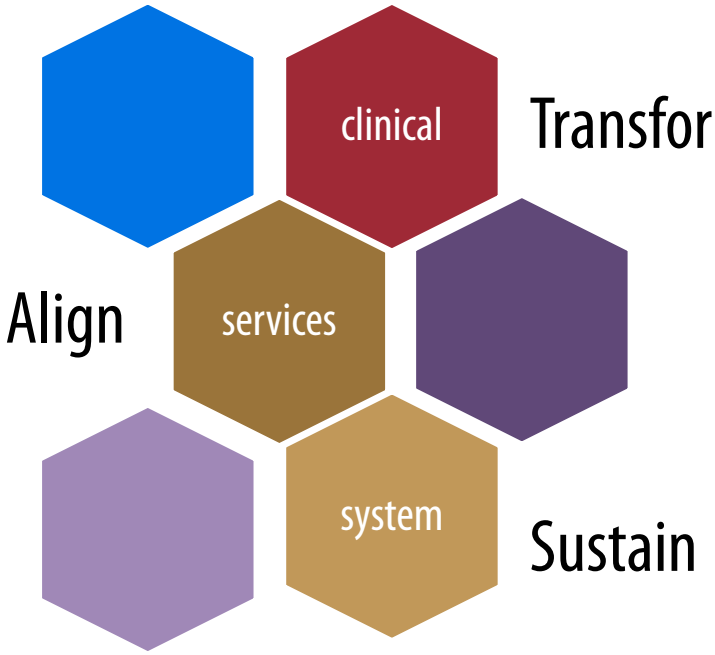
South East **LHIN**

Annual Business Plan 2011/2012



Local Health Integration Network
South East

Ontario
Local Health Integration Network

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Provenance:

Original Submission to MOHLTC:	December 2010
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1 Transmittal letter

South East **LHIN**
RLISS du Sud-Est

71 Adam Street
Belleville, ON K8N 5K3
Tel: 613 967-0196
Toll Free: 1 866 831-5446
Fax: 613 967-1341
www.southeastlhin.on.ca

71, rue Adam
Belleville, ON K8N 5K3
Téléphone : 613 967-0196
Sans frais : 1 866 831-5446
Télécopieur : 613 967-1341
www.southeastlhin.on.ca

Ruth Hawkins
Assistant Deputy Minister
Health System Performance and Accountability Division
Ministry of Health and Long-Term Care

Dear Ms Hawkins:

It is my pleasure to submit the South East Local Health Integration Network's (South East LHIN) 2011-2012 Annual Business Plan.

The South East LHIN has set an ambitious agenda over this fiscal year. In summer 2010, in partnership with our CCAC and seven hospitals, we began planning the Regional Clinical Services Roadmap (Roadmap) project. The goal of this project is the 'renovation' of the local health care system; creating a regional system of integrated care that improves access, quality, efficiency and reduces administrative barriers to care within the resources we have available.

We have employed the experiences gained over the past four years to develop this collaborative realignment exercise; engaging board leadership, senior administration and clinical staff concurrently to move this project forward. Our focus on change management through engagement with health service provider leadership and front line staff will be a key enabler of success – allowing our providers to provide 'best practice' care in a 21st century environment.

Additionally, the LHIN continues to complete the implementation of our integrated ER/ALC strategy. With SMILE now available LHIN-wide and Home First soon to be in place at all our hospitals, we continue to see ALC rates fall and client satisfaction improve. Over the past three years, the South East LHIN has been able to provide effective and sustainable support to the frail elderly, even though we are the only LHIN without supportive housing for this population. Through true innovation, the LHIN used Aging at Home funding to reduce our ALC days by 20%, free up 1% occupancy within our long-term care homes, and reduce the median wait for placement to long-term care by 50%.

The South East LHIN is committed to advancing the objectives of the ministry as well as our own priorities for development; through innovation, stakeholder participation, and application of clinical best practice.

We look forward to demonstrating the results of our efforts to you in the coming months.

Sincerely,

Georgina Thompson
Chair, Board of Directors

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

2 Mandate: Thinking provincially, acting locally – aligning to Ontario's health system priorities

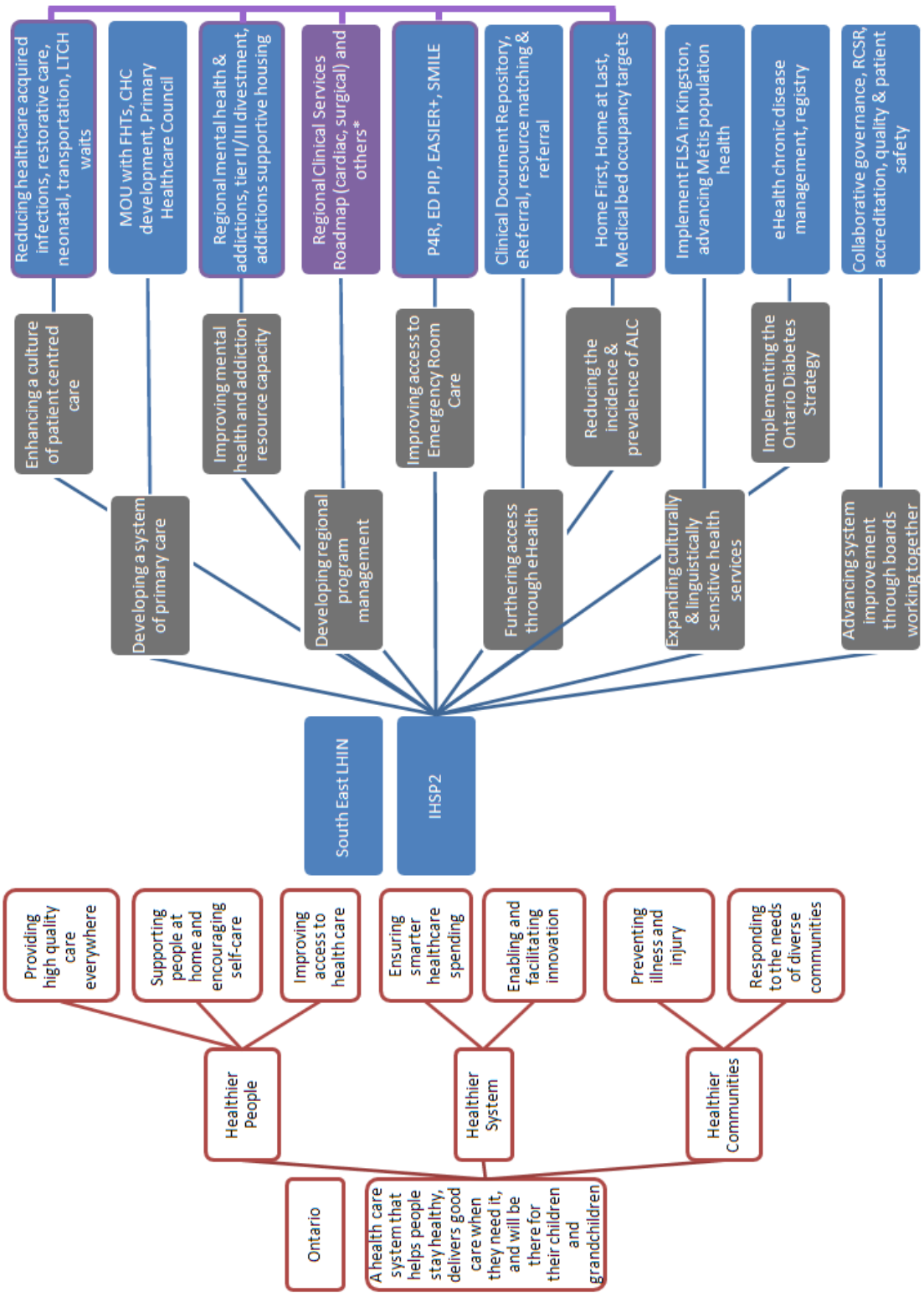

Figure 1: Ontario's Health System Priorities and the South East LHIN's Priorities and Projects

The South East LHIN

is part of an interconnected and interdependent provincial health system. With a primary focus on ensuring the health care needs of Ontarians living in our geographic area are met, we also ensure the strategic priorities for the provincial health care system reach every corner we serve. Figure 1 provides an exploded view of the ministry's and the LHIN's priorities. The South East LHIN has developed projects that support our priorities for development which in turn support the ministry's objectives for the provincial health care system. The South East LHIN's vision and strategic priorities are described in *Reaching for Excellence*, the LHIN's second Integrated Health Services Plan (IHSP2). The mandate for the South East LHIN over the course of our three-year IHSP is to identify and implement opportunities to 'renovate' the local health care system; allowing our health service providers to provide 21st century health care services that are relevant and accessible to our residents.

