Mississauga Halton **LHIN**

Mississauga Halton Local Health Integration Network

Annual Business Plan 2017-2018

Ontario
Local Health Integration Network

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TRANSMITTAL LETTER FROM THE MISSISSAUGA HALTON LHIN BOARD CHAIR

June 16, 2017

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,

On behalf of the Mississauga Halton LHIN, I am pleased to share with you the Board approved 2017-2018 Annual Business Plan. This plan outlines our second year of new and ongoing initiatives that are supporting achievement of our 2016-2019 Integrated Health Service Plan *Partnering for a Healthy Community*.

In alignment with provincial priorities and direction on establishing a person-centred health care system, this annual business plan 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 supports and drives the Patients First agenda and our LHIN's focus on integrated home and community care with primary care, and meeting the needs of residents from a population health perspective within their local neighbourhoods. 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 health care outcomes and experiences. We continue to monitor our progress and be flexible in our approach to meet the changing needs of our residents.

Regards,

Neil Skelding
Board Chair
Mississauga Halton LHIN

MANDATE AND STRATEGIC DIRECTION

The mandate of the Mississauga Halton Local Health Integration Network (LHIN) is to plan, fund and integrate local health care services provided within its defined boundaries. The 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 LHIN team work in collaboration with the Ministry of Health and Long-Term Care, health service providers, key stakeholder partners and the community at large 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

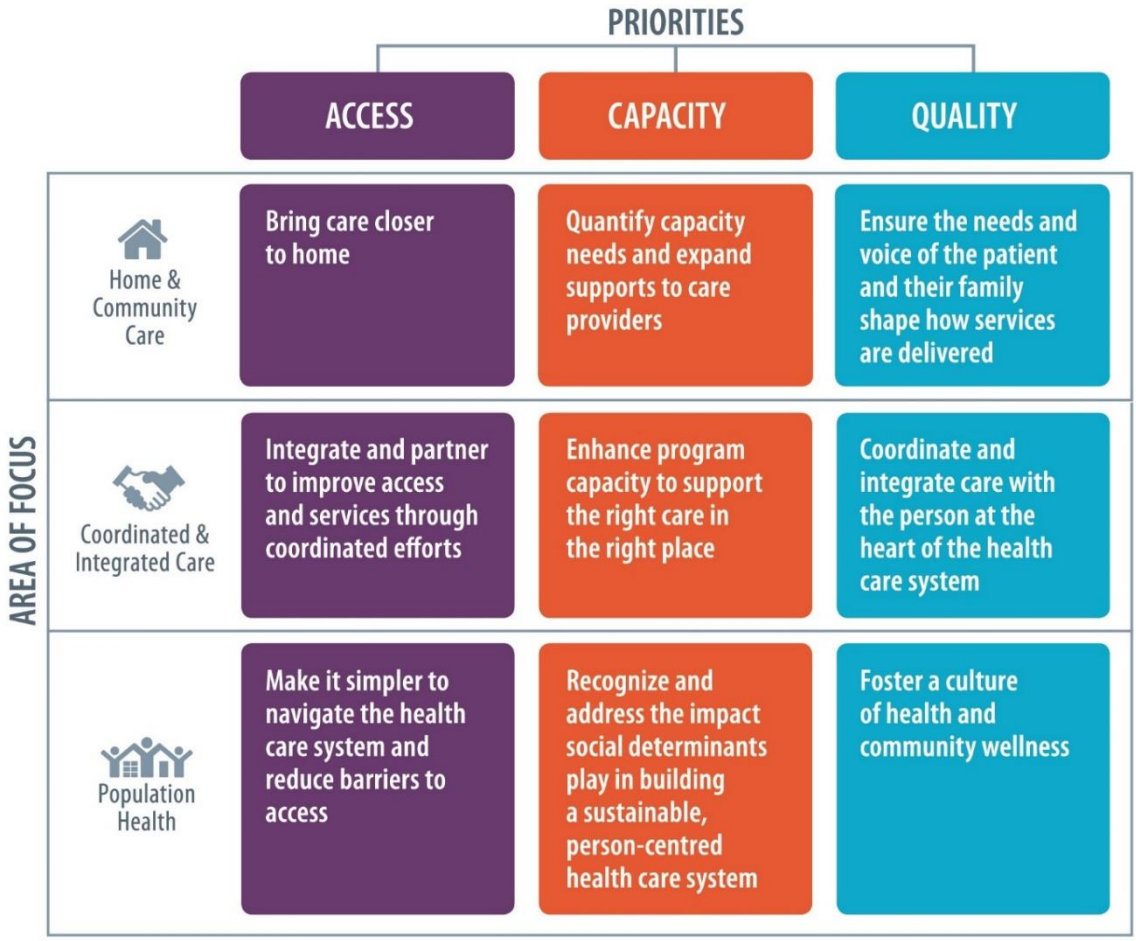
The Mississauga Halton LHIN Annual Business Plan (ABP) for 2017-2018 is the ninth ABP developed by the Mississauga Halton LHIN since its inception in 2006. The 2017-2018 ABP identifies the activities that the Mississauga Halton LHIN will undertake in the upcoming fiscal year to achieve the strategic 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 two 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 decisions based on value and quality, to sustain the system for generations to come

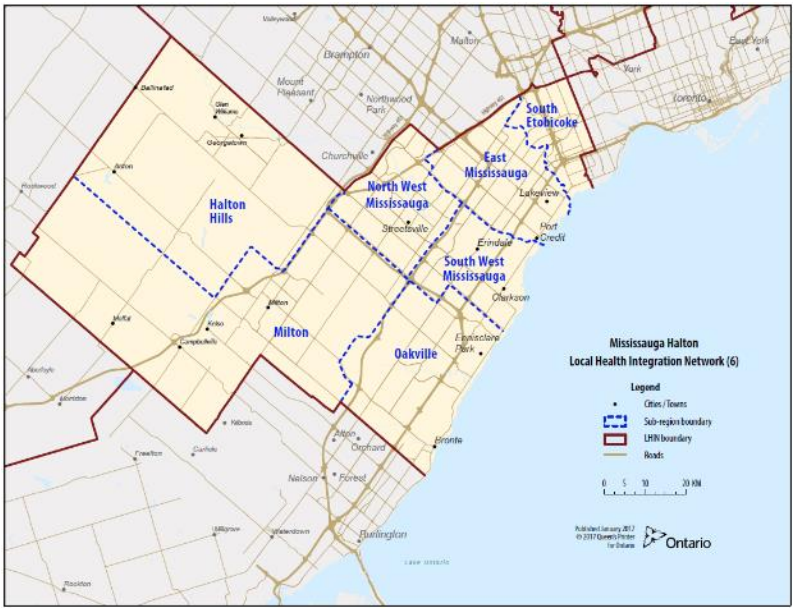
In alignment with *Patients First: A Roadmap to Strengthen Home and Community Care*, the Mississauga Halton LHIN continues to work towards providing better access to quality health services in the community that are sustainable and delivered closer to home. Putting patients first, the Mississauga Halton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

We 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 are seen as essential to support residents to live healthy lives.

We believe our collective efforts identified in our IHSP, *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 this annual business plan will support achievement of our priorities.

OVERVIEW OF CURRENT AND FUTURE PROGRAMS/ACTIVITIES

Projected to have the second highest population growth in Ontario over the next 5-10 years, the Mississauga Halton LHIN is currently home to 1,281,397 (2017) residents. Covering a geography of roughly 1,059 square kilometers, the Mississauga Halton LHIN encompasses the areas of Halton Hills, Milton, Oakville, Mississauga (excluding Malton) and South Etobicoke (part of the City of Toronto).



