



2015 – 2016 North West Local Health Integration Network Annual Business Plan

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Annual Business Plan 2015-2016

1 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 a draft version of the 2015-2016 *North West Local Health Integration Network Annual Business Plan (the “Plan”).* The Plan demonstrates how the North West Local Health Integration Network (LHIN) will improve the health system in Northwestern Ontario in 2015-2016, the third year of our Integrated Health Services Plan (IHSP) 2013-2016. It operationalizes the IHSP and sets the overall goals and objectives for investing healthcare system funding allocated to the North West LHIN in 2015-2016.

Specifically, the North West LHIN is focusing efforts in the areas of:

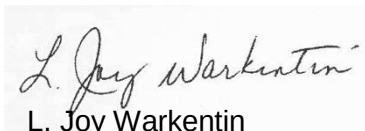
- Collaborating with our health service providers to advance the *2013-2016 Integrated Health Services Plan* priorities, including:
 - Building an Integrated Health Care System;
 - Building an Integrated eHealth Framework; and
 - Improving Access to Care;
- Enhancing Chronic Disease Prevention and Management;
- Advancing Ontario’s “Patients First: Action Plan for Health Care”;
- Right Care, Right Time, Right Place;
- Building on the progress made in Ontario’s Action Plan for Health Care and the Excellent Care for All Act as outlined in the Minister of Health’s Mandate letter, including:
 - Putting patients at the centre of the health care system;
 - Advancing system accountability and transparency; and
 - Collaborating with other branches of government to improve the health of residents.

In advancing these initiatives, the North West LHIN will engage stakeholders, build capacity, fund innovative solutions and strategies, and advance the North West LHIN Health Services Blueprint.

The Annual Business Plan is submitted in accordance with the reporting requirements established in the *Local Health System Integration Act*, 2006 and the Agency Establishment and Accountability Directive. It has been reviewed by the North West LHIN's Board of Directors and the following resolution was passed January 27, 2015: *"that The North West LHIN Board of Directors approve the Draft 2015-2016 Annual Business Plan for submission to the MOHLTC by February 28, 2015."*

We believe that the *2015-2016 North West Local Health Integration Network Annual Business Plan* will assist the North West LHIN in achieving our vision, "Healthier people, a strong health system – our future".

If you have any questions or comments about the 2015-2016 North West LHIN Annual Business Plan, please contact our CEO, Laura Kokocinski, at (807) 684-9425.

A handwritten signature in black ink, reading "L. Joy Warkentin". The signature is written in a cursive, flowing style.

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 2014, 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 desired outcomes of the North West LHIN's Strategic Directions include:

- Improved population health and health outcomes of residents in Northwestern Ontario;
- Improved patient care experience – right care, right time, right place;
- Higher quality of care;
- Increased accountability and transparency;
- Increased communication, partnerships and integration;
- System sustainability; and
- Value for money.

The North West LHIN is currently in the third year of implementing its Health Services Blueprint which is a 10-year plan to reshape, strengthen, and create a sustainable, integrated health care system. The Health Services Blueprint was created with input from both Health Service Providers (HSPs) and the public and was fuelled by the research and analysis of current and future health service requirements across the continuum of care. 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 with the MOHLTC's Action Plan and the Health Links initiative.

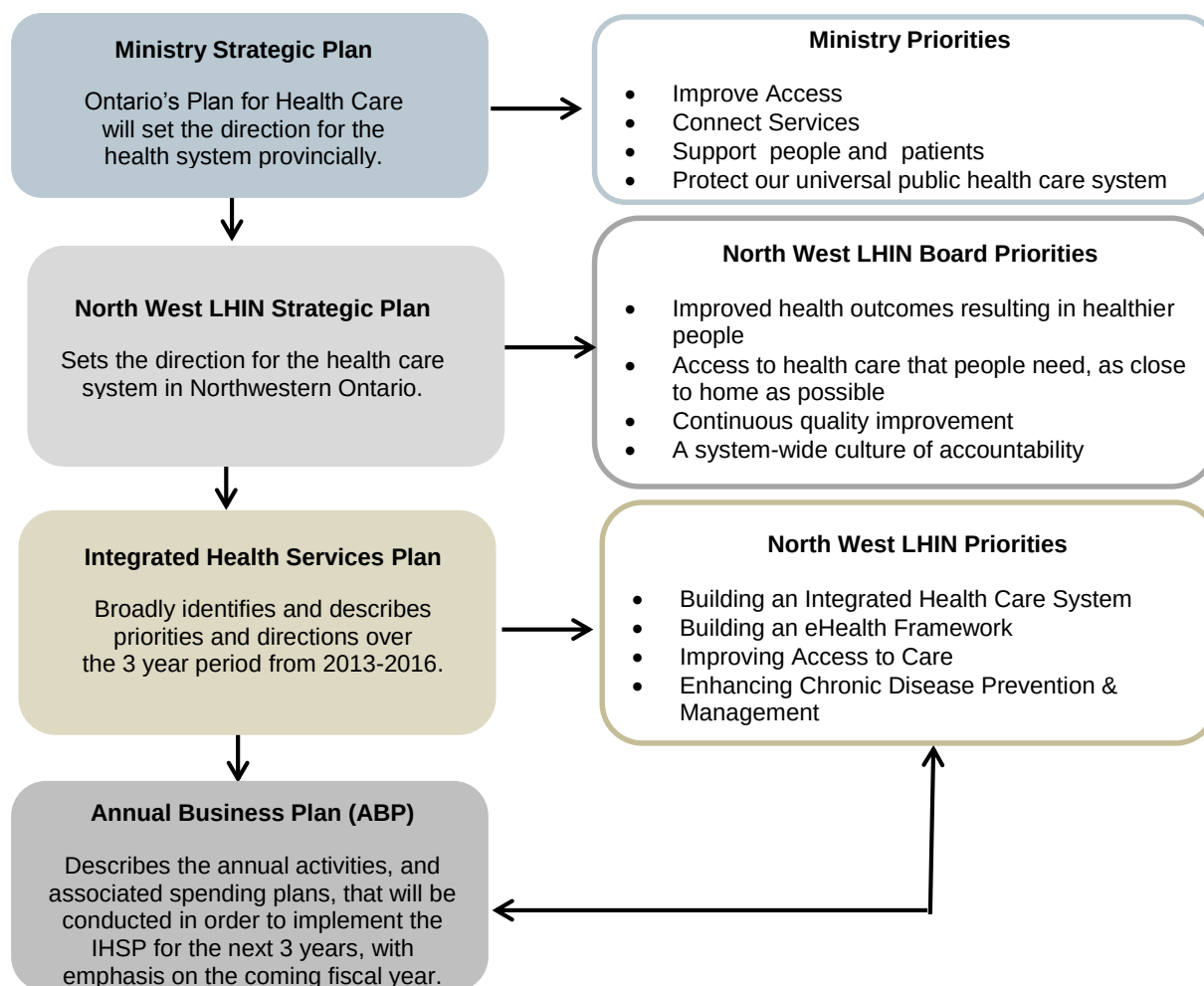
The MOHLTC launched integrated regional patient care networks called "Health Links" in December 2012. Since that time, the North West LHIN has launched Health Links in two regional Integrated District Networks (IDNs): the City of Thunder Bay IDN and the District of Thunder Bay IDN. A third IDN, the Rainy River IDN, is in the process of establishing a business case in order to proceed. Working together in defined geographical areas, HSPs are operating as 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 amongst all HSPs including family and specialist physicians, acute and long-term care facilities, and 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 the 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 that 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:

- Ensure higher quality of care;
- Improve access to care;
- Deliver better value for money; and
- Improve transitions in care.

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 mandate of the North West LHIN is to plan, fund, and integrate local health services. The North West LHIN does not provide health care services, but works with HSPs and community members to set priorities and plan health services in Northwestern Ontario. Currently, the North West LHIN allocates funding to 93 HSPs in the following categories:

- Hospitals (13);
- Community Care Access Centre (CCAC) (1);
- Community Support Services (CSS) (60);
- Long-term care (14);
- Community Health Centres (CHCs) (2); and
- Community mental health and addictions (MH&A) 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 adopted this framework to advance health system transformation through the 2013-2016 IHSP. The focus is 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.

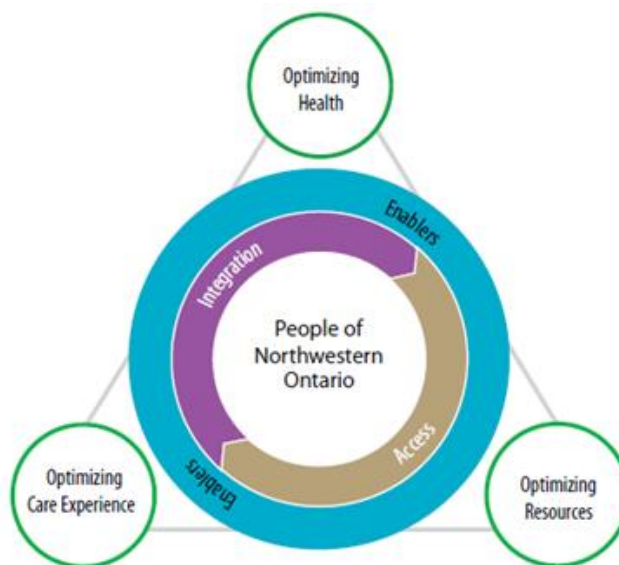
The plans outlined in the North West LHIN’s 2013-2016 IHSP are aligned with the overall goals of the Triple Aim Framework:

1. Optimizing Health (Population Health)
2. Optimizing Care Experience (Patient Satisfaction)
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 e-Health Framework
3. Improving Access to Care
4. Enhancing Chronic Disease Prevention & Management

Figure 2 – North West LHIN Planning Model



1.3.1 Integrated Health Services Plan Priorities

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

Building an Integrated Health Care System

The North West LHIN is committed to quality improvement across the continuum of care. More specifically, improving the patient experience and creating smooth transitions in care are a primary focus. The Health Services Blueprint, which serves as the “*north star*” for the work of the North West LHIN, recommends that a key priority is the development of 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 at the IDN level.

Building an Integrated e-Health Framework

Electronic Health (e-Health) is an important enabler that impacts many aspects of health care. The health system relies on information technology (IT) in a variety of areas, including, but not limited to, back-office activities, scheduling, test results, drug histories, information storage, and remote health monitoring. E-Health will continue to operate as an intrinsic driver of health system transformation in Northwestern Ontario. In collaboration with numerous stakeholders, the North West LHIN has developed, and is implementing, a comprehensive e-Health strategy.

