



North West Local Health Integration Network

Annual Business Plan

2016-2017

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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 the Draft *North West Local Health Integration Network Annual Business Plan 2016-2017 (the “Plan”)*. This *Plan* demonstrates how the North West Local Health Integration Network (LHIN) will improve the health system in Northwestern Ontario in 2016-2017, the first year of our *Integrated Health Service Plan IV 2016-2019 (IHSP)*. It operationalizes the IHSP and sets the overall goals and objectives for investing the health care system funding allocated to the North West LHIN in 2016-2017.

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

- Improving the Patient Care Experience by:
 - Enhancing Home and Community Care Services;
- Improving Access to Care and Reducing Inequities by:
 - Enhancing Access to Primary Care;
 - Improving Access to Speciality Care; and
 - Integrating the System of Care for Mental Health and Addictions ;
- Building an Integrated Electronic Health Framework; and
- Ensuring Health System Accountability and Sustainability.

This *Plan* builds on the progress made in *Patients First: Action Plan for Health Care* announced in February 2015 which highlights the four key priorities of Access, Connect, Inform, and Protect, 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.

As outlined in this *Plan*, our system goal is to create an integrated health care system in the North West LHIN that improves health outcomes for the residents of Northwestern Ontario. This is why the North West LHIN is moving towards a value-based health care system which is designed based on the needs of the patient to improve health outcomes.

The *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 on January 26, 2016: "*that The North West LHIN Board of Directors approve the Draft North West Local Health Integration Network Annual Business Plan 2016-2017 for submission to the MOHLTC by March 28, 2016.*"

We believe that the *North West Local Health Integration Network Annual Business Plan 2016-2017* 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 *Plan*, please contact our CEO, Laura Kokocinski at (807) 684-9425.



Dan Levesque
Interim Board Chair

1.2 North West LHIN Mandate and Strategic Directions

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

The North West LHIN's vision is, "Healthier people, a strong health system – our future." Its mission is to develop an innovative, sustainable, and efficient health system in service to the health and wellness of the people of the North West LHIN. In October 2015, The North West LHIN Board of Directors reaffirmed the strategic directions and approved the *North West LHIN Integrated Health Service Plan IV 2016-2019* (IHSP IV 2016-2019), both of which 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 fourth year of implementing its *Health Services Blueprint* – 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.

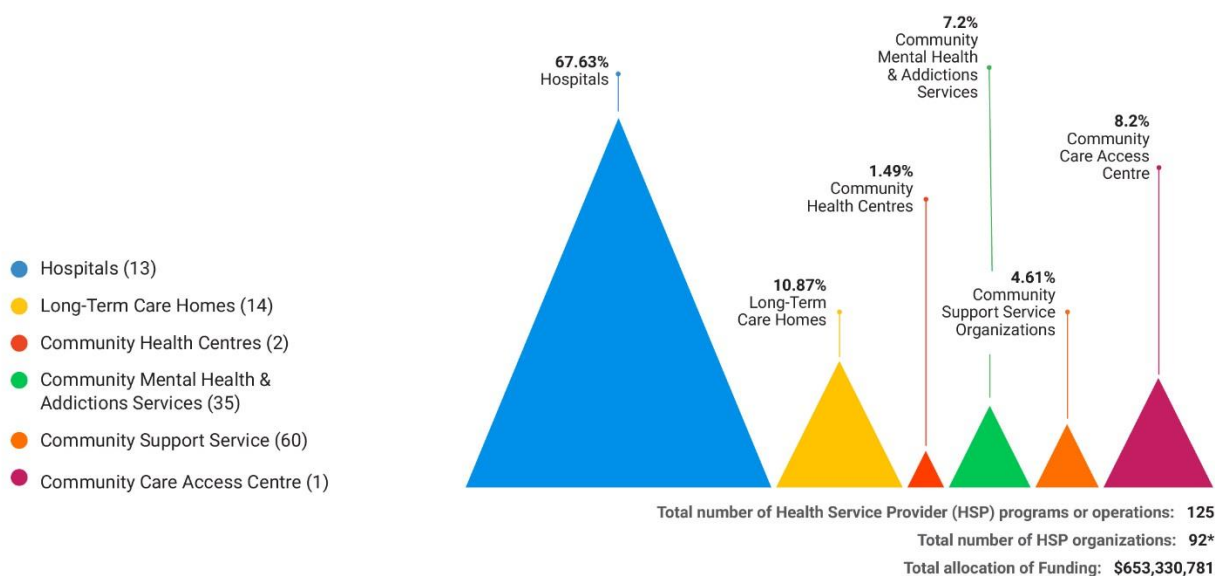
The ongoing implementation of the Health Services Blueprint will lead to the creation of an integrated system of care in the North West LHIN that aligns with the MOHLTC's *Patients First: Action Plan for Health Care* and the Health Links initiative.

Relationship between the MOHLTC Directions, North West LHIN Strategic Plan, IHSP Priorities, and Annual Business Plan



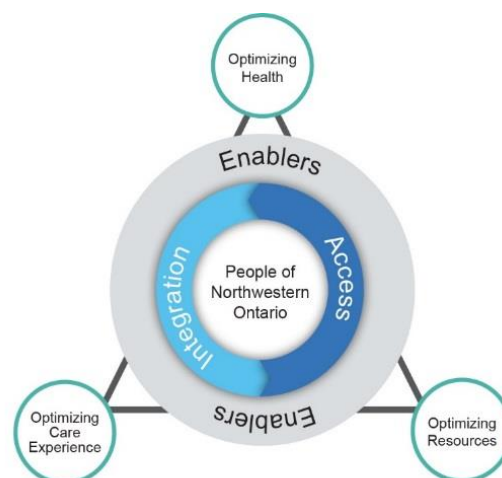
1.3 Overview of Current and Forthcoming Programs and Activities

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 92 HSPs in the following areas:



“Improving quality – better health, better care, better value,” are the three aims of Health Quality Ontario’s (HQO) improvement framework. The North West LHIN adopted this framework to advance health system transformation through the IHSP IV 2016-2019. 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 IHSP IV 2016-2019 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 IHSP are focused in four primary areas:

1. Improving the Patient Care Experience;
2. Improving Access to Care and Reducing Inequities;
3. Building an Integrated Electronic Health (eHealth) Framework; and
4. Ensuring Health System Accountability and Sustainability.

1.3.1 Integrated Health Services Plan Priorities

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

Improving the Patient Care Experience

The North West LHIN's goal is to foster a culture of continuous quality improvement across the region. Quality can mean different things depending on one's involvement in the health care system. To health system planners and clinicians providing frontline care, quality is measured by indicators such as performance targets, patient satisfaction, and health outcomes. To patients and families who receive care, quality is reflected in how quickly they access the services they need, the extent to which their input and goals are respected, and whether the care is effective. Continuous quality improvement takes into account both perspectives, and is an integral characteristic of the person-centred system of care that the North West LHIN seeks to build.

Improving Access to Care and Reducing Inequalities

The North West LHIN's goal is to ensure equitable access to health care services that are appropriate, timely, and meet the needs of the population. The vast geography and low population density in Northwestern Ontario create challenges in the equitable delivery of health services, particularly for those living in small, rural, and remote communities where volumes may not exist to support local delivery of complex, high-cost services. However, the North West LHIN has a longstanding reputation for taking advantage of creativity, innovation, and technology to improve access to care for residents across the region. Improving equitable access to the care residents need, when they need it, as close to home as possible, remains an important priority for the North West LHIN.

The following priorities will lead to improved access to care and the reduction of inequalities:

Enhancing Access to Primary Care. Improving access to primary care remains a high priority for the North West LHIN as it is the entry point to the health care system for most residents. Evidence shows that jurisdictions with a strong foundation of primary care also have better health equity and overall improved health system performance. 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 Integrated District Network (IDN) level.

Improving Access to Specialty Care. Access to specialty care remains a challenge in the North West LHIN. The Health Services Blueprint indicates that patients who live in the rural areas often travel long distances to Thunder Bay, Winnipeg, or beyond in order to access some specialized services including pediatrics and high risk obstetrical care. To reduce the need for travel and improve access to specialty consultation, a network of virtual care has been well established and will continue to evolve to help meet the demand for specialty services in the North West LHIN while connecting residents with the appropriate care they need in a timely manner. The Northwest region is a provincial leader in this area and will continue to support expansion of virtual care moving forward.

Integrating the System of Care for Mental Health and Addictions. As a fundamental strategy to improve access and reduce inequities across the system, the North West LHIN has identified the need for a comprehensive, integrated, regional model of care for mental health and addictions (MH&A) that incorporates awareness, education, assessment, early intervention, and long-term supports to improve the quality of life and health outcomes for people living with mental health issues. Building capacity in primary care for management of mental health issues will also help reduce reliance on EDs and avoidable admissions to hospital for MH&A care. In the coming year, an integrated model of care for MH&A will be developed and implementation will begin in North West LHIN.

Building an Integrated Electronic 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 order to advance eHealth in the region, the North West LHIN will continue to find innovative solutions to priority issues, establish appropriate organizational structures and service offerings in place, and collaborate as a region for cost-effective integrated solutions.

Building an Integrated System of Care

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.

Ensuring Health System Accountability and Sustainability

The North West LHIN's goal is to ensure sustainability of the health care system through an efficient and effective use of resources. Building a sustainable health care system requires proactive planning to ensure sufficient resources, both human and financial, are available to meet the needs of everyone who depends on them now and in the future. The North West LHIN recognizes the challenges facing local health systems, HSPs, and other sector partners with growing expectations for improved access to health care, quality of care, system performance, significant financial pressures on hospitals at local and provincial levels, and health human resource (HHR) recruitment and retention. It is clear that significant system transformation is required to achieve value in terms of cost-efficiency, improved health outcomes, quality of care, and the delivery of services in a sustainable way at a time when resources are challenged.

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 the 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 North West 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 MH&A issues.

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 2016-2017, the North West LHIN will continue its commitment to fostering strong relationships with Indigenous stakeholders in our region. The North West LHIN will host another Aboriginal Health Forum in 2016. This forum will have 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 2016-2017, 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 (LTC) services.

French Language Health Services

In accordance with the 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 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 Alternate Level of Care (ALC) volumes across the North West LHIN. Strategic investments in community care have 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 Community Support Sector (CSS) to identify opportunities to shift low needs clients who require personal support to this area.

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 Quality Based Procedures (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 Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (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	25.2%	17.2%
Obesity rate (age 18+)	27.2%	17.9%
Rate of arthritis	22.0%	17.7%
Prevalence of high blood pressure	22.8%	18.5%

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 - http://portal.lhins.on.ca/nw/operations/planning/Annual_Business_Plan/2015-2016/Premature 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).

	North West LHIN	Ontario
Higher		
Hospitalization rate due to mental illness (2011-2012)	1098/100,000	444/100,000
Hospitalization rate due to injury (2012-2013)	725/100,000	407/100,000
Rate of premature mortality (before age 75) per 100,000 pop. (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	87.3%	94%

Cost drivers associated with our population characteristics include:

- poor lifestyle behaviours leading to poor health status, resulting in increased use of health care services;
- decreased availability of informal caregivers (30 per cent of seniors live alone in North West LHIN compared to 24 per cent provincially);
- a more rapidly aging population 65+ within the next twenty years increasing, to 28 per cent compared to 24 per cent provincially in 2036 which will increase reliance on health care services;
- recruitment and retention of health professionals for many communities across the Northwest;
- a declining population which will lead to further diseconomies of scale; and
- a low population density which 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. People living in Northwestern Ontario have a history of working together to meet the needs of their clients; and
- Innovation. The Northwest continues to be recognized for its innovation provincially, nationally, and internationally. Planning and providing care in rural/remote communities requires innovative new strategies (i.e. service provision, HHR planning and training).

