



North West Local Health
Integration Network

Annual Business Plan 2017-2018



Ontario

North West Local Health
Integration Network

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1 Context

1.1 Transmittal Letter

Mr. Tim Hadwen
Assistant Deputy Minister
Health System Accountability and Performance Division
Ministry of Health and Long-Term Care

Dear Mr. Hadwen:

I am pleased to provide you with the Draft *North West Local Health Integration Network Annual Business Plan 2017-2018 (the "Plan")*. The Plan demonstrates how the North West Local Health Integration Network (LHIN) will improve the health system in Northwestern Ontario in 2017-2018, the second year of our *Integrated Health Services Plan (IHSP) 2016-2019*. 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 2017-2018.

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

- Improving the Patient Care Experience
 - Enhancing Home and Community Care Services
- Improving Access to Care and Reducing Inequities
 - Enhancing Access to Primary Care
 - Improving access to Specialty Care
 - Integrating the System of Care for Mental Health and Addictions
- Building an Integrated eHealth Framework
- Ensuring Health System Accountability and Sustainability.

Progress continues to be made with regards to the Patients First: Action Plan for Health Care announced in February 2015, which highlights the four key priorities of Access, Connect, Inform, and Protect. This includes the *Excellent Care for All Act, 2010* as outlined in the Minister of Health and Long-Term Care's Mandate letter.

In addition, the North West LHIN will adopt Community Care Access Centre business plan initiatives, primary care planning and monitoring initiatives, and sub-regional planning initiatives into the North West LHIN business plan as the implementation of the *Patients First Act, 2016* is realized and the LHIN mandate is changed.

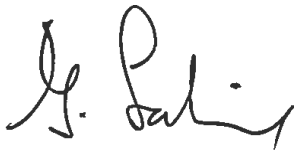
In advancing these initiatives, the North West LHIN will engage stakeholders, build capacity, fund innovative solutions and strategies, and advance the North West LHIN Health Services Blueprint.

As outlined in this Draft Annual Business 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 the Northwestern region. 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 Draft Annual Business Plan is submitted in accordance with the reporting requirements established in the *Local Health System Integration Act*, 2006, and the *Agencies and Appointments Directive*. It has been reviewed by the North West LHIN's Board of Directors and the following resolution was passed January 31, 2017: *"that The North West LHIN Board of Directors approve the Draft 2017-2018 Annual Business Plan for submission to the MOHLTC by March 31, 2017."*

We believe that the *North West Local Health Integration Network Annual Business Plan 2017-2018* 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 Chief Executive Officer, Laura Kokocinski, at (807) 684-9425.

A handwritten signature in black ink, appearing to read 'G. Labine', with a stylized flourish at the end.

G. Labine
Board Chair

1.2 North West Local Health Integration Network Mandate and Strategic Directions

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

The North West LHIN is currently in the sixth 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.

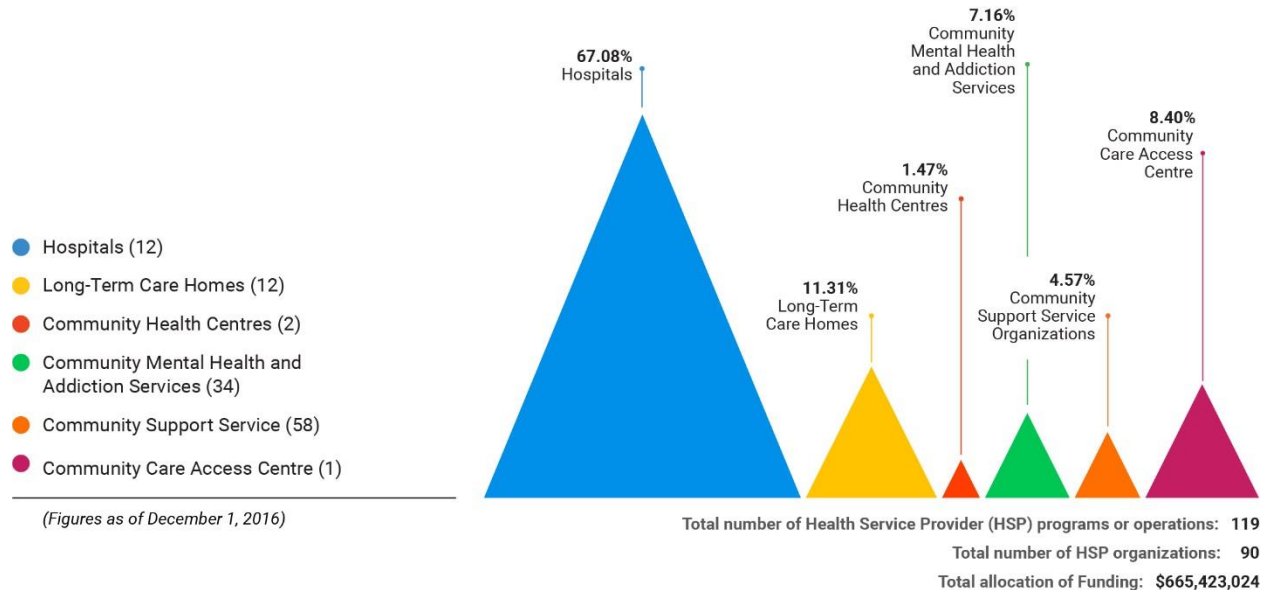
The ongoing implementation of the Health Services Blueprint will lead to the creation of an integrated service delivery network that includes primary care providers, inter-professional health care teams, hospitals, public health, mental health and addictions (MH&A), and home and community care to ensure a more seamless patient experience, and that aligns with the MOHLTC's Patients First: Action Plan for Health Care.

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



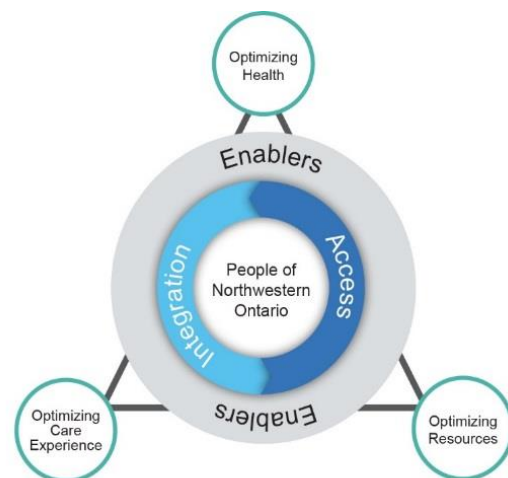
1.3 Overview of Current and Forthcoming Programs and Activities

The mandate of the North West LHIN is to plan, fund, and integrate local health services. The North West LHIN presently does not provide health care services, but works with HSPs and community members to set priorities and plan health services in Northwestern Ontario. However, considering the new legislation that was introduced in December 2016 with *The Patient First Act, 2016*, the LHINs will assume new roles in 2017-2018 including administering and managing health services for home and community care, planning and performance management of primary care services, and more formalized planning relationships with public health. Currently, the North West LHIN allocates funding to 90 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, clients, and families in the design of their care, improved coordination, communication, 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 illustrated below:

1. Optimizing Health (Population Health)
2. Optimizing Care Experience (Patient Satisfaction)
3. Optimizing Resources (Per Capita Cost)



The priorities of the IHSP IV 2016-2019 are focused in four primary areas:

- improving the patient care experience
- improving access to care and reducing inequities
- building an integrated Electronic Health (eHealth) framework
- ensuring health system accountability and sustainability.

1.3.1 IHSP IV 2016-2019 Priorities

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

Improving the Patient Care Experience

The North West LHIN's main goal within this priority 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. The North West LHIN will improve the patient experience by putting the patient voice at the centre of health care planning and by delivering care that is responsive to patient needs, values, and preferences.

Improving Access to Care and Reducing Inequalities

The North West LHIN's main goal within this priority 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 long-standing 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. Together with our partners, the North West LHIN will address the root causes of health inequities by strengthening the social determinants of health, investing in health promotion, and reducing the burden of disease and chronic illness.

The additional goals within this priority listed below 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. The North West LHIN will continue to build primary care as the foundation of the health care system by working with health care providers to develop sub-region plans that focus on health equity, improved access to primary care and inter-professional health care providers, and effective and seamless transitions between primary care and other health and social services.

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 sub-regions 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. Furthermore, the North West LHIN is also advancing regional programs such as specialty cardiac and musculoskeletal care. In addition, work with providers will continue to further reduce wait times and drive appropriate care utilization for persons suffering from mood disorders.

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. The North West LHIN will create healthy communities by improving access to primary care and reducing wait time for MH&A services which will also reduce variation in access across the province. 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 the North West LHIN.

Building an Integrated eHealth Framework

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 for cost-effective integrated solutions. These actions will support innovation by delivering new models of care and digital solutions to make accessing care easier for patients and more efficient for health care providers.

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 guiding vision for health care system redesign for 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. Through this work, the North West LHIN will break down the silos between our health care sectors and providers to ensure seamless transitions for patients, and to ensure that providers work together to provide patient-centred care.

Ensuring Health System Accountability and Sustainability

The North West LHIN's main goal within this priority 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 both 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. The North West LHIN will ensure programs and services are effective, efficient, and sustainable into the future by taking steps to further streamline and increase the efficiency of administration with plans to reinvest any savings into front-line patient care.

1.3.2 People of Northwestern Ontario

Indigenous Health Services

Improving the care experience for the Indigenous 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 Indigenous 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, Indigenous 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 to ensure that all HSPs are planning for health services that are culturally competent. Within the North West LHIN organization, 100 per cent of Board and senior staff have completed online Indigenous Cultural Competency Training. This training provides the knowledge, self-awareness, and skills necessary to work effectively with Indigenous people.

The North West LHIN is a member on a total of six Health Services Integration Fund (HSIF) projects aimed at advancing the integration of health programs and services to better meet the needs of First Nation (FN) communities. These HSIF projects are a result of a collaborative planning and partnership initiative between Health Canada, the North West LHIN, FN communities, HSPs funded by the North West LHIN, and provincial ministries/agencies.

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 2017-2018, 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 2017. This forum will have a special focus on incorporating health equity values and practices into regional programs at both system and patient levels.

Throughout 2017-2018, the North West LHIN will follow up on the outcomes of the Aboriginal Health Forum as well as fulfill the Aboriginal engagement plan. Our regional engagement efforts will be focused on five established objectives:

- Objective One: Maintaining and growing solid working relationships with Indigenous communities, organizations and governments through engagement and inclusion
- Objective Two: Increasing awareness of equity issues across the North West LHIN related to access to care
- Objective Three: Together with Indigenous partners, identify health priorities and service gaps for Indigenous communities, including new and emergent concerns

- Objective Four: Identify and develop a plan to implement “tried and true” practices that are proven to be relevant and effective for Indigenous peoples and contexts
- Objective Five: Identifying culturally-safe evaluation strategies, including but not limited to cost-benefit analysis and culturally relevant gender based analysis (CRGBA) tools.

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 the region.

French Language Health Services

In accordance with the *LHSIA* and the *French Language Services Act, 1986*, 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 and the North West LHIN have developed a three-year Joint Action Plan 2016-2019 and are moving forward with the priorities and objectives identified in this plan. Outcomes and measures have been included to monitor progress on the development of this work. This Joint Action Plan is aligned with the LHIN's IHSP IV 2016-2019, the North West LHIN Health Services Blueprint, the RMEFNO Strategic Plan, and on-going activities from the RMEFNO 2015-2016 Recommendations Report. Work accomplished through this Joint Action Plan aims to improve access, coordination and the sustainability of quality and equitable French language health services for Francophones in Northern Ontario. Through work with HSPs on the development of a French Language Services (FLS) Plan by IDN, 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. With input from patients, caregivers and partners, the North West LHIN will reduce wait times and improve the coordination and consistency of home and community care so that clients and caregivers know what to expect. 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 (North West CCAC) and the Community Support Sector (CSS) to identify opportunities to shift low and moderate needs clients who require personal support to this area.

Activities outlined in this business plan are in full alignment with timelines and expectations related to the Patients First: 10-Point Plan on Strengthening Home and Community Care. In addition to activities in progress, this business plan also contemplates readiness and capability for future elements of the *Patients First Act, 2016* deliverables as they are released. Finally, considering the new legislation that was introduced in the *Patients First Act, 2016*, the North West LHIN will assume new roles in 2017-2018 including administering and managing health services for home and community care and business plan initiatives required to meet the goals and objectives associated with this expanded role.