Ontario's Vision

A system of care that helps people stay healthy, delivers good care when they need it and will be there for their children and grandchildren.

South East LHIN's Vision

Achieving better health through proactive, integrated and responsive health care in partnership with an informed community.

Figure 2: Vision alignment

Sustainable, efficient, and effective local health care services

In 2011-2012, the South East LHIN intends to advance our IHSP priorities through two main initiatives, the Regional Clinical Services Roadmap, and our Integrated ER/ALC strategy. Both projects, which are described in greater below, support the development of a regional system of integrated care that will improve access, quality, and efficiency, while reducing administrative barriers to access. Underpinning each initiative is the understanding that renovation of the local health system will allow us to do more with the financial and health human resources currently within the system.

Right care, right place, right time

The South East LHIN is also committed to ensuring that health care services are provided to our residents in a manner that best supports overall health and well-being. The SMILE program, launched three years ago, has demonstrated the value of providing seniors with geared-to-need community support services reduces their reliance on emergency departments, and reduces the need for admission to a Long-Term Care Home. The LHIN continues to seek out similar opportunities to help our residents maintain health and independence.

Patient safety and quality

The LHIN believes that patient safety and quality are key enablers of an efficient and effective health care system. Our Board will be working with health service providers and the Canadian Patient Safety Institute to support implementation of the *Excellent Health Care for All Act*. Additionally, the reduction of healthcare acquired infections has been identified as one of the areas of opportunity in the Regional Clinical Services Roadmap project.

3 Overview of planned activities

Maintaining local health services & health system accountability

As part of our mandate, the South East LHIN will ensure the smooth operation of the local health care system with a view to providing base funding and approved government increases to health service providers within the context of ministry guidelines and the LHIN's authority under applicable statutes. The LHIN will also continue to meet its obligations to the ministry as detailed in its memorandum of understanding with the ministry, and achieve performance targets negotiated in the Ministry LHIN Performance Agreement (MLPA).

Regional clinical services roadmap project

In the summer of 2010 the South East LHIN, in cooperation with our CCAC and seven hospital corporations, launched the Regional Clinical Services Roadmap (RCSR). The outcome of the RCSR will be a regional system of integrated care that improves access, quality, and efficiency while reducing administrative barriers. This will be achieved by our health service providers within the resources available. RCSR will impact, directly or indirectly, every facet of local health system delivery. The LHIN, CCAC and hospitals have agreed to work on seven areas where the opportunities for system improvement, improving access, patient safety, and/or care are greatest. These include: mental health & addictions (MH&A), surgery, cardiac, high risk neonatalology, emergency department waits, health care acquired infections, and restorative care (which addresses ALC issues at source) (see Figure 3). The LHIN has identified two key enablers for successful implementation of the RCSR; transportation and eHealth. Transportation is essential to ensure that reasonable access to care for all residents is maintained. EHealth supports the timely interchange of health information, which our health service providers have identified as critical to ensuring that the right care is provided at the right time. Additional information on the RCSR can be found at Regional clinical services roadmap project (page 13). The Roadmap project aligns with and supports the LHIN's IHSP2 priorities for development as well as the ministry's strategic priorities for the health care system.

Figure 3: Regional Clinical Services Roadmap Timeline

Integrated ER/ALC strategy

Developed in response to the ministry's request for innovation as part of its Aging at Home Strategy, the South East LHIN crafted, in consultation with area seniors, a cohesive and integrated program which identified 'tipping points' in the health and well-being of seniors, and developed strategies to (i) assist this population to maintain independent living at home and (ii) to avoid illness or injury which would require the use of emergency departments or admission to hospital. Seniors Managing Independent Living Easily (SMILE) is now fully implemented and as of December 2010, the provider agency is now managing a small wait list for this assistive-preventative services program. Home First will be fully implemented within the 2011-12 fiscal year, and should continue to demonstrate significant benefits by returning seniors to their homes rather than referring the frail elderly to near-capacity long-term care homes. Nurse-led outreach and wrap-around care team models will be ready for implementation in 2011-2012 to advance further local health system priorities.

Improving planning with primary health care

The LHIN has initiated discussions with our Family Health Teams to develop a memorandum of understanding between each FHT and the LHIN. Our objective is to improve alignment with our primary health care partners and to ensure that each party is working to further each others' planning objectives. Additionally, the LHIN is working with area community health centres to ensure that primary care services for vulnerable patient populations continue to be met through ongoing programming and new programs like wrap-around care teams.

Coordinated capital planning

The South East LHIN has several large capital planning projects in varying stages of approvals with the ministry. In addition to this, several more health service providers have identified renovation or expansion of existing facilities as key components to enable HSPs to support provincial and local health care system priorities. The LHIN will continue to work with its providers to substantiate need, validate requirements, and work with the ministry to ensure that a fair and equitable process continues to evolve that provides for reasonable infrastructure renewal.

Mental health divestment activities

The South East LHIN, in cooperation with the Champlain LHIN and the ministry, having completed the planning aspects of the transfer of acute mental health services is now moving into implementation of the transfer of these beds to Brockville General Hospital. This includes formalizing a tertiary care support relationships with the South Eastern Ontario Academic Health Sciences Centre in Kingston. Long-stay institutional mental health patients continue to be transferred from both the divested psychiatric hospitals in both Brockville and Kingston.

Implementing sector-wide integration

The South East LHIN continues to work with CHCs, CSS agencies and CMHA agencies to implement components of the Back Office Integration Project. Collaboration in the selected areas will result in opportunities for direct reinvestment in patient care, as well as creating a sustainable and consistent infrastructure that agencies can rely upon. These areas include: finance, compensation and benefits, purchasing, information technology, and training and knowledge management.

Leveraging the strength of Boards working together

The South East LHIN Board has been actively working with health service provider boards to reinforce the need for and support of regional clinical service realignment. Boards' support for this project has provided a necessary bolster to HSP management, allowing planning work to proceed. The LHIN Board will continue to contribute a meaningful and necessary role through ongoing workshops with HSP Boards involved in the Roadmap process as well as meet with local municipal leadership, Members of Provincial Parliament, as well as Members of Parliament to ensure that the overall objectives of the Roadmap process are well understood.

Executive Office Cost Restraint

In the Ontario Budget released on March 29, 2011, the government announced that it would be requiring certain government agencies and broader public sector organizations to reduce the cost of their executive offices by 10% over two years (5% each year). Reducing the growth of executive office costs across the public sector of the province is a prudent measure to ensure that taxpayers are receiving maximum value, and will help ensure the sustainability of public services. The LHIN has advised our hospitals and the community care access centre that they are required to comply with this measure.

Integrated approaches

Many of the South East LHIN's operational priorities are aligned with system-wide initiatives currently underway or soon to be launched. Some projects may be part of one of our wider regional strategies; and are identified with one of the following abbreviations after the project name.

ER/ALC: Integrated ER/ALC Strategy: This is the LHIN's integrated approach to provide access points to care at 'tipping points' in the health and well-being of seniors to assist this population to maintain independent living at home and to avoid illness or injury which might require the use of emergency departments or admission to hospital. Additional information on this project can be found in this plan under: Integrated ER/ALC strategy (page 6), Improving Access to Emergency Rooms – projects and activities (page 10), and Reducing the Incidence and Prevalence of Alternative Level of Care (page15).

RCSR: Regional Clinical Services Roadmap: This is the LHIN's approach to developing a regional system of integrated care that will improve access, quality, and efficiency while reducing administrative barriers to care within the resources available. Additional information on this project can be found at Regional clinical services roadmap project (page 13).

