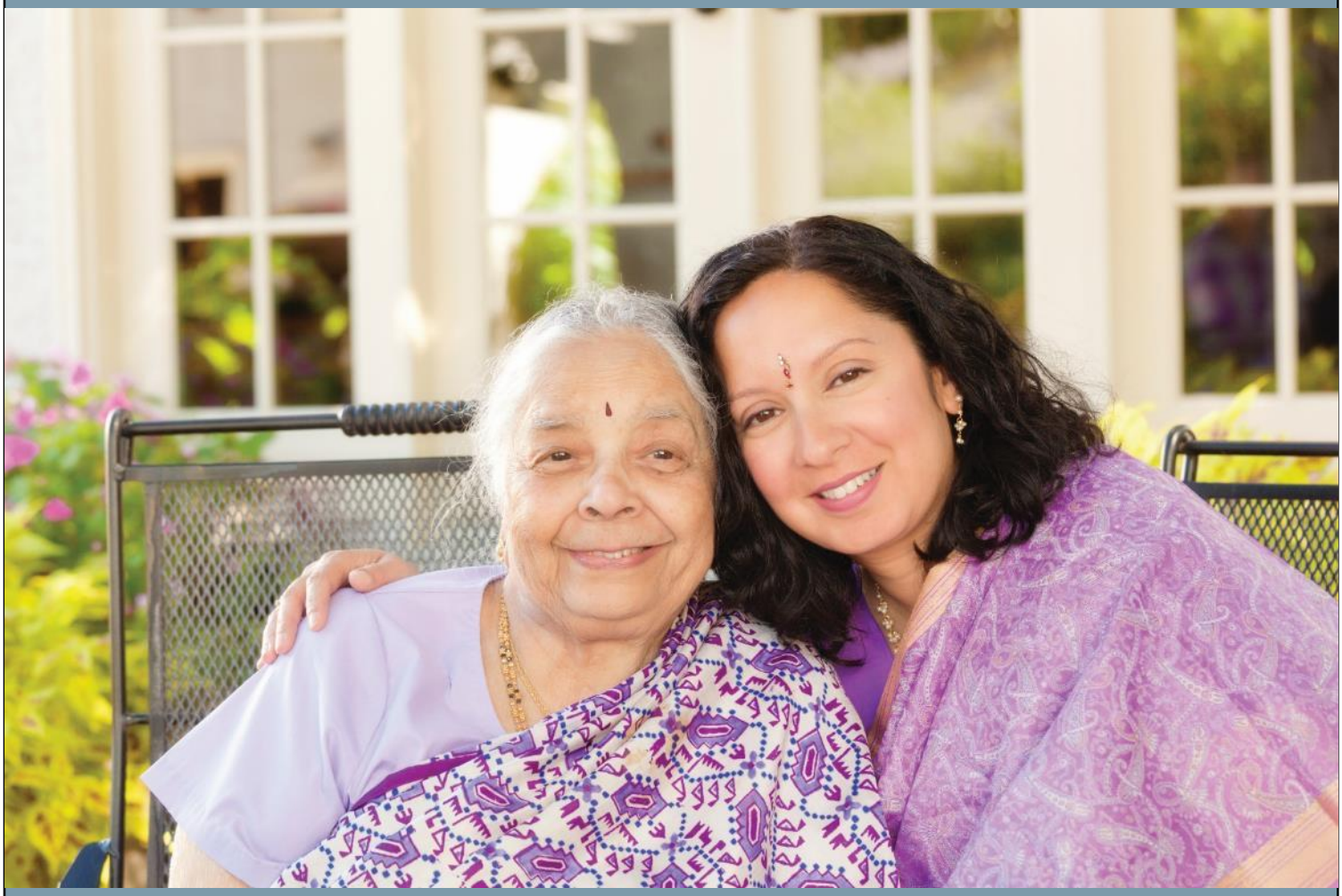
Mississauga Halton **LHIN** | **RLISS** de Mississauga Halton



Mississauga Halton Local Health Integration Network

Annual Business Plan 2016-2017

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

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TRANSMITTAL LETTER FROM THE MISSISSAUGA HALTON LHIN BOARD CHAIR

April 28, 2016

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

Dear Mr. Hadwen,

I'm pleased to share with you Mississauga Halton LHIN's Board approved 2016-2017 Annual Business Plan (ABP). This plan outlines new and ongoing initiatives that are supporting achievement of our 2016-2019 Integrated Health Service Plan *Partnering for a Healthy Community*.

The ABP builds on the successes and lessons learned over the years, and outlines detailed goals and action plans reflecting how we will achieve our three key strategic priorities:

Access – Health care when and where you need it

Capacity – Required resources, now and for the future

Quality – Positive person experiences and outcomes across the care continuum

The plan also incorporates the provincial context aligning with a fundamental focus on a person-centred health care system.

As the health care system continues to evolve, we remain pivotal in health system transformation and are committed to putting people and patients first by improving the health care experience. We continue to monitor our progress and be flexible in our approach to meet the changing needs of our residents.

Regards,

Graeme Goebelle, FCPA. FCA
Board Chair
Mississauga Halton LHIN

MANDATE AND STRATEGIC DIRECTION

The Mississauga Halton Local Health Integration Network (LHIN) 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. The purpose of this work is to improve the health care system for residents who live within our geographic 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
Accountability | Holistic Approach | Innovation | Integrity| Respect | Partnership

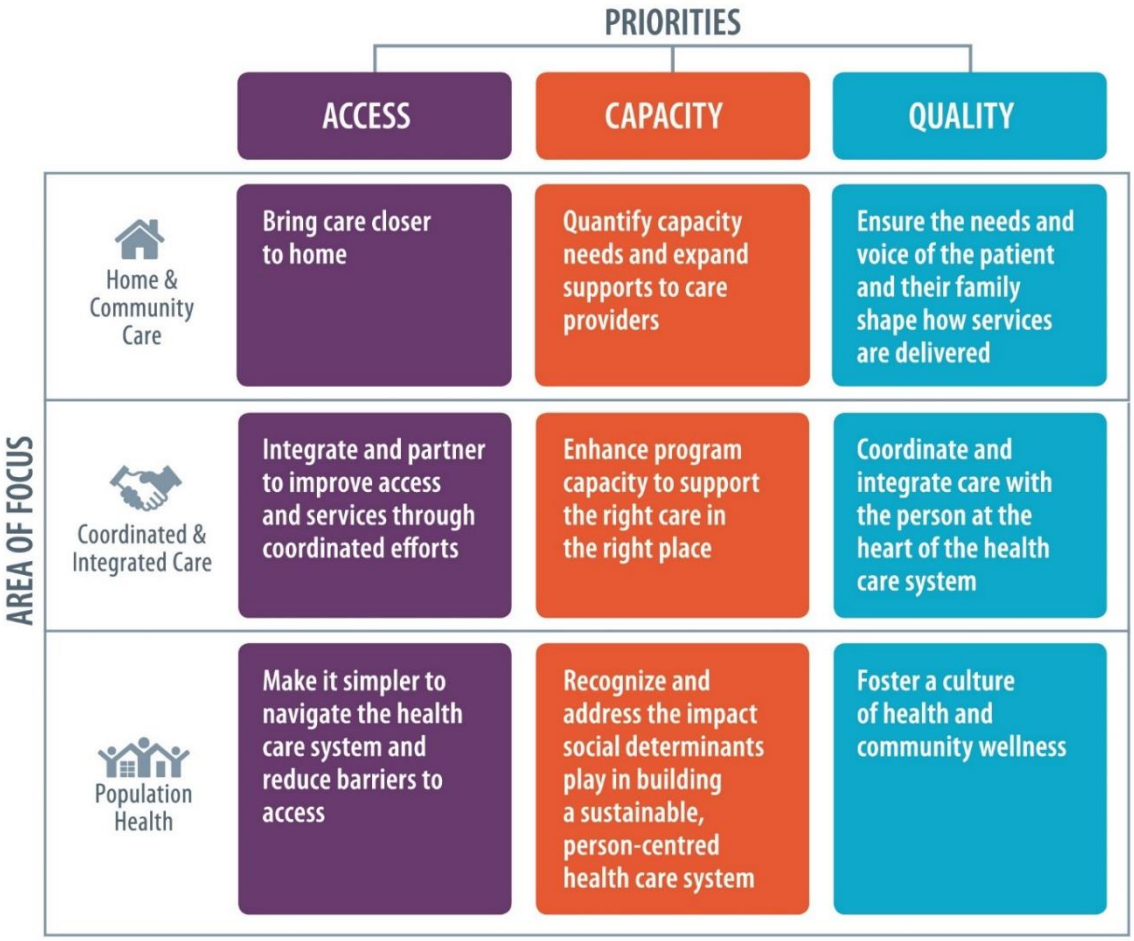
The Mississauga Halton LHIN Annual Business Plan (ABP) for 2016-2017 is the eighth ABP developed by the Mississauga Halton LHIN since its inception in 2006. The 2016-2017 ABP identifies the activities that the Mississauga Halton LHIN will undertake in the upcoming fiscal year to achieve the strategic priorities articulated within the 2016-2019 Mississauga Halton LHIN Integrated Health Service Plan (IHSP) *Partnering for a Healthy Community*. This ABP represents the work to be undertaken within year one of the three year strategic planning cycle of the new IHSP and forms part of the annual Ministry-LHIN Accountability Agreement (MLAA).

The Mississauga Halton LHIN 2016-2019 IHSP was developed in 2016 based on an extensive environmental scan and community engagement with local health service providers, external partner groups, consumers, caregivers and the general public. The plan reflects the voices of our citizens and what is needed to build a stronger system of care. It focuses on the needs of the diverse people living in our community, including our Francophone and Aboriginal residents. It builds upon the successes and lessons learned over the past 10 years and leverages the strengths of local leaders and partners.

