical Association (OMA)
- Government – Administrative Leadership and Elected Officials
 - Municipal
 - Regional
 - Provincial – including MOHLTC stakeholders
- General Public
 - Patients, clients, consumers and residents
 - Caregivers/family members
 - Diverse populations including Aboriginal, Francophone and immigrant communities
 - Community organizations
- Media
- Ministry of Health and Long-Term Care and other ministries (as appropriate and required)
 - Health System Accountability and Performance
 - Communications and Marketing Division
 - Minister's Office (MO)

Strategic Approach

- The 2015-2016 ABP outlines specific projects and programs spearheaded by the Mississauga Halton LHIN. A number of these initiatives require their own communications strategy, which will include context, timelines, audiences, tools/tactics, specific key messages and a deliverable-tracking chart. These plans will be developed in collaboration with health partners.
- During this fiscal year, the Mississauga Halton LHIN will expand its target audiences to include more members of the public including those with lived experience with the aim of informing the 2016-2019 IHSP.
- Provide information on performance and progress – document successes and share it.
- Showcase and communicate to stakeholders including the public, specific examples of program accomplishments and how they benefit our region. These examples will position the LHIN as a valued key player within the transformation of Ontario's health system and as the lead in health system transformation in the Mississauga Halton LHIN region.
- Develop and leverage opportunities to build our reputation and establish credibility including encouraging third-party experts to express publicly their opinion and comments on Mississauga Halton LHIN programs and operational achievements.
- Stakeholders understand the rationale for change, the transformational model and the plans for implementation.
- Leaders are engaged to champion change throughout the region.
- Provide tools that help ambassadors explain the value of the LHIN.
- Align health service providers to the shared vision, mission, values and goals of Mississauga Halton LHIN as described in our IHSP and ABP.
- Mitigate communications risks derived from negative publicity by proactive planning of risk reduction.

LHIN Key Messages

Mississauga Halton LHIN is a key partner in transforming the health system so that it provides quality care that meets the needs of Ontarians today and into the future. LHINs are committed to:

- Putting people and patients first by improving the health care experience.
- Providing information to make decisions, and tools to live healthy and stay healthy.
- Providing better access to quality health services, and protecting those services for generations to come.
- **Patients First:**
 - A caring, integrated experience for patients
 - Faster access to quality health services
 - For all Ontarians at every life stage
- **Access:** Providing faster access to the right care

- **Connect:** Providing better home and community care
- **Inform:** Providing information to make the right decisions about your health
- **Protect:** Ensuring our universal health care system is sustainable for generations to come
- With our rapidly growing and aging population in the Mississauga Halton LHIN region, we continue to focus on those who are most in need of health care services and wrap coordinated and effective services around them bringing better value in health care, a better patient experience and better patient outcomes.
- The Mississauga Halton LHIN is driving innovation by investing in new ideas at a local level enabling proven solutions to be scaled up across Ontario to achieve larger health system impact.
- The Mississauga Halton LHIN has steadily prepared for high growth and high demand by enhancing and integrating programs, building capacity in our communities, and strengthening primary care and supportive care so people stay healthier and out of hospital longer.
- The Mississauga Halton LHIN is the key organization that brings together local health care partners to develop collaborative solutions leading to coordinated, value-driven models that promote a better patient experience.
- By talking and listening to local health care providers and community residents, and through careful strategic planning and research, the Mississauga Halton LHIN identifies and funds local initiatives.

Tactics

The communication/engagement tactics will flow out of an overarching communications strategy that guides alignment of all audience and initiative-specific communications plans.

Tactics and tools will differ for each initiative drawing from the following:

- Mississauga Halton LHIN website
- Annual community bulletin
- Media events/announcements
- Video (Mississauga Halton LHIN YouTube Channel)
- News releases/launches/local announcements
- Joint communications with health service providers
- LHINfo Minutes/CEO report
- Email blasts to stakeholders
- Face-to-face community engagement
- Newsletters
- Surveys
- Presentations

- Advertising
- Public meetings

Evaluation

Success of the communication plan will be measured with the following:

- Participation levels in engagement sessions and LHIN-wide committees
- Key stakeholders are quoted using information from engagement sessions or other communiques
- The number of newspaper articles mentioning the Mississauga Halton LHIN
- The volume and tone of editorial coverage
- On-line surveys
- Evaluation forms at face-to-face engagement sessions
- LHIN spokesperson is quoted in key media outlets
- YouTube and website traffic
- Focus groups

4.2 Community Engagement

Our Commitment to Community Engagement:

Following our principles from the IHSP, “we will engage the community along our journey to build innovative partnerships with health care partners, stakeholders outside of health care, as well as consumers and their families.” - Mississauga Halton LHIN *Partnering for a Healthier Tomorrow*, Integrated Health Service Plan 2013-2016

By understanding relationships and needs in our region and by listening to the community, our LHIN will identify important local issues and understand the complex relationships and circumstances within our local health care system, providing a clear rationale for plans and proposed actions.