4 Assessment of issues facing the South East LHIN

The LHIN's Integrated Health Services Plan provides a detailed analysis of the environmental factors and challenges faced by our residents and health service providers. As the LHIN continues its development of a regional system of integrated health care, we must take care to consider and manage some key challenges. The following is a summary of the key issues considered in the development of this year's ABP.

Large rural population

The challenge of having a population that is nearly evenly split between rural and urban settings is a fact influencing most health services delivery and design considerations in the LHIN. While geographically-based institutional and logistical barriers to care are being considered as part of the RCSR process, the LHIN continues to ensure that residents' rights to access care anywhere in Ontario are maintained.

Change readiness in a systems environment

The South East LHIN has advanced several change management projects since 2007. Each project has brought greater experience to LHIN leadership and staff regarding the sensitivity of organizations and individuals to change management goals. Our experience has demonstrated that the degree of "change readiness" of our providers is directly related to degree of uncertainty associated with that change. The Regional clinical services roadmap project (page 5), from a planning perspective, is the culmination of the LHIN's experience in change management. The LHIN is employing accepted change management approaches, combined with a change leadership mindset, successfully implement this project. By engaging governance, senior administration and key clinical staff in the development of clinical services plans, the RCSR will result in a bottom-up evolution of modern health care services provided in a 21st Century context.

Enhanced monitoring of health service providers

The LHIN is proud to report that health service providers previously noted as areas of concern have each moved forward considerably in developing sustainable operational plans, better interactions with their health system partners, and demonstrated greater interest in working as full partners in the local health care system. As some risk remains regarding full implementation of plans, the LHIN will continue to monitor the implementation of agreed to plans and will continue to work with providers to ensure that sustainable high quality care is provided throughout plan implementation.

5 Projects for 2011-2012 / IHSP priority for development
Core Content – Templates A

Priority	Developing a System of Primary Care
Description (précis: for full description, please see the South East LHIN's IHSP)	Primary care is typically care provided by a general practitioner or an advanced practice nurse. Primary health care (PHC) includes components of care which support primary care specialists in delivering and coordinating care and non-acute care services. Perceived as the heart and soul of health care, PHC is a cornerstone of the system where people get advice on maintaining and improving health and link with acute care. PHC is not truly organized as a system of care. There are many varied PHC providers and provider teams each working independently of one another. PHC can be the integrator of the entire health-care system. Access to PHC can be increased through interdisciplinary teams working together and sharing resources between PHC sites. A systems approach could also standardized (and thus improve) access to specialty services.
Current Status	Draft terms for inclusion in a LHIN-Family Health Team MOU have been circulated for consideration (November 2010) with a planned meeting of LHIN and FHT representatives planned for December.

Developing a system of primary care – projects and activities

Goals (précis: for full description, please see the South East LHIN's IHSP)	To support the continued development of access to primary health care services for everyone who wants access to health care services; and, To reduce the use of emergency room and hospital services by patients who can be served by primary health care.
Memorandum of Understanding with Family Health Teams	With a view to developing closer and better aligned planning with the area's 14 Family Health Teams, the South East LHIN is currently in discussions with representatives to create a template MOU that will serve to describe a new and collaborative relationship with our primary care partners.
Coordinating the development of Community Health Centre services	The South East LHIN, in cooperation with the capital review team at the MOHLTC and the Primary Health Care Branch, is working to ensure the timely approval and opening of interim and permanent sites for approved Community Health Centres in Napanee, Belleville, and Quinte West. The LHIN is also assisting existing CHC's to develop needs-based business cases to revamp and expand facilities, where program success and high patient volumes have rendered current operational footprints insufficient.
Support of the Primary Health Care Council	The Council provides a forum for primary health care providers to plan for better provision and access to primary health care services. The Council supports primary health care systems-based planning.
Consistency with ministry priorities	The goals under this priority support a system that helps people stay healthy as well as a system that provides good care when they need it (MOHLTC priorities 1 & 2)

Action Plan / Interventions

"we will deliver on the following"	% completion		
	2011/12	2012/13	2013/14
Completed MOU with area FHTs	100%	—	—
Ongoing coordination of CHC services	Ongoing	Ongoing	Ongoing
Supporting the Primary Health Care Council	Ongoing	Ongoing	Ongoing

Measuring success	We will measure success through the achievement of our action plans, and with demonstrated improvements in LHIN-FHT planning coordination.
Priority	Improving Access to Emergency Rooms
Description (précis: for full description, please see the South East LHIN's IHSP)	Emergency rooms are seen as "canaries in the mine" of the health-care system. That means if something is not right with the local health system, it is often exposed from one's experience in the emergency room. When appropriate access to and flow through an emergency room is timely and successful, the public is confident that the health system is functioning well. A truly integrated health-care system makes the most effective use of the emergency rooms. All LHINs view this as an essential priority for change.
Current Status	LOS for high and low acuity patients not admitted are at or near MLPA targets. Achieve provision LOS for 'admits from ER' target with ongoing work to achieve provincial target.

Improving Access to Emergency Rooms – projects and activities

Goals (précis: for full description, please see the South East LHIN's IHSP)	Meet provincial standards for waiting times in emergency rooms (ERs). Increase home support within the community to reduce the need of going to ERs. For those who access the ER, to reduce waiting time by improving ER capacity & performance Ensure clients who can be cared for at home are supported to remain in their homes.
EASIER + (ER/ALC)	Program continuation: Evaluates identified elderly patients at higher risk of unnecessary hospital (re)admission. Connects clients with appropriate community based services with the objectives of reducing risk of return ER visits or hospital admission. An IT/IS CCAC notification system solution will ensure that this capacity is embedded as part of its basic design.
Seniors Managing Independent Living Easily (SMILE) (ER/ALC)	Program continuation: This program provides individualized care plans and budgets to address the needs of seniors admitted to the program. The South East LHIN has already seen a reduction of clients queued for Long-Term Care Home beds. The program will result in reductions in unnecessary ER visits, hospital admissions, and reduced waits for LTCH admission.
Pay For results - Year 3 (ER/ALC)	Ministry mandated project in year 3 implementation. Project supports work to address operational and patient flow challenges in the KGH and QHC emergency departments. Year three will focus on strategies to reduce the wait period for patients admitted from the emergency department.
ED PIP at KGH &QHC (ER/ALC)	The Performance Improvement Plans support activities to improve the efficiency and patient throughput of the emergency departments at Kingston General Hospital and Quinte Health Care. Detailed plans are provided by each hospital in their submitted EDPIPs.
Nurse-led Outreach Team (ER/ALC)	This project is designed to provide advanced practice nursing support to Long-Term Care Homes with the objective of reducing patient transfers from LTCHs to hospitals for unnecessary treatments or conditions. APN staff provide clinical advice, education, establish a preventative model of care and support regarding the care of patients within the LTCH, as appropriate.
Consistency with ministry priorities	The goals under this priority support a system that helps people stay healthy, provides good care when they need it and will be there for their children and grandchildren (MOHLTC priorities 1, 2 & 3)

Action Plan / Interventions

"we will deliver on the following"	% completion		
	2011/12	2012/13	2013/14
EASIER+	Ongoing	Ongoing	Ongoing
SMILE	Ongoing	Ongoing	Ongoing
P4R / EDPIPs	Ongoing	—	—
Nurse-led Outreach Teams	100%		

Measuring success	We will measure success through the achievement of MLPA targets & improved patient satisfaction.

Priority	Furthering Access through eHealth
Description (précis: for full description, please see the South East LHIN's IHSP)	E-health is an enabler of an integrated system of care. E-health will ultimately produce an electronic health record, but will also advance the electronic transfer of diagnostic requests and results, standard referral protocols, timely communication between professionals, and rapid access to current research. The South East E-health team will lead and enable the diabetes strategy roll out; the regional surgical program e-referral initiative; and initiatives to develop primary health care as a regional system of care.
Current Status	EHealth projects are on track and aligned with eHealth Ontario priorities and timelines.

Furthering Access through eHealth – projects and activities

Goal (précis: for full description, please see the South East LHIN's IHSP)	Meet expectations of the local and provincial eHealth strategies.