In alignment with the Ontario government's priorities articulated *in Patients First: Ontario's Action Plan for Health Care*, the 2016-2019 Mississauga Halton LHIN IHSP *Partnering for a Healthy Community* identifies the following three key strategic priorities:

ACCESS	CAPACITY	QUALITY
Health care when and where you need it	*Required resources, now and for the future*	*Positive person experiences and outcomes across the care continuum*

These three priorities have been defined by specific goals and areas of focus:



Our key priorities, goals and areas of focus align with the Ontario government's four key objectives for putting patients first, specifically:

- **Access** - provide faster access to the right care
- **Connect** - deliver better coordinated and integrated care in the community closer to home
- **Inform** - provide the education, information and transparency that people and patients need to make the right decision about their health
- **Protect** - make decision based on value and quality, to sustain the system for generations to come

In alignment with *Patients First: A Roadmap to Strengthen Home and Community Care*, the Mississauga Halton LHIN continues to implement our Community Capacity Plan that focuses on providing better access to quality health services in the community that are sustainable and delivered closer to home. Putting patients first, the Mississauga Halton LHIN will integrate and coordinate care with the person at the centre, so that the health care system is simpler to navigate. We will ensure that the needs and voice of the patient and their family shape how services are delivered to improve the health experience and foster a culture of health and community wellness. We are committed to addressing the impact of the social determinants of health through a collaborative, population health approach.

We will continue to move forward on accountability and transparency, advancing health system funding reform so that Ontario's funding system reflects what people need. Engaging cross-ministerial partners and local key stakeholders will support residents to live healthy lives.

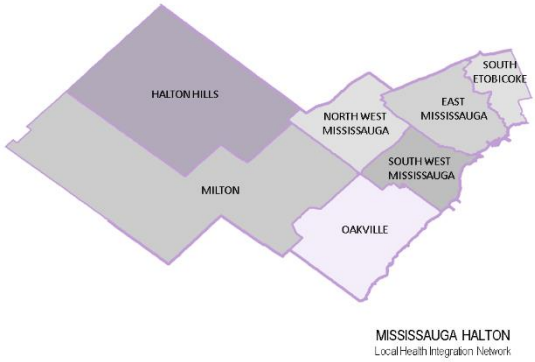
We believe our collective efforts identified in *Partnering for a Healthy Community* will support the local health care system to meet the needs of our citizens today and in the future, and that the action plans identified within the ABP will support achievement of our priorities.

OVERVIEW OF CURRENT AND FUTURE PROGRAMS/ACTIVITIES

The Mississauga Halton LHIN is home to 1,229,600 residents and is projected to have the second highest population growth in Ontario over the next 5-10 years. The LHIN geography is roughly 1,059 square kilometers, encompassing the areas of Halton Hills, Milton, Oakville, Mississauga (excluding Malton) and South Etobicoke (part of the City of Toronto).

The Mississauga Halton LHIN operates within an accountability framework that is defined in the MLAA. The Mississauga Halton LHIN strives to ensure that health care dollars are spent efficiently and effectively, yielding the best results possible.

There are 76 agencies that comprise health service organizations. Each receive funding from the Mississauga Halton LHIN through formal service accountability agreements totalling approximately $1.45 billion dollars for the delivery of health care services. These agreements define the services to be provided and the outcomes to be achieved.



HEALTH SERVICE PROVIDERS	# OF AGENCIES
Hospitals	2 Corporations, 6 Sites
Long-Term Care Homes (LTCHs)	28
Community Care Access Centre (CCAC)	1
Community Support Services (CSS)	34
Mental Health and Addictions	10
Community Health Centre	1
TOTAL	76

Within the Mississauga Halton LHIN there are two public hospital corporations (six sites), 28 long-term care homes (4,160 long stay beds), 34 community support service agencies , 10 mental health and addiction service providers, one community health centre and one community care access centre (CCAC).

Mississauga Halton LHIN Total Allocations by Health Service Organizations – March 31, 2016 (DRAFT)

Health Service Organizations	# of Agencies	Total Funding (Base + One Time)	% of Total Funding
Hospitals	2 Corporations 6 sites	$ 958,676,890	65.7%
Long-Term Care Homes	28	$ 199,446,779	13.7%
Community Care Access Centre	1	$ 165,232,001	11.3%
Community Support Services *	34	$ 91,682,385	6.3%
Mental Health and Addiction	10	$ 40,617,982	2.8%
Community Health Centre	1	$ 2,450,497	0.2%
TOTAL	**76**	**$ 1,458,106,534**	**100%**

**Includes Assisted Living in Supportive Housing and Acquired Brain Injury*
Source: MLAA, Schedule 3 – March 31, 2016

2016-2017 will begin the first year of implementing our new 2016-2019 IHSP. The IHSP identifies our strategic directions, while the ABP details our action plans and key activities for the coming fiscal year to advance these strategic priorities.

Key Activities from the Past Year and Continuing into 2016-2017

Putting Patients First – the Mississauga Halton LHIN continues to drive system transformation and support the Ministry of Health and Long Term Care's direction by putting patients at the heart of the health care system. This involves working with our providers to ensure the patient's voice is integral to program planning, implementation, evaluation and funding as we continue to shift from a provider to patient-centred focus.

Quality and Value – the Mississauga Halton LHIN continues to foster a culture of quality across the local continuum of care that contributes to health system transformation, improving the health experience and outcomes of individuals while achieving value for money. At the governance level, the Mississauga Halton LHIN Board Quality Committee continues to engage with the boards of our health service providers to support this focus on quality. Guided by the six dimensions of quality: safe, effective, patient-centred, efficient, timely and equitable, we are developing a patient engagement framework and learning from our residents' experiences with the health care system. New and innovative strategies to funding health care services are being explored through Health System Funding Reform (HSFR), implementation of Quality-Based Procedures (QBPs) and Integrated Funding Models. Developing a regional approach to implementation and quality improvement will build a local health care system that delivers high quality service and is sustainable.

Health Links – the Mississauga Halton LHIN continues to support enhanced local collaboration among health and social service partners to support individuals with complex conditions. The Health Links approach enables these individuals to better navigate the health care system and improve their health experiences while more effectively and efficiently utilizing our health care resources. Over the past year, we have operationalized all seven Health Links across our sub-LHIN geography. All Mississauga Halton LHIN Health Links are collaborating to share knowledge and resources, identifying better ways of caring for people with complex needs, and connecting them to regional resources so that they receive the right care, in the right place at the right time.

Primary Care Integration – in recognition of our goal to increase care coordination and provide high quality patient care, the Mississauga Halton LHIN introduced a Primary Care Integration Strategy that recognizes the need to engage primary care providers as key stakeholders within our health care system. With the evolving models of primary care practices over the years, particularly within urban centres, primary care has become more isolated from partners in the health care system. Only a small portion of family physicians in the Mississauga Halton LHIN practice in a multidisciplinary Family Health Team (16 per cent). Approximately 37 per cent of physicians practice in a payment enrollment model (group practice), while the largest practice model remains fee for service (46 per cent). This distribution of primary care across the various models results in the need for innovative and creative strategies to engage with primary care. In the coming year, using the feedback gathered from primary care providers through a variety of engagements, solutions to further reduce barriers such as access to specialists, access to diagnostic imaging and improved transitions will all be explored as we move towards a sub-LHIN based approach to primary care.

ENVIRONMENTAL SCAN

Second Highest Projected Population Growth in the Province

The Mississauga Halton LHIN is home to 8.9 per cent of the population of Ontario and experienced a growth rate of 8.9 per cent between 2010 and 2015, the highest growth rate of all LHINs. By 2025, our population is expected to increase by 17.6 per cent. In comparison to the provincial growth rate of 11.1 per cent for 2015 – 2025, the Mississauga Halton LHIN is projected to have the second highest population growth in Ontario over the next 5-10 years.

The high population growth rate requires us to continually evaluate the capacity within our acute and community resources to meet the needs of our residents. Seniors' health will remain a significant focus of health system improvement within the Mississauga Halton LHIN. While we have a relatively low proportion of seniors aged 65+ (13.2 per cent) relative to other areas of the province, the proportion of seniors has increased by 11.1 per cent since 2010, and this trend will continue.

A Diverse Population Demographic

The Mississauga Halton LHIN has a wealth of culture due to its dynamic, diverse population demographic. Immigrants account for 44.3 per cent of Mississauga Halton LHIN residents and nearly 41 per cent are visible minorities, compared to 25.9 per cent for Ontario. The top five visible minorities are South Asian, Chinese, Black, Filipino and Arab. In order to best serve these individuals, health service providers within the LHIN must explore opportunities to provide services in the top languages spoken (beyond English): Urdu, Polish, Punjabi, Arabic and Portuguese.

English is identified by just over half of Mississauga Halton LHIN residents as their mother tongue, while 1.8 per cent of the population identify French as their first language. Aboriginal residents make up 0.4 per cent of the population.

To ensure our planning, programs and services meet the distinct, unique characteristics of our residents, the Mississauga Halton LHIN has identified **Population Health** as a key area of focus for our strategic priorities. As such, the work within the LHIN will have a health equity lens as we strive to enable all people, regardless of income, age, education, sexual orientation, race, religion or language to have timely access to the health care options they require.

With a priority on quality - positive person experiences and outcomes across the care continuum, exploring joint opportunities to improve healthy living and optimal health with community partners is a key objective as noted in our action plan. The LHIN also recognizes the opportunity to make it simpler to navigate the health care system and reduce barriers to access. Accordingly, we will be working with Francophone and Aboriginal leaders as well as other community partners to identify and address barriers to access, advancing our work on myhealth365 to provide the community with a navigation tool in real time that improves access to the right care in the right place.

Consideration for the social determinants of health and the impact they play in building a sustainable, person-centred health care system is another opportunity that the LHIN is looking to factor into program planning and service delivery to neighbourhoods with enhancement opportunities. This includes further exploring and advancing our work on developing integrated community health hubs in areas of need across the LHIN. Continuing to advance socio-demographic data collection with health service providers and partners is another opportunity to help assess and evaluate the impact of a person's social determinants of health on outcomes.