In October and January of 2014, the Mississauga Halton LHIN provided an opportunity for staff to complete and obtain a certificate in Public Participation, IAP2, including:

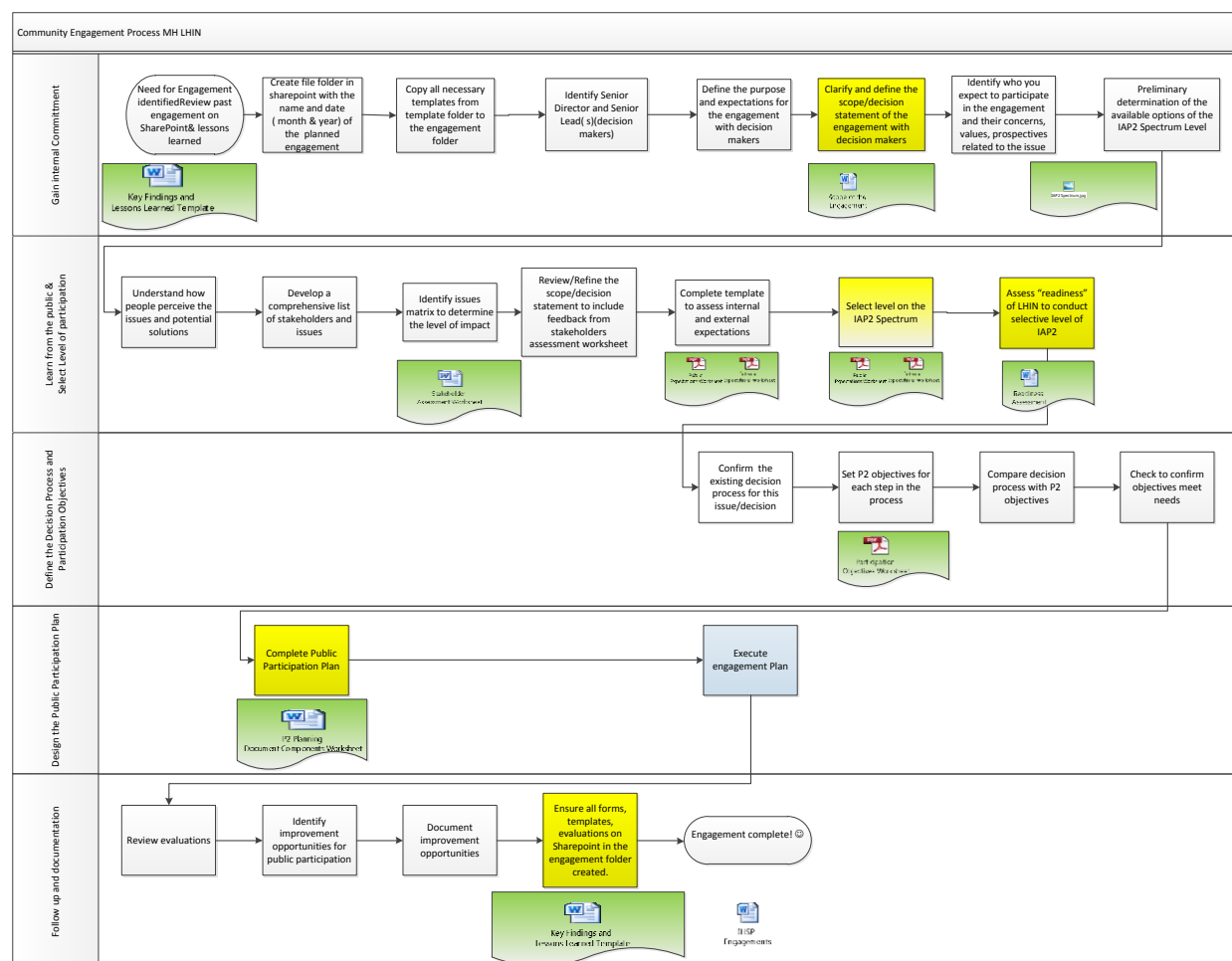
- Planning for Effective Public Participation
- Communications for Effective Public Participation
- Techniques for Effective Public Participation

Training has also been provided to our local health service providers to ensure that they also include community engagement within their normal work practices.