Regional Surgical eReferral (RCSR)	In collaboration with the Central East LHIN, we are developing an eReferral system (SE: hips & knees; CE: mental health). Project results will be shared and best practices / lessons learned applied.
HSP eHealth Solution Adoption	This is an ongoing project approved and funded by eHealth Ontario which will build capacity in six areas: governance, project management, stakeholder engagement & communication, change management, privacy & security, and registration.
Resource Matching and Referral	Provincial planning and coordination continue as we work with our colleagues across Ontario to implement a streamlined IT solution in four streams: Acute to CCC, Acute to Rehab, Acute to CCAC in home and acute to LTC via CCAC
InterRAI CHA Common Assessment Tool	This software will ease the completion and improve data quality related to this standard client assessment tool. This project links with the development of an electronic client record within a Client Management System.
OCAN	A common assessment tool for community mental health that employs standardized language and supports collection of consistent data elements. It is designed to employ a "recovery-based" approach to determine client-identified needs, and determine required services.
Clinical Document Repository	In collaboration with the Champlain LHIN, we are creating a common, secure electronic repository for patient documentation of hospital generated data which will be accessible by clinical teams at affiliated Family Health Teams. Improved data access is expected to reduce waits for lab and DI results, as well as hospital discharge summaries which are necessary for the FHTs to ensure timely and appropriate community care. The CDR will be expanded to allow sharing among hospitals with the ultimate goal of all HSPs able to share all clinical documentation.
Regional Planning and Analysis for Integration Project	RPAIP will make recommendations for eHealth clusters (groups of LHINs collaborating to integrate health information), integration blueprints and implementation plans. Outcomes: facilitate sharing of patient/client information between organizations and across the continuum of care; implementation of applications that enhance and integrate the delivery of health care across the continuum of care; and support the consolidation, standardization and sharing of ICT resources; enhancing capacity & efficiency.

Ontario LHIN Privacy Project	A provincial initiative self-styled as a practical approach to privacy for personal health information sharing in health care. It is a collaborative multi-LHIN eHealth project for all 14 of Ontario's LHINs, in partnership with eHealth Ontario. The project supports organizational collaboration and sharing information in a manner consistent with the *Personal Health Information Protection Act, 2004*.
Base Information Technology Integration Project	Supporting regional sharing of information, our hospitals and CCAC are moving to a more integrated approach around core IT systems. This includes steps that will integrate networks, user ID & access and a standard interface among HSPs.

Consistency with ministry priorities

The goals under this priority support a system that helps people stay healthy, provides good care when they need it and will be there for their children and grandchildren (MOHLTC priorities 1, 2 & 3)

Action Plan / Interventions

"we will deliver on the following"	% completion		
	2011/12	2012/13	2013/14
Regional Surgical eReferral (RCSR)	100%	—	—
HSP eHealth Solution Adoption	Ongoing	Ongoing	Ongoing
Resource Matching and Referral	Ongoing	Ongoing	Ongoing
InterRAI CHA Common Assessment Tool	25%	25%	50%
OCAN	75%	25%	—
Clinical Document Repository	25%	25%	25%
Regional Planning & Analysis for Integration Project	Ongoing	Ongoing	Ongoing
Ontario LHIN Privacy Project	Ongoing	Ongoing	Ongoing
Base Information Technology Integration Project	Ongoing	Ongoing	Ongoing

Measuring Success

We will measure success through the achievement of our action plans and provincial objectives.

Priority

Improving Mental Health & Addictions Service Capacity

Description

(précis: for full description, please see the South East LHIN's IHSP)

In line with the ministry's strategy on Mental Health and Addictions, the South East LHIN will focus its efforts on integrating mental health and addictions services across all levels of care. We will focus on early identification and intervention in the context of a seamless system of comprehensive, effective, efficient, proactive and population-based care; supported through ongoing (re)evaluation of resource allocation.

Current Status

Tier II/III Divestment activities are proceeding. The projects indicated below are underway as part of the RCSR project, and follow that timeline for completion.

Improving Mental Health & Addictions Services Capacity – Projects and Activities

Goals

(précis: for full description, please see the South East LHIN's IHSP)

Complete implementation of Directions of the Health Services Restructuring Commission

Comply with the provincial Tier III divestment policy

Standardize mental health and addictions intake and assessment access across the region

Implement emerging provincial mental health and addictions priorities

Regional Mental Health and Addictions (RCSR)

The Roadmap project combines a number of initiatives with the goal of expediting LHIN-wide implementation. These include developing strategies to improve services / reduce reliance on:

- High number of mental health visits to ERs & the number of unplanned ER visits within 30 days.
- Establishing a regional standard of care for outpatient mental health patients.
- Determining the scope & magnitude of MH patients designated ALC and how to address needs.
- Improved and standardized community clinical standards of practice for the care of mental

health and psycho geriatric patients in primary care and emergency department settings.

- Psychiatric HHR plan for the South East LHIN. Program launched at KGH (2009); expanded to QHC (2010); BGH expansion currently underway - supporting the transition of BGH to a Schedule 1 Facility under the *Mental Health Act.*
- Strategies to ease the transition of youth from children's mental health to the adult system.
- Better management of patients dealing with concurrent disorders.
- Coordinated access to community MH&A services; supporting a 'no-wrong door' approach and minimizing clients having to queue at multiple agencies for service.

Tier II and III Divestment (RCSR)

Final phase: The majority of long-stay patient from the Brockville Divested PPH are now in community based housing. The LHINs, area hospitals, and community HSPs continue to finalize program and service levels to facilitate the transfer of acute mental health beds to BGH. The active participation of the Ministry continues to play a pivotal and essential role in completing this work.

Supportive Housing for Addiction Services

This project was anticipated to begin in fiscal 2010-11, subject to confirmation of funding and service level agreements. The selected service providers have now obtained approvals from the ministry and construction of the supportive housing development has begun.

Consistency with ministry priorities

The goals under this priority support a system that helps people stay healthy, provides good care when they need it and will be there for their children and grandchildren (MOHLTC priorities 1, 2 & 3)

Action Plan / Interventions

"we will deliver on the following"	% completion		
	2011/12	2012/13	2013/14
Projects under RCSR (2011/12 planning) (2012/13 implementation)	100%	Ongoing	Ongoing
Facilitating BGH's designation as Schedule 1	100%		
Implementing Tier II Divestment ROHCG → BGH	100%		
Psychiatry HHR Plan	100%		
Standardized Training – Concurrent Disorders	100%		
Behavioural Support Services	Ongoing	Ongoing	
Addictions Supportive Housing	32 units	16 units	Pending
Coordinated intake	100%		
HPE Rebound Program (Addictions service)		100%	
Tier III transfer (Providence Care to community)	Ongoing	Ongoing	Ongoing

Measuring Success

We will measure success through achieving RCSR objectives; improved client services & coordination.

Priority

Developing Regional Program Management

Description

(précis: for full description, please see the South East LHIN's IHSP)

Regional program management supports a common vision and targets among several health service providers, thus improving accountability for service performance across the region.

Current Status

RCSR project plan development with HSP working groups (December 2010). Plan review with LHIN PMO and HSP executive leadership (January 2011) (see p. 6).

Developing Regional Program Management – projects and activities

Goals

(précis: for full description, please see the South East LHIN's IHSP)

To regionally standardize access to and use of selected specialized health care services
To maximize capacity across the South East health care system by managing selected services at multiple sites through coordinated management.

