North West **LHIN**

## North West Local Health Integration Network

# Annual Business Plan

### 2014 - 2015

**February 28, 2014**

Ontario
Local Health Integration Network

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# Annual Business Plan 2014-2015

## 1.0 Context

### 1.1 Transmittal Letter

Nancy Naylor, Assistant Deputy Minister,
Health System Accountability and Performance Division
Ministry of Health and Long-Term Care

Dear Ms. Naylor:

I am pleased to provide you with the Draft *North West Local Health Integration Network Annual Business Plan 2014-15*. The Plan demonstrates how the North West Local Health Integration Network (LHIN) will improve the health system in Northwestern Ontario.

Our LHIN is focusing its efforts over the next three years in the areas of:

- Collaborating with our health service providers to advance the *2013-2016 Integrated Health Services Plan* priorities, including:
  - Building an Integrated Health Care System;
  - Building an Integrated eHealth Framework;
  - Improving Access to Care; and
  - Enhancing Chronic Disease Prevention and Management and,
- Supporting Ontario's Action Plan for Health Care, including:
  - Keeping Ontario Healthy;
  - Faster Access and a Stronger Link to Family Health Care; and
  - Right Care, Right Time, Right Place

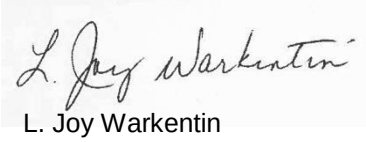
In advancing these initiatives, the North West LHIN has engaged stakeholders, built capacity, funded innovative solutions and strategies and advanced the North West LHIN Health Services Blueprint.

The Draft Annual Business Plan, one of two components of the Annual Service Plan, details the LHIN's multi-year plans for the local health system and describes how the North West LHIN is progressing with our Integrated Health Services Plan (IHSP) 2013-2016. It is submitted in accordance with the reporting requirements established in the *Local Health System Integration Act*, 2006 and the Agency Establishment and Accountability Directive.

The Draft Annual Business Plan has been reviewed by the North West LHIN's Board of Directors and the following resolution was passed January 28, 2014: *"that The North West LHIN Board of Directors approve the Draft 2014-2015 Annual Business Plan for submission to the MOHLTC by February 28, 2014."*

We believe that the *North West Local Health Integration Network Annual Business Plan 2014-15* will assist the North West LHIN to achieve our vision, "Healthier people, a strong health system – our future".

If you have any questions or comments about the Plan, please contact our CEO Laura Kokocinski at (807) 684-9425.



L. Joy Warkentin
Board Chair

### 1.2 Mandate and Strategic Plan

The North West Local Health Integration Network (LHIN) is a crown agency mandated to plan, fund and integrate the local health system as articulated in the *Local Health System Integration Act, 2006.*

The North West LHIN's vision is, "Healthier people, a strong health system – our future." In October 2013, the North West LHIN Board of Directors reaffirmed the *Leading Health Systems Transformation in our Communities: 2013 to 2016 North West LHIN Strategic Directions*. The strategic directions and the 2013-2016 Integrated Health Services Plan (IHSP) align with the Ministry of Health and Long-Term Care's (MOHLTC) strategic priority areas and are implemented through the North West LHIN's Annual Business Plan as illustrated below.

The North West LHIN is currently in the second year of implementing its Health Services Blueprint: a 10-year plan to reshape, strengthen and create an integrated health care system that is sustainable into the future for Northwestern Ontario. The Health Services Blueprint was created with input from providers and the public and is informed by research and analysis of current and future health service requirements across the continuum of care.

The desired outcomes of the plan include:

- strong focus on population health and improving health outcomes;
- improving the patient care experience – right care, right time, right place;
- high quality care;
- increased accountability and transparency;
- increased communication, partnerships and integration;
- system sustainability; and
- value for money.

The ongoing implementation of the Health Services Blueprint will lead to the creation of an integrated system of care in the North West LHIN that aligns to implementation of the Minister of Health's Action Plan and the Health Links initiative.

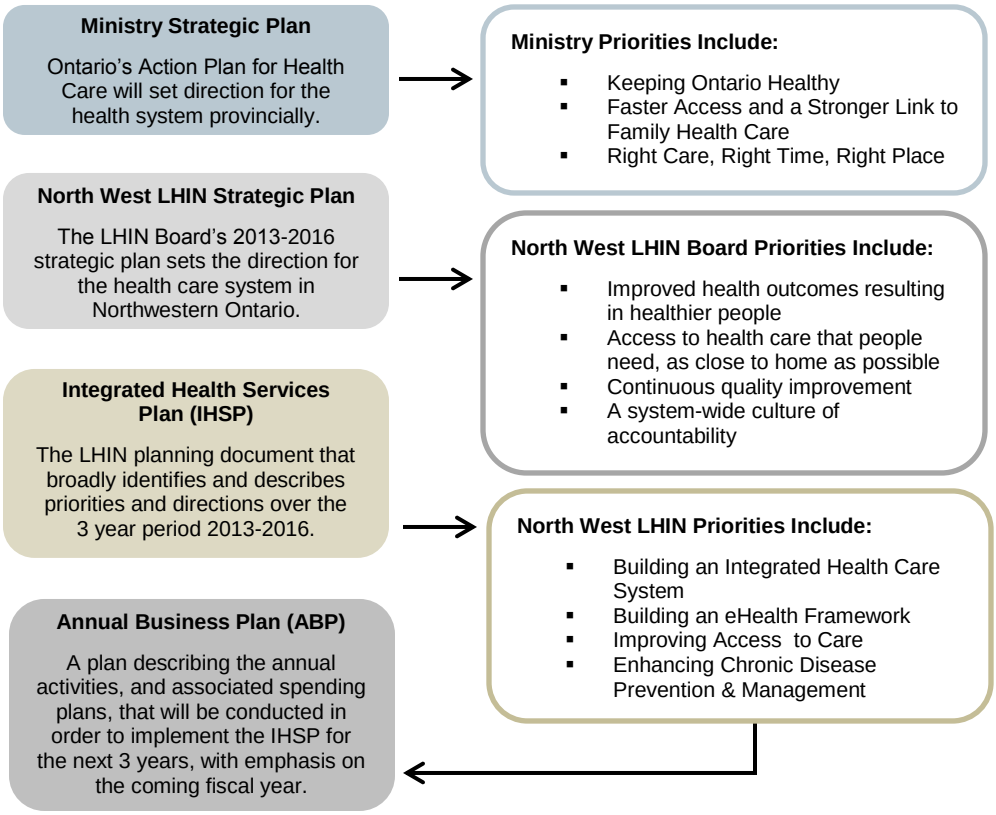
The MOHLTC launched integrated regional patient care networks called "Health Links" in December 2012. Since that time, the North West LHIN has launched Health Links in two of the Integrated District Networks (IDNs) in the region: City of Thunder Bay IDN and District of Thunder Bay IDN. Working together in a defined geographical area, health care providers will work across teams to identify patient-centred solutions for high users of the health care system, provide individualized care plans and improve transitions in care between and among all health care providers, including family and specialist physicians, acute and long-term care facilities, home care and community support agencies.

Strategic integration of the system through the Health Services Blueprint and Health Links will improve access to health care services, improve quality of health care services and enhance the health of the citizens in communities across the North West LHIN through a system model that brings decision-making and accountability closer to the community level. It will also make the system more sustainable, ensuring we have world-class health care today, tomorrow and in the future.

Both the Health Services Blueprint and Health Links identify and respond to the need for and importance of local partnership across providers to:

a) ensure higher quality of care;
b) improve access to care; and
c) deliver better value for money.

Figure 1: Relationship between MOHLTC Directions, North West LHIN Strategic Plan, IHSP Priorities and Annual Business Plan.




## 1.3 Overview of Current and Forthcoming Programs and Activities

The North West LHIN plans, funds and integrates local health services. The North West LHIN does not provide health care services, but works with health service providers and community members to set priorities and plan health services in Northwestern Ontario. The North West LHIN allocates funding to 93 health service providers in the following areas:

- Hospitals (13);
- Community Care Access Centre (CCAC) (1);
- Community support services (60);
- Long-term care (14);
- Community Health Centres (CHCs) (2); and,
- Community mental health and addictions services (34).

Improving quality – better health, better care, better value are the three aims of Health Quality Ontario's improvement framework. The North West LHIN has adopted this framework to advance health system transformation over the next three years (2013-2016). The focus will be on an enhanced role for patients and families in the design of their care; improved coordination, communication and integration of care; and improved health outcomes.

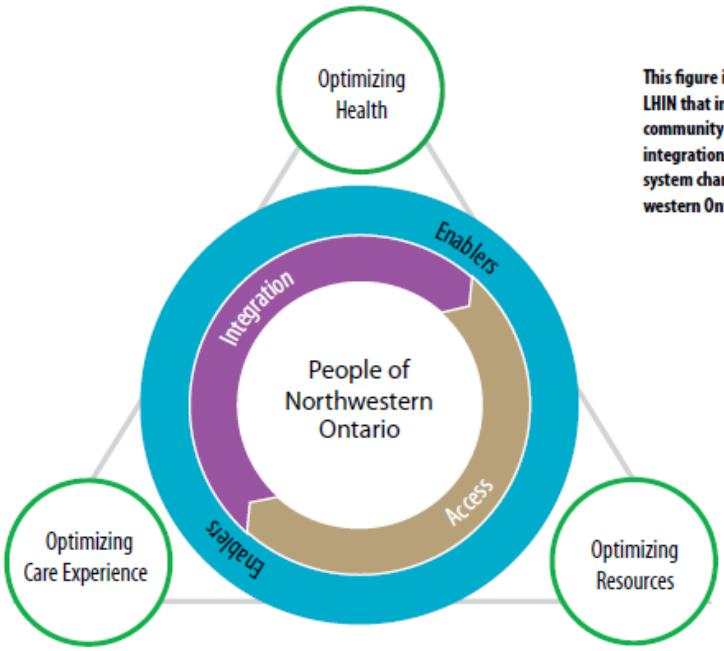
The plans outlined in the North West LHIN's 2013-2016 IHSP are aligned with the overall goals of the Triple Aim Framework (see Figure 2 below):

1. Optimizing Health (population health);
2. Optimizing Care Experience (patient satisfaction); and,
3. Optimizing Resources (per capita cost).

The priorities of the 2013-2016 IHSP are focused in four primary areas:

1. Building an Integrated Health Care System;
2. Building an integrated eHealth Framework;
3. Improving Access to Care; and
4. Enhancing Chronic Disease Prevention & Management.

Figure 2




**This figure illustrates a model for planning in the North West LHIN that incorporates the major issues identified through community engagement and data analysis (access to services, integration/coordination of services and enablers to support system change), all focused to support the people of North-western Ontario in achieving and maintaining their health.**

***Integrated Health Services Plan Priorities:***

The following priorities for change will guide the activities of the North West LHIN.

1. <u>Building an Integrated Health Care System:</u>
   Analysis completed for the North West LHIN Health Services Blueprint reveals that the North West LHIN has characteristics of a fragmented health care system. The report recommends that a key priority of the North West LHIN is to build an integrated health care system for Northwestern Ontario that offers opportunities to improve health outcomes while delivering

the right care, at the right place, at the right time as close to home as possible. The model outlined in the Health Services Blueprint is now being implemented initially at the Integrated District Network level.

2. Building an Integrated eHealth Framework:
   Electronic health (eHealth) is an important component that impacts many aspects of health care. The health system relies on information technology in a variety of areas, including but not limited to: back-office activities, scheduling, test results, drug histories, information storage and remote health monitoring. eHealth will continue to operate as an intrinsic driver of the health system in Northwestern Ontario.

3. Improving Access to Care:
   i. Enhancing Access to Primary Care:
      Improving access to primary care remains a high priority for the North West LHIN given the large number of unattached patients. Greater collaboration between primary care providers and local stakeholders is needed to improve communication and coordination of care. Reducing reliance on emergency department care and providing alternate community-based services (e.g. rapid access, after-hours clinics, home visits) will enhance care for those individuals living with medically complex conditions in the community. This work will be advanced through the establishment of Health Links at the Integrated District Network level.

   ii. Reducing Wait Times:
      In addition to lowering the number of emergency department visits, an important priority for the North West LHIN is to reduce the time people spend waiting in the emergency department (ED) for care. By improving health system performance and providing care for the patient/client in the right setting, at the right time, by the right provider, the amount of time people wait for care in the ED will be reduced while maintaining the gains that have been made to date.

   iii. Reducing Percentage of Alternate Level of Care (ALC) Days:
      A key local and provincial priority for the North West LHIN is to reduce the number of days that individuals wait as ALC. This priority will be positively impacted by re-design of the health care system in the region. The end goal is to avoid time spent by individuals waiting as ALC by increasing the coordination and integration of care across the health system, improving patient flow along the continuum of care, and investing in programs that support individuals to return home after a hospital stay.

   iv. Improving Access to Specialty Care and Diagnostic Services:
      When patients require procedures such as hip/knee replacement or diagnostic imaging, it is imperative that these procedures be completed within a medically appropriate wait time. Patients who live in rural areas that make up much of the North West LHIN, must frequently travel long distances to Thunder Bay and Winnipeg (or beyond) in order to access some specialized services. Reducing wait times for surgical procedures and diagnostic imaging is a priority focus of the North West LHIN. Additionally, the North West LHIN will focus efforts on continuing to reduce wait times and shift care to the community in accordance with quality-based procedures and health system funding reform.

v. Improving Access to Mental Health and Addictions Services:
Over the next three years, the North West LHIN will engage health service providers, patients and families to construct a robust integrated mental health and addictions system. The goal is improved access to services at the Local Health Hub, Integrated District Network and regional program levels in the North West LHIN. This will include building community capacity for management of dementia and responsive behaviours in older adults through continuation of the Behavioural Supports Ontario strategy.

4. Enhancing Chronic Disease Prevention and Management
Multiple initiatives are underway to reduce use of acute resources for chronic disease management. The need to shift care from hospital to community while enhancing supports for congestive heart failure, chronic obstructive pulmonary disease, diabetes and palliative care was identified in the Health Services Blueprint. Use of emerging evidence generated through value stream mapping exercises undertaken across the North West LHIN will help to inform the re-design of chronic disease management services across the region. Additionally, efforts will be made to enhance self-management capacity and uptake. The ultimate goal of these initiatives is to improve health outcomes for people with chronic conditions.