Complex Health Conditions

Over the last five years the prevalence of chronic conditions and multiple conditions have increased and are slightly higher than the provincial averages. Mississauga Halton LHIN residents have experienced an increase in rates for arthritis, diabetes, high blood pressure and heart disease. Thirty-nine percent of residents (aged 12+) have a chronic condition while 15 per cent have multiple conditions. As noted across the province, the increasing prevalence of mental health and addiction issues is also reflected within Mississauga Halton LHIN, as twenty-six percent of residents report that most days are "quite a bit" or "extremely" stressful (third highest proportion in the province).

Acute and Community Capacity Challenges

In 2015 the Mississauga Halton LHIN released its Community Capacity Plan: *Meeting Senior Care Needs Now and in the Future*. The study was commissioned by the LHIN given the challenges associated with a rapidly growing and aging populations. The focus on the study was to better understand priorities for community based senior care - including process changes, population targeting and service expansion with the ultimate goal of putting patients first and helping seniors live independently at home with improved access to care in the community.

With our aging population and increase incidence of behavioral conditions related to dementia, there are capacity and operating expenditure pressures within our long-term care homes to meet the complex care needs of residents. These pressures are compounded by the low ratio of long-term care beds to population 75+ (among the two lowest in the province) leading to the prioritization to admit only those residents with the highest acuity needs as demonstrated through the MAPLe scores of residents.

Acute care capacity continues to be an issue as aging infrastructure coupled with significant population growth present challenges for the delivery of high quality acute care services across the LHIN. Halton Healthcare opened a new hospital in Oakville in December 2015 and construction is underway to build additional hospital capacity in Milton, the fastest growing community in Canada. The Credit Valley Hospital site of Trillium Health Partners is undergoing capital expansion and the organization is also developing plans for capital projects at the Mississauga and Queensway sites. Our hospital leaders at Halton Healthcare and Trillium Health Partners are both identifying needs for capital expansion to meet growing needs, while at the same time being mindful of working collaboratively with community partners including primary care to explore opportunities for enhancing community capacity. Further, while physical infrastructure is increasing, funding harmonization between post construction operating plans (PCOP) and health system funding reform limits the abilities of the LHIN to fully use the increased physical capacity.

Through the implementation of health system funding reform over the past four years, the LHIN continues to achieve efficiencies in key areas of focus within the acute care sector and monitor performance of key indicators. Despite optimum efficiency, the LHIN continues to experience performance challenges related to unfunded capacity yielding decreased performance on key provincial indicators, such as MRI and CT within the Ministry-LHIN Accountability Agreement (see Appendix A). In the absence of additional resources, the LHIN works to ensure that patients with the most urgent needs are prioritized for access to acute care services and continues to explore innovative strategies.

To ensure the Mississauga Halton LHIN has the appropriate programs and services in place to meet the needs of our residents, the Mississauga Halton LHIN has identified Home and Community Care as a key area of focus for our strategic priorities. We will be working towards quantifying infrastructure and human resource needs and looking to conduct capacity planning across all sectors. This includes a focus on enhancing skills and supporting staff in all sectors, as well as informal caregivers, providing these individuals with the necessary tools and knowledge to meet the increasing needs of our diverse and dynamic community.

Leveraging the expertise of people with lived experience to serve as peer supports is viewed as another key opportunity that the LHIN can leverage to support increasing capacity. Maximizing and exploring telemedicine,

innovative transportation strategies and mobile programs to bring care closer to home and improve access (particularly for seniors and individuals with complex needs) are key opportunities the LHIN is looking to advance this year. Throughout it will be critical to incorporate the needs and voice of the patient and family during this significant year of health system transformation.

Integration and Coordination of Services

The integration and coordination of services for individuals of all ages with mental health and addiction issues often requires multiple stakeholders from across the continuum of health and social services to work collaboratively to address barriers to effective, timely care. These collaborations are time intensive and require a supportive environment to realize their potential to address common barriers to health, such as affordable housing and employment. The continued focus on cross-sectoral planning and the movement to a lead mental health agency for children and youth is an opportunity in our LHIN to refocus the conversation and bring greater coordination.

The lack of information technology infrastructure in mental health and addiction and community support services continues to challenge the capture of high quality data and information to inform planning and operations from a systems perspective for the Mississauga Halton LHIN. As the Patient First Discussion Paper proposals are considered, there is an opportunity to work with eHealth as well as reinforce our information management practices to connect these community sectors to the broader health care continuum and ready the community sector for information technology/information management.

To ensure we are working towards building a strong and sustainable health care system, **Coordinated and Integrated** care is a key area of focus for our priority work on improving access, capacity and quality. The opportunity to further our work on Health Links and improve access to family health care and specialist services are key objectives in the upcoming year. Significant efforts have been made over the past few years to build strong connections with primary care and we will continue to look for opportunities to engage, support and work with primary care leaders, building off the foundations established through our primary care integration strategy. Bundled care initiatives and advancing our integrated mental health and addiction system – one-Link, to full implementation are opportunities to improve access and services through coordinated efforts. The opportunity to support individuals with the highest needs through innovative models of care (i.e. Program of All-Inclusive Care for the Elderly (PACE)) as well as coordinated regional palliative care services and rehabilitation services are also key objectives for the LHIN this year. Through all of this, ensuring the voice of the patient and family are at the heart of our work is essential to driving the delivery of culturally and linguistically appropriate services.

Mississauga Halton LHIN Priority 2016-2019

Access

Health care when and where you need it

- Bring care closer to home
- Integrate and partner to improve access and services through coordinated efforts
- Make it simpler to navigate the health care system and reduce barriers to access

PRIORITY DETAILS, PLANS AND METRICS

ACCESS – Health care when and where you need it

Priority Description

The Mississauga Halton LHIN will continue to work to reduce barriers and improve timely access to an integrated and coordinated health care system that focuses on improving transitions between sectors, strengthening home and community care and supporting individuals, particularly those with complex needs to navigate the health care system so they can receive the right kind of care when they need it.

Current Status

Health Links have been established within each of our seven sub-LHIN geographies. To date, Health Links have served over 300 individuals with complex needs within the Mississauga Halton LHIN. The impact of the social determinants of health for these individuals on their health is very evident in the goals that the patient identifies and the interventions provided as a result. The seven Health Links work collaboratively on regionally focused issues. For example, to support ease of access to Health Links, a central intake process has been operationalized. Patient engagement is a key feature of Health Links. The voice of the patient is reflected not only in the design of the process but also critical to identification of goals and solutions. Using patient experience outcomes will continue to shape the Health Links process.

Our multi-faceted **Primary Care Integration Strategy** is designed to foster better connections with and support local primary care providers. A Primary Care Database and e-Compendium were established to provide a robust information source on local family physicians and specialists thus enabling the LHIN and providers to communicate more effectively with primary care providers. A Primary Care Network, chaired by the LHIN Primary Care Physician Lead, with physician representation from our sub-LHIN geographies, was established to provide a forum for primary care connection within our LHIN. A new, innovative model of engagement, the primary care advisor role, was established in 2015 to connect directly with individual primary care physicians and provide them with information on LHIN programs and services and support the troubleshooting of system challenges from a primary care perspective. Primary care advisors have met with 90 per cent of primary care physicians in the LHIN. The Mississauga Halton LHIN also partnered with the Champlain LHIN in the provincial pilot of a regional eConsult program, which has enabled primary care providers timely access to specialist consultations and potentially avoid an unnecessary referral. To date, over 150 primary care providers in the Mississauga Halton LHIN have enrolled for eConsult and over 450 eConsults have been completed.

To improve equitable access to **mental health and addiction services and make it simpler to navigate the health care system,** the Mississauga Halton LHIN is continuing to implement one-Link, a single point of referral to 10 mental health and addiction service providers. Over the past year, one-Link has expanded to receive referrals from hospitals and primary care providers. A focus within 2016-2017 is to trial the supporting electronic technology. To enhance coordination and integration of care for people with mental health and addiction issues, the Mississauga Halton LHIN is funding 10 agencies to enhance **peer support services**. To ensure quality and best practices are adopted across all these services, a single agency has been designated as the lead organization with system coordination and oversight accountability.

A new initiative, the **Community Advisor Liaison Emergency Department (CALED)** is being implemented to enhance transitions of individuals and families identified with substance abuse conditions or concurrent disorders in the emergency department to the appropriate community support services. The **No Wrong Door** Champions Team is developing a sustainability plan in order to continue implementation efforts of the No Wrong Door initiative. This includes an assessment of community mental health and addiction health service providers in order to identify compliance with the eight No Wrong Door principles.

A cross-sectoral **Chronic Disease Prevention and Management (CDPM)** committee has been established with a mandate to optimize the health and wellness of people at risk or living with chronic disease. To maximize efficiencies and streamline the patient experience, the committee is aligning with other initiatives within the Mississauga Halton LHIN such as: Health Links, Renal Network priorities and Neighbourhood Enhancement. Four working groups have been formed to focus on key issues, barriers, gaps and to implement the CDPM action plans. These working groups are: CDPM Virtual Hub; Diabetes/Central Intake/Self-Management/Foot Care; Health Promotion, Prevention and Partnerships – with a focus on Indigenous Populations and French Language Services; and Peer Support and Knowledge Translation for Consumers, Caregivers and Health Care Providers. Work is progressing to launch a CDPM online navigation system to find information, programs and services across the Mississauga Halton LHIN; regionalize Type 2 diabetes classes; develop and implement Indigenous-specific self-management classes and a CDPM Peer Support Framework as well as, the Mississauga Halton LHIN's first annual CDPM knowledge translation event.

The myhealth365 project is a regional online navigation system that is being implemented in the Mississauga Halton LHIN to assist consumers, caregivers and health care providers in finding their right health care options. Through the collaborative effort of representatives from across the health and social sectors including the University of Toronto, MaRS, iamsick, the Mississauga Halton Healthline, Maximize your Health, 211, 311, the Police Departments, Trillium Health Partners and Halton Healthcare, this group is building upon best practice methodologies and implementation solutions from Alberta, British Columbia and other provinces to build a system that can customize data base searches and respond to the individual needs of the end user. myhealth365 is in its second year of a phased implementation.