Regional Clinical Services Roadmap (RCSR)

The Regional Clinical Service Roadmap initiative is a project based initiative designed to realign the provision of key health services within the South East LHIN. The outcome of the RCSR will be a regional system of integrated care that improves access, quality, and efficiency while reducing administrative barriers. This will be achieved by our health service providers within the resources

	available. The initiative is supported by the senior leadership at the CCAC and seven hospital corporations, who serve with the LHIN CEO as the initiative's steering committee. Project plan development and implementation is spearheaded by project-specific working groups comprised of local clinical experts and key stakeholders across the LHIN's geographic area.
ER/ALC	The project goals of this area of opportunity are described at Regional clinical services roadmap project (page5).
Regional Cardiac	Regional Cardiac was identified in last year's ABP. Over the past year considerable engagement and planning with service partners has occurred. As such, Regional Cardiac will be one of the first projects to 'go live' under the Roadmap. The objectives of the project are to improve cardiac health, clinical access and the quality of cardiac care through regional collaboration, system reorganization, and reduce incidence of acute cardiac events.
Regional Surgical Services	Regional surgical services is the culmination of over three years of painstaking engagement and development of services with area surgeons to ensure that the resulting program will leverage excess physical capacity, maximize capacity for area surgeons within their areas of specialty, and provide every opportunity for patients to chose who and where they receive specialized medical care. The results should yield flex capacity within the LHIN sufficient to further reduce waits for surgical services.
High Risk Neonatology (Patient Centred Care)	Variation in practice regarding caesarian sections and the appropriate care of very low birth weight infants were the primary factors for including this area within the RCSR. Current practice with respect to high needs infants, particularly related to location of delivery, length of hospital stay, and repatriation from a tertiary care to secondary care hospital have been debated, without resolution, for some time. Caesarean sections rates across both the South East and Champlain LHIN are also of concern. The rate of caesarian sections across the LHINs vary as much as six percent, which is likely not indicative of population need. The consistent application of clinical best practice will improve the care provided to mothers and infants. A protocol for the transfer and repatriation of high needs mothers or infants will improve quality, consistency and efficiency.
Restorative Care (ER/ALC, ALC Priority)	Ontario health service providers report that seniors account for 63% of all inpatient days and are the majority demographic designated as requiring an alternate level of care (ALC). Almost half of all individuals designated as requiring ALC have unaddressed restorative needs. In our LHIN the utilization of rehab and CCC beds varies significantly from other areas in Ontario. Addressing the functional and cognitive needs of seniors in the South East and improving standardization of care for such services is expected to reduce ALC rates, increase capacity and improve the quality of care for our residents. The Restorative Care area of opportunity was identified to provide the following outcomes: • Improved early identification and flagging of individuals who have a high-risk of adverse outcomes, longer lengths of stay, loss of independence and increased likelihood of need for LTC. • Reduction in avoidable decline in function within hospitals and reduction in ER stays by target populations • Improved access to the appropriate level and range of therapeutic, environmental, and socio-economic services that are supportive of improved functional outcomes within hospitals and the community. • Improved functional outcomes and increased capacity for independent living within the community- both associated with sustainable reductions in ER/ALC pressures and the need for Long Term Care
Mental Health & Addictions	The project goals of this area of opportunity are described at Improving Mental Health & Addictions Service Capacity (page 12).

Health Care Acquired Infections	Healthcare Acquired Infections represent a significant cost to both the health care system and society- at-large. US studies suggest that almost 2 / 1,000 people who use the health care system will acquire an infection as a result. Half will die of that infection. The costs of caring for patients who acquire an infection are +/- five times greater than those with a similar primary diagnosis. The project's objectives are to find / implement successful strategies to reduce the incidence and prevalence of HAIs by focusing on increased compliance of infection control procedures, increasing public awareness, and the developing an antibiotic stewardship program.
Consistency with ministry priorities	The goals under this priority support a system that helps people stay healthy, provides good care when they need it and will be there for their children and grandchildren (MOHLTC priorities 1, 2 & 3)
Action Plan / Interventions	
Measuring success	We will measure success through achieving our project deliverables.

"we will deliver on the following"	% completion		
	2011/12	2012/13	2013/14
RCSR Planning Activities	100%		
Implementation of clinical service plans	25%	25%	50%

Priority	Reducing the Incidence and Prevalence of Alternative Level of Care
Description (précis: for full description, please see the South East LHIN's IHSP)	When someone is placed into an acute care bed who does not need acute care or someone stays in an acute care bed when they no longer require acute care, the patient and the system are both compromised. The patient may lose strength or acquire an infection and the system loses or misuses valuable capacity. All patients should be appropriately placed in the setting that best fits their care needs
Current Status	20% Reduction in %ALC Days over the past 15 months. Integrated ER/ALC program almost 100% implemented. RCSR Restorative Care project will further the LHIN's priority for development.

Reducing the Incidence and Prevalence of Alternative Level of Care – projects & activities

Goals (précis: for full description, please see the South East LHIN's IHSP)	Reduce the number of people who wait in hospital for an alternate level of care For those who do wait, shorten the time they spend waiting Change 'culture of placement' to a 'culture of going home'
Home At Last	Home at Last facilitates hospital discharges where the resources are not readily available at the time the patient's acute care phase of care is complete.
Home First	Home First focuses on identifying patients early in their hospital stay who are at risk of being designated ALC for LTCH placement. It ensures that such patients are provided with appropriate community support, available at discharge, enabling these individuals to make decisions about their long-term residential care options in the comfort of their own home.
Interim Long-Term Care Beds	ALC clients in hospital are frequently unknown to the CCAC on admission, which results in them being given low priority for admission. This leads to long lengths of stay while these patients wait for permanent placement and results in more ALC clients in hospital. Short Stay Interim Beds at LTC Homes provide an effective solution. These beds receive admissions only from hospitals; ensuring that clients waiting for LTC receive the right care in the right place, while maintaining their priority for permanent placement. The South East LHIN has used existing permanent beds and converted them to interim to facilitate these placements; and is working with the MOHLTC to ensure that policy and funding consideration are supportive of program continuation and potential expansion.

Discharge Link (RCSR)	This program provides timely access to community based rehabilitation services to improve and sustain functional abilities, for stroke survivors and their families. Goals: improve transition between care providers, lower acute and rehab length of stay and reduce % ALC days.

Consistency with ministry priorities

The goals under this priority support a system that helps people stay healthy, provides good care when they need it and will be there for their children and grandchildren (MOHLTC priorities 1, 2 & 3)

Action Plan / Interventions

"we will deliver on the following"	% completion		
	2011/12	2012/13	2013/14
RCSR Planning Activities	100%		
Implementation of clinical service plans	25%	25%	50%

How will we measure success

Achievement of project timelines and deliverables are at Regional clinical services roadmap project (page 13).

Priority

Implementing the Ontario Diabetes Strategy

Description

(précis: for full description, please see the South East LHIN's IHSP)

Due to the high prevalence and impact of Diabetes in the South East, an essential first step into chronic disease management will be to focus on this serious disease. We have opportunities to integrate diabetes care and the monitoring of management indicators. Lessons learned will drive other chronic disease management strategies.

Current Status

Plan implementation proceeds within project timelines in accordance provincial timelines.

Implementing the Ontario Diabetes Strategy – projects & activities

Goals

(précis: for full description, please see the South East LHIN's IHSP)

Meet the expectations of this provincially required priority
Implement the Ontario Diabetes Strategy as part of a broader chronic disease management model

Leveraging eHealth for Chronic Disease Management	Local implementation of the Ontario Diabetes Strategy is expected to have positive impacts on population health through improved access to primary health care services, improved access to education regarding self management & nutrition, & increased access to diagnostic testing.
Diabetes Registry	Roll out the provincial diabetes registry as part of the provincial initiative.

Consistency with ministry priorities

The goals under this priority support a system that helps people stay healthy, provides good care when they need it and will be there for their children and grandchildren (MOHLTC priorities 1, 2 & 3)

Action Plan / Interventions

"we will deliver on the following"	% completion		
	2011/12	2012/13	2013/14
Strategy Implementation	Ongoing	Ongoing	Ongoing

Measuring success

We will measure success with the successful implementation this provincial strategy.

Priority	Enhancing a Culture of Patient Centred Care
Description (précis: for full description, please see the South East LHIN's IHSP)	Patient centred care includes good "customer" service, access and responsiveness. It also includes system navigation assistance and coordination through the many components of care or treatment one may require. Patient centred care is about quality service and quality care, where the needs of the patient and the population drive utilization and deployment of resources. A culture of patient centred can ensure our system is integrated and appropriately responds to the needs of the individual and the population.
Current Status	Projects under this priority continue to be perfected to ensure high quality patient services are provided and to ensure that high quality patient care is one of the end results of the RCSR project.