Improving Access to Care

The following priorities will lead to improved access to care:

Enhancing Access to Primary Care

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

Reducing Wait Times

In addition to lowering the number of ED visits, an important priority for the North West LHIN is reducing the time spent waiting in the ED for care. By improving health system performance and providing care for the patient/client in the right setting, at the right time, and by the right provider, the amount of time people waiting for care in the ED will be reduced while maintaining the gains that have been made to date.

Reducing Percentage of Alternate Level of Care (ALC) Days

A key local and MOHLTC priority for the North West LHIN is to reduce the number of days that individuals receive care that is classified as Alternate Level of Care (ALC). This priority will be positively impacted by the re-design of the health care system in the region and the implementation of the overcapacity plan in the City of Thunder Bay IDN. The end goal is for the individual to avoid unnecessary days in 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.

Improving Access to Specialty Care and Diagnostic Services

When patients require procedures such as hip or knee replacement or diagnostic imaging, it is imperative that these procedures be completed within a medically appropriate wait time. Patients living in rural and remote areas, which make up much of the North West LHIN, must frequently travel long distances to Thunder Bay and Winnipeg (or beyond) in order to access 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 continue to focus efforts on reducing wait times and shifting care to the community in alignment with Quality Based Procedures (QBP) and Health System Funding Reform (HSFR).

Improving Access to Mental Health and Addictions Services

Rates of MH&A issues in Northwestern Ontario continue to exceed the provincial average. Access to appropriate services close to home is often a challenge, particularly in remote communities. In the coming year, the North West LHIN will develop a comprehensive plan and roadmap for an integrated MH&A system across the region. This planning and modeling initiative builds on the demand versus capacity analysis and extensive community engagement completed to date. The goal is improved access to services at the Local Health Hub (LHH), IDN, and Regional program levels in the North West LHIN, congruent with the provincial MH&A plan, "Open Minds, Healthy Minds".

Enhancing Chronic Disease Prevention and Management

Multiple initiatives are underway to improve patient care experience, reduce the use of acute resources, and achieve better outcomes for people with chronic conditions. The need to shift care from hospital to community while enhancing supports for Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Diabetes, and Palliative Care was identified in the Health Services Blueprint. Use of emerging evidence generated through community engagement undertaken across the North West LHIN is helping to inform the re-design of sustainable, integrated chronic disease management services throughout the region. There will be a focus on people with end-stage chronic conditions and appropriate Palliative Care services in the community. Additionally, efforts are being made to enhance self-management capacity and uptake.

1.3.2 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 North West LHIN Aboriginal Health Service Advisory Committee (AHSAC), Health Canada, Aboriginal organizations and communities, and HSPs 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 HSP organizations in 2013-2014 to ensure that all HSPs are planning for health services that are culturally competent. As for the North West LHIN, the Board and staff have either completed or will be completing the on-line Indigenous Cultural Competency Training. This training will provide the knowledge, self-awareness, and skills necessary to work effectively with Indigenous people.

The North West LHIN is a member on a total of eight First Nation (FN) community Health Services Integration Fund (HSIF) projects and provides support for collaborative planning amongst FN communities, HSP organizations funded by the LHIN, provincial ministries/agencies, and Health Canada, aimed at advancing the integration of health programs and services to better meet the needs of FN communities. Six of the eight projects focus on mental health and addictions.

In terms of intergovernmental relationships, the North West LHIN works closely with our federal partners, provincial counterparts, and other ministries to address crisis situations in FN communities.

In 2015-2016, the North West LHIN will continue its commitment to fostering strong relationships with Indigenous stakeholders in our region. We are beginning this year by hosting our annual Aboriginal Health Forum in February 2015. This forum has a special focus on designing a regional health system that incorporates the needs of all Indigenous communities and persons. The forum brings together Indigenous stakeholders with system design partners from the region, within Canada, and abroad.

Throughout 2015-2016, the North West LHIN will follow up on the outcomes of the forum as well as fulfill the Aboriginal engagement plan. Our regional engagement efforts will be focused on four established priorities:

- Working with system partners to identify strategies to address social determinants of health;
- Understanding public health needs in FN communities;
- Improving access to care and services; and
- Quality improvement.

The North West LHIN will continue to expand its network of Indigenous health stakeholders to address the wide range of factors affecting health outcomes in our region.

Building upon the foundations of diversity planning, the North West LHIN will also continue to work with system partners to address MH&A challenges with a focus on children, youth, and adults. The goals will include improving access to chronic disease prevention and management services and improving access to the continuum of long-term care services.

French Language Health Services

In accordance with the Local Health System Integration Act (LHSIA) and the French Language Services Act (FLSA), the North West LHIN is working in partnership with the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO) to engage the Francophone population. The RMEFNO submitted a second report to the North West LHIN that reflects 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 will align with the IHSP priorities. Through work with HSPs, the ultimate goal is to improve access to services in French and to achieve better health outcomes for the Francophone population in Northwestern Ontario.

1.3.3 Provincial Priorities

Home and Community Care

Avoidance of the acute sector for management of non-urgent conditions is a strategy for reducing ALC volumes across the North West LHIN. Strategic investments in community care have reduced and will continue to reduce reliance on the hospital sector. The North West LHIN is working with the North West Community Care Access Centre (CCAC) and the CSS to identify opportunities to shift low needs clients who require personal support to this area. As part of the provincial initiative, the North West LHIN conducted a Home and Community Care policy readiness assessment survey to identify the current state of care delivery specifically in the community support sector.

Integration

The North West LHIN has undertaken a scenario planning exercise with small hospitals across the region to determine opportunities for integration moving forward. The integration agenda is being advanced in numerous ways and significant work has been undertaken to facilitate the adoption of collaborative governance across the North West LHIN. The development of integrated networks across the North West LHIN will facilitate increasingly seamless transitions for patients across the continuum of care.

Quality and Funding

The North West LHIN is working with health provider partners to increase quality improvement capacity. Adoption of QBPs is progressing well and multiple quality improvement initiatives are currently underway. Innovative practices such as the use of Telehomecare to better support and manage people with CHF and COPD are in place.

A Healthier Population in the North West LHIN

The health status of the population of the North West LHIN continues to fall behind the provincial average. A culture of self-management is emerging, however, and considerable efforts are underway to advance health literacy. The North West LHIN is working with the Thunder Bay District Health Unit (TBDHU) to identify opportunities for improved health status and outcomes.

1.4 Health Status

1.4.1 Challenges of Northwestern Ontario

The health status of the residents in the North West LHIN continues to be less favourable than Ontario residents as a whole despite improvements in some areas. Relative to the rest of the province^{1,2,3}, North West LHIN residents have a:

	North West LHIN	Ontario
Higher		
Rate of heavy drinking	24.2%	17.1%
Obesity rate (age 18+)	27.2%	17.9%
Rate of arthritis	22.0%	17.7%
Prevalence of high blood pressure	22.8%	18.5%
Hospitalization rate due to injury (2012-13)	725/100,000	407/100,000
Hospitalization rate due to mental illness (2011-12)	1098/100,000	444/100,000
Rate of premature mortality (before age 75) per 100,000 population (2009-2011)	346/100,000	224/100,000
Lower		
Life expectancy (2007-2009)	Males – 76.2 Females – 81.1	Males – 79.2 Females – 83.6
Proportion of population with a regular medical doctor	82.7%	91.2%

¹ Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates (to 2013), by age group and sex, Canada, provinces, territories, health regions (2013 boundaries) and peer groups, occasional. Accessed December 10, 2014.

² Statistics Canada. Table 102-4311 - Premature and potentially avoidable mortality, three-year average, Canada, provinces, territories, health regions and peer groups, occasional. Accessed December 10, 2014.

³ Statistics Canada. 2012. Census Profile. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE. Ottawa. Released October 24, 2012. <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E> (accessed December 11, 2014).

Cost drivers associated with our population characteristics include:

- Poor lifestyle behaviours leading to poor health status resulting in increased use of healthcare services;
- Decreased availability of informal caregivers (30% of seniors reside alone in North West LHIN compared to 24% provincially);
- A more rapidly aging population 65+ within the next twenty years, increasing to 28% compared to 24% provincially in 2036, which will increase reliance on health care services;
- Recruitment and retention of health professionals for many communities across the Northwestern Ontario;
- A declining population which will lead to further diseconomies of scale; and
- A low population density creates sparse and widely spread pockets of population with Thunder Bay being the only Census Metropolitan Area in Northwestern Ontario.

1.4.2 Strengths of Northwestern Ontario

While the North West LHIN faces challenges, it also has many significant strengths including:

- Technology. Stakeholders across the North West LHIN are comfortable and competent in using technology to improve access to care;
- Partnerships. Residents of Northwestern Ontario have a history of working together to meet the needs of their clients; and
- Innovation. The North West LHIN continues to be recognized for its innovation provincially, national, and internationally. Planning and providing care in rural and remote communities requires innovative new strategies (i.e. service provision, Health Human Resource (HHR) planning, and training).

2 Core Content

2.1 Priority 1: Building an Integrated Health Care System

Description

The North West LHIN's number one priority is to implement and advance an integrated health system and 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 following characteristics of a fragmented health care system:

- The region has a high rate of preventable disease, and components in the system that are not effectively working together to reduce risk factors and prevent the onset of chronic disease;
- Management of patients with chronic illness is suboptimal, and individuals with CHF and COPD, and diabetes are admitted to hospitals more frequently with lower acuity than other regions in the province;
- Northwestern Ontario 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;
- Transitions between care settings are not handled efficiently and effectively. Patients often wait too long in hospitals until home care or long-term care is available. In many cases, the patients do not receive the required post-discharge support; and
- Health costs are higher in Northwestern Ontario. In 2009-10, health care spending in the region was 39% higher than the provincial average, while 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.

An integrated health care system for the North West LHIN offers opportunities to improve health outcomes in each of these areas.

