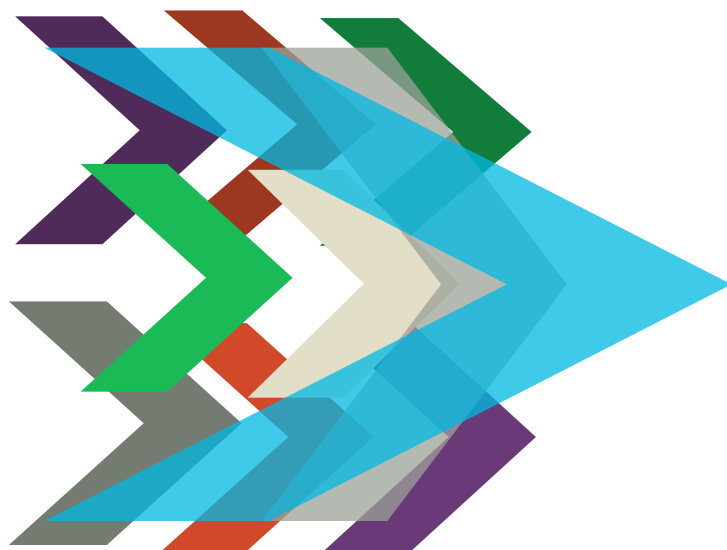


South East **LHIN**

2012-2013 ANNUAL BUSINESS PLAN

EVOLVING
LOCAL HEALTH **SYSTEM**
ALIGNMENT



Local Health Integration Network
South East



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Provenance:

Original Submission to MOHLTC: Jan 2012



TRANSMITTAL LETTER

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June 2012

Rachel Kampus
Acting Assistant Deputy Minister
Health System Accountability and Performance Division
Ministry of Health and Long Term Care

Dear Ms. Kampus:

The South East LHIN is pleased to present our 2012-2013 Annual Business Plan.

Building upon the success we have already achieved across the ten major priority areas identified in our Integrated Health Services Plan (IHSP2) – we are confident this current Business Plan accurately applies lessons learned as we continue to move forward in accomplishing our defined goals and objectives throughout the coming year.

We are equally as confident that our Annual Business Plan strikes the necessary – sometimes delicate – balance in its alignment with overall provincial priorities, while still addressing the unique regional and local needs that will ensure our residents continue to benefit from improved access to quality care. The South East LHIN is proud, for example, to have been one of four early-adopter LHINs in developing a strategy to implement the province-wide Behavioural Supports Ontario initiative that will unfold throughout our region in innovative, effective ways over the year ahead. And we are just as proud that our South East Clinical Services Roadmap is poised for implementation in a manner that will bring our residents measurably closer to a regional system of truly integrated care.

Our 2012/2013 Annual Business Plan sets out a visionary yet viable path that will guide us well in accomplishing our goals. Perhaps more importantly, it is framed in a context that enables us to achieve operational progress while accommodating the challenging fiscal realities with which we are faced.

I am especially grateful to the staff of the South East LHIN for their hard work and dedication in helping to shape and articulate this comprehensive and workable plan.

Wynn Turner
Board Chair
South East Local Health Integration Network





MANDATE & STRATEGIC DIRECTIONS

THE SOUTH EAST LOCAL HEALTH INTEGRATION NETWORK

(South East LHIN) is accountable to the Minister of Health and Long-Term Care to achieve the objects set out in the *Local Health System Integration Act, 2006*. Our accountabilities include the following:

We plan, fund, and integrate the local health system in order to achieve:

- **Appropriate, co-ordinated, effective and efficient** health services
- A local health system that **meets the needs of its residents** by planning for our communities' evolving health needs
- **Transparency and due process** by ensuring that providers can appropriately respond to concerns people raise about the services they receive
- **Health system sustainability** through economic efficiencies and by ensuring effective and efficient management of our human, materiel and financial resources
- **Health system accountability** by entering into accountability agreements with our providers and establishing and ensuring achievement of performance standards
- **High quality and well-coordinated health care services** within and among the LHINs, and across the province
- **An improved local health system** by making recommendations to the Minister

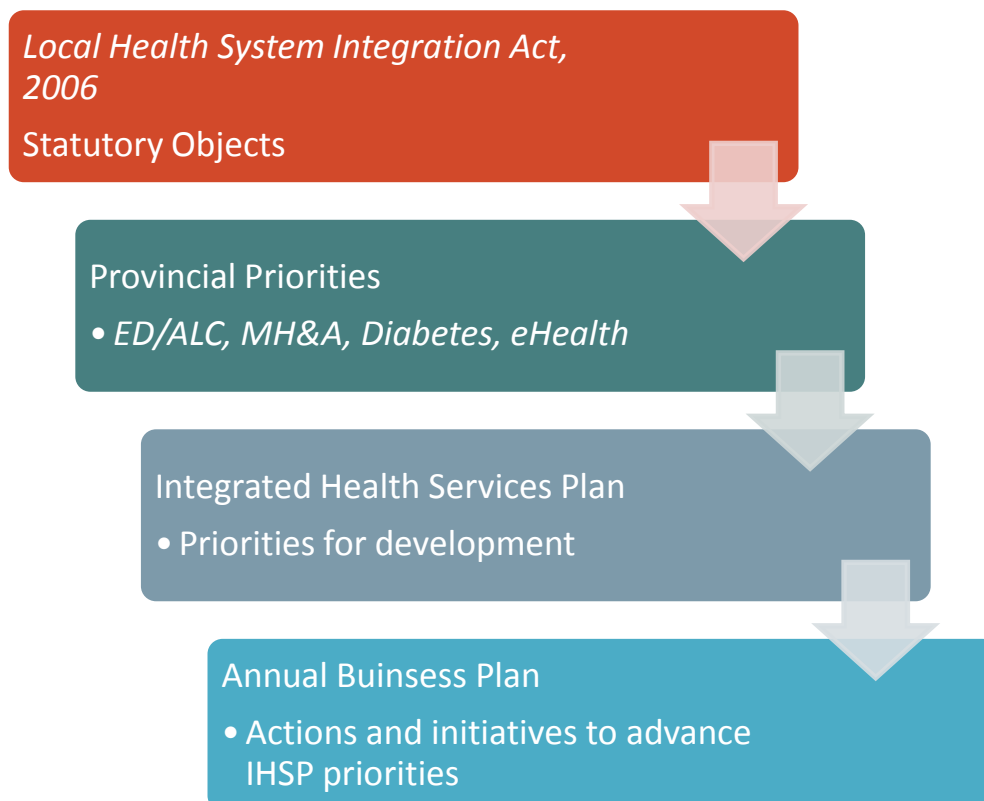
Additionally, the LHIN is to participate provincially in order to achieve:

- An **improved provincial health system** by cooperating with the Minister in the development of the provincial strategic plan, systems management, program and services development and other planning activities
- **Improved local and provincial integration** through co-operation with providers, other LHINs, and provincial service providers

And achieve these objects through:

- **Engaging diverse communities** in the local health system in our planning and priority setting for the local health system; including Franco-Ontarians and First Nation and Métis peoples living within the LHIN
- **Evaluating, monitoring reporting and acting to improve the performance** of the local health system and the services it provides with emphasis on access, and improving health services utilization, coordination, and integration
- **Knowledge transfer** on best practices among other LHINs and health service providers

Figure 1 LHIN Prioritization Framework





OVERVIEW OF PLANNED ACTIVITY

2012-2013 Primary Projects

System improvement is the focal point for the LHIN in 2012-2013. Extensive consultation with our communities has informed our collaboration with health service providers to reinforce the foundation of the local health system - preparing it for additional improvement. Our projects will ensure that our residents receive 21st century health care services relevant to their health care need, and available when they need them.

Our projects for this year reflect the LHIN's intention of achieving both local and provincial health system priorities. The high degree of alignment between the LHIN's and Ontario's priorities (see figure 3) ensures that local projects achieve both local and systemic improvement.

Regional Clinical Services Roadmap

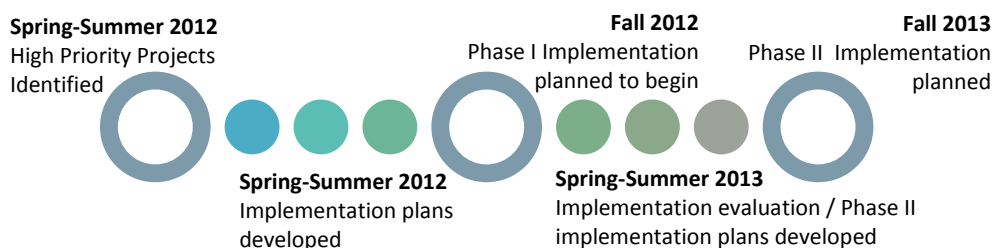
Launched in July 2011, the Regional Clinical Service Roadmap project (Roadmap) will improve the efficiency, sustainability and accessibility of local health services. The system changes, and the plans to implement them, were developed by front-line clinical staff ensuring that changes are both meaningful and practical.

In the fall of 2011, LHIN staff and our hospitals and the community care access centre (CCAC) began prioritizing Roadmap implementation projects. The prioritization is intended to ensure that necessary system components are in

place at the right time to support further projects, and to ensure that the collective efforts of LHIN and provider teams are employed effectively. The efficient implementation of the Roadmap minimizes the risk of confusion regarding the purpose or intended outcomes from the change. It also affords our providers the opportunity to accelerate the culture change embedded in the Roadmap through collaborative system planning.

The outcome of the RCSR will be a regional system of integrated care that improves access, quality, and efficiency while reducing administrative barriers.

Figure 2 Regional Clinical Services Roadmap Implementation Timeline



Behavioural Supports Ontario

The South East LHIN is one of four early-adopters of a provincially lead clinical service redesign supporting people with responsive behavioural issues and their families. Local provider response to the project has been enthusiastic and formative in the development of both the South East LHIN strategy as well as planning to support implementation with our designated LHIN partners. Ongoing health service provider leadership is a key factor to this project's successful implementation and ongoing operation.

Figure 3 Local-Provincial Alignment

With 50% of our priorities aligned (*italics*), the LHIN can direct its focus on successful achievement of these priorities locally; effectively navigating local cultural and organizational barriers in the best interests of our communities.