Integration

The North West LHIN is in its sixth year of implementing its Health Services Blueprint. This blueprint for an integrated health care system is in alignment with provincial initiatives such as sub-region planning, Health Links and Rural Health Hub (RHH) pilot projects. The North West LHIN 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 continued development and implementation of sub-regions (the equivalent to Integrated District Networks in the North West LHIN Health Services Blueprint) and Integrated Health Care Organizations (IHCOs) at the Local Health Hub (LHH) and Regional Program levels across the North West LHIN will facilitate increasingly seamless transitions for patients across the continuum of care and will improve health care value throughout the system. Through the continued implementation of the Health Services Blueprint, the North West LHIN will advance the creation of an integrated service delivery network that includes primary care providers, inter-professional health care teams, hospitals, public health, mental health and addictions and home and community care to ensure a more seamless patient experience.

Quality and Funding

The North West LHIN is working with health provider partners to increase quality improvement capacity. Adoption of Quality Based Procedures (QBPs) and digital order sets 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.

Transformation

Transformation of the health system is paramount and expected by patients and caregivers, health care partners and the broader public in an effort to build a more sustainable, efficient, and accessible health care system for future generations. With this in mind, the North West LHIN embarks on this phase of health system transformation with the following priorities:

- Improve the patient experience by putting the patient voice at the centre of health care planning and by delivering care that is responsive to patient needs, values, and preferences.
- Address the root causes of health inequities by strengthening the social determinants of health, investing in health promotion, and reducing the burden of disease and chronic illness.

- Create healthy communities by improving access to primary care and reducing wait times for specialist care, MH&A services, home and community care, and acute care for patients when they need it, which will reduce variation in access across the province.
- Break down the silos between our health care sectors and providers to ensure seamless transitions for patients, and to ensure that providers work together to provide patient-centred care.
- Support innovation by delivering new models of care and digital solutions to make accessing care easier for patients and more efficient for health care providers.
- Practice fiscal responsibility to ensure programs and services are effective, efficient, and sustainable into the future.
- Further streamline and increase the efficiency of administration and ensure savings are reinvested into front-line patient care.

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 the following health profile:

	North West LHIN	Ontario
Higher		
Rate of heavy drinking	23.7%	16.2%
Rate of current smoker	23.4%	17.4%
Rate of overweight or obese (18+ years)	63.8%	54.6%
Rate of diabetes	8.5%	7.4%
Prevalence of high blood pressure	22.8%	18.5%
Rate of premature mortality (before age 75 years) per 100,000 pop. (2010-2012)	309/100,000	196/100,000
Lower		
Life expectancy (2007-2009)	Males – 76.2 years Females – 81.1 years	Males – 79.2 years Females – 83.6 years
Proportion of population with a regular medical doctor	86.0%	92.5%

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 7, 2016.

² Statistics Canada. Table 102-4311 - Premature and potentially avoidable mortality, three-year average, Canada, provinces, territories, health regions and peer groups, occasional. Accessed December 7, 2016.

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 7, 2016.

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
- a more rapidly aging population 65+ years within the next 20 years increasing to 28 per cent compared to 24 per cent provincially in 2036⁴, which will increase reliance on health care services
- difficulty with recruitment and retention of health professionals for many communities across the Northwest
- a declining population which will lead to difficulty expanding economies of scale
- 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.
- 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).

⁴ Ministry of Finance. Ontario Population Projections Update, 2015-2041.
<http://www.fin.gov.on.ca/en/economy/demographics/projections/table15.html> Accessed December 7, 2016

2 Core Content

2.1 Building an Integrated Health Care System

Description

Goal: To create an integrated health care system in the North West LHIN that ensures a more seamless patient experience and 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 ensure a more seamless patient experience and improve the health outcomes of residents across the region.

The North West LHIN is working with a number of HSPs in early adopter communities to explore and test feasible, value creating rural LHH and IHCO models 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. Moving forward with integration will break down the silos between our health care sectors and providers to ensure seamless transitions for patients while ensuring that providers work together to provide patient-centred 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, 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 long-term care (LTC) is available. In many cases, the patients do not receive the required post-discharge support.
- 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 lower 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.

2016-2017 North West LHIN Successes

Successes already realized in this area include:

- The North West LHIN has finalized and formalized sub-regions and has outlined common requirements for these sub-regions.
- The North West LHIN sub-regions will follow the same boundaries as the five IDNs as defined in the North West LHIN Health Services Blueprint. These boundaries are also mirrored in the five North West LHIN Health Links regions and are based on natural health care access patterns of the vast geographical area of the North West LHIN.
- The IDN boundaries have been established through extensive consultation with stakeholders during the development of the North West LHIN Health Services Blueprint. Over the past few years consultation has continued, and in Q2 of 2016-2017 additional engagement sessions with primary care providers and several other HSPs were facilitated throughout the region.
- Five early adopter projects are underway across the North West LHIN which are aimed at advancing the Health Services Blueprint conceptual model of an integrated health care system these are:
 - Nipigon District Memorial Hospital is currently working with the Nipigon Family Health Team to examine opportunities to integrate governance between the two organizations.
 - Dryden LHH LHIN-funded HSPs are proceeding to examine the opportunity to create an IHCO in Dryden and have agreed to a terms of reference for this early adopter work. In addition, a current state assessment, vision, and workplan to advance the hub development over the coming year have been developed.
 - Manitouwadge General Hospital is continuing to pursue opportunities for greater integration with system partners in the community of Manitouwadge.

- Wilson Memorial Hospital and McCausland Hospital have fully integrated their two hospitals into one new corporation as of April 2, 2016, titled, North of Superior Healthcare Group.
- Rainy River LHH has commenced their initial work to develop a hub, including completion of an environmental scan and efforts to build trust among stakeholders.
- A specialized independent living IHCO has been created with the voluntary integration of HAGI Community Services for Independence and Northwestern Independent Living Services (NILS). This IHCO is anticipated to be effective in Spring 2017.

Goals

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 a more seamless patient experience 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
- Adoption of innovations in patient care, such as bundled care
- Enhanced capacity in the community support sector to provide Personal Support Services (PSS) for low level needs clients
- 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	Connect: Delivering co-ordinated and integrated care in the community and closer to home Protect: Make decisions based on value and quality to sustain the health care system for generations to come
<i>Patients First Act, 2016</i>	Effective integration of services and greater equity Stronger links to population and public health
Ontario's Rural and Northern Framework	Governance and accountability 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
Enhancing the Continuum of Care	Fewer preventable adverse events More effective care transitions Better chronic disease prevention and management
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
Seniors and Alternate Level of Care: Building on Our Knowledge	Improved access to the right care through community investment Improved patient flow across the system Optimize and differentiate capacity

Action Plan

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Continue to implement integration initiatives and evolve to fully integrated IHCOs	In progress	40%	In progress	60%	In progress	80%
The North West LHIN will maintain required business practices to remain flexible and ready to incorporate the <i>Patients First Act</i> , 2016 system reform initiatives throughout the year into this business plan as is required and necessary to meet the goals and objectives of the reforms when they are finalized	Ongoing					
Advance North West LHIN Health Services Blueprint recommendations: implement an integrated service delivery model at local, district, and regional levels (early adopters)	In Progress	40%	In Progress	60%	In progress	80%

How will we measure success?

By 2020, it is expected that early adopter sites will have evolved to IHCOs 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
- measure success through an evaluation framework that indicates patient 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
- insufficient enabling technologies.

How will we mitigate the risk?

Risk mitigation factors include the following:

- 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 Health Services 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. Leadership development opportunities are being provided through a partnership with the Rotman School of Management to deliver a curriculum for health leaders from across the region to support system transformation. Health Links is also providing an opportunity for providers to work closely with HQO coaches and leverage training opportunities offered by HQO and the province.

- Through the ten-year Health Human Resources Plan (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.
- 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 MOHLTC priorities and/or initiatives with RHHs (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
- 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. The North West LHIN will improve the patient experience by putting the patient voice at the centre of health care planning and by delivering care that is responsive to patient needs, values, and preferences. This means that in 2017-2018 there will be:

- enhanced performance and quality measurement frameworks that are consistent and flexible to address regional priorities
- increased health services and programs designed with patients and families
- increased personalized health care plans
- increased self-management
- cross-sector QIPs
- implementation of quality standards in partnership with local clinicians at both a community level and with HQO
- 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 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, CHF, and COPD exceeds the provincial average⁵.

In the North West LHIN:

- Twenty per cent of residents (aged 12+ years) have multiple chronic conditions, and these rates were significantly higher than the provincial average⁶.
- The use of acute care for the management of chronic conditions is high at 26 per cent⁷.
- Readmission rates for diabetes (12%), COPD (19%) and CHF (22%) exceed those in the rest of the province in 2015-2016⁸.
- Seniors aged 75+ years are 45-55 per cent frailer than the average senior in Ontario⁹.
- Emergency Room (ED) visits related to falls are 21 per cent higher than the Ontario average¹⁰.
- For those aged 65+ years, 46.1 per cent of the days waiting in hospital is for LTC and 16.5 per cent of the days waiting was for CCC¹¹.
- Between 2015-2030, there is a projected need for 1,000 additional LTC spaces to maintain current service capacity¹².
- Overall deaths in the North West LHIN region are projected to increase by 27 per cent between 2007-2020¹³.
- The ALC rate in 2015-2016 was 27.1 per cent, whereas the provincial average was 14.0 per cent¹⁴.

⁵ PricewaterhouseCoopers, "North West LHIN: Health Services Blueprint"

⁶ MOHLTC, "Environmental Scan: 2016-2019 Integrated Health Services Plan."

⁷ Ibid

⁸ MOHLTC, "Supplementary Analysis of MLAA Indicators – Inpatient Readmissions" 2016.

⁹ 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>.

¹⁰ Ibid

¹¹ Ibid

¹² North West LHIN, "Local Area Services Plan for Older Adults," 2013.

¹³ North West LHIN, "Regional Palliative Care Plan: Support. Quality. Coordination," 2014.

¹⁴ MOHLTC, "Supplementary Analysis of MLAA Indicators – ALC Rate" 2016.

2016-2017 North West LHIN Successes

Successes already realized in this area include:

Home and Community Care

The North West LHIN, in collaboration with the North West CCAC and the CSS, is advancing the provincial initiative for PSS regulatory amendments and policy implementation which will result in a “One-Sector experience” for PSS clients and their families. The service delivery model includes:

- centralized and coordinated intake
- common assessment tools and processes
- care and service planning standards
- care coordination by service providers
- wait listing and complaints management.

Phase One will see up to 75 low- and moderate-needs waitlisted PSS clients transition from the North West CCAC to the CSS beginning April 1, 2017.

Chronic Disease Prevention and Management

- A three-year implementation plan has been developed to support advancement of the Regional Diabetes Plan recommendations.
- An electronic knowledge portal has been implemented for the Regional Diabetes Community of Practice to support sharing of evidence informed practice with all diabetes service providers.
- The Chronic Disease Self-Management Program, managed by the North West CCAC, is collaborating with the City of Thunder Bay Emergency Management Services (EMS) to provide self-management training for paramedics, who will be better enabled to promote self-management among community paramedicine patients.
- Since transition of funding from MOHLTC to North West LHIN for the Centre of Complex Diabetes Care and the Chronic Disease Self-Management Program, a collaborative approach with providers will better coordinate diabetes service across the region and which is aligned with the Regional Diabetes Plan recommendations.
- A focus group discussion was held with pharmacists in the City of Thunder Bay to explore opportunities for strengthening the role of pharmacy in diabetes management through a shared care approach.

- Telehomecare nurses have received training to support patients on the COPD or CHF Telehomecare program to also receive support with complications of diabetes.
- A mobile based patient portal system is currently being piloted to support self-management of people living with diabetes. To date, there have been 39 referrals to the program and eight individuals have enrolled. An additional 11 individuals are pending enrollment once consent is acquired.
- Implementation of the Regional Wound Plan recommendations are underway with the primary purpose of enhancing a coordinated and integrated model for wound care delivery. Several components have been established, including the development of a standardized competency framework for wound care.
- A relationship with Flinders University, a world leader in Diabetes Point of Care Testing, continues to support accessible testing for diabetes patients across the North West LHIN. Both HbA1c (three-month blood glucose) and creatinine (kidney function) testing are currently supported.
- Strengthening the strategy to reduce amputations in the region has included exploration into enhanced access to chiropody services across the region and access to offloading devices to support timely healing of wounds.
- A Telehomecare mobile based patient portal has been piloted since April 2016 to support self-management for people living with diabetes.
- The Annual Diabetes Forum was hosted in March 2017 with a focus on building capacity among clinicians to support patient self-management.