***People of Northwestern Ontario:***

Aboriginal Health Services: Improving the care experience for the Aboriginal population is a priority of the North West LHIN. Central to meeting the needs of this population is an understanding of the diversity between and within Aboriginal communities related to culture, history, geography, and service delivery. Through collaborative relationships with the Aboriginal Health Service Advisory Committee, Health Canada, Aboriginal organizations and communities, and Health Service Providers funded by the North West LHIN, we are working to enhance cultural safety and timely access to health services. The North West LHIN has advanced its work on cultural diversity through support of cultural sensitivity training across the Northwest and has included cultural diversity indicators in the service accountability agreements of Health Service Provider organizations in 2013/2014 to ensure that all health service providers are planning for health services that are cultural competent. Building upon the foundations of diversity planning, the North West LHIN will focus on developing a mental health and addictions substance abuse strategy focusing on children, youth, and adults; improving access to chronic disease prevention and management services; and improving access to the continuum of long-term care services.

French Language Health Services: There are two pieces of legislation that guide French language services in Ontario – the Local Health System Integration Act and the French Language Services Act. In accordance with this legislation, the North West LHIN is working in partnership with the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO), which is the French Language Health Planning Entity for the North West LHIN, to engage the Francophone population. The RMEFNO submitted a report to the North West LHIN reflecting the priorities, concerns and needs of the Francophone population with regards to French language care. Building on this report, the North West LHIN is working with the RMEFNO to plan community engagement activities that align with the Integrated Health Services Plan priorities. Through work with health service providers, the ultimate goal is to improve access to services in French and to achieve better health outcomes for the Francophone population in Northwestern Ontario.

## 1.4 Environmental Scan

***Health Status of Northwestern Ontario:***

The health status of the residents in the North West LHIN continues to be poorer than Ontario residents as a whole, even though improvements are being made in some areas. Relative to the rest of the province[1,2,3], North West LHIN residents have higher:

- Rates of heavy drinking (20.9% of drinkers compared to 16.9% of drinkers provincially);
- Obesity rates (62.1% of adults (age 18+) are overweight or obese compared to 52.6% provincially);
- Rates of arthritis (21.5% versus 17.2%) and high blood pressure (21.1% versus 17.6%);
- Hospitalization rates due to injury (792 cases per 100,000 population compared to 409 per 100,000 population provincially) in 2011/12;
- Hospitalization rates due to mental illness (1098 per 100,000 population compared to 442 per 100,000 population) in 2011/12;
- Mortality rates for all causes (629.1 deaths per 100,000 population compared to 521.8 deaths per 100,000);

and lower:

- Life expectancy (76.2 years for males and 81.1 years for females compared to 79.2 years for males and 83.6 years for females provincially (2007 – 2009)); and
- Proportion of population with a regular medical doctor (84.3% compared to 91.1% provincially).

Cost drivers associated with our population characteristics include:

- Poor lifestyle behaviours which lead to poor health status which leads to increased use of health care services;
- Decreased availability of informal caregivers;
- An more rapidly aging population 65+ within the next twenty years increasing to 27-28% compared to 22-23% provincially, which will increase reliance on health care services;
- Securing skilled caregivers for many communities and seniors in the Northwest;
- A declining population which will lead to further diseconomies of scale; and
- Low population density; remoteness; i.e. sparse, widely spread pockets of population with Thunder Bay the only Census Metropolitan Area in the Northwest.

[1] Statistics Canada. Table 105-0502 - Health indicator profile, two year period estimates (to 2011/12), by age group and sex, Canada, provinces, territories, health regions (2012 boundaries) and peer groups, occasional. Accessed Nov 6, 2013.

[2] Statistics Canada. 2013. Health Profile. Statistics Canada Catalogue no. 82-228-XWE. Ottawa. Released January 29 2013. http://www12.statcan.gc.ca/health-sante/82-228/index.cfm?Lang=E.

[3] CIHI. Health Indicators Interactive Tool. Accessed November 19, 2013.

***Strengths in Northwestern Ontario:***

While the North West LHIN faces challenges, it also benefits from some important strengths:

Technology: Those living in the Northwest are leaders at using technology to improve access to care.

Partnerships: People living in Northwestern Ontario have a history of working together to meet the needs of their clients.

Innovation: The Northwest continues to be recognized for its innovation provincially, nationally and internationally. Planning for and providing care in remote and rural northern communities, results in the need to try new things to meet the needs of our region (i.e. service provision, health human resource planning and training).Culture is a strength to draw from in healthy living/disease prevention.

# 2.0 Core Content

### 2.1 Priority 1: Building an Integrated Health Care System

| PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY |
|---|
| Integrated Health Services Priority: |
| Priority 1: Building an Integrated Health Care System |
| IHSP Priority Description: |
| Implement and advance an integrated health system model for the North West LHIN that better aligns effective and efficient service delivery with client needs. |
| Current Status: |
| The analysis in the Health Services Blueprint reveals that the North West LHIN demonstrates the characteristics of a fragmented health care system:<br><br>▪ The region has a high rate of preventable disease, and a system that is not effectively working together to reduce risk factors and prevent the onset of chronic disease;<br>▪ Management of patients with chronic illness is suboptimal, and individuals with heart failure, chronic obstructive pulmonary disease, and diabetes are admitted to hospital more frequently with lower acuity than other regions in the province;<br>▪ The Northwest has the highest rate of acute hospital use in the province because patients are visiting the hospital with health problems that could be treated in their communities at a lower cost;<br>▪ Transitions between care settings are not handled efficiently and effectively. Patients often wait too long in hospital until home care or long-term care is available. In many cases, the patients do not receive the required post-discharge support; and<br>▪ Health costs are higher in the North West LHIN. In 2009/10, health care spending in the region was 39% higher than the provincial average, and administrative costs were 36% higher than the provincial average. While some of the increased cost for service may be due to the challenges of health care delivery in rural and remote settings, there is opportunity for improvement.<br><br>An integrated health care system for the North West LHIN offers opportunities to improve health outcomes in each of these areas.<br><br>Successes of the past year:<br><br>In 2013/14 the North West LHIN has:<br><br>▪ Continued to focus on the implementation of the North West LHIN Health Services Blueprint, which outlines an integrated service delivery model with services at a local, district and regional level aimed at improving access, timeliness and effectiveness of health care in the Northwest; |

- Completed a 10-year health human resources study (Recommendation 44 of the Health Services Blueprint) in partnership with the North Superior Workforce Planning Board and the Northwest Training and Adjustment Board;
- The North West LHIN Board of Directors facilitated multiple engagement and education sessions on the Health Services Blueprint with health service provider boards and CEOs and has now begun community engagement with non-health sector stakeholders;
- Staff has facilitated multiple engagement and education sessions on the Health Services Blueprint with CEOs and senior leadership of all health service providers in the Northwest, including:
  - A regional webinar for all providers to share information on implementation approach and timelines and alignment to provincial initiatives such as Health Links;
  - Fourteen webinars at the Local Health Hub level to share demographic information and to conduct a deep dive into high impact clinical programs outlined in Recommendation 10 of the Health Services Blueprint to support providers in initiating Integrated District Networks, Health Links and Local Health Hubs;
  - Working groups, focus groups and steering committees to inform implementation initiatives including Health Links, the development of a ten-year health human resources study, small hospital resource allocation model and non-hospital resource distribution framework projects;
  - A regional webinar for all providers to share key findings of the ten-year health human resources study; and
  - Focused engagement at the Local Health Hub and Integrated District Network levels to launch implementation initiatives in the City of Thunder Bay and District of Thunder Bay Integrated District Networks.
- Facilitated development of the City of Thunder Bay Integrated District Network Health Link and the District of Thunder Bay Integrated District Network Health Link;
- Continued to invest in community services throughout the continuum and technology based solutions to reduce the burden on hospital and other facility-based services; and
- Continued to develop a number of enabling tools, including:
  - service delivery model decision making framework;
  - non-hospital resource distribution framework;
  - small hospital resource allocation model;
  - voluntary and facilitated integration toolkits;
  - Local Health Hub profiles;
  - terms of reference;
  - guiding principles; and
  - collaboration agreements.

## PART 2: GOALS and ACTION PLANS

Goal(s):

1. Develop an integrated health care system in the North West LHIN that is organized, connected and provides high quality care.
2. Improve health outcomes as a result of improved system coordination and integrated care processes.
3. Improve access to care through redirection of non-acute health services to community and virtual settings.

4. Improve access to care across the North West LHIN through equalization of health resources across districts and programs.
5. Improve use of system resources through integration of services and implementation of quality-based standardized models of care and associated costing.

Consistency with Government Priorities:

Building an integrated health care system that aligns to a broad range of government priorities, including:

- LHIN-legislated mandate to plan, fund and integrate the local health system[4];
- North West LHIN Ministry-LHIN Performance Agreement;
- Ontario's Action Plan for Health Care[5], focusing on:
  - Right Care, Right Time, Right Place
- Health Links[6];
- Excellent Care For All Act;
- Ontario's ten-year mental health and addictions strategy "Open Minds, Healthy Minds";
- Ontario's chronic disease prevention and management strategy;
- Ontario's Rural and Northern Framework;
- Walker Report[7] recommendations, focusing on:
  - Improved access to the right care through investment and alignment of the community sector, including Community Care Access Centre and Community Support Services;
  - Improved patient flow across the system; and
  - Optimized and differentiated capacity based on local need.
- Baker Report[8] recommendations, focusing on:
  - More effective care transitions; and
  - Better chronic disease prevention and management.
- Drummond Report[9] recommendations, focusing on the following areas of Chapter 5 - Health:
  - Overall system planning;
  - Fiscal issues;
  - LHINs 2.0;
  - Information sharing and use;
  - Optimize human resources capacity;
  - Contain further capital investment;

[4] Government of Ontario, Local Health System Integration Act, 2006, http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_06l04_e.htm#BK27

[5] Ministry of Health and Long Term Care, "Ontario's Action Plan for Health Care: Better Patient Care through Better Value for Our Health Care Dollars", January 30, 2012.

[6] In December 2012, the Ministry of Health and Long Term Care launched integrated regional networks called "Health Links". Within Health Links, health care providers, including primary care providers, within a specific geography will work across teams to identify patient-centred solutions, provide individualized care plans and improve transitions in care. The goal is to improve health outcomes for complex and senior patients, improve access to care as close to home as possible, improve quality of care and provide better value for health care dollars. Health Links will initially focus on the high users of the health care system including seniors with complex needs and multiple chronic conditions.

[7] Dr. David Walker, "Caring For Our Aging Population and Addressing Alternate Level of Care: Report Submitted to the Minister of Health and Long Term Care", June 30, 2011

[8] Dr. G. Ross Baker, "Enhancing the Continuum of Care: Report of the Avoidable Hospitalization Advisory Panel Submitted to the Ministry of Health and Long Term Care", November 2011.

[9] Commission on the Reform of Ontario's Public Services, "Public Services for Ontarians: A Path to Sustainability and Excellence", Queen's Printer for Ontario, February, 2012, http://www.fin.gov.on.ca/en/reformcommission/chapters/report.pdf

- Case management;
- Management of complex and chronic conditions;
- Governance and structures;
- Evidence-based policy;
- Hospitals;
- Physicians;
- Community Care, Home Care and Long-Term Care; and
- Cost efficiencies.

- Dr. Sinha's seniors strategy[10];
- Health system funding reform; and
- Quality-based procedures.

Action Plans/Interventions:

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

| Action Plans<br>"We will deliver the following" | Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column. | | | | | |
|---|---|---|---|---|---|---|
| | 2014/15 | | 2015/16 | | 2016/17 | |
| | Status | % | Status | % | Status | % |
| Advance North West LHIN Health Services Blueprint recommendations:<br>▪ implement an integrated service delivery model at a local, district and regional level; and<br>▪ increase delivery of health services in the community and virtual settings for non-acute care. | In Progress | 20% | In Progress | 20% | In Progress | 20% |
| Implement Health Links in each of the 5 Integrated District Networks. | In Progress | 33% | In Progress | 33% | In Progress | 33% |
| Improve transitions in care and develop integrated care processes for high impact programs. | In Progress | 20% | In Progress | 20% | In Progress | 20% |
| Implement equalized distribution of health resources across districts based on standardized program allocation and population need. | In Progress | 20% | In Progress | 30% | In Progress | 30% |

[10] Dr. Samir K. Sinha, "Living Longer, Living Well", January 2013.

| | | | | | | |
|---|---|---|---|---|---|---|
| Facilitate integrations across providers. | In Progress | 20% | In Progress | 20% | In Progress | 20% |
| Implement standardized, quality-based care pathways and associated standardized costing models for programs/services. | In Progress | 20% | In Progress | 30% | In Progress | 30% |

How will we measure success?