To learn more about South East LHIN's Priorities for Development, download [Reaching for Excellence](#), the LHIN's second Integrated Health Services Plan



Provincial Health System Priorities

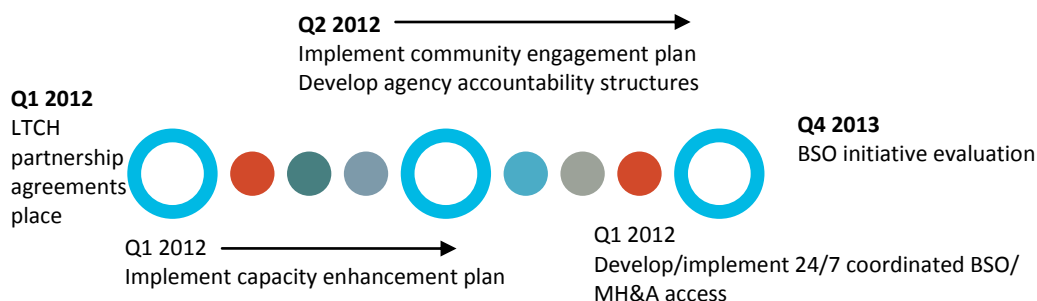
- *Emergency Department Service Improvement*
- *Alternative Level of Care reduction*
- *Diabetes service improvement*
- *Mental Health and Addictions service improvement*
- *Responding to the needs of diverse communities*
- *eHealth*
- Providing high quality care everywhere
- Supporting people at home & encouraging self care
- Improving access to health care.
- Enabling and facilitating innovation
- Ensuring smarter healthcare spending
- Preventing illness and injury



South East LHIN Health System Priorities

- *Improving access to Emergency Department Care*
- *Reducing the incidence and prevalence of ALC*
- *Implementing the Ontario Diabetes Strategy*
- *Improving mental health and addictions services capacity*
- *Expanding culturally and linguistically sensitive health services*
- *Furthering access through eHealth*
- Enhancing a culture of patient centred care
- Developing a system of primary care
- Developing regional program management
- Advancing system improvement through boards working together

Figure 4 BSO Initiative key milestones



Integrated Emergency Department /Alternate Level of Care (ED/ALC) strategy

Developed in response to the ministry's request for innovation as part of its Aging at Home Strategy, the South East LHIN implemented an integrated, cohesive, and adaptable plan to address ED/ALC issues. Developed in consultation with area seniors, the LHIN identified 'tipping points' in the health and well-being of seniors, and developed strategies to:

- assist this population to maintain independent living at home; and,
- avoid illness or injury which would require the use of emergency departments or admission to hospital.

Seniors Managing Independent Living Easily (SMILE) the LHIN's first program launched under the strategy, was fully subscribed in December 2010, and made substantive improvements to waits for Long-Term Care Homes (additional information is available in our [Annual Reports](#).)

Reducing 30 day hospital re-admissions. The LHIN is committed to improving access to high quality inpatient care. Our hospitals will be working with us to identify patients and/or conditions that have a high risk of readmission to hospital within 30 days of discharge.

Adapting the strategy. The LHIN has recently completed value-for-money reviews of all projects funding through the Aging at

Home envelope and will be using the results to better target these resources. Our first priority is to support seniors living independently and reducing the risk of their becoming regular users of the emergency department and the hospital 's inpatient units due to a lack appropriate community support. All of our ED/ALC projects share a common goal: They provide a clear and direct benefit to patients; the cumulative effect of which is improvement to local health system indicators of access and performance

Improving primary health care planning alignment

The LHIN and ten of our 15 Family Health Teams have agreed to a Memorandum Supporting Collaboration (MSC). The MSC provides a shared understanding of how the LHIN and area primary care providers will coordinate their planning to ensure that work efforts are complementary and advance patient centred care. Participation in planning with the LHIN through the MSC will be extended to all group family practices operating in the south east, as well as the nurse practitioner clinic in Belleville.

Mental health divestment activities

The interim transfer of the acute mental health beds situated at the divested Brockville Psychiatric Hospital (Elmgrove) is scheduled to occur within the next 12 to 18 months, pending completion of necessary renovations at Brockville General Hospital. Brockville General Hospital will be assuming responsibility for the acute beds in March 2012, and will operate them from their current location until the interim beds are ready. Long-stay institutional mental health patients continue to be transferred to community-based care services from the divested psychiatric hospitals in Brockville and Kingston. In response to ongoing experience with local health system needs, a nine-bed increase in the number of adult

treatment and rehabilitation beds was supported by the LHIN for the new construction of our specialty psychiatric hospital. There was no change in the overall bed count.

Health Equity, Care Quality, and Patient Safety

The *Excellent Care for All Act, 2010* reinforced the government's commitment to high quality patient care, patient safety and health equity. **Quality Improvement Plans.** The South East LHIN worked proactively with our hospitals as they developed their Quality Improvement Plan (QIP) and began planning with the CCAC for their QIP this past January. Three of our seven hospitals chose to implement medical reconciliation programs as part of their quality plan – identified by eHealth Ontario as a key enabler of patient safety.

Healthcare Acquired Infections. A renewed local commitment to reduce the number of healthcare acquired infections (HAI) will be bolstered by regional infection control surveillance system. The system, funded by the Regional Infection Control Network and operating in all hospitals, provides infection control practitioners with up-to-date information on infectious outbreaks, improves access for transferred patients with an infection, and reduces the risk of infection transmission to other patients.

Reducing Falls. The LHIN is collaborating with district health units to coordinate strategies to reduce falls and associated injuries in the community, our long-term care homes and hospitals.

Health Equity Impact Assessments. Health equity impact assessments are one way the LHIN can proactively influence population health by seeking out and eliminating any institutionally based biases in programs or services. Health

service providers were introduced to this approach in fall of last year, and the first four impact assessments were completed and submitted in March.

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

- Reinvestment of savings achieved by providers in patient care services
- A sustainable operating infrastructure for our community providers, allowing them to focus on their care mandate
- Improved accountability and planning capacity through consistent data collection and reporting.