Access to Care

- In Year 9 of the Pay-for-Results (P4R) program at Thunder Bay Regional Health Sciences Centre (TBRHSC), the North West LHIN continues to fund an expanded Rapid Assessment Zone (RAZ) for high acuity patients, triage enhancements, and a 10-bed Medical Short Stay Unit. In addition, new initiatives have been launched, including a mental health patient navigator and an infection control process improvement coordinator. In regards to flow of admitted patients, the hospital has agreed to support funding for implementation of the Hospital Elder Life Program, and ongoing implementation of patient flow performance improvement software.
- The 90th percentile ED length-of-stay (LOS) for complex patients has been improving over the last two years, reaching 9.35 hours in Q2 of 2016-2017. This result is superior to the provincial average and trending towards the provincial target of 8.0 hours (Quarterly Stocktake Report).
- The 90th percentile ED LOS for uncomplicated patients has improved over the last quarter to 4.05 hours. This result remains better than provincial performance of 4.15 hours and is within 10 per cent of the target of 4.0 hours (Quarterly Stocktake Report).

- The volume of low acuity (CTAS IV-V) ED visits continues to decline across the North West LHIN. The region's busiest ED, TBRHSC, achieved a reduction from 6,248 low acuity visits in Q4 of 2015-2016 to 5,795 visits in Q2 of 2016-2017 (CIHI eReporting Portal).
- Over the first two quarters of 2016-2017 the North West LHIN worked with Health Force Ontario (HFO) and regional hospitals to monitor physician coverage, and proactively address potential shortages. There were no ED closures during this period.
- During the influenza peak season, the North West LHIN implemented an annual planning process for the System-Wide Surge Protocol. This process involved bringing together HSPs from across all sectors in Thunder Bay and outlining responsibilities for mitigation of potential influenza surges on the health system. Emergency Department (ED) surges were monitored by TBRHSC and information was shared with the North West LHIN and a wide range of system partners when a surge occurred. TBRHSC and system partners worked well together within the structure of the System-Wide Surge Protocol. Holiday surge and overcapacity planning for 2016-2017 has resulted in implementation of the following strategies:
 - The addition of four beds to the already existing 26 bed Temporary Transitional Care Unit, provided by St. Joseph's Care Group (SJCG) at Lakehead Psychiatric Hospital.
 - Implementation of daily bed management calls over the holiday period, involving several necessary partners, to enhance communication and facilitate discharge from TBRHSC to SJCG and regional hospitals.
 - Launch of a communication campaign to inform the public of health care options over the holidays and avoid unnecessary visits to the ED. The publication "Know your health care options" was shared over North West LHIN social media and was also sent to HSPs in the City of Thunder Bay for distribution to their patients.
 - Letters were sent to primary care clinics located in Thunder Bay, encouraging maintenance of clinic hours over the holidays and to update holiday hours with 211 and www.northwesthealthline.ca.
 - Process improvement of Nurse Led Outreach Team (NLOT) involvement in long-term care home (LTCH) outbreaks, to enhance outreach care during outbreaks.
- Daily bed management calls occurred with regional partners in early 2017 as part of the System-Wide Surge Protocol. The calls established connections between TBRHSC, regional small hospitals, EMS agencies, and Ornge, in some cases leading to the facilitation of expedited repatriations. The bed management calls have evolved to daily emails and relationships have been strengthened with regards to enhancing regional repatriation.
- Collaboration has continued with health system partners to address ALC pressures in key communities such as Thunder Bay and Kenora. In both Kenora and Thunder Bay, regular meetings with the North West CCAC, hospitals and North West LHIN are held in order to identify underlying causes of ALC pressures and develop innovative solutions.

- Beginning earlier this fiscal year, a project to improve ALC indicators was launched with a detailed data analysis at regional and facility levels, followed by a comprehensive review of best-practices to inform the North West LHIN and system partners of the evidence and options for interventions having the greatest impact on ALC reduction. Focus on improving ALC indicators has continued with systematic stakeholder engagement of representatives from hospitals from across the region.
- An additional unit of 32 beds at Hogarth Riverview Manor were opened for operation in Q1 of 2016-2017. These beds are now occupied.
- Approval has been received for Bethammi Nursing Home to remain open beyond the previous planned closure date of December 2016. This change will increase LTC capacity within the City of Thunder Bay by 112 beds.
- The North West LHIN is currently working with system partners to ramp-down overcapacity initiatives as new LTC capacity is created through the opening of Hogarth Riverview Manor Expansion site by June 2017 and with Bethammi Nursing Home remaining open.
- The North West LHIN has continued to work with Critical Care Services Ontario (CCSO) and local stakeholders to implement the Life or Limb Policy.
- The Critical Repatriation Tool has been successfully operationalized and is now being used to identify areas of opportunity for performance improvement in regional flow.
- Through the ongoing implementation of the Regional Critical Care Response Team, local performance targets for critically ill life or limb patients are monitored and improvements in the proportion of patients arriving at their definitive point of care within four hours has improved since implementation to reach a high of 35.4 per cent for the current fiscal year.
- As the region's Lead Trauma Hospital, TBRHSC has initiated the implementation of a Regional Trauma Network in partnership with CCSO and will be applying the provincial framework to better coordinate regional trauma care across all involved sectors to improve patient outcomes.
- The North West LHIN has initiated a discussion with stakeholders to better coordinate inter-provincial transfers from our region to Manitoba. A working group has been convened and an analysis of volumes, case types, and current issues has been completed. A guidance document is in draft stage and a Memorandum of Understanding is being developed between provincial counterparts.

Indigenous Health Services

- Partnerships have been facilitated between the Sioux Lookout Diabetes Program and the Sioux Lookout Meno Ya Win Community Health Worker Diabetes Project. Local diabetes workers funded by Health Canada have received additional training and support from North West LHIN-funded clinicians in Sioux Lookout.
- Participation is ongoing in six Health Canada HSIF projects to advise how federally funded FN services can be better coordinated with North West LHIN services.
- Community engagement with LHIN funded HSPs, Indigenous community and organizational representatives, and other stakeholders was carried out in Q2 of 2016-2017 in order to update the North West LHIN's (2010) report "Aboriginal Health Programs and Services Analysis & Strategies", produced by DPRA Canada. The updated health report will provide a current state of the health status of Indigenous peoples in the North West LHIN, programs and services available to Indigenous peoples in the North West LHIN, formal and informal partnerships, service gaps and challenges, health priorities, and successful, innovative and promising practices.
- The yearly Aboriginal Health Forum was held on February 16, 2017, with participation from various stakeholders across the region.
- The North West LHIN continues to participate in multi-lateral calls in regards to coordination of response to the suicide crisis in several FN communities.

Francophone Health Services

- In collaboration with the North West CCAC, access to diabetes education sessions in French have been facilitated and were offered by the Hamilton/Niagara Community Health Center via Ontario Telemedicine Network (OTN) in June and September 2016.
- Translation services are available via OTN through the office of l'Accueil Francophone de Thunder Bay for the North West LHIN region.
- The concept of Active Offer of French Language Services was presented and supporting documents and video clips were made available to the providers.
- In collaboration with the RMEFNO, a draft process to identify potential candidates to qualify as FLS providers has been developed, along with a draft tool to capture the implementation of Active Offer of French Language Services.
- The topic of identifying Francophone clients was presented at the three French Language Services Sub-LHIN Region planning sessions. The data from 2016 FLS reports indicates that 16 of the 17 FLS identified providers capture linguistic data by asking either the preferred language and/or official language of the client.
- An online French Language Services Toolkit was developed as a joint project with the North West and North East LHINs in collaboration with the RMEFNO to provide a central location for HSPs for information and planning tools for improving access to FLS. The French Language Services Toolkit is available via both LHIN websites.

- Community engagement sessions with the Francophone community were held by the RMENFO through the Carrefour santé meetings to determine the health needs of this population. Active Offers of French Language Services across all sectors was a recurring theme with a focus on mental health services and access to services in French in LTC.
- The Réseau worked in collaboration with the organization Tel-Aide Outaouais to establish a helpline for Francophones in the North West region. This helpline is a free, anonymous, and confidential telephone service for French speaking people in need of emotional support and is available between 8 a.m. to midnight, 365 days of the year.
- Two Francophone Social Workers in Thunder Bay have been trained to become instructors for offering the program “Mental Health First Aid”, a course developed by the Mental Health Commission of Canada. Mental Health First Aid is the help provided to a person developing a mental health problem or experiencing a mental health crisis.

Rehabilitation and Complex Continuing Care

- As the regional lead, SCJG has drafted recommendations for a regional service delivery model aligned to the Health Services Blueprint model for rehabilitation services. This plan will be validated with stakeholders over the coming months.
- An implementation plan has been developed in collaboration with SJCG and acute care hospitals to apply the Rehab Care Alliance bedded levels of care definition framework for rehabilitative services across the region.

Palliative Care

- The regional palliative care plan has been advanced in its second year of implementation, with actions taken to:
 - align program governance to Ontario Palliative Care Network structures
 - establish a working group to advance implementation of the Distributed Hospice Model, with representation from hospitals and the community sector aligned to the Health Services Blueprint model
 - work with the MOHLTC to develop six hospice-like spaces across the region
 - expand local community palliative care teams in two additional LHHs
 - continue discussion and facilitate planning with FN partners to advance community palliative care programming in six communities
 - recruit a 0.2 FTE palliative clinical co-lead to support implementation of the regional plan
 - provide education and training sessions for professionals across the region

- continue to deliver quality care through the Palliative Care Telehomecare program by using tablet technology for patients with end stage chronic conditions
- establish a 24/7 telephone line for clinicians across the region to access palliative care expertise.

Goals

The following goals have been identified:

- 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
- 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	Access: Providing timely access to the right care Connect: Delivering coordinated and integrated care in the community and closer to home
<i>Patients First Act, 2016</i>	More consistent and accessible home and community care Stronger links to population and public health Inclusion of indigenous voices in health care planning
Patients First: A Roadmap to Strengthening Home and Community Care	Put clients and caregivers first Improve client and caregiver experience
Enhancing the Continuum of Care	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
Seniors and Alternate Level of Care: Building on Our Knowledge	Improved access to the right care through community investment

Priority Document	Principle
	Improved patient flow across the system; Optimize and differentiate capacity
Living Longer, Living Well	Supporting the development of elder friendly communities Promoting health and wellness Enhancing Ontario's LTCH environments Caring for caregivers Addressing ageism and elder abuse
Preventing and Managing Chronic Disease: Ontario's 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

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Improve the Patient Experience						
Establish and engage the Patient and Family Advisory Committee to ensure patients and families are involved in health care system decision-making	In progress	75%	Complete	100%		
Engage patients and families to identify solutions that will improve transitions for patients between different health sectors so that patients receive seamless, coordinated care for patients and only tell their story once	In progress	75%	Complete	100%		

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Engage patients and families to identify initiatives that reduce caregiver distress	In progress	75%	Complete	100%		
Home and Community Care						
Determine the range of solutions to renew the home and community care delivery system in alignment with the provincial model	Complete	100%				
The North West LHIN will maintain required business practices to remain flexible and ready to incorporate the <i>Patients First Act, 2016</i> system reform initiatives throughout the year into this business plan as is required and necessary to meet the goals and objectives of the reforms when they are finalized	Ongoing					
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	40%	In progress	60%	In progress	80%

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Integration of the North West CCAC functions to the North West LHIN	Complete	100%				
Reduce wait times and improve coordination and consistency of home and community care so that clients and caregivers know what to expect.	In progress	30%	In progress	50%	Complete	100%
Support the implementation and evaluation of a pilot Diabetes Telehomecare program	Complete	100%				
Chronic Disease Prevention and Management						
Implement recommendations of the Regional Diabetes Care Plan	In progress	40%	In progress	60%	Complete	100%
Implement recommendations of the Regional Wound Care Plan	In progress	40%	In progress	60%	Complete	100%
Establish a comprehensive and integrated Chronic Disease Management program for the North West LHIN region	In progress	40%	In progress	60%	In progress	80%

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Identify strategies to integrate and standardize management of diabetes for youth	In progress	60%	In progress	80%	Complete	100%
Establish a process for ongoing quality improvement based on client outcomes in all Diabetes Education Programs	In progress	50%	In progress	70%	Complete	100%
Implement standardized patient navigation and care processes for diabetes	In progress	50%	In progress	75%	Complete	100%
Facilitate opportunities to strengthen and build the ability of clinicians treating chronic conditions, including primary care, to promote self-management principles	In progress	40%	In progress	60%	In progress	80%
Engage pediatric stakeholders to establish current and desired future state of an integrated system of pediatric care in the Northwest including an understanding of regional variation in rates of low-risk pregnancies delivered by C-section	In progress	20%	In progress	40%	In progress	80%

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Increase use of innovative models and digital solutions to make accessing care easier for patients living with diabetes and other chronic conditions	In progress	30%	In progress	50%	In progress	75%
Access to Care						
Facilitate the annual implementation of the ED P4R program at 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	

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Work with the North West LHIN ED Lead Group, 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	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	