To ensure access to health care when and where you need it, the Mississauga Halton LHIN is bringing care closer to home by developing and implementing a **Regional Telemedicine Strategy** that is promoting the use of various telemedicine tools. The strategy focuses on three priority areas: Health Links, primary care and community support services with a focus on mental health and addiction. The expected outcomes include enhanced care coordination for complex patients; improved patient wait times through timely access to specialists and allied health care providers; and increased and more immediate access to mental health and addiction support and care services. Improvements in accessibility, knowledge and awareness will be achieved through a local Telemedicine Knowledge and Awareness Fair in 2016 and ongoing multi-sectoral education opportunities.

The LHIN is revamping a **regional transportation system** and creating a central agency model for **Meals in Home** to support those residents who are the most vulnerable from a socio-economic perspective. These regional programs will enable standardized, consistent and equitable access for all Mississauga Halton residents.

The Mississauga Halton LHIN's work within **Health System Funding Reform** continues to focus on Quality-Based Procedure implementation and performance management of key performance indicators, such as improved access (wait time), length of stay, readmission rates and quality outcomes for patients. Some examples of regional work include congestive heart failure, cataracts, hips, knees, MRI and CT. Further, Trillium Health Partner's implementation of the **integrated funding model** continues to pilot the transfer of cardiac surgery patients from hospital directly to the community.

Goals

As articulated within our Integrated Health Service Plan, the following are the goals identified for Access – Health care when and where you need it:

Bring care closer to home

- Enable seniors and individuals with complex needs to live at home with appropriate in-home services
- Support seniors to stay in their homes by improving dementia supports and adult day programs
- Address transportation challenges by exploring innovative strategies with community partners
- Maximize the use of technology to connect providers and advance telemedicine home based solutions to remotely monitor patient conditions and assist in self-management
- Bring care to the community or offer care in-home for those who are house bound by exploring mobile programs

Integrate and partner to improve access and services through coordinated efforts

- Foster good mental health and well-being throughout a person's lifetime by creating a more coordinated and integrated mental health and addiction system
- Increase coordination of care for individuals with complex needs by strengthening Health Links
- Improve access to family health care and specialist services
- Support transitions of care from acute care to the community by establishing seamless teams of providers across sectors through bundled care initiatives

Make it simpler to navigate the health care system and reduce barriers to access

- Identify and address barriers to access and enable person-centered, culturally appropriate health care delivery by fostering partnerships with community leaders
- Reinforce the capacity of health service providers to implement an Active Offer of French Language Services and keep the Francophone community informed of available French Language health care services
- Enhance understanding and awareness of health care system resources by simplifying and consolidating navigation tools

The Mississauga Halton LHIN's strategic priority of Access – Health care when and where you need it, the above noted goals, as well as the action plans to support the achievement of these goals are consistent with the provincial government and Mississauga Halton LHIN priorities as reflected in:

- Premier Kathleen Wynne's Mandate Letters 2014–2015 to the Minister of Health and Long-Term Care and Associate Minister of Health and Long Term Care
- Patients First: Action Plan for Health Care 2015
- Patients First: A Roadmap to Strengthen Home and Community Care

- Patients First: A Proposal To Strengthen Patient-Centred Health Care In Ontario: Discussion Paper December 17, 2015
- Patient Care Groups: A new model of population based primary health care for Ontario (Price, Baker, 2015)
- Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy-Phase One and Phase Two
- Every Door is the Right Door-Towards a Ten Year Mental Health and Addictions Strategy - A discussion paper
- Taking Stock - A report on the quality of mental health and addictions services in Ontario - HQO & ICES

Action Plans - Access	2016/17		2017/18		2018/19	
	Status	%	Status	%	Status	%
1. Continue to implement **Health Links** to improve coordination and integration of care for individuals with **complex needs**.	In progress	25	In progress	25	In progress	25
2. Advance the Mississauga Halton LHIN's **Primary Care Integration** strategy to support direction from the Ministry of Health and Long-Term Care:						
a. Primary care engagement through primary care advisors, Primary Care Network, Primary Care Clinic Day and other events	In progress	50	In progress	25	In progress	10
b. Refinement of the primary care database to enhance communication and understanding of primary care within the Mississauga Halton LHIN	Complete	100				
c. Launch the web based specialist directory docSearch	In progress	75	Complete	25		
d. Expand e-consult to improve access to specialists	In progress	25				
3. **Enhance mental health and addiction services:**						
a. Enable equitable access to mental health and addiction services (one-Link)	In progress	50	In progress	30	Complete	20
b. Advance addiction and mental health peer support services	In progress	60	In progress	20	Complete	20
c. Define and develop addiction support services (Community Addictions Liaison to the Emergency Department Project CALED)	In progress	60	Complete	40		
d. Implement the No Wrong Door approach – Towards an "Every Door is the Right Door" service system	In progress	50	In progress	30	Complete	20
4. Implement an integrated regional **chronic disease prevention and management** strategy:						
a. Implement a sustainable CDPM virtual hub on CDPM programs and services	In progress	30	In progress	40	Complete	30
b. Standardize diabetes programs and services, optimize resources and residents' experiences and outcomes	In progress	50	In progress	30	Complete	20
c. Develop cultural specific diabetes and CDPM programs/services for Francophone and Indigenous populations (in partnership with community leaders)	In progress	20	In progress	30	In progress	30
d. Develop a CDPM peer support model	In progress	20	In progress	50	Complete	30
5. Implement the **myhealth365 strategy** to support residents of Mississauga Halton to navigate available services and resources year round.	In progress	20	In progress	20	In progress	20

6.	Implement the Mississauga Halton LHIN **Telemedicine Strategy** to increase access to services for primary care, Health Links and community support services.	In progress	50	Complete	50		
7.	Explore innovative strategies with community partners to address **transportation challenges.**	In progress	75	Complete	25		
8.	Improve access to a **Regional Meals in Home Program** through a social determinants and population health based approach to access service.	Complete	100				
9.	Plan and implement **Health System Funding Reform** that includes HBAM, integrated funding models and **Quality Based Procedures**, such as CHF, cataracts (vision care strategy), hips, knees and wait times related to MRI and CT.	In progress	60	In progress	10	In progress	10
10.	Improve access across the continuum of health care services through a multi-faceted strategy to improve **10 targeted MLAA performance indicators**.	Complete	100				

How we will measure success?

To monitor the success of the 2016-2019 IHSP, three "big dot" performance metrics have been identified where the data is reliably obtained in a timely, accurate and consistent manner. The metrics were selected based on the Mississauga Halton LHIN's approach to system level improvement, across sectors with health service providers. At this point there are no system level "big dot" indicators identified to monitor performance of the strategic priority - Quality. It is anticipated that the Mississauga Halton LHIN Regional Quality Table that will be newly formed this year will address this gap.

The metrics are:

- **Hospital readmission rates –** which help to monitor access to other community services and programs, and assess the efficacy of the inter-relationship of accountability of patient care between providers.
- **Avoidable emergency visits –** which focuses on the ability of residents to access more appropriate services.
- **Alternate level of care** for both acute and post-acute – which monitors the right place at the right time for residents, and speaks to capacity to deliver services outside of the acute sector. This metric provides a signal to resourcing shortfalls in the community, long-term care and support within the home.

The Mississauga Halton LHIN's **Performance Scorecard System and the "draft" Mississauga Halton LHIN Quality Report** will monitor and manage performance at the health system, sector and individual project level. The Mississauga Halton Quality Report uses Health Quality Ontario's six attributes of a high performing health system and guides the identification of key performance metrics that can be uniquely applied and tailored to measure progress of the 2016-2019 IHSP.

As noted in the table above, the Mississauga Halton LHIN has identified **10 action plans** to help improve **access** in the region. Each project has performance indicators aligned with at least one of the three metrics identified to monitor the success of the IHSP (see above). In addition, the following key metrics which will be managed in 2016-2017 and reported to the Quality Committee of the Board:

- All Ministry-LHIN Accountability Agreement indicators
- Repeat unscheduled ED mental health and substance abuse visits
- Access to primary care same day or next day
- Access to primary care within 7 days post hospital stay
- Rate of ED visits best managed elsewhere
- Hospitalization rates for ambulatory care sensitive conditions per 100,000 population

In addition, there are LHIN level work plans that identify performance indicators associated with the 10 action plans. These "developmental" indicators will be monitored at the project level against Mississauga Halton LHIN specific targets.

Risks/barriers to successful implementation

- Timely access to service utilization data at regional system and client levels.
- Keeping up momentum and commitment while planning in a period of ambiguity. As Health Links are in the early stages of implementation, processes are still being established and could be impacted by anticipated health system transformation.
- Patient preference for hospital based emergency services and perception that only hospital based services will meet potential needs alongside lack of availability (e.g. hours, appointments) in non-emergency services.
- Given the current relationship between the Ministry of Health and the Ontario Medical Association, many primary care physicians may be unwilling to engage with the Mississauga Halton LHIN.
- Lack of robust data in the primary care and community care sector to inform planning.
- Lack of knowledge, skill and comfort level with new eHealth technologies may contribute to low adoption rates.
- Integration of community and acute care requires shifting and/or alignment of resources. Appropriate policies and procedures need to be in place to support staff working in different environments.
- Appropriate technological platform to house resources online for cross partner access sharing and timely updating
- The implementation of the ministry's health system transformation requires intensive and strategic change management approaches within and across sectors, and involvement of providers on multiple planning tables creating conditions for provider burnout. There is varying levels of skill sets across the acute and community sectors to manage the magnitude of this change.
- The full scope of work associated with the ministry's transformation agenda is not fully known. It is anticipated that the priorities and timelines of action plans in the ABP will need to be revisited as ministry direction is forthcoming.