These areas include: finance, 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 advance operational priorities. Board to board contact regarding the Regional Clinical Services Roadmap project provided a necessary bolster to hospitals' senior administrators, allowing planning work to proceed.

The Board is committed to leadership through example, and has realigned its committee structure and employed prospective budgeting practices to ensure that committee work is relevant to the Board's deliberations and that the maximum value for money is obtained. Savings from the realignment are being reinvested into educational opportunities for both our LHIN Board members as well as the boards of our health service providers. The focus of this education is integration and

broader fiduciary responsibility in a publicly funded health system. The Board is evaluating options for community engagement in advance of the second phase of our Roadmap project and the upcoming planning for the next Integrated Health Services Plan. Engagement priorities include the leveraging of technology that affords all residents the opportunity to be heard.

LHIN Accountability

Ministry-LHIN Performance Agreement (MLPA). The LHIN will continue to meet our obligations to the Ministry of Health and Long-Term Care as provided in our memorandum of understanding and the Ministry LHIN Performance Agreement (MLPA)

Executive Office Cost Restraint. In the Ontario Budget released on March 29, 2011, the government announced the requirement that certain government agencies and broader public sector organizations reduce the cost of their executive offices by 10% over two years (5% each year).

Reducing the growth of executive office costs in broader public sector is a prudent step towards maintaining health system sustainability. The LHIN will ensure that our hospitals, the CCAC and any other agencies designated by the ministry fully comply with this requirement.

Commission on the Reform of Ontario's Public Services. The direct and downstream impacts of the Commission's findings will potentially have impact on the local health system. The LHIN has reviewed the Commission's mandate and is confident that the LHIN's priorities and our work plan support the Commission's goals.



ENVIRONMENTAL SCAN

Planning requirements

Reaching for Excellence, the LHIN's second Integrated Health Services Plan (IHSP2) provides a detailed description of the operational, geographic, and demographic environments in which the South East LHIN and its providers operate. As the LHIN continues its development of a regional system of integrated health care, we have ensured that implementation teams are mindful of factors such as age, transportation, and social supports when developing their plans. Additionally, consideration of our Francophone populations, First Nations and Métis peoples and any others whose situations may limit their access to the local health system need to be considered in plan development.

In addition to these important equity considerations, the LHIN is also mindful of other important local factors that have bearing on the successful implementation of our priorities for development.

Large rural population

With nearly half of our residents living in rural areas, the South East LHIN and our providers continue to evaluate the costs and the benefits of site location and local program availability against the efficiency gains of high volume, high quality regional facilities. While both levels of care are reasonable and appropriate, striking the correct balance between them, and finding new and innovative service delivery models, ensure sustainability and accessibility of the health system is maximized.

Change readiness in a systems environment

The pace of change in south eastern Ontario is characterized by a strong desire for consultation and risk identification prior to implementing change. Effective change management is achieved through both acknowledging resistance to change and demonstrating (where possible) the positive results of changes already made. Local health leadership have consistently sought additional time to assess major change management projects, like the Roadmap project, so that they have confidence in the expected outcomes. The LHIN has recognized and honoured these requests, modestly slowing down our original schedule by approximately 12 months. As the benefits of implemented changes manifest, the LHIN expects these evaluation periods to become smaller over time, with health service leadership having greater confidence in our change management approach.

Health service provider performance

The South East LHIN has a progressive, graduated approach to provider management when accountability agreement obligations cannot be met. Two health service providers are currently operating under enhanced performance monitoring: one with a mandate to improve organizational capacity, the other to meet benchmark efficiency levels.

Anywhere, anytime in Ontario

With the exception of services provided by the CCAC, any person who is insured through the Ontario Health Insurance Plan has the right to access care at any facility in Ontario. Put more plainly, nobody can be refused care because they are in another part of the province. The LHIN



DEVELOPING A SYSTEM OF PRIMARY HEALTH CARE

Description	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. (précis: for full description, please see the South East LHIN's IHSP)								
Current Status	Access: The South East LHIN has one of the best utilization rates for Health Care Connect with 98% of residents who want a primary care providing one getting one. There remain some pockets of the LHIN which have issues with access, South Lanark County being a prime example Planning Coordination: 10 of the 15 family health teams and one family health organization in the south east signed a memorandum supporting collaboration with the LHIN. This non-binding document provides a venue for the family health teams, community health centres, the LHIN and selected providers to collaborate on how best to meet the healthcare needs of our residents through greater service coordination. Innovative service delivery: A trial in south Lanark County is now underway at the Merrickville District Community and Health Services Centre (Merrickville CHC) that leverages nursing staff to maximize primary care service delivery and places a requirement on patients to attend training in chronic disease self-management, should they have one. The hypothesis is that by providing training on self management during times of relative good health, individuals will be better positioned to maintain that health or better manage any sudden declines. Capital construction: The ministry is now leading the capital development phase for the North Kingston CHC satellite in Napanee . LHIN staff participation is now focused on supporting the CHC as they develop 15 year population planning model to assist in current and future space planning. The Quinte West CHC's Trenton location, square footage and base programming was re-endorsed by the LHIN board in October.								
Goals	• Through the primary care program being trialed at Merrickville CHC develop and implement a sustainable primary health care model that appropriately places responsibility on the individual. • Work with primary care group practices and the CCAC to improve client access and case manager reports to physician • Extend planning coordination to all primary care group practices in the South East • Support the development of a chronic pain management program								
Alignment to Government Priorities	<table> <tr> <th data-bbox="264 1772 860 1848">Provincial Health System Priorities Italicized titles indicate direct local-provincial alignment</th><th data-bbox="860 1772 1570 1848">South East LHIN Priorities for Development</th></tr> <tr> <td data-bbox="264 1848 860 1890"><i>Emergency Department Service Improvement</i></td><td data-bbox="860 1848 1570 1890"><i>Improving access to ED care</i></td></tr> <tr> <td data-bbox="264 1890 860 1932"><i>Alternate Level of Care reduction</i></td><td data-bbox="860 1890 1570 1932"><i>Reducing the incidence and prevalence of ALC</i></td></tr> <tr> <td data-bbox="264 1932 860 1997">Supporting people at home & encouraging self care</td><td data-bbox="860 1932 1570 1997"></td></tr> </table>	Provincial Health System Priorities Italicized titles indicate direct local-provincial alignment	South East LHIN Priorities for Development	<i>Emergency Department Service Improvement</i>	<i>Improving access to ED care</i>	<i>Alternate Level of Care reduction</i>	<i>Reducing the incidence and prevalence of ALC</i>	Supporting people at home & encouraging self care	
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Supporting people at home & encouraging self care									