Operating within an accountability framework that is defined in the Ministry-LHIN Accountability Agreement, the Mississauga Halton LHIN strives to ensure that health care dollars are spent efficiently and effectively, yielding the best results possible.

Seventy-five agencies comprise our team of health service organizations. Each receive funding from the Mississauga Halton LHIN through formal service accountability agreements totalling approximately $1.53 billion dollars for the delivery of health care services. These agreements define the services to be provided and the outcomes to be achieved.

Within the Mississauga Halton LHIN there are two public hospital corporations (six sites), 28 long-term care homes (4,163 beds), 33 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, 2017

Health Service Organizations	# of Agencies	Total Funding (Base + One Time)	% of Total Funding
Hospitals	2 Corporations 6 sites	$1,013,175,181	66.2%
Long-Term Care Homes	28	$ 202,724,637	13.2%
Community Care Access Centre	1	$ 176,279,459	11.5%
Community Support Services *	33	$ 93,808,466	6.1%
Mental Health and Addiction	10	$ 42,512,976	2.8%
Community Health Centre	1	$ 2,438,856	0.2%
Investments	-	$ 4,717,638	0.3%
TOTAL	**75**	**$1,530,939,575**	**100%**

**Includes Assisted Living in Supportive Housing and Acquired Brain Injury*
Source: MLAA, Schedule 3 – March 31, 2017

Key Activities from the Past Year and Continuing into 2017-2018

Last year, the Mississauga Halton LHIN identified action plans to support achievement towards the priorities identified within its new IHSP for 2016-2019. This new fiscal year, 2017-2018, will be the second year of implementing our IHSP. Building off the work achieved in previous years, the LHIN continues to advance key initiatives as detailed in the action plans for the coming fiscal year to move forward on the LHIN's strategic priorities. Some of the key activities that will be focused upon this fiscal year include:

Patients First – On December 7, 2016, Ontario passed *The Patients First Act* that will help patients and their families obtain better access to a more local and integrated health care system, improve the patient experience and deliver higher-quality care. This legislation is part of the government's ongoing work under the Patients First: Action Plan for Health Care to create a more patient-centered health care system in Ontario.

A centerpiece of the *Patients First Act, 2016* is to expand the mandate of the Local Health Integration Networks (LHINs).

Integrated Home and Community Care
LHINs are already responsible for planning and funding hospitals, community health centres, long-term care homes, home care, community services and mental health and addiction services. Under the *Patients First Act, 2016,* the Mississauga Halton LHIN will also be responsible for operating home care and planning primary care to improve integration across Ontario's health care system. The transition of home care services from the Mississauga Halton Community Care Access Centres (CCAC) to the LHIN is occurred on May 31, 2017 whereby the LHIN became the single point of accountability for integrated, accessible and consistently high-quality home and community care in the Mississauga Halton LHIN.

In addition to maintaining the continuity of client services this year, the LHIN is working in alignment with the ministry to implement *Patients First: A Roadmap to Strengthen Home and Community Care* (Roadmap). This will ensure that important work on initiatives such as the Levels of Care Framework, bundled care models and improved caregivers supports continue under the LHIN's leadership. The implementation of the Roadmap will be strengthened by the *Patients First Act* and together, they will continue to drive improvements to quality and consistency in home and community care in Ontario.

The *Patients First Act, 2016* will provide tools and guidance to support the Mississauga Halton LHIN in its role in making local health care easier to navigate, better coordinated, more open and accountable. The legislation also ensures that local communities and patients have a strong voice and influence local health care planning. As such, the Mississauga Halton LHIN will continue to build on its strong foundation of patient and family engagement, and establish a LHIN Patient and Family Advisory Committee. The health needs of the local population will also be addressed through formal engagement between the LHIN and our local boards of health.

In alignment with the province's direction on Patients First, the Mississauga Halton LHIN has established sub-regions - smaller geographic planning regions within each LHIN - to assist in better understanding and addressing patient needs at the local level. By looking at care patterns through a smaller lens, the LHIN will be better able to better identify and respond to community needs and assist patients across the entire region to access the care they need, when and where they need it.

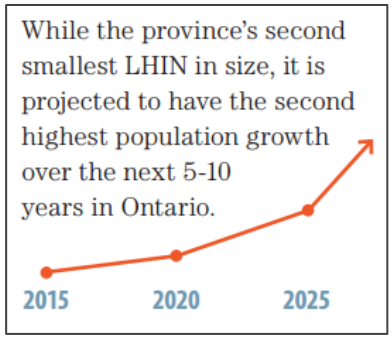
Primary Care
Under the *Patients First* legislation, a key priority of the LHINs will be to ensure that every resident who wants a primary care provider has one, and to ensure that patients have timely access to those providers when they need it including on the same or next day when sick, as well as after hours and on weekends.

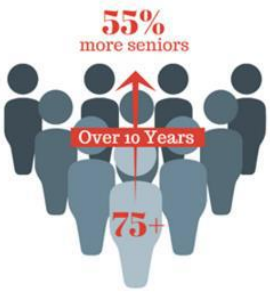
The Mississauga Halton LHIN has done a significant amount of work over the past few years in support of primary care integration. This work serves as a strong foundation upon which the LHIN can continue to evolve and build off towards achievement of the goals identified under Patients First.

Quality and Value – Guided by the six dimensions of quality - safe, effective, patient-centred, efficient, timely and equitable, the Mississauga Halton LHIN continues to foster a culture of quality across the continuum of care contributing to health system transformation, and 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. New and innovative strategies focused on funding health care services are being explored through Health System Funding Reform (HSFR), as well as the 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.

Second Highest Projected Population Growth in the Province

With a population of approximately 1,281,397 residents (2017), the Mississauga Halton LHIN is home to 9.1 per cent of the population of Ontario and experienced a growth rate of 9.4 per cent between 2010 and 2015, the highest growth rate of all LHINs. From 2015 to 2025, the Mississauga Halton LHIN is projected to have the second highest population growth in Ontario, increasing by 18.6 per cent in comparison to the provincial growth rate of 12 per cent for the same period.





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 currently have a relatively low proportion of seniors aged 65+ (13.9 per cent) relative to other areas of the province, the proportion of seniors has increased by 25% per cent from 2010 to 2017, and by 2027, the population of seniors 75+ will increase by 58%.

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 most commonly spoken languages (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.

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 continuing to **advance socio-demographic data collection** with health service providers and partners 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 comorbidities 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, with twenty-six percent of residents reporting that most days are "quite a bit" or "extremely" stressful (third highest proportion in the province).

Acute and Community Capacity Challenges

With our aging population and increased incidence of behavioral conditions related to dementia, there are capacity and operating expenditure pressures within our long-term care homes. These pressures are compounded by the low ratio of long-term care beds to population 75+ (the lowest in the province) leading to the prioritization to admit only those residents with the highest acuity needs as identified by the MAPLe scores of residents. As of Q3 2015/16, the Mississauga Halton LHIN LTC bed capacity was at **20% fewer beds per senior than the provincial average** of 78.5. The LHIN had the lowest number of long term care beds per 1,000 people aged 75+ years at a rate of 59.3 across all LHINs.