2 Core Content

2.1 Building an Integrated Health Care System

Description

System goal: To create an integrated health care system in the North West LHIN that improves health outcomes for the residents of the Northwest region.

The North West LHIN is working with partners to change the way care is conceptualized, funded, and delivered by transitioning to a value-based health care system. A value-based health care system is designed with and for the patient based on his or her needs, and delivers safe, culturally-appropriate, and effective care at a reasonable cost. Inter-professional care teams share the responsibility for improving health outcomes and rely on evidence-based care that considers patient goals and preferences. Regular evaluation measures improvements in health outcomes against the costs of achieving those outcomes, and changes to funding structures may be required to accommodate a stronger emphasis on the quality of care provided rather than simply volumes.

Over the next three years, value-based health care will be a foundational concept as the North West LHIN implements integrated service delivery models and reconfigures services in order to improve the health outcomes of residents across the region.

The North West LHIN has adapted the Ontario Hospital Association Rural Health Hub model within the context of the Health Services Blueprint. In partnership with local stakeholders, a number of integration scenarios for both horizontal integration (e.g. between hospitals) and vertical integration (e.g. across sectors) will be advanced in 2016-2019. The result is a proposed basket of services to be delivered at the local, district, and regional levels in an integrated way across various sectors including home and community care, MH&A, and acute care.

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 hospital 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 hospital until home care or LTC is available. In many cases, the patients do not receive the required post-discharge support; and
- Health costs are higher in Northwestern Ontario. In 2009-2010, health care spending in the region was 39 per cent higher than the provincial average, while administrative costs were 36 per cent 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.

2015-2016 North West LHIN Successes

Successes already realized in this area include:

- the continued development of scenarios to achieve governance, administrative, and operational integration of HSPs within the North West LHIN, with a focus on integrated and accountable care organizations dedicated to improving health outcomes for the population of the North West LHIN. This has led to consideration of partnerships, memorandum of understanding (MOUs), shared services, and mergers at the Local Health Hub (LHH) and IDN levels;
- the development of processes for the integration of two to three accountable organizations in a phased, controlled manner to test assumptions and identify real opportunities for system level efficiencies, economies, and reinvestment opportunities focused on health care improvement in line with the North West LHIN Health Services Blueprint and emerging provincial priorities;
- the development of an evaluation plan to measure success at regular intervals throughout the implementation process;
- the development and implementation of pre-determined engagement strategies to support communication and validation of integrated service delivery models that take into account ongoing engagement with appropriate stakeholders at the Board, operational, and community levels, in addition to knowledge exchange at pan-IDN and provincial levels; and
- ongoing refinement of scenarios, assumptions, data, and related modeling.

Acknowledging that the implementation of integrated health care organizations requires substantial collaboration across sectors, providers, processes, and clinical service delivery, this transformation will be multi-year in nature, with the end goals including:

- improved outcomes and experiences for end users of the health care system;
- improved integration of LHIN-funded and non-LHIN-funded providers at the local, district, and regional levels;
- shared governance across the care continuum;

- reconfiguration of services to better meet the population health care needs today, tomorrow, and in the future;
- enhanced use of technology, shared health analytics, and data systems to leverage regional expertise at a local level;
- standardized costing, processes (including referral), and baskets of services to further strengthen consistency in access and experience across the North West LHIN;
- enhanced capacity in the community support sector to provide personal support services for low level needs clients; and
- the sustainability of health care services in the North West LHIN.

Consistency with Government Priorities

Priority Document	Principle
Ministry LHIN Accountability Agreement (MLAA)	Health System Funding Reform (HSFR) Home and Community Care
Mandate Letter	Putting Patients at the Centre – Right Care, Right Place, Right Time Collaborating on Shared Responsibilities Across Government
Patients First: Action Plan for Health Care	Improve access Connect services Protect our universal public health care system
Ontario's Rural and Northern Framework	Governance and accountability Health human resources (HHR) Inter-sectorial integration Local community engagement and planning
Patients First: A Roadmap to Strengthening Home and Community Care	Drive greater quality, consistency and transparency Plan for and expand capacity Modernize delivery
The Baker Report	Fewer preventable adverse events More effective care transitions Better chronic disease prevention and management

Priority Document	Principle
The Drummond Report, Chapter 5 – Health:	Fiscal issues and funding Integrating across sectors into a health care system Information sharing and use Optimizing human resource capacity Contain further capital investment Case management Governance structures Evidence-based policy Hospitals Community care, home care, and LTC
The Walker Report	Improved access to the right care through community investment Improved patient flow across the system Optimize and differentiate capacity

Action Plan

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Advance North West LHIN Health Services Blueprint recommendations: implement an integrated service delivery model at local, district, and regional levels (early adopters)	In progress	20%	In progress	40%	In progress	60%
Continue to implement integration initiatives and evolve to fully integrated health care organizations	In progress	20%	In progress	40%	In progress	60%

How will we measure success?

By 2020, it is expected that early adopter sites will have evolved to fully integrated health care organizations that:

- have shared governance across the care continuum;
- use funding as a lever to integrate care;
- have an integrated strategic plan, integrated Quality Improvement Plan (QIP), and can articulate a common understanding of patient experience;
- use technology and shared IT/health analytics and data systems to improve quality; and
- measure success through an evaluation framework that indicates client experience and outcomes in addition to historic reporting obligations.

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;
- a likely shortage of required HHR across the North West LHIN, especially over the long term;
- diseconomies of varying proportions across the region; and
- insufficient enabling technologies;

How will we mitigate the risk?

Risk mitigation factors include:

- The North West LHIN is in a unique position with all hospitals on the same IT platform;
- The North West LHIN is working with providers to develop an approach to timely access to data to help inform Health Links and Blueprint-related conversations;
- At the same time, the community sectors are improving their data collection and analysis through the implementation of the Integrated Assessment Record (IAR) provincially;
- The capacity as a shared services partner at the North West Health Alliance (NWhA) will be leveraged to support system transformation in key areas including Decision Support and Project Management;

- The North West LHIN has provided education at a governance level to all North West LHIN-funded HSPs with the purpose of developing 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 ten-year Health Human Resources Plan (HHRP), the North West LHIN identified a number of potential skills shortages and a need for succession planning across all sectors. The North West LHIN is working with providers to better understand the need for succession planning and the opportunities for change in health service delivery to mitigate these potential shortages;
- System transformation will be most effectively advanced with the establishment of Advisory Committees and related governance structures with early adopter site integration;
- To help manage diseconomies of scale that exist across the region, the North West LHIN will develop scenarios to determine optimal service delivery level (i.e. LHH, IDN or Regional) for programming, and will also reconsider the role of the small rural hospital to see if other programs could be “bundled” with the hospital to achieve improved economies of scale;
- To better leverage the power of emerging technologies, the North West LHIN continues to invest in the expansion of electronic referral systems and Telemedicine opportunities, including Telehomecare; and
- An evaluation plan will be implemented to measure the impact of system transformation, which will show the intent of demonstrating both short-term and long-term results.

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

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

- Ongoing alignment of Ministry priorities and/or initiatives with Rural Health Hubs (i.e. Health Links, Home and Community Care, and Primary Care);
- Opportunities to explore and implement bundled payments;
- Support for LHIN-level innovation within provincial guidelines;
- Health Analytics support;
- Knowledge exchange within the North West LHIN and at a provincial level;
- Visible and present provincial leadership, sponsorship, and stewardship;
- Fortitude (support of directed integrations);

- Consistency and responsiveness of communications and decision making with North West LHIN partners; and
- Defined indicators to inform evaluation approach at a provincial level.

2.2 Priority 1 - Improving the Patient Care Experience

Description

Goal: To foster a culture of continuous quality improvement across the North West LHIN.

Quality can mean different things depending on one's involvement in the health care system. To health system planners and clinicians providing frontline care, quality is measured by indicators such as performance targets, patient satisfaction, and health outcomes. To patients and families who receive care, quality is reflected in how quickly they access the services they need, the extent to which their input and goals are respected, and whether the care is effective. Continuous quality improvement takes into account both perspectives, and is an integral characteristic of the person-centred system of care that the North West LHIN seeks to build. This means that in 2016-2017 there will be:

- increased health services and programs designed with patients and families;
- increased personalized health care plans;
- increased self-management;
- Cross sector QIPs; and
- QBP implemented system-wide.

People have indicated they want to stay in their own homes as long as possible, and with the right supports, until the end of life. Building a strong home and community care system will support this growing demand for services in the community. By improving the areas of access to care, coordination of services, and overall integration of care across all sectors, and investing in programs that support seniors to age at home, it is anticipated that residents will experience better quality of life and will have a reduced reliance on hospital services for care, which will lead to improved LTC services in the community.

Additionally, when patients no longer need to be in the hospital for treatment that could be delivered in a different location or by a different method, any days spent there are defined as Alternate Level of Care (ALC). Patients would benefit by receiving more appropriate care either at home or in another setting within the community after their required hospital stay to reduce the number of days spent in hospital as ALC.

Current Status

The aging population and relatively poorer health status of North West LHIN residents impacts the demand for services, especially those for seniors, including rehabilitation/complex continuing care (CCC), community support services, LTC services, and palliative care. In the North West LHIN, the burden of disease associated with Diabetes, Congestive Heart Failure (CHF), and Chronic Obstructive Pulmonary Disease (COPD) exceeds the provincial average⁴.

In the North West LHIN:

- 20 per cent of residents (aged 12+) had multiple chronic conditions and these rates were significantly higher than the provincial average⁵;
- Use of acute care for the management of chronic conditions is high at 26 per cent⁶;
- Readmission rates for Diabetes, COPD (22 per cent) and CHF (25 per cent) exceed those in the rest of the province in 2013-2014⁷;
- Seniors aged 75+ are 45-55 per cent more frail than the average senior in Ontario⁸;
- ED visits related to falls are 21 per cent higher than the Ontario average⁹;
- For those aged 65+, 46.1 per cent of the days waiting in hospital is for LTC care and 16.5 per cent of the days waiting is for CCC¹⁰;
- Between 2015-2030, there is a projected need for 1,000 additional LTC spaces to maintain current service capacity¹¹;
- Overall deaths in the North West LHIN region are projected to increase by 27 per cent between 2007-2020¹²; and
- The percentage of ALC days in 2013-2014 was 17.8 per cent higher than the provincial average at 14 per cent¹³.

⁴ PricewaterhouseCoopers, "North West LHIN: Health Services Blueprint"

⁵ MOHLTC, "Environmental Scan: 2016-2019 Integrated Health Services Plans."

⁶ Ibid

⁷ MOHLTC, "MLPA Performance Indicator Supplementary Info – Inpatient Readmissions," 2015.

⁸ Susan E. Bronskill, Michael W. Carter, Andrew P. Costa, Ali V. Esensoy, Sudeep S. Gill, Andrea Gruneir, David A. Henry, John P. Hirdes, R. Liisa Jaakkimainen, Jeff W. Poss, and Walter P. Wodchis, "Aging in Ontario: An ICES Chartbook of Health Service Use by Older Adults," *Institute for Clinical Evaluative Services*, September 2010, <http://www.ices.on.ca/~media/Files/Atlases-Reports/2010/Aging-in-Ontario/Full%20report.ashx>.

⁹ Ibid

¹⁰ Ibid

¹¹ North West LHIN, "Local Area Services Plan for Older Adults," 2013.