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Implement recommendations of the Informing Seniors Care Plan focusing on needs in seniors' services across the local, district and regional level, including reducing gaps between demand and capacity outlined in the Local Area Services Plan	Ongoing		Ongoing		Ongoing	
Establish a regional committee to plan and inform activities on seniors' services	Complete	100%				
Work with system partners to improve how people move through the health system to avoid unnecessary hospital stays, reduce the length of time people must spend in hospital, and reduce the number of people who are waiting in a hospital bed for the right level of care	Ongoing		Ongoing		Ongoing	
Support hospitals to enable the adoption of innovations in patient care, like bundled care	Ongoing		Ongoing		Ongoing	

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Partnership with Public Health						
Through engagement with the Medical Officers of Health in the North West LHIN, initiate discussions focused on exploring and understanding local drivers of performance on the <i>Patients First Act</i> , 2016 indicators related to Public Health	In Progress	60%	Complete	100%		
Identify high-risk populations and, with public health and local community partners, targeted interventions to improve access to appropriate and culturally sensitive care	Ongoing		Ongoing		Ongoing	
Aboriginal Health Services						
Engage with Indigenous leaders, providers and patients to guide investments and initiatives	Ongoing		Ongoing		Ongoing	
Identify opportunities for collaboration between Aboriginal HSPs to enhance value of care	Ongoing		Ongoing		Ongoing	

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Follow through with implementation of recommendations from Indigenous Health Action Plan	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	Ongoing		Ongoing		Ongoing	
Continue to implement the Aboriginal engagement plan in LHHs and other FN communities	Ongoing		Ongoing		Ongoing	
Expanded Indigenous Cultural Competency training for North West LHIN staff and providers	Ongoing		Ongoing		Ongoing	
Expanded Aboriginal stakeholders on LHIN working groups and steering committees	Ongoing		Ongoing		Ongoing	

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Participate in Health Canada HSIF initiatives, transferring coordination of federally-funded health services and funding to FN communities / entities	Ongoing		Ongoing		Ongoing	
Francophone Health Services						
Assess the capacity of HSPs within sub-regions and the extent to which Francophone citizens are provided with an Active Offer of French Language Services	In progress	80%	Complete	100%		
Develop Integrated French Language Services Plans for three IDNs	In progress	60%	In progress	90%	Complete	100%
Through FLS IDN planning and in collaboration with the RMEFNO, carry out activities to improve patient experience and access to services in French for the Francophone population	In progress	60%	In progress	90%	Complete	100%
Identify number of HSPs that capture linguistic data to identify the Francophone patient	In progress	60%	In progress	90%	Complete	100%

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
In collaboration with the RMEFNO identify additional HSPs as providers of FLS	In progress	60%	In progress	90%	Complete	100%
In collaboration with the RMEFNO, promote Active Offers of French Language Services through presentations, workshops, training, and resource material	In progress	60%	In progress	90%	Complete	100%
In collaboration with the RMEFNO, identify technology solutions to enhance access to FLS	In progress	30%	In progress	60%	Complete	100%
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	40%	In progress	60%	In progress	80%
Identify rehabilitation and CCC demands and capacity across the region	Complete	100%				
Redesign rehabilitation and CCC services in accordance with demand and capacity analysis and Rehab Care Alliance work	In progress	50%	Complete	100%		

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Palliative Care						
Implement the Integrated Palliative Care Service Delivery Model at the local, district, and regional levels	In progress	50%	In progress	75%	In progress	85%
Implement recommendations of the Regional Palliative Care Plan, and develop local Palliative Care pathways	In progress	50%	In progress	75%	In progress	85%
Implement the distributed hospice model by introducing hospice-like spaces in all 14 LHHs, and Indigenous communities	In progress	20%	In progress	40%	In progress	60%
Continue to facilitate and supported a standardized approach to implementation of Medical Assistance in Dying (MAID) across the region by actively participating in provincial and local planning tables	Ongoing		Ongoing		Ongoing	

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 PSS
- Wait time in community for CCAC in-home services for 90th percentile (nine out of ten patients)

- Thirty 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+ years) 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
- Emergency Department (ED) Wait Times are within provincial targets (90th percentile ED 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
- A comprehensive review of ALC is completed for every hospital in the North West LHIN.

Measures of Success for FLS Initiatives

- Number of additional HSPs supported by the LHINs and RMEFNO for identification as providers of FLS
- Number of identified HSPs that incorporate an Active Offer of French Language Services approach
- Number of evaluations of identified HSPs within an IDN
- Number of HSPs participating in the data collection process to identify French speaking employees
- Integrated French Language Services Plans are developed for three IDNs.

Measures of Success for Indigenous Health 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
- 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
- a lack of French-speaking HHR to be able to provide a continuum of services in French at an IDN level
- 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
- a reduced readiness for adoption of technology solutions in some HSPs and communities due to gaps in internet infrastructure and cultural differences
- lack of realization that evidence-informed models may not be adequately applicable to the northern remote and rural context
- risks to the chronic disease prevention and management action plan including:
 - the typical presence of comorbidities and the inherent complexity of chronic disease management
 - the complexity associated with multiple system stakeholders that provide/influence service provision in this regard
 - challenges related to an evolving body of knowledge around leading practices

- risks to the palliative care action plan including:
 - jurisdictional issues related to the provision of health services in FN communities that require joint strategies between federal and provincial governments, particularly related to discharge planning and delivery of palliative care services
 - limited access to community services, mainly due to HHR challenges or how the program is structured
 - challenges associated with vast, sparsely populated geography resulting in the need to develop unique service delivery models.

How will we mitigate the risk?

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

- Initiatives including Health Links and a number of HHR strategies are being utilized 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.
- Continued engagement with HSPs will build awareness and understanding of the North West LHIN's strategy for improving access to services in French.
- The lack of access to community services is being addressed on an ongoing basis through the strategic allocation of community funding, redesign of the local health care system through the Health Services Blueprint, and the implementation of the LTC services plan across the region.
- Investments in the overcapacity plan for the City of Thunder Bay IDN have addressed the demand for and supply issues for seniors' services.
- A process to share evaluation results back with participating HSPs will assist in ensuring ongoing involvement in quality improvement.
- Working in partnership with OTN and KO Telemedicine (KOTM) will help to address gaps in virtual care infrastructure.
- 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.
- Engagement will occur with Indigenous leadership and members of the Northern Reference Table to develop strategies specific to services in remote FN communities.

- Chronic disease prevention and management action plan risk mitigation includes:
 - a focus on service mapping and streamlining access to services to assist in enhancing the service experience
 - applying collaborative planning methodologies to facilitate partnerships to enhance client outcomes
 - simplifying access to leading practices by leveraging Community of Practice forums and online portals.
- Palliative care action plan risk mitigation includes:
 - The development of a joint committee by the Regional Palliative Care Program to address these issues. The committee has representatives from provincial and federal governments, and communities.
 - Through the establishment of the local community palliative care teams and the Regional Palliative Care Programs, these issues are identified and addressed locally, where possible, or are raised at the Advisory and executive tables. Ongoing planning and discussions continue to overcome these challenges.
 - The continuation of detailed planning for hospice-like spaces in communities that do not have such a service, in addition to engaging closely with the MOHLTC to promote and gain support for the expanded model.

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 at the sub-regional level (i.e. Health Links)
- the operationalization of recommendations from the Ontario's Action Plan for Seniors
- 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 support and championing by key partners

- 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
- a focus on cultural competency for North West LHIN employees and managers of mainstream HSPs
- the 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. Together with our partners, the North West LHIN will address the root causes of health inequities by strengthening the social determinants of health, investing in health promotion, and reducing the burden of disease and chronic illness.

Current Status

Indigenous Health

The health status of Indigenous people in Canada is poorer than non-Indigenous people on most measureable health indicators, and the Northwest region is no exception. Indigenous adults are more than twice as likely as the non-Indigenous population to die of preventable causes^{15,16}. 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.

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. 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

Continuing to build primary care as the foundation of the health care system and improving access to primary care remains a high priority for the North West LHIN. Evidence shows that jurisdictions with a strong foundation of primary care 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 at the sub-regional level 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.

¹⁵ 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>.

¹⁶ 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>.

When a comprehensive, system-wide strategy is implemented to support equitable access to timely, integrated, primary care within the full continuum of care at the sub-regional level, 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% compared to 94% provincially in 2013-2014)¹⁷
- almost one-half of unscheduled ED visits are classified as non-urgent or less urgent (42.4% compared to 36.4% provincially in 2013-2014)¹⁸
- 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 2013-2014¹⁹.

2016-2017 North West LHIN Successes

Successes already realized in this area include:

Health Links

- City of Thunder Bay (CoTB) Integrated District Network (IDN) Health Link: Since implementation was initiated in November 2014, numerous positive outcomes have been achieved for the CoTB IDN Health Link including:
 - The North West CCAC continues to partner with the Enhanced Care Team Clinic as well as the Centre for Complex Diabetes Care, Lakehead Nurse Practitioner Led Clinic, the NorWest Community Health Centre (CHC), and Fort William Family Health Team to identify complex, vulnerable patients for inclusion into the Health Link initiative.
 - A total of 141 Health Link clients have completed Coordinated Care Plans as at July 31, 2016, which have been uploaded to the Patient Viewer Tool (PVT) for patient and Health Service / primary care provider interactive access.
 - 100 per cent of Health Link patients are connected to primary care.
 - 86 per cent of the Health Link clients are connected to a Health Coach.
 - 94 per cent Health Link clients are using the PVT.
 - Patient and Health Service Provider Satisfaction Surveys continue to be conducted, analyzed and summarized.

¹⁷ MOHLTC, "Environmental Scan: 2016-2019 Integrated Health Services Plans."

¹⁸ Ibid

¹⁹ Ibid

- The Canadian Red Cross Non-urgent transportation program reported 887 one way trips (annual target of 1,500) at end of Q2 2016-2017, which is predicted to exceed the target by end of fiscal year 2016-2017. The number of clients served at the end of Q2 2016-2017 was 42 (annual target of 200). The number of clients served in fiscal year 2016-2017 is unlikely to meet the target, however, is continuing to serve all referred Health Link clients.
- District of Thunder Bay (DoTB) Integrated District Network (IDN) Health Link: Since implementation was initiated in December 2015, numerous positive outcomes have been achieved for the DoTB IDN Health Link including:
 - The Manitouwadge General Hospital continues to partner with primary care, CSS agencies, and North West CCAC and Mental Health agencies, to identify complex, vulnerable patients for inclusion into the Health Link initiative.
 - A total of 20 Health Link clients have completed Coordinated Care Plans as at July 31, 2016, which have been uploaded to the PVT for patient and health service/primary care provider interactive access.
 - 100 per cent of Health Link clients are connected to primary care.
 - Patient and Health Service Provider Satisfaction Surveys will be distributed, analyzed and summarized.
 - DoTB IDN Health Link knowledge exchange and expansion meeting to inform implementation processes across the Health Link was held in July with Geraldton District Hospital, Manitouwadge General Hospital and North of Superior Healthcare Group. The NorWest CHC, Geraldton District Hospital, and Geraldton Family Health Team are working collaboratively to identify Health Link patients, and develop and implement Coordinated Care Plans.
- District of Rainy River (DoRR) Integrated District Network (IDN) Health Link: The District of Rainy River IDN Health Link Implementation Plan has commenced, with Health Link patients being identified through collaboration between the Family Health Teams, hospitals and NWhA.
 - Each Family Health Team is currently identifying individuals to work with patients to develop Coordinated Care Plans, and Health Coaches to support implementation of Coordinated Care Plans.
- District of Kenora (DoK) Integrated District Network (IDN) Health Link: The District of Kenora IDN Health Link Steering Committee membership has been finalized and the Terms of Reference, Guiding Principles, and Collaboration Agreement have been approved.
 - The Business Plan is under development, and expected to be completed and approved by March 31, 2017. Implementation will follow approval of the Business Plan.

- Northern Integrated District Network (IDN) Health Link: The Northern IDN Health Link will be launched on March 2, 2017. The Business Readiness Assessment will be under development by March 31, 2017.
- Four of the five North West LHIN Health Link Steering Committees are approved and operational. All North West LHIN Health Link Steering Committees will be active by March 31, 2017.
- The North West LHIN Health Link expansion and maturation is ongoing. A workplan to guide process and steps to achieve maturation within three years will be developed by March 31, 2017.