** Retrieved from Health Analytics Branch, HSIM, MOHLTC The Quarterly Issue No 16; data source LTCPR Client Profile, LTCH System Report extracted Aug 2016*

LHIN	Supply of LTCH per 1,000 population ages ≥ 75 Q3 2015/16*
Central	59.9
Mississauga Halton	59.3
Toronto Central	63.7
Central East	81.3
North Simcoe Muskoka	76.2
Waterloo Wellington	84.6
Erie St. Clair	87.8
Central West	75.3
Champlain	82.6
HNHB	85.0
South East	87.7
North West	95.8
South West	92.8
North East	99.6

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 has had considerable construction to expand hospital capacity in Milton, the fastest growing community in Canada, with expectation for completion and opening in 2017. The Credit Valley Hospital site of Trillium Health Partners is undergoing capital expansion and the organization has submitted plans for capital projects at both the Mississauga and Queensway sites. Our hospital leaders at Halton Healthcare and Trillium Health Partners are both identifying needs for capital expansion, while also being mindful of working with community partners, including primary care, to enhance community capacity. We continue to look for opportunities to maximize new volume in relation to pre-construction operating plan (PCOP) funding.

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**. 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 within a framework for capacity planning across all sectors. This includes a focus on enhancing skills and supporting personnel across the continuum including informal caregivers, thereby 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 improving 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 enhance coordination.

The **lack of information technology infrastructure in mental health and addiction and community support services** continues to challenge the ability to capture high quality data and information to inform planning and operations from a systems perspective in the Mississauga Halton LHIN. As part of the *Patients First* agenda, 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 prepare the community sector for adoption of more advanced information technology/information management systems.

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 under the *Patients First Act*, we will now have a greater opportunity 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 and patient centred care.

FRENCH LANGUAGE SERVICES

Approximately 25,000 Francophones reside within the Mississauga Halton LHIN according to the Inclusive Definition of Francophones (2011 Census). In alignment with the requirements set out in the *French Language Services Act (FLSA)*, the Mississauga Halton LHIN has worked to establish a strong relationship with the diverse Francophone communities and gain a better understanding of their needs by working closely with our French Language Health Planning Entity, Reflet Salvéo.

In collaboration with Reflet Salvéo, we continue to work with our French Language Services (FLS) identified Health Service Providers (HSPs) to help them build their capacity to implement an Active Offer of FLS and to keep the Francophone community members informed of available French language health services. As part of their Service Accountability Agreements, all our identified and non-identified HSPs are required to (1) incorporate the two linguistic variable questions to identify Francophones in their initial intake/assessment processes; and (2) provide the LHIN with an annual FLS Report.

As part of the renewed LHIN mandate, we have assumed the responsibility for the provision of home and community care services, and as such there has been an added responsibility to ensure that those services are available in French in accordance with the FLSA.

The FLS Community of Practice has established a network of strong and innovative partnerships from multidisciplinary and cross sector organizations to help us in advancing pathways to culturally and linguistically equitable health care. We meet quarterly to identify strategies and tactics to enhance the FLS capacity of health and social service providers and to improve Francophone access and accessibility to French language programs and services. Together we strive to break down linguistic and cultural barriers for this priority population in a minority situation.

INDIGENOUS PEOPLES

The local **Aboriginal community** (First Nations, Métis and Inuit communities) in the Mississauga Halton LHIN is urban-based, as there is no reserve land within our local territory. We are continuing to work with community partners in the development of an **Aboriginal Health Advisory Circle**. This advisory circle will provide a formal setting for the local indigenous community to embed their voice in health care planning in partnership with the Central West and Mississauga Halton LHINs. A key priority is building cultural competency capacity and ensuring that health service providers across the region have access to Indigenous cultural safety training. It is important to recognize how culture affects individual perceptions and actions and how development of cultural awareness can improve the relationship between people from differing cultural backgrounds. We have made online Indigenous Cultural Safety (ICS) Training available to service providers. This Certificate Course is designed for non-Indigenous service providers to better understand the ways in which assumptions and stereotypes affect the care provided within a health care setting and to develop strategies to build collaborative relationships with Indigenous patients and clients.

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

ACCESS – Health care when and where you need it

IHSP 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

Seven **Health Links** have been established within the Mississauga Halton LHIN. To date, Health Links have served over 1000 individuals with complex needs within the LHIN. Nearly 60% of these individuals have been identified as managing a mental health issue and 80% of them have care coordination needs related to social determinants of health. The shift of Health Links governance to a regional model is intended to support the individual Health Links to focus on sustainability and "bringing Health Links to scale". Patient engagement continues to be a key focus of Health Links, and a Health Link Patient Partnership will move from local Health Link efforts to a regional engagement strategy. The Health Link Collaborations will also serve as a platform for sub-regional planning, to address the unique population health needs of the seven local areas, linking closely to primary care and supporting more integrated home and community care.

Through our **Primary Care Integration Strategy,** the Mississauga Halton LHIN is engaging primary care to foster stronger relationships. The Primary Care Advisors continue to bring value to primary care physicians by informing them about available resources and supporting system navigation to break down barriers. An initial evaluation of the Primary Care Advisor (PCA) role showed that over 80% of primary care physicians felt the PCAs provided them with relevant information that added value to their practice and that they would recommend visiting with a PCA to a colleague. Information about primary care providers and practices are being documented within the Primary Care Database. The Primary Care Network, continues to engage with their peers to enhance networking and to provide the voice of primary care in health system planning. To foster improved access to specialty care, *docSEARCH*, an e-Compendium of Specialty Care was launched in April 2016 to provide primary care with accurate information about the specialty care available within the Mississauga Halton LHIN. The Mississauga Halton LHIN continues to leverage Champlain LHIN's BASE eConsult solution, with 188 primary care providers enrolled and over 1,030 eConsults 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 ten mental health and addiction service providers. Over the past year, one-Link has expanded to receive referrals from hospitals, primary care providers and community mental health and addiction providers. A focus within 2017-2018 is to launch the eReferral portal to primary care and refine the eReferral and reporting capabilities to help us better understand the need for services and support sub-region planning. To enhance access to high intensity community treatment supports, the LHIN is expanding capacity in brief intervention treatment supports, linking with provincial leading practice providers and embarking on a system project to better identify and define high intensity addiction and mental health community treatment supports in the Mississauga Halton LHIN and align to current leading practices.

The **Community Addiction Liaison to the Emergency Department (CALED)** is being implemented to enhance transitions to the appropriate community support services for individuals and families identified with substance abuse conditions or concurrent disorders in the emergency department. The **No Wrong Door** Champions Team is continuing to implement the *No Wrong Door initiative* which includes a quality improvement focus on three priority areas: enhance resources offered to a client if they are waiting for services; develop a protocol for a "warm transfer" between agencies; and ensure that all outgoing voicemail messages indicate a reasonable timeframe within which a caller's message will be returned.

A Mississauga Halton LHIN **Chronic Disease Prevention and Management (CDPM)** model was developed to guide the approach to chronic disease management. The model focuses on risk factors and lifestyle behaviours to address the onset and management of chronic conditions, as well as multi-morbidity. Through community and patient engagement, a need has been identified for a one-stop, web-based resource that has information on all programs and services for persons at risk for chronic conditions, living with chronic conditions or caring for someone with a chronic condition(s). Work is progressing to launch a CDPM online navigation system that is co-designed with the target population ensuring that it meets their needs. There is a need to work towards a regional approach for the Mississauga Halton LHIN's most prevalent condition, Type 2 diabetes. As a companion to the online CDPM tool, the Mississauga Halton LHIN is building a framework for an annual or bi-annual CDPM knowledge translation event for residents of Mississauga Halton to speak directly to program experts, information specialists and health care providers with the aim of empowering our community to live well.