Mitigation strategies

- Increased focus on enhanced education, knowledge and understanding of emerging telemedicine and navigation tools and technologies; implement continued opportunities for learning.
- Ensure that the philosophies and principles of Health Links are integrated into any new model of health care at the sub-LHIN level.
- Collaborate with known leaders within primary care to enable engagement that demonstrates the Mississauga Halton LHIN's willingness to partner with primary care and develop an appropriate model of care.
- Identification of current IT platforms that can be leveraged and updated to meet needs of new initiatives.
- Staged implementation where appropriate for specific initiatives, ensuring an evaluation framework and leadership support for implementation are in place.
- Enhance current information management process and data quality.
- The Mississauga Halton LHIN will reassess the action plan priorities as the ministry's full transformation agenda is articulated.
- Reassess the action plan priorities as the ministry's full transformation agenda is articulated.
- Work with the community sector to identify opportunities to increase the skill and confidence of health human resources to manage change.

Key enablers for success

- Health innovation and identification of early adopters to act as system change champions.
- Advancement of eHealth strategies for secure information management and sharing.
- Information technology/information management solutions that ensure the secure, timely and useful cross sector information and notification transfers.
- Education and knowledge transfer.
- Multi-sectoral stakeholder and patient engagement strategies.
- Ministry leadership and direction around sub-LHIN planning reform and its impact on local program and service planning, including Health Links.
- Continue to develop expertise using the new Information Decision Support tool to augment data analysis.
- Leveraging existing provincial resources such as Health Quality Ontario.
- Health human resource skills development for change management.

Mississauga Halton LHIN Priority 2016-2019

Capacity

Required resources, now and for the future

- Quantify Capacity Needs and Expand Supports to Care Providers
- Enhance Program Capacity to Support the Right Care in the Right Place
- Recognize and Address the Impact Social Determinants Play

CAPACITY – Required resources, now and for the future

IHSP Priority Description

The Mississauga Halton LHIN will continue to work to identify new and innovative strategies to ensure the appropriate resources (funding, health human resources and infrastructure) are available and used efficiently to meet the needs of our growing and aging population, now and in the future. Building upon the recommendations in our Community Capacity Plan and work underway in hospital capital and program planning, we will continue to quantify and address the pressures within our region and leverage our community resources to build a sustainable, person-centred health care system.

Current Status

To improve access to home and community based care, a cross-sectoral steering committee was established to guide the development of an **Integrated Seniors Care Model** to help support the needs of the growing seniors population in the Mississauga Halton LHIN. The Seniors Steering Committee will advise the development and implementation of the model based on elements from the Program of All-Inclusive Care for the Elderly (PACE) and other key strategies. PACE is a model of care that provides comprehensive medical and social services to certain frail, community-dwelling elderly individuals, most who come from low sociodemographic conditions. The committee will also be aligning with the provincial work on a dementia strategy to support development and implementation at the local level.

The **Advancement of Community Practice (ACP)** initiative continues to enhance capacity within the community to address health care needs by ensuring the existence of standardized operating procedures and initiatives within its six collaboratives. The collaboratives currently include: Behaviours, Caregiver Respite, Continence, Education & Development, Exercise and Falls Prevention and Medication Management. The ACP fosters an environment of continued learning and serves as a focal point for operationalizing best practice and ongoing sustainability of practice. The ACP also provides a mechanism for centralizing discussion, resources and decisions to help improve the health of those living in the community by enhancing the competency of both staff and caregivers. The Regional Learning Center continues to serve as a foundation aligned with the collaboratives as a resource to help educate, train and support health service providers and caregivers in the Mississauga Halton LHIN.

The Mississauga Halton LHIN **Hospice Palliative Care** executive group is working to develop and align an administrative structure for regional implementation of palliative care in our LHIN. Final decisions on the composition of the administrative structure will be completed in spring 2016 to enable the move to the structure that will oversee the development of a service delivery model of palliative care in our LHIN.

The Mississauga Halton LHIN developed a governance structure to support the implementation of **regional rehabilitative care initiatives** through establishing committee and working groups at a strategic and operational level. The committees have helped the Mississauga Halton LHIN in progressing some of the work related to gap analysis and system design for our current state and identifying the next steps to right size the future state for implementation of the provincial Rehabilitation Care Alliance (RCA) initiatives. The committees and working groups continue to work on the various regional rehabilitation initiatives and improve access to care across the care continuum. This includes revisiting current referral forms, assessment tools and introducing value stream mapping to introduce a standardized assessment/referral process to adopt the RCA definitions framework. The

capacity planning work has been initiated within the Mississauga Halton LHIN and will be ongoing over the next three years.

Over the past few years the complexity of needs of long-term care home residents have been increasing as the Mississauga Halton LHIN focused its attention on allowing seniors to age in place. As a result, it is the most complex residents that are being admitted into long-term care homes. In order to meet the needs of this complex population the Mississauga Halton LHIN is focusing on enhancing **behavioural support programs** across the Mississauga Halton LHIN and improving the skills capacity of management and staff to improve the overall resident experience.

The Mississauga Halton LHIN has been working collaboratively with both hospitals and community partners to address the aging hospital infrastructure needs and **acute care capacity needs** within the LHIN. In December 2015, the new Oakville Trafalgar Memorial Hospital opened and the Milton District Hospital site is currently under construction to accommodate expanded programs and services by the spring of 2017. Pre-capital planning is underway at the Georgetown site. Capital projects are underway at Trillium Health Partners to renovate the emergency department at the Credit Valley hospital site and to create capacity for 45 complex continuing care beds at the Queensway site. In 2016-2017, the Mississauga Halton LHIN will continue to support Trillium Health Partners through the early stages of the capital planning process to expand and relocate their off-site Renal Care Centre and major redevelopment and expansion plans for the Mississauga and Queensway sites.

At the same time, the LHIN recognizes the need to look at community capital needs. As we work to ensure we have the required resources from a service, skill set and infrastructure perspective, being able to quantify what is currently in place and identify what needs to be in place over the next few years is key. In 2015-2016 the Mississauga Halton LHIN conducted a survey of all community providers to establish a baseline of community infrastructure and identify opportunities for the future. The LHIN also developed a proposed model for **Integrated Community Health Hubs,** and worked in collaboration with a variety of stakeholders in Halton and Mississauga to identify **Neighbourhoods with Enhancement Opportunities (NEOs).** Partners in health and a number of social services have worked with the Mississauga Halton LHIN to identify vulnerable neighbourhoods using the social determinants of health. Mapping these neighbourhoods provided a view of their demographics, characteristics, current services, service gaps and potential capacity for additional service location and will assist the Mississauga Halton LHIN with ongoing service planning. This initiative aligns with the provincial discussions underway on community hubs.

Goals

As articulated within our Integrated Health Service Plan, the following are the goals identified for Capacity – Required resources, now and for the future:

Quantify capacity needs and expand supports to care providers

- Quantify infrastructure and human resource needs and establish plans for capacity building through capacity planning in all sectors
- Empower caregivers by providing them with the supports, skills and optimal care for their loved one
- Enhance training and supports for Personal Support Workers and other community providers

- Advance peer support initiatives and networks to leverage the expertise and knowledge of people with lived experience

Enhance program capacity to support right care in the right place

- Support individuals with the highest needs by exploring new models of care delivery for specialized care units when redeveloping long-term care homes
- Enable hospitals and community services to better coordinate care and shift resources from acute care to community through joint, strategic regional program planning
- Ensure people receive the care they need as they reach end of life through coordinated regional palliative care services
- Assist people's recovery and keep them healthy and active by improving coordination between the various levels of care for rehabilitation services
- Expand enhanced learning opportunities and specialist e-consults for primary care

Recognize and address the impact social determinants play in building a sustainable, person-centred health care system

- Guide service delivery to neighbourhoods with enhancement opportunities, identified based on cross-sectoral review of social determinants of health
- Meet the unique local needs of the community by working with partners to leverage existing assets and establish integrated community health hubs
- Support individuals in need of assisted living supports and affordable housing through collaboration with municipal partners
- Expand socio-demographic data collection and review to build the capacity of providers to assess and evaluate the impact of a person's social determinants of health

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

- Premier Kathleen Wynne's Mandate Letters 2014–2015 to the Minister of Health and Long-Term Care and Associate Minister of Health and Long Term Care
- Patients First: Action Plan for Health Care 2015
- Patients First: A Roadmap to Strengthen Home and Community Care
- Living Longer, Living Well**:** Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on recommendations to Inform a Seniors Strategy for Ontario. Dr. Samir Sinha, December 20, 2012
- Meeting Senior Care Needs Now and in the Future: A Community Capacity Plan for Mississauga Halton LHIN, May 2015

Action Plans - Capacity	2016/17		2017/18		2018/19	
	Status	%	Status	%	Status	%
1. Design and implement a regional **Integrated Seniors Care Model.**	In progress	30	In progress	40	In progress	30
2. Continue to build capacity in the community support services sector through the **Advancement of Community Practice** initiative.	In progress	25	In progress	25	Complete	25
3. Develop and implement a **regional palliative care strategy** in alignment with provincial directions.	In progress	75	Complete	25		
4. Develop and implement a **regional rehabilitative care system** that spans the care continuum.	In progress	30	In progress	30	In progress	20
5. Enhance the **capacity within the long-term care sector** by focusing on enhancing behavioral supports, palliative care and coordination of transitions between sectors.	In progress	25	In progress	25	Complete	25
6. Quantify **acute and community capacity needs** and work collaboratively with the ministry, hospitals and community providers to develop plans to meet identified gaps.	In progress	25	In progress	25	Complete	25
7. Explore and support partnership opportunities for **integrated community health hubs**, focused on neighbourhoods with enhancement opportunities.	In progress	25	In progress	25	In progress	25

How will we measure success?

To monitor the success of the 2016-2019 IHSP, three "big dot" performance metrics have been identified where the data is reliably obtained in a timely, accurate and consistent manner. The metrics were selected based on the Mississauga Halton LHIN's approach to system level improvement, across sectors with health service providers. At this point there are no system level "big dot" indicators identified to monitor performance of the strategic priority - Quality. It is anticipated that the Mississauga Halton LHIN Regional Quality Table that will be newly formed this year will address this gap.