Integrated Primary Care Models

- The Primary Care Forecasting Project was launched in April 2016 with identification of the Primary Care Forecasting Project Steering Committee members and the Terms of Reference for this committee have been drafted. The development of a future state model for primary care in the North West LHIN includes the following:
 - A current state analysis is underway for primary care delivery in the North West LHIN, including physician and inter-professional care positions and service volumes, model type (including focused practice), physician and client demographics, and client usage patterns where available.
 - A literature review is underway for emerging practices in rural remote delivery of primary care provincially, nationally and internationally, specifically within the context of an integrated service delivery model with an urban component.
 - Research is underway into benchmarking for primary care practitioners (including physicians and nurse practitioners) and inter-professional teams, evaluation of effective primary care service delivery, and provincial primary care indicators in urban vs. rural settings.
 - The formalization of primary care roles within the five LHIN sub-regions, and supporting recruitment of clinical leads.
- As of January 2017, 67 per cent of individuals registered with Health Care Connect in the North West LHIN have been connected to a primary care practitioner since the program was initiated.
- The NorWest CHC's Expanded Hours Urgent Care Clinic reported 3,652 visits as of Q3 of 2016-2017, exceeding their target of 2,048 visits annually.
- Two Attending Nurse Practitioners are currently being recruited for two LTCHs in Kenora and one in Thunder Bay to improve access for residents to quality primary care.
- The use of NLOTs in Supportive Housing and Retirement Homes in the City of Thunder Bay continues to improve quality of life for residents and reduce avoidable transfers to ambulatory and acute care facilities.

- Five primary care sites in the North West LHIN will be participating in training to establish primary care memory clinics in the region. The Red Lake Family Health Team, North Shore Family Health Team, and Fort Frances Family Health Team will be participating in the upcoming training. Two additional teams from the City of Thunder Bay will be participating at a later time, including collaborative multidisciplinary teams led by the NorWest CHC and SJCG.

Goals

The following goals have been identified:

- Increased access to primary care including same day, next day, evening, and weekend access
- Increased percentage of the population with complex chronic conditions that 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
- Improved patient/family satisfaction with the care experience.

Consistency with Government Priorities

Priority Documents	Principles
MLAA	Health Links Primary Care
Mandate Letter	Access: Providing timely access to the right care Connect: Delivering co-ordinated and integrated care in the community and closer to home
<i>Patients First Act, 2016</i>	Timely access to, and better integration of, primary care
The Drummond Report, Chapter 5 – Health	Physicians
Living Longer, Living Well	Strengthening Primary Care for Older Ontarians

Action Plan

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Health Links						
The North West LHIN will maintain required business practices to remain flexible and ready to incorporate the <i>Patients First Act, 2016</i> system reform initiatives throughout the year into this business plan as is required and necessary to meet the goals and objectives of the reforms when they are finalized	Ongoing					
Implement additional Health Links in the Kenora and Northern IDNs, through providing leadership to facilitate vision and strategic planning	Complete	100%				
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	

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Support the integration of Health Links into sub-regional planning with input from primary care providers	In Progress	40%	In Progress	70%	Complete	100%
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	40%	In progress	60%	In progress	80%

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Work with health care providers to develop sub-region plans that use an equity lens to assess resource need, improve access to primary care providers, and inter-professional health care providers to ensure comprehensive care and facilitates effective and seamless transitions between primary care and other health and social services	Ongoing		Ongoing		Ongoing	
Develop and implement a plan with input from primary care providers, patients, caregivers, and partners that embeds care coordinators and system navigators in primary care to ensure smooth transitions of care between home and community care and other health and social services as required	In Progress	50%	Complete	100%		

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Monitor and evaluate the NorWest CHC's Expanded Hours Urgent Care Clinic and the Canadian Red Cross Transportation Program for High Users	Ongoing		Ongoing		Ongoing	
Expand NLOTs to Supportive Housing and retirement homes in the City of Thunder Bay, in accordance with the Senior Services Plan	Complete	100%				
Implement primary care-based Memory Clinics in each IDN	In progress	75%	Complete	100%		
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	

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Engage with Primary Care Councils to determine and implement strategies to enhance access to primary care at the sub-region level across the North West LHIN, particularly for complex and vulnerable populations	Ongoing		Ongoing		Ongoing	
Engage with the Primary Care Council to promote the continued uptake and adoption of advanced access within practice settings	Ongoing		Ongoing		Ongoing	
Engage with the Primary Care Council to advance patient-centred care within the primary care sector	Ongoing		Ongoing		Ongoing	
Equity in Access to Primary Care						
Continue participation in the Sioux Lookout First Nations Health Authority committee for advancement of Community Health Workers	Complete	100%				

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Encourage increased access to primary and secondary health care services in FN communities through participation in relevant committees	Ongoing		Ongoing		Ongoing	

How will we measure success?

- Percentage of the population attached to a primary care provider
- Ninetieth 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 who have access to primary care and a coordinated care plan
- Percentage of HSPs that have demonstrated that they have improved the care experience of the patient through the use of a satisfaction survey
- Establish Clinical Leadership for sub-regions
- Mobilization of sub-region planning, including sub-region plans developed in collaboration with HSPs.

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 CHC 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.
- 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.
- Equity in access to primary care action plan risks may include a lack of representation at planning tables when identifying gaps and developing solutions.

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 Joint 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 Joint Primary Care Council and with the NorWest CHC to further expand service hours.

- 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.
- Equity in access to primary care risk mitigation including the following:
 - The North West LHIN, through a Working Group of the Joint Primary Care Council (the Primary Care Forecasting Working Group), is engaged in a current state assessment of primary care to address equity in Primary Care services. The Working Group is comprised of Primary Care providers from all North West LHIN sub-regions, and is tasked to identify surplus/gaps between the community/population need, utilization of services and health care workforce supporting the community, including Indigenous and Francophone populations. Unique and individual community/population characteristics will underscore the model, and a gap analysis will reveal areas of high need.
 - In order to address the needs and assess equity in access to Primary Care, multiple organizations, including First Nation communities, will be asked to contribute to information to ensure reliable data is utilized in planning for Primary Care.
 - Ensuring that contact with First Nation communities is part of the engagement process to gain feedback and input.

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 Nurse Practitioners 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
- 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, high risk obstetrical care and treatment for mood disorders.

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.

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 2013²⁰.

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

- During Q1 of 2016-2017, North West LHIN service providers were able to complete 52 per cent of MRI scans and 71 per cent of CT scans within access targets, exceeding or matching the provincial average of 42 per cent and 73 per cent respectively²¹.

²⁰ The Ontario Physician Human Resources Data Centre. Physicians in Ontario 2013. McMaster University.

²¹ MOHLTC. "Ministry-LHIN Quarterly Stocktake Report." August, 2016.

- During Q1 of 2016-2017, the North West LHIN service providers were able to complete 76 per cent of hip replacements and 72 per cent of knee replacements within access targets, comparable to the provincial average of 78 per cent and 76 per cent respectively²².
- During Q1 of 2016-2017, the North West LHIN service providers were able to complete 74 per cent of cancer surgeries within access targets, comparable to the provincial average of 88 per cent²³.
- During Q1 of 2016-2017, the North West LHIN service providers were able to complete 87 per cent of cataract surgeries within access targets, comparable to the provincial average of 85 per cent²⁴.

2016-2017 North West LHIN Successes

Successes realized in this area include:

Regional Programs

- Over the 2016-2017 fiscal year, important steps in the implementation of a Regional Orthopedics Program were initiated:
 - Funding was secured for a project lead to guide implementation of the project, and a lead was hired in August.
 - Funding was secured for the purchase of an additional two sets of orthopedic surgical power equipment for strengthening the regional joint replacement program.
 - A regional governance model was established, and a regional committee is now guiding implementation of the project.
 - A project charter and implementation plan outlining work over the year was developed and focuses on the:
 - design and implementation of centralized intake for hip and knee diagnosis at three pilot sites
 - design and region-wide implementation of a standardized care pathway for hip and knee diagnoses
 - design and implementation of surgical services model at one pilot site
 - design and implementation of PROMIS (Procedure Management Information System) for electronic booking and management of surgeries across all four surgical hospitals.

²² Ibid.

²³ MOHLTC. "Ministry-LHIN Quarterly Stocktake Report." August, 2016.

²⁴ Ibid.

- Initial development of a quality plan has focused on existing indicators (revision rates, 30 day readmission rates), improving wait time indicators (wait 1 and wait 2), wait times for emergent "C" cases, as well as meeting standardized efficiency benchmarks for operating room efficiency in the region.
- Expansion of virtual fracture clinics has progressed beyond an initial pilot in the Dryden Regional Health Centre to additional hospitals in the region, beginning with Lake of the Woods District Hospital (LWDH) and Meno Ya Win Health Centre.
- Dedicated clinical Telemedicine equipment and space has been established for orthopedic specialists to conduct appointments for follow-up to surgery, and for consultations on emergent fracture care in EDs in regional hospitals. Patient visits are expected to number 4,000 per year. Processes for referral and scheduling of orthopedic and fracture Telemedicine appointments were developed in partnership with Telemedicine nurses and the TBRHSC Fracture Clinic.
- Clinical and administrative standardization has been moving forward with the development of region wide consent forms, lab and imaging forms, and processes for joint replacement surgery.

Diagnostic Imaging

- TBRSHC operates the only MRI scanner in the North West LHIN and therefore drives LHIN level performance. Over the past year, this site has continued to observe increases in referral volumes, above all for priority IV cases.
- TBRHSC has continued to implement a number of initiatives to reduce demand for diagnostic imaging services at their facility: ongoing work to educate primary care regarding indications for diagnostic imaging ordering and standardization of protocols which will help with consistency across locum radiologists. TBRHSC is participating in the Choosing Wisely campaign, and has begun with education for their ED and inpatient departments. TBRHSC believes that the increasing demand for diagnostic services is partially due to the adoption of clinical guidelines and best practices which call for increased diagnostic services.
- In response to increasing demands for CT services, TBRHSC has taken action to increase the number of outpatient bookings on weekends, including the replacement of an older CT scanner to increase throughput by four to five patients per day, the education of radiologists to accurately prioritize patients, the standardization of protocols used by radiologists during CT scans, and further efforts focused on efficiencies.
- With replacement of an older CT scanner, the percentage of cases completed within the access target has increased dramatically to 93 per cent in Q2 and Q3 of 2016-2017.
- The North West LHIN has begun participating with a Pan-LHIN group to examine the underlying variances in diagnostic imaging performance across the province, and explore the potential solutions for improvement.

Goals

- A Regional Surgical Services program implemented in the North West LHIN aligned with HSFR and QBPs.
- Improved timely access to specialist services through a number of initiatives including eConsult to specialists and centralized intakes.
- Continued expansion of regional specialty programs such as the Regional Orthopedics Program and Regional Critical Care Response Team.
- Increased percentage of diagnostic imaging and surgical patients served within clinical best practice targets.
- Decreased barriers to accessing specialty care and diagnostic services.
- Reduced wait times and improved appropriate care utilization for people suffering from musculoskeletal pain through the Regional Orthopaedics Program.
- Reduced wait times and improved care utilization for people suffering from mood disorders.
- 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	Access: Providing timely access to the right care Connect: Delivering coordinated and integrated care in the community and closer to home
<i>Patients First Act, 2016</i>	Effective integration of services and greater equity
The Drummond Report, Chapter 5 – Health	Physicians
Living Longer, Living Well	Improving acute care for elders Addressing the specialized care needs of older Ontarians

Action Plan

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Build Healthy Communities Informed by Population Health Planning						
With input from patients, caregivers and partners, assess local population health needs, patient access and wait times, and the capacity of health providers to serve the community	Ongoing		Ongoing		Ongoing	
Through sub-regional planning, identify how providers will collaborate to address health gaps, and improve patient experience and outcomes	Ongoing		Ongoing		Ongoing	
Regional Programs						
The North West LHIN will maintain required business practices to remain flexible and ready to incorporate the <i>Patients First Act, 2016</i> system reform initiatives throughout the year into this business plan as is required and necessary to meet the goals and objectives of the reforms when they are finalized	Ongoing					

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Develop and implement a Regional Surgical Services program	In progress	10%	In progress	20%	In progress	30%
Implement the recommendations of the Regional Orthopedic Plan	In progress	40%	In progress	60%	In progress	80%
Develop a regional centralized intake system for Orthopedic services	In progress	40%	In progress	60%	In progress	80%
Implement inter-professional team-based care through regional expansion of virtual fracture clinics and virtual surgical consultations	In progress	40%	In progress	60%	In progress	80%
Standardize regional care pathways through the implementation of QBPs, as well as standardized forms, order sets, and rehab indications for common surgeries	In progress	40%	In progress	60%	In progress	80%
Establish a regional orthopedic quality plan and monitoring system, focused on improving patient outcomes, patient wait times, and access to appropriate levels of care	In progress	40%	In progress	60%	In progress	80%

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Expand self-management programs for youth with diabetes across the North West LHIN	In progress	40%	In progress	60%	In progress	80%
Engage pediatric stakeholders to establish current and desired future state of an integrated system of pediatric care in the Northwest, including an understanding of regional variation in rates of low-risk pregnancies delivered by C-section	In Progress	60%	Complete	100%		
Engage with providers in the development of an integrated Regional Mental Health and Addictions Plan which includes work to further reduce wait times and drive appropriate care utilization for people suffering from mood disorders	In progress	30%	In progress	50%	In progress	80%
Diagnostic Imaging						
Carry out a detailed assessment of variances in MRI and CT performance, and assess current capacity, demand, and efficiency of local sites	Complete	100%				

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
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	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
- 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.
- 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 in addition to implementing standardized QBP digital order sets.
- 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 implementing an Integrated Orthopedic Capacity Plan which, among other outcomes, will be focused on examining how current volume allocations may be best distributed and managed in order to meet wait time targets.
- 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 HSPs are working to a full scope of practice will be an element of program development and implementation across all areas of specialty care.
- 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 that will enable achievement of our goal.
- 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.