System navigation has been identified as a key concern locally and provincially. While Mississauga Halton has ample resources for families with diverse cultures, languages and needs, finding the right care options can be a difficult undertaking. 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 the right care, in the right time, at the right place. Through community collaboration with health service providers across multiple health care sectors, representatives from social sectors and not-for-profit organizations as well as open data experts, the Mississauga Halton LHIN is creating a web-based platform and app that leverages current existing information, therein not duplicating efforts, rather allowing it to be easily searched and utilizing the HEIA tool to ensure its accessibility and equitability. This system will also be a repository of data that will assist in health system planning, especially as it pertains to primary health care and population health. Myhealth365 is in its third 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 will promote 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. Accessibility, knowledge and awareness will be foundational elements to Telemedicine technologies.

To improve access to a **regional transportation system,** the LHIN is reviewing the current model and identifying gaps to enable standardized, consistent and equitable access for 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 improvement across the continuum, exploring decreased length of stay for hips and knees using innovative models of care, and ongoing implementation of better MRI practices including lean. Trillium Health Partner's implementation of the **integrated funding model** of cardiac surgery patients from hospital directly to the community has early evidence of being a spreadable model of care. The LHIN is exploring other possible cohorts where similar models of care could be implemented between the hospital and community sectors.

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 to the Minister of Health and Long-Term Care and Associate Minister of Health and Long Term Care
- *The Patients First Act 2016*
- *Excellent Care for All Act 2010*
- 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
- Better Mental Health Means Better Health 2015 Annual Report of Ontario's Mental Health & Addictions Leadership Advisory Council
- Mental Health and Addictions Moving Forward: Better Mental Health Means Better Health 2016 Annual Report of Ontario's Mental Health & Addictions Leadership Advisory Council.

Action Plans - Access	2017/18		2018/19		2019/20	
	Status	%	Status	%	Status	%
1. Continue to advance the **Health Links** approach to improve coordination and integration of care for individuals with **complex needs by:** a) Focusing on sustainability and scalability; b) Increasing community capacity in managing complex patients; c) Engaging patients and caregivers effectively at every level of HLs planning and decision making through the regional implementation of the Health Links Patients Partnership (HeLPP) initiative.	In progress	25	In progress	25	In progress	25
2. Advance the Mississauga Halton LHIN's **Primary Care Integration** strategy in alignment with the Ministry of Health and Long-Term Care priorities:						
a. Migration to a sustainable Primary Care Database to enhance communication and understanding of primary care within the Mississauga Halton LHIN	Complete	100				
b. Launch the web based specialist directory docSearch	Complete	25				
c. Develop a Primary Care Capacity Plan/Strategy	In Progress	25	In Progress	25	In Progress	25
d. Identify primary care service delivery model at the sub-regional level	In Progress	25	In Progress	25	In Progress	25
e. Implement Inter-professional Spine Assessment and Education Clinics (ISAEC), a low back pain model of care.	In Progress	50	Complete	50		
f. Explore the feasibility of implementing a Seamless Care Optimizing the Patient Experience (SCOPE) model to increase integration of care and decrease ED visits	Complete	100				
g. Develop a plan to improve access to specialist care	In Progress	25	In Progress	25	In Progress	25

3. **Enhance mental health and addiction services:** a. Enable equitable access to mental health and addiction services (one-Link) b. Advance addiction and mental health peer support services c. Define and develop addiction support services (Community Addiction Liaison to the Emergency Department Project CALED) d. Implement the No Wrong Door approach – Towards an "Every Door is the Right Door" service system e. High Intensity Community Supports (LOCUS Level 3) Service Enhancements and Regional Review and Advancement of Existing Services.	In Progress In Progress In Progress In Progress In Progress	70 70 50 70 70	In Progress In Progress In Progress In Progress In Progress	20 20 40 20 20	Complete Complete Complete Complete Complete	10 10 10 10 10
4. Implement an integrated regional **chronic disease prevention and management** strategy: a. Implement a sustainable online resource for CDPM programs and services b. Standardize diabetes programs and services, optimize resources and residents' experiences and outcomes	In Progress In Progress	20 30	In Progress Complete	30 20	Complete	20
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	Complete	40
6. Implement the Mississauga Halton LHIN **Telemedicine Strategy** to increase access to services for primary care, Health Links and community support services with a focus on mental health and addictions.	In progress	30	In Progress	30	In Progress	30
7. Continue to work with community partners to develop and implement innovative strategies to address **transportation challenges.**	In progress	50	In Progress	20	In Progress	10
8. Plan and implement **Health System Funding Reform** that includes HBAM, expanded integrated funding models and **Quality Based Procedures.**	In Progress	60	In Progress	10	In Progress	10
9. Improve access across the continuum of health care services through a multi-faceted strategy to improve **alternate levels of care.**	In Progress	30	In Progress	30	In Progress	10

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:

Avoidable Hospital Utilization

- **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 revisits –** which focuses on the ability of residents to access more appropriate services.

Access to Right Place, Right Care

- **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 **nine 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). All Ministry-LHIN Accountability Agreement indicators will be reported to the Quality Committee of the Board. In addition, there are LHIN level work plans that identify performance indicators associated with the nine action plans. These "developmental" indicators will be monitored at the project level against Mississauga Halton LHIN specific targets.

Risks/barriers to successful implementation

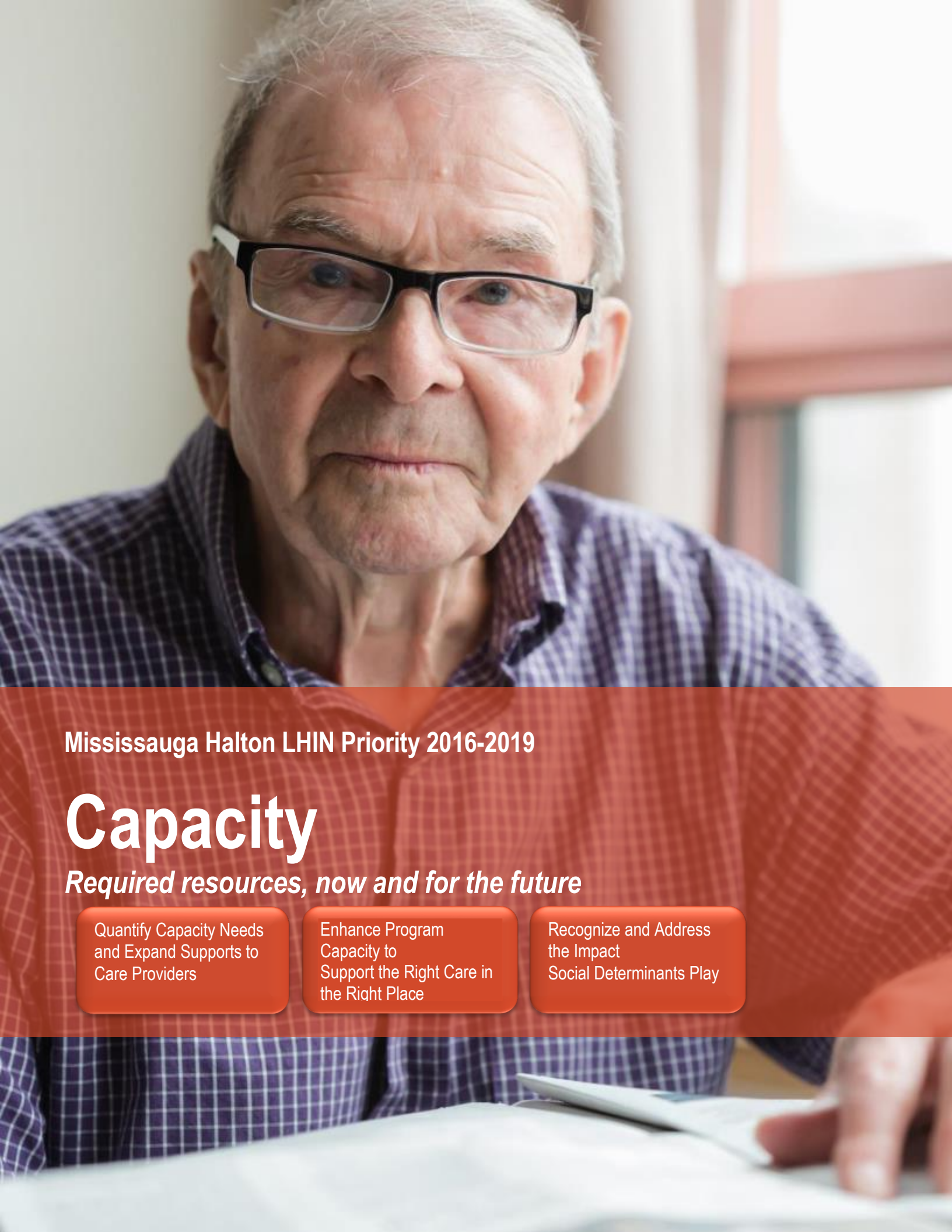
- Health Link partner engagement as the structure moves to regional resourcing and co-lead responsibilities change.
- Capacity for community partners to dedicate time and energy on Health Link referral and enrollment efforts.
- Timely access to service utilization data at regional system and client levels.
- People may continue to choose to access the emergency department for non-emergent services that could be addressed in primary care.
- Lack of robust data in the primary care and community care sector to inform planning.
- Lack of knowledge, skill and comfort level with new enabling technologies may contribute to low adoption rates in addition to resistance to modifying existing workflows.
- 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.
- Lack of appropriate technological platforms 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 are varying levels of skill sets across the acute and community sectors to manage the magnitude of this change.