The metrics are:

- **Hospital readmission rates –** which help to monitor access to other community services and programs, and assess the efficacy of the inter-relationship of accountability of patient care between providers.
- **Avoidable emergency visits –** which focuses on the ability of residents to access more appropriate services.
- **Alternate level of care** for both acute and post-acute **–** which monitors the right place at the right time for residents, and speaks to capacity to deliver services outside of the acute sector. This metric provides a signal to resourcing shortfalls in the community, long-term care and support within the home.

The Mississauga Halton LHIN's **Performance Scorecard System and the "draft" Mississauga Halton LHIN Quality Report** will monitor and manage performance at the health system, sector and individual project level. The Mississauga Halton Quality Report uses Health Quality Ontario's six attributes of a high performing health

system and guides the identification of key performance metrics that can be uniquely applied and tailored to measure progress of the 2016-2019 IHSP.

The Mississauga Halton LHIN has identified **seven action plans** to help improve **capacity** in the region. Each project has performance indicators aligned with at least one of the three metrics identified to monitor the success of the IHSP (see above). In addition, the following key metrics which will be managed in 2016-2017 and reported to the Quality Committee of the Board:

- All Ministry-LHIN Accountability Agreement indicators
- Repeat unscheduled ED mental health and substance abuse visits
- Access to primary care same day or next day
- Access to primary care within seven days post hospital stay
- Rate of ED visits best managed elsewhere
- Hospitalization rates for ambulatory care sensitive conditions per 100,000 population

In addition, there are LHIN level work plans that identify performance indicators associated with the seven action plans. These "developmental" indicators will be monitored at the project level against Mississauga Halton LHIN specific targets.

Risks/barriers to successful implementation

- Limited resources for an increasing demand for community based resources for the targeted population i.e. seniors.
- Sufficient stakeholder buy-in and/or resource/training challenges to adequately support implementation of the RCA definitions/tools. This includes IT systems which may need to be updated.
- Regional capacity planning and its impact to current system level resources. This includes strategically shifting resources from hospital to community and ensuring appropriate community investments to enhance capacity. At the same time, acute care development must also be supported as required to meet population growth needs and infrastructure challenges. This poses a financial and systemic risk if the capacity planning is not done right, or the appropriate mitigation strategies are not implemented.
- Lack of access to the appropriate information technology/information systems that are integrated across the sectors that allow for the secure and timely transfer of the appropriate levels of information.
- The implementation of the ministry's health system transformation requires intensive and strategic change management approaches within and across sectors, and involvement of providers on multiple planning tables creating conditions for provider burnout. There is varying levels of skill sets across the acute and community sectors to manage the magnitude of this change.
- The full scope of work associated with the ministry's transformation agenda is not fully known. It is anticipated that the priorities and timelines of Action Plans in the ABP will need to be revisited as ministry direction is forthcoming.

Mitigation strategies

- Small tests of change.
- Appropriate operational and strategic governance structures in order to get full buy-in from stakeholders that will need to make some changes in their current processes. Early engagement at the planning and development stage should help mitigate some risks.
- Prioritize initiatives for regional capacity planning that have the biggest impact on patient experience and improve overall system level outcomes before implementation. Identification of possible integration opportunities by engaging providers earlier on will also help mitigate some risks.
- Reassess the action plan priorities as the ministry's full transformation agenda is articulated.
- Work with the community sector to identify opportunities to increase the skill and confidence of health human resources to manage change.

Key enablers

- Integration of community based resources.
- Improved information technology systems, standardized use of training and education manuals, standardized referral forms/assessment tools at a regional level.
- Financial flexibility to allocate resources to appropriate programs across the care continuum where needed.
- Early engagement and participation with all key stakeholder partners at multiple organization levels.
- Collaboration with community providers to proactively promote services and increase coordinated availability.
- Collaborative approach to development and implementation of specific initiatives that is inclusive of all the appropriate stakeholders at the appropriate times.

Mississauga Halton LHIN Priority 2016-2019

Quality

Positive person experiences and outcomes across the care continuum

- Ensure the needs and voice of the patient and their family shape how services are delivered
- Coordinate and integrate care with the person at the heart of the health care system
- Foster a culture of health and community wellness

QUALITY – Positive person experiences and outcomes across the care continuum

IHSP Priority Description

A high-quality health system is defined in the Excellent Care for All Act (ECFAA) as "A health system that delivers world-leading safe, effective patient-centred services, efficiently and in a timely fashion, resulting in optimal health status for all communities." In alignment with this vision, the Mississauga Halton LHIN is building upon the existing work of our health service providers to promote a culture of quality and recognizes the value of learning from the experiences of patients, families and caregivers to guide continuous quality improvement and improved health outcomes. People value their health and want to remain as healthy as they can. We want the positive experience people gain from the health care system to not only help them when they are ill, but also support them to stay healthy and prevent disease.

Current Status

The Mississauga Halton LHIN understands that having patients, caregivers and families involved in the development of programs and services, as well as decision making, is very important in improving outcomes for personal experience within our health care system. We have been actively examining our committee structures to ensure the voice of the patient and/or caregiver is present. We are also exploring the development of a **patient advisory council** with representation reflecting lived-experience in the various health sectors, as well as geographical, social service and culturally diverse groups across our LHIN.

The local **Aboriginal community** (First Nations, Métis and Inuit communities) in Mississauga Halton LHIN is urban-based, as there is no reserve land within our local territory. Over the past year, a series of Aboriginal community partnership meetings were facilitated in order to inform the development of an **Aboriginal Health Advisory Circle**. This advisory circle will provide a formal setting for the local indigenous community to imbed their voice in health care planning in partnership with the Central West and Mississauga Halton LHINs.

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*, the Mississauga Halton LHIN is working to develop a strong relationship with the community and a better understanding of their needs by working closely with our local **French language health planning** entity Reflet Salvéo. The relationships we have established with the French language services identified providers and La Table de Concertation de Peel-Dufferin-Halton continue to help in our efforts to improve access to French language services. In partnership with Reflet Salvéo, the LHIN has been actively focusing on the priorities identified in our joint annual action plan, which include focusing on increasing French languages services in primary care and mental health and addiction sectors, and increasing the active offer of French.

A key component of quality care is ensuring a person's social determinants of health are considered within care planning. Providers need to apply a health equity lens to their program planning and delivery to ensure care provided caters to that individual and their needs. The diversity of our community will be considered when developing and delivering health care services to ensure innovative programs are offered that are culturally and linguistically appropriate. The **Health Equity** Focused Implementation Sites initiative is in phase one of its implementation focused on socio-demographic data collection and use of the Ministry of Health and Long-Term Care's Health Equity Impact Assessment Tool (HEIA Tool) for the development of enhanced equitable health care services planning and performance for health service providers.

To promote a culture of quality within the Mississauga Halton LHIN, we are partnering with Health Quality Ontario to establish a **regional quality table** that will build upon existing efforts and align the quality agenda across the continuum of care, focusing on improving patient outcomes, experience of care and value for money. To monitor performance of our local health care system, a quality report that measures Health Quality Ontario's six dimensions of quality is in the final stages of completion.

To support a culture of quality among our agencies, health service providers are developing board approved Quality Improvement Plans in 2016-2017. We will promote enhanced collaboration during the development of these plans to create synergies and opportunities for better system integration. We will continue to use data and evidence to inform system design decisions to ensure the highest quality care is being delivered with the greatest chance of positive outcomes.

Goals

As articulated within our 2016-2019 Integrated Health Service Plan, the following are the goals identified for Quality – Positive person experiences and outcomes across the care continuum:

Ensure the needs and voice of the patient and their family shape how services are delivered

- Support end-of-life experiences that are respectful of the wishes of the patient and family
- Foster a positive patient experience by supporting care continuity and flexible service delivery models
- Provide patients and their families with more control over the services that they need by exploring self-directed care opportunities
- Be inclusive of people's circle of support in the planning and provision of care delivery models

Coordinate and integrate care with the person at the heart of the health care system

- Involve people with the lived experience as active team members on program development or quality improvement committees by utilizing experience based design
- Drive the delivery of culturally and linguistically appropriate services by engaging with and listening to the voices of Francophone, Aboriginal and other community groups
- Support people to find the care that fits their needs by fostering a no wrong door culture
- Develop models for positive patient experiences by learning from industries who excel in customer service

Foster a culture of health and community wellness

- Explore joint opportunities to promote healthy living and optimal health by collaborating with community partners
- Apply a health equity lens for program development and health care service delivery
- Alleviate social isolation for those seniors who live at home and find it hard to get out by exploring innovative partnership models
- Develop a quality framework that includes measures related to care outcomes and people's experience with the health care system

The Mississauga Halton LHIN's strategic priority Quality – Positive person experiences and outcomes across the care continuum, the above noted goals, as well as the action plans to support achievement of these goals are consistent with the provincial government and Mississauga Halton LHIN priorities as reflected in:

- Patients First: Action Plan for Health Care 2015
- The Excellent Care for All Act
- Quality Matters: Realizing Excellent Care for All
- Health Quality Ontario Common Quality Agenda
- French Language Services Act
- Pan-LHIN Aboriginal/First Nations priorities
- Provincial Health Equity Impact Assessment Tool
- We Ask Because We Care – The tri-Hospital& TPH Health Equity Data Collection Research Project 2010
- Socio-Demographic Data Collection in the Mississauga Halton LHIN Report
- International Association of Public Participation (IAP2)

Action Plans - Quality	**2016/17**		**2017/18**		**2018/19**	
	Status	%	Status	%	Status	%
1. Implement a regional Mississauga Halton LHIN **patient engagement strategy.**	In progress	30	In progress	30	Complete	20
2. Build **Aboriginal partnerships and cultural competency** within Mississauga Halton LHIN health service providers.	In progress	20	In progress	30	In progress	30
3. Implement Mississauga Halton LHIN specific elements and joint elements of the 2016-2017 **French Language Services Joint Annual Action Plan (JAAP)** (alongside Reflet Salvéo**,** Central West LHIN and Toronto Central LHIN) which focuses on : • Increasing access to primary care French language services • Increasing community capacity resources among health service providers for French language services • Increasing active offer of French language services	Complete	100				
4. Implement the Mississauga Halton **Health Equity Plan:** • Collect and report on socio-economic data • Implement HEIA tool education and training • Implement cultural competency education and training	In progress	25	In progress	25	Complete	50
5. Establish a **regional quality table** that will align the quality agenda across the Mississauga Halton LHIN to build on existing efforts and promote a culture of quality to enable improved patient outcomes, experience of care and value for money.	Complete	100				

How we will measure success

To monitor the success of the 2016-2019 IHSP, three "big dot" performance metrics have been identified where the data is reliably obtained in a timely, accurate and consistent manner. The metrics were selected based on the Mississauga Halton LHIN's approach to system level improvement, across sectors with health service providers. At this point there are no system level "big dot" indicators identified to monitor performance of the strategic

priority - Quality. It is anticipated that the Mississauga Halton LHIN Regional Quality Table that will be newly formed this year will address this gap.