The North West LHIN will create healthy communities by improving access to primary care and reducing wait time for MH&A services which will also reduce variation in access across the province. 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 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 per cent 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 per capita cost for Community MH&A is more than double the provincial cost (\$190 compared to \$78 provincially)²⁵.
- 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)²⁶.
- The average LOS in inpatient adult mental health units was 31.7 days compared to 28.0 days for Ontario²⁷.
- A 19 per cent increase is projected in the number of people with dementia by 2020²⁸.

²⁵ MOHLTC, "2014-2015 OHRS Cognos DW Cube," 2015.

²⁶ MOHLTC, "Environmental Scan: 2016-2019 Integrated Health Services Plan."

²⁷ Ibid.

²⁸ PricewaterhouseCoopers, "North West LHIN: Health Services Blueprint."

2016-2017 North West LHIN Successes

Successes realized in this area include:

Integrated Model of Care

- The North West LHIN is moving forward with a planning process to develop an integrated system plan for MH&A services. The goal will be to provide a model of care, include targeted strategies to reduce the impact of MH&A issues and to develop stronger linkages with the primary care system.
- A Regional Strategy was finalized to identify mechanisms, processes and recommendations to enhance care for complex individuals requiring multijurisdictional care. Examples include individuals with concurrent disorders, involvement with the criminal justice system, acquired brain injury (ABI), dual diagnosis, fetal alcohol spectrum disorder (FASD), seniors or transitional-aged youth. The strategy outlines actions to enhance access and navigation of the system, with a focus on transitions between system settings such as hospital to community.
- The North West LHIN continues to partner with the Centre for Addiction and Mental Health (CAMH) in the planning, implementation and training of a Staged Screening & Assessment tool for LHIN-funded substance use services. The new Ontario Perception of Care (OPOC) client-focussed tool has also been included in the discussions starting in September to further promote and support its use.
- Although the LHIN does not have an outcome monitoring framework, it is actively collaborating with other LHINs, MOHLTC and Mental Health Leadership Advisory Council regarding utilizing standardized outcome indicators. In addition, within the North West LHIN, we are reviewing Indigenous-specific outcome indicators that are based on population and community health status.

Equity in Mental Health and Addictions Care

- The North West LHIN through its work with CAMH, MOHLTC, regional psychiatrists, and local health service providers are exploring ways to strengthen the links between psychiatry and primary care by creating stronger linkages, coordination and eliminating duplication.
- Planning among mental health practitioners, faculty and the North West and North East LHINs has completed for the Ontario Psychiatric Outreach Program (OPOP) Retreat to be held in Thunder Bay. The retreat will focus on clinical services, education and support for rural/remote and underserved areas.
- A Mental Health & Addictions Aboriginal Advisory Committee has been developed with cross-representation from the Mental Health & Addictions Advisory Committee to ensure coordination and knowledge exchange.

Supportive Care

- The North West LHIN is currently developing a strategy to advance Managed Alcohol Programs (MAPs) across Northwestern Ontario, the target of which will be a reduction in visits to the ED for mental health and substance use where alcohol related visits are greater than 50 per cent of the visit types to EDs across the North West LHIN region.
- Extensive consultation and planning in Kenora has resulted in identifying LWDH's Morningstar Centre as the lead agency for a MAP, providing 10 individuals with a safe and secure living situation to physically stabilize, relearn basic skills and reconnect with the community and their families. The aims of the program will be to reduce contact with police, ED visits, hospital admissions, overall health care costs, and improve participant's quality of life.
- As housing is a social determinant of health, a government priority, and a critical gap in the Northwest, joint planning between the North West LHIN, the North West District Social Service Administration Boards (Thunder Bay, Kenora and Rainy River), and the Ontario Aboriginal Housing Corporation has resulted in a number of key initiatives including:
 - The development of a Supportive Housing & Homelessness Prevention Framework to improve access to high-quality, timely, equitable supportive housing for vulnerable populations.
 - The development of a Regional Supportive Housing Needs Assessment strategy focussing on housing and assisted living for those requiring additional support to maintain successful tenancy.
 - Planning for a supportive housing and assisted living forum focused on vulnerable populations entitled "A Healthy Foundation: Bridging the Gap Between Health & Housing."
 - An implementation plan for supportive housing across the North West LHIN region developed from a joint supportive support housing forum that occurred in October 2016.
- Facilitation and consultation among Behaviour Supports Ontario (BSO) stakeholders in Northwestern Ontario has resulted in the development of an implementation plan for new annual investment in BSO services.
- CAMH Thunder Bay and the Thunder Bay Police are finalizing their toolkit to provide mobile crisis response training to Thunder Bay police as well as ED staff at TBRHSC. They will be partnering police with mental health workers to respond to crisis calls. This is happening at the same time that MOHLTC is finalizing its Police-Hospital Transition Framework which is also intended to reduce the amount of time that Police Officers spend in EDs.

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
- Standardized approaches for management of responsive behaviours.

Consistency with Government Priorities

Priority Documents	Principles
MLAA	Comprehensive MH&A Strategy
Mandate Letter	Access: Providing timely access to the right care Connect: Delivering co-ordinated and integrated care in the community and closer to home
<i>Patients First Act, 2016</i>	Effective integration of services and greater equity Inclusion of indigenous voices in health care planning
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

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Integrated Model of Care						
The North West LHIN will maintain required business practices to remain flexible and ready to incorporate the <i>Patients First Act, 2016</i> system reform initiatives throughout the year into this business plan as is required and necessary to meet the goals and objectives of the reforms when they are finalized	Ongoing					
Develop an integrated model of care for MH&A in the North West LHIN region	In progress	90%	Complete	100%		
Make access to community mental health services a priority for sub-region planning, in collaboration with community and social services providers and partners	In progress	40%	In progress	60%	In progress	70%
Establish referral networks with primary care providers	In progress	30%	In progress	70%	Complete	100%
Begin monitoring and evaluation of the integrated model of care for MH&A in the North West LHIN region	Initiated		Ongoing		Ongoing	

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Identify and implement data quality improvement strategies in the sector	In progress	50%	In progress	70%	In progress	80%
Develop an outcome monitoring framework for community mental health in the North West LHIN region	In progress	60%	In progress	75%	In progress	85%
Implement QBPs in the MH&A sector	In progress	20%	In progress	30%	In progress	50%
Support the provincial opioid strategy, and provide support to connect patients with high quality addictions treatment	In progress	30%	In progress	60%	In progress	80%
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	

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Identify opportunities and strategies to expand shared care models in primary care to address MH&A issues	In progress	60%	In progress	80%	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	40%	In progress	60%	In progress	75%
Expand access to structured psychotherapy and supportive housing	In progress	30%	In progress	60%	In progress	80%
Develop and implement behavioural support strategies for older adults across the North West LHIN region	In progress	40%	In progress	60%	In progress	60%
Work with police and other stakeholders to identify opportunities to enhance mobile crisis response in Thunder Bay	In progress	75%	Complete	100%		

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
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	40%	In progress	60%	In progress	70%
Develop a MAP and strategy which places MAPs within a continuum of MH&A services	In progress	60%	Complete	100%		

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 ED 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
- 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:

- HHR limitations that could pose challenges to expansion of community-based care
- the shortage of financial and human resources in FN communities to provide services on the ground.

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 work in transparent and flexible manner with stakeholders, providing information in a timely manner.
- 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.
- 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, and developing a model for psychiatry considering both face-to-face consultation and Telepsychiatry, as well as appropriate use of sessional fees.
- 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.
- Clear and effective communication with Indigenous stakeholders and funders to ensure that needs are met and coordinated strategies are developed.

- Working cooperatively and collaboratively with other stakeholders to leverage change.
- The development of 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. These actions will support innovation by delivering new models of care and digital solutions to make accessing care easier for patients and more efficient for health care providers.

Current Status

Although tremendous advancements have been made in the adoption of electronic medical records, 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 electronic medical records. There are also many remote communities in the North West LHIN without the infrastructure, bandwidth, or training to support advances in eHealth.

2016-2017 North West LHIN Successes

Successes already realized in this area include:

- A pilot version of the Connecting Ontario Clinical Viewer has been implemented by TBRHSC. Through the viewer, approximately 118 clinicians now have access to patient laboratory test results contained in the Ontario Laboratories Information System (OLIS). Access to this information will assist in:
 - reducing the number of duplicate lab tests being ordered
 - ensuring patient information is current
 - streamlining the day-to-day workflow for clinicians.

- The Patient Viewer Tool (PVT) continues to expand within the North West LHIN region. The PVT is a patient portal that provides integrated and secure sharing of patient information, to help enable self-management and proactive communication within and across the care team. The North West CCAC, Thunder Bay Enhanced Care Team, Dilico Anishinabek Family Care, and Manitouwadge Family Health Team are currently involved in piloting the tool.
- The Connecting Ontario Northern and Eastern Regions (NER) Clinical Viewer initiative is currently in the adoption phase within the North West LHIN. Broad implementation and adoption of the clinical viewer is starting within the regional hospitals and the North West CCAC, and is expected to be substantially complete by the end of 2017-2018.
- Electronic Referrals between primary care and specialist physicians has been implemented within the North West LHIN. This initial pilot initiative allows primary care physicians from the Fort William Family Health Team and Superior Family Health Team to refer patients to pediatric specialty care through a standardized electronic referral instead of using a paper form and fax. Further expansion of the Resource Matching & Referral (RM&R) system will be governed regionally by the NWA.
- The provincial eConsult Service is being rolled out in the North West LHIN. Over 30 clinicians are currently using eConsult within the region to reduce patient wait times for specialist care and to improve the overall patient experience.
- Several investments in eHealth Infrastructure have been made at several small hospitals within the region through the small hospital transformation fund. Through these investments, IT equipment in hospitals that is beyond useful life or is not considered enterprise grade is targeted for replacement. In addition, network management software was implemented in order to standardize reporting and ensure information is available for network performance management. These types of investments are necessary in order to ensure that clinical technology within the hospitals is operating at the levels necessary to support safe and efficient patient care.
- With a change to Telemedicine scheduling practices initiated by OTN, a process to assess capacity and development models has begun. Previously OTN has provided centralized scheduling services, but intends to implement integrated scheduling where the service provider is responsible for scheduling tasks, beginning with the Cancer Care Centre. Engagement to assess capacity and develop sustainable models for this process change has begun, and is being led by TBRHSC to accommodate scheduling of the additional 5,000 events per year.

Goals

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

Consistency with Government Priorities

Priority Document	Principles
MLAA	eHealth
Mandate Letter	Access: Providing timely access to the right care Connect: Delivering co-ordinated and integrated care in the community and closer to home Protect: Making decisions based on value and quality to sustain the health care system for generations to come
<i>Patients First Act, 2016</i>	Effective integration of services and greater equity Timely access to, and better integration of, primary care
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

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
The North West LHIN will maintain required business practices to remain flexible and ready to incorporate the <i>Patients First Act, 2016</i> system reform initiatives throughout the year into this business plan as is required and necessary to meet the goals and objectives of the reforms when they are finalized	Ongoing					
Advance recommendations of the Hospital Information System (HIS) Renewal Advisory Panel	In Progress	20%	In Progress	40%	In Progress	60%

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Implement initiatives aimed at advancing the goals of Ontario's eHealth Strategy	In Progress	20%	In Progress	30%	In progress	40%
Expand the usage of electronic referrals to more HSPs	In Progress	20%	In Progress	30%	In progress	40%
Implement the Connecting Ontario Clinical Viewer for viewing patient clinical information	In Progress	60%	In Progress	80%	Complete	100%
Advance an eHealth shared service offering that will allow all regional HSPs access to needed eHealth resources	In Progress	40%	In Progress	80%	Complete	100%
Utilize eHealth solutions to enable the achievement of clinical priorities in the region	In Progress	20%	In Progress	30%	In progress	40%
Establish a patient portal enabling providers, patients, and their caregivers to participate in health care decisions	In Progress	30%	In Progress	50%	In progress	70%

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Achieve all objectives outlined in the regional Enabling Technologies Initiatives (ETI) 2017-2018 Business Plan	Complete	100%				

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 Ministry deliverables are completed successfully on project initiatives
- 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)
- a lack of privacy and security expertise which could impede eHealth adoption and implementation.