Mitigation strategies

- It is anticipated that the priorities and timelines of action plans in the ABP may need to be revisited as ministry direction is forthcoming. The Mississauga Halton LHIN will reassess the action plan priorities as the ministry's full transformation agenda is articulated.
- Building community capacity and implementing ways to formalize engagement of Health Link partners.
- Increased focus on enhanced education, knowledge and understanding of emerging telemedicine and navigation tools and technologies; implement continued opportunities for learning.
- 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.
- Ensure close connections with provincial planning Mental Health and Addictions Leadership council representatives and identify opportunities to align priorities.
- 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.
- Work with the community sector to identify opportunities to increase the skill and confidence of health human resources to manage change.
- Collaboration with partners in the community, social, not-for-profit as well as experts in data to leverage best practices, skills, expertise and resources.
- Utilization of new models of practice for development and co-design.
- Phase in the implementation of other patient cohorts in bundled care to ensure that MOH policy changes come into effect that can support the LHINs/health service providers with spread and sustainability.

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.
- Leadership and direction from relevant ministries on data sharing across ministries and sectors.



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

An **Integrated Seniors Care Model** is under development to support the needs of a growing seniors' population in the Mississauga Halton LHIN, in particular those seniors at home waiting for long term care and at risk of hospitalization and early placement into Long Term Care. The Seniors Steering Committee will advise on 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 frail, community-dwelling elderly individuals. A Project Team is designing a pilot project that will begin in 2017-2018. The committee will also be aligning with the provincial work on a **dementia strategy** to support development and implementation at the local level.

The **Mississauga Halton Palliative Care Network (PCN) Executive Committee** has been assembled based on the direction of the Ontario Palliative Care Network (OPCN). Over the last year, the Regional Administrative Director and Multi-disciplinary Clinical and Non-Clinical Leads have been hired to assemble the executive, secretariat and operational tables as required for regional needs. The newly created palliative governance structure will support the development and implementation of the regional palliative care strategy.

The **Regional Rehabilitative Care Strategy** is working to standardize and streamline rehabilitative care services across the Mississauga Halton LHIN. The Mississauga Halton LHIN is working with the Rehabilitative Care Alliance (RCA) of Ontario to implement initiatives across our hospitals, LTC homes and community providers to ensure that eligibility, service standards and access to care can be standardized irrespective of where the patient accesses the system. In conjunction with the RCA, education materials were created for hospital staff, referring professionals and patients and family that discuss eligibility criteria and services associated with each bedded level of care. Electronic and paper referrals are also being revised as part of standardized referral flow process for increased efficiency and quicker access to care across the LHIN. The capacity planning work has been initiated within the Mississauga Halton LHIN and will be ongoing.

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. Construction is well underway at the Milton District Hospital site and the Georgetown Hospital is in the early stages of capital planning to redevelop elements of its aging facility. Trillium Health Partners completed construction on the Queensway Courtyard site and opened the 39 bed complex continuing care unit in November 2016. The Credit Valley hospital site renovations are underway and planning continues for the redevelopment and expansion of the Mississauga and Queensway sites. In addition, the Trillium Health Partners are in the early stages of planning for an Urgent Care Centre in Mississauga. Several community health service providers received funding from the newly established Community Infrastructure Renewal Fund (CIRF) to assist with ongoing repair and renewal needs. In alignment with provincial planning, the Mississauga Halton LHIN continues to collaborate with partners

in health and social services to take a population health based approach to planning for integrated community hubs.

The complexity of needs of long-term care residents have been increasing over the past few years and the Mississauga Halton continues to support seniors to age in place. In alignment with the Enhanced Long Term Care Home Renewal Strategy, the LHIN is working closely with the Ministry of Health and Long Term Care to help coordinate and prioritize the redevelopment of beds within the region. The LHIN currently has 10 homes that have been identified for redevelopment, which is 32 percent of our long-term care bed capacity.

With the seamless transition of the Mississauga Halton LHIN and CCAC following receipt of the transfer order from the Minister of Health and Long-Term Care, the renewed LHIN team is now shifting gears to advance the transformation agenda set out through the Patients First legislation. As such, the 2017-18 CCAC annual business and operating plan priorities will be reviewed and incorporated as appropriate into the renewed LHIN's activities for this fiscal year.

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 to the Minister of Health and Long-Term Care and Associate Minister of Health and Long Term Care
- *The Patients First Act 2016*
- 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
- Palliative and End-of Life Care Provincial Roundtable Report, John Fraser, March 2016
- Advancing High Quality, High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action, December 2011
- Palliative Care at the End of Life, Health Quality Ontario, 2016
- Developing Ontario's Dementia Strategy: A Discussion Paper: September 2016
- Levels of Care Framework: Reporting back on what we heard, November 2016

Action Plans - Capacity	2017/18		2018/19		2019/20	
	Status	%	Status	%	Status	%
1. Implement a regional **Integrated Seniors Care Model** pilot project to support seniors to remain in the home of their choice.	In Progress	40	In Progress	30	Complete	30
2. Develop and implement a **regional palliative care strategy** in alignment with provincial directions.	In Progress	30	In Progress	30	In Progress	30
3. Develop and implement a **regional rehabilitative care system** that spans the care continuum.	In Progress	30	In Progress	30	In Progress	20
4. In alignment with provincial Long Term Care renewal strategy, enhance the physical and resource **capacity within the long-term care sector** by: a. Maximizing the scope of practice and level of care to support transitions between sectors b. Exploring opportunities to increase supply of long term care beds c. Enhance the role of long term care in the community through the addition of specialized programs and units within LTC homes	In progress	25	In progress	25	Complete	25

5. Continue to address the **acute and community capacity needs** and work collaboratively with the ministry, primary care, hospitals and community providers to: a. Expand capital and human infrastructure b. Advance the work in community care practice to support a more integrated home and community care sector	In Progress In Progress	25 30	In Progress In Progress	25 25	In Progress In Progress	25 25
6. Continue to 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
7. Support home and community care transformation and develop a plan at the sub-regional level for more integrated home and community care that addresses population health needs.	In Progress	30	In Progress	30	In Progress	30

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:

Avoidable Hospital Utilization

- **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 revisits –** which focuses on the ability of residents to access more appropriate services.