¹² North West LHIN, "Regional Palliative Care Plan: Support. Quality. Coordination," 2014.

¹³ MOHLTC, "Environmental Scan: 2016-2019 Integrated Health Services Plan."

2015/16 North West LHIN Successes

Successes already realized in this area include:

Advancing Virtual Care

- Telepsychiatry has been expanded to serve clients in three additional communities;
- Telehomecare has expanded to include a module for Diabetes as a co-morbidity which supports improved self-efficacy, health literacy, and access to health care while reducing reliance on acute care;
- Piloting of a stand-alone Diabetes Telehomecare module has begun in three locations throughout the province. St. Joseph's Care Group (SJCG) is leading the pilot in the North West LHIN region; and
- A Tele-Palliation initiative has expanded access to primary care and nursing care for people at the end of life across the North West LHIN region.

Access for Individuals with Chronic Conditions

- A Regional Diabetes Care Plan to support a patient journey that is more integrated, person-centred, accessible, equitable, and effective has been developed and socialized throughout the North West LHIN region;
- A Regional Wound Care Plan for the North West LHIN has been completed and validated with stakeholders;
- An integrated approach to Diabetes management through standardized care pathways for Diabetes, foot care, and wound care have been developed to support system navigation for patients;
- Diabetes Education Programs in the North West LHIN region have achieved high levels of formal and informal collaboration or integration with Family Health Teams in their local health hubs. This collaboration has decreased duplication and improved access to evidence-informed Diabetes education and management as well as optimizing HHR;
- A partnership with Flinder's University in Australia on Point of Care Testing program evaluation is in place for 2015-2016. Partnering with this leader in Point of Care Testing innovation and research enables evaluation of the efficacy of Point of Care Testing and its impact on improving Diabetes self-management within the North West LHIN region;
- Training for French speaking peer leaders has been completed to enhance access to self-management programs for the Francophone population;
- Diabetes education sessions have been offered in French for participants throughout the region utilizing the Ontario Telemedicine Network; and

- A standardized client experience survey specific to Diabetes has been integrated into practice at the 18 Diabetes Education Programs in the North West LHIN to ensure a positive client experience and improve outcomes.

ED Utilization

- In 2014-2015 there were a total of 208,597 visits to the ED in the North West LHIN, representing a three per cent reduction (7,489) over the past three years; and
- In 2014-2015 there were 13% fewer (12,439) low acuity visits than three years ago.

Aboriginal Health Services

- Diabetes Point of Care Testing has been integrated into practice in four Northern IDN FN communities;
- Promotion of Albumin/Creatinine Ratio (Kidney Functioning test) has begun through the Point of Care Testing program with FN providers;
- Cancer screening for fly-in community patients at Wequedong Lodge in Thunder Bay has been implemented; and
- In the Northern IDN, collaboration has begun between the Sioux Lookout Diabetes Education Program and Aboriginal partners (Sioux Lookout First Nations Health Authority) to make community visits more effective.

Rehabilitation, CCC and LTC

- A regional service delivery model for integrated rehabilitative and CCC services is being developed; and
- Hogarth Riverview Manor Expansion (CEISS Phase I) has opened, with a capacity of 416 LTC beds including 20 net new beds in the City of Thunder Bay IDN.

Palliative Care

- A Regional Palliative Care Advisory Committee has been established; and
- Year One of the Regional Palliative Care Plan has been implemented, including the establishment of local leads within five local health hubs (LHHs) and three FN communities.

Goals

- Reduced avoidable acute care use;
- Increased access to and delivery of quality care close to home;
- Increased application of innovative technology to support care delivery;

- Increased access and coordination of rehab and long-term services across the region;
- Increased satisfaction with the care experience; and
- Increased support for palliative care at home in the community.

Consistency with Government Priorities

Priority Document	Principle
MLAA	Home and Community Care Palliative Care
Mandate Letter	Putting Patients at the Centre – Right Care, Right Place, Right Time
Patients First: Action Plan for Health Care	Connect Services
Patients First: A Roadmap to Strengthening Home and Community Care	Put clients and caregivers first Improve client and caregiver experience
The Baker Report	Fewer preventable adverse events More effective care transitions Better chronic disease prevention and management
The Drummond Report, Chapter 5 – Health	Case management Management of complex and chronic conditions Community care, home care, and LTC Health promotion and prevention
The Walker Report	Improved access to the right care through community investment Improved patient flow across the system; Optimize and differentiate capacity
Sinha Report	Supporting the development of elder friendly communities Promoting health and wellness Enhancing Ontario's Long Term Care Homes (LTCHs) environments Caring for caregivers Addressing ageism and elder abuse
Preventing and managing chronic disease framework	Interdisciplinary teams with defined roles and responsibilities Innovative patient interactions Care planning, care paths, and care management Enhanced health promotion and prevention Outreach and population needs-based care and cultural sensitivity

Action Plan

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Home and Community Care						
Determine the range of solutions to renew the home and community care delivery system in alignment with the provincial model	In progress	50%	Complete	100%		
Implement transformation of the home and community care delivery system in alignment with Patients First: A Roadmap to Strengthen Home and Community Care	In progress	20%	In progress	40%	In progress	60%
Integrate and streamline CCAC and CSS processes	In progress	50%	Complete	100%		
Support the implementation and evaluation of a pilot Diabetes Telehomecare program	In progress	40%	Complete	100%		
Chronic Disease Prevention and Management						
Implement recommendations of the Regional Diabetes Care Plan	In progress	20%	In progress	40%	In progress	60%

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Implement recommendations of the Regional Wound Care Plan	In progress	20%	In progress	40%	In progress	60%
Establish a comprehensive and integrated Chronic Disease Management program for the North West LHIN region	In progress	20%	In progress	40%	In progress	60%
Identify strategies to integrate and standardize management of Diabetes for youth	In progress	40%	In progress	60%	In progress	80%
Establish a process for ongoing quality improvement based on client outcomes in all Diabetes Education Programs	In progress	30%	In progress	50%	In progress	70%
Implement standardized patient navigation and care processes for Diabetes	In progress	25%	In progress	50%	In progress	75 %
Develop and implement standardized care pathways for high impact chronic conditions	In progress	25%	In progress	50%	In progress	75%

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Facilitate opportunities to strengthen and build the ability of clinicians treating chronic conditions, including Primary Care, to promote self-management principles	In progress	20%	In progress	40%	In progress	60%
Access to Care						
Facilitate the annual implementation of the ED Pay for Results Program at Thunder Bay Regional Health Sciences Centre (TBRHSC) in order to identify performance issues, and implement and evaluate improvement initiatives	Ongoing		Ongoing		Ongoing	
Carry out ongoing data monitoring and analysis in order to identify and understand areas of performance variance for ED wait times across the North West LHIN, and work with providers to develop action plans to address	Ongoing		Ongoing		Ongoing	

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Work with the North West LHIN ED lead group, Health Force Ontario (HFO), and regional hospitals in order to monitor and assess ED physician coverage across North West LHIN hospitals and develop proactive plans to address potential shortages	Ongoing		Ongoing		Ongoing	
Carry out a detailed quantitative ALC analysis to determine regional variations in performance, assess uptake of best practices, and analyze demand / capacity across the North West LHIN region	In progress	80%	Complete	100%		
Carry out ongoing data monitoring and analysis in order to identify and understand areas of ALC performance variance across the North West LHIN, and work with providers to develop action plans to address this	Ongoing		Ongoing		Ongoing	

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Lead the Regional Repatriation Committee to monitor regional performance and develop improvement plans for sites with performance issues	Complete	100%				
Aboriginal Health Services						
Identify opportunities for collaboration between Aboriginal HSPs to enhance value of care	Ongoing		Ongoing		Ongoing	
Identify best practices and protocols for community crisis response currently in use across the North West LHIN region	In progress	50%	Complete	100%		
Work with stakeholders to support coordination and implementation of community crisis protocols in each IDN	Ongoing		Ongoing		Ongoing	
Host an Aboriginal Health Forum focused on meeting the health needs of indigenous communities and persons	Complete	100%				

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Assess current health needs of indigenous communities and persons through the update of the North West LHIN Aboriginal Health Report	Complete	100%				
Continue to implement the Aboriginal engagement plan in LHHs and other FN communities	Ongoing		Ongoing		Ongoing	
Expanded Indigenous Cultural Competency training for LHIN staff and providers	Ongoing		Ongoing		Ongoing	
Expanded Aboriginal stakeholders in LHIN working groups and steering committees	Ongoing		Ongoing		Ongoing	
Participate in Health Canada Health System Integration Fund initiatives, transferring coordination of federally-funded health services and funding to FN communities / entities	Ongoing		Ongoing		Ongoing	
Francophone Health Services						
Develop Integrated French Language Services Plans for three IDNs	In progress	30%	In progress	60%	In progress	90%

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
In collaboration with the RMEFNO, carry out focus groups, surveys, experience based design, and patient journey mapping to improve access and patient experience for the Francophone population	In progress	30%	In progress	60%	In progress	90%
Identify number of HSPs that capture linguistic data to identify the Francophone patient	In progress	30%	In progress	60%	In progress	90%
In collaboration with the RMEFNO identify additional HSPs as providers of French language services	In progress	30%	In progress	60%	In progress	90%
In collaboration with the RMEFNO, promote active offer through presentations, workshops, training, and resource material	In progress	30%	In progress	60%	In progress	90%
In collaboration with the RMEFNO, identify technology solutions to enhance access to French language services			In progress	30%	In progress	60%

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Rehabilitation and Complex Continuing Care						
Standardize practice and care delivery for rehabilitation and CCC in accordance with QBPs and Rehab Care Alliance work	In progress	20%	In progress	40%	In progress	60%
Identify rehabilitation and CCC demands and capacity across the region	In progress	80%	Complete	100%		
Redesign rehabilitation and CCC services in accordance with demand and capacity analysis and Rehab Care Alliance work	In progress	20%	In progress	50%	Complete	100%
Palliative Care						
Implement the Integrated Palliative Care Service Delivery Model at the local, district, and regional levels	In progress	30%	In progress	50%	In progress	75%
Implement recommendations of the Regional Palliative Care Plan, and develop local Palliative Care pathways	In progress	25%	In progress	50%	In progress	75%

How will we measure success?

- Percentage of home care clients with complex needs who received their first personal support visit within five days of the date they were authorized for personal support services;
- Wait time in community for CCAC in-home services for 90th percentile (nine out of ten patients);
- 30 day readmission rate for selected Health Based Allocation Model (HBAM) Inpatient Grouping conditions;
- Rate of ED visits for hyper/hypoglycemia per 100,000 adults (18+) with diabetes;
- Percentage of progress towards the ideal service configuration for rehab and LTC services;
- Regional repatriation is achieved within 48 hours;
- Reduced number of days spent at end-of-life in hospital;
- ED Wait Times are within provincial targets (90th percentile ED Length of Stay (LOS) for complex patients = eight hours) and (90th percentile ED LOS for minor uncomplicated patients = four hours);
- Percentage of ALC days;
- Overall ALC rate;
- A review of TBRHSC is completed and an action plan for recommendations is developed;
- Areas of ED/ALC performance variance in regional hospitals are assessed and an action plan for recommendations is developed; and
- A comprehensive review of ALC is completed for every hospital in the North West LHIN.

Measures of Success for French Language Services Initiatives

- Number of additional HSPs supported by the LHINs and RMEFNO for identification as providers of French language services – increase;
- Number of identified HSPs that incorporate an active offer approach – develop baseline;
- Number of evaluations of identified HSPs within an IDN – develop baseline;

- Number of HSPs participating in the data collection process to identify French speaking employees – develop baseline; and
- Integrated French Language Services Plans are developed for three IDNs.