Success will be measured through ongoing evaluation of a number of variables aligned to the North West LHIN Strategic Directions, Triple Aim Framework and MLPA indicators, including but not limited to:

- Improved care experience for patients/clients at a system level using patient satisfaction survey;
- Development of the necessary infrastructure to support change;
- Increased number of coordinated care plans for complex clients;
- Increase the number of Collaboration Agreements/MOUs in place;
- Selected best practices (clinical/administrative/governance) are implemented, adopted and sustained by health service providers;
- Reduced average cost of delivery of health services without compromising the quality of care;
- Reduced average cost of care delivery for seniors and high users;
- Reduced time from referral to first home care visit;
- Reduced time from primary care referral to specialist consultation for High Users;
- Increase clinical practice guidelines for high impact clinical conditions; and
- Reduced avoidable emergency room visits for patients with conditions best managed elsewhere; and

Over the next ten years, the implementation of the North West LHIN Health Services Blueprint will impact the following:

- Reduced number of ED visits for conditions best managed elsewhere;
- Reduced ALC days;
- Reduce unnecessary admissions to hospital;
- Reduce 30 day readmission to hospitals;
- Improved acute care bed utilization;
- Decreased rate of major amputations;
- Reduced number of client transitions;
- Improvements resulting from PDSA cycles;
- Number of occurrences of selected adverse events (CDI, MRSA, VRE) within the North West hospitals;
- Decreased % of deviation from North West LHIN standardized costing as appropriate;
- Decreased % of deviation from North West LHIN standardized administrative costs as appropriate (i.e. MH&A agencies identified as being province's highest);
- Wait times aligned to MLPA targets;
- Decreased low acuity (MAPLe 1,2,3) admissions to long-term care;
- Targeted Indicators to reflect specific initiatives (e.g. Home First, Seniors Friendly Hospitals, falls, Residents First, Behavioural Supports Ontario);
- Increased volumes of appropriate clients at community based services;
- Increased volumes of appropriate clients at assisted living services;

- Reduction in long-term care home waitlist for initial placement;
- Increased volumes of appropriate clients at ambulatory clinics/virtual clinics for select conditions;
- Decreased cost per capita for seniors populations;
- Per capita cost of the health care system;
- Decreased discharges to complex continuing care;
- Decreased hospital admissions for end of life services;
- Decreased low-acuity admission rates for key indicators (i.e. heart failure, COPD, diabetes);
- Decreased readmission rates for key indicators (i.e. heart failure, COPD, diabetes);
- Increased use of evidence based technology solutions as appropriate;
- Reduced length of stay at post-acute case sites;
- Decreased readmissions for mental health and addictions; and
- Decreased readmissions for post-acute care clients.

What are the risks/barriers to successful implementation?

Building an integrated health care system is a transformational change initiative that will be complex and challenging over the long term. In discussions with providers, the following risks and barriers have been identified:

- Data quality and timeliness issues;
- Capacity, skills and willingness to lead and implement required change;
- Likely shortage of required health human resources across the LHIN, especially over the long-term;
- System capacity for services;
- Diseconomies of varying proportions across the region; and
- Enabling technologies.

For each risk/barrier, describe the plan to mitigate the risk:

- The North West LHIN is in a unique position with all hospitals on the same IT platform. The LHIN is working with providers to develop an approach to timely access to data to help inform Health Links and Blueprint-related conversations. At the same time, the community sectors are improving their data collection and analysis through the implementation of the Integrated Assessment Record provincially;
- To develop capacity to lead change, the North West LHIN has provided education at a governance level to all LHIN-funded health service providers. The LHIN has also adopted a strong “lead by example” approach and is working closely with providers to help develop skills. Health Links is also providing an opportunity for providers to work closely with HQO coaches and leverage training opportunities offered by HQO and the province;
- Through the ten-year health human resources plan, the North West LHIN identified a number of potential skills shortages and a need for succession planning across all sectors in the LHIN. The LHIN is working with providers to better understand the need for succession planning and the opportunities for change in health service delivery to mitigate these potential shortages;
- Part of the system transformation underway in the North West LHIN requires capacity to make the required changes. A better understanding of required capacity to support changes will come from scenarios under development to better understand optimal service delivery level and location of service, or opportunities for co-location to achieve improved economies of scale and maintain capacity while undergoing system change;

- To help manage diseconomies of scale that exist across the LHIN for health service delivery, the North West LHIN will develop scenarios to determine optimal service delivery level (i.e. local, district or regional) for programming, and will also re-consider the role of the small rural hospital to see if other programs could be "bundled" with the hospital to achieve improved economies of scale; and
- To better leverage the power of emerging technologies, the North West LHIN continues to invest in the expansion of e-referral systems and telemedicine opportunities, including telehomecare.

What are some of the key enablers that would allow us to achieve our goal?

Key enablers to help ensure the North West LHIN meets the goals outlined above include:

- Ongoing capacity building across all levels with an emphasis at the community level
- Continued investment in technology-based services including telemedicine, telehomecare point of care testing, and telepsychiatry;
- Health human resources plan to proactively identify need;
- Implementation of Connecting Northern and Eastern Ontario (cNEO) across the LHIN (cNEO provides HSPs with timely access to personal health information from across the continuum of care at any point throughout the patient journey within the cluster geography); and
- Integrated back office to conduct transactional aspects of functions across all health service providers, including but not limited to: health human resources, finance, procurement, supply chain, learning and development, and information technology.

Additional Comments (i.e. additional information that supports the implementation/success of the goal)

There is integration work currently underway through the Health System Integration Fund initiatives through Health Canada. These initiatives are led by First Nations communities and involve multiple stakeholders, including: Health Canada, various provincial ministries, the North West LHIN and North West LHIN health service providers. These projects will evolve over three years with the intent to improve access to services; integrate programs and services; and streamline funding where possible to reduce the inequities that currently exist across the region in rural, remote and northern regions.

### 2.2 Priority 2: Building an Integrated eHealth Framework

| PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY |
|---|
| Integrated Health Services Priority: |
| Priority 2: Building an Integrated eHealth Framework |
| IHSP Priority Description: |
| Advance electronic health (eHealth) in the North West LHIN to support health system transformation. |
| Current Status: |
| For effective health system transformation to take place, it is critical that the information technology and electronic health (eHealth) infrastructure is in place to ensure and support the transition of high quality clinical care, in the most appropriate setting.<br><br>While the North West has made significant advances in eHealth implementation, there are still many opportunities to further eHealth:<br><br>▪ Over 70% of specialists in the North West LHIN do not use electronic medical records (EMR);<br>▪ Many small North West LHIN organizations do not have the eHealth/IT capabilities within to integrate their systems into regional and provincial systems; and<br>▪ Many remote North West LHIN communities do not have the infrastructure or training to support advances in eHealth.<br><br>In order to continue to advance eHealth, the North West LHIN must continue to find innovative solutions to priority issues; have the appropriate organizational structures and service offerings in place; and collaborate as a region for cost-effective integrated solutions.<br><br>Successes of the past year:<br>▪ All hospitals in the region are using the shared hospital information system;<br>▪ Implemented electronic documentation in 12 of the 13 hospitals in the region;<br>▪ Increased adoption of the region's Physician Office Integration solution by connecting more providers and sending more clinical content from the hospital sector into the primary care sector, ensuring follow-up care can be performed in the primary and community care settings instead of in the acute hospital setting;<br>▪ Expanded the use of the regional Resource Matching and e-Referral system to all hospitals and all long-term care homes in the region;<br>▪ Continued to advance planning and change readiness for the Connecting Northern and Eastern Ontario (cNEO) project; and<br>▪ Established a regional Chief Information Officer (CIO) for the hospitals in the North West to develop a regional hospital eHealth strategy and to oversee eHealth at the hospital level. |

## PART 2: GOALS and ACTION PLANS

Goal(s):

1. Integrate regional electronic health records (EHRs) to improve patient-centred care.
2. Build regional capacity to accelerate adoption of eHealth systems and technologies to gain system-wide benefits, as rapidly as possible.
3. Advance the use of innovative technology solutions to improve access to care and health outcomes, resulting in healthier people

Consistency with Government Priorities:

These goals support the province's key eHealth priorities of building cornerstone information systems, clinical activity information systems, technology services and enabling practices and talent management. The work being performed in the North West LHIN will advance the eHealth Ontario mandate of having a fully interoperable Electronic Health Record (iEHR) by building readiness in the region to connect to the provincial assets required to create the iEHR, and also by integrating into the provincial assets as they become available.

Action Plans/Interventions:

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

| Action Plans<br>"We will deliver the following" | Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column. | | | | | |
|---|---|---|---|---|---|---|
| | 2014/15 | | 2015/16 | | 2016/2017 | |
| | Status | % | Status | % | Status | % |
| Increase electronic medical record (EMR) adoption and integration. | In Progress | 10% | In Progress | 10% | In Progress | 10% |
| Expand the shared Hospital Information System for the North West region. | Complete | 50% | | | | |
| Establish a provider portal for viewing patient clinical information. | In Progress | 33% | Complete | 34% | | |
| Utilize eHealth solutions to enable the achievement of clinical priorities in the region. | In Progress | 25% | In Progress | 25% | In Progress | 25% |
| Implement initiatives aimed at advancing the goals of Ontario's eHealth Strategy. | In Progress | 25% | In Progress | 25% | In Progress | 25% |
| Assist in the expansion of telemedicine services. | In Progress | 25% | In Progress | 25% | In Progress | 25% |

| | | | | | | |
|---|---|---|---|---|---|---|
| Implement the Ontario Lab Information System (OLIS) with the North West LHIN regions shared Hospital Information System. | In Progress | 50% | Complete | 40% | | |
| Accelerate the deployment of eHealth Ontario's secure ONEMail service to Health Service Providers. | In Progress | 25% | In Progress | 25% | In Progress | 25% |
| Facilitate community engagement, implementation and readiness services and subject matter expertise to support the Connecting Northern & Eastern Ontario (cNEO) project. | In Progress | 33% | Complete | 34% | | |
| Continue to advance the Alternate Level of Care Business Transformation Initiative (ALC-BTI). | In Progress | 40% | Complete | 40% | | |

How will we measure success?

- Increase the number of weighted units of the North West LHIN Interoperable Electronic Health Record (iEHR) that advances/aligns with the overall provincial iEHR architecture;
- Increase the number of Health Service Provider (HSP) EMR integration points with regional or provincial health record assets;
- Ensure 100% of eHealth Ontario and MOHLTC deliverables are completed successfully on project initiatives; and
- Increase the number of clinicians that use eHealth solutions that advance/align with the overall provincial eHealth strategy.

What are the risks/barriers to successful implementation?

- Financial resource capacity within the region to operationally sustain the eHealth solutions being implemented both regionally and provincially;
- Insufficient human resource capacity and difficulty recruiting skilled employees in the North West region to implement and adopt eHealth solutions on aggressive timelines; and
- Stakeholder resistance to eHealth solutions results in slower implementation and adoption.

For each risk/barrier, describe the plan to mitigate the risk:

- A shared services model for healthcare eHealth/IT/IS is being examined to provide economies of scale in eHealth implementation and sustainment. The shared services concept will not only find financial efficiencies but also human resources/capacity efficiencies to allow more health care providers to take advantage of skilled eHealth resources; and
- Continued engagement with our health service providers about updates on eHealth and the importance of eHealth solutions in providing more efficient, high quality care.

| What are some of the key enablers that would allow us to achieve our goal? |
|---|
| ▪ Establishment of an eHealth service offering that would allow HSPs to access skilled implementation resources without requiring recruitment and retention strategies for every project or initiative; and<br>▪ Sustained operational funding to continue to offer eHealth services post-implementation. |

### 2.3 Priority 3.1: Enhancing Access to Primary Care

| PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY |
|---|
| Integrated Health Services Priority: |
| Priority 3.1: Enhancing Access to Primary Care |
| IHSP Priority Description: |
| Increase access to timely, quality primary care and better integrate primary care within the full continuum of care. |
| Current Status: |
| Improving access to primary care remains a high priority for the North West LHIN. Greater collaboration between primary care providers and local stakeholders is needed to improve communication and coordination of care. Reducing reliance on emergency department care and providing alternate community-based services (e.g. rapid access, after-hours clinics, home visits) will support and enhance care in the community.<br><br>▪ Over half of unscheduled emergency visits in the North West LHIN are classified as non-urgent or less-urgent (51.0% compared to 42.7% provincially in 2010/11). This rate has improved slightly over each of the last three years from 56.8% in 2008/09; and<br><br>▪ The North West LHIN has a higher age-standardized rate of emergency visits (that could be treated in alternative primary care settings) that is more than double that of the province (57.2/1,000 population age 1-74 compared to 23.3/1,000 population age 1-74 for 2010/11). The North West LHIN's rate has decreased somewhat from 2008/09 when it was 63.7/1000 population age 1-74.<br><br>Successes of the past year:<br>▪ Health Care Connect has linked 44.67% of individuals registered in the program to primary care[11];<br>▪ Engagement sessions with primary care providers and ED physicians have occurred regarding the North West LHIN Health Services Blueprint and Health Links in the North West LHIN;<br>▪ Establishment of the City of Thunder Bay Integrated District Network Health Link;<br>▪ Establishment of the District of Thunder Bay Integrated District Network Health Link; and |

[11] As of May 31, 2013

- Building readiness for the District of Rainy River Integrated District Network Health Link.

**PART 2: GOALS and ACTION PLANS**

Goal(s):

1. Develop a comprehensive system-wide strategy to improve access to primary care across the North West LHIN.
2. Increase the percentage of the population with regular access to primary health care providers.
3. Improve timely access to primary care services.
4. Improve and formalize communication and continuity of care between primary care, specialists and other health care sectors.
5. Collaborate with primary care providers on quality improvement initiatives targeted at:
    a. reducing readmission rates for high impact clinical conditions;
    b. reducing emergency department visits; and
    c. preventing avoidable admissions to hospital.

Consistency with Government Priorities:

Enhancing Access to Primary Care aligns to government priorities, including:

- LHIN-legislated mandate to plan, fund and integrate the local health system[12];
- North West LHIN Ministry-LHIN Performance Agreement;
- Ontario's Action Plan for Health Care[13], specifically focusing on:
    - Faster access and a stronger link to family health care; and
    - Right care, right time, right place.
- Implementation of Health Links[14] across the province with a focus on improved access to primary care, coordinated care plans for complex and high needs clients and improved transitions across the system.

Action Plans/Interventions:

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

[12] Government of Ontario, Local Health System Integration Act, 2006, http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_06l04_e.htm#BK27

[13] Ministry of Health and Long Term Care, "Ontario's Action Plan for Health Care: Better Patient Care through Better Value for Our Health Care Dollars", January 30, 2012.