The South East LHIN will deliver on the following action	2012-2013		2013-2014		2014-2015	
	Status	%	Status	%	Status	%
Evaluate (and if supportable, deploy) chronic disease primary care model	In progress	60	In progress (evaluation)	90	Expansion	
Extend planning coordination to all primary care group practices	In progress	50	Continuing	90	Completed	
Improve primary care/community client access to CCAC assessment and services	Commencing	20	In process	60	Completed	
Support development of a Chronic Pain Management Program	Ongoing		Ongoing		Ongoing	

Success Measures	Goal / objective / strategy	Measure
	Evaluate chronic disease primary care model	Conduct evaluation of in 2012-2013
	Extend planning coordination to primary group practices	100% of primary group practices contacted, provided with information and draft MSC
	Improved primary care / Community client access to CCAC	To be determined with Family Health Teams
	Chronic pain management program	One key component of the proposed strategy is implemented in 2012-13, 2013-14, and 2014-15
Risks, barriers and mitigation	Risk / barrier to implementation	Mitigation plan
	Project is not well understood by wider community and therefore is not well received	Develop clear communication plans which take nothing for granted. Ensure full information is made available to all stakeholders
Key enablers	Goal / objective / strategy	Enabler
	Chronic pain management	Highly motivated cross-section of health care providers leading the initiative
	Improved CCAC access	Family health teams and CCAC have expressed their intentions collaborate



ENHANCING A CULTURE OF PATIENT CENTRED CARE

Description

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 at all points along the service continuum, where the needs of the patient and the population drive utilization and deployment of resources. A culture of patient centred care can ensure our system is integrated and appropriately responds to the needs of the individual and the population. (précis: for full description, please see the South East LHIN’s [IHSP](#))

Current Status

The LHIN continues to work with community based providers and regional hospitals to evolve a transportation framework that addresses the needs of all South East LHIN residents—from the acutely ill to those with chronic conditions. Transfer protocols for critical care patients through to community volunteer-based transportation services (augmented by our health vans) span the transportation continuum being addressed.

The LHIN and providers are developing common standards, protocols, scheduling and repatriation agreements to ensure consistency across the SE LHIN. When ready, this work will form the basis of a LHIN-wide tender for services that will ensure consistent, coordinated patient transfers.

The LHIN’s Health Van are fully operational and providing the required 10,700 one way trips annually. 2 of the 7 Vans have been retrofitted for handicap accessibility and are designed a LHIN-wide resource.

Improvements have been made for clients waiting for admission to a long-term care home. Regular reassessments of eligibility dropped the waits by half in the last year. Further improvements based on business process redesign, are expected as our CCAC continues to move to real-time reporting for LTCH waits.

Goals

- Produce a regional transportation framework that is comprehensive in nature, flexible in approach, and adaptive to community needs.
- Reduce 30 day readmissions for selected high priority conditions (case mix group)
- Implement ‘senior friendly’ changes to hospitals through improved service and facilities design and improved wayfinding
- support people through improved ‘hand off’ protocols between providers—particularly with the frail elderly, and adolescent mental health patients transitioning to adult care services

Alignment to Government Priorities

Provincial Health System Priorities

Italicized titles indicate direct local-provincial alignment

Emergency department service improvement

Mental health and addictions service capacity

Supporting people at home and encouraging self-care

South East LHIN Priorities for Development

Improving access to emergency department care

Improving mental health and addictions service capacity



The South East LHIN will deliver on the following action plans / initiatives:	2012-2013		2013-2014		2014-2015	
	Status	%	Status	%	Status	%
Finalize a regional transportation framework	Continuing (planning)	50	Continuing (tender/ launch	80	Ongoing	
Establish “real time” reporting of LTCH waits	Ongoing		Completed			
Implement ‘senior friendly’ design change and improved way-finding	All approved renovations		All approved renovations		All approved renovations	
Reduce the number of patients readmitted for selected CMGs within 30 days of discharge	Ongoing		Ongoing		Ongoing	
Implement standard protocols for the transfer of vulnerable clients between providers	Adolescent mental health	100	Hospital to CCAC (planned)		Hospital to community (planned)	