Access to Right Place, Right Care

- **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). All Ministry-LHIN Accountability Agreement indicators will be reported to the Quality Committee of the Board.

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

- Additional workload associated with transition to the new organizational structure may potentially delay implementation of some Action Plans.
- Insufficient 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.
- 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.

Mitigation strategies

- It is anticipated that the priorities and timelines of action plans in the ABP may need to be revisited as ministry direction is forthcoming. The Mississauga Halton LHIN will reassess the action plan priorities as the ministry's full transformation agenda is articulated.
- 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.
- Work with the community sector to identify opportunities to increase the skill and confidence of health human resources to manage change.
- Supporting health service providers to examine opportunities for integration and standardization as well as leveraging other resources in the LHIN (i.e. Regional Learning Centre).

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.
- 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.
- Ministry support / approval for specialization within the long term care homes.
- The Community IM/IT initiative in the Enabling Technologies for Integration (ETI) priority.

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

A health care system for the people is best built by the people that utilize it. 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. Based on the Health Quality Ontario **Patient Engagement Framework**, 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 geographically, and culturally diverse groups across our LHIN.

A key focus for **Health Equity** in the Mississauga Halton LHIN is to continue to collect, measure, apply and evaluate socio-demographic data to improve connections between the social determinants of health and health care provision. This will allow health service providers to identify health disparities, determine who is most affected by health inequities and inform best practices that will enhance quality of care and improve health outcomes. We continue to phase in the "Focused Implementation Sites", with the use of the Health Equity Impact Assessment Tool to enhance, build capacity and incorporate an equity lens that will better inform program development and organizational outreach to marginalized groups. Access to socio-demographic data is a resource for developing practices and operations that improve quality of healthcare.

A **regional quality table** has been established to advance the quality agenda within the Mississauga Halton LHIN. The membership consists of representatives from all health sectors and from initiatives such as Health Links, Palliative Care and the Community Quality Network. In partnership with Health Quality Ontario, we continue to focus on aligning quality initiatives across the continuum of care to improve patient outcomes, experience of care and value for money. It is action-oriented, focused on LHIN quality challenges and initiatives, and is aligned with provincial quality priorities and structures.

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 2010*
- Premier Kathleen Wynne's September 2016 Mandate letter: Health and Long Term Care. Premier's instructions to the Minister on priorities
- *The Patients First Act 2016*
- 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
- International Association of Public Participation (IAP2)
- Health Quality Ontario Patient Engagement Framework
- CIHI Report: Dialogue to Advance the Measurement of Equity in Health Care
- Health Quality Ontario's Health Equity Plan
- Health Quality Ontario's Income and Health; Opportunities to achieve health equity in Ontario
- Honouring the Truth, Reconciling for the Future - Truth and Reconciliation Commission of Canada
- San'yas Indigenous Cultural Safety (ICS) Training - Ontario

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.	Building **Indigenous 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 2017-2018 **French Language Services Joint Annual Action Plan (JAAP)** (alongside Reflet Salvéo**,** Central West LHIN and Toronto Central LHIN) with the following objectives:						
	a) Increasing access to primary care French language services at the sub-regional level	In Progress	30	In Progress	30	In Progress	30
	b) Inclusion of the Francophone voice at the sub-regional level to help facilitate increasing home and community capacity resources for French language services	In Progress	30	In Progress	30	In Progress	30
	c) Improving the Francophone patients' experience.	In Progress	30	In Progress	30	In Progress	30
4.	Implement the Mississauga Halton **Health Equity Plan:** a) HSPs will adopt and incorporate a health equity lens into their program planning and service delivery including use of the Ontario Health Equity Impact Assessment Tool (HEIA) b) Regional Health Equity Initiatives include: • Annual Health Equity Symposium • Focused Implementation Sites • Education and training in socio-demographic data collection and analysis • Participation in Health Equity education through the Regional Learning Centre • Centralize, collect and report on socio-economic data	In Progress	25	In Progress	25	In Progress	25
5.	Through the r**egional quality table,** we will continue to build a culture of quality across the continuum of care by: a) Developing an integrated regional quality plan b) Engaging providers in a culture of quality care c) Fostering innovation through identification of improvement opportunities d) Adoption of best practices.	In Progress	25	In Progress	25	In Progress	25

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:

Avoidable Hospital Utilization

- **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 revisits –** which focuses on the ability of residents to access more appropriate services.

Access to Right Place, Right Care

- **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). All Ministry-LHIN Accountability Agreement indicators will be reported to the Quality Committee of the Board.

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.

Mitigation strategies

- It is anticipated that the priorities and timelines of action plans in the ABP will need to be revisited as ministry direction is forthcoming. The Mississauga Halton LHIN will reassess the action plan priorities as the ministry's full transformation agenda is articulated.
- 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.
- Leveraging existing cultural groups, leaders and organizations to assist with ensuring information, resources and opportunities are culturally safe and appropriate.
- 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.
- 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.
- Leveraging Health Quality Ontario's provincial framework, resources and tools for Patient and Family engagement and building of an advisory council.

Enabling Technologies for Integration (ETI)

IHSP 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 the Ministry of Health and Long Term Care's provincial digital health priorities as well as all four objectives (Access, Connect, Inform, and Protect) identified within the Ontario government's blueprint Patient's First: Action Plan for Health Care.

Current Status

Halton Healthcare Services (HHS) and Trillium Health Partners (THP) are both live on Hospital Report Manager (**HRM**). 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. Now that both hospitals have completed this important implementation, they will be encouraged to work with OntarioMD and the OACCAC to adopt **eNotification. eNotification** will allow both the CCAC and Primary Care to receive notifications when: their patients present to the hospital Emergency Department, are discharged from the Emergency Department, are admitted to the hospital in-patient unit from the Emergency Department, and the patient is discharged from the hospital in-patient unit.

The Mississauga Halton LHIN continues to encourage adoption of **EMR**s by our physicians and specialists. The focus for 2017-2018 will be with physician engagement by our Primary Care Advisors who are establishing relationships with our primary care 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.

eReferral or **Referral Management** / **Central Intake** has allowed our LHIN to improve system navigation for our patients who need to connect to providers of services within the following categories: Diabetes, Foot Care, Mental Health and Addictions. These pathways are in various stages of operation and will continue to evolve in fiscal 2017-2018 as new functions are added or enhanced. We are now able to illustrate efficiencies achieved through the standardized and automated workflows that ultimately deliver services faster and help to address wait times directly. Additional pathways, such as Primary Care to Specialist, Cataract Surgery, and Spinal Injury referrals are among the few that are being examined and under consideration for future development.

eConsult is a way to help address the challenges of "access to specialists" through a secure electronic exchange of information between a primary care provider and the specialist. eConsult will also monitor the status of the provider's request and provide an audit trail of the case interaction with the specialist. The Mississauga Halton LHIN is currently piloting the eConsult solution developed by the Champlain LHIN, and at an appropriate time, will migrate to the provincial eConsult solution developed by OntarioMD.