[14] In December 2012, the Ministry of Health and Long Term Care launched integrated regional networks called "Health Links". Within Health Links, health care providers, including primary care providers, within a specific geography will work across teams to identify patient-centred solutions, provide individualized care plans and improve transitions in care. The goal is to improve health outcomes for complex and senior patients, improve access to care as close to home as possible, improve quality of care and provide better value for health care dollars. Health Links will initially focus on the high users of the health care system including seniors with complex needs and multiple chronic conditions.

| Action Plans<br>"We will deliver the following" | Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column. | | | | | |
|---|---|---|---|---|---|---|
| | 2014/15 | | 2015/16 | | 2016/17 | |
| | Status | % | Status | % | Status | % |
| Identify and support the implementation of the right primary care models/resources to improve access to care at the hub, district and regional level across the North West LHIN (e.g. outreach, mobile services, home visits, after hour's clinics, telehealth). | In Progress | 20% | In Progress | 20% | In Progress | 20% |
| Promote continued uptake of the Health Care Connect program. | In Progress | 10% | In Progress | 10% | In Progress | 10% |
| Collaborate with primary care providers to implement advanced access within practice settings across the Northwest region. | In Progress | 20% | In Progress | 40% | Complete | 40% |
| Identify and implement strategies to support person-centred care, including coordinated care plans, effective integration and improved transitions across the continuum. | In Progress | 20% | In Progress | 20% | In Progress | 20% |
| Work with primary care providers to identify and implement strategies that promote the use of clinical practice guidelines for targeted high impact clinical conditions (e.g. COPD, CHF, and diabetes). | In Progress | 20% | In Progress | 20% | In Progress | 10% |
| Implement an integrated system-wide approach to self-management that supports chronic disease management in primary care. | In Progress | 20% | In Progress | 25% | In Progress | 30% |

How will we measure success?

- Reduced ALC rate;
- Reduction in avoidable visits to ED;
- Reduced 30 day readmissions to hospital;
- Reduce unnecessary admissions to hospital;
- Identify chronic disease management programs moving to the community;
- Increase the number of complex patients and seniors with access to primary care;

- Increase the number of complex patients with coordinated care plans;
- Increase primary care follow up within seven days of discharge;
- Reduce time from a primary care referral to specialist consultation;
- Reduce time from referral to home care visit for High Users;
- Enhance the experience that patients with the greatest health care needs have with the system; and
- Reduce the average cost of care delivery for high users while maintaining quality of care.

What are the risks/barriers to successful implementation?

- An older physician group providing care to a large segment of the population may be resistant to change, difficult to engage, resistant to EMR use and may retire at any time (increasing the number of unattached patients);
- Delays in the development and activity of currently approved family health teams;
- Resistance to the movement of chronic disease management into the community by those institutions who may already be providing some programs or perceive that these programs are better delivered by hospitals;
- Primary care providers who are unfamiliar with and uncomfortable working in inter-professional teams;
- Alienation of providers who refuse to engage and therefore the realization that their patient group will receive substandard care;
- The large number of individuals without a primary care provider and the vulnerability created due to a marked increase in this number due to retirements;
- The varied electronic record systems and difficulties in integrating them to improve communication between providers;
- Concerns about confidentiality as lines of communication improve and there is greater information transfer; and
- The distributed nature of the LHIN makes it difficult at times to share resources and often necessitates expensive duplication.

For each risk/barrier, describe the plan to mitigate the risk:

- Through Health Links, the LHIN is working with primary care to address and mitigate the risk of unattached patients resulting from physician retirement. Some physicians are starting to transfer their patients within their clinics as they consider reduced hours. The ten-year health human resource study outlined above also provides some statistics for physician groups as they look at succession planning;
- Health Links are working to engage primary care in their relevant geographies to realize the physician benefits of sharing resources and better utilizing system resources to mitigate barriers posed by resistance;
- To further reduce the system impact of unattached patients, the North West LHIN is working with the NorWest CHC to expand clinic hours and offer urgent care clinics on weekends. This is providing the only “walk-in” option open to the public on weekends in the City of Thunder Bay; and
- To help alleviate fears related to confidentiality resulting from information transfer, the LHIN is looking to examples in other parts of the province, specifically Health Links, to demonstrate the benefits of appropriate knowledge sharing and instant access to information through electronic solutions. These solutions are also demonstrating improvement in avoidable testing/duplication and patient experience.

| What are some of the key enablers that would allow us to achieve our goal? |
|---|
| ▪ Increased number of primary care providers within the community;<br>▪ Increased number of patient enrollment models in our communities;<br>▪ Improved integration, partnership and communication between and across all providers of care at all levels;<br>▪ Improved utilization and integration of EMRs;<br>▪ Reintegration of family physicians and nurse practitioners into the hospitals;<br>▪ % of population attached to a primary care provider; and<br>▪ % of population who can see their primary care provider on the same or next day. |

### 2.3 Priority 3.2: Reducing Wait Times

| PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY |
|---|
| Integrated Health Services Priority: |
| Priority 3.2: Reducing Wait Times |
| IHSP Priority Description: |
| By improving health system performance and providing care for the patient/client in the right setting, at the right time, by the right provider, the amount of time people wait for care in the emergency department will be reduced. |
| Current Status: |
| Reducing the time people spend in the emergency department (ED) is an important priority for the North West LHIN. Addressing this complex system challenge requires making improvements across the entire health care system over the short and long term. It includes better integration of care within primary care settings.<br><br>▪ In 2012/13 there were a total of 216,086 visits to the ED in the North West LHIN[15];<br>▪ 111,650 (52%) of these visits were seen at the only regional tertiary center, Thunder Bay Regional Health Sciences Center, which also saw 68% of all high-acuity visits;<br>▪ In 2012/13, 62% of ED visits outside of the Thunder Bay IDN were classified as non-urgent according to the Canadian Emergency Department Triage and Acuity Scale (CTAS)[16];<br>▪ The rate of emergency visits that could be treated in alternative primary care settings is more than double that of the province (53.2/1,000 population age 1-74 compared to 21.4/1,000 population age 1-74 for 2012/2013[17]); and<br>▪ The North West LHIN rate has decreased somewhat from 2008/09 when it was 63.7/1000 population age 1-74[18]. In many regional hospitals, primary care is provided in EDs where limited walk-in or after-hour clinics exist. This ED utilization is therefore appropriate. |

[15] National Ambulatory Care Reporting System, 2012-13 Fiscal Year. Accessed through IntelliHealth Ontario Web Portal, July 22, 2013.
[16] Ibid.
[17] Ibid.

Performance against MLPA Targets, 2012/13 Fiscal Year:

- The total time spent in the ED for 9 out of 10 patients requiring admission to a hospital bed was 31.00 hours, which is greater than the 25 hour target;
- The total time spent in the ED for 9 out of 10 patients with complex conditions was 6.78 hours, slightly above the LHIN target (6.50 hours) but within the provincial target (7.0 hours); and
- The total time spent in the ED for 9 out of 10 patients with minor or uncomplicated conditions was 3.93 hours, within the LHIN target of 4.0 hours.

Successes of the past year:

- Despite trends in increasing ED volumes, the major tertiary hospital and North West LHIN remained a high performer with ED wait times for high and low acuity patients not requiring admission;
- Thunder Bay Regional Health Sciences Centre is the only hospital in the North West LHIN participating in the Emergency Department Pay for Results program. Compared to other participating hospitals, Thunder Bay Regional Health Sciences Centre performed well in the fifth year of the program and secured targeted funding to continue this program in to 2012/13;
- Through the 2012/13 program, initiatives targeted at reducing admitted wait times include the introduction of a Geriatric Emergency Medicine nurse focused on caring for seniors visiting the ED, a rapid assessment zone for high acuity patients, and the funding of increased support services through the North West CCAC in order to maintain seniors in their homes and avoid unnecessary ED visits; and
- The Nurse Led Outreach Team implemented in the City of Thunder Bay has continued to decrease the number of unnecessary emergency visits and unplanned admissions to hospital from area long-term care homes.

**PART 2: GOALS and ACTION PLANS**

Goal(s)

1. Reduce unnecessary emergency department visits.
2. Reduce avoidable admissions to hospital.
3. Maintain the gains which have been made in emergency department wait times for patients not requiring admission to hospital and reduce time to admission.
4. Improve patient/family satisfaction with the care experience.

Consistency with Government Priorities:

These goals are consistent and align with local priorities outlined in the North West LHIN's 2013-2016 IHSP, Ontario's Action Plan for Health Care, and collective LHIN System Imperatives. The actions outlined in this plan are focused on improving access to care and ensuring that clients

[18] MoHLTC. Integrated Health Services Plan 2013-2016 Common Environmental Stan: A Review of Selected Information about Ontario's Local Health Integration Networks, Sept. 2012.

receive the right care, in the right place, at the right time. This includes:

- Improving access to ED care by reducing the amount of time patients spent waiting in ED;
- Improving access to primary health care in order to keep people healthy; and
- Improving the patient care experience and quality of care.

Action Plans/Interventions

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

| Action Plans<br>"We will deliver the following" | Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column. | | | | | |
|---|---|---|---|---|---|---|
| | 2014/15 | | 2015/16 | | 2016/17 | |
| | Status | % | Status | % | Status | % |
| Collaborate with primary care and health service providers to implement strategies that reduce unnecessary ED visits:<br>▪ Implement Health Links across the North West LHIN. | In Progress | 33% | In Progress | 33% | In Progress | 33% |
| Implement innovative models of care that are community-based to avert admission to hospital at the hub, district and regional levels (regional programs such as telehomecare; ambulatory clinics, integrated rehab services):<br>▪ Continue advancing telehomecare initiatives; and | In Progress | 33% | In Progress | 40% | Complete | 30% |
| ▪ Continue shifting rehab services from the hospital to community settings where appropriate. | In Progress | 33% | In Progress | 33% | Complete | 34% |
| Implement quality improvement initiatives that focus on reducing ED wait times to provincial targets at the hub, district and regional level:<br>▪ Implement ED Pay-for results initiatives; and<br>▪ Identify and implement initiatives aimed at | In Progress | 33% | In Progress | 33% | Complete | 34% |

| | | | | | | |
|---|---|---|---|---|---|---|
| decreasing avoidable admissions. | | | | | | |
| Evaluate system-wide patient/client satisfaction with the care experience:<br>▪ Work with providers to implement targeted strategies to improve satisfaction. | Ongoing | | Ongoing | | Ongoing | |

| How will we measure success? |
|---|
| ▪ Maintenance of performance in MLPA indicators currently meeting target: 90th percentile ED length of stay for non-admitted complex patients;<br>▪ 90th percentile ED length of stay for non-admitted minor, uncomplicated patients;<br>▪ Improvements to MLPA indicators currently not meeting target: 90th percentile ER length of stay for admitted patients;<br>▪ Reductions in ED demand: % of emergency visits for conditions that could be treated in an alternative primary care setting (number of unscheduled visits per 1,000 population);<br>▪ Evaluation of performance of Pay for Results program implemented at Thunder Bay Regional Health Sciences Centre;<br>▪ Reductions in number of repeat unplanned emergency visits within 30 days for mental health and substance abuse conditions; and<br>▪ Reductions in 30 day readmission rates for selected case mix groups. |
| What are the risks/barriers to successful implementation? |
| Lack of access to primary care and community services are system barriers that impact ED wait times in the North West LHIN. Health human resource limitations due to recruitment and retention issues could pose challenges to further expansion of community-based care. It is also possible that increasing demand for services outpace capacity as the system is redesigned through the Health Services Blueprint. |
| For each risk/barrier, describe the plan to mitigate the risk. |
| Lack of access to primary care is being addressed by the Health Links program as well as a number of health human resources initiatives being carried out by local health service providers and the Northern Ontario School of Medicine. Lack of access to community services is being addressed on an ongoing basis through the strategic allocation of community funding. |
| What are some of the key enablers that would allow us to achieve our goal? |
| Increased access to primary care through innovative models (e.g. Health Links), operationalization of recommendations from Ontario's Seniors Strategy, senior's friendly hospitals initiatives, and regional availability of health human resources. |
| Additional Comments (i.e. additional information that supports the implementation/success of the goal) |
| |

### 2.3 Priority 3.3: Reducing Percentage of Alternate Level of Care (ALC) Days

| PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY |
|---|
| Integrated Health Services Priority: |
| Priority 3.3: Reducing Percentage of Alternate Level of Care (ALC) Days |
| IHSP Priority Description: |
| Improve patient flow and effective transitions of care across the health care system in a seamless, coordinated and timely manner. |
| Current Status: |
| Reducing the number of days that individuals wait as ALC is a key priority for the North West LHIN and the MOHLTC. The end goal is to avoid time spent by individuals waiting as ALC by increasing the coordination and integration of care across the health system, improving patient flow along the continuum of care, and investing in programs which support individuals to return home after their hospital stay.<br><br>▪ The percentage of ALC days in 2012/13 was 16.53%, the 3rd highest in the province;<br>▪ In 2012/13, seniors over the age of 65 accounted for 79% of ALC patients discharged from hospital, and 81% of ALC days in hospital[19];<br>▪ In 2012/13 the most common discharge destination for ALC patients over 65 years of age was to complex continuing care (37%), followed by home with support (18%), rehabilitation (15%), and long-term care (15%)[20];<br>▪ In Ontario the provincial target for percent ALC days is 9.46%. This target has not been met provincially or by the LHINs. The North West LHIN target for percent ALC days in 2013/14 is 17.5%;<br>▪ Lack of access to community resources upon discharge in rural areas and overall system capacity are challenges that contribute to ALC days in the North West LHIN;<br>▪ Overcapacity in the acute care system, post-acute care system, and home care system in the City of Thunder Bay continue to be a challenge for the North West LHIN<br>– At the regions sole tertiary care centre (Thunder Bay Regional Health Sciences Centre), occupancy rates have regularly fluctuated over 100% over the past year. In order to address this challenge, significant system changes are required in order to ensure that local demand and capacity for community resources such as Long Term Care are more appropriately matched in order to facilitate patient flow through the acute and post-acute settings. |

[19] Discharge Abstract Database, 2012-13 Fiscal Year. Accessed through IntelliHealth Ontario Web Portal, July 22, 2013.
[20] Ibid.