2014-15 North West LHIN Successes

Successes in the LHIN were realized as we:

- Focused on the implementation of the North West LHIN Health Services Blueprint, which outlines an integrated service delivery model with services at the LHH, IDN, and Regional levels aimed at improving the access to, and the timelines and effectiveness of, health care in Northwestern Ontario. To date, the North West LHIN has advanced all 44 recommendations in the Health Services Blueprint as follows:
 - 88% of recommendations initiated and on track;
 - 9% of recommendations initiated but facing some delay;
 - 2% of recommendations initiated but facing substantial delay; and
- Facilitated the development and implementation of the City of Thunder Bay IDN Health Link while assisting in the completion of the development of the District of Thunder Bay IDN Health Link and initiation of the Rainy River IDN Health Link;
- Initiated an integration scenario planning project in partnership with the small and rural hospitals in the North West LHIN to develop and evaluate feasible, value creating scenarios aimed at transforming our system to improve the health of our society, access to quality care, and the patient experience, while helping to ensure long term sustainability of our health care system;
- Continued engagement with a variety of stakeholders across the North West LHIN as follows:
 - An online collaborative tool, North West LHIN Working Together, was launched to provide tools to facilitate partnerships and strategic planning;
 - The North West LHIN Board of Directors facilitated multiple engagement and education sessions on the Health Services Blueprint with HSP Boards and CEOs and continued community engagement with non-health sector stakeholders;
 - Staff has facilitated several engagement and education sessions on the Health Services Blueprint with CEOs and senior leadership of all HSPs in the Northwest, including working groups, focus groups, and steering committees to inform implementation initiatives including Health Links, Patient Engagement, small hospital resource allocation models, and non-hospital resource distribution framework projects;
 - Hosting a patient engagement forum (in partnership with Change Foundation) attended by over 90 HSPs across the Northwestern Ontario and a subsequent workshop on patient engagement for 30 HSPs from Health Links across the North West LHIN;
 - Engagement with the leadership of small and rural hospitals to advance transformation and partnership opportunities within and across this sector; and

- Focused engagement at the LHH and IDN levels to launch implementation initiatives in the City of Thunder Bay, District of Thunder Bay and Rainy River IDNs;
- Invested in community services throughout the continuum and technology based solutions to reduce the burden on hospital and other facility-based services; and
- Developed and refined a number of enabling tools, including:
 - a Service Delivery Model Decision Making Framework;
 - a Non-hospital Resource Distribution Framework;
 - a Small Hospital Resource Allocation Model;
 - Voluntary and facilitated integration toolkits;
 - LHH profiles;
 - Terms of Reference;
 - Guiding Principles; and
 - Collaboration Agreements.

Goals

- Develop an integrated health care system in the North West LHIN that is organized and connected, and that provides high quality care;
- Improved health outcomes as a result of improved system coordination and integrated care processes;
- Improve access to care through redirection of non-acute health services to community and virtual settings;
- Improve access to care across the North West LHIN through equalization of health resources across districts and programs; and
- Improve use of system resources through the 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 aligns to a broad range of government priorities, including:

- LHIN-legislated mandate to plan, fund and integrate the local health system⁴;
- North West LHIN Ministry-LHIN Performance Agreement (MLPA);
- Patients First: Ontario's Action Plan for Health Care⁵
- Mandate Letter for the Minister (Mandate Letter)⁶;
- Health Links⁷;
- Excellent Care For All Act;
- Ontario's ten-year MH&A strategy "Open Minds, Healthy Minds";
- Ontario's Chronic Disease Prevention and Management Strategy ;
- Ontario's Rural and Northern Framework;
- The Walker Report⁸ recommendations, focusing on:
 - Improved access to the right care through investment and alignment of the community sector, including CCACs and CSS;
 - Improved patient flow across the system; and
 - Optimized and differentiated capacity based on local need;
- The Baker Report⁹ recommendations, focusing on:
 - More effective care transitions;
 - Better chronic disease prevention and management;

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", February 2015.

⁶ Letter from Ontario Premier Kathleen Wynne to Minister of Health and Long Term Care Eric Hoskins, Sept 25, 2014.

⁷ 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.

⁸ 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

⁹ 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.

- The Drummond Report¹⁰ 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;
 - Case management;
 - Management of complex and chronic conditions;
 - Governance and structures;
 - Evidence-based policy;
 - Hospitals;
 - Physicians;
 - Community Care, Home Care, and Long Term Care (LTC); and
 - Cost efficiencies;
- Dr. Sinha’s seniors strategy¹¹;
- Health system funding reform;
- Patient First: A Roadmap to Strengthen Home and Community Care¹²; and
- QBPs.

¹⁰ 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>

¹¹ Dr. Samir K. Sinha, “Living Longer, Living Well”, January 2013.

¹² Ministry of Health and Long Term Care, “Patients First: A Roadmap to Strengthen Home and Community”, May 2015

Action Plan

	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
Advance North West LHIN Health Services Blueprint recommendations: Implement an integrated service delivery model at LHH, IDN, and Regional levels 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 five IDNs	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%
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 and services	In Progress	20%	In Progress	30%	In Progress	30%
Implement Health and Community Care policy	In Progress	20%	In Progress	20%	In Progress	20%

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:

- Improvement of care experience for patients/clients at a system level using patient satisfaction surveys;
- Development of the necessary infrastructure to support change;
- Increases in the number of coordinated care plans for complex clients;
- Increases in the number of Collaboration Agreements/Memorandums of Understandings (MOUs) in place;
- Selected best practices (clinical/administrative/governance) are implemented, adopted, and sustained by HSPs;
- Reductions in the average cost of delivery of health services without compromising the quality of care;
- Reductions to the average cost of care delivery for seniors and high users;
- Reductions in the time from referral to first home care visit;
- Reductions in the time from Primary Care referral to specialist consultation for high users;
- Increases in clinical practice guidelines for high impact clinical conditions; and
- Reductions to avoidable ED visits for patients with conditions best managed elsewhere.

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;
- The capacity, skills, and willingness to lead and implement required changes;
- A likely shortage of required HHR across the North West LHIN, especially over the long term;
- Sufficient system capacity for services;

- Diseconomies of varying proportions across the region; and
- Insufficient enabling technologies.

How will we mitigate the risk?

Risk mitigation includes:

- The North West LHIN is in a unique position with all hospitals on the same IT platform. The North West LHIN is currently 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 (IAR) provincially;
- The North West LHIN has provided education at a governance level to all LHIN-funded HSPs to develop the capacity to lead change;
- The North West 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 Health Quality Ontario (HQO) coaches and leverage training opportunities offered by HQO and the province;
- Through the 10-year Health Human Resources Plan (HHRP), the North West LHIN identified a number of potential skill shortages and a need for succession planning across all sectors in the area and we are 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. In the longer term, North West LHIN system virtualization strategies will help mitigate this risk as well;
- Part of the system transformation underway in the North West LHIN requires capacity to make the required changes. An increased comprehension of the required capacity to support changes will come from scenarios under development to better understand the optimal service delivery level and location of service, or identify 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 Northwestern Ontario for health service delivery, the North West LHIN will develop scenarios to determine optimal service delivery level (i.e. LHH, IDN 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.

The North West LHIN will continue to collaborate with the Ministry's LHIN Liaison Branch (LLB) and the Financial Management Branch (FMB) to ensure funding policy and programming support system transformation.

What are the key enablers that will 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;
- A HHRP to proactively identify need;
- The Regional Home and Community Care Readiness Assessment Survey report focusing on identifying needs and gaps in the community support sector;
- Implementation of Connecting Northern and Eastern Ontario (cNEO) across the North West LHIN 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 HSPs, including, but not limited to:
 - HHR;
 - Finance;
 - Procurement;
 - Supply chain;
 - Learning and development; and
 - Information technology.

Additional Comments

There is integration work currently underway through the HSIF initiatives through Health Canada. These initiatives are led by FN communities and involve multiple stakeholders, including Health Canada, various provincial ministries, the North West LHIN, and associated HSPs. 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.

Integration scenario planning has been initiated in partnership with the hospitals in the North West LHIN to identify opportunities to design a system that ensures continuous improvement to better meet both current and future needs. In doing so, we will take into consideration specific challenges facing the small, northern, and rural hospital sector in Northwestern Ontario including higher expectations with regards to health care access, integration and quality, technological innovation, financial and reporting pressures, and human hospital resource challenges. Funding in support of this project will be provided through the Small Hospital Transformation Fund and the North West LHIN.

2.2 Priority 2: Building an Integrated eHealth Framework

Description

The second priority is to advance 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 IT and eHealth infrastructure is in place to ensure and support the transition of high quality clinical care in the most appropriate setting.

While the North West LHIN has made significant advances in eHealth implementation, there are still many opportunities to further eHealth, including:

- Although 80% of family physicians have adopted the use of electronic medical records (EMR) many specialists in the North West LHIN do not use EMRs;
- Many small North West LHIN organizations do not have the eHealth/IT capabilities within to integrate their systems into regional and provincial systems; and
- Many remote North West LHIN communities do not have the infrastructure or training to support advances in eHealth.

In order to continue to advance eHealth, the North West LHIN has stewarded the development of a comprehensive eHealth strategy and implementation plan. Furthermore, 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.

2014/15 North West LHIN Successes

Successes already realized in this area include:

- All 13 hospitals in the region are using the shared hospital information system;
- Four hospitals in the western area of the region have implemented community-wide scheduling and Operating Room management;

- Implementation of electronic documentation in all hospitals in the region;
- An 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;
- A plan to expand the use of the regional Resource Matching and e-Referral (RM&R) system to all hospitals and all LTCHs in the region;
- Continued efforts to advance planning and change readiness for the Connecting Northern and Eastern Ontario (cNEO) project;
- The commencement of Automated Medication Management initiatives;
- Implementation of a LHIN-wide shared Project Management Office and Decision Support office; and
- Establishment of a regional Chief Information Officer (CIO) for the hospitals in Northwestern Ontario to not only foster the development of a regional hospital eHealth strategy but also to oversee eHealth at the hospital level.

Goals

- Integrate regional electronic health records (EHRs) to improve patient-centred care;
- Build regional capacity to accelerate the adoption of eHealth systems and technologies to gain system-wide benefits as rapidly as possible; and
- 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, 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.

Furthermore, the North West LHIN's eHealth services strategy supports the successful implementation of Health Links.

Action Plan

	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
Increase EMR adoption and integration	In Progress	10%	In Progress	10%	In Progress	10%
Expand the shared Hospital Information System (HIS) 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 region's shared HIS	In Progress	50%	Complete	40%		
Accelerate the deployment of eHealth Ontario's secure ONEMail service to HSPs	In Progress	25%	In Progress	25%	In Progress	25%
Facilitate community engagement, implementation and readiness services and subject matter expertise to support the 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%		
Advance Virtual Healthcare within the region	In Progress	20%	In Progress	20%	In Progress	20%

How will we measure success?

Success will be measured through the attainment of the following milestones:

- Increase the number of weighted units of the North West LHIN iEHR that advances/aligns with the overall provincial iEHR architecture;
- Increase the number of 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?

The advancement of eHealth could be hindered by:

- Insufficient human resource capacity and difficulty in recruiting skilled employees in the North West region to implement and adopt eHealth solutions on aggressive timelines; and
- Stakeholder resistance to eHealth solutions resulting in slower implementation and adoption.

How will we mitigate the risk?