Success Measures	Goal / objective / strategy		Measure	
	Regional transportation framework		Improved capacity to transport clients to their required health destination efficiently and without bottleneck-related delays	
	Real-time LTCH wait reporting		Waits for LTCH placement are based on data generated within the prior 24 hours	
	Improved facility design		Improved patient satisfaction / reduced injuries unrelated to care	
	Improved wayfinding		Improved patient satisfaction	
	Standard transfer protocols		Improved patient satisfaction	
Risks, barriers and mitigation	Risk / barrier to implementation		Mitigation plan	
	Stakeholder set as a lesser priority		The framework is a material component of the Roadmap project. A framework must be established in order to facilitate redesign.	
	Facility design not seen as a priority		Patient satisfaction is a key component of current QIP and ongoing ECFAA initiatives	
Key enablers	Goal / objective / strategy		Enabler	
	Transportation framework		Roadmap project is now a catalyst for action	
	LTCH reporting		Improved business processes required for resource matching and referral implementation	
	Wayfinding / facility design		Patient satisfaction a growing component of HSP accountability	



IMPROVING MENTAL HEALTH & ADDICTIONS SERVICE CAPACITY

Description	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. (précis: for full description, please see the South East LHIN's IHSP)										
Current Status	The LHINs work in this area of development is closely linked with both the Regional Clinical Services Roadmap project and Behavioural Supports Ontario. The LHIN notes that divestment activities to place long stay mental healthpatients in community settings continue with both of our divested psychiatric hospitals working collaboratively with community partners to ensure appropriate placement. We continue to investigate mental health and addiction unplanned emerg visits to ensure that patients receive reasonable and appropriate care for their conditions. While the number of clients affected is low (which accounts for the high variability in the monitoring indicators) the issue is of sufficient importance to warrant investigation. Brockville General Hospital has received approval to plan from the ministry for the development of interim acute mental health beds in advance of their major redevelopment project. This will enable the hospital to be designated as a Schedule 1 facility under the <i>Mental Health Act</i> and facilitate the transfer of patients from the divested provincial psychiatric hospital (Elmgrove) in approximately 18 months.										
Goals	Roadmap goals include: • Identify cause(s) and affect solutions for unplanned mental health and addiction emerg visits • Outpatient standard of care for mental health patients • Improve transition from adolescent to adult mental health services Behavioural Supports Ontario goals include: • Implementing the redesigned model including improving provider capacity to manage responsive behaviours, implement agency accountability structures, and implementing 24/7 coordinated access • Addressing ALC access issues as they relate to patients with responsive behaviours Other goals include: • Implement the recommendations to improve care for clients with concurrent disorders • Ensure construction/launch of addiction supportive housing project										
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The South East LHIN will deliver on the following action	2012-2013		2013-2014		2014-2015	
	Status	%	Status	%	Status	%
Service improvements to reduce unplanned visits to emerg by mental health and addictions clients	Ongoing		Ongoing	50	Ongoing	75
Identification and quantification of service gaps for adolescent mental health clients transitioning to adult service providers	Ongoing	25	Ongoing (plan development)	50	Ongoing (plan implementation)	75
Develop/implement outpatient standard of care	Ongoing	50	Ongoing	50	Completed	
Implementing BSO objectives (including support for part-	Ongoing	25	Ongoing	80	Completed	

Success Measures	Goal / objective / strategy	Measure
	Service improvements implemented	Reduction of % unplanned visits as reported in Stocktake
	Service improvement for transitions in mental health	Identification of service gaps; development of plan to address gaps; implementation of plan; improved services
	Outpatient standard of care	Successful implementation
	BSO initiatives	Improved patient/family satisfaction, reduced ED/ inpatient admission with responsive behaviour as primary diagnosis, reduced ALC where responsive behaviour was limiting factor

Risks, barriers and mitigation	Risk / barrier to implementation	Mitigation plan
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Key enablers	Goal / objective / strategy	Enabler
	BSO initiative	Supportive provider network and strong project management team
	Regional Clinical Services Roadmap	Consistently applied change management strategy



DEVELOPING REGIONAL PROGRAM MANAGEMENT

Description	The LHIN believes that access to services can be improved through regional program management. Better system management of current regional resources would let us get more value and access within existing resources. Regional program management is about managing similar health services across the LHIN as a single, integrated program. Service delivered across multiple sites (like diagnostic imaging) could improve access and efficiency if patients were offered choices about how soon they wanted the service and if they were prepared to visit a hospital in another community to get care faster. (précis: for full description, please see the South East LHIN's IHSP)
Current Status	Both the Regional Clinical Services Roadmap and our Behavioural Support Services redesign projects are the LHIN's major efforts to create regional systems of integrated care that improves access, quality, and efficiency. Our work over the past year has focused on doing this in a way that makes sense, can be done by our providers, and within our current fiscal resources. Front line staff have developed plans to improve regional access to mental health & addictions (MH&A), surgery, cardiac, high risk neonatology, emergency department waits, health care acquired infections, and restorative care (which addresses ALC issues at source). Behavioural Support Services is realigning regional care to better meet the needs of people with responsive behaviours. These program elements are outlined in the Mental Health and Addictions priority for development. Projects under both initiatives are detailed under other priorities within this plan. This section provides high-level milestones for implementation of both initiatives
Goals	Roadmap goals: • Identify high priority projects (projects precedent to system-wide change) • Develop implementation plans and begin phase I implementation • Monitor implementation and confirm intended impact • Phase II planning and implementation initiated Behavioural Supports Services goals: • Implementing the redesigned model including improving provider capacity to manage responsive behaviours, implement agency accountability structures, and implementing 24/7 coordinated access
Alignment to Government Priorities	Provincial Health System Priorities <i>Italicised titles indicate direct local-provincial alignment</i> Mental health and addictions service improvement Alternate level of care reduction Ensure smarter healthcare spending Improving access to health care South East LHIN Priorities for Development Improving mental health and addictions service capacity Reducing the incidence and prevalence of ALC