Successes of the past year:

- In 2012/13, the MLPA target for % ALC of 15% was achieved in Q2 & Q3. In 2012/13, the overall % ALC for the year of 16.53% was within the MLPA target of 19%;
- Implementation of Home First in the City of Thunder Bay has produced the following results between September 2010 and the end of April 2013:
  - 38% reduction in ALC clients (87 to 54)[21];
  - 50% reduction in ALC clients waiting for long-term care (34 to 17)[22]; and
  - Joint discharge planning between the acute care setting and system partners ensures that individuals' discharge destination is both appropriate and timely.
- Implementation of Home First in the City of Kenora has produced the following results between November 2011 and the end of March 2013:
  - 70% reduction in ALC clients (24 to 7)[23];
  - 80% reduction in ALC clients waiting for long-term care (15 to 3)[24]; and
  - Joint discharge planning between the acute care setting and system partners ensures an individuals' discharge destination is both appropriate and timely.
- Assess and Restore programs are being delivered in four communities across the North West LHIN and since their initiation have allowed seniors who have recently experienced functional decline to regain strength and return to their homes both with and without support:
  - Approximately 65% of program participants are able to return home with and without supports after an average length of stay of 30 days. All program participants demonstrated significant increases in Functional Independence Measure scores upon discharge from the program.
- Invested in increased community support services across the LHIN focused on reducing ALC days including the following:
  - $565,000 investment in the North West CCAC in order to increase personal support worker hours by 19,727;
  - $1,770,444 investment in the North West CCAC in order to support the gains achieved through the implementation of the Home First philosophy. This investment is allocated to multiple services such as nursing, homemaking, and physiotherapy, and will allow more seniors to age at home where they prefer;
  - $800,000 investment in the North West CCAC through the ED Pay for Performance program aimed at improving flow through Thunder Bay Regional Health Sciences Center;
  - $255,000 invested in Brain Injury Services of Northern Ontario (BISNO) in order to provide two additional units of assisted living services for individuals with acquired brain injury;
  - $131,000 invested in HAGI Community Services for Independence in order to provide two additional units of assisted living services for individuals with physical disabilities; and
  - $24,000 invested in the Board of Management of the Kenora District Home for the Aged to provide two additional units of assisted living services for high-risk seniors.

[21] Internal *Home First* Hospital Reporting Dashboards
[22] Ibid.
[23] Ibid.
[24] Ibid.

- Since the 2010/11 Fiscal Year, the North West LHIN has invested in a total of 183 new units of assisted living for high risk seniors (63% increase). In addition to this investment, there have been 16 new units of assisted living services for individuals with acquired brain injuries and physical disabilities introduced over the same time period; and
- The Nurse Led Outreach Team was expanded to include all long-term care homes in the City of Thunder Bay.

## PART 2: GOALS and ACTION PLANS

Goal(s)

1. Maintain the gains made in reduction of ALC days through the implementation of a Home First philosophy.
2. Reduce the number of ALC days in hospital and increase the numbers of days spent at home by residents of the North West LHIN.
3. Improve quality of transitions in care and patient flow across the health care system.

Consistency with Government Priorities:

These goals are consistent and align with local priorities outlined in the North West LHIN's 2013-2016 IHSP, Ontario's Action Plan for Health Care, and collective LHIN System Imperatives. The actions outlined in this plan are focused on improving access to care and ensuring that clients receive the right care, in the right place, at the right time. This includes:

- Improving access to hospital care by reducing the time spent designated as ALC patients in hospital beds; and
- Improving the patient care experience and quality of care.

Action Plans/Interventions

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

| Action Plans<br>"We will deliver the following" | Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column. | | | | | |
|---|---|---|---|---|---|---|
| | 2014/15 | | 2015/16 | | 2016/17 | |
| | Status | % | Status | % | Status | % |
| Implement strategies to improve discharge planning processes and sustain "Home First" at the hub, district and regional level:<br>▪ Continue to facilitate inter-sectoral Home First initiatives. | In Progress | 30% | In Progress | 40% | Complete | 30% |
| Engage local communities and | In Progress | 20% | In Progress | 20% | In Progress | 20% |

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| health care providers in order to carry out a detailed needs assessment focused on aligning local capacity to reduce ALC days:<br>▪ Focus on recommendations to close gap between supply and demand for health resources. | | | | | | |
| Implement the long-term care services model for the North West LHIN at the hub, district and regional level:<br>▪ Realign long-term care services at the hub and district level based on the long-term care services plan; and<br>▪ Use evidence from the plan to guide funding decisions for seniors' services. | In Progress | 20% | In Progress | 20% | In Progress | 20% |
| Implement pertinent recommendations from Ontario's Seniors strategy aimed at improving the quality of transitions in care at the hub, district and regional level. | In Progress | 25% | In Progress | 25% | In Progress | 25% |

How will we measure success?

- % of ALC days;
- ALC rate;
- Number of open ALC cases in acute & post-acute care settings;
- Occupancy rate of 90% at region's tertiary hospital (Thunder Bay Regional Health Sciences Centre)
- 90$^{th}$ percentile ALC wait times for discharged patients;
- 90$^{th}$ percentile wait time for CCAC in-home services: application from community setting to first CCAC service (excluding case management);
- Number of home care service visits and hours by service type: visiting nursing; shift nursing; nutrition/dietetics/physiotherapy/occupational therapy/speech-language pathology/social work/homemaking/personal support;
- % progress towards ideal service-continuum for long term services per North West LHIN Local Area Plan (LAP);
- % placements into the most appropriate care setting based on acuity of the patient/client;
- Wait times for selected community services: LTC to placement (all choices); CCAC-case management; assisted living; CSS services; MH&A services;
- Reduced transfers to the ED for long-term care residents;
- Appropriate designation to Long-Term Care for ALC clients as measured by percent of individuals admitted to Long-Term Care with MAPLe scores of high and very-high;

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| ▪ Appropriate designation to long-term care for ALC clients;<br>▪ Increased volume of assisted living and community support services for high risk seniors; and<br>▪ Ongoing monitoring and evaluation of ALC levels in hospitals around the region. |
| What are the risks/barriers to successful implementation? |
| Lack of access to primary care and limited community services (i.e. supportive housing, assisted living and support services such as homemaking, transportation, etc.) are system barriers that will continue to impact ALC days in the North West LHIN.<br>Health human resource limitations could pose challenges to expansion of community-based care. |
| For each risk/barrier, describe the plan to mitigate the risk. |
| Lack of access to primary care is being addressed by the Health Links program as well as a number of health human resources initiatives being carried out by local health service providers and the Northern Ontario School of Medicine. Lack of access to community services is being addressed on an ongoing basis through the strategic allocation of community funding, redesign of the local health care system through the Health Services Blueprint, and the implementation of the LTC services plan. |
| What are some of the key enablers that would allow us to achieve our goal? |
| Home First, expanded role of the North West CCAC, Ontario's Seniors' strategy, Alternate Level of Care Community Funding and Collaborative partnerships between service providers are key enablers. |
| Additional Comments (i.e. additional information that supports the implementation/success of the goal) |
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### 2.3 Priority 3.4: Improving Access to Specialty Care and Diagnostic Services

| PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY |
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| Integrated Health Services Priority: |
| Priority 3.4 Improving Access to Specialty Care and Diagnostic Services |
| IHSP Priority Description: |
| Enhance access to quality specialty care and diagnostic services. |
| Current Status: |
| When patients require procedures such as hip/knee replacement and diagnostic imaging it is important that they receive the procedures within a medically appropriate wait time. Reducing wait times for surgical procedures and diagnostic imaging is a priority focus of the North West LHIN. As funding reform evolves, there is increased focus on quality based procedures. Using evidence-based guidelines to improve access to care; evolve clinical practice; reduce length of stay in hospital; and reduce the cost of care by transitioning care to the community, will provide |

opportunities to review or expand existing capacity.

In order to access specialty care, patients in rural areas must travel long distances to tertiary centres such as Thunder Bay, Winnipeg or beyond. Specialty groups often cited in short supply include psychiatry, child and youth mental health programs, dermatology, dialysis, and cardiac care. In the North West LHIN in the 2012/13 fiscal year:

- The actual number of specialists has increased by 13.5% to 177 from 2010 (74/100,000);
- 9 out of 10 patients requiring cancer surgery received treatment in 38 days (41 day target);
- 9 out of 10 patients requiring cataract surgery received treatment in 111 days (115 day target);
- 9 out of 10 patients requiring hip replacement surgery received treatment in 206 days (176 day target);
- 9 out of 10 patients requiring knee replacement surgery received treatment in 225 days (182 day target);
- 9 out of 10 patients requiring a diagnostic MRI scan received treatment in 114 days (59 day target); and
- 9 out of 10 patients requiring a diagnostic CT scan received treatment in 35 days (28 day target).

Successes of the past year:

Over the past year, the North West LHIN has improved access to services and, as a result, has seen improvements in the waits experienced by patients.

- The North West LHIN continues to be a high performer and a provincial leader in % of priority IV cases completed within access target for cancer surgery and cataract surgery;
- The Regional Joint Assessment Centre continues to work towards reducing the time patients wait from primary care referral to a receiving specialist appointment, in addition to reducing the number of non-surgical cases seen by orthopaedic surgeons;
- The introduction of the Inter-Professional Spine Assessment and Education Clinic as a pilot project at Thunder Bay Regional Health Sciences Center in the 2012/13 fiscal year is expected to positively impact individuals with low back pain by streamlining appropriate surgical candidates, reducing unnecessary diagnostic imaging, and reducing wait times for appropriate individuals to consult with orthopaedic surgeons;
- Percentage of priority IV cases completed within access target (182 days) for joint replacement surgery continued to be above the MLPA target in 2012/13. In order to address this, the North West LHIN has been continuously monitoring and working with hospitals and specific surgeons in order to develop strategies focused on reducing these wait times. During the 2012/13 fiscal year, the North West LHIN successfully initiated work on the development of a regional orthopaedic services program; and
- At the largest volume site for total hip and knee replacements in the North West LHIN, the recommendations of the Orthopaedic Expert Panel related to inpatient length of stay and proportion of patients discharged to outpatient rehabilitation were successfully implemented. Currently (Q4, 2012/13), 90.4% of patients are discharged to community rehabilitation, compared to 54% at the start of the 2011/12 fiscal year.

## PART 2: GOALS and ACTION PLANS

### Goal(s)

1. Reduce wait times for procedures included in the Wait Times Strategy and maintain the gains achieved to date.
2. Create a regional surgical services program for the North West LHIN.
3. Create a regional diagnostic services plan aligned with health system funding reform and quality based procedures.
4. Reduce access barriers to specialty care and diagnostic services.

### Consistency with Government Priorities:

These goals are consistent and align with local priorities outlined in the North West LHIN's 2013-2016 IHSP, Ontario's Action Plan for Health Care, and collective LHIN System Imperatives. The actions outlined in this priority are focused on improving access to care and ensuring that clients receive the right care, in the right place, at the right time. This includes:

- Better value – implementation of health system funding reform (quality based procedures);
- Better access to care – reducing wait times for key procedures;
- Better value – eliminating unnecessary procedures and implementation of health system funding reform (quality based procedures); and
- Improving access to hospital care by reducing the time spent designated as ALC patients in hospital beds.

### Action Plans/Interventions

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include activities over the next three years with concentration on initiatives that will be largely implemented in the upcoming year.

| Action Plans<br>"We will deliver the following" | Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column. | | | | | |
|---|---|---|---|---|---|---|
| | 2014/15 | | 2015/16 | | 2016/17 | |
| | Status | % | Status | % | Status | % |
| Actively monitor and report wait times for procedures included in the Wait Times Strategy and MLPA:<br>▪ Identify the root causes where performance targets are not met and develop interventions to address this. | In Progress | 20% | In Progress | 20% | In Progress | 20% |
| Develop and implement the | In Progress | 20% | In Progress | 20% | In Progress | 20% |

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| regional surgical service program:<br>▪ Begin with integrated orthopaedic service delivery model. | | | | | | |
| Support application of clinical processes and pathways aimed at improving the flow of patients through the continuum of specialty care with a focus on appropriateness of care:<br>▪ Focus on expansion of Joint and Spine Assessment Centre model; and | In Progress | 20% | In Progress | 20% | In Progress | 20% |
| ▪ Work with hospitals and primary care to decrease inappropriate imaging referrals from primary care. | In Progress | 20% | In Progress | 20% | In Progress | 20% |
| Implement innovative models that enable access to specialty care closer to home (e.g. telemedicine/telehomecare). | In Progress | 20% | In Progress | 20% | In Progress | 20% |

How will we measure success?

That the demand for surgical and diagnostic services, related to aging, is expected to rise while available resources remain relatively constant. For this reason, it is imperative to drive changes focused on quality and efficiency in surgical services. Success will be measured by:

- Maintenance of wait times for procedures currently meeting MLPA performance expectations;
- Overall % of surgical patients served within clinical best practice target;
- Overall % of diagnostic patients served within clinical best practice target;
- Percent completed within target by priority for diagnostic MRI scan;
- Percent completed within target by priority for diagnostic CT scan;
- Percent completed within target by priority for hip replacement surgery;
- Percent completed within target by priority for knee surgery;
- Percent completed within target by priority for cataract surgery;
- Reductions in wait times for procedures currently above MLPA performance targets;
- Reductions in wait times for diagnostic imaging currently above MLPA targets;
- Reduced number of ALC days and increased number of days spent at home by residents of the North West LHIN; and
- Improvements in quality and efficiency indicators reported in the Orthopaedic Scorecard.

What are the risks/barriers to successful implementation?

The ongoing roll-out of quality based procedures represents a risk to some small hospitals as in many cases the carve-out and reinvestment process leaves a net deficit position. The LHIN will focus on examining how current volume allocations may be adjusted in order to achieve efficiencies

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| in the face of increasing demand. Additionally, the large geographical area presents challenges to economies of scale required to deliver specialty services close to home and travel costs to a centralized site are very expensive. |
| For each risk/barrier, describe the plan to mitigate the risk. |
| The North West LHIN is currently embarking on the development of an integrated orthopaedic capacity plan which, among other outcomes, will be focused on examining how current volume allocations may be adjusted in order to achieve efficiencies in the face of increasing demand. This plan will also seek to develop innovative solutions to address the challenges with geography and economies of scale as discussed above. Various regional programs for service delivery will be examined as options in alignment with the Health Services Blueprint model. |
| What are some of the key enablers that would allow us to achieve our goal? |
| |
| Additional Comments (i.e. additional information that supports the implementation/success of the goal) |
| |

### 2.3 Priority 3.5: Improving Access to Mental Health and Addictions Services

| PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY |
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| Integrated Health Services Priority: |
| Priority 3.5: Increasing Access to Mental Health and Addictions Services |
| IHSP Priority Description: |
| Improve the quality of life for those affected by mental health diseases and disorders. |
| Current Status: |
| Due to a lack of specialized services in most communities, challenges with access to mental health services have been identified for clients in crisis/withdrawal and for those requiring specialized care, transitional care, supportive housing, and walk-in services. This is a particular problem in remote First Nations communities where mental health and addictions issues are often prevalent.<br><br>Currently, transitions in care may not be seamless between settings; gaps in care exist; linkages between adolescent and young adulthood are not strong; and aftercare options are very limited especially in fly-in remote First Nation communities. In this complex context, the demand for services is growing.<br><br>The aging population increases pressures related to dementia and associated responsive behaviours. The North West LHIN continues to build community capacity to address dementia and |

responsive behaviours in older adults through support for the work of the Behavioural Supports Ontario strategy.