Actions that will mitigate the risks involved in this area include:

- Ongoing validation and advancement of the North West LHIN eHealth Strategy and Implementation Plan amongst stakeholders;
- The examination of a shared services model for health care eHealth/IT/IS aimed at providing economies of scale in eHealth implementation and sustainment. This concept will not only find financial efficiencies but will also highlight strategies for increased human resources effectiveness and capacity to allow more health care providers to take advantage of eHealth resources; and
- Continued engagement with HSPs to provide updates on eHealth strategy and implementation and the importance of eHealth solutions in providing more efficient, high quality care.

What are the key enablers that will allow us to achieve our goal?

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

- The 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
- The sustainment of operational funding to continue to offer eHealth services post-implementation.

2.3 Priority 3.1: Enhancing Access to Primary Care

Description

The third priority is to 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 ED care and providing alternate community-based services (i.e. rapid access, after-hours clinics, home visits) will support and enhance care in the community.

The proportion of unscheduled emergency visits in the North West LHIN classified as non-urgent or less-urgent in 2013-14 was 43.4% compared to 36.8% provincially. However, this is an improvement over the 2012-13 value of 45.5%.¹³

The North West LHIN has a rate of ED visits (that could be treated in alternative Primary Care settings) that is more than double that of the province (44.9/1,000 population age 1-74 compared to 18.3/1,000 population age 1-74 for 2013-14)¹⁴.

¹³ NACRS, CIHI Portal; extracted January 12, 2015.

¹⁴ NACRS, 2013/14 Fiscal Year. Accessed through IntelliHealth Ontario Web Portal, Jan. 13, 2015.

2014/15 North West LHIN Successes

Successes already realized in this area include:

- Healthcare Connect has linked 59.4% of individuals registered in the program to Primary Care¹⁵;
- A Primary Care Council has been established for the North West LHIN;
- Engagement sessions with Primary Care providers and ED physicians have occurred regarding the North West LHIN Health Services Blueprint and Health Links;
- The establishment of the City of Thunder Bay IDN Health Link, incorporating a Primary Care Pilot with Medically Complex Patient Demonstration Projects;
- The establishment of the District of Thunder Bay IDN Health Link;
- The establishment of the Rainy River IDN Health Link;
- Building readiness through Primary Care engagement for the Kenora IDN Health Link;
- The implementation of two new intensive client coaches to support implementation of coordinated care plans for vulnerable complex care clients in the City of Thunder Bay IDN Health Link;
- The implementation of a new Integration Bridge position between the North West CCAC and Primary Care to support the City of Thunder Bay IDN Health Link; and
- Expanded weekend hours at the NorWest Community Health Centre (CHC) resulting in:
 - 1,929 additional evening/weekend urgent care clinic visits in the first eight months of operation (November 2013-June 2014);
 - 54% of clients self-reporting to the clinic diverted an ED visit; and
 - Improved access to Primary Care as 58% of patients surveyed at the NorWest CHC did not have a Primary Care provider.

¹⁵ As of June 30, 2014

Goals

The following goals have been recognized:

- Develop a comprehensive system-wide strategy to improve access to Primary Care across the North West LHIN;
- Increase the percentage of the population with regular access to Primary Care providers;
- Improve timely access to Primary Care services;
- Improve and formalize communication and continuity of care between Primary Care, specialists, and other health care sectors; and
- Collaborate with Primary Care providers on quality improvement initiatives targeted at:
 - Reducing readmission rates for high impact clinical conditions;
 - Reducing ED visits; and
 - Preventing avoidable admissions to hospital.

Consistency with Government Priorities

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

- A LHIN-legislated mandate to plan, fund, and integrate the local health system¹⁶;
- The North West LHIN MLPA;
- Ontario's Patients First: Action Plan for Health Care¹⁷;
- Mandate Letter for the Minister (Mandate Letter)¹⁸; and
- Implementation of Health Links¹⁹ 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.

¹⁶ 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

¹⁷ Ministry of Health and Long Term Care, "Ontario's Action Plan for Health Care", February, 2015.

¹⁸ Letter from Ontario Premier Kathleen Wynne to Minister of Health and Long Term Care Eric Hoskins, Sept 25, 2014.

¹⁹ 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 Plan

	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
Identify and support the implementation of the right Primary Care models/resources to improve access to care at LHH, IDN and Regional levels across the North West LHIN (i.e. outreach, mobile services, home visits, after hour's clinics, telehealth)	In Progress	20%	In Progress	20%	In Progress	20%
Promote continued uptake of the Healthcare 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 (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?

Success in this area will be measured through the attainment of the following milestones:

- A reduced ALC rate;
- A reduction in avoidable visits to ED;
- A reduction in 30 day readmissions to hospital;
- A reduction in unnecessary admissions to hospital;
- The identification and transformation of chronic disease management programs with opportunity for more effective delivery
- An increase in the number of complex patients and seniors with access to Primary Care;
- Increasing the number of complex patients with a coordinated care plan;
- Increased Primary Care follow up to within seven days of discharge;
- Reducing the time from a Primary Care referral to specialist consultation;
- A reduction in the time from referral to home care visits for high users;
- The enhancement of the experience that patients with the greatest health care needs have with the system; and
- Reducing the average cost of care delivery for high users while maintaining quality of care.

What are the risks/barriers to successful implementation?

Enhancements to Primary Care access may be hindered by:

- 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 and uncomfortable with working in inter-professional teams;
- Providers who are uncomfortable with, or resistant to, system-level integration and transformation;

- 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 of Primary Care providers;
- Varied electronic record systems and difficulties in integrating them;
- Confidentiality concerns related to higher levels of information transfer; and
- Vast geography and low population density in the North West LHIN resulting in difficulties in sharing resources which often necessitates expensive duplication of material and effort.

How will we mitigate the risk?

Actions that will mitigate the risks involved in this area include:

- The North West LHIN is working with Primary Care through Health Links and the Primary Care Council 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 10-year Health Human Resource study developed by the North West LHIN in 2012-13 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 Primary Care providers through the Primary Care Council and with the NorWest CHC to further expand service hours; and,
- To assist in the alleviation of fears related to confidentiality resulting from sharing health information, the North West LHIN is adopting leading practices from other parts of the province, specifically Health Links, to provide training and to demonstrate the benefits of appropriate knowledge sharing and instant access to comprehensive health information through electronic solutions. Electronic health record solutions are also demonstrating improvement in avoidable testing/duplication and patient experience.

What are the key enablers that will allow us to achieve our goal?

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

- Increased number of Primary Care providers within the community;
- Increased number of patient enrollment models in our communities;
- Improved integration, partnership, and communication between and across all providers of care at all levels;

- Improved utilization and integration of EMRs;
- Re-integration of family physicians and nurse practitioners into the hospitals;
- Increased percentage of population attached to a Primary Care provider; and
- Increased percentage of population who can see their Primary Care provider on the same or next day.

2.4 Priority 3.2: Reducing Wait Times

Description

By improving health system performance and providing care for the patient/client in the right setting, at the right time, and by the right provider, the amount of time people wait for care in the ED will be reduced.

Current Status

Reducing the amount of time people spend in the 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.

The following observations are provided:

- In 2013-14 there were a total of 207,882 visits to the ED in the North West LHIN²⁰, 8,204 fewer than the previous year. This trend continues in 2014/15;
- 106,520 (51%) of these visits were seen at the only regional tertiary center, Thunder Bay Regional Health Sciences Centre (TBRHSC), where overall volumes were down for low acuity patients by 4,520 compared to the previous year;
- In 2013-14, 61% of ED visits outside of the City of Thunder Bay IDN were classified as non-urgent according to the Canadian ED Triage and Acuity Scale (CTAS);
- The rate of emergency visits that could be treated in alternative Primary Care settings is more than double that of the province (44.9/1,000 population age 1 -74 years compared to 18.3/1,000 population age 1 - 74 years for 2013-2014²¹); and
- In many regional hospitals, Primary Care is provided in EDs where limited walk-in or after-hour clinics exist.

²⁰ National Ambulatory Care Reporting System, 2013/14 Fiscal Year. Accessed through IntelliHealth Ontario Web Portal, July 22, 2014.

²¹ Ibid.

Performance against MLPA Targets, Q2 of 2014-15²² Fiscal Year:

- The total time spent in the ED for 9 out of 10 patients requiring admission to a hospital bed was 28.90 hours, which is slightly above the 28 hour target;
- The total time spent in the ED for 9 out of 10 patients with complex conditions was 6.72 hours, slightly above the LHIN target (6.50 hours) but within the provincial target (8.0 hours); and
- The total time spent in the ED for 9 out of 10 patients with minor or uncomplicated conditions was 4.07 hours, slightly above the LHIN target of 3.95 hours.

2014/15 North West LHIN Successes

Success in reducing wait times has been realized as:

- In most sites across the LHIN, a decrease in overall ED volumes was observed. There was a 4.6% decrease in volumes at the only tertiary hospital in the region;
- Overall, the North West LHIN maintained gains which have been made with respect to ED wait times and performed well provincially;
- TBRHSC is the only hospital in the North West LHIN participating in the ED Pay for Results program. Compared to other participating hospitals, TBRHSC performed well in the fifth year of the program and secured targeted funding to continue this program in 2014-15;
- 2014-15 initiatives targeted at reducing admitted wait times included the introduction of a rapid assessment zone for high acuity patients, a Hospital Elder Life Program focused on maintaining independence of admitted seniors, enhanced phlebotomy support, patient flow and utilization optimization software, and medical short stay beds. The Nurse-Led Outreach Team (NLOT) implemented in the City of Thunder Bay has continued to decrease the number of unnecessary ED visits and unplanned admissions to hospital from area LTCHs. A successful Assess and Restore initiative was also introduced to reduce the number of seniors waiting for admission to LTC; and
- Based on the success of NLOT in LTCHs, the program has been expanded to Assisted Living Services and Supportive Housing facilities, with the focus on effectively reducing ED visits and providing support to the seniors to age in place.

²² MOHLTC, Final Individual LHIN Vs All PIs November 12, 2014 Release.

Goals

- Reduce unnecessary ED visits;
- Reduce avoidable admissions to hospital;
- Maintain the gains which have been made in ED wait times for patients not requiring admission to hospital and reduce time to admission; and
- Improve patient and 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 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 Plan

	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
Collaborate with Primary Care and HSPs to implement strategies that reduce unnecessary ED visits Implement Health Links across the North West LHIN	In Progress	33%	In Progress	33%	Complete	34%
Implement innovative models of care that are community-based to avert admission to hospital at the LHH, IDN and Regional levels (Regional programs such as telehomecare, ambulatory clinics, integrated rehab services) Continue advancing Telehomecare initiatives	In Progress	20%	In Progress	20%	In Progress	20%
Continue shifting rehab services from the hospital to community settings where appropriate	In Progress	40%	In Progress	20%	In Progress	20%
Implement quality improvement initiatives that focus on reducing ED wait times to provincial targets at LHH, IDN and Regional levels Implement ED Pay-for results initiatives Identify and implement initiatives aimed at decreasing avoidable admissions Identify opportunities for performance improvement and work with providers to develop and implement interventions	In Progress	40%	In Progress	20%	In Progress	20%
Evaluate system-wide patient/client satisfaction with the care experience Work with providers to implement targeted strategies to improve satisfaction	Ongoing		Ongoing		Ongoing	

How will we measure success?