The South East LHIN will deliver on the following action plans / initiatives:	2012-2013		2013-2014		2014-2015	
	Status	%	Status	%	Status	%
Roadmap high priority (projects precedent) identified	Commencing	100	Completed			
Roadmap phase I project plans developed / projects commence implementation	Commencing	50	Completed	100		
Roadmap phase II priority projects identified, plans developed, and implementation begins			Commencing	25	Continuing	
Please see Mental Health and Addictions Priority for Development for BSO goals						

Success Measures	Goal / objective / strategy	Measure
	Roadmap projects	Successful implementation of projects precedent (basis for all additional work)
	Behavioural support services projects	Reduction in utilization of emergency department / inpatient admissions / ALC designations for patients with responsive behavioural issues
Risks, barriers and mitigation	Risk / barrier to implementation	Mitigation plan
	Roadmap: provider reticence to project implementation	Continued application of change management approach developed through Roadmap process.
Key enablers	Goal / objective / strategy	Enabler
	BSO initiative	Supportive provider network



IMPROVING ACCESS TO EMERGENCY DEPARTMENT CARE

Description

Emergency departments 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 seen first in the emergency department. When appropriate access to and flow through an emergency department 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 departments. All LHINs view this as an essential priority for change. (précis: for full description, please see the South East LHIN’s [IHSP](#))

Current Status

The LHIN is accountable for three measures of performance regarding emergency departments and speak to wait times for accessing care. Uncomplicated, non-urgent emergency cases should be seen and discharged four hours of registering. Complicated, urgent, but not admitted patients should be seen and discharged within seven hours of registration. The LHIN is compliant with of these performance measures. The third measure is the time waited from registration to admission to an inpatient bed (“admits from emerg”) has improved somewhat, but not as much as the LHIN would have expected given the time and investment of resources made in this area. In addition to service waits, the LHIN will be encouraging hospitals to improve the design of their emergency departments as part of the “seniors friendly” initiative being implemented province-wide.

Goals

- Maintain the LHIN and hospitals’ focus on achieving wait time targets; particularly relating to ‘admits from emerg’, and other relevant targets in the Ministry LHIN Performance Agreement (MLPA)
- Direct focus within emergency departments to improve patient ‘flow’ – from registration to discharge disposition (admission to hospital)
- Further, use optimized inpatient ‘flow’ models to develop caremaps that would systematize a patient’s journey by reducing unnecessary variations to the process.
- Evaluate emergency departments with respect to key indicators of a patient/ senior friendly environment and use this information to advance change to improve the patient and family experience
- Drive the identification and implementation of clinical and operational best practices designed to improve efficiency, quality care, and improved patient experience
- Improve residents’ knowledge about where else, other than the ED to access appropriate care

Alignment to Government Priorities

Provincial Health System Priorities

Emergency Department Service Improvement
Mental Health & Addictions service improvement
 Providing high quality care everywhere
 Supporting people at home & encouraging self care
 Improving access to health care
 Enabling and facilitating innovation
 Ensuring smarter healthcare spending

South East LHIN Priorities for Development

Improving access to ED care
Improving mental health & addictions services capacity



The South East LHIN will deliver on the following action plans / initiatives:	2012-2013		2013-2014		2014-2015	
	Status	%	Status	%	Status	%
Review and assess current bed management systems. Using that report, work with hospital's to identify common problems and employ current bed management best practice for efficient placement.	Commencing	20	In progress	40	Completed	
Implement best practice senior-friendly focused care	Commencing	10	In progress	40	Completed	
Reduce emergency department waits for service, particularly waits for patients "admitted from emerg"	Continuing	50	Continuing	70	Completed	
Improved communication between EDs and primary and community care providers	Continuing	30	Continuing	60	Completed	
Improved communication and coordination among South East LHIN Emergency Departments in support of 'right care, right place, right time, and right provider'	Continuing	30	Continuing	60	Completed	

Success Measures	Goal / objective / strategy	Measure
	Emergency Department waits	Achievement of targets in MLPA
	Improved patient satisfaction (senior friendly initiative)	Review of data collected by hospital surveys
	Improved, efficient, and regionally aligned bed management system	Improved bed 'turnover' rates; reduction in waits for 'admits from emerg'
	Reduced balk rate (inter-hospitals)	Fewer cancellations of scheduled surgical procedures; reduced % ALC days
Risks, barriers and mitigation	Risk / barrier to implementation	Mitigation plan
	Hospitals' and departments' resistance to change	Continued application of the change management approach embedded within the Regional Clinical Services Roadmap project.
	Potential unknown perverse incentives that drive behaviour in the wrong direction	Continued engagement with providers, front line staff, and other stakeholders to continually review the operating and funding environment to avoid such circumstances (or mitigate when identified)
Key enablers	Goal / objective / strategy	Enabler
	All	Application of lessons learned in earlier initiatives to improve the implementation and sustainability of ongoing and new initiatives.
		Leveraging P4R funding by targeting areas of high priority and use of funding envelopes to engage hospitals in ministry priority improvement projects as well as the development of a LHIN-wide performance improvement plan
		Effective coordination, collaboration and complementary messaging from the Primary Care and Critical Care physician leads
		Early adoption of ED CCAC notification systems Recommended alignment of hospitals to LHIN eHealth plan to implement the clinical document repository Adoption of Lean principles in the review and improvement of business processes



REDUCING THE INCIDENCE AND PREVALENCE OF ALC

Description

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

Current Status

As of November 2011, the South East LHIN reported 10.3% of all hospital inpatient days as ALC – a reduction of approximately 7% since 2006 and within 0.2% of the LHIN's performance target set out in the Ministry LHIN Performance Agreement (MLPA). Within this group, we know that 1,162 ALC days were created by patients staying in acute care hospitals for longer than 30 days after their reason for admission was resolved.