Specifics related to current state:

- North West LHIN residents account for 11.6% of provincial clients of community substance abuse programs, but the North West LHIN's population only accounts for 1.8% of the total provincial population;
- The North West LHIN has the second-highest cost per individual served for community mental health and addictions services of all LHIN's and is twice as high as the provincial average ($94 in the North West LHIN, compared to $47 provincially);
- Hospitalization rates for mental illnesses are double that of the province (865/100,000 population age 15+, compared to 409/100,000 population age 15+ provincially);
- Age standardized admissions to inpatient acute schedule one adult mental health units are 1.8 times higher than the provincial average (58.9 per 10,000 population, compared to 33.0 per 10,000 population provincially);
- Age-standardized inpatient days on acute, schedule one adult mental health units are 1.3 times higher than the provincial average (689 days per 10,000 population, compared to 528 per 10,000 population provincially);
- Rates of Neonatal Abstinence Syndrome (NAS) in newborns are much higher than the provincial average (from 2007-2009, 2.7% of births in the North West LHIN residents had NAS, compared to 0.2% provincially); and
- Rates of suicide are very high in some First Nation communities compared with the non-Aboriginal population.

Performance against MLPA Targets:

- The rate of repeat, unplanned emergency visits within 30 days for mental health conditions was 19.7%, for the most recent quarter (Q2, 2012/13), which was higher than the previous quarter and the acceptable performance range of 18%; and
- The rate of repeat, unplanned emergency visits within 30 days related to substance abuse was 29.2%, for the most recent quarter (Q2, 2012/13), which was higher than the previous quarter and just within the acceptable performance range of 29.3%.

Successes of the past year:

- The Behavioural Supports Ontario action plan for the North West LHIN has been implemented resulting in improved care for residents with responsive behaviours. The Regional Behavioural Health Service was established and mobile teams for Thunder Bay and the Kenora/Rainy River IDNs have been developed to support long-term care homes to manage residents with responsive behaviours; thereby reducing the need for transfers to acute care;
- The North West LHIN has completed a demand/capacity analysis for mental health and substance abuse services. This analysis will inform strategy development to close gaps in services and reduce the utilization of EDs related to mental health/substance abuse issues;
- The North West LHIN worked with the St. Joseph's Care Group Balmoral Centre to

augment withdrawal management and crisis stabilization services in the City of Thunder Bay in order to reduce the reliance on the ED and inpatient, adult mental health beds;
- One service collaborative was initiated in Thunder Bay that is focused on children and youth with mental health and addictions issues. A second service collaborative focused on the justice system will be implemented this fiscal year in Kenora;
- Two community development and wellness teams were approved in Q4 of 2012/13; the goal is to develop community-based plans for mental health and addictions through work with First Nation communities in the North West LHIN;
- Two new initiatives were funded and implemented to support programs/services for mothers who are addicted to opioids;
- The North West CCAC implemented a new program with mental health nurses working in schools across the LHIN in collaboration with system partners;
- A working relationship is developing between the North West LHIN and Health Canada to collaborate in addressing mental health and addictions issues among Aboriginal people; and
- Increased access to tele-psychiatry in three rural communities.

**PART 2: GOALS and ACTION PLANS**

Goal(s)

1. Create an integrated model of care for mental health and addictions services which includes First Nation communities.
2. Facilitate the use of system-wide care pathways for mental health diseases and disorders.
3. Reduce reliance on emergency department and avoidable admissions to hospital for mental health substance abuse issues.
4. Increase reliance on primary care for management of mental health diseases and disorders.
5. Increase the capacity to monitor the effectiveness of the community mental health, substance abuse and problem gambling health systems.

Consistency with Government Priorities:

These goals align with the Ministry of Health and Long-Term Care's ten year strategy for mental health and addictions; specifically, the goals to:

- Improve mental health and well-being for all Ontarians, and
- Provide timely, high quality, integrated, person-directed health and other human resources.

In addition, interventions targeted towards reducing reliance on EDs align with the accountability agreement between the Ministry and the North West LHIN, which includes targets to reduce the rate of repeat visits to ED within 30 days for mental health and substance abuse conditions.

Finally, these goals are aligned with Ontario's Action Plan for Health, which includes as goals:

- Improving access to primary health care to keep people healthy in the community;
- Improving the patient care experience using patient satisfaction survey; and
- Increasing services in the community to improve quality and reduce cost (compared to services in acute care settings).

Action Plans/Interventions

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

| Action Plans<br>"We will deliver the following" | Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column. | | | | | |
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| | 2014/15 | | 2015/16 | | 2016/17 | |
| | Status | % | Status | % | Status | % |
| An integrated mental health and addictions model of care at the local, district and regional level, including:<br>▪ Enhanced behavioural supports for older adults:<br>– Creation of a specialized long-term care unit for older adults with responsive behaviours; | Complete | 100% | | | | |
| – The implementation of a "virtual ward" utilizing mobile teams and telemedicine; and | Complete | 100% | | | | |
| – The creation of a central intake in the City of Thunder Bay for psychogeriatric services. | Complete | 100% | | | | |
| ▪ Integrated schedule one acute, inpatient adult mental health services:<br>– The creation and adoption of standardized admission, discharge and transfer protocols between sites; | In progress | 50% | Complete | 50% | | |
| – Development of a regional surge capacity plan for MH&A; and | Complete | 100% | | | | |
| – The creation of consistent care protocols for schizophrenia, mood disorders and | In progress | 50% | Complete | 50% | | |

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| substance abuse. | | | | | | |
| Standardized regional community care maps and plans for service levels by IDN (where appropriate). These will expand on the demand and capacity analysis for mental health and substance abuse by specifically identifying programming for each of the following:<br>▪ Substance abuse; | Complete | 100% | | | | |
| ▪ Mood disorders; and | In Progress | 50% | Complete | 50% | | |
| ▪ Schizophrenia. | | | In Progress | 50% | Complete | 50% |
| Regional withdrawal, crisis and stabilization plans for:<br>▪ The Kenora, Rainy River and Northern IDNs; | In Progress | 50% | Complete | 50% | | |
| ▪ The City of Thunder Bay IDN; and | In Progress | 25% | Complete | 75% | | |
| ▪ The District of Thunder Bay IDN. | | | In Progress | 25% | Complete | 75% |
| "Shared care" models to improve access to primary care for mental health diseases and disorders:<br>▪ Completion of a capacity assessment and plan to address system gaps in the City of Thunder Bay IDN; | Complete | 100% | | | | |
| ▪ Implementation of the plan; and | | | In Progress | 50% | Complete | 50% |
| ▪ Expanding shared care models throughout the North West LHIN. | In Progress | 33% | In Progress | 33% | Complete | 34% |
| A health data improvement plan for the North West LHIN:<br>▪ Establishment of a framework for and completion of an annual data review; and | Complete | 100% | | | | |
| ▪ Development of an outcome monitoring framework for community mental health in the North West LHIN. | | | In Progress | 50% | Complete | 50% |

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| How will we measure success? |
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| ▪ Mental health and addictions services are aligned with the provincial strategy;<br>▪ Reduced repeat unscheduled emergency visits within 30 days for substance abuse conditions;<br>▪ Reduced repeat unscheduled emergency visits within 30 days for mental health conditions;<br>▪ Reduced 30 day mental illness readmission rates;<br>▪ Reduce the rate per 100,000 population of admissions and inpatient days in acute, schedule one adult mental health beds;<br>▪ Reduce the rate of live births with Neonatal Abstinence Syndrome;<br>▪ Reduce the cost of mental health and substance abuse services per individual served;<br>▪ Reduce the transfers from long-term care and the community to acute care for conditions related to responsive behaviors in older adults; and<br>▪ Increase the visits and individuals served related to mental health and addictions conditions in primary care settings.<br>▪ Increase access to specialty care through tele-psychiatry<br>▪ Improved access to care in First Nation communities |
| What are the risks/barriers to successful implementation? |
| Health human resource limitations could pose challenges to expansion to community-based care. Lack of available funding could make closure of identified gaps in service levels difficult. |
| For each risk/barrier, describe the plan to mitigate the risk. |
| The North West LHIN will work to ensure that resources are secured through funding initiatives such as the community funding allocation in order to achieve desired outcomes. As well, system savings will be achieved through implementation of the Health Services Blueprint, which will lead to integration and dollars redirected from administration to direct client care. |
| What are some of the key enablers that would allow us to achieve our goal? |
| ▪ A completed and validated demand/capacity analysis for the North West LHIN;<br>▪ Implementation of the Ontario Common Assessment of Need in the North West LHIN, including access to information through the Integrated Assessment Record; and<br>▪ Integration of mental health into primary care in the North West LHIN, including physicians servicing First Nations communities. |

### 2.4 Priority 4: Enhancing Chronic Disease Prevention and Management

| PART 1: IDENTIFICATION OF INTEGRATED HEALTH SERVICES PRIORITY |
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| Integrated Health Services Priority: |
| Priority 4: Enhancing Chronic Disease Prevention and Management |
| IHSP Priority Description: |
| Develop a culture of continuous quality improvement in chronic disease prevention and management across the continuum of care. |
| Current Status: |

Recognizing the significant impact of chronic diseases on population health, quality of the patient experience and efficient/effective use of the health system, the North West LHIN identified chronic disease prevention and management as an important priority for change in the 2013-2016 IHSP.

The health status of the population in the North West LHIN falls behind the rest of the province on a number of measures. Relatively poor health status, limited access to services and lower health literacy result in significantly higher use of acute care for the management of chronic conditions. This is evident through:

- Rates of diabetes in the Aboriginal population between 2 to 3 times higher than in the population as a whole;
- Use of acute care for the management of diabetes approximately twice the provincial rate;
- Access to chronic disease management services limited in remote communities;
- Amputation rates 2.7 times the provincial average;
- 27% of admissions for congestive heart failure and 23% of admissions for chronic obstructive pulmonary disease result in readmission for the same condition; and
- People with end-stage chronic conditions are often not transitioned to palliative care.

Improved outcomes for people with chronic disease and reduced utilization of acute care for chronic disease management are areas for improvement in the North West LHIN over the next three years.

Key issues limiting improved outcomes for people with chronic disease include:

- Limited access to primary and specialty care especially in remote FN communities,
- Lifestyle choices and low socioeconomic status leading to poor health outcomes and early onset of chronic conditions;
- Low health literacy;
- Difficulty in navigating the system – challenges in care transition;
- Access to quality chronic disease management programs in the community;
- Limited critical mass to develop community based programs;
- Access to vascular and cardiovascular surgical services requires travel outside of the North West LHIN;
- Jurisdictional issues related to the provision of health services in First Nations communities requires joint strategies between federal and provincial governments; and
- Challenges exist in serving specialized subpopulations (e.g. those with acquired brain

injuries, FASD) as the context for care is generalist.

Successes of the past year:

Innovative Approaches to Care

- Telehomecare has expanded and a new self-management program for people with COPD and CHF was introduced in November. Improved self-efficacy and health literacy resulting in reduced reliance on acute care is the intended outcome. This program, a provincial Wave 2 telehomecare initiative, is a collaborative effort between the Ontario Telehealth Network, the North West CCAC and the North West LHIN. When fully operational it will serve up to 300 people per year;
- Continued operation and regional expansion of the COPD/CHF telehomecare initiative, which serves approximately 200 people with advanced chronic conditions in their homes. A 20% reduction in readmissions has been achieved through this program; and
- The diabetes mobile service has expanded to include foot care and wound management in addition to basic medical/nutritional management of diabetes for over 200 people in 9 rural communities.

Improved Diabetes Management

- A satellite site for the acute centre for diabetes care has been established at Sioux Lookout Meno Ya Win Health Centre. This site is intended to provide acute diabetes services for the Northern IDN, where rates of diabetes are 2 to 3 times higher than in the population as a whole;
- Training for over 300 health professionals in self-management support has taken place;
- Improved linkages and transitions between self-management programs, primary care and telehomecare have been established;
- Diabetes education programs at the Northern Diabetes Health Network were successfully transitioned to the North West LHIN;
- The Regional Coordination Centre for diabetes care mandate was transferred successfully to the North West LHIN;
- Five patient centered value stream mapping sessions were completed in collaboration with Health Quality Ontario, for each of the North West LHIN's IDNs to establish a baseline current state for diabetes care and create a desired future state map;
- The recruitment of a primary care and specialty care lead for diabetes and chronic disease management to increase uptake of evidence-based practices in primary care was completed;
- Improved integration of the diabetes education programs across the North West LHIN is underway;
- A regional forum was hosted for providers to foster improved quality of diabetes care;
- Foot care services were expanded to serve an additional 100 people with diabetes at high risk; and
- Point of care testing in diabetes education programs and selected FN communities was introduced to improve glycemic control.

Other

- Improvements in stroke care including: a significant reduction in the median number of days between stroke onset and admission to stroke inpatient rehabilitation from 15 days to 10.5 days, and a reduction in the proportion of people discharged from acute care to LTC/CCC from 6.6% to 5.3%;

- The development of a common care pathway for COPD; and
- A regional palliative care plan has been developed with a focus on end stage chronic disease.