Success will be measured through the attainment of the following milestones:

- Maintenance of performance in MLPA indicators currently meeting target: 90th percentile ED length of stay for non-admitted complex patients; 90th percentile ED length of stay for non-admitted minor, uncomplicated patients;
- Improvements to MLPA indicators currently not meeting target of 90th percentile ER length of stay for admitted patients;
- 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);
- Evaluation of performance of the Pay for Results program implemented at TBRHSC;
- Reductions in number of repeat unplanned emergency visits within 30 days for MH&A abuse conditions; and
- Reductions in 30 day readmission rates for selected case mix groups.

What are the risks/barriers to successful implementation?

The barriers to reducing wait times across Northwestern Ontario include:

- Lack of access to Primary Care and community services;
- System overcapacity pressures in the City of Thunder Bay;
- Lack of HHR in relation to hospital staffing in northern communities; and
- Increasing demand for services will out-pace capacity as the system is redesigned through the Health Services Blueprint.

How will we mitigate the risks?

The risks for reducing wait times are being mitigated as follows:

- Lack of access to Primary Care is being addressed by the Health Links initiative;
- Several HHR projects are being carried out by local HSPs and the Northern Ontario School of Medicine (NOSM); and
- Access to community services is being addressed on an ongoing basis through the strategic allocation of community funding.

What are the key enablers that will allow us to achieve our goal?

Key enablers that will create a situation for success include:

- Increased access to Primary Care through innovative models (i.e. Health Links);
- The operationalization of recommendations from the Ontario's Seniors Strategy;
- The Senior Friendly Hospitals initiative; and
- An adequate supply of HHR to meet regional demand.

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

Description

Reduce patient ALC by improving patient flow and ensuring 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 returning home after their hospital stay.

The following observations are provided:

- The percentage of ALC days in 2013-14 was 18.14%, the 4th highest in the province; the provincial target of 9.46 has not currently been met although some LHINs have approached this value²³. The North West LHIN target for 2013-14 was 17.50%;
- In April of 2014, the North West LHIN ALC rate for the acute care sector was 22.0% and the ALC rate for the post-acute care sector was 35.8%²⁴. In key areas throughout the North West LHIN, growing demand for LTC services impacted ALC numbers throughout the 2013-14 fiscal year. In 2013-14, seniors over the age of 65 accounted for 78% of ALC patients discharged from hospital, and 81% of ALC days in hospital²⁵;
- In 2013-14 the most common discharge destination for ALC patients over 65 years of age was to complex continuing care (34%), followed by home with support (18%), rehabilitation (14%), and LTC (15%)²⁶;

²³ Ibid

²⁴ Access to Care, May 2014, Provincial Monthly Alternate Level of Care Summary.

²⁵ Discharge Abstract Database, 2013-14 Fiscal Year. Accessed through IntelliHealth Ontario Web Portal, July 22, 2014.

²⁶ Ibid.

- 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; and
- Overcapacity in the acute care system, post-acute care system, and home care system in the City of Thunder Bay continues to be a challenge for the North West LHIN. At the regions sole tertiary care centre (TBRHSC), 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 LTC are more appropriately matched in order to facilitate patient flow through the acute and post-acute settings.

2014/15 North West LHIN Successes

Achievements in this area include:

- In 2013-14, the MLPA target for % ALC of 17.50% was achieved in one quarter although the overall year end result was above target;
- A broad group of key stakeholders in the City of Thunder Bay met during the 2014-15 Fiscal Year to successfully implement an overcapacity reduction plan which includes the following overcapacity reduction initiatives:
 - a 26-bed transitional care unit;
 - an enhanced 24-bed assess & restore unit;
 - four community-based rheumatic disease beds;
 - 13 units of high-needs supportive housing (four units for individuals with physical disability and nine for individuals with acquired brain injury); and
 - NLOTs in Supportive Housing and Retirement Homes;
- Assess and Restore programs are being delivered in four communities across the North West LHIN and their initiation have allowed seniors who have recently experienced functional decline to regain strength and return to their homes both with and without support;
- During the 2014-15 Fiscal Year, the North West LHIN strategically invested in the following increased CSS programs focused on reducing ALC days:
 - 10 interim LTC beds in the City of Kenora in order to reduce ALC-LTC pressures;
 - A five bed community-based respite unit which subsequently freed up five LTC beds at the Bethammi Nursing Home;

- Investment in Assisted Living Services for High Risk Seniors in order to create new units in the cities of Fort Frances (12 units), Marathon (four units) , Nipigon (six units), Atikokan (six units), and Thunder Bay (six units);
- A \$1,374,200 investment in the North West CCAC in order to continue offsetting pressures created by additional service volumes being delivered due to the closure of the Thunder Bay Interim Long Term Care Center; and
- A behavioral support psychogeriatric resource;
- Since the 2010-11 Fiscal Year, the North West LHIN has invested in a total of 212 new units of assisted living for high risk seniors, a 70% increase. In addition to this investment, there have been 41 new units of assisted living services for individuals with acquired brain injuries and physical disabilities introduced over the same time period;
- The NLOT was expanded to include all LTCHs, assisted living and retirement homes in the City of Thunder Bay IDN; and
- Through the introduction of initiatives through the overcapacity plan, TBRHSC was able to realize demonstrable reductions in the numbers of clients waiting as ALC for Complex Continuing Care (CCC) and rehabilitation services at St. Joseph's Care Group (SJCG). As a result of the implementation of overcapacity initiatives, 39 individuals have been transitioned from hospital to a more appropriate setting and the beds vacated through this transition have been used to their full capacity, providing services to acute and post-acute care clients.

Goals

- Maintain the gains made in reduction of ALC days through the implementation of a “Home First” philosophy;
- Reduce the number of ALC days in hospital and increase the numbers of days spent at home by residents of the North West LHIN; and
- 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, including:

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

Action Plan

	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
Implement strategies to improve discharge planning processes and sustain “Home First” at LHH, IDN and Regional levels Continue to facilitate inter-sectorial Home First initiatives	In Progress	40%	In Progress	20%	In Progress	20%
Engage local communities and health care providers in order to carry out a detailed needs assessment focused on aligning local capacity to reduce ALC days Focus on recommendations to close the gap between supply and demand for health resources	In Progress	40%	In Progress	20%	In Progress	20%
Implement the LTC services model for the North West LHIN at LHH, IDN and Regional levels Realign LTC services at LHH and IDN levels based on the long-term care services plan Use evidence from the plan to guide funding decisions for seniors’ services	In Progress	40%	In Progress	20%	In Progress	20%
Implement pertinent recommendations from Ontario’s Seniors strategy aimed at improving the quality of transitions in care at LHH, IDN and Regional levels	In Progress	33%	In Progress	33%	Complete	34%

How will we measure success?

Success will be determined as we examine the:

- % of ALC days;
- ALC rate;
- Number of open ALC cases in acute and post-acute care settings;
- Occupancy rate of 90% at the region's tertiary hospital (TBRHSC);
- 90th percentile ALC wait times for discharged patients;
- 90th 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 in accordance with the 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 including LTC to placement (all choices), CCAC Case Management, Assisted Living, and provision of CSS and MH&A services;
- Reduced transfers to the ED for long-term care residents;
- Appropriate designation to LTC for ALC clients as measured by percent of individuals admitted to LTC with scores of high and very high;
- Appropriate designation to LTC for ALC clients;
- Increased volume of assisted living and CSS for high risk seniors; and
- Ongoing monitoring and evaluation of ALC levels in hospitals around the region.

What are the risks/barriers to successful implementation?

Risks and barriers to the successful implementation include:

- Lack of access to Primary Care;
- Limited access to community services (i.e. supportive housing, assisted living, and support services such as homemaking, transportation, etc.) in remote communities;
- HHR limitations could pose challenges to the continued expansion of community-based care; and
- In the City of Thunder Bay IDN, the imbalance between the demand for and supply of seniors' services continues to be an outstanding risk.

How will we mitigate the risks?

These risks will be mitigated as follows:

- The Health Links program and a number of HHR initiatives are being carried out by local HSPs and NOSM to address the lack of access to Primary Care;
- The 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 across the region; and
- The implementation of the full overcapacity plan for the City of Thunder Bay IDN will address the demand for and supply of services for seniors.

What are the key enablers that will allow us to achieve our goal?

The following key enablers will ensure success in the achievement of our goal:

- Home First;
- The expanded role of the North West CCAC;
- Ontario's Senior Care Strategy;
- ALC Community Funding;
- Collaborative partnerships between HSPs and the MOHLTC;
- Support for the overcapacity plan in the Thunder Bay IDN; and
- Home and community care re-design in that it will continue to facilitate improved access to services in the community.

2.6 Priority 3.4: Improving Access to Specialty Care and Diagnostic Services

Description

Reducing wait times for surgical procedures and Diagnostic Imaging is a priority focus of the North West LHIN. When patients require procedures such as hip or knee replacement, or diagnostic imaging, it is important that they receive the procedures within a medically appropriate wait time.

Current Status

As funding reform evolves, there is an increased focus on QBPs. Opportunities to review or expand existing capacity will be realized by using evidence-based guidelines to improve access to care, evolve clinical practices, reduce the length of stay in hospital, and reduce the cost of care by transitioning care to the community.

In the North West LHIN, access to care continues to be a challenge for residents of urban, rural, and remote communities. In order to receive specialty care, patients in rural/remote areas must travel long distances to tertiary centres such as Thunder Bay, Winnipeg or beyond. Despite these challenges, the North West LHIN is also a provincial leader in the use of telemedicine to reduce barriers to care. Specialty groups often cited in short supply include Psychiatry, Child and Youth Mental Health programs, Dermatology, Dialysis, Paediatric Endocrinology, and Cardiac care. In 2013, the number of specialists per population was still significantly lower than the provincial rate (82/100,000 compared to 107/100,000 provincially). The actual number of specialists increased 3.7% from 188 in 2012 to 195 in 2013²⁷.

Key initiatives currently underway include:

- Ongoing planning and development of a LHIN-wide Orthopedic Services delivery model;
- Appropriateness work focused on the Regional Joint Assessment Center and Inter-professional Spine Assessment and Education Clinic; and
- Initial work with hospitals to focus on opportunities to improve efficiencies of Magnetic Resonance Imaging (MRI).