How will we mitigate the risk?

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

- The 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.
- 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.
- The leveraging of existing skills/expertise/learnings from other regions where resources and experience are more available.

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.
- The establishment of partnerships with indigenous health leaders to advance eHealth strategies.
- 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. The North West LHIN will ensure programs and services are effective, efficient, and sustainable into the future by taking steps to further streamline and increase the efficiency of administration, and ensure savings are reinvested into front-line patient care.

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 per cent between 2010-2011 and 2013-2014, especially for visits considered best treated in alternative primary care settings²⁹. Of note is the following:

- The total time spent in the ED for nine out of ten complex patients was 8.9 hours in Q1 of 2016-2017, just outside the provincial ED LOS target of 8.0 hours, but down from 9.5 hours in the same quarter one year previous³⁰.
- The total time spent in the ED for nine out of 10 minor/uncomplicated patients was 4.0 hours in Q1 of 2016-2017, matching the provincial ED LOS target³¹.

²⁹ MOHLTC, "Environmental Scan: 2016-2019 Integrated Health Services Plans."

³⁰ MOHLTC, "Ministry-LHIN Quarterly Stocktake Report." August, 2016

³¹ Ibid.

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 province³².

2016-2017 North West LHIN Successes

Successes already realized in this area include:

Home and Community Care

- Project work with the purpose to expand access to Telehomecare services has progressed on several objectives, including a partnership with EMS agencies across the region to initiate a shared-care model with Community Paramedicine programs. A pilot of the shared-care partnership began in the City of Thunder Bay in January 2017. The model includes protocols for communication and transitions between Telehomecare and Community Paramedicine with the purpose to avoid ED visits and hospital admissions, as well as cost savings through assistance with device installation by EMS personnel.

Standardization

- A quantitative and qualitative review of the QIPs from North West LHIN hospitals, LTC facilities, inter-disciplinary care teams (Family Health Teams), and the North West CCAC was completed. The review identified strengths, opportunities, and risks in providing quality care to the residents of the North West LHIN region.
- A North West LHIN Regional Quality Session in partnership with HQO was held on October 28, 2016. The session brought together regional leaders including primary care providers in quality improvement to advance cross sector collaboration and explore the local approach to how quality intersects with provincial priorities.
- A Quality Improvement Specialist has been hired and will work with provincial and regional teams to identify and plan for quality improvement (QI) opportunities, catalyze and spread QI best practices, connect the QI ecosystem, and build capacity and knowledge.
- Twelve of the 13 small hospitals in the North West LHIN have initiated a Quality Based Procedure (QBP) Order Set project and have identified between three to seven QBPs to be adopted at their hospital site.
- A North West LHIN Clinical Quality Lead has been hired to influence positive change that results in improved patient outcomes, experience of care and value for money. The ultimate goal will be to align the quality agenda while engaging North West LHIN communities to help accelerate existing efforts to promote a culture of quality.

³² MOHLTC, "Environmental Scan: 2016-2019 Integrated Health Services Plans."

- Functional centre mapping work, as per the Health Services Blueprint, continues to progress. Functional centres for mental health and addictions, community support services, diabetes, and acute care have been mapped at a conceptual level utilizing the Clinical Services Delivery Model Decision Making Framework. Stakeholders have been engaged to discuss and validate the conceptual mapping for mental health and addictions, and community support services. Further work is underway to validate and test the models at an operational level through the Early Adopter work.
- Each year the North West LHIN undertakes several in-year reallocation processes. This activity engages staff from both the planning and performance teams. Through this process, the staff assess the current demand for select clinical programs, using information such as current and forecasted year end volumes and wait times to assess the opportunity to reallocate volumes across clinical service categories and HSPs. Through this exercise, the utilization of volume related funding is maximized which results in improved access to care.
- In 2016-2017 the North West LHIN focussed efforts on improving services delivered below benchmarks for cost per unit on select programs / providers which generated the largest opportunity for benefit. For the programs / providers that were selected, project teams were established which included participation from both the planning and performance teams. In addition to targeted activities, the performance team continued with the implementation of a risk based approach to performance management. Utilizing this approach, the North West LHIN is able to dedicate resources required to the areas that present the most significant risk or alternatively have the most significant opportunity to improve health system value.
- The North West LHIN continues to engage with and provide support to all providers as needed to complete reporting requirements. In completing the performance management process, the North West LHIN works with each provider to give the support necessary to enable completion of reporting requirements. Where feasible, the North West LHIN amends and customizes the reporting requirements to align with the size and complexity of the provider or program. In 2016-2017, the North West LHIN continued to identify opportunities to increase capacity and ease the burden associated with LHIN reporting. During the year, the North West LHIN was presented with several opportunities for integration of small community based programs that have historically struggled with financial reporting obligations.

Monitoring and Evaluation

- The North West LHIN continues to monitor performance of home and community indicators in the MLAA by meeting with the North West CCAC on a quarterly basis. The North West LHIN has assigned accountability for this indicator to the North West CCAC. The CCAC has taken initiative to reduce wait times through comprehensive programming within their organization. The North West CCAC has begun to analyze cases that contribute to the performance of this indicator, and will be able to identify and address outliers who are waiting for long periods.

- Performance of MLAA indicators measuring access to hip and knee replacement continues to be addressed through implementation of the North West LHIN Regional Orthopedics Plan. The plan includes recommendations in regards to: prevention; referral and assessment; emergency and urgent services; surgical services; rehabilitation and post-acute surgical care; and governance, organization, and enablers.
- The North West LHIN meets with TBRHSC on a quarterly basis to assess the performance of diagnostic imaging in relation to MLAA indicators.
 - TBRHSC has continued to implement a number of initiatives to reduce demand for MRI services at their facility: ongoing work to educate primary care regarding indications for diagnostic imaging ordering, and standardization of protocols which will help with consistency across locum radiologists. TBRHSC is participating in the Choosing Wisely campaign, and has begun with education for their ED and inpatient departments.
 - In response to increasing demands for CT services, TBRHSC has taken action to increase the number of outpatient bookings on weekends, replace an older CT scanner to increase throughput by four to five patients per day, educate radiologists to accurately prioritize patients, standardize protocols used by radiologists during CT scans, and further continue efforts focused on efficiencies.
- Beginning earlier this fiscal year, a formal planning approach to improve MLAA indicators of ALC performance was launched with a detailed data analysis at regional and facility levels, followed by a comprehensive review of best-practices to inform the North West LHIN and system partners of the evidence and options for interventions having the greatest impact on ALC reduction. The focus on improving ALC indicators has continued with systematic stakeholder engagement of representatives from hospitals. Analysis and engagement has the intention to develop a comprehensive action plan to improve ALC indicators, in collaboration with our system partners.

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

Consistency with Government Priorities

Priority Document	Principles
MLAA	HSFR QIPs
Mandate Letter	Inform: Providing education, information and transparency to support informed decision making Protect: Making decisions based on value and quality to sustain the health care system for generations to come
<i>Patients First Act, 2016</i>	More consistent and accessible home and community care
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

	2017-2018		2018-2019		2019-2020	
	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	40%	In progress	60%	In progress	80%

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
The North West LHIN will maintain required business practices to remain flexible and ready to incorporate the <i>Patients First Act, 2016</i> system reform initiatives throughout the year into this business plan as is required and necessary to meet the goals and objectives of the reforms when they are finalized	Ongoing					
Advance integration initiatives to shift care from hospital to community	In progress	40%	In progress	60%	In progress	80%
Identify and prioritize innovative models of community-based care to reduce avoidable admissions to hospital	In progress	40%	In progress	60%	In progress	80%
Transparency and Public Accountability						
Report on progress toward achieving health system performance targets and demonstrate accountability for outcomes	Ongoing		Ongoing		Ongoing	

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Collaborate with MOHLTC to develop performance targets to measure the success of transformational activities and publicly report on progress and outcomes	In progress	75%	Complete	100%		
Effectively identify and manage all operational, strategic and financial risks encountered while ensuring alignment with government priorities and achievement of business objectives	Ongoing		Ongoing		Ongoing	
Standardization						
Standardize quality-based care pathways and costing models for high impact programs and services	In progress	20%	In progress	30%	In progress	40%
Identify opportunities to equalize distribution of health care resources across the region based on standardized program allocation and population need	Ongoing		Ongoing		Ongoing	

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
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	75%	Complete	100%		
Determine how current volume allocations may be adjusted in order to achieve efficiencies in the face of increasing demand	Ongoing		Ongoing		Ongoing	
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	

	2017-2018		2018-2019		2019-2020	
	Status	% Complete	Status	% Complete	Status	% Complete
Enhance existing and develop new performance and quality measurement frameworks that are consistent and flexible to address regional priorities	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	80%	Complete	100%		
Prioritize and implement select strategies to improve performance towards MLAA targets	In progress	80%	Complete	100%		

How will we measure success?

- Percentage of progress to ideal service continuum for LTC
- Percentage of QBPs 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
- Reduced average cost of care delivery for high users while maintaining quality of care

- Transition of 75 low and moderate needs PSS clients from the North West CCAC to the CSS
- Achievement of “One-Sector Experience” across the North West CCAC and CSS.

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 that may, in some cases, be unable to deliver on funded projects or services.

How will we mitigate the risk?

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

- ensuring that HSP staff have the appropriate knowledge and skill for producing reports by providing education on reporting requirements
- continued engagement with HSPs throughout the year and when non-compliant to ensure necessary reporting is complete
- ensuring the capacity of HSPs are appropriate for funded projects and services
- ensuring the 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.
- 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
 - IT.

3 LHIN Staffing and Operations

3.1 LHIN Operations Spending Plan

The Spending Plan for the North West that follows has been prepared in accordance with MOHLTC guidelines and direction.

LHIN Operations (\$)	2016-2017 Actuals	2017-2018 Forecast	2018-2019 Plan	2019-2020 Outlook	2020-2021 Outlook
Operating Funding (excluding initiatives)	4,743,828	4,350,592	4,350,592	4,350,592	4,350,592
Initiatives Funding (including E-Health, Aging at Home, ED, Wait Time, etc.)	2,323,299	2,323,299	2,143,299	2,143,299	2,143,299
Salaries and Wages	2,795,052	2,877,000	2,885,000	2,925,000	2,970,000
Employee Benefits					
HOOPP	258,598	263,000	265,000	268,000	271,000
Other Benefits	355,482	355,000	358,000	362,000	366,000
Total Employee Benefits	614,080	618,000	623,000	630,000	637,000
Transportation and Communication					
Staff Travel	116,760	130,000	130,000	125,000	115,000
Governance Travel	38,532	45,000	45,000	40,000	35,000
Communications	47,739	50,000	45,000	45,000	45,000
Total Transportation and Communication	203,031	225,000	220,000	210,000	195,000
Services					
Accommodation	266,880	268,000	268,000	268,000	268,000
Advertising	1,284	5,000	5,000	5,000	5,000
Consulting Fees	17,600	17,000	17,000	17,000	15,000
Equipment Fees	2,712	5,000	5,000	5,000	5,000
Insurance	8,336	7,000	7,000	7,000	7,000
LSSO Shared Costs	326,421	0	0	0	0
LHIN Collaborative	43,542	0	0	0	0
Other Meeting Expenses	33,972	25,000	25,000	22,000	18,000
Board Chair's Per Diem Expenses	31,325	25,000	25,000	22,000	20,000
Other Board Members' Per Diem Expenses	52,931	65,000	62,000	56,000	50,000

LHIN Operations (\$)	2016-2017 Actuals	2017-2018 Forecast	2018-2019 Plan	2019-2020 Outlook	2020-2021 Outlook
Other Governance Costs	47,052	60,000	55,000	50,000	40,000
Printing and Translation	52,759	38,000	38,000	31,000	28,000
Interpreter Services	0	2,000	2,000	2,000	2,000
Staff Development	142,891	60,000	60,000	50,000	45,000
Total Services	1,028,245	577,000	569,000	535,000	503,000
Supplies and Equipment					
IT Equipment	51,783	15,592	15,592	15,592	15,592
Office Supplies & Equipment	46,374	38,000	38,000	35,000	30,000
Total Supplies and Equipment	98,157	53,592	53,592	50,592	45,592
LHIN Operations: Total Planned Expense	4,738,565	4,350,592	4,350,592	4,350,592	4,350,592
Annual Funding Target	7,067,127	6,673,891	6,493,891	6,493,891	6,493,891
Operating Surplus (Shortfall)	84,116	-	-	-	-
Amortization of Tangible Capital Assets	63,451	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	968,715	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	72,731	75,000	75,000	75,000	75,000
Patients First Transition Planning	180,000	180,000			
LHIN Operations and Initiatives- Total Actual/Planned Expense	6,983,011	6,673,891	6,493,891	6,493,891	6,493,891
Total CCAC expenditure/allocation **	N/A	53,541,742	53,541,742	53,541,742	53,541,742
Total LHIN and CCAC Planned expense/allocation	N/A	60,215,633	60,035,633	60,035,633	60,035,633