Measures of Success for First Nations Services Initiatives

- Achievement of clinical and financial targets outlined in service accountabilities with Aboriginal HSPs;
- Community crisis protocols are developed;
- Feedback from engagement with Aboriginal HSPs and community stakeholders is used to complete an updated health needs assessment;
- The North West LHIN is an active participant in Health Canada initiatives; and
- Opportunities for joint planning and collaboration are identified.

What are the risks/barriers to successful implementation?

The barriers to improving the patient care experience across the North West LHIN region include:

- A lack of access to Primary Care and community services;
- A shortage of HHR in relation to hospital staffing in northern communities and for continued expansion of community-based care;
- Increasing demand for services will outpace capacity as the system is redesigned through the Health Services Blueprint;
- Limited access to community services (i.e. supportive housing, assisted living and support services such as homemaking, transportation, etc.) in smaller rural and remote communities;
- Jurisdictional issues related to the provision of health services in FN communities that require joint strategies between federal and provincial governments;
- Some HSPs and communities have a reduced readiness for adoption of technology solutions due to gaps in internet infrastructure and cultural differences; and
- Evidence-informed models may not be adequately applicable to the northern remote and rural context.

How will we mitigate the risk?

The risks for improving the patient care experience are being mitigated as follows:

- The Health Links program and a number of HHR initiatives are being carried out by local HSPs and the Northern Ontario School of Medicine (NOSM) to address Primary Care;
- Several HHR projects are being carried out by local HSPs, HFO, and NOSM to address staffing needs for hospital and community-based care;
- Virtual care technologies will be utilized to extend HHR and improve access to 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 care services plan across the region;
- Investments in the overcapacity plan for the City of Thunder Bay IDN have addressed the demand for and supply issues for seniors' services;
- Establishing a process to share evaluation results back with participating HSPs will help to ensure ongoing involvement in quality improvement;
- Working in partnership with Ontario Telemedicine Network (OTN) and KO Telemedicine (KOTM) will help to address gaps in virtual care infrastructure; and
- Innovative models of care will be adapted to the northern remote and rural context of the North West LHIN region, based on the most applicable evidence.

What are some of the key enablers that would 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 Home First continuation;
- an adequate supply of HHR to meet regional demand;
- Home and Community Care re-design to facilitate improved access to services in the community;
- the articulation of the role of the small, rural hospital through the Health Services Blueprint;
- joint planning with Health Canada and other system partners, including public health;

- 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;
- engagement, collaboration, and joint planning with Aboriginal service providers and stakeholders in each IDN region; and
- establishment of metrics to support evaluation of client outcomes on an ongoing basis.

2.3 Priority 2 - Improving Access to Care and Reducing Inequalities

Description

Goal: To ensure equitable access to health care services that are appropriate, timely, and meet the needs of the population.

The vast geography and low population density in Northwestern Ontario create challenges in the equitable delivery of health services, particularly for those living in small, rural, and remote communities where volumes may not exist to support local delivery of complex, high-cost services. However, the North West LHIN has a long-standing reputation for taking advantage of creativity, innovation, and technology to improve access to care for residents across the region.

During community engagement with the public, many people report being shuffled from provider to provider, frustration from repeating their story multiple times, and lengthy wait times for appointments with Primary Care providers, to see a specialist or for surgery, and within the ED. As a result, an important priority for the North West LHIN is to improve equitable access to the care residents need, when they need it, as close to home as possible.

Current Status

Aboriginal Health

The health status of Aboriginal people in Canada is poorer than non-Aboriginal people on most measureable health indicators, and the Northwest region is no exception. FN adults are more than twice as likely as the non-Aboriginal population to die of preventable causes^{14,15}. Aboriginal people living in rural, remote and northern FN communities and urban centres also continue to face significant hurdles when accessing health care services. Remote populations spread across a large geography, language and cultural barriers, historical traumas that impact current health status, challenges in timely access to services, and the need for greater coordination between various funding agencies and levels of government are factors that contribute to inequitable access to health care.

¹⁴ Jungwee Park, Michael Tjepkema, Neil Goedhuis, and Jennifer Pennock, "Avoidable Mortality Among First Nations Adults in Canada: A Cohort Analysis," *Statistics Canada*, August 2015. <http://www.statcan.gc.ca/pub/82-003-x/2015008/article/14216-eng.pdf>.

¹⁵ Andrew Bisson, Carrie Hall, Shirley Li, and Ida Trachtenberg, "Aboriginal Statistics at a Glance – Life Expectancy," *Statistics Canada*, <http://www.statcan.gc.ca/pub/89-645-x/2010001/life-expectancy-esperance-vie-eng.htm>.

Francophone Health

Regular engagement with the Réseau du mieux-être francophone du Nord de l'Ontario (RMEFNO), the French Language Health Planning Entity, as well as French-speaking people and communities in the North West LHIN has shown that access, coordination, and quality issues affect the care experiences and health outcomes of Francophone residents in the North West LHIN. For example, a lack of French information, signage, forms, and French-speaking personnel may lead to misdiagnoses and inappropriate treatments, as well as barriers when it comes to understanding information and giving consent. Francophone community members often cite similar barriers to care as the general population such as access to Primary Care, MH&A services, and services for seniors.

Priority 2.1 - Enhancing Access to Primary Care

Description

Improving access to Primary Care remains a high priority for the North West LHIN as it is the entry point to the health care system for most residents. Evidence shows that jurisdictions with a strong foundation of Primary Care also have better health equity and overall improved health system performance.

A multi-year collaborative strategy that includes the advancement of Health Links will improve access to coordinated care for individuals with complex health needs amongst interdisciplinary teams and shared accountability for improving the patient experience and quality of care

It is possible to reduce the use of acute care for chronic disease management by improving equitable access to care in the community. Supporting and enhancing care in the community involves improving access to alternate Primary Care services such as rapid access, after-hours clinics, or home visits.

When a comprehensive, system-wide strategy is implemented to support equitable access to timely, integrated, Primary Care within the full continuum of care, health care resources will be managed more efficiently and people in the North West LHIN will experience better health outcomes.

Current Status

In the North West LHIN:

- The number of residents who report having a Primary Care provider is lower than the province (87.3 per cent compared to 94 per cent provincially in 2013-2014)¹⁶;
- Almost one-half of unscheduled ED visits are classified as non-urgent or less urgent (42.4 per cent compared to 36.4 per cent provincially in 2013-2014)¹⁷; and

¹⁶ MOHLTC, "Environmental Scan: 2016-2019 Integrated Health Services Plans."

¹⁷ Ibid

- The rate of ED visits that could be treated in alternative Primary Care settings is more than double that of the province, with 45.4 visits per 1,000 population aged 1-74 years versus 18.5 visits per 1,000 population aged 1-74 years for 2013-2014¹⁸.

2015-2016 North West LHIN Successes

Successes already realized in this area include:

Health Links

- Since implementation was initiated in November 2014, numerous positive outcomes have been achieved for the City of Thunder Bay IDN Health Link. Highlights include:
 - 70 per cent of Primary Care providers in the City of Thunder Bay IDN Health Link have signed Health Link collaboration agreements; and
 - 65 coordinated care plans have been developed for complex vulnerable Health Link clients, connecting them to Primary Care through the Enhanced Care Team Clinic (Medically Complex Demonstration Project) and other Primary Care providers.
- Early implementation has occurred in the District of Thunder Bay IDN Health Link in one LHH through existing services and the use of regional Health Link resources:
 - 100% of primary care providers in the District of Thunder Bay IDN have signed Health Link collaboration agreements.
- The NorWest Community Health Centre Expanded Hours Urgent Care Clinic has been established to provide urgent care for any clients, diverting them from the ED. Thus far, the following has been achieved:
 - 1,723 evening/weekend urgent care clinic visits;
 - 1,365 nursing triage visits;
 - 384 therapy visits; and
 - 50 per cent of client visits have been diverted from the ED.

¹⁸ Ibid

Integrated Primary Care Models

- Through the Primary Care Council, the North West LHIN has advanced work on:
 - promoting improved access to Primary Care, Health Care Connect, Health Links implementation, and advanced access within practice settings; and
 - discussing forecasted and projected HHR needs by IDN.
- A current state analysis of Primary Care delivery across the North West LHIN has been completed and analysed by a Primary Care enrollment model and other factors;
- A three-year trending analysis for Primary Care enrollment models across the North West LHIN has been completed;
- Nurse Led Outreach Teams (NLOTs) have been established in Supportive Housing and Retirement homes in the City of Thunder Bay IDN;
- Attending Nurse Practitioners (NPs) have been introduced in three LTCHs; and
- Training has been provided to Primary Care clinicians to implement Primary Care-based Memory Clinics. The Memory Clinics will provide timely access to comprehensive assessment for cognitive impairment through collaborative care, practice-based education, and mentorship at the Primary Care level.

Access to Specialist Care and Promoting Clinical Practice Guidelines

- The Regional Primary Care Council and City of Thunder Bay Primary Care Council have been established to identify and develop specific recommendations for advancing access to high quality Primary Care across the North West LHIN. Through Council activities, the North West LHIN has advanced work on:
 - promoting improved access to Primary Care, the Health Care Connect program, Health Links implementation, and advanced access within practice settings;
 - developing strategies for the development of clinical practice guidelines and success indicators in the Primary Care sector, improving access to specialty care, and developing enhanced education opportunities; and
 - identifying HHR and recruitment needs by community and developing potential strategies.

Collaboration with FN Health Workers

Partnering with the Sioux Lookout First Nations Health Authority in their Diabetes Community Health Worker pilot project has begun. This project supports Community Health Workers in communities to become more integrated within the medical system and to provide daily care to patients living with Diabetes.

Goals

- Increased access to Primary Care including same day, next day, evening, and weekend access;
- Increased percentage of the population with CCCs have regular and timely access to primary health care;
- Reduced wait times for Specialist care;
- Improved collaboration with Primary Care providers on quality improvement initiatives targeted at high impact clinical conditions;
- Increased community level resources in place to support Primary Care; and
- Improved patient/family satisfaction with the care experience.

Consistency with Government Priorities

Priority Documents	Principles
MLAA	Health Links Primary Care
Mandate Letter	Putting Patients at the Centre – Right Care, Right Place, Right Time
Patients First: Action Plan for Health Care	Improve access
The Drummond Report, Chapter 5 – Health	Physicians
Sinha Report	Strengthening Primary Care for older Ontarians

Action Plan

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Health Links						
Implement additional Health Links in the Kenora and Northern IDNs, through providing leadership to facilitate vision and strategic planning	In progress	75%	Complete	100%		

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Facilitate the development and coordination of Steering Committees in all five Health Links within the North West LHIN, ensuring membership includes representation from all health care sectors	Ongoing		Ongoing		Ongoing	
Monitor, evaluate, and report Health Links performance based on the Quality Improvement Reporting and Analysis Platform from HQO	Ongoing		Ongoing		Ongoing	
Integrated Primary Care Models						
Identify and support the implementation of innovative and integrated Primary Care models and resources to improve access to care at the local, district, and regional levels across the North West LHIN region	In progress	25%	In progress	40%	In progress	60%
Monitor and evaluate the NorWest Community Health Centre's Expanded Hours Urgent Care Clinic and the Canadian Red Cross Transportation Program for High Users	Ongoing		Ongoing		Ongoing	

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Expand NLOTs to Supportive Housing and Retirement Homes in the City of Thunder Bay, in accordance with the Senior Services Plan	In progress	80%	Complete	100%		
Implement Primary Care-Based Memory Clinics in each IDN	In progress	25%	In progress	50%	In progress	75%
Engage with Primary Care Councils and Specialty Care stakeholders to improve coordination between primary and specialty care across the North West LHIN region	Ongoing		Ongoing		Ongoing	
Engage with Primary Care Councils to determine and implement strategies to enhance access to Primary Care across the North West LHIN region, particularly for complex and vulnerable populations	Ongoing		Ongoing		Ongoing	
Engage with Primary Care Councils to promote the continued uptake and adoption of advanced access within practice settings	Ongoing		Ongoing		Ongoing	
Engage with Primary Care Councils to advance patient-centred care within the Primary Care sector	Ongoing		Ongoing		Ongoing	

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Equity in Access to Primary Care						
Continue participation in the Sioux Lookout First Nations Health Authority committee for advancement of Community Health Workers	In progress	50%	Complete	100%		
Encourage further clinical outreach to FN communities through in person or virtual presence to provide increased primary and secondary health care services	Ongoing		Ongoing		Ongoing	

How will we measure success?

- Percentage of the population attached to a Primary Care provider;
- 90th percentile (nine out of ten patients) ED LOS for non-admitted minor conditions;
- Percentage of home care patients who received their first nursing visit within five days of the date they were authorized for nursing services;
- Increased Primary Care follow up for high-risk patients within seven days of discharge;
- Reduced number of hospital readmissions within 30 days for select medical conditions;
- Reduced wait time from Primary Care referral to Specialist consultation;
- Increased number of patients with CCCs with access to Primary Care and a coordinated care plan; and
- Percentage of HSPs that have demonstrated that they have improved the care experience of the patient through the use of a satisfaction survey.

What are the risks/barriers to successful implementation?

Enhancements to Primary Care access may be hindered by:

- The large number of unattached patients across the North West LHIN who often rely on the ED to access care, who lack access to appropriate community services, those with chronic conditions who may not be managed proactively, and those to whom access to specialty care is hindered;
- Delays may occur in the development and activity of currently approved Family Health Teams;
- Uptake and demand for NorWest Community Health Centre Expanded Hours Urgent Care Clinic surpasses current supply of available clinic hours;
- Difficulties experienced by Primary Care providers when integrating varied electronic health record systems, as well as confidentiality concerns related to higher levels of information transfer; and
- Vast geography and low population density in the North West LHIN results in difficulty with sharing resources and often necessitates expensive duplication of material and effort.

How will we mitigate the risk?

Actions that will mitigate the risks involved in enhancing access to Primary Care 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 need for succession planning across all sectors is critical, and opportunities for changes in health service delivery models have the potential to mitigate shortages in HHR. In the longer term, increasing access through virtual care will help to mitigate this risk moving forward;
- Continued engagement with the Primary Care sector will build awareness and understanding of the North West LHIN's strategy to develop a more integrated health system, create a more person-centred approach, and move towards better coordination of care across the North West LHIN;
- 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 Community Health Centre to further expand service hours; and

- To alleviate concerns about confidentiality breaches due to sharing of health information, the North West LHIN is providing training and education to demonstrate the benefits of appropriate knowledge sharing and instant access to comprehensive health information through electronic solutions.

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

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

- increased number of Primary Care providers within the community;
- increased number of patient enrolment models in our communities;
- ongoing integration of Primary Care into the broader health care system as the North West LHIN implements the Health Services Blueprint;
- continued support and championing by Primary Care leaders;
- improved integration, partnership, and communication between and across all providers of care at all levels;
- improved utilization and integration of electronic medical records (EMRs);
- reintegration of Family Physicians and NPs into the hospitals;
- increased percentage of population attached to a Primary Care provider;
- increased percentage of population who can see their Primary Care provider on the same or next day; and
- standardized, evidence-informed, clinical practice guidelines and patient care pathways.

Priority 2.2 - Improving Access to Specialty Care

Description

Access to specialty care remains a challenge in the North West LHIN. The Health Services Blueprint indicates that patients who live in the rural areas often travel long distances to Thunder Bay, Winnipeg, or beyond in order to access some specialized services including Pediatrics and high risk Obstetrical care.

To reduce the need for travel and improve access to specialty consultation, a network of virtual care has been well established and will continue to evolve to help meet the demand for specialty services in the North West LHIN while connecting residents with the appropriate care they need in a timely manner. Northwestern Ontario is a provincial leader in this area and will continue to support the expansion of virtual care moving forward.

Diagnostic and Surgical Services

When patients require surgical procedures such as hip or knee replacement or require access to diagnostic services such as Computerized Tomography (CT) or Magnetic Resonance Imaging (MRI), it is important that they receive this care within the best practice guidelines and provincial wait time targets. While some gains have been achieved in reducing surgical wait times, improving access to timely care and appropriateness of testing are areas for improvement in the North West LHIN.

Current Status

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, pediatric 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 per cent from 188 in 2012 to 195 in 2013¹⁹.

The following are also indicators of the current status of Specialty Care in Northwestern Ontario:

- During Q1 and Q2 of 2015-2016, North West LHIN service providers were able to complete 33.5 per cent of MRI scans and 50.4 per cent of CT scans within access targets; falling below the provincial average of 38.7 per cent and 76.4 per cent, respectively;
- During Q1 and Q2 of 2015-2016, the North West LHIN service providers were able to complete 83.8 per cent of hip replacements and 70.1 per cent of knee replacements within access targets; comparable to the provincial average of 79.5 per cent and 79.6 per cent respectively;
- During Q1 and Q2 of 2015-2016, the North West LHIN service providers were able to complete 83.4 per cent of Cancer surgeries within access targets; comparable to the provincial average of 87.9 per cent; and
- During Q1 and Q2 of 2015-2016, the North West LHIN service providers were able to complete 89.9 per cent of Cataract surgeries within access targets; comparable to the provincial average of 89.0 per cent.

¹⁹ The Ontario Physician Human Resources Data Centre. Physicians in Ontario 2013. McMaster University.

2015-2016 North West LHIN Successes

Successes realized in this area include:

Regional Surgical Services

- Improvements in musculoskeletal care through the development of a Regional Orthopaedics program;
- Establishment of a virtual fracture clinic for North West LHIN region residents outside the City of Thunder Bay IDN; and
- In the 2014-2015 fiscal year, areas of positive improvement included:
 - Per cent of Priority IV cases completed within access target (84 days) for Cancer surgery (95.26 per cent); and
 - Per cent of Priority IV cases completed within access target (182 days) for Cataract surgery (94.44 per cent).

Innovative Models for Access to Care Close to Home

- A Distributed Hospice Palliative (ePalliative) Care Plan has been developed; and
- Telewound services have expanded to 13 sites across the region, providing access to a wound care specialist in Thunder Bay, and bringing care closer to home.

Collaboration to Address Maternal/Child Health Issues

- Through continued support of the Maternal Addictions Continuum of Care project based out of Sioux Lookout Meno-Ya-Win Health Centre, the number of addicted mothers and newborns has been reduced; and
- A partnership with McMaster University and University of Toronto Hospital for Sick Children has been established to bring ophthalmology screening services and free prescription eyewear to three FN communities in the North West LHIN.

Goals

- A Regional Surgical Services program implemented in the North West LHIN aligned with HSFR and QBPs;
- Improved timely access to specialist services;
- Increased percentage of diagnostic imaging and surgical patients served within clinical best practice targets;

- Decrease barriers to accessing specialty care and diagnostic services; and
- Improved access to services and self-management supports for youth living with Diabetes.

Consistency with Government Priorities

Priority Document	Principles
MLAA	Implement service delivery models that support patient needs and adhere to clinical guidelines
Mandate Letter	Putting Patients at the Centre – Right Care, Right Place, Right Time
Patients First: Action Plan for Health Care	Improve access
The Drummond Report, Chapter 5 – Health	Physicians
Sinha Report	Improving acute care for elders Addressing the specialized care needs of older Ontarians

Action Plan

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Regional Programs						
Implement the recommendations of the Regional Orthopedic Plan	In progress	20%	In progress	40%	In progress	60%
Develop a regional centralized intake system for Orthopedic services	In progress	20%	In progress	40%	In progress	60%
Implement inter-professional team-based care through regional expansion of virtual fracture clinics and virtual surgical consultations	In progress	20%	In progress	40%	In progress	60%

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Standardize regional care pathways through the implementation of QBPs, as well as standardized forms, order sets, and rehab indications for common surgeries	In progress	20%	In progress	40%	In progress	60%
Establish a regional orthopedic quality plan and monitoring system, focused on improving outcomes as well as wait times	In progress	20%	In progress	40%	In progress	60%
Expand self-management programs for youth with Diabetes across the North West LHIN	In progress	20%	In progress	40%	In progress	60%
Diagnostic Imaging						
Carry out a detailed assessment of variances in MRI and CT performance, and assess current capacity, demand, and efficiency of local sites	In progress	80%	Complete	100%		
Work with local MRI and CT sites in order to ensure efficiency of local operations, applications of best practices, and identify potential opportunities for the introduction of demand reduction initiatives	In progress	80%	Complete	100%		

How will we measure success?

- Percentage of patients receiving treatment for specialty services within best practice standards;
- Percentage of patients receiving diagnostic services within best practice standards; and
- Implementation of the Regional Orthopedics Plan.

What are the risks/barriers to successful implementation?

Barriers to improving access to Specialty Care include:

- The increased disease burden in the North West LHIN represents a challenge as growth in demand outstrips current capacity in a number of different areas;
- There is limited HHR to support demand for specialty care services;
- 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;
- Various regional programs for specialty service delivery will be developed and implemented in alignment with the Health Services Blueprint model. Programs will also seek to develop innovative solutions to address the challenges with geography and economies of scale;
- 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;
- The need for succession planning across all sectors is critical, and opportunities for changes in health service delivery models to mitigate potential HHR are being explored. Participation in ongoing HHR recruitment and retention efforts will be crucial;
- Several HHR projects are being carried out by local HSPs, HFO, and NOSM;

- Ensuring health care providers are working to a full scope of practice will be an element of program development and implementation across all areas of specialty care; and
- Increasing access through virtual care will help to mitigate limited HHR for specialty care moving forward and will reduce the need for expensive and lengthy travel.

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

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

- Ongoing collaboration and engagement with key system stakeholders will enable achievement of our goal; and
- Leveraging technology-based solutions to enhance access to specialty care.

Priority 2.3 - Integrating the System of Care for Mental Health and Addictions (MH&A)

Description

As a fundamental strategy to improve access and reduce inequities across the system, the North West LHIN has identified the need for a comprehensive, integrated, regional model of care for MH&A that incorporates awareness, education, assessment, early intervention, and long-term supports to improve the quality of life and health outcomes for people living with mental health issues.

Building capacity in Primary Care for the management of mental health issues will also help reduce reliance on EDs and avoidable admissions to hospital for MH&A care. Over the next three years, an integrated model of care for MH&A will be developed and implemented in the North West LHIN.

Current Status

The shift from institutionally based care to care in the community has resulted in a complex array of MH&A and programs which are difficult for people to navigate. In particular, access to MH&A services is challenging for clients in crisis and for those requiring specialized care, transitional care, supportive housing, and walk-in services. The aging population is also increasing pressures on the health system related to dementia and associated responsive behaviours. Additionally, many FN communities in the North West LHIN report rates of addictions over 50% and suicide rates in FN communities are higher than the general population across the North West LHIN, similar to what is seen across Canada in FN communities.

In the North West LHIN:

- The cost per capita for community MH&A is more than double the provincial cost (\$190 compared to \$78 provincially)²⁰;
- The rate of ED visits for MH&A conditions is the highest in the province (37.5 visits per 1,000 population compared to 16.4 visits per 1,000 population)²¹;
- The admission rate to inpatient adult mental health units is the 3rd highest rate in the province (673.7 per 100,000 population compared to 523.1 per 100,000 population provincially);
- The number of admissions to inpatient adult mental health units is higher than the provincial average (613.6 per 100,000, compared to 483.2 per 100,000 population provincially)²²;
- The average LOS in inpatient adult mental health units was 31.7 days compared to 28.0 days for Ontario²³; and
- A 19% increase is projected in the number of people with dementia by 2020²⁴.

2015-2016 North West LHIN Successes

Successes realized in this area include:

Integrated Model of Care

- A program for the Canadian Mental Health Association (CMHA) office in Thunder Bay to provide training for police has been established with the purpose to improve mobile crisis response, reduce unnecessary visits to the ED, and improve client outcomes;
- The level of support and treatment for withdrawal management at St. Joseph's Care Group (SJCG) has been increased to Level 3, which incorporates medical detox. This has enhanced access and reduced waiting lists;
- Support has been provided to TBRHSC for the provision of urgent care services and brief interventions to reduce unnecessary admissions to Schedule 1 facilities and to connect the patient with more appropriate interventions; and
- A review of Child and Adolescent inpatient units has been undertaken and collaboration with TBRHSC has begun to increase linkages and improve services.

²⁰ MOHLTC, "2014-2015 OHRS Cognos DW Cube," 2015.

²¹ MOHLTC, "Environmental Scan: 2016-2019 Integrated Health Services Plan."

²² MOHLTC, "Discharge Abstract Database," *Intellihealth*, 2011.

²³ MOHLTC, "Environmental Scan: 2016-2019 Integrated Health Services Plans."

²⁴ PricewaterhouseCoopers, "North West LHIN: Health Services Blueprint."

Partnership with Aboriginal Stakeholders

- A survey of North West LHIN-funded mental health providers has been completed to assess where outreach to FN occurs and where there is capacity to support communities in states of crisis; and
- Financial support continued for the Dennis Franklin Cromarty Suboxone Program is provided through Dilico Family Health Team.

Behavioural Supports

- Case management funding has been provided for dual diagnosis client services in Kenora; and
- The Behavioural Support Unit has been expanded from 24 to 32 beds, and a step-up/step-down model of care has been implemented.

Goals

- Improved access to services across the care continuum for MH&A services;
- Reduced variation of care across in the MH&A system;
- Improved understanding of the demand and capacity for MH&A services;
- Reduced reliance on EDs and hospital admissions for MH&A conditions;
- Enhanced Primary Care management of MH&A issues; and
- Standardized approaches for management of responsive behaviours.

Consistency with Government Priorities

Priority Documents	Principles
MLAA	Comprehensive MH&A Strategy
Mandate Letter	Collaborating on shared responsibilities across government
Patients First: Action Plan for Health Care	Improve access
Open Minds, Healthy Minds	Improve mental health and well-being for all Ontarians; Create healthy, resilient, inclusive communities Identify MH&A problems early and intervene Provide timely, high quality, integrated, person-directed health and other human resources.

Action Plan

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Integrated Model of Care						
Develop an integrated model of care for MH&A in the North West LHIN region	In progress	50%	In progress	90%	Complete	100%
Implement an integrated model of care for MH&A at LHH, IDN, and Regional levels	In progress	20%	In progress	40%	In progress	60%
Begin monitoring and evaluation of the integrated model of care for MH&A in the North West LHIN region			Initiated		Ongoing	
Identify and implement data quality improvement strategies in the sector	In progress	30%	In progress	50%	In progress	80%
Develop an outcome monitoring framework for community mental health in the North West LHIN region	In progress	40%	In progress	60%	In progress	75%
Implement QBPs in the MH&A sector	In progress	10%	In progress	20%	In progress	30%

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Equity in Mental Health and Addictions Care						
Support development of mental health initiatives in partnership with Aboriginal, provincial, and federal stakeholders	Ongoing		Ongoing		Ongoing	
Support development of strategies to improve access to mental health services in French in collaboration with RMEFNO and HSPs	Ongoing		Ongoing		Ongoing	
Identify opportunities and strategies to expand shared care models in Primary Care to address MH&A issues	In progress	60%	Complete	100%		
Facilitate collaboration between Family Health Teams with MH&A programs across the North West LHIN region	Ongoing		Ongoing		Ongoing	
Supportive Care						
Develop and implement supportive housing strategies in partnership with stakeholders	In progress	20%	In progress	40%	In progress	60%

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Develop and implement behavioural support strategies for older adults across the North West LHIN region	In progress	20%	In progress	40%	In progress	60%
Work with police and other stakeholders to identify opportunities to enhance mobile crisis response in Thunder Bay	In progress	50%	In progress	75%	Complete	100%
Work with police and other stakeholders to identify opportunities to expand the mobile crisis response model to other population centres in the North West LHIN region	In progress	20%	In progress	40%	In progress	60%

How will we measure success?

- Alignment with the provincial MH&A strategy;
- Percentage of progress towards the ideal service continuum for MH&A;
- Reduced repeat unscheduled emergency visits within 30 days for MH&A conditions and substance abuse conditions;
- Reduced wait times from referral to access to Specialty Care through virtual technology;
- Percentage increase in interdisciplinary approaches for MH&A conditions in Primary Care settings;
- Improved patient satisfaction; and
- Reduced number of transfers from LTC and the community to acute care for conditions related to responsive behaviors in older adults.

What are the risks/barriers to successful implementation?

The risks and barriers in this area include:

- Certain differences in understanding may impede development of a shared vision; and
- HHR limitations could pose challenges to expansion of community-based care.

How will we mitigate the risk?

Risks in this area will be mitigated as:

- The North West LHIN will work with stakeholders to develop a shared vision and set of priorities, and will provide sufficient education and support to effectively implement changes;
- The North West LHIN will develop a comprehensive MH&A plan and evidence-informed model of care for the North West LHIN to advance implementation of an integrated system across the region; and
- Virtual care will be used as appropriate to extend HHR and expand access to specialized care in remote and rural communities.

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

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;
- Enhanced use of virtual care to expand access to specialized services;
- Increased collaboration with federal and provincial partners when implementing services in northern remote communities;
- Working cooperatively and collaboratively with other stakeholders to leverage change; and
- Developing a practical and achievable set of goals based on available resources.

2.4 Priority 3 - Building an Integrated eHealth Framework

Description

Goal: To leverage the adoption of eHealth systems and the use of innovative technology that improve access to care and health outcomes.

Communication and sharing of critical medical information between providers, across sectors, and with patients has dramatically improved by implementing technological solutions and tools. Devices like tablets and cloud computing are becoming more widely available to clinicians and patients, and they have the potential to greatly save time, facilitate communication, and improve care experiences and health outcomes by directly empowering and engaging people in monitoring their health and making health care decisions.

In order to advance eHealth in the region, the North West LHIN will continue to find innovative solutions to priority issues, establish appropriate organizational structures and service offerings in place, and collaborate as a region for cost-effective integrated solutions.

Current Status

Although tremendous advancements have been made in the adoption of EMRs, there are many stand-alone, non-integrated information systems throughout the region that do not provide HSPs with the information they need across the continuum of care. The majority of specialists in the region do not use EMRs. There are also many remote communities in the North West LHIN without the infrastructure, bandwidth, or training to support advances in eHealth.

2015-2016 North West LHIN Successes

Successes already realized in this area include:

EMR Adoption and Integration

The Physician Office Integration system has expanded to providers at the Sunset Country Family Health Team. This expansion is enabling providers to receive hospital reports electronically within patient EMRs.

Expand Electronic Referrals

The North West CCAC, hospitals, and LTCHs within the region have implemented the standardized provincial referral forms. The use of these standardized forms has moved these HSPs one step closer to implementing fully electronic referrals.

Implement Connecting North East Ontario (cNEO)

Coordination between cNEO and the NWHHA has been initiated to inform the initial rollout of the cNEO platform in the region. Engagement has been facilitated between cNEO and interested Aboriginal stakeholders.

Establish a Patient Portal

Through the City of Thunder Bay IDN Health Link, an electronic Patient Viewer Tool (PVT) has been piloted, the results of which include connecting patients to their care team, secure messaging between providers and patients, and facilitated viewing of coordinated care plans by both the health team and patients.

Expand Virtual Services

Using virtual technologies and the shared Hospital Information System (HIS), the Regional Critical Care Response Program has supported patients and their physicians within their home communities and has enabled many patients to be transferred with Intensive Care Unit (ICU) interventions already started.

Goals

- Increased clinical information-sharing between HSP agencies;
- Improved accessibility of health care due to innovative technology solutions; and
- Increased regional capacity for participating in and supporting eHealth systems and technologies.

Consistency with Government Priorities

Priority Document	Principles
MLAA	eHealth
Patients First: Action Plan for Health Care	Protect our universal health care system
eHealth Ontario's goal	Our goal today is to enable systems to talk to each other in order to get secure, accurate and comprehensive patient information into the hands of health care providers as quickly as possible. We must leverage the best of regional hubs and develop ways for them to seamlessly and securely share information.

Action Plan

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Implement initiatives aimed at advancing the goals of Ontario's eHealth Strategy	In Progress	10%	In Progress	20%	In Progress	30%
Work with providers to increase EMR adoption and integration	In Progress	10%	In Progress	20%	In Progress	30%
Expand the usage of electronic referrals to more HSPs	In Progress	10%	In Progress	20%	In Progress	30%
Implement the cNEO Clinical Viewer for viewing patient clinical information	In Progress	25%	In Progress	60%	In Progress	80%
Advance an eHealth shared service offering that will allow all regional HSPs access to needed eHealth resources	In Progress	10%	In Progress	40%	In Progress	80%
Utilize eHealth solutions to enable the achievement of clinical priorities in the region	In Progress	10%	In Progress	20%	In Progress	30%
Establish a patient portal for Health Links patients, enabling providers, patients, and their caregivers to participate in health care decisions	In Progress	10%	In Progress	40%	In Progress	70%

How will we measure success?

- Increased number of weighted units of the North West LHIN Interoperable Electronic Health Record (iEHR) that advances/aligns with the overall provincial iEHR architecture;
- Increased number of HSP EMR integration points with regional or provincial health record assets aligned with the Provincial eHealth Strategy;
- Ensure eHealth Ontario and MOHLTC deliverables are completed successfully on project initiatives; and
- Increased 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 HR capacity and difficulty recruiting skilled employees in the North West LHIN region to implement and adopt eHealth solutions with aggressive timelines;
- Insufficient capacity, skills, and willingness among stakeholders to utilize new technology, resulting in slow uptake;
- Lack of collaboration and coordination among stakeholders resulting in silos of information and duplicate systems;
- Infrastructure in FN communities does not always support eHealth initiatives (i.e. lack of broadband internet); and
- Lack of privacy and security expertise could impede eHealth adoption and implementation.

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

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

- The establishment of regional, pan-LHIN, and provincial partnerships to implement, govern, and support eHealth solutions for the region; and
- Continuing to advance a shared eHealth service offering that would allow HSPs to access skilled implementation resources without requiring recruitment and retention strategies for every project or initiative.

2.5 Priority 4 - Ensuring Health System Accountability and Sustainability

Description

Goal: To ensure the sustainability of the health care system in the North West LHIN through efficient and effective use of resources.

Building a sustainable health care system requires proactive planning to ensure sufficient resources, both human and financial, are available to meet the needs of everyone who depends on them now and in the future. The North West LHIN recognizes the challenges facing local health systems, HSPs, and other sector partners faced with growing expectations for improved access to health care, quality of care, and system performance, while also experiencing significant financial pressures at local and provincial levels, and challenges in HHR recruitment and retention. It is clear that significant system transformation is required to achieve value in terms of cost-efficiency, improved health outcomes, quality of care, and the delivery of services in a sustainable way at a time when resources are challenged.

To support a value-based approach, the North West LHIN will continue to shift the way funding is provided so that it is more closely linked to the patient, specific needs, and the best way to treat conditions. This approach, known as Health System Funding Reform (HSFR), will align funding with high quality care, base decisions on the best evidence to improve patient outcomes, and enable the most efficient use of resources. These changes will make the system as balanced and effective as possible by better responding to demographic changes and health care needs specific to each community.

The province is moving towards standardized indicators for the health system that are aspirational and that will be achieved over time. The North West LHIN will advance initiatives that support the provincial direction.

Current Status

While EDs in North West LHIN hospitals continue to be among the busiest in the province, data indicates a decline in this trend by 13.4% between 2010-2011 and 2013-2014, especially for visits considered best treated in alternative Primary Care settings²⁵. Of note is the following:

- The total time spent in the ED for nine out of ten patients requiring admission to a hospital bed was 26.87 hours in 2013-2014, greater than the provincial 25 hour ED LOS target, but down from 29.38 hours in the previous year²⁶; and
- The total time spent in the ED for nine out of ten patients with complex conditions was 6.8 hours in 2013-2014, less than the provincial seven-hour ED LOS target at that time²⁷.

The North West LHIN is experiencing both growth and decline where HHR are considered. The recruitment and retention of specialists, family physicians, opticians, optometrists, pharmacists, rehab professionals, lab technicians, nurses, and personal support workers continues to be a challenge in the North West LHIN when compared to the rest of the province²⁸.

2015-2016 North West LHIN Successes

Successes already realized in this area include:

ED Wait Times

- As of Q1 2015-2016, ED wait times were maintained at recent performance levels for complex (9.47 hours 90th percentile) and non-complex patients (3.85 hours 90th percentile); and
- During Q1 2015-2016, the ED LOS at TBRHSC was down by five hours from one year ago.

Goals

- Improved client experience when accessing the health care system;
- Improved average unit cost of service and programs across the region;
- Reduced acute care bed utilization for conditions that could be managed elsewhere;
- Succession plans are in place at the LHH, IDN, and Regional Program levels;
- Reduced variation of care across the system for high impact clinical conditions;

²⁵ MOHLTC, "Environmental Scan: 2016-2019 Integrated Health Services Plans."

²⁶ Ibid

²⁷ Ibid

²⁸ Ibid

- MLAA indicators moved towards achievement of provincial targets; and
- System costs managed within resource allocation.

Consistency with Government Priorities

Priority Document	Principles
MLAA	HSFR QIPs
Mandate Letter	Accountability and Transparency
Patients First: Action Plan for Health Care	Protect our universal health care system
Patients First: A Roadmap to Strengthening Home and Community Care	Plan for and expand capacity Modernize delivery
The Drummond Report, Chapter 5 – Health	Overall system planning Fiscal issues Contain further capital investment Governance and structures Evidence-based policy Hospitals Cost efficiencies

Action Plan

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Home and Community Care						
Implement strategies to redesign and shift care from hospital to community within existing resources	In progress	20%	In progress	40%	In progress	60%
Advance integration initiatives to shift care from hospital to community	In progress	20%	In progress	40%	In progress	60%

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Identify and prioritize innovative models of community-based care to reduce avoidable admissions to hospital	In progress	20%	In progress	40%	In progress	60%
Standardization						
Identify opportunities to equalize distribution of health care resources across the region based on standardized program allocation and population need	Ongoing		Ongoing		Ongoing	
Determine the most efficient and effective basket of appropriate health services at the LHH, IDN, and Regional levels and along the patient continuum	In progress	25%	In progress	75%	Complete	100%
Standardize quality-based care pathways and costing models for high impact programs and services	In progress	20%	In progress	20%	In progress	20%
Determine how current volume allocations may be adjusted in order to achieve efficiencies in the face of increasing demand	Ongoing		Ongoing		Ongoing	

	2016-2017		2017-2018		2018-2019	
	Status	% Complete	Status	% Complete	Status	% Complete
Identify strategies to improve programs delivering services at or below the North West LHIN benchmarks for cost per unit of service and administration	Ongoing		Ongoing		Ongoing	
Support HSPs to develop the capacity to complete LHIN reporting compliance with accurate data	Ongoing		Ongoing		Ongoing	
Monitoring and Evaluation						
Continue to monitor and evaluate the system change impact of health care programs and services	Ongoing		Ongoing		Ongoing	
Implement performance measures for new and existing regional programs	Ongoing		Ongoing		Ongoing	
Identify strategies to improve performance towards MLAA targets	In progress	40%	In progress	80%	Complete	100%
Prioritize and implement select strategies to improve performance towards MLAA targets	In progress	40%	In progress	80%	Complete	100%

How will we measure success?

- Percentage of progress to ideal service continuum for LTC;
- Per cent of QBP implemented across the system;
- Reduced overall system costs through greater integration of services and standardization of costs;
- Achievement of the indicator targets over time;
- Percentage of HSPs not meeting the key terms and conditions of their accountability agreements; and
- Reduced average cost of care delivery for high users while maintaining quality of care.

What are the risks/barriers to successful implementation?

The advancement of the goals outlined above could be hindered by:

- Continued challenges in receiving reports on time from HSPs;
- HSPs may in some cases be unable to deliver on funded projects or services; and
- The North West LHIN may not be able to fully enforce service accountability agreement standards.

How will we mitigate the risk?

Actions to mitigate the risks involved in this priority area will include:

- Ensure that HSP staff have the appropriate knowledge and skill for producing reports by providing education on reporting requirements;
- Continue engagement with HSPs throughout the year and when non-compliant to ensure necessary reporting is complete;
- Ensure capacity of HSPs are appropriate for funded projects and services; and
- Ensure standards in service accountability agreements are appropriate and are adequately monitored and enforced in an equal way across all providers.

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

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

- Ongoing appropriate decision support being available to Health Links to support the collection and analysis of data; 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
 - IT.

3 LHIN Staffing and Operations

3.1 LHIN Operations Spending Plan

LHIN Operations (\$)	2015-2016 Actuals	2016-2017 Forecast	2017-2018 Plan	2018-2019 Outlook	2019-2020 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.)	2,143,299	2,143,299	2,143,299	2,143,299	2,143,299
Salaries and Wages	2,832,269	2,887,000	2,895,000	2,935,000	2,980,000
Employee Benefits					
HOOPP	260,638	263,000	265,000	268,000	271,000
Other Benefits	352,668	355,000	358,000	362,000	366,000
Total Employee Benefits	613,306	618,000	623,000	630,000	637,000
Transportation and Communication					
Staff Travel	147,937	130,000	130,000	125,000	115,000
Governance Travel	45,067	45,000	45,000	40,000	35,000
Communications	48,481	50,000	45,000	45,000	45,000
Total Transportation and Communication	241,485	225,000	220,000	210,000	195,000
Services					
Accommodation	262,327	268,000	268,000	268,000	268,000
Advertising	4,252	5,000	5,000	5,000	5,000
Consulting Fees	19,880	17,000	17,000	17,000	15,000
Equipment Fees	3,581	5,000	5,000	5,000	5,000
Insurance	6,250	7,000	7,000	7,000	7,000
LSSO Shared Costs	371,680	372,000	372,000	372,000	372,000
LHIN Collaborative	47,500	47,500	47,500	47,500	47,500
Other Meeting Expenses	33,530	25,000	25,000	22,000	18,000
Board Chair's Per Diem Expenses	19,775	25,000	25,000	22,000	20,000
Other Board Members' Per Diem Expenses	58,064	65,000	62,000	56,000	50,000
Other Governance Costs	47,664	60,000	55,000	50,000	40,000
Printing and Translation (no translation costs incurred)	66,885	38,000	38,000	31,000	28,000

LHIN Operations (\$)	2015-2016 Actuals	2016-2017 Forecast	2017-2018 Plan	2018-2019 Outlook	2019-2020 Outlook
Interpreter Services	0	2,000	2,000	2,000	2,000
Staff Development	76,392	60,000	60,000	50,000	45,000
Total Services	1,017,780	996,500	988,500	954,500	922,500
Supplies and Equipment					
IT Equipment	27,795	15,092	15,092	15,092	15,092
Office Supplies & Equipment	46,374	38,000	38,000	35,000	30,000
Total Supplies and Equipment	74,169	53,092	53,092	50,092	45,092
LHIN Operations: Total Planned Expense	4,779,009	4,779,592	4,779,592	4,779,592	4,779,592
Annual Funding Target	6,922,891	6,922,891	6,922,891	6,922,891	6,922,891
Operating Surplus (Shortfall)	11,130	-	-	-	-
Amortization of Tangible Capital Assets	61,612	60,000	60,000	60,000	60,000
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	160,000	160,000	160,000	160,000	160,000
ED Lead	75,000	75,000	75,000	75,000	75,000
Critical Care Lead	72,000	75,000	75,000	75,000	75,000
Diabetes	1,042,299	1,042,299	1,042,299	1,042,299	1,042,299
ED/ALC, Performance Lead	100,000	100,000	100,000	100,000	100,000
Primary Care Lead	67,453	75,000	75,000	75,000	75,000
LHIN Operations and Initiatives- Total Actual/Planned Expense	6,911,761	6,922,891	6,922,891	6,922,891	6,922,891

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

3.2 LHIN Staffing Plan (Full-Time Equivalents)

Position Title	2015-2016 Actuals at March 31, 2016	2016-2017 Forecast	2017-2018 Plan	2018-2019 Outlook	2019-2020 Outlook
CEO	1	1	1	1	1
Senior Director	2	2	2	2	2
Controller	1	1	1	1	1
Program Director	3	3	3	3	3
Executive Assistant	1	1	1	1	1
Administrative Assistant	5	5	5	5	5
Technical Business Administrator	1	1	1	1	1
Receptionist	1	1	1	1	1
Sr. Planning & Integration/.CE Consultant	2	2	2	2	2
Epidemiologist	1	1	1	1	1
Business Analyst	1	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	2	2	2	2
Sub-total	30	31	31	31	31
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	9	9	9	9
Sub-total	19	19	19	19	19
GRAND TOTAL	49	50	50	50	50

4 Integrated Communications and Community Engagement Strategy

4.1 Objectives

Business Objectives

The North West LHIN's fourth *Integrated Health Service Plan* (IHSP) outlines the strategic priorities for the three-year period spanning from April 1, 2016 to March 31, 2019. The *North West LHIN Annual Business Plan 2016-2017* marks the first year of implementing the fourth IHSP.

The North West LHIN and its Board of Directors, through the implementation of the *North West LHIN Annual Business Plan 2016-2017*, the *North West LHIN Health Services Blueprint*, and the *North West LHIN Integrated Health Service Plan IV 2016-2019*, will continue to transform the health care system in the following ways:

- **Improving the Patient Care Experience by:**
 - creating a culture of continuous quality improvement across the North West LHIN;
 - reducing acute care use;
 - increasing access to and delivery of quality care close to home;
 - increasing application of innovative technology to support care delivery;
 - increasing access and coordination of rehab and long-term services across the region;
 - increasing satisfaction with the care experience;
 - increasing support for Palliative Care at home in the community; and
 - increasing health services and programs designed with patients, families, and caregivers.
- **Improving Access to Care and Reducing Inequities by:**
 - ensuring equitable access to health care services that are appropriate, timely, and meet the needs of the population.