²⁷ The Ontario Physician Human Resources Data Centre. Physicians in Ontario 2013. McMaster University.

2014/15 North West LHIN Successes

As of Q2 2014/15, areas of positive performance included:

- Cancer surgery (97% of priority IV patients served within the 182 day access target);
- Cataract surgery (93% of priority IV patients served within the 182 day access target);
- MRI scans (91% of priority IV patients served within the 28 day access target); and
- Computerized Tomography (CT) Scans (95% of priority IV patients served within the 28 day access target).

At the largest volume site for total hip and knee replacements in the North West LHIN, the recommendations of the Orthopedic Expert Panel with respect to inpatient length of stay and proportion of patients discharged to outpatient rehabilitation were successfully implemented. Currently (at Q4 of 2013/14), 94.0% of patients are discharged to community rehabilitation, compared to 54% at the start of the 2011/12 fiscal year²⁸.

Over the past year, the Diagnostic Imaging Department at TBRHSC has carried out a focused performance improvement effort focused on wait times. As a result of these ongoing efforts, first MRI, and later CT, wait times at this site, and therefore at the LHIN level, have been dramatically reduced. In Q1 2014/15, 91% of MRI scans, and 95% of CT scans were completed within access target, compared to 19% and 60% respectively in Q1 2013/14²⁹.

Goals

- Reduce wait times for procedures included in the Wait Times Strategy and maintain the gains achieved to date;
- Create a Regional Surgical Services program for the North West LHIN;
- Create a regional Diagnostic Services Plan aligned with HSFR and QBPs; and
- Reduce access barriers to specialty care and diagnostic services.

²⁸ Health Analytics Branch, Q4 2013/14, Orthopaedic Quality Scorecard

²⁹ MOHTLC, Final Individual LHINs vs. all PIs final, August 8, 2014

Consistency with Government Priorities

These goals 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, and include:

- Better value – implementation of QBPs to eliminate unnecessary procedures and implement HSFR;
- Better access to care – reducing wait times for key procedures;
- Improving access to hospital care by reducing the time spent designated as ALC patients in hospital beds; and
- Improved quality and patient experience.

Action Plan

	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
Actively monitor and report wait times for procedures included in the Wait Times Strategy and MLPA Identify the root causes where performance targets are not met and develop interventions to address this	In Progress	40%	In Progress	30%	Complete	30%
Develop and implement the Regional Surgical Service program Begin with Integrated Orthopedic Service Delivery Model	In Progress	40%	In Progress	30%	Complete	30%
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 Focus on expansion of Joint and Spine Assessment Centre model and other demand reduction strategies	In Progress	40%	In Progress	30%	Complete	30%
Work with hospitals and Primary Care to decrease inappropriate imaging referrals from Primary Care	In Progress	40%	In Progress	30%	Complete	30%
Implement innovative models that enable access to specialty care closer to home (i.e. Telemedicine/ Telehomecare)	In Progress	40%	In Progress	30%	Complete	30%

How will we measure success?

It is expected that the demand for surgical and diagnostic services related to aging will rise while available resources will 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 the:

- 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 Orthopedic Scorecard.

What are the risks/barriers to successful implementation?

Barriers to reducing the percentage of ALC Days include:

- The ongoing roll-out of QBPs represents a risk to some small hospitals as in many cases the carve-out and re-investment process leaves a net deficit position;
- The large geographical area presents challenges to the economies of scale required to deliver specialty services close to home; and
- Travel costs to a centralized site are very expensive.

How will we mitigate the risk?

These risks will be mitigated by:

- With regards to QBPs, the North West LHIN will focus on examining how current volume allocations may be adjusted in order to achieve efficiencies in the face of increasing demand; and
- Various regional programs for service delivery will be examined as options in alignment with the Health Services Blueprint model.

The North West LHIN is currently embarking on the development of an integrated Orthopedic 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.

What are the key enablers that will allow us to achieve our goal?

Ongoing collaboration and engagement with key system stakeholders will enable the achievement of our goal.

2.7 Priority 3.5: Improving Access to Mental Health and Addiction (MH&A) Services

Description

The North West LHIN has identified the need for a comprehensive, integrated MH&A system plan for the region. The aim is to improve the quality of life for those affected by mental health diseases and disorders.

Current Status

The development of a comprehensive, integrated MH&A model, plan, and roadmap is in the early stages of development and will support the implementation of the Provincial MH&A strategy “Open Minds, Healthy Minds”.

Due to a lack of specialized services in most communities, challenges with access to MH&A services have been identified for clients in crisis and/or withdrawal, and for those requiring specialized care, transitional care, supportive housing, and walk-in services. This is a particular problem in remote FN communities where MH&A issues are often prevalent.

Currently, transitions in care may not be seamless between settings and gaps in care exist, while linkages between adolescent and young adulthood are not strong and aftercare options are limited, especially in fly-in remote FN communities. In this complex context, the demand for services is growing.

Our aging population increases the 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 include:

- North West LHIN residents account for 12.8% of provincial clients of community substance abuse programs (in 2012-13), but the North West LHIN's population only accounts for 1.8% of the total provincial population³⁰;
- The North West LHIN has the second-highest cost per individual served for community MH&A 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 (1,098/100,000 population age 15+, compared to 442/100,000 population age 15+ provincially)³¹;
- 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);
- Neonatal Abstinence Syndrome (NAS) is consistently higher in the North West LHIN than in other parts of the province, accounting for approximately 18-19% of infants with NAS in Ontario. Even though there has been a slight decrease from 2011-12 to 2012-13, the number of infants with NAS is still significantly high; and
- Rates of suicide are very high in some FN 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 15.5 % for the most recent quarter (Q1, 2014-15). This is an improvement over quarterly rates in 2013-14 which were consistently higher than 2012-13 rates, and higher than the target of 16.6%; and
- The rate of repeat, unplanned emergency visits within 30 days related to substance abuse was 34.7% for the most recent quarter (Q1, 2014-15). This was higher than the previous year by quarter and higher than the target of 26.6%.

³⁰ Drug and Alcohol Treatment Information System (DATIS). Substance Abuse Statistical Tables Fyr07/08 to 12/13. July 2013.

³¹ CIHI. CIHI Hospital Indicator Tool, for Fiscal Years 2010/11 to 2012/13. Accessed August 2014.

2014/15 North West LHIN Successes

Successes in this area have been realized as follows:

- The North West LHIN continues to work with SJCG to implement an integrated system of care for older adults with responsive behaviours. This year the specialized Behavioural Support Unit has been operational for the entire year and has demonstrated success despite the shortage of LTC beds in the City of Thunder Bay. Compared to 2011/12, transfers to hospital for inpatient stays (discharges) were down 15%, including a 25% reduction for conditions related to Alzheimer's disease and dementia specifically. An additional psychogeriatric resource consultant has been added to the team to support the District of Thunder Bay IDN;
- A project to enhance capacity at the Balmoral Centre Withdrawal Management Program is showing very promising results. During the 2013-14 year, the Balmoral Centre was able to increase the resident days provided from 6,688 in 2012-13 to 11,049 in 2013-14, representing an increase of 12 beds. Overall, the pilot project has been extremely successful, despite the growing issue of substance abuse in the City of Thunder Bay IDN;
- The North West LHIN has been working with the Centre for Addiction and Mental Health in Toronto to enhance collaborative care in the North West LHIN. In Q4, 2013-14, two additional Family Health Teams in the North West LHIN were linked to specialists in Southern Ontario via the Ontario Telemedicine Network (OTN). The goals are to improve access to specialist psychiatry services and to increase the capacity and confidence of General Practitioners to treat mild MH&A substance abuse issues within their practices. Early results have been promising and the North West LHIN has produced a strategy document highlighting opportunities for an enhanced, integrated model of collaborative care for the entire North West LHIN. Additional communities will be added in the coming year; and
- A program aimed at reducing NAS was introduced in Sioux Lookout and has reduced the rates of NAS significantly. The model has gained international recognition.

Goals

- Create an integrated, comprehensive and sustainable system plan for MH&A services which includes a focus on FN communities, a model of care, and an implementation roadmap;
- Facilitate the use of clinically integrated system-wide care pathways for mental health diseases and disorders;
- Reduce reliance on EDs and avoidable admissions to hospital for MH&A substance abuse issues;

- Build primary care capacity for management of mental health issues to create a sustainable system and ease transitions in care; and
- Increase the capacity to monitor the effectiveness of community mental health, including systems to ensure quality substance-abuse and problem-gambling health.

Consistency with Government Priorities

These goals align with the MOHLTC's ten year strategy for MH&A, 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 MH&A substance abuse conditions.

Finally, these goals are aligned with Ontario's Action Plan for Health Care.

Action Plan

	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
Completion of an integrated MH&A system plan and model of care at LHH, IDN, and Regional levels	Complete	100%				
Implementation of integrated MH&A plan and model of care at LHH, IDN, and Regional levels			In Progress	30%	In Progress	50%
Enhanced behavioural supports for older adults across the North West LHIN	In Progress	80%	Complete	20%		
Regional withdrawal, crisis, and stabilization plans for Kenora, Rainy River and Northern IDNs	In Progress	25%	In Progress	35%	Complete	40%
Regional withdrawal, crisis, and stabilization plans for the City of Thunder Bay IDN	In Progress	25%	In Progress	35%	Complete	40%
Regional withdrawal, crisis, and stabilization plans for Thunder Bay IDN	In Progress	25%	In Progress	35%	Complete	40%
Expanding shared care models throughout the North West LHIN	In Progress	33%	In Progress	33%	Complete	34%
Development of mobile crisis response teams in each IDN			In Progress	50%	Complete	50%
Expansion of Youth Peer Support Program – At Risk to At Promise to all IDNs			Complete	100%		
Development of an outcome monitoring framework for community mental health in the North West LHIN			In Progress	50%	Complete	50%
Evaluation of integrated MH&A plan and model of care at LHH, IDN, and Regional levels					In Progress	50%

How will we measure success?

Success will be measured through the attainment of the following milestones:

- MH&A services are aligned with the provincial strategy;
- Reduced repeat unscheduled emergency visits within 30 days for substance abuse conditions;
- A 10% reduction in the repeat unscheduled emergency visits within 30 days for mental health conditions;
- A 10% reduction in 30 day mental illness readmission rates;
- A 10% reduction in the rate per 100,000 population of admissions and inpatient days in acute, schedule one, adult mental health beds;
- A 20% reduction in the rate of live births with NAS;
- A reduction in the cost of MH&A substance abuse services per individual served;
- A reduction in the transfers from LTC and the community to acute care for conditions related to responsive behaviors in older adults;
- An increase in the visits and individuals served related to MH&A conditions in Primary Care settings;
- Increased access to specialty care through Telepsychiatry;
- Improved access to care in FN communities; and
- Improved patient experience.