As of March 1, 2017, the LHIN Operations Spending Plan reflects the transfer of LHIN Shared Services Office and LHIN Collaborative funding to Health Shared Services Ontario

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

** Initial base operating budget

3.2 LHIN Staffing Plan (Full-Time Equivalents)

Position Title	2016-2017 Actuals at March 31, 2017	2017-2018 Forecast	2018-2019 Plan	2019-2020 Outlook	2020-2021 Outlook
CEO	1	1	1	1	1
Vice President	2	5	5	5	5
Director	4	12	12	12	12
Manager	1	11	11	11	11
Executive Assistant	1	6	6	6	6
Sr. Planning and Integration Consultant	3	0	0	0	0
Administrative Assistant	5	6	6	6	6
Receptionist	1	1	1	1	1
Team Assistant	0	29	29	29	29
Care Coordinator	0	103	103	103	103
Mental Health Nurse	0	12	12	12	12
Telehomecare Nurse	0	2	2	2	2
Nurse Practitioner	0	6	6	6	6
Rapid Response Nurse	0	6	6	6	6
Occupational Therapist	0	1	1	1	1
Care Connector	0	3	3	3	3
Health Coach	0	2	2	2	2
System/Strategy/Integration/Planning Lead	4	7	7	7	7
Receptionist	1	1	1	1	1
Communication Lead	3	2	2	2	2
Performance/Funding/Contract Lead	2	2	2	2	2
Performance/Funding/Contract Specialist	2	2	2	2	2
Clinical Lead	0	1	1	1	1
Epidemiologist	1	1	1	1	1
Program/Contract Support	0	2	2	2	2
Finance/Accounting/Payroll Lead	1	3	3	3	3
HR Leads	1	2	2	2	2
Contract Lead	0	1	1	1	1
Accounts Clerk	0	4	4	4	4
Decision Support/It/IS Lead	1	7	7	7	7
Indigenous Health Lead	1	1	1	1	1
Health Records Technician	0	1	1	1	1
Sub-total	36	243	243	243	243

Position Title	2016-2017 Actuals at March 31, 2017	2017-2018 Forecast	2018-2019 Plan	2019-2020 Outlook	2020-2021 Outlook
Initiatives					
eHealth, i.e. eHealth Lead, AA, Project Manager	4	4	4	4	4
Francophone Lead	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
Indigenous Health Specialist	1	1	1	1	1
ED Physician Lead	1	1	1	1	1
Diabetes Program	8	8	8	8	8
Transition Lead	1	1	1	1	1
Sub-total	19	19	19	19	19
GRAND TOTAL	55	262	262	262	262

4 Integrated Communications and Community Engagement Strategy

4.1 Objectives

Business Objectives

The North West LHIN's fourth 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 2017-2018 marks the second 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 2017-2018, the Health Services Blueprint, and the ISHP IV 2016-2019, will continue to transform the health care system in the following ways:

- **Improving the Patient Care Experience by:**
 - putting the patient voice at the centre of health care planning and by delivering care that is responsive to patient needs, values, and preferences
 - 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
 - establishing a Patient and Family Advisory Committee
 - increasing support for palliative care at home in the community
 - 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
 - addressing the root causes of health inequities by strengthening the social determinants of health, investing in health promotion, and reducing the burden of disease and chronic illness.

- **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
- establishing LHIN sub-regions
- increasing community level resources in place to support primary care
- improving patient/family satisfaction with the care experience
- the development of sub-region plans that focus on health equity, improved access to primary care and inter-professional health care providers and effective and seamless transitions between primary care and other health and social services.

- **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
- supporting services for seniors, particularly culturally and ethnically appropriate services
- supporting implementation of quality standards
- improving the coordination of care and timely access to integrated services for maternal/child services
- improving access to services and self-management supports for those 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
 - supporting the development of a Dementia Strategy
 - supporting the development of an Opioid Strategy
 - enhancing primary care management of MH&A issues
 - increasing the capacity to standardize approaches for the management of responsive behaviours.
- **Building an Integrated eHealth Framework by:**
 - increasing clinical information sharing between HSPs
 - expanding digital health
 - by delivering new models of care and digital solutions to make accessing care easier for patients and more efficient for health care providers
 - improving the accessibility of health care due to innovative technology solutions
 - 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
 - managing system costs within resource allocation.

Communications Objectives

The objectives and initiatives contained in the North West LHIN Annual Business Plan 2017-2018, the Health Services Blueprint, and the IHSP IV 2016-2019 will require a concerted and deliberate strategic approach to communications and community engagement. The North West LHIN has a robust Communications and Community Engagement Plan. Formalizing the objectives of specific initiatives occurs in individual project charters and in project communications strategy and tactical documents as part of the project management process.

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
- raising awareness among patients and caregivers about health care services
- changing the behaviours of both health service providers and health care consumers through understanding and socializing the fact that the health care system, as it is today, is not sustainable
- increasing public awareness and appreciation of the North West LHIN's mandate, vision, and mission
- 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 mandate, priorities, and health system renewal
- increasing awareness, interest, acceptance, action, and ownership of the North West LHIN's health care system renewal agenda
- 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
 - 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 2017-2018
- 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
- 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 *Patients First Act, 2016*, which was passed December 7, 2016, which was an important step forward in the Patients First: Action Plan for Health Care
- 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 Minister of Health and Long-Term Care's Mandate Letter to the North West LHIN
- 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
- strategic alignment of the IHSP IV 2016-2019 and the initiatives laid out in the North West LHIN Annual Business Plan 2017-2018 with government priorities, recognizing the joint accountability of MOHLTC 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 renewal.

North West LHIN

The North West LHIN Annual Business Plan 2017-2018 is one of three guiding documents that are critical to the work of the North West LHIN. The other two guiding documents are the IHSP IV 2016-2019 and the Health Services Blueprint.

The IHSP 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 IHSP IV 2016-2019 involved extensive community engagement with local HSPs and residents, followed by public validation.

The Health Services Blueprint, released in March 2012, is a 10-year integration 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 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 2017-2018 outlines the North West LHIN's implementation of its IHSP, as required in the MLAA. Progress is measured through key system indicators as defined in the MLAA.

The North West LHIN Annual Business Plan 2017-2018 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
Northwestern Ontario residents: • Patients and families • Citizens' Reference Panels • Consumer and/or Patient Support Groups • Informal Caregivers Aboriginal: • Health Directors • Northern Chiefs • Health Canada • Aboriginal Communities • Francophone: • Community 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 • Allied health professionals	Other Key Stakeholders • Public Health • EMS • ORNGE Air • Educational Institutions • Police Services • Provincial Associations (OHA, ONA, OMA, CCAC, et cetera) • Social Services Government – Administrative Leadership and Elected Officials: • Municipal • Regional • Provincial – including MOHLTC Stakeholders, MCSS, and MCYS	North West LHIN Board of Directors North West LHIN Leadership Team North West LHIN Staff MOHLTC: • LLB • Communications and Information Branch • Minister's Office

Primary	Secondary	Tertiary	Internal
North West LHIN Planning Partners - North West LHIN Health Integration Leadership Council - North West LHIN Aboriginal Health Services Advisory Team - North West LHIN Health Professionals Advisory Council - North West LHIN Emergency Department and Critical Care Advisory Committee - North West LHIN Health Care Leads - Joint Committee for the North West, North East and FLS Planning Entity		- Federal - Media	

Strategic Approach

The strategy and tactics will support the advancement of the IHSP IV 2016-2019, the North West LHIN Board Strategic Directions, North West LHIN key integration initiatives, North West LHIN Annual Business Plan 2017-2018 initiatives, and provincial priorities.

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

- focusing on patient experience and health outcomes that matter to them
- raising awareness of health care services for patients and caregivers
- engaging the people of the Northwest in identifying and planning for their health care needs
- highlighting successful stories in Northwestern Ontario
- highlighting successes towards improving the care experience for the Aboriginal population
- 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 renewal. 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
- 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 Messaging – Our Reality

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

- The population is aging.
- The rate of chronic conditions is rising.
- In Northwestern Ontario, unique characteristics make delivering quality health care challenging, more expensive, and less coordinated due to challenges such as:
 - The North West LHIN covers the largest geographic area of all Ontario LHINs, covering 47 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.
 - 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 Messaging

Connecting the system will lead to:

- improved health outcomes, resulting in healthier people
- access to health care that people need, as close to home as possible
- continuous quality improvement
- a system-wide culture of accountability.

Specific 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

- The Patients First: Action Plan for Health Care is Ontario's plan to transform the health care system into one that puts the needs of patients at its centre.
- The Patients First: Action Plan for Health Care sets clear and ambitious goals for Ontario's health care system in order to put patients at the centre of our health care system by improving the health care experience: increasing access, connecting services, informing patients and protecting our health care system.
- We have made progress in all four priority areas, but we can do more to put patients first.
- By putting patients first in everything we do, we will provide faster access to the care patients need today and make the necessary investments to ensure our health system will be there for patients for generations to come.
- On December 7, 2016, Ontario passed the *Patients First Act, 2016*, an important step forward in the Patients First: Action Plan for Health Care.
- Once fully implemented, changes supported by the *Patients First Act, 2016* will make local health care more responsive to local needs:
- Patients will benefit from improved access to primary care, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner.

- Primary care providers, inter-professional health care teams, hospitals, public health units and home and community care providers will be better able to communicate and share information, to ensure a smoother patient experience and transitions. Our goal is that patients will only have to tell their story once.
- Administration of the health care system will be streamlined and reduced, with savings put back into improving patient care.
- The voices of patients and families in their own health care planning will be strengthened.
- There will be an increased focus on cultural sensitivity and the delivery of health care services to Indigenous peoples and French speaking people in Ontario.
- LHINs will ensure that any changes are seamless and that they simplify and improve patient experience. There will be no added bureaucracy and financial savings will go to patient care.

4.5 Tactics

As stated earlier, the objectives and initiatives contained in the North West LHIN Annual Business Plan 2017-2018, the Health Services Blueprint and the IHSP 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:

- printed collateral for families
- 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
- advertising in newspapers, radio, televisions, magazines, and posters.

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

- News Releases, directed email communications, newsletters, bulletins, and communiqués
- Media events
- website postings, alerts, and/or social media
- stakeholder events
- outreach to local government stakeholders
- engagement with specific stakeholders through face-to-face meetings and electronic media.

In 2017-2018, 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 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 connecting the health care system 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
- ensure consistent look and feel, and messaging in line with the Pan-LHIN visual identity guidelines.

4.6 Community Engagement

The North West LHIN community engagement activities in 2017-2018 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 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.

Major community engagement events in 2017-2018 include a webinar on LHIN Renewal in February 2017, Aboriginal Forum in March 2017, Diabetes Forum in March 2017, and a Supportive Housing and Homelessness Advisory Committee in 2017.

There will be comprehensive community engagement for specific initiatives/plans as outlined in the North West LHIN Annual Business Plan 2017-2018 to seek views/input of stakeholders including community engagement for:

- Emergency Response Planning: Health care and municipal emergency management stakeholders will be consulted, and relationships will be established to best prepare for emergency events involving the health system in the North West LHIN region.
- A regional Mental Health and Addictions Plan and the creation of North West LHIN Mental Health and Addictions Advisory Committee in 2017.
- The development of a Behavioural Supports Ontario (BSO) Advisory Committee to conduct regional planning, monitoring and evaluation and conduct meetings beginning in winter of 2017 on an ongoing basis.
- The establishment of a Patient and Family Advisory Committee to ensure patients and families are involved in health care system decision-making.

Ongoing socialization of the IHSP IV 2016-2019 will also be the main focus in 2017-2018 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 IHSP IV 2016-2019 and the North West LHIN Annual Business Plan 2017-2018. Evaluation will include:

- Continuous tracking and evaluation of communication and community engagement events:
 - Process evaluations measure participants' perceptions of the quality of information provided, the opportunities to contribute and follow-up activities.
 - Outcome evaluations concern whether the chosen techniques achieved the desired objective according to the spectrum level, how the engagement affected participants (e.g. increased understanding of complex issues), and how participants' contributions influenced a project's progression.
 - Continuous tracking and analysis of media coverage for both the North West LHIN and LHIN-funded providers to measure tone, key messages, spokesperson quotes, quality of coverage and other variables.
- Continuous tracking and evaluation of feedback from patients, caregivers and all LHIN-funded HSPs to improve health care services.
- Listening to patients and families to ensure that changes in the health care system reflect the needs and opinions of those it serves.