Enhancing a Culture of Patient Centred Care – projects & activites

Goals (précis: for full description, please see the South East LHIN's IHSP)	Improve the patient experience Improve the efficiency and effectiveness with which individuals move within and between health-care services

Regional Clinical Services Roadmap	All areas of opportunity under the Regional Clinical Services Roadmap have, as one of their goals, improving the patient-centeredness of care.
Regional Transportation Framework	This ongoing project supports the coordination of medical-based transportation services with a view to improving capacity of services through efficiency and effectiveness gains. The framework is now especially important as many of the RCSR Areas have identified transportation as a key enabler of transformative change.
Health Vans	The Health Vans are mandated to provide 10,700 additional one way trips in the South East. Work continues to ensure the sustainability of the vans and their optimization within the LHIN.
LTCH Application, Waitlist and Admission Process Review	2010 saw the first step in this process with the CCAC reviewing eligibility criteria for clients on the LTCH wait list and removing those who no longer required placement or no longer met criteria. With periodic review of the wait list now in place, the CCAC can move to a "real time" reporting of waits for admission to a LTCH.
Wrap around Home Care Team	This program will focus on creating a multidisciplinary team within CHCs, that will support the most frail community clients through providing necessary services to maintain them at home and improve their health outcomes

Consistency with ministry priorities

The goals under this priority support a system that helps people stay healthy, provides good care when they need it and will be there for their children and grandchildren (MOHLTC priorities 1, 2 & 3)

Action Plan / Interventions

"we will deliver on the following"	% completion		
	2011/12	2012/13	2013/14
Transportation Framework	100%		
Health Vans	Ongoing	Ongoing	Ongoing
LTCH Waitlist	Ongoing	Ongoing	Ongoing
Wrap around Home Care Teams	75%	25%	

Measuring success

We will measure success through the achievement of our action plans and RCSR projects.

Priority	Expansion of Culturally and Linguistically Sensitive Health Care Services
Description	The South East LHIN is committed to working with French language communities and the health providers serving them to ensure there is appropriate access to care in the French language. Equally, the South East LHIN will work with its Aboriginal communities to offer assistance in their efforts to ensure appropriate access to care.
Current Status	The LHIN has a French Language Service Coordinator on staff who is actively working to implement *FLSA* requirements in the City of Kingston. Our work with Aboriginal populations (Métis, off-reserve Aboriginal population, Mohawks of the Bay of Quinte) continues.

Expansion of Culturally and Linguistically Sensitive Health Care Services – projects & activities

Goal	To establish strong working relationships with Aboriginal populations (Métis, off-reserve Aboriginal population, Mohawks of the Bay of Quinte). To assist identified health services providers to meet *French Language Services Act* requirements.
Improving access to French Language Services in Kingston Designated HSPs	The LHIN has hired a French Language Service Coordinator to support Kingston HSPs to implement their French Language Services Plans, as required under the *French Languages Services Act.* Additionally, to ensure the LHIN itself can meet the needs of Franco-Ontarians, an internal planning framework is being developed that will ensure compliance with French Language service requirements in business, program, and human resources communications. The *Local Health Integration Act, 2006* empowers the Minister to appoint French Language planning entities to support local planning. The *Réseau des services de santé en français de l'Est de l'Ontario (RSSFEO)* has been appointed for our area. While a formal arrangement is pending, the LHIN has already engaged the *Réseau* informally to establish a good working rapport.
Advancing the health status of the Métis population	The LHIN continues to work with the Métis Nation to ensure integrated mental health care services are available.
Advancing relationships with the Mohawks of the Bay of Quinte	The LHIN will continue to work with the Mohawks of the Bay of Quinte to further develop our working relationship with them and to support the implementation of their Community Health Priorities.
Consistency with ministry priorities	The goals under this priority support a system that helps people stay healthy, provides good care when they need it and will be there for their children and grandchildren (MOHLTC priorities 1, 2 & 3)

Action Plan / Interventions

"we will deliver on the following"	% completion		
	2011/12	2012/13	2013/14
Ensure HSP compliance with *FLSA* local planning obligations	Ongoing	Ongoing	Ongoing
Develop indicators to measure compliance	100%		
Evolve collaborative working relationship with RSSFEO	Pending	Pending	Pending
Continue our work with Aboriginal Populations	Ongoing	Ongoing	Ongoing

Measuring success	We will measure success by having our HSPs meet *FLSA* obligations and ongoing positive relations with Aboriginal Population leadership.

Priority	Advancing System Improvement through Boards Working Together
Description	The role of health-care governance is evolving in the LHIN environment, where boards are not just responsible for overseeing the management of their own organization, but also for contributing to the development and functioning of an integrated system of care. The South East LHIN will continue to nurture an environment where Boards are working together to lead and support integration and system development.
Current Status	The LHIN Board continues its work to advance the priorities of the LHIN through ongoing workshops and collaborations with HSP Boards impacted by the RCSR project. The Board is proceeding with its work with Accreditation Canada to be the first LHIN Board to obtain accreditation.

Advancing System Improvement through Boards Working Together – projects & activities

Goals (précis: for full description, please see the South East LHIN's IHSP)	The goals of this priority include effectively employing collaborative governance to advance health care system improvement; assist HSP boards to accept their fiduciary responsibilities to the local health care system; & to improve collaboration & information sharing between & among the LHIN and health service provider boards.
Collaborative Governance	The South East LHIN Board continues its work with its HSP board peers to develop collaborative work relationships among and between HSP boards. Regular meetings of the Board Chairs; along with frequent Board-to-Board meetings have allowed progress to be made on important issues like RCSR (see below). The LHIN Board Chair is also the chair of the South East Collaborative Governance Development Team (CGDT). The CGDT encourages HSP Boards to think regionally, supporting a governance mindset that considers the interests of the provider agency as well as the broader public interest.
Regional Clinical Services Roadmap Project	The South East LHIN Board is sponsoring workshops for HSP Boards to provide education and updates of the RCSR project. The workshops will also reinforce the need for clinical services realignment to ensure that a sustainable and high quality system is the end result. Additionally, the LHIN Board (with HSP board representation) will be updating municipal leadership as well as area MPPs and MPs on RCSR objectives and progress to ensure that elected officials are fully informed RCSR objectives.
Board Governance Accreditation	The South East LHIN Board has taken a leadership role in Ontario by being the first Crown Agency in Ontario to seek accreditation with Accreditation Canada.
South East Regents Quality & Patient Safety Committee	In partnership with the Canadian Patient Safety Institute and our health service providers, the committee is piloting a governance approach that supports HSPs in meeting the requirements of the *Excellent Health Care for All Act, 2010*.
Consistency with ministry priorities	The goals under this priority support a system that helps people stay healthy, provides good care when they need it and will be there for their children and grandchildren (MOHLTC priorities 1, 2 & 3)

Action Plan / Interventions

"we will deliver on the following"	% completion		
	2011/12	2012/13	2013/14
Collaborative Governance	Ongoing	Ongoing	Ongoing
RCSR	Ongoing	Ongoing	Ongoing
Board Accreditation	100%	Ongoing	Ongoing
South East Regents Quality and Patient Safety Committee	Ongoing	Ongoing	Ongoing

Measuring success	Accreditation and achievement of Collaborative Governance, RCSR, & Regents Committee objectives.

Facilitating IHSP Priorities through data management & integration activities

Goal	Ongoing support of LHIN Operations, HSPs, & successful achievement of projects.
Database Development /System Design	Developing a comprehensive data management system for responding to LHIN planning and reporting needs and the tracking and monitoring of HSP reports to the LHIN
IHSP & Local Health Care System Project Support	Provide data and methodological support for IHSP2 Priorities for Development and conduct research on health disparities affected by geography, socio-economic status, rurality, and ethnic origin.
Performance Assessment, Reporting, and Projection	Provide descriptive and inferential analyses to better understand population health status and health care system utilization. Projects supported include ReCAP (Addictions and Primary Health Care Profile), data analysis for MLAA indicators & various SAA indicators.
Analytical Collaboration	Support the development of enhanced and collaborative analytical capacity among the LHIN, its HSPs and the area Public Health Units. Initiatives include a number of training seminars as well as a skill development workshop for decision support analysts in the LHIN.
Ad hoc Data Requests	Support mission critical objectives of Executive, and LHIN staff through expedited data analysis and reporting.
Community Back Office Integration	Phase I of this project is complete. Community recommended options for back office transformation have been approved by the South East LHIN Board of Directors. 2011-2012 will see the implementation of back office integration of finance, compensation and benefits, purchasing, Information Technology, training and knowledge management across the CSS, CMHA, and CHC sectors
Consistency with ministry priorities	Our goals support projects which enable the LHIN to meet provincial and local health system objectives.