What are the risks/barriers to successful implementation?

The risks and barriers in this area include:

- HHR limitations that could pose challenges to expansion to community-based care.

How will we mitigate the risk?

Risks in this area will be mitigated as:

- 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. Given the increasing rate of addictions, this will be a priority moving forward;
- The North West LHIN will develop a comprehensive MH&A plan and model of care for the North West LHIN to advance implementation of an integrated MH&A system across the region; and
- Virtual care will be employed as appropriate to extend HHR and expand access to specialized care in remote and/or rural communities.

What are the key enablers that will allow us to achieve our goals?

The key enablers that will assist us include:

- Integration of mental health into Primary Care in the North West LHIN, including physicians servicing FN communities;
- The creation of a comprehensive integrated plan and model of care which includes a roadmap for implementation for MH&A services throughout the North West LHIN; and
- Enhanced use of virtual care to expand access to specialized services.

2.8 Priority 4: Enhancing Chronic Disease Prevention and Management

Description

Recognizing the significant impact of chronic diseases on population health, the quality of the patient experience, and the efficient and 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. A culture of continuous quality improvement in chronic disease prevention and management across the continuum of care will be developed.

Current Status

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 that are between 2 - 3 times higher than in the population as a whole;
- Use of acute care for the management of Diabetes that is approximately twice the provincial rate;
- Amputation rates that are 2.7 times the provincial average;
- 27% of admissions for CHF and 23% of admissions for COPD that result in readmission for the same condition; and
- People with end-stage chronic conditions who 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 including challenges in care transitions;
- Limited 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 FN communities requires joint strategies between federal and provincial governments; and
- Challenges exist in serving specialized subpopulations (i.e. those with acquired brain injuries, Fetal Alcohol Spectrum Disorder (FASD)) as the context for care is generalist.

2014/15 North West LHIN Successes

Successes in this area have come as a result of adopting innovative approaches to care including:

- Telehomecare has expanded and a self-management program for people with COPD and CHF is in place. Improved self-efficacy and health literacy resulting in reduced reliance on acute care and improved access to health care are outcomes for participants;
- A Palliative Care Telehomecare Pilot program was introduced for patients with end stage chronic conditions using tablet technology;
- An Acute Telehomecare program was expanded to include people with Diabetes as part of provincial pilot initiative;
- Foot care services have expanded to include an additional 200 marginalized people with Diabetes at two sites in the Northwestern Ontario;
- A Telewound Care program is being piloted in two regional sites to allow clinicians in the region to access a wound care specialist in Thunder Bay virtually;
- Peer Leaders have been trained and are delivering the Diabetes Foot Assessment Self-Management Program, “Healthy Feet and You,” to address the high rate of amputation;
- Several Diabetes Management programs are using OTN to enable virtual Diabetes assessments allowing patients in rural and remote communities to receive their Diabetes monitoring close to home;
- A demonstration project for a community based approach to Palliative Care for end stage chronic conditions is underway in one FN community;
- An improved Diabetes Management Plan has resulted in training for over 300 health professionals in self-management support;
- Improved linkages and transitions between self-management programs, Primary Care and Telehomecare have been established to connect patients to the right care at the right time by the right provider;
- Work has been undertaken by the Primary and Specialty Care Leads for chronic disease management to increase uptake of evidence-based practices in Primary Care;
- Improved integration of the Diabetes Management Programs across the North West LHIN is underway;
- A quarterly newsletter for Diabetes stakeholders, representing a forum for networking, is being produced and distributed;
- An annual forum was hosted for providers to foster improved quality of Diabetes care;

- Point of Care testing in Diabetes Education programs and selected FN communities was introduced to improve glycemic control and ensure equitable, timely access to Diabetes monitoring;
- A Diabetes common referral form was introduced to improve transitions between Primary Care and Diabetes Education programs and connect patients to the right care provider;
- The use of Diabetes patient orders sets is being explored to standardize evidence-informed Diabetes care in the in-patient environments across Northwestern Ontario;
- An integrated approach to Diabetes Management through standardized care pathways, shared care, and a common regional vision, is evolving;
- Strategies to advance comprehensive screening which would include blood pressure and foot checks at routine Diabetes monitoring visits have been introduced in Diabetes Management programs; and
- A Patient Satisfaction Survey specific to Diabetes has been integrated into practice at the 18 Diabetes Management programs in the North West LHIN to ensure a positive patient experience and improve quality.

Other areas of success include:

- 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 CHF;
- The development of a regional Palliative Care plan with a focus on end stage chronic disease;
- An integrated interdisciplinary approach to Palliative Care in all settings will be advanced through Health Links as they evolve in the North West LHIN; and
- The completion of a comprehensive Vision Care plan.

Goals

- Reduce the prevalence of chronic diseases through expansion and integration of primary prevention initiatives;
- Increase the uptake of targeted evidence-based practices for chronic disease management in Primary Care and community-based programs;
- Reduce avoidable use of acute care for targeted high impact chronic conditions (CHF, COPD, Diabetes) through improved chronic disease management support in the community;
- Integrate regional programs for chronic disease management starting with Diabetes Education and Management, COPD, and Palliative Care;
- Enhance self-management capacity amongst clinicians and the people in the Northwestern Ontario; and
- 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/networks 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. Care in the community, quality and funding, and healthier people are key pillars in the current provincial action plan.

These initiatives also advance the strategic goals of the North West LHIN and the Minister's Mandate Letter released in 2014.

Action Plan

	2015/16		2016/17		2017/18	
	Status	%	Status	%	Status	%
Implementation and evaluation of Point of Care testing in 15 communities to improve Diabetes Self-Management	In Progress	70%	Completed	30%		
Establishment of a comprehensive Wound Management program across the North West LHIN	In Progress	30%	In Progress	30%	Complete	40%
Implementation of plans for improved integration of Diabetes services at LHH and IDN levels across the North West LHIN	In Progress	90%	Complete	10%		
Implementation of quality improvement initiatives in Primary Care and community-based care programs for chronic disease prevention and management Implement diabetes specific patient satisfaction surveys in the Diabetes Education programs	Complete	100%				
Evaluation of Patient Satisfaction Survey results in Diabetes Education programs			Complete	100%		
Advancement of standardized care pathways through the establishment of working groups in each LHH	Complete	100%				
Design of a regional plan for Palliative Care focusing on people with end stage chronic conditions	Complete	100%				
Implementation of a regional plan for Palliative Care focusing on home and community care and people with chronic conditions	In Progress	30%	In Progress	40%	Complete	30%
Conducting and evaluation of a Palliative Care demonstration project in one FN community using the community development model accepted provincially	In Progress	70%	Complete	30%		

Participating as an early adopter for the Provincial Vascular Health Strategy	In Progress	20%	In Progress	40%	Complete	40%
Alignment of Stroke Management and End Stage Renal management with provincial strategy	Complete	100%				
Building self-management and health literacy capacity through increased access to programs Introduce Patient Education program "Healthy Feet and You"	Complete	100%				
Standardization of transitions in care for chronic conditions through expanded use of Telehomecare for moderate level clients	Complete	100%				
Standardization of transitions in care for chronic conditions through expanded use of Telehomecare by extending the model to Diabetes Management across the North West LHIN and include Wound Care	In Progress	30%	In Progress	40%	Complete	30%
Standardization of transitions in care for chronic conditions through expanded use of Telehomecare by providing services across the continuum of care	In Progress	50%	Complete	50%		

How will we measure success?

Success will be measured through the attainment of the following milestones:

- Improved self-efficacy for people participating in Telehomecare programs;
- A 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 2021;
- 100 new patients with chronic disease enrolled in Telehomecare;
- The successful implementation of regional plans for Palliative Care and Diabetes;
- Access to a specialized consultation team for 24/7 Palliative Care; and
- Point of Care testing that is available to patients in 15 Diabetes Education programs.

What are the risks/barriers to successful implementation?

Enhancements to chronic disease prevention and management including:

- Insufficient capacity amongst HSPs to deliver the required changes; and
- Jurisdictional issues related to the provision of health services in FN communities that require joint strategies between federal and provincial governments.

How will we mitigate the risk?

Actions that will mitigate the risks involved in this area include:

- Participation in ongoing, sustained HHR recruitment and retention efforts;
- Utilizing the HHR Study completed last year to support sufficient HSP capacity; and
- The utilization of virtual care to extend HHR and improve access to care.

What are the key enablers that will allow us to achieve our goal?

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

- The redesign of services and programs at LHH, IDN, and Regional program levels in accordance with the Health Services Blueprint;
- The articulation of 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 LHIN Staffing and Operations

3.1 LHIN Operations Spending Plan

LHIN Operations (\$)	2014/15 Actuals	2015/16 Forecast	2016/17 Plan	2017/18 Outlook	2018/19 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	2,143,300	2,143,300	2,143,300	2,143,300
Salaries and Wages	2,637,446	2,860,000	2,900,000	2,950,000	3,005,000
Employee Benefits					
HOOPP	249,650	258,000	262,000	266,000	269,000
Other Benefits	322,411	357,000	363,000	367,000	371,000
Total Employee Benefits	572,061	615,000	625,000	633,000	640,000
Transportation and Communication					
Staff Travel	136,982	130,000	120,000	110,000	95,000
Governance Travel	41,466	45,000	40,000	35,000	30,000
Communications	58,128	60,000	57,000	55,000	50,000
Total Transportation and Communication	236,576	235,000	217,000	200,000	180,000
Services					
Accommodation	306,372	248,000	248,000	248,000	248,000
Advertising	3,773	5,000	5,000	5,000	5,000
Consulting Fees	20,334	22,000	15,000	15,000	15,000
Equipment Fees	62,527	5,000	5,000	5,000	5,000
Insurance	7,294	7,000	7,000	7,000	7,000
LSSO Shared Costs	393,662	392,000	392,000	392,000	392,000
LHIN Collaborative	47,500	47,500	47,500	47,500	47,500
Other Meeting Expenses	32,078	30,000	25,000	22,000	18,000
Board Chair's Per Diem Expenses	23,645	25,000	25,000	22,000	20,000
Other Board Members' Per Diem Expenses	43,541	65,000	60,000	55,000	50,000
Other Governance Costs	87,914	60,000	55,000	45,000	40,000