The metrics are:

- **Hospital readmission rates –** which help to monitor access to other community services and programs, and assess the efficacy of the inter-relationship of accountability of patient care between providers.
- **Avoidable emergency visits –** which focuses on the ability of residents to access more appropriate services.
- **Alternate level of care** for both acute and post-acute – which monitors the right place at the right time for residents, and speaks to capacity to deliver services outside of the acute sector. This metric provides a signal to resourcing shortfalls in the community, long-term care and support within the home.

The Mississauga Halton LHIN's **Performance Scorecard System and the "draft" Mississauga Halton LHIN Quality Report** will monitor and manage performance at the health system, sector and individual project level. The Mississauga Halton LHIN Quality Report uses Health Quality Ontario's six attributes of a high performing health system and guides the identification of key performance metrics that can be uniquely applied and tailored to measure progress of the 2016-2019 IHSP.

The Mississauga Halton LHIN identified **five action plans** to help improve **quality** in the region. Each project has performance indicators aligned with at least one of the three metrics identified to monitor the success of the IHSP (see above). In addition, the following key metrics will be managed in 2016-2017 and reported to the Quality Committee of the Board:

- All Ministry-LHIN Accountability Agreement indicators
- Repeat unscheduled ED mental health and substance abuse visits
- Access to primary care same day or next day
- Access to primary care within 7 days post hospital stay
- Rate of ED visits best managed elsewhere
- Hospitalization rates for ambulatory care sensitive conditions per 100,000 population

In addition, there are LHIN level work plans that identify performance indicators associated with the five action plans. These "developmental" indicators will be monitored at the project level against Mississauga Halton LHIN specific targets.

Risks/barriers to successful implementation

- Linking health equity data to outcomes may face IT difficulties particularly for smaller organizations with limited capacity.
- Local mainstream health service providers buy in with supporting Indigenous cultural competency and partnership building.
- The implementation of the ministry's health system transformation requires intensive and strategic change management approaches within and across sectors, and involvement of providers on multiple planning tables

creating conditions for provider burnout. There is varying levels of skill sets across the acute and community sectors to manage the magnitude of this change.

- The full scope of work associated with the ministry's transformation agenda is not fully known. It is anticipated that the priorities and timelines of action plans in the ABP will need to be revisited as ministry direction is forthcoming.

Mitigation strategies

- Early communication and development with focused implementation sites for stratifying health equity outcomes by demographic data and discussion for alternative methods of analyzing data in the case of limited IT capacity.
- Leveraging existing Indigenous culturally competent mainstream groups to assist with capacity building and program promotion.
- Identify and collaborate with French language services champions within our identified health service providers or within our partner LHINs to help build capacity and a supportive network.
- Reassess the action plan priorities as the ministry's full transformation agenda is articulated.
- Work with the community sector to identify opportunities to increase the skill and confidence of health human resources to manage change.

Key enablers

- Strong support and collaboration in supporting a No Wrong Door Champions Team.
- Leveraging Health Quality Ontario's provincial strategic priorities for health equity system development.
- Strong collaboration with Reflet Salvéo and other French language services partners.
- Leveraging the Provincial Aboriginal LHIN Network, Aboriginal Health Advisory Circle and local community champions.

Enabling Technologies for Integration (ETI)

Priority Description

Leveraging information management and information technology investments made at the local, regional and provincial levels will drive health care transformation and enable informed system planning decisions. Sharing information through enabling technologies helps to prevent redundant capture of the same information, duplication in services, and supports the patients and caregivers to efficiently transition the patient from one care provider to another. Key priorities identified over the next three years that will support the Mississauga Halton LHIN IHSP 2016-2019 are identified in the Enabling Technologies for Integration (ETI) PMO Funding Business Plan for the Central Ontario Cluster. These enablers support all four objectives (Access, Connect, Inform, Protect) identified within the Ontario government's blueprint Patient's First: Action Plan for Health Care.

Current Status

Halton Healthcare is live on Hospital Report Manager (**HRM**) and it is expected that Trillium Health Partners will by live on HRM in Q3 2016-2017. HRM electronically delivers medical record reports (e.g. Discharge Summary) and transcribed diagnostic imaging (excluding image) reports from hospitals directly into the patients' charts in the clinicians' Electronic Medical Record (EMR) system. The hospitals continue to expand electronic access of their hospital reports to primary care physicians and specialists through the use of the HRM product.

The Mississauga Halton LHIN continues to encourage adoption of **EMR**s by our physicians and specialists. The focus for 2016-2017 will be with physician engagement by our primary care advisors who are establishing relationships with all of our physician community. The importance of adoption broadens the scope of patient information that becomes accessible for up-to-date decision making opportunities, all for the benefit of the patient.

The Integrated Assessment Record (**IAR**) is an electronic tool that allows client assessments to move with the client from one health service provider to another. It allows participating health service providers to upload and view the assessment information from consenting clients regardless of where the original assessment was completed. All participating health service providers within the Mississauga Halton LHIN have successfully implemented IAR and will work towards a continued increase in usage in the coming year.

The ConnectingGTA (**cGTA**) project continues to work with health service providers to provide a single point of access to patient health information. Trillium Health Partners is live feeding data to the cGTA Clinical Data Repository, and viewing patient information from the early adopter hospitals and CCACs located in the GTA. Halton Healthcare is targeted to go live, feeding and viewing patient data in cGTA, near the end of the 2016-2017 fiscal year. Four of our health service providers are also part of the expansion phase to become view only organizations (two community support service organizations and two long-term care homes).

In 2015, to better understand IM/IT in the community sector, a survey was issued to community sector health service providers across the: Central, Central East, Central West and Mississauga Halton LHINs. The collated and cleansed data has been assessed and a set of IM/IT opportunities that can be specifically targeted to the community sector health service providers have been identified. Implementation of identified opportunities are currently being assessed for consideration as part of the **Community IM/IT Model**. The Mississauga Halton LHIN will continue to closely monitor the provincial rollout of **eNotification** with a plan to implement the solutions as soon as they are broadly available.

MISSISSAUGA HALTON LHIN OPERATIONS SPENDING PLAN

LHIN Operations Sub-Category ($)	2015/16 Projected Actuals	2016/17 Planned Expenses	2017/18 Planned Expenses	2018/19 Planned Expenses
Salaries and Wages	3,375,810	3,351,034	3,351,034	3,351,034
Employee Benefits				
HOOPP	353,805	333,578	333,578	333,578
Other Benefits	277,718	393,292	393,292	393,292
Total Employee Benefits	**631,523**	**726,870**	**726,870**	**726,870**
Transportation and Communication				
Staff Travel	24,000	24,500	24,500	24,500
Governance Travel	13,000	10,000	10,000	10,000
Communications	36,377	36,350	36,350	36,350
Other Benefits	-			
Total Transportation and Communication	**73,377**	**70,850**	**70,850**	**70,850**
Services				
Accommodation	275,077	248,525	298,653	298,653
Advertising	5,000	5,000	5,000	5,000
Banking	-	-	-	-
Community Engagement	-	-	-	-
Consulting Fees	224,052	196,183	196,183	196,183
Equipment Rentals	10,089	10,000	10,000	10,000
Insurance	10,000	10,000	10,000	10,000
Governance Per Diems	102,000	100,000	100,000	100,000
LSSO Shared Costs	372,259	372,259	372,259	372,259
Other Meeting Expenses	24,272	24,011	24,011	24,011
Other Governance Costs	24,000	30,000	30,000	30,000
Printing & Translation	44,718	29,800	29,800	29,800
Staff Development	25,000	20,000	20,000	20,000
LHINC	52,714	52,750	52,750	52,750
Other Services	24,286	24,500	24,500	24,500
Total Services	**1,193,467**	**1,123,028**	**1,173,156**	**1,173,156**
Supplies and Equipment				
IT Equipment	59,369	57,841	7,712	7,712
**Office Supplies & Purchased Equipment	45,000	48,923	48,923	48,923
Total Supplies and Equipment	**104,369**	**106,764**	**56,635**	**56,635**
LHIN Operations: Total Planned Expense	5,378,546	5,378,546	5,378,546	5,378,546
Annual Funding Target	5,378,546	5,378,546	5,378,546	5,378,546
Variance	(0)	0	(0)	(0)
NOTE: Budget and FTE's reflect Operations and Regional Coordination Diabetes Services (RCDS)				
Operations Revenue:	4,115,693	4,115,693	4,115,693	4,115,693
RCDS Revenue:	1,262,853	1,262,853	1,262,853	1,262,853
Does not include capital revenue and depreciation of assets.				