Action Plan / Interventions

"we will deliver on the following"	% completion		
	2011/12	2012/13	2013/14
Database development	Ongoing	Ongoing	Ongoing
IHSP / Project Support	Ongoing	Ongoing	Ongoing
Performance Assessment Reporting	Ongoing	Ongoing	Ongoing
Collaboration	Ongoing	Ongoing	Ongoing
Ad-Hoc Data Requests	Ongoing	Ongoing	Ongoing
Back Office Integration Project	50%	50%	

Measuring success

We will measure success through implementation of LHIN projects requiring data support, and successful implementation of Back Office Integration Project.

6 LHIN Staffing and Operations

Template B: LHIN Operations Spending Plan					
LHIN Operations ($)	2009/2010 Actual per AFS	2010/2011 Allocation	2010/2011 Planned Expenses	2011/12 Planned Expenses	2012/13 Planned Expenses
Operating Funding	**4,711,569**	**4,782,269**	**4,782,269**	**4,782,269**	**4,782,269**
Salaries and Wages	2,711,299	2,716,958	2,703,919	2,815,055	2,870,156
Employee Benefits					
HOOPP	250,426	287,309	283,912	295,581	301,366
Other Benefits	288,734	311,252	307,158	319,863	326,123
Total Employee Benefits	***539,160***	***598,561***	***591,070***	***615,444***	***627,489***
Transportation and Communication					
Staff Travel	118,990	105,000	100,000	95,000	90,000
Governance Travel	33,758	39,780	29,000	30,000	30,000
Communications	52,480	60,000	41,000	45,000	42,900
Other Transport and Communication	92,742	64,084	10,000	8,100	3,100
Total Transportation and Communication	***297,970***	***268,864***	***180,000***	***178,100***	***166,000***
Services					
Accommodation	152,006	139,100	204,653	279,573	281,573
Advertising	1,957	5,000	1,000	2,500	1,500
Banking	40	40	200	200	200
Consulting Fees	94,381	64,840	79,086	72,257	37,802
Equipment Rentals	11,839	8,800	2,000	2,000	2,000
Governance Per Diems	165,752	200,000	145,000	175,000	175,000
Insurance - Operations Only	16,319	16,606	17,640	17,640	17,640
LSSO Shared Costs	362,714	350,000	319,556	319,556	319,556
LHINC	12,286	50,000	50,000	50,000	50,000
Other Meeting Expenses	36,483	67,000	36,800	28,500	28,500
Other Governance Costs	48,666	33,000	18,000	24,000	24,000
Printing & Translation	12,887	61,600	33,100	37,500	20,500
Staff Development	84,282	55,000	55,000	65,000	65,000
Other Services	44,541	70,700	171,528	19,786	18,790
Total Services	***1,044,153***	***1,121,686***	***1,133,563***	***1,093,512***	***1,042,061***
Supplies and Equipment					
IT Equipment	65,137	34,000	95,500	31,000	29,000
Office Supplies & Purchased Equipment	53,850	42,200	78,217	49,158	47,563
Total Supplies and Equipment	***118,987***	***76,200***	***173,717***	***80,158***	***76,563***
LHIN Operations: Total Planned Expense	**4,711,569**	**4,782,269**	**4,782,269**	**4,782,269**	**4,782,269**
Variance	**0**	**0**	**0**	**0**	**0**

Template C: LHIN Staffing Plan (FTE)					
Position Title	**2008/09 Actuals**	**2009/10 Actuals**	**2010/11 Actuals**	**2011/12 Plan**	**2012/13 Plan**
Chief Executive Officer	1.00	1.00	1.00	1.00	1.00
Executive Assistant to CEO	1.00	1.00	1.00	1.00	1.00
Administrtive Assistant - Board	0.70				
Board Coordinator	0.20	1.00	1.00	1.00	1.00
Communications and Community Engagement Specialist	0.70	0.92	1.00	1.00	1.00
Manager Corporate Services/Controller LHIN Operations	1.00	0.75			
Director Corporate Services/Controller		0.25	1.00	1.00	1.00
Corporate Services Assistant - PT	0.70	0.70	0.70	0.70	0.70
Corporate Service Assistant - FT	1.00	1.00	1.00	1.00	1.00
Senior Director, Performance, Contracts and Allocation (PCA)	1.00	0.60			
Chief Operating Officer		0.40	1.00	1.00	1.00
Senior Director, Planning, Integration and Community Engagement (PICE)	1.00	0.58			
Administrative Assistant, Snr Director PCA	1.00	0.60			
Senior Administrative Assistant, COO		0.40	1.00	1.00	1.00
Administrative Assistant, Snr Director PICE	1.00	0.60			
Progect Assistant - PCA	1.00	0.75			
Project Assistant - (1)		0.25	1.00	1.00	1.00
Project Assistant - PICE	1.00	0.75			
Project Assistant - (2)		0.25	1.00	1.00	1.00
Sr Consultant Performance and Funding	1.00	0.75			
Director, Performance Optimization		0.25	1.00	1.00	1.00
Sr Consultant Performance and Funding	1.00	1.00	1.00	1.00	1.00
Sr Consultant Performance and Contracts	1.00	1.00	1.00	1.00	1.00
Finance Lead HSP TPs	1.00	0.75			
Director, HSP Funding and Allocation		0.25	1.00	1.00	1.00
Sr Data Analyst and Integration Consultant	1.00	1.00	1.00	1.00	1.00
Sr Financial Analyst	1.00	1.00	1.00	1.00	1.00
Financial Analyst	0.60	1.00	1.00	1.00	1.00
Sr Epidemiologist / Consultant Planning and Integration	1.00	0.75			
Director, Knowledge Management		0.25	1.00	1.00	1.00
Health System Design Specialist	1.40	2.00	2.00	2.00	2.00
Sr Integration Consultant	0.75	0.00	0.00	0.00	0.00
Sr Integration Consultant	1.00	0.75			
Director, Local Health System Development		0.25	1.00	1.00	1.00
Data Analyst and Integration Consultant	0.00	0.90	1.00	1.00	1.00
Project Assistant - (3)		0.20	1.00	1.00	1.00
Project Assistant - (4)		0.20	1.00	1.00	1.00
Financial Officer		0.20	1.00	1.00	1.00
Project Assistant - (5)			0.25	1.00	1.00
Identified in prior ABP processes (on hold):					
Planning and Integration Consultant					
Community Engagement Consultant					
Staffing Total FTE's	**23.05**	**24.30**	**25.95**	**26.70**	**26.70**
Ancilliary Funded Projects (MOHLTC and LHIN Operations)					
Director/CIO, e-Health System Development	1.00	1.00	0.75	1.00	1.00
e-Health Project Manager	0.40	1.00	1.00	1.00	1.00
e-Health Project Manager	0.40	1.00	1.00	1.00	1.00
ER/ALC Lead	0.41	1.10	1.10	1.10	1.10
ED Lead	1.00	1.00	1.00	1.00	1.00
French Language Services Coordinator			1.00	1.00	1.00
Health Force Ontario Coordinator	1.00	1.00	1.00	1.00	1.00
Critical Care Lead		1.00	1.00	1.00	1.00
Ancilliary Funded Projects Total FTE's	**4.21**	**7.10**	**7.85**	**8.10**	**8.10**
Student Interns					
SE LHIN	0.33	0.20	0.70	0.70	0.70
e-Health		0.80	1.00	1.00	1.00
TOTALS	**27.26**	**31.40**	**33.80**	**34.80**	**34.80**

Comments

This plan aligns with, and is in support of (a) the SE LHIN Strategic Plan and IHSP Priorities, and (b) the MOHLTC/LHINs Operational Effectiveness Review and subsequent reorganization undertaken by the SE LHIN during 2009. Three positions are listed in LHIN Operations that were input to the prior year ABP for 2010 onward; they have not been counted into the current ABP due to funding pressures.