- **Enhancing Access to Primary Care by:**
 - increasing the access to Primary Care including same day, next day, evening, and weekend access;
 - increasing the percentage of the population with Complex Chronic Conditions that have regular and timely access to Primary Care;
 - reducing wait times for Specialist care;
 - improving collaboration with Primary Care providers on quality improvement initiatives targeted at high-impact clinical conditions;
 - increasing community level resources in place to support Primary Care; and
 - improving patient/family satisfaction with the care experience.
- **Improving Access to Specialty Care by:**
 - creating a Regional Surgical Program that is aligned with HSFR;
 - improving timely access to Specialist services;
 - increasing the percentage of diagnostic imaging and surgical patients served within clinical best practice targets;
 - decreasing the barriers to accessing Speciality Care and diagnostic services;
 - reducing the number of children born to mothers who are using or abusing substances;
 - improving the coordination of care and timely access to integrated services for maternal/child services; and
 - improving access to services and self-management supports for youth living with Diabetes.
- **Integrating the System of Care for Mental Health and Addiction (MH&A) by:**
 - improving the access to services across the care continuum for MH&A services;
 - reducing the variation of care across the MH&A system;
 - improving the understanding of the demand and capacity for MH&A services;
 - reducing the reliance on EDs and hospital admissions for MH&A services;

- enhancing Primary Care management of MH&A issues; and
- increasing the capacity to standardize approaches for the management of responsive behaviours.
- **Building an Integrated eHealth Framework by:**
 - increasing clinical information sharing between HSPs;
 - improving the accessibility of health care due to innovative technology solutions; and
 - increasing the regional capacity for participating in and supporting eHealth systems and technologies.
- **Ensuring Health System Accountability and Sustainability by:**
 - improving the client experience when accessing the health care system;
 - improving the average unit cost of service and programs across the region;
 - reducing acute care bed utilization for conditions that could be managed elsewhere;
 - creating succession plans at the LHH, IDN, and Regional Program levels;
 - reducing the variation of care across the system for high impact clinical conditions;
 - moving MLAA targets towards achievement of provincial targets; and
 - managing system costs within resource allocation.

Communications Objectives

The objectives and initiatives contained in the *North West LHIN Annual Business Plan 2016-2017*, the *North West LHIN Health Services Blueprint*, and the *North West LHIN Integrated Health Service Plan IV 2016-2019* 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 communication plan which includes:

- engaging providers, stakeholders, and system leaders in Northwestern Ontario to become active participants in and ambassadors for change;
- 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;
- increasing health literacy to enable and support the people of Northwestern Ontario to live healthy lives and manage their illnesses better;
- enhancing the North West LHIN brand, image, and reputation to improve two-way communication and community engagement on all staff levels with the North West LHIN stakeholders in order to increase awareness and acceptance of the LHIN's mandate, priorities, and health system transformation; and
- increasing awareness, interest, acceptance, action, and ownership of the North West LHIN's health care system transformation;
- building confidence amongst the people of Northwestern Ontario that:
 - progress is being made to improve access to health services;
 - progress is being made to improve the patient experience;
 - the system is sustainable,
 - the system is being effectively managed,
 - the system is providing value for tax dollars; and
 - the system is transparent;
- improving stakeholder relationships through integrated, segmented stakeholder analysis;
- integrating communications planning and community engagement activities to proactively support the objectives and outcomes of the *North West LHIN Annual Business Plan 2016-2017*;
- refining existing visual identity standards and developing communications tools to create a cohesive look and feel 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
- monitoring and re-evaluating 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: A Roadmap to Strengthen Home and Community Care* which supports people of all ages who require care in their home, at school, or in the community;
- implementation of key provincial initiatives including HSFR, Health Supports for Seniors, and the expansion of QIPs into Primary and Community Care sectors; and
- strategic alignment of the *North West LHIN Integrated Health Services Plan IV 2016-2019* and the initiatives laid out in the *North West LHIN Annual Business Plan 2016-2017* 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 who provides a central leadership role in driving health system transformation.

North West LHIN

The *North West LHIN Annual Business Plan 2016-2017* 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 Service Plan IV 2016-2019*, and the *North West LHIN Health Services Blueprint*.

The ***North West LHIN Integrated Health Service Plan IV 2016-2019*** outlines four priorities to transform the health care system in Northwestern Ontario:

- Improving the Patient Experience
- Improving Access to Care and Reducing Inequities
- Building an Integrated Health Care System
- Ensuring Health System Accountability and Sustainability

Development of the *North West LHIN Integrated Health Service Plan IV 2016-2019* 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 ED 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 provincial model of person-centred care announced in December 2012 by the MOHLTC.

The ***North West LHIN Annual Business Plan 2016-2017*** outlines the North West LHIN's implementation of its *Integrated Health Service Plan*, as required in the MLAA. Progress is measured through key system indicators as defined in the MLAA.

The *North West LHIN Annual Business Plan 2016-2017* 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 stakeholders regarding the impact local decision making has on health care delivery in communities.

4.3 Target Audiences

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

Primary	Secondary	Tertiary	Internal
North West LHIN HSPs - Board of Directors - Senior Leadership Team - Staff	Non LHIN-Funded HSPs Primary Care Providers including: - Physicians - Nurse Practitioners - Specialists - Family Health Teams - Ambulance and Emergency Services	Other Key Stakeholders - Public Health - Emergency Management Services - ORNGE Air - Educational Institutions - Police Services	North West LHIN Board of Directors North West LHIN Leadership Team North West LHIN Staff MOHLTC: - LLB - Communications and Information Branch - Minister's Office
North West LHIN Planning Partners North West LHIN Health Integration Leadership Council			

Primary	Secondary	Tertiary	Internal
- 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 - Joint Committee for the North West, North East and FLS Planning Entity Northwestern Ontario residents: - Patients - Citizens' Reference Panels - Consumer and/or Patient Support Groups - Informal Caregivers Aboriginal: - Health Directors - Northern Chiefs - Health Canada - Aboriginal Communities	Allied health professionals	- Provincial Associations (OHA, ONA, OMA, OACCAC, et cetera) - Social Services Government – Administrative Leadership and Elected Officials: - Municipal - Regional - Provincial – including MOHLTC Stakeholders, MCSS, and MCYS - Federal - Media	

Primary	Secondary	Tertiary	Internal
Francophone: Community			

Strategic Approach

The strategy and tactics will support the advancement of the *North West LHIN Integrated Health Service Plan IV 2016-2019*, the *North West LHIN Board Strategic Direction*, North West LHIN key integration initiatives, *North West LHIN Annual Business Plan 2016-2017* initiatives, and provincial priorities.

At the heart of this *Corporate Communications and 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;
- highlighting successful transformation stories in Northwestern Ontario;
- 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.

This *Corporate Communications and 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 of HSPs to build a person-centred culture; and
- provide accurate and timely information to all audiences.

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

4.4 Key Messages

North West LHIN General Messaging

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 per cent of the province's total area while this area also contains only two per cent of Ontario's total population;
- The distances between services can be vast, with limited infrastructure, which impacts access to care;
- This area has the highest rate of acute hospital use and preventable disease 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 per cent higher than the provincial average

North West LHIN Specific Messaging

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.

Specific Transformation Messages:

- A key part of the North West LHIN mandate is to build an integrated, coordinated system so that people get the right care, at the right time, in the right place, by the right service providers;
- Person-centered care is the core of every integration activity;
- The North West LHIN works with HSPs to identify integration opportunities designed to eliminate gaps and duplication and improve access to services so that more care is available to serve the health needs to the population across the Northwest;
- Creating value in health care is about spending differently to bring about better health;
- Value-based health care is innovative: it changes the system, and how health care is organized to bring about the health outcomes that matter to you;
- People benefit through the health outcomes that matter to them. The health care system benefits because people are receiving the care that they need to live well, and are relying less on acute and repeat visits.

Provincial Messaging

- Patients First means a caring, integrated experience for patients and faster access to quality health services for all Ontarians;
- The *Patients First: Action Plan for Health Care* sets clear and ambitious goals for Ontario's health care system in order to put patients at the centre of our health care system by improving the health care experience as follows:
 - **Access:**
 - Improve access - providing faster access to the right care;
 - **Connect:**
 - Connect services - delivering better coordinated and integrated care in the community closer to home; providing better home and community care;
 - **Inform:**
 - Support people and patients - providing the education, information, and transparency Ontarians need to make the right decisions about their health;
 - **Protect:**
 - Protect our universal public health care system - making decisions based on value and quality, to sustain the system for generations to come.

- As the next logical step in the *Patients First Action Plan*, *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario* proposes a path toward providing better access to care, no matter where you live, by better connecting health care services.

4.5 Tactics

As stated earlier, the objectives and initiatives contained in the *North West LHIN Annual Business Plan 2016-2017*, the *North West LHIN Health Services Blueprint*, and the *North West LHIN Integrated Health Service Plan IV 2016-2019* 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 including:

- 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 2016-2017, the North West LHIN will:

- focus on communicating upcoming changes to the way health care services are organized and delivered to improve quality of care and care experiences;
- highlight how it is moving towards a value-based health care system;
- communicate about the role of the North West LHIN through consistent communication including videos, education campaigns, and publications to keep stakeholders engaged and informed;
- build and maintain relationships through proactive media and stakeholder relations including HSP communicators and issues management so as to reduce/eliminate escalation and negative impact on the North West LHIN brand;
- consolidate the new content management system platform to modernize and enhance the public website, web presence, and *Accessibility for Ontarians with Disability Act (AODA)* compliance;
- engage, listen, and reach targeted audience through a robust corporate social media strategy;
- profile leadership excellence in health system transformation and the delivery of care in the North West LHIN;

- 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 Community Engagement

The North West LHIN community engagement activities in 2016-2017 will include engaging broad stakeholder advisory teams, committees, and working groups consisting of both LHIN-funded and non-LHIN-funded health sector partners who contribute diverse perspectives and knowledge through the lens of their experiences in the community.

The North West LHIN Board of Directors will continue to engage LHIN-funded HSP boards and other partner organizations on health care system issues at the regional, district, and local community levels via in-person and videoconference meetings.

There will be comprehensive community engagement for specific initiatives/plans as outlined in the *North West LHIN Annual Business Plan 2016-2017* to seek views/input of stakeholders including community engagement for:

- an integrated model of care for MH&A in the North West region;
- engagement of local communities and HSPs to carry out a detailed needs assessment focused on aligning local capacity to reduce ALC days; and
- the development of an integrated Regional Surgical Service Model.

Ongoing socialization of the *North West LHIN Integrated Health Service Plan IV 2016-2019* will also be the main focus in 2016 as well as general community engagement campaigns to ensure the needs and priorities of local communities remain a prominent voice in shaping the health care system in Northwestern Ontario.

4.7 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 Service Plan IV 2016-2019*, and the *North West LHIN Annual Business Plan 2016-2017*.

Critical success measures may include one or a number of the following:

- qualitative and quantitative analysis of stakeholder events compiled into reports to determine the effectiveness of the session, the level of satisfaction with the level of information exchanged, 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 *North West LHIN Annual Business Plan 2016-2017*, and the *North West LHIN Integrated Health Service Plan IV 2016-2019*;
- 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;
- media monitoring for perception, tone, quality, and volume; and
- monitoring quality conversations on social media including requests for more information.

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