LHIN STAFFING PLAN (Full-Time Equivalents)

Position Title	2015/16 Actuals FTEs Mar 31/15	2016/17 Forecast FTEs	2017/18 Forecast FTEs	2018/19 Forecast FTEs
CEO	1	1	1	1
Senior Director, Finance & Risk	1			
Senior Director, Finance & Chief Financial Officer		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 & 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 & Communication	1	1	1	1
Executive Assistant	2	2	2	2
Administrative Assistant	5	5	5	5
Receptionist/Corporate Services Assistant	1	1	1	1
Lead Health System Development & FLS	1	1	1	1
Senior Lead Funding & Allocation	1	1	1	1
Funding & Allocation, Lead	1	1	1	1
Senior Lead Health System Development	3	3	3	3
Senior Lead Health System Performance	5	4	4	4
Health System Performance, Lead	-	1	1	1
Decision Support & Information Lead	1	-	-	-
Decision Support & Information Mgmt. Analyst	2	2	2	2
Senior Lead Communications	1	1	1	1
Communication Specialist	-	1	1	1
HSFR Medical Lead	1	-	-	-
Diabetes Medical Lead	1	1	1	1
Project Lead	-	1	-	-

INTEGRATED COMMUNICATIONS STRATEGY

Objectives

Business Objective

The Mississauga Halton LHIN 2016-2017 ABP operationalizes the goals contained in the 2016-2019 Mississauga Halton IHSP *Partnering for a Healthy Community* 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,

- **Access**
  - Bring Care Closer to Home
  - Integrate and Partner to Improve Access & Services Through Coordinated Efforts
  - Make It Simpler to Navigate the Health Care System & Reduce Barriers to Access
- **Capacity**
  - Quantify Capacity Needs and Expand Supports to Care Providers
  - Enhance Program Capacity to Support the Right Care in the Right Place
  - Recognize and Address the Impact Social Determinants Play in Building a Sustainable, Person-Centred Health Care System
- **Quality**
  - Ensure the Needs and Voice of the Patient and Their Family Shape How Services are Delivered
  - Coordinate and Integrate Care with the Person at the Heart of the Health Care System
  - Foster a Culture of Health and Community Wellness

Communications Objectives

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 2016-2017 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, and 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.

- Build confidence among Ontarians that:
    - Progress is being made to improve access to health services
    - Progress is being made to improve the patient experience
    - The system is sustainable, being effectively managed, providing value for tax dollars
    - The system is transparent

Context

- In her ***Mandate letter*** to the Minister, the Premier outlined three key goals: putting patients at the centre; moving forward on accountability and transparency; and collaborating on shared responsibilities across government. These commitments are shared by the LHINs as we work with local system partners to continue to move provincial and local health care priorities forward.

- ***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.

- ***Patients First A Roadmap to Strengthen Home and Community Care*** announced by the Minister in May 2015 is a plan to transform home and community care. Together with our health service providers, the Mississauga Halton LHIN is working to create a more sustainable health care system providing more access to care in the community enabling seniors to continue living in their own home – where they want to be.

- The Mississauga Halton LHIN has a critical role to play in key provincial initiatives such as:
    - Strengthening home and community care through a more integrated system that ensures people can receive care where they want to be – in their homes and communities – instead of in a hospital or long-term care
    - Health Links, community hubs and bundled care that provide a more integrated, coordinated and seamless care experience for patients
    - Faster access to the right care for all Ontarians at every life stage through greater choice for palliative and end-of-life care, expanded caregiver supports, a strategy for dementia, and

stronger Long-Term Care through redevelopment and implementation of attending nurse practitioners

- The Mississauga Halton LHIN's 2016-2019 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 and putting patients first. We will continue to build on our progress to date and leverage our expertise as we move forward to achieve an integrated health care system in Ontario.

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)
  - Public Health
- Government – Administrative Leadership and Elected Officials
  - Municipal
  - Regional
  - Provincial – including MOHLTC and other ministries as appropriate.
- General Public
  - Patients, clients, consumers and residents
  - Caregivers/family members
  - Diverse populations including Aboriginal, Francophone and immigrant communities
  - Community organizations
- Media

Strategic Approach

- The 2016-2017 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 continue to expand its target audiences to include more members of the public including those with lived experience so that our health care planning and communication directly incorporates and reflects the patient experience.
- 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 while fostering a better understanding of programs and services available to residents.
- 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.
- Remain flexible in our communication approach, re-evaluating opportunities to align with structural changes that may arise throughout the year.

LHIN Key Messages

- Patients First means a caring, integrated experience for patients and faster access to quality health services for all Ontarians.
- The *Patients First: Action Plan for Health Care* sets clear and ambitious goals for Ontario's health care system in order to put patients at the centre of our health care system by improving the health care experience:
    - Access - providing faster access to the right care.
    - Connect - delivering better coordinated and integrated care in the community closer to home; providing better home and community care.
    - Inform - providing the education, information and transparency Ontarians need to make the right decisions about their health.
    - Protect - our universal public health care system - making decisions based on value and quality, to sustain the system for generations to come.
- As the next logical step in the *Patients First Action Plan*, *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario* proposes a path toward providing better access to care no matter where you live by better connecting health care services.
- 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.
- For the period 2016-2019, the Mississauga Halton LHIN has identified access, capacity and quality as the three strategic priorities to improve residents' health and put patients first.
- As the health care system continues to evolve, the Mississauga Halton LHIN remains pivotal in health system transformation and is committed to putting people and patients first by improving the health care experience. We continue to monitor our progress and be flexible in our approach to meet the changing needs of our residents. Working together, we will be successful in *Partnering for a Healthy Community*.

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:

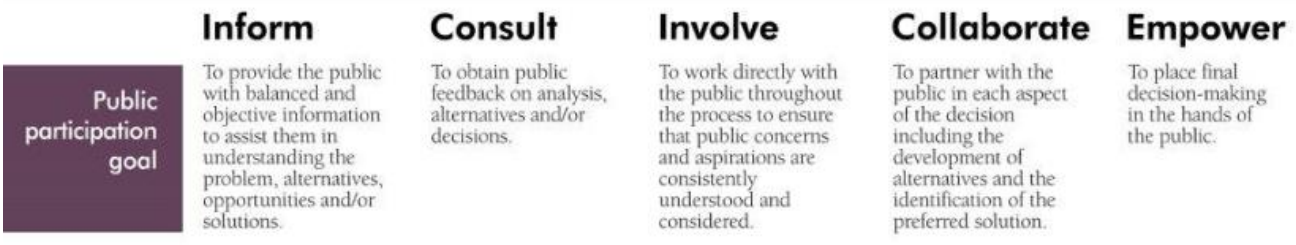
- Mississauga Halton LHIN website
- Annual community bulletin
- Media events/announcements
- Video (Mississauga Halton LHIN YouTube Channel)
- News releases/launches/local announcements
- Joint communications with health service providers
- LHINfo Minutes/CEO Report
- Email blasts to stakeholders
- Face-to-face 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 – key message alignment • The number of newspaper articles mentioning the Mississauga Halton LHIN • The volume, accuracy 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 • Enhanced relationship with key stakeholders

COMMUNITY ENGAGEMENT

Our Commitment to Community Engagement:

6. In alignment with provincial and pan LHIN direction, our principle to engage the community to achieve our goals and objectives will ensure the voices of patients, caregivers and the community are front and centre, including our Aboriginal and Francophone populations.
7. Community Engagement is a core LHIN function in alignment with the *Local Health System Integration Act*, 2006 (LHSIA).
8. The Mississauga Halton LHIN Community Engagement Framework was created in adherence to the requirements for community engagement outlined in LHSIA.
9. The Mississauga Halton LHIN Community Engagement Framework and Process Map were developed using the International Association of Public Participation (IAP2) Principles of Engagement and the Triple Aim Improvement Framework.
10. **IAP2 Public Participation Spectrum:**



APPENDIX A: MINISTRY-LHIN ACCOUNTABILITY AGREEMENT 2015-16 DASHBOARD

MISSISSAUGA HALTON LHIN PERFORMANCE INDICATORS

February 12, 2016 Release

No.	MLAA Indicators	Provincial target	LHIN Target (2015/16)	12-Feb-16
1. Performance Indicators				
Home and Community *- Reduce wait time for home care (improve access)* *- More days at home (including end of life care)*				
1	Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services[2]	5 days	95.00%	88.96%
2	Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services[2]	5 days	95.00%	94.06%
3	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)[2]	21 days	21.00	29.00
System Integration and Access *- Provide care in the most appropriate setting* *- Improve coordinated care* *- Reduce wait times (specialists, surgeries)*				
4	90th percentile emergency department (ED) length of stay for complex patients[1]	8 hours	8.00	9.35
5	90th percentile emergency department (ED) length of stay for minor/uncomplicated patients[1]	4 hours	4.00	3.55
6	Percent of priority 2, 3 and 4 cases completed within access target for MRI scans[1]	90.00%	90.00%	22.90%
7	Percent of priority 2, 3 and 4 cases completed within access target for CT scans[1]	90.00%	90.00%	60.38%
8	Percent of priority 2, 3 and 4 cases completed within access target for hip replacement[1]	90.00%	90.00%	64.25%
9	Percent of priority 2, 3 and 4 cases completed within access target for knee replacement[1]	90.00%	90.00%	53.09%
10	Percentage of Alternate Level of Care (ALC) Days[2]	9.46%	9.46%	11.11%
11	ALC rate[1]	12.70%	12.70%	11.73%
Health and Wellness of Ontarians - Mental Health *- Reduce unnecessary health care provider visits* *- Improve coordination of care for mental health patients*				
12	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions[2]	16.30%	16.30%	17.00%
13	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions[2]	22.40%	22.40%	22.43%
Sustainability and Quality *- Improve patient satisfaction* *- Reduce unnecessary readmissions*				
14	Readmission within 30 days for selected HIG conditions[3±]	15.50%	15.50%	14.93%

1 Q3 2015/16 data (Oct, Nov, Dec 2015)

2 Q2 2015/16 data (Jul, Aug, Sep 2015)

3 Q1 2015/16 data (Apr, May, Jun 2015)

4 Q2 2014/15 to Q1 2015/16 data (Jul 2014 to Jun 2015)

Note: Data for 12-Feb-16 is the most recent quarter of data available.

± The analyses in this spreadsheet are based on the 2015 case mix and will differ from results previously provided. For historical trends, please refer to results in this MLAA supplementary file and not to earlier versions of the supplementary or MLAA files.

The LHIN result has met its target
The LHIN result is within 10% of its target
The LHIN result is more than 10% from its target

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