## PART 2: GOALS and ACTION PLANS

Goal(s)

1. Reduce the prevalence of chronic diseases through expansion and integration of primary prevention initiatives.
2. Increase uptake of targeted evidence-based practices for chronic disease management in primary care and community-based programs.
3. Reduce avoidable use of acute care for targeted high impact chronic conditions (CHF, COPD, diabetes) through improved chronic disease management support in the community.
4. Integrate regional programs for chronic disease management starting with integrated vascular; diabetes education and management; COPD; and palliative care.
5. Enhance self-management capacity amongst clinicians and the people in the North West LHIN.
6. Utilize technology in innovative ways to improve access to quality care close to home.

Consistency with Government Priorities:

These goals align well with key government priorities. Improved access to primary care will be supported through enhanced community-based programs for chronic disease management and the innovative use of technology to provide care closer to home. Integrated regional programs will ease the transitions for people with chronic conditions as they move across the continuum. Quality improvement through increased uptake of evidence-based programs and enhanced self-management capacity are congruent with the implementation of the chronic care framework adopted by the province.

Action Plans/Interventions

This section articulates "how you will achieve your goals". Please provide details of action plans/interventions for the specific goals/objectives listed above. Action plans are to include the activities over the next three years with concentration on those actions that will be largely implemented within the upcoming year.

| Action Plans<br>"We will deliver the following" | Please indicate the status of project (Not Yet Started, In Progress, Deferred or Completed) and, if applicable, the % completion anticipated in each of the next three years i.e. if the goal were to be 75% complete after three years and implemented equally each year, enter 25% in each column. | | | | | |
|---|---|---|---|---|---|---|
| | 2014/15 | | 2015/16 | | 2016/17 | |
| | Status | % | Status | % | Status | % |
| Facilitate initiatives to improve population health starting with:<br>▪ implementation of falls prevention programs; | Completed | 100% | | | | |
| ▪ completion of plans and | In Progress | 90% | Complete | 10% | | |

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| community engagement for improved integration of diabetes services across the North West LHIN; and | | | | | | |
| ▪ implementation of plans for improved integration of diabetes services at the local health hub and integrated district network levels across the North West LHIN. | | | In Progress | 90% | Complete | 10% |
| Implement quality improvement initiatives in primary care and community-based care programs for CDPM | In Progress | 30% | In Progress | 30% | In Progress | 30% |
| Develop and implement an integrated approach to transitions in care for targeted high impact populations with<br>▪ CHF; | In Progress | 40% | In Progress | 40% | Complete | 20% |
| ▪ COPD; and | In Progress | 40% | In Progress | 40% | Complete | 20% |
| ▪ Diabetes. | Complete | 100% | | | | |
| Design and implement a regional plan for:<br>▪ palliative care focusing on people with end stage chronic conditions; | In Progress | 40% | Complete | 60% | | |
| ▪ diabetes education and management including the development of working groups in each hub and the establishment of a standardized care pathway; and | Complete | 100% | | | | |
| ▪ vascular health, stroke management, end stage renal disease management in alignment with the development of a provincial strategy. | In Progress | 20% | In Progress | 40% | Complete | 40% |
| Build self-management and health literacy capacity through increased access to programs. | In Progress | 30% | In Progress | 30% | Complete | 40% |
| Expand use of telehomecare through:<br>▪ implementation of a new | In Progress | 80% | Complete | 20% | | |

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| model which serves clients with moderate level chronic conditions; | | | | | | |
| ▪ extending the model to include diabetes management and; and | In Progress | 30% | In Progress | 40% | Complete | 30% |
| ▪ providing services across the continuum of care. | In Progress | 20% | In Progress | 30% | Complete | 50% |

How will we measure success?

- 20% reduction in hospital readmissions within 30 days for CHF, COPD, diabetes and associated comorbidities in targeted populations;
- 20% reduction in the number of ED visits for hyper/hypoglycemia in the population with diabetes 18 years and older;
- A 50% reduction in the rate of amputation associated with diabetes by 2018;
- 100 new patients with chronic disease enrolled in telehomecare;
- Successful implementation of regional plans for palliative care, diabetes and vascular health;
- Adoption of home dialysis in each IDN across the North West LHIN;
- A 10% reduction in the number of palliative care patients who die in the acute care setting;
- Improved quality-adjusted life expectancy;
- 10% reduction in the potentially avoidable mortality rate;
- A 10% reduction in the number of falls in the population over 65 years presenting in the ED in the year following implementation; and
- A 10% reduction in the admission rate for stroke/TIA.

What are the risks/barriers to successful implementation?

Sufficient capacity amongst health service providers to deliver on the required changes.

For each risk/barrier, describe the plan to mitigate the risk.

Participation in ongoing, sustained health human resource recruitment and retention efforts.
Utilization of the health human resource study completed this year to support sufficient health service provider capacity.

What are some of the key enablers that would allow us to achieve our goal?

- Redesign of services and programs at the hub, district and regional program level in accordance with the Health Services Blueprint;
- Articulating the role of the small, rural hospital through the Health Services Blueprint; and
- Joint planning with Health Canada and other system partners including public health.

# 3.0 LHIN Staffing and Operations

## LHIN Operations Spending Plan

| LHIN Operations ($) | 2013/14 Actuals | 2014/15 Forecast | 2015/16 Plan | 2016/17 Outlook | 2017/18 Outlook |
|---|---|---|---|---|---|
| **Operating Funding (excluding initiatives)** | ***4,779,592*** | ***4,779,592*** | ***4,779,592*** | **4,779,592** | **4,779,592** |
| **Initiatives Funding (including E-Health, Aging at Home, ED, Wait Time, etc.)** | ***2,261,914*** | ***2,164,570*** | ***2,164,570*** | **2,164,570** | **2,164,570** |
| **Salaries and Wages** | 2,718,117 | 2,845,000 | 2,900,000 | 2,955,000 | 3,015,000 |
| **Employee Benefits** | | | | | |
| HOOPP | 251,342 | 270,000 | 275,000 | 280,000 | 285,000 |
| Other Benefits | 336,554 | 345,000 | 350,000 | 355,000 | 360,000 |
| ***Total Employee Benefits*** | ***587,896*** | ***615,000*** | ***625,000*** | ***635,000*** | ***645,000*** |
| **Transportation and Communication** | | | | | |
| Staff Travel | 115,017 | 130,000 | 125,000 | 110,000 | 100,000 |
| Governance Travel | 38,164 | 45,000 | 45,000 | 40,000 | 35,000 |
| Communications | 66,287 | 65,000 | 65,000 | 60,000 | 55,000 |
| ***Total Transportation and Communication*** | ***219,468*** | ***240,000*** | ***235,000*** | ***210,000*** | ***190,000*** |
| **Services** | | | | | |
| Accommodation | 239,800 | 245,000 | 245,000 | 245,000 | 245,000 |
| Advertising | 15,254 | 15,000 | 10,000 | 10,000 | 5,000 |
| Consulting Fees | 75,228 | 60,000 | 20,000 | 15,000 | 15,000 |
| Equipment Fees | 31,918 | 20,092 | 20,092 | 15,092 | 15,092 |
| Insurance | 4,446 | 5,000 | 5,000 | 5,000 | 5,000 |
| LSSO Shared Costs | 341,662 | 342,000 | 342,000 | 342,000 | 342,000 |
| LHIN Collaborative | 47,500 | 47,500 | 47,500 | 47,500 | 47,500 |
| Other Meeting Expenses | 31,128 | 30,000 | 30,000 | 25,000 | 20,000 |
| Board Chair's Per Diem Expenses | 23,800 | 25,000 | 25,000 | 25,000 | 20,000 |
| Other Board Members' Per Diem Expenses | 61,427 | 70,000 | 65,000 | 60,000 | 55,000 |
| Other Governance Costs | 65,756 | 55,000 | 55,000 | 55,000 | 45,000 |

| | | | | | |
|---|---|---|---|---|---|
| Printing and Translation | 36,357 | 35,000 | 35,000 | 35,000 | 30,000 |
| Staff Development | 137,773 | 75,000 | 65,000 | 50,000 | 40,000 |
| ***Total Services*** | ***1,112,048*** | ***1,024,592*** | ***964,592*** | ***929,592*** | ***884,592*** |
| **Supplies and Equipment** | | | | | |
| IT Equipment | 17,679 | 15,000 | 15,000 | 15,000 | 15,000 |
| Office Supplies & Purchased Equipment | 47,134 | 40,000 | 40,000 | 35,000 | 30,000 |
| ***Total Supplies and Equipment*** | ***64,813*** | ***55,000*** | ***55,000*** | ***50,000*** | ***45,000*** |
| **LHIN Operations: Total Planned Expense** | ***4,702,342*** | ***4,779,592*** | ***4,779,592*** | ***4,779,592*** | ***4,779,592*** |
| **Annual Funding Target** | | ***6,944,162*** | ***6,944,162*** | ***6,944,162*** | ***6,944,162*** |
| ***Operating Surplus (Shortfall)*** | ***77,250*** | ***-*** | ***-*** | ***-*** | ***-*** |
| **Amortization of Tangible Capital Assets** | 127,121 | 123,000 | | | |
| **Initiatives Spending** | | | | | |
| E-Health | 480,742 | 510,000 | 510,000 | 510,000 | 510,000 |
| French Language Health Services | 106,000 | 106,000 | 106,000 | 106,000 | 106,000 |
| Aboriginal Community Engagement | 143,479 | 160,000 | 160,000 | 160,000 | 160,000 |
| ED Lead | 75,000 | 75,000 | 75,000 | 75,000 | 75,000 |
| Critical Care Lead | 72.425 | 75,000 | 75,000 | 75,000 | 75,000 |
| Diabetes | 969,444 | 1,063,570 | 1,063,570 | 1,063,570 | 1,063,570 |
| ED/ALC, Performance Lead | 100,000 | 100,000 | 100,000 | 100,000 | 100,000 |
| Primary Care Lead | 73,396 | 75,000 | 75,000 | 75,000 | 75,000 |
| *Physiotherapy Reform* | 27,344 | | | | |
| *Other Initiatives (please specify - LHIN Operations only)* | | | | | |
| **LHIN Operations and Initiatives- Total Actual/Planned Expense** | **6,750,172** | **6,944,162** | **6,944,162** | **6,944,162** | **6,944,162** |

*****Increase in staffing costs offset with decreases in other operating expenses.

## LHIN Staffing Plan (Full-Time Equivalents)

| Position Title | 2013/14 Actuals as of Mar. 31/14 | 2014/15 Forecast | 2015/16 Plan | 2016/17 Outlook | 2017/18 Outlook |
|---|---|---|---|---|---|
| CEO | 1 | 1 | 1 | 1 | 1 |
| Senior Director | 2 | 2 | 2 | 2 | 2 |
| Controller | 1 | 1 | 1 | 1 | 1 |
| Program Director | 2 | 4 | 4 | 4 | 4 |
| Corp Coordinator | 1 | 1 | 1 | 1 | 1 |
| EA | 1 | 1 | 1 | 1 | 1 |
| AA | 4 | 4 | 4 | 4 | 4 |
| Receptionist | 1 | 1 | 1 | 1 | 1 |
| Sr. Planning & Integration/.CE Consultant | 3 | 3 | 3 | 3 | 3 |
| Epidemiologist | 1 | 1 | 1 | 1 | 1 |
| Business Analyst | 4 | 4 | 4 | 4 | 4 |
| Project Lead | 1 | 1 | 1 | 1 | 1 |
| Sr. Funding & Allocation Consultant | 3 | 3 | 3 | 3 | 3 |
| Communications Consultants | 3 | 3 | 3 | 3 | 3 |
| Accounts Payable Clerk | 1 | 1 | 1 | 1 | 1 |
| HR Coordinator | 1 | 1 | 1 | 1 | 1 |
| Planning & Integration Consultant | 1 | 1 | 1 | 1 | 1 |
| Sub-total | ***31*** | ***33*** | ***33*** | ***33*** | ***33*** |
| **Initiatives** | | | | | |
| eHealth, i.e. eHealth Lead, AA, Project Manager | 3 | 4 | 4 | 4 | 4 |
| French Language Coordinator | 1 | 1 | 1 | 1 | 1 |
| ED/ALC Performance Lead | 1 | 1 | 1 | 1 | 1 |
| Critical Care Lead | 1 | 1 | 1 | 1 | 1 |
| Primary Care Lead | 1 | 1 | 1 | 1 | 1 |
| Aboriginal Consultant | 1 | 1 | 1 | 1 | 1 |
| ED Physician Lead | 1 | 1 | 1 | 1 | 1 |
| Diabetes Program | 10 | 10 | 10 | 10 | 10 |
| **Sub-total** | ***19*** | ***20*** | ***20*** | ***20*** | ***20*** |
| **GRAND TOTAL** | ***50*** | ***53*** | ***53*** | ***53*** | ***53*** |

# 4.0 Integrated Communications and Community Engagement Strategy

## Objectives

Business Objectives

The North West LHIN and its Board of Directors, through the implementation of the *2014-2015 Annual Business Plan,* the *North West LHIN Health Services Blueprint*, and the *North West LHIN Integrated Health Services Plan 2013-2016*, will continue to transform the health care system by:

**Building an Integrated Health Care System with an Improved Focus on Person-Centred Care by:**

- Improving health outcomes as a result of better health system coordination and integrated care processes;
- Improving access to care through the shifting of non-acute health services from hospitals and into community settings;
- Improving access to care through more equitable distribution of health resources across districts and programs; and
- Improving the use of system resources through the integration of services and implementation of quality-based standardized models of care and associated costing.

**Building an Integrated eHealth Framework by:**

- Increasing clinical information sharing between health service provider agencies;
- Improving the accessibility of health care because of innovative technology solutions; and
- Creating more regional capacity for participating in and supporting eHealth systems and technologies.

**Improving Access to Care by:**

- Increasing the percentage of the population with regular access to primary health care providers;
- Improving the timeliness of access to primary care services;
- Improving communication and continuity of care between primary care, specialists and other health care sectors;
- Reducing readmission rates for high impact clinical conditions through collaboration between the North West LHIN and primary care providers on quality improvement initiatives;
- Reducing demand on the emergency department by reducing avoidable emergency department visits and reducing emergency department wait times;
- Reducing Alternate Level of Care days;
- Reducing post-acute care length of stay days;

- Reducing long-term care wait list to initial placement;
- Reducing low acuity admitted to long-term care; and
- Reducing avoidable admissions to hospital.