Community engagement with the general public and formal stakeholders is seen as a natural component of doing business and not just an activity that occurs once or twice a year. The Mississauga Halton LHIN incorporates a

number of IAP2 techniques that range from broad based open forums to highly focused issue specific round tables depending on the nature and scope of engagement required. We also utilize our many existing committees and networking tables with our local health service providers and stakeholders to support our engagement activities.

Below is the Mississauga Halton LHIN Process Map that will be the guiding framework for all Community Engagement activities:



e-Health

Engagement with our local health service providers, neighbouring LHINs through the Central Ontario Cluster and with provincial e-Health groups and delivery partners is critical in order to develop the information technology and information management systems needed to support a quality health system. Engagement to support development and implementation of: a centralized intake model, community sector information technology/information management readiness, integrated patient discharge records, resource matching and

referral Provincial Referral Standards and integrated assessment records are examples of activities where e-Health engagement is critical. Effective e-Health solutions to enable improved communication and workflows between service providers are essential to support the coordination of services provided for people in our community. This will be a key area of attention as we move forward with the development of Health Links in our communities.

Francophone Community

According to the new Inclusive Definition of Francophones, over 35,000 Francophones are living in the Mississauga Halton LHIN. In order to meet the requirements set out in the *French Language Services Act* (FLSA), the Mississauga Halton LHIN is working to develop strong relationship with the community and a better understanding of their needs by working closely with our local French Language Health Planning Partner, Reflet Salvéo. The relationships we have established with the French language services identified providers and La Table de Concertation de Peel-Dufferin-Halton will also help in our efforts to improve access to French language services for the Francophone community.

Aboriginal Community

The local Aboriginal community (First Nations, Métis and Inuit communities) in Mississauga Halton LHIN is 100 percent urban-based, as there is no reserve land within our local territory. Peel Aboriginal Network is a local member of the Ontario Federation of Indigenous Friendship Centres. As with the Francophone community, LHINs are mandated to engage the Aboriginal and First Nations communities for its geographic area. In the past, we have worked with providers and local community groups such as Peel Aboriginal Network, Métis Nation of Ontario and Credit River Métis Council to hear about and address needs within the geographic area of the LHIN. We intend to continue this relationship and build on the progress already made. Mississauga Halton LHIN will ensure that the Aboriginal community is represented in engagement on topics such as telemedicine, health equity and mental health and addiction.

APPENDIX A:

Ministry-LHIN Performance Agreement Dashboard 2014-2015

Ministry-LHIN Performance Agreement Dashboard 2014-15

Mississauga Halton LHIN - Performance Indicators FY2014-15 Baselines and Targets

PI No.	Performance Indicator	Baseline#	Performance Target#	Most Recent Quarter 2014/15 LHIN Performance ^A
1: Access to healthcare services				
1	90th percentile ER length of stay for admitted patients	30.75	28.00	39.2
2	90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients	5.95	7.00	6.3
3	90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	3.60	4.00	3.6
4	Percent of priority IV cases completed within access target (84 days) for cancer surgery	95.25%	90.00%	98.0%
5	Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	98.00%	90.00%	85.0%
6	Percent of priority IV cases completed within access target (182 days) for cataract surgery	95.35%	90.00%	94.4%
7	Percent of priority IV cases completed within access target (182 days) for hip replacement	96.56%	90.00%	98.4%
8	Percent of priority IV cases completed within access target (182 days) for knee replacement	90.64%	90.00%	77.1%
9	Percent of priority IV cases completed within access target (28 days) for MRI scans	30.10%	45.00%	17.5%
10	Percent of priority IV cases completed within access target (28 days) for CT scans	83.02%	80.00%	51.6%
2: Integration and coordination of care				
11	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	11.34%	10.50%	9.9%
12	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	36.00	21.00	32.00
3: Quality and improved health outcomes				
13	Readmission within 30 Days for Selected CMGs**	13.84%	13.50%	15.3%
14	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.23%	16.00%	15.1%
15	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	27.02%	21.00%	24.0%

#Baselines are actual FY 13/14 performance, except for * and ** below

*Based on most recent four quarters of data (Q4 2012/13 - Q3 2013/14) due to availability

**Based on most recent four quarters of data (Q3 2012/13 - Q2 2013/14) due to availability

^AMost Recent Quarter 2014/15 LHIN Performance:

All data from section 1: Access to healthcare services from Q3 14/15, with the exception of Cardiac By-Pass (Q2 14/15).

Indicator 11 (% ALC) from Q2 15/14. Indicator 12 (90th% Wait for CCAC) from Q1 14/15.

Indicator 13 (30 Day Readmission Rate) from Q4 13/14; Indicators 14 & 15 (Repeat ER Visits for Mental Health & Substance Abuse) from Q1 14/15.

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