Telemedicine is both the practice of medicine and a way to provide or assist in the provision of patient care at a distance using information and communication technologies. The work performed within 2016-2017 to identify a Telemedicine Strategy or Approach will continue into 2017-2018 as specific opportunities are identified within three determined priority areas: Primary Care, Health Links and Mental Health & Addictions. Some of the opportunities may identify **Telehomecare** as the solution to better care coordination for the patient.

The **ConnectingOntario** (formerly cGTA) project continues with its regional integration work with health service providers to provide a single point of access to patient health information. Trillium Health Partners (THP) is live feeding data to the ConnectingOntario Clinical Data Repository (CDR). THP continues to identify opportunities for adoption of the viewer which provides access to the patient's Electronic Health Record (EHR). Various hospitals and all CCACs located in the GTA are now connected, contributing data, and/or viewing the patient's EHR. Halton Healthcare is targeted to go live, feeding data to the CDR by the end of the fiscal 2016-2017. Opportunities to expand view only privileges to our community providers are being considered, as well, the project "eConnect" is providing integration of the ConnectingOntario CDR data with PointClickCare as well as other applications that our Long Term Care homes utilize.

5. LHIN Operations and Staffing Tables

Table A: LHIN Operations Spending Plan

LHIN Operations Sub-Category ($)	2016/17 Actuals	2017/18 Allocation	2018/19 Planned Expenses	2019/20 Planned Expenses
Salaries and Wages	3,332,161	3,499,882	3,499,882	3,499,882
Employee Benefits				
HOOPP	325,552	339,676	339,676	339,676
Other Benefits	386,112	414,615	414,615	414,615
Total Employee Benefits	**711,664**	**754,291**	**754,291**	**754,291**
Transportation and Communication				
Staff Travel	28,167	23,000	23,000	23,000
Governance Travel	10,368	10,000	10,000	10,000
Communications	35,146	36,350	36,350	36,350
Other Benefits	-			
Total Transportation and Communication	**73,682**	**69,350**	**69,350**	**69,350**
Services				
Accommodation	210,502	241,558	241,558	241,558
Advertising	1,900	3,000	3,000	3,000
Banking	-	-	-	-
Community Engagement	-	-	-	-
Consulting Fees	176,463	78,460	78,460	78,460
Equipment Rentals	12,068	9,100	9,100	9,100
Insurance	7,900	7,900	7,900	7,900
Governance Per Diems	111,650	115,000	115,000	115,000
LSSO Shared Costs*	320,685	-	-	-
Other Meeting Expenses	31,584	23,000	23,000	23,000
Other Governance Costs	14,201	15,000	15,000	15,000
Printing & Translation	44,806	45,000	45,000	45,000
Staff Development	8,776	16,000	16,000	16,000
LHINC*	47,500	-	-	-
Other Services	17,063	19,000	19,000	19,000
Total Services	**1,005,098**	**573,018**	**573,018**	**573,018**
Supplies and Equipment				
IT Equipment	70,560	27,841	27,841	27,841
Office Supplies & Purchased Equipment**	70,725	25,000	25,000	25,000
Total Supplies and Equipment	**141,285**	**52,841**	**52,841**	**52,841**
LHIN Operations: Total Planned Expense	5,263,890	4,949,382	4,949,382	4,949,382
Annual Funding Target***	5,339,757	4,949,382	4,949,382	4,949,382
Variance	75,867	-	-	-

**As of March 1, 2017, the LHIN Operations Spending Plan reflects the transfer of LHIN Shared Services Office (LSSO) and LHIN Collaborative Funding (LHINC) to Health Shared Services Ontario (HSSO). Total Actual 2016-17 = $31,806 and 2017-18 + out-years = $429,164. The respective amounts were also removed from the LHIN Base Funding.*

***Does not include capital revenue and depreciation of assets.*

****Budget and FTE's reflect Operations and Regional Coodination Diabetes Services (RCDS):*

Operations Revenue:	4,076,904	3,686,529	3,686,529	3,686,529
RCDS Revenue:	1,262,853	1,262,853	1,262,853	1,262,853
LHIN Operations: Total Planned Expense		4,949,382	4,949,382	4,949,382
Total CCAC expenditure/allocation		184,199,276	184,199,276	184,199,276
Total LHIN and CCAC planned expense/allocation		189,148,658	189,148,658	189,148,658

LHIN STAFFING PLAN (Full-Time Equivalents)

Table B: LHIN Staffing Plan (FULL-TIME EQUIVALENTS)				
Position Title	**2016/17 Actuals as of Mar. 31/17 FTEs**	**2017/18 Forecast FTEs**	**2018/19 Forecast FTEs**	**2019/20 Forecast FTEs**
CEO	1	1	1	1
Chief Financial Officer and Senior Director, Health System Performance, Decision Support and Information Management	1	1	1	1
Chief Strategy Officer and Senior Director, Health System Development	1	1	1	1
Senior Director, Health System Performance	1	-	-	-
Acting - Senior Director, Health System Performance	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
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	4	4	4	4
Health System Performance, Lead	1	1	1	1
Decision Support & Information Mgmt. Analyst	2	2	2	2
Senior Lead Communications	1	1	1	1
Communication Specialist	1	1	1	1
Project Lead	1	1	-	-
LHIN Operations: Total Planned Staffing	35	35	34	34
Staffing Plan Due to Patients First:				
LHIN Operations: Total Planned Staffing		35	34	34
Vice-President, Clinical		1	1	1
Vice-President of Home and Community Care		1	1	1
CCAC Planned Staffing		492	492	492
Total LHIN and CCAC Planned Staffing		529	528	528

Objectives

Business Objective

The Mississauga Halton LHIN 2017-2018 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's 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
  - Health care services and health system navigation
- 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 2017-2018 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
- Engage patients, caregivers, providers, stakeholders and system leaders to become active participants in and ambassadors for transformation.

Context

- In his May 2017 ***Mandate letter*** to the Mississauga Halton LHIN, Minister Hoskins outlines our collective priorities which include the patient experience, health inequities, access to primary care, reducing wait times, and breaking down silos between health care sectors and providers.
- In her September 2016 ***Mandate letter*** to the Minister, the Premier outlined four specific priorities consistent with key objectives from the *Patients First: Action Plan for Health Care*: providing timely access to the right care; delivering coordinated and integrated care in the community and closer to home; providing education, information and transparency to support informed decision making; and making decisions based on value and quality to sustain the health care system for generations to come. 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.
- The **2017 Ontario Budget** indicates a need for faster access to health care and providing more coordinated care in the community. In line with this, through the stewardship of over $1.46 billion of public funds, the Mississauga Halton LHIN is making the system work better for people, creating a more seamless system and strengthening the continuum of care as people move from one part of the health care system to another.
- ***Patients First: Ontario's Action Plan for Health Care,*** the next phase of Ontario's plan for building a health care system that puts patients first, enabling the government to deliver better, easier access to care, depends on LHINs – as key partners – to transform our health care system into one 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 leadership 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

- Expanding access to mental health and addictions services through the development of and investment in programs that connect people to services that are more accessible, equitable and coordinated
- 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, stronger long-term care, and increased linkages between primary care and other health care providers
- The *Patients First Act, 2016* that provides LHINs with an expanded role including in primary care, home and community care and public health in order to improve access and better integrate service for patients

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

Strategic Approach

- The 2017-2018 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. A patient and

family advisory committee will be established to provide patient and family perspectives that will inform local planning and will promote patient engagement.
- 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 publicly express their opinion and share 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.
- Be transparent, accurate and timely when communicating information to all audiences.