Moving forward, the LHIN is now reviewing new data from the ministry that indicates 15% of South East LHIN ALC patients receive that designation within 48 hours of admission (which suggests that hospital admission was not the right solution for optimal care).

Data also suggests that up to 40% of patients designated as ALC in hospitals have dementia or responsive behaviours which limit which long-term care homes can accommodate them.

Addressing these two important 'vectors of ALC', along with continued efforts improve the movement of patients through the acute care system will enable the LHIN to improve care to our residents by providing it at the right place at the right time.

Goals

- Continue to emphasize that residents receive the right care at the right place at the right time; ensuring optimal system access and high quality patient care
- Ensure that services are available within the community that support the maintenance/improvement of seniors' cognitive and physical conditions, enabling seniors to live at home with dignity and independence for as long as possible
- Develop systems to identify seniors' 'tipping points' in their situations which trigger an unnecessary or avoidable emergency department visit
- Making it a system priority that 'going home' when providing care to seniors
- Improve communication between sectors and providers regarding client information and service needs
- Make continued reduction in the %ALC days performance indicator to reach 9.46% by the end of 2012-

Alignment to Government Priorities

Highlighted areas indicate direct alignment between provincial and local health system priorities

Provincial Health System Priorities

Emergency Department Service Improvement

Alternate Level of Care reduction

Mental Health & Addictions service improvement

Preventing illness and injury

Providing high quality care everywhere

Supporting people at home & encouraging self care

Improving access to health care

South East LHIN Priorities for Development

Improving access to ED care

Reducing the incidence and prevalence of ALC

Improving mental health & addictions services capacity

Enhancing a culture of patient centred care



The South East LHIN will deliver on the following action plans / initiatives:	2012-2013		2013-2014		2014-2015	
	Status	%	Status	%	Status	%
Further the adoption of the Home First Philosophy across the South East LHIN hospital system.	Continuing	80	Completed			
Continue to provide South East LHIN residents with support in performing instrumental activities of daily living as an enabler of ED and hospital admission avoidance	Continuing	50	Continuing	80	Completed	
Establish ALC Performance Monitoring framework	Commencing	75	In progress	90	Completed	
Collaborate and implement, with acute, community, and long-term care providers a means of early identification and provision of special care requirements for seniors upon discharge	Commencing	60	In progress	80	Completed	
Continue to implement LHIN-wide restorative care options for seniors at high risk of ED or hospital utilization due to physical or cognitive decompensation	Continuing	50	Continuing	75	Completed	
Develop short-term stay facilities within Long-Term Care Homes to meet the transitional needs of clients	Commencing	60	In progress	80	Completed	
Engage primary care providers in developing ways and means of identifying seniors at risk of ED and hospital utilization and proactive strategies to prevent that utilization	Commencing	30	In progress		In progress	
Reduce the percentage of patients who are designated as ALC within two days of hospital admission by greater than 10%	Continuing	50	Continuing	75	Ongoing	
Reduce number of acute ALC days attributable to long lengths of stay	Commencing	50	In progress	75	Ongoing	
Reduce the number of post-acute ALC days attributable to long lengths of stay	Commencing	50	In progress	75	Completed	
Reduce the number of unnecessary hospital admissions for seniors 65 years and older	Commencing	20	In progress	40	Ongoing	

Success Measures	Goal / objective / strategy	Measure
	ALC days reduction	Existing MLPA metrics
	Stabilize queue for LTCHs	Existing MLPA metrics
	Improved use of short term LTCH beds	LTCH reporting
	Reduced # of priority access activations	Monitor requests to CCAC/ LHIN compared to prior years
Risks, barriers and mitigation	Risk / barrier to implementation	Mitigation plan
	Lack of engagement of LTCH providers in developing short term bed options	Engage sector immediately to find agreeable approaches. Prepare integration order based on best practice demonstrated elsewhere in Ontario if no reasonable solution is found.
	Community sector unable to manage additional capacity (insufficient funding)	Commence analysis into top quartile performance of the community sector province-wide to establish performance benchmark. Compare HSPs that identify this as an issue to top quartile. If within top quartile, consider recommendation to LHIN Board/ ministry to provide funding. If below, direct HSP to improve operational efficiency.
Key enablers	Goal / objective / strategy	Enabler
	All	Using the roadmap project as a change management vehicle, improve HSP relationships by improving their understanding of each others' roles and responsibilities to the system and the patient. Support efforts to improve patient transitions and system navigation.

IMPLEMENTING THE ONTARIO DIABETES STRATEGY

Description	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. (précis: for full description, please see the South East LHIN's IHSP)
Current Status	Accountability for the strategy has transferred to the Ministry of Health and Long-Term Care through the implementation of accountability agreements between the ministry and designated providers.
Goals	As the LHIN no longer has a direct role in this strategy, we stand ready to assist the ministry as and when required.
Alignment to Government Priorities	Provincial Health System Priorities South East LHIN Priorities