**Improving Access to Specialty Care and Diagnostic Services by:**

- Decreasing wait times for procedures included in the *Wait Time Strategy*;
- Creating a regional surgical services program that is aligned with Health System Funding Reform and Quality-Based Procedures;
- Increasing access to care through the creation of a regional diagnostic services plan; and
- Reducing barriers to specialty care and diagnostic services.

**Improving Access to Mental Health and Addictions Services by:**

- Creating an integrated model of care for mental health and addictions services;
- Streamlining system-wide care pathways for mental health diseases and disorders;
- Reducing reliance on emergency departments and hospital admissions for mental health diseases and disorders, and substance abuse;
- Improving primary care management of mental health diseases and disorders; and
- Increasing capacity to monitor the effectiveness of the community mental health, substance abuse, and problem gambling health systems.

**Enhancing Chronic Disease Prevention and Management by:**

- Reducing reliance on acute services for chronic disease through improved chronic disease management in the community and the expansion and integration of primary prevention initiatives;
- Increasing the uptake of targeted evidence-based practices for chronic disease management in primary care and community-based programs;
- Creating integrated regional programs for chronic disease management, starting with congestive heart failure, diabetes education and management, and palliative care;
- Increasing self-management capacity amongst clinicians and the people of the North West LHIN; and
- Improving access to quality care closer to home through the innovative use of technology.

Communications Objectives

The objectives and initiatives contained in the *2014-2015 Annual Business Plan,* the *North West LHIN Health Services Blueprint*, and the *North West LHIN Integrated Health Services Plan 2013-2016* will require a concerted and deliberate strategic approach to communications and community engagement. Formalizing the objectives of specific

initiatives occurs in individual project charters and in project communications strategy and tactical documents.

To ensure cohesive and comprehensive overarching communications objectives, the North West LHIN has developed a strategic communications plan which includes:

- Changing the behaviours of both health care service providers and health care consumers through understanding and socializing the fact that the health care system, as it is today, is not sustainable;
- Increasing public awareness and appreciation of the North West LHIN's mandate, vision, and mission;
- Enhancing North West LHIN brand, image, and reputation to improve our two-way responsive communication and community engagement on all staff levels with our stakeholders in order to increase awareness and acceptance of the LHIN's mandate, priorities, and transformation agenda;
- Increasing awareness, interest, acceptance, action and ownership of the North West LHIN's transformation health care system agenda;
- Improving stakeholder relationships through integrated, segmented stakeholder analysis;
- Integrating communicating communications planning and community engagement activities to be proactive and reactive, supporting the objectives and outcomes of the *Annual Business Plan*;
- Refining existing visual identity standards, and developing communications tools ranging from self-serve to full serve to create a consistent look, feel, and message, ensuring consistent and unified messaging of provincial and LHIN-level priorities and initiatives;
- Implementing a content development, management, and curation program across multi-platform, multi-channel systems to meet the needs of internal and external stakeholders, including meeting or exceeding timelines for content delivery and manage content lifecycles; and
- Re-evaluate existing communications and community engagement evaluating and monitoring programs to ensure continuous quality improvement and stakeholder satisfaction.

## Context

Provincial Alignment

The North West LHIN, within its strategic priorities, ensures alignment with provincial priorities including, but not limited to:

- Ontario's *Action Plan for Health Care*, announced in January 2012, which is consistent with the principles of the *Excellent Care for All Act* (2010) which places LHINs at the centre of health system transformation. The *Action Plan for Health Care* identifies three areas of focus:
    1. Keeping Ontario Healthy
    2. Faster Access and a Stronger Link to Family Health Care
    3. Right Care, Right Time, Right Place
- Implementation of key provincial initiatives including *Health System Funding Reform, Health Links, Seniors Strategy,* and the expansion of *Quality Improvement Plans* into primary and community care sectors.
- Strategic alignment of the *North West LHIN Integrated Health Services Plan 2013-2016*, and the initiatives laid out in the *Annual Business Plan 2014-2015* with government priorities, recognizing the joint accountability of the ministry and the North West LHIN to serve the public interest and effectively oversee the use of public funds.

The health care system has evolved to the point where the North West LHIN, as with other LHINs across the province, are recognized as local system managers who provide a central leadership role in driving health system transformation.

North West LHIN

The *Annual Business Plan 2014-2015* is one of three guiding documents that are critical to the work of the North West LHIN. The other two guiding documents are the *North West LHIN Integrated Health Services Plan 2013-2016*, and the *North West LHIN Health Services Blueprint*.

**The *North West LHIN Integrated Health Services Plan 2013-2016*** is the North West LHIN's third Integrated Health Services Plan (2013-2016 IHSP). Released on February 7, 2013, the 2013-206 IHSP outlines four priorities to transform the health care system in Northwestern Ontario:

1. Building an Integrated Health Care System
2. Building an Integrated eHealth Framework
3. Improving Access to Care
4. Enhancing Chronic Disease Prevention and Management

Development of the 2013-2016 IHSP involved extensive community engagement with local health service providers and residents, followed by a public validation survey.

**The *North West LHIN Health Services Blueprint***, released in March 2012, is a 10-year plan to reshape, strengthen and sustain the health care system in Northwestern Ontario. It is a framework for a model of care that will reduce the demand for hospital services, lower the number of emergency department visits and improve access to care and delivery of services in the community.

The findings and recommendations of the *North West LHIN Health Services Blueprint* closely align with *Health Links*, a new provincial model of person-centred care announced in December 2012 by the Ministry of Health and Long-Term Care.

**The *Annual Business Plan*** outlines the North West LHIN's implementation of its *Integrated Health Services Plan*, as required in the Ministry-LHIN Accountability Agreement. Progress is measured through key system indicators as defined in the Ministry-LHIN Accountability Agreement.

The *Annual Business Plan* outlines the key initiatives to be implemented nad targets to be achieved and evaluated over the upcoming year. It also provides a framework for communicating with our stakeholders the impact local decision making has on health care delivery in our communities.

## Target Audiences

The North West LHIN actively maintains stakeholder lists and undertakes stakeholder analysis, as it is important to be agile, accurate, and responsive when meeting the communications needs of both the LHIN and of our various audiences. Primary and secondary audiences may include, but are not limited to the following:

Internal Audience
- North West LHIN Board of Directors
- North West LHIN Leadership Team
- North West LHIN Staff
- Ministry of Health and Long-Term Care
  - LHIN Liaison Branch
  - Communications and Information Branch
  - Minister's Office

North West LHIN Health Service Providers
- Board of Directors
- Senior Leadership Team
- Staff

Primary Care Providers
- Physicians
- Nurse Practitioners

- Specialists
- Family Health Teams

North West LHIN Planning Partners
- North West LHIN Health Integration Leadership Council
- North West LHIN Aboriginal Health Services Advisory Team
- North West LHIN Health Professionals Advisory Council
- North West LHIN Emergency Department and Critical Care Advisory Committee
- Joint Committee for the North West, North East and French Language Health Planning Entity

Other Key Stakeholders
- Public Health
- Emergency Management Services
- ORNGE Air
- Educational Institutions
- Police Services
- Provincial Associations (OHA, ONA, OMA, OACCAC, et cetera)
- Social Services

Government – Administrative Leadership and Elected Officials
- Municipal
- Regional
- Provincial – including MOHLTC Stakeholders, MCSS, and MCYS
- Federal

General Public
- Residents
- Citizens' Reference Panels
- Consumer and/or Patient Support Groups
- Informal Caregivers

Aboriginal
- Health Directors
- Northern Chiefs
- Health Canada
- Aboriginal Communities

Francophone
- Community

Others
- Media

- Other LHINs
- Allied Health Care Professionals

**Strategic Approach**

- The communications/engagement strategy and tactics will flow from an overarching *North West LHIN Corporate Communications & Community Engagement Strategy and Tactical Plan* that will guide alignment of all audience- and initiative-specific communications plans;
- The strategy and tactics will align with:
    - the Ministry of Health and Long-Term Care's *Action Plan for Health Care* and other key provincial initiatives;
    - The North West LHIN Board Strategic Directions;
    - The North West LHIN Integrated Health Services Plan 2013-2016;
    - The North West LHIN Health Services Blueprint;
- This *Corporate Communications & Community Engagement Strategy and Tactical Plan* will identify the gaps and requisite changes in audience actions/behaviours/policy direction that will lead to system integration and transformation;
- The Strategy and Tactical Plan will identify and close the knowledge and attitude gaps to influence desired behaviour change by using a combination of high- and low-profile communications and community engagement strategies, ranging from face-to-face, one-on-one meetings to complex paid media campaigns;
- It will inform/educate stakeholders;
- It will leverage health service providers continuous efforts to build a person-centred culture;
- It will provide accurate and timely information to all audiences; and
- Communications and community engagement will be transparent and accountable.

## Key Messages

<u>North West LHIN Messaging – Our Reality</u>

- The populating is aging. The rate of chronic conditions is rising.
- In Northwestern Ontario, unique characteristics make delivering quality health care challenging, more expensive and less coordinated due to challenges such as:
    - Having the largest geography of all Ontario LHINs, covering 47 percent of the province's total area while housing only two percent of Ontario's total population;
    - Distance between services can be vast, with limited infrastructure, impacting access to care;
    - Fragmented care;
    - Having the highest rate of acute hospital use and preventable disease in the province;

  - Poor transitions between care settings; and
  - Limited chronic disease prevention and management programs.
- According to research undertaken in 2009-2010 as part of the Health Services Blueprint, health care spending per capita in Northwestern Ontario is nearly 40 percent higher than the provincial average.

North West LHIN Messaging – Transformation Agenda

Ontario is shifting the focus of its health care system be a person-centred system of care. Through planning, Ontarians will have access to high quality care and a sustainable health system for years to come. This will be achieved by organizing the health care system differently, focusing on the medical evidence, to provide better care and better value for tax dollars.

Through these changes, the following outcomes are expected:

- Reduced wait times and faster access to family doctors;
- Fewer unnecessary visits to the emergency room and re-admissions to hospital; and
- Patients receiving care at home or in the community instead of in a hospital.

The health care system is being transformed by:

- Partnering within the health care sector, enabling them to play an active role in how the system will change;
- Strengthening community agencies to support providers and encourage integration around the patient's needs; and
- Determining health care funding based on the best evidence, with funding following the patient.

The result will be a system built for patients by the health care providers and leaders closest to the patient, and a health care system that integrates providers around patients to better deliver health outcomes.

Key Messages – End Goals and Outcomes

System transformation will lead to:

- Improved health outcomes resulting in healthier people;
- Access to health care that people need, as close to home as possible;
- Continuous quality improvement;
- A system-wide culture of accountability.

## Tactics

As stated earlier, the objectives and initiatives contained in the *2014-2015 Annual Business Plan,* the *North West LHIN Health Services Blueprint*, and the *North West LHIN Integrated Health Services Plan 2013-2016* will require a concerted and deliberate strategic approach to communications and community engagement. Formalizing the

objectives of specific initiatives occurs in individual project charters and in project communications strategy and tactical documents.

To ensure cohesive and comprehensive overarching communications objectives, the North West LHIN has developed a foundational document called the *North West LHIN Corporate Communications and Community Engagement Strategy and Tactical Plan*.

Each communication and community engagement plan will follow the hierarchy of effective communications and engagement:

- One-on-one, face-to-face
- Small group discussions or meetings (formal and informal)
- Committees
- Phone conversation
- Computer-generated personalized letters or communications
- Speaking before large groups
- Public Forums
- Social Media
- Website
- Newsletters
- Surveys and polls
- Information displays
- News carried in popular press
- Advertising in newspapers, radio, televisions, magazines, and posters

Communications and community engagement plans will follow the *North West LHIN Corporate Communications and Community Engagement Strategy and Tactical Plan*, but will be tailored to adopt, utilize, and leverage new and existing tools and strategies including:

- News releases, directed email communications, newsletters, bulletins, and communiqués
- Media events
- Website postings, alerts, and/or social media
- Stakeholder events
- Outreach to local government stakeholders
- Engagement with specific stakeholders through face-to-face meetings and electronic media

In 2014, the North West LHIN will:

- Continue with efforts to revamp its public website to make it modern, relevant and user-friendly;
- Build upon analytics implemented in 2013 to understand and evaluate the effectiveness of web presence, uptake on electronic stakeholder communications, and conduct SWOT analysis of the North West LHIN's electronic presence;

- Launch its social media program; and
- Create collaborative web-based workspaces for health service providers related to specific initiatives and programs where technology allows.

## Evaluation

Overarching North West LHIN communications and community engagement efforts outlined in the *North West LHIN Corporate Communications and Community Engagement Strategy and Tactical Plan* will be formalized and agreed to as the *Plan* will become part of the Communications Appendix attached to the Ministry-LHIN Memorandum of Understanding as part of the Accountability Agreement between the Ministry and the LHIN, required by the *Local Health Services Integration Act (2006)*.

The *North West LHIN Corporate Communications and Community Engagement Strategy and Tactical Plan* identifies the steps that the North West LHIN will take to track and evaluate the effectiveness of communications and community engagement.

Critical success factors will be determined on a per-initiative, per-project basis to meet specific communications and community engagement needs with the understanding that each initiative or project stems from and must incorporate the outcomes defined in the *North West LHIN Integrated Health Services Plan 2013-2016,* and the *Annual Business Plan 2014-2015.*

Critical Success Measures may include one or a number of the following:

- Qualitative and quantitative analysis of stakeholder events compiled into reports to determine effectiveness of session, satisfaction with level of information exchange, et cetera;
- Attendance of key stakeholders at meetings;
- Level of engagement of stakeholders as indicated through feedback forms, participation, and surveys;
- Achievement of metrics as outlined in the *Annual Business Plan 2014-2015*, and the *North West LHIN Integrated Health Services Plan 2013-2016*;
- Alignment of health service provider strategic directions and business plans with North West LHIN strategic directions and provincial priorities;
- Directionally-positive uptake on North West LHIN-generated communiqués as captured through Google Analytics; and
- Media monitoring for perception, tone, quality and volume.