LHIN Key Messages

Provincial

- The *Patients First: Action Plan for Health Care* is Ontario's plan to transform the health care system into one that puts the needs of patients at its centre.
- 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: increasing access, connecting services, informing patients and protecting our health care system.
    - We have made progress in all four priority areas, but we can do more to put patients first.
- By putting patients first in everything we do, we will provide faster access to the care patients need today and make the necessary investments to ensure our health system will be there for patients for generations to come.
- On December 7, 2016, Ontario passed the Patients First Act, 2016, an important step forward in the *Patients First: Action Plan for Health Care*.
- Once fully implemented, changes supported by the Patients First Act will make local health care more responsive to local needs:
    - Patients will benefit from improved access to primary care, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner.
    - Primary care providers, inter-professional health care teams, hospitals, public health units and home and community care providers will be better able to communicate and share information, to ensure a smoother patient experience and transitions. Our goal is that patients will only have to tell their story once.

- Administration of the health care system will be streamlined and reduced, with savings put back into improving patient care.
- The voices of patients and families in their own health care planning will be strengthened.
- There will be an increased focus on cultural sensitivity and the delivery of health care services to Indigenous peoples and French speaking people in Ontario.

- LHINs will ensure that any changes are seamless and that they simplify and improve patient experience. There will be no added bureaucracy and financial savings will go to patient care.

Local

- 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.
- The Mississauga Halton LHIN's expanded role including in primary care, home and community care and public health will support improved access and better integrated service for patients.
- 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.
- Through sub-regions Mississauga Halton LHIN will be able to better identify and respond to community needs and ensure that patients across the entire LHIN have access to the care they need, when and where they need it. This includes the needs of Francophone Ontarians, Indigenous communities, newcomers and other individuals and groups within the Mississauga Halton LHIN whose health care needs are unique and who often experience challenges accessing and navigating the health care system.
- 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 report

- Media events/announcements
- Video (Mississauga Halton LHIN YouTube Channel)
- News releases/launches/local announcements
- Joint communications with health service providers
- CEO Report
- Email blasts to stakeholders
- Face-to-face community engagement
- Newsletters
- Surveys
- Presentations
- Advertising
- Public meetings
- Printed collateral

Evaluation

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

- Participation levels in engagement sessions and LHIN-wide committees
- HSPs are engaged early and frequently, understand shared accountability in health system transformation and are actively participating in this transformation
- Key stakeholders are quoted using information from engagement sessions or other communications – key message alignment
- The number of newspaper articles mentioning the Mississauga Halton LHIN
- The volume, accuracy and tone of editorial coverage
- Feedback mechanisms to evaluate the effectiveness of communication and enable shifts where necessary:
    - On-line surveys
    - Evaluation forms at face-to-face engagement sessions
    - Focus groups
- LHIN spokesperson is quoted in key media outlets
- YouTube and website traffic
- Enhanced relationship with key stakeholders
- Feedback from patient and family advisory committee

COMMUNITY ENGAGEMENT

Community Engagement is a core LHIN function in alignment with the Local Health Systems Integration Act, 2006 (LHSIA).

The primary goal of the Mississauga Halton LHIN community engagement framework is to engage the community on an on-going basis in the design, delivery and accountability for local health system planning and integration. In the Mississauga Halton LHIN, community engagement activities will be achieved through the community engagement model built on existing networks and relationships with health service providers and other key stakeholders.

The Mississauga Halton LHIN will incorporate a range of techniques from broad-based open forums to highly focused issue-specific round tables depending on the level of engagement. The techniques used by the Mississauga Halton LHIN to engage its communities, will differ based on the goals and objectives of the activities and the priorities and the five (5) levels of engagement based on the IAP2 principles (i.e. inform, consult, involve, collaborate, empower) will be used strategically in each case.

IAP2 Public Participation Spectrum:

	Inform	Consult	Involve	Collaborate	Empower
Public participation goal	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.

APPENDIX A: MINISTRY-LHIN ACCOUNTABILITY AGREEMENT 2017-18 DASHBOARD

Indicators	Provincial target	Provincial	LHIN						
		2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)	2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)
Performance Indicators									
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*	95.00%	85.39%	85.36%	82.10%	85.58%	92.07%	91.48%	87.20%	89.49%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services*	95.00%	93.71%	94.00%	93.83%	94.53%	95.22%	95.58%	94.99%	95.78%
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	21 days	29.00	29.00	29.00	31.00	27.00	28.00	37.00	35.00
90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	9.97	11.03	10.38	9.15	9.62	11.75	10.47
90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.03	4.07	4.23	4.15	3.58	3.70	3.75	3.72
Percent of priority 2, 3 and 4 cases completed within access target for MRI scans	90.00%	41.75%	38.43%	40.76%	40.17%	28.48%	23.57%	26.02%	24.16%
Percent of priority 2, 3 and 4 cases completed within access target for CT scans	90.00%	77.77%	74.66%	78.31%	75.89%	64.31%	62.03%	61.74%	62.44%
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.00%	81.51%	79.97%	77.89%	78.47%	89.36%	69.10%	62.61%	57.02%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	79.76%	79.14%	74.50%	75.02%	76.51%	53.48%	45.77%	46.16%
Percentage of Alternate Level of Care (ALC) Days*	9.46%	14.35%	14.50%	15.85%	15.16%	12.62%	14.05%	17.62%	14.99%
ALC rate	12.70%	13.70%	13.98%	15.27%	15.19%	9.60%	11.35%	14.29%	14.05%
Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.30%	19.62%	20.19%	20.39%	19.81%	17.23%	17.30%	15.42%	16.09%
Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	22.40%	31.34%	33.01%	31.15%	31.40%	25.50%	25.48%	25.57%	26.43%
Readmission within 30 days for selected HIG conditions**	15.50%	16.60%	16.65%	16.66%	16.51%	16.09%	15.52%	15.48%	15.07%

Indicators	Provincial target	Provincial	LHIN						
		2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)	2014/15 Fiscal Year Result	2015/16 Fiscal Year Result	Most Recent Quarter	2016/17 Result (year-to-date)
Monitoring Indicators									
Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery	90.00%	87.02%	88.03%	86.82%	87.23%	89.90%	86.50%	82.72%	84.48%
Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery	90.00%	96.01%	95.00%	93.00%	93.00%	96.16%	97.00%	91.00%	94.00%
Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	91.93%	88.09%	85.32%	85.01%	95.74%	77.31%	73.26%	73.06%
CCAC wait times from application to eligibility determination for long-term care home placements: from community setting**	NA	14.00	14.00	14.00	14.00	20.00	15.00	17.00	15.00
CCAC wait times from application to eligibility determination for long-term care home placements: from acute-care setting**	NA	8.00	7.00	8.00	8.00	17.00	11.00	10.00	10.50
Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	19.56	18.47	4.58	12.28	6.36	6.00	1.40	3.75
Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*	NA	320.78	320.13	81.88	241.40	205.67	192.44	51.84	149.36
Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge**	NA	46.09%	46.61%	47.46%	47.81%	52.99%	53.46%	53.83%	54.16%

*FY 2016/17 is based on the available data from the fiscal year (Q1-Q3, 2016/17) **FY 2016/17 is based on the available data from the fiscal year (Q1-Q2, 2016/17)
Red/Green: 2016/17 provincial year-to date results compared with 2016/17 LHIN year-to date results – target met within performance corridor of +/- 10%

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