Printing and Translation	29,343	30,000	30,000	28,000	25,000
Staff Development	134,369	70,000	65,092	45,092	35,092
Total Services	1,192,352	1,006,500	979,592	936,592	909,592
Supplies and Equipment					
IT Equipment	28,776	15,000	15,000	15,000	15,000
Office Supplies & Equipment	56,612	48,092	43,000	35,000	30,000
Total Supplies and Equipment	85,388	63,092	58,000	50,000	45,000
LHIN Operations: Total Planned Expense	4,723,823	4,779,592	4,779,592	4,779,592	4,779,592
Annual Funding Target		6,922,892	6,922,892	6,922,892	6,922,892
Operating Surplus (Shortfall)	55,769	-	-	-	-
Amortization of Tangible Capital Assets	161,710	70,000			
Initiatives Spending					
E-Health	510,000	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	154,770	160,000	160,000	160,000	160,000
ED Lead	74,721	75,000	75,000	75,000	75,000
Critical Care Lead	75,000	75,000	75,000	75,000	75,000
Diabetes	999,541	1,042,300	1,042,300	1,042,300	1,042,300
ED/ALC, Performance Lead	100,000	100,000	100,000	100,000	100,000
Primary Care Lead	73,518	75,000	75,000	75,000	75,000
LHIN Operations and Initiatives- Total Actual/Planned Expense	6,817,373	6,922,892	6,922,892	6,922,892	6,922,892

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

3.2 LHIN Staffing Plan (Full-Time Equivalents)

Position Title	2014/15 Actuals as of Mar 31/15	2015/16 Forecast	2016/17 Plan	2017/18 Outlook	2018/19 Outlook
CEO	1	1	1	1	1
Senior Director	2	2	2	2	2
Controller	1	1	1	1	1
Program Director	4	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	2	2	2	2	2
Epidemiologist	1	1	1	1	1
Business Analyst	2	2	2	2	2
Performance and Contract Mgmt Consultant	2	2	2	2	2
Sr. Funding & Allocation Consultant	2	2	2	2	2
Communications Consultants	3	3	3	3	3
Financial Coordinator	1	1	1	1	1
HR Coordinator	1	1	1	1	1
Planning & Development Consultant	2	3	3	3	3
Sub-total	31	32	32	32	32
Initiatives					
eHealth, i.e. eHealth Lead, AA, Project Manager	4	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	9	10	10	10	10
Sub-total	19	20	20	20	20
GRAND TOTAL	51	52	52	52	52

4 Integrated Communications and Community Engagement Strategy

4.1 Objectives

Business Objectives

The North West LHIN and its Board of Directors, through the implementation of the *2015-2016 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 through better health system coordination and integrated care processes;
 - Improving access to care through the shifting of non-acute health services from hospitals 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 HSP agencies;
 - Improving the accessibility of health care because of innovative technology solution; 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 Care providers;
 - Improving the timeliness of access to Primary Care services;
 - Improving communication and the 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 EDs by reducing avoidable ED visits and reducing ED times;
- Reducing ALC days;
- Reducing post-acute care length of stay days;
- Reducing the LTC wait list to initial placement;
- Reducing low acuity patients admitted to LTC; 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 HSFR and QBPs;
 - 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 MH&A services by:
 - Creating an integrated model of care for MH&A services;
 - Streamlining system-wide care pathways for mental health diseases and disorder;
 - Reducing reliance on EDs 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 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 CHF, 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 *2015-2016 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 HSPs 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 the North West LHIN brand, image, and reputation to improve two-way communication and community engagement on all staff levels with LHIN stakeholders in order to increase awareness and acceptance of the North West LHIN's mandate, priorities, and transformation agenda;
- Increasing awareness, interest, acceptance, action, and ownership of the North West LHIN's health care system transformation agenda;
- Improving stakeholder relationships through integrated, segmented stakeholder analysis;
- Integrating communications planning and community engagement activities to proactively support the objectives and outcomes of the *Annual Business Plan 2015-2016*;
- Refining existing visual identity standards and developing communications tools to create a cohesive look and feel, and to ensure 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
- Monitor and re-evaluate existing communications and community engagement programs to ensure continuous quality improvement and stakeholder satisfaction.

4.2 Context

Provincial Alignment

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

- The *Excellent Care for All Act* (2010);
- *Patients First: Action Plan for Health Care* announced in February 2015 which highlights four key priorities – Access, Connect, Inform and Protect;
- The *Premier's Mandate Letter to the Minister of Health and Long-Term Care* which highlights priorities on putting patients at the centre – the right care, right place, right time; accountability and transparency; and building a system that delivers the best quality care to meet the needs of patients;
- *The Patients First: Roadmap to Strengthen Home and Community Care* to support people of all ages who require care in their home, at school or in the community;
- Implementation of key provincial initiatives including *Health System Funding Reform*, *Health Links*, *Health Supports for Seniors*, and the expansion of Quality Improvement Plans into primary and community care sectors; and
- Strategic alignment of the *North West LHIN Integrated Health Services Plan 2013-2016*, and the initiatives laid out in the *Annual Business Plan 2015-2016* 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, is recognized as a local system manager that provides a central leadership role in driving health system transformation.

North West LHIN

The *Annual Business Plan 2015-2016* 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. Released on February 7, 2013, this plan outlines four priorities to transform the health care system in Northwestern Ontario:
 - Building an Integrated Health Care System;
 - Building an Integrated eHealth Framework;
 - Improving Access to Care; and
 - Enhancing Chronic Disease Prevention and Management.

Development of the *2013-2016 IHSP* involved extensive community engagement with local HSPs and residents, followed by public validation.

- **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 the 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 2015-16 North West LHIN 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 *2015-16 North West LHIN Annual Business Plan* outlines the key initiatives to be implemented and targets to be achieved and evaluated over the upcoming year. It also provides a framework for communicating with our stakeholders regarding the impact local decision making has on health care delivery in our communities.

4.3 Target Audiences

In recognition of the need to be agile, accurate, and responsive when meeting the communications needs of both the LHIN and of our various audiences, the North West LHIN actively maintains stakeholder lists and undertakes stakeholder analysis. Audiences may include, but are not limited to the following:

Primary	Secondary	Tertiary	Internal
North West LHIN Health Service Providers: • Board of Directors; • Senior Leadership Team • Staff 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 • North West LHIN Health Care Leads	Non LHIN-Funded Health Service Providers Primary Care Providers including: • Physicians • Nurse Practitioners • Specialists • Family Health Teams • Ambulance and Emergency Services • Allied health professionals	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	North West LHIN Board of Directors North West LHIN Leadership Team North West LHIN Staff MOHLTC: • LHIN Liaison Branch • Communications and Information Branch • Minister's Office

- Joint Committee for the North West, North East and French Language Services Planning Entity Northwestern Ontario residents: - Patients - Citizens' Reference Panels - Consumer and/or Patient Support Groups - Informal Caregivers Aboriginal: - Health Directors - Northern Chiefs - Health Canada and - Aboriginal Communities Francophone: - Community		- Federal - Media	
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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 MOHLTC's *Patients First Action Plan for Health Care (2015)* and other key provincial initiatives;
- the North West LHIN Board Strategic Direction;
- the North West LHIN Integrated Health Services Plan 2013-2016; and
- the North West LHIN Health Services Blueprint.

At the heart of this *Corporate Communications & Community Engagement Strategy and Tactical Plan* are patients and families. The overarching strategies include:

- Focusing on patient experience and health outcomes that matter to them;
- Engaging the people of the Northwest in identifying and planning for their health care needs;
- Advancing all North West LHIN key integration initiatives, Annual Business Plan initiatives, and provincial priorities;
- Highlighting successes towards improving the care experience for the Aboriginal population; and
- Highlighting successes towards improving access to services in French and to achieve better health outcomes for the Francophone population in Northwestern Ontario.

The *Corporate Communications & Community Engagement Strategy and Tactical Plan* will identify the gaps and requisite changes in audience actions, behaviours, and/or policy direction that will lead to system integration and transformation. It will also:

- Identify and close 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;
- Inform and educate stakeholders;
- Leverage the continuous efforts by HSPs to build a person-centred culture; and
- Provide accurate and timely information to all audiences.

Lastly, a strategic and tactical approach will ensure that communications and community engagement will be transparent and accountable.

4.4 Key Messages

North West LHIN Messaging – Our Reality

The following realities affect the messaging required to be used in Northwestern Ontario:

- The population 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:
 - The North West LHIN covers the largest geographic area of all Ontario LHINs, covering 47 percent of the province's total area while this area also contains only two percent of Ontario's total population;
 - The distances between services can be vast, with limited infrastructure, which impacts access to care; and
 - This area has the highest rate of acute hospital use and preventable diseases in the province;
- Fragmented care;
- Poor transitions between care settings; and
- There are 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.

MOHLTC Messaging – Health System Transformation

The Province of Ontario is:

- putting people and patients first by improving the health care experience;
- providing the information to make decisions and the tools to live healthy and stay healthy; and
- providing better access to quality health services and protecting those services for generations to come.

Putting Patients First leads to a health care system that provides a caring, integrated experience for patients with faster access to quality health services for all Ontarians at every life stage.

Four pillars support sustainable health care system transformation:

- Access – Providing faster access to the right care;
- Connect – Providing better home and community care;
- Inform – Providing information to make the right decisions about your health; and
- Protect – Ensuring our universal health care system is sustainable for generations to come.

North West LHIN Messaging – Transformation Agenda

Ontario is shifting the focus of its health care system to 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, and achieving improved health outcomes 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 EDs and re-admissions to hospital; and
- Patients receiving the right care in the right place at the right time.

The health care system is being transformed by:

- partnering within the health care sector that will enable the partners 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 HSPs 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; and
- A system-wide culture of accountability.

4.5 Tactics

As stated earlier, the objectives and initiatives contained in the *Annual Business Plan 2015-2016*, 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;
- Telephone conversations;
- Video and web conferencing;
- 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; and
- 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; and
- Engagement with specific stakeholders through face-to-face meetings and electronic media.

In 2015-16, the North West LHIN will:

- Build upon the new content management system platform to modernize and enhance the public website and web presence;
- Continue to build upon analytics implemented in 2013-2014 to understand and evaluate the effectiveness of the revitalized web presence, as well as to monitor uptake on electronic stakeholder communications;
- Launch its social media program;
- Create collaborative web-based workspaces for HSPs related to specific initiatives and programs where technology allows; and
- Ensure consistent look and feel and messaging in line with the new Pan-LHIN visual identity guidelines.

4.6 Evaluation

The *North West LHIN Corporate Communications and Community Engagement Strategy and Tactical Plan* will identify the steps that the North West LHIN takes 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 *2015-16 North West LHIN Annual Business Plan*.

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, and other evaluative criteria as appropriate;
- 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 *2015-16 North West LHIN Annual Business Plan*, and the *North West LHIN Integrated Health Services Plan 2013-2016*;
- Alignment of HSP 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.

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