LHIN Staffing and Operations – Narrative

The LHIN Operations base allocation establishes the annual financial resources with which the LHIN funds internal operating expenditures and staffing resources. The operating resource requirements for 2010/11, 2011/12, and 2012/13 are aligned to the Ministry's key message, "*The 2011 Annual Business Plan (ABP) is a plan to spend the upcoming year's allocation. It is not a request for new funds*".

This ABP was developed with the following key assumptions for the planning period (2011/12 and 2012/13):

a. The 2010/11 funding allocation establishes the planning period baseline with no revenue increase forecasted.

b. The LHIN must adhere to a "balanced budget" approach.

c. The 2010/11 Full Time Equivalent (FTE) count is constant over the planning period.

d. The compensation strategy is aligned with the provincial approach and ministry direction.

e. The LHIN office relocated February 2011. This will effectively reduce the cost of travel and meeting expenses as the new office has sufficient meeting space based on historical need.

f. The LHIN will partner with the ministry on expenses related to the ER/ALC ancillary funded program so as to ensure adequate resourcing for this initiative.

g. Capital expenditures in future years will yield minor capital investment as it relates to IT equipment replacement based on breakage or life cycle replenishment.

With no forecasted increase in revenue over the planning period, and late determination one-time project funding levels, some key resource pressures have been identified for 2011/12 and 2012/13. These include:

a. **Staff Resourcing**: In the 2010 Annual Business Plan, the LHIN identified the requirement of three additional FTEs as part of the staffing plan. Two of the three positions have been placed on hold and are not identified as part of the FTE count in the 2011-2012 ABP Staffing Plan. The impact of this will result in further workload capacity issues within existing staff resources; employee retention issues may be an outcome of this pressure.

b. **Emergency Room/Alternative Level of Care (ER/ALC)**: Due to limited one-time annual funding provided, the LHIN is required to utilize its financial resources to fund approximately 30% of the total costs. This adds pressure to the LHIN Operations Salary & Wages, Meeting Expenses, Travel, and Development line accounts.

c. **French Language Services (FLS)**: Limited annual funding is provided for this initiative; however, the LHIN will likely be required to utilize its existing financial resources to fund part of the total costs in order to ensure FLS can be fully operationalized both internally and externally. As internal resources are called upon to support this initiative, further pressure on the LHIN Operations line will be experienced; adding additional pressure to budget availability.

d. **Ancillary Funded Project Initiatives**: These are funded as a one-time annual allocation by the ministry. Funding for these initiatives has been identified in Q3 each year. The LHIN notes that providing funding confirmation in Q3 could result in unintended consequences relating to program start-up and cash flow considerations.

LHIN Executive Office Cost Restraint

In the Ontario Budget released on March 29, 2011, the government announced that it would be requiring certain government agencies and broader public sector organizations to reduce the cost of their executive offices by 10% over two years (5% each year).

Reducing the growth of executive office costs across the public sector of the province is a prudent measure to ensure that taxpayers are receiving maximum value, and will help ensure the sustainability of public services. The LHIN is required to comply with this measure. Ontario's LHINs are working with the ministry to ensure that all LHINs define and manage the reduction in a consistent manner.

The South East LHIN will reallocate 5% of its Executive Office funding in each of the 2012 and 2013 fiscal years.

7 Communications Plan

Objectives

- Tell the story about the LHINs goals for the local health care system in the South East to the ministry, health service providers and the community-at-large.
- Build awareness and understanding of the LHIN's continuing role in managing the local health care system.
- Demonstrate the LHIN is building a true system of integrated health care that optimizes the use of resources
- Build an informed community.

Context

- The ABP is part of the Annual Service Plan which includes the ABP, quarterly reporting, and the Annual Report.
- The Annual Service Plan is required of all provincial crown agencies to demonstrate transparency and alignment with government priorities.
- The ABP articulates the immediate operational priorities of the LHIN to government, our health service providers, and our residents, and demonstrate how we intend to achieve our priorities for development articulated in our Integrated Health Services Plan.

Target Audiences

- Ministry of Health and Long-Term Care
- Local Members of Provincial Parliament
- The South East LHIN Board of Directors
- Regional news media
- South East LHIN Health Service Providers
- Other LHINs
- Ontarians living in the South East LHIN geographic area

Strategic Approach

- **December 2010**: Submission of Draft ABP to South East LHIN Board for approval for submission to MOHLTC.
- **January 2011**: Submission of Draft ABP to MOHLTC.
- **February 2011**: Heads-up to HSPs where a potentially sensitive issue is raised (LHIN CEO or Senior Consultant, as appropriate - copy of ABP to be provided).
- **After final version of ABP is submitted to MOHLTC**: Heads-up to area MPPs, and HSPs (if changed from February draft).

Tactics

Once ABP is accepted by MOHLTC:

- Post ABP on LHIN Public Website
- 'Soft' media release regarding plan
- Highlights of ABP in "*LHIN*fominute" communiqué
- Automatic web-update to subscribers
- Broadcast email to Health Service Providers indicating that the ABP is available online.

Acronym Table

AAH	Aging At Home
ACFO	Association canadienne-francais de l'est de l'Ontario
ACTT	Assertive Community Treatment Team
ALC	Alternate Level of Care
ASP	Annual Service Plan
CAPS	Community Annual Planning Submission
CCAC	Community Care Access Centre
CCHS	Canadian Community Health Survey
CHA	Community Health Assessment
CHC	Community Health Centres
CHRA	Citizens' Regional Health Assembly
CMH CAP	Community Mental Health Common Assessment Project
CSI	Consumer/Survivor Initiative
EASIER+	Eldercare Access Strategy in the Emergency Room – Plus
EMS	Emergency Medical Services
ER / ED	Emergency Room / Emergency Department
FCMS	Frontenac County Mental Health Services
FLO	The term "Flo" was coined by the (now) Centre for Healthcare Quality Improvement to brand its quality improvement project targeting processes of care issues, called the Flo Collaborative (Flo). Its aim is to improve patient transitions from acute care hospitals to subsequent care destinations.
HFO	HealthForce Ontario
HSP	Health Service Provider
HSRC	Health Services Restructuring Commission
IHSP	Integrated Health Services Plan
InterRAI	"Residential Assessment Instrument" developed by a collaborative network of researchers in over 30 countries who develop evidence-based instruments to support clinical practice and policy development for care of the frail, elderly and disabled.
-CHA	Community Health Assessment
IRTR	Integrated Real-Time Referral
KGH	Kingston General Hospital
LHIN	Local Health Integration Network
LHSIA	*Local Health System Integration Act, 2006*
LTC	Long-Term Care
LTCH	Long-Term Care Home
MLAA	Ministry-LHIN Accountability Agreement *(superseded by…)*
MLPA	Ministry-LHIN Performance Agreement
M-SAA	Multi-sector Service Accountability Agreement
MOHLTC	Ministry of Health and Long-Term Care
OHA	Ontario Hospital Association
OMA	Ontario Medical Association
OWTS	Ontario's Wait Times Strategy
PMO	Project Management Office
ReCAP	Regional Capacity Assessment and Projection
ROHCG	Royal Ottawa Health Care Group
SMILE	Seniors Managing Independent Living Easily
VON	Victorian Order of Nurses
WTIS	Wait Times Information System

2011- 2012

Annual Business Plan

Final

Submitted to the Ministry of Health and Long-Term Care
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South East LHIN
71 Adam Street
Belleville ON K8N 5K3
Tel: (613) 967-0196
Toll Free: (866) 831-5446 (LHIN)
Email: southeast@lhins.on.ca

www.SouthEastLHIN.on.ca

Chair: Wynn Turner (Acting)
CEO: Paul Huras

Media info: Michael.Alexander@lhins.on.ca

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South East Local Health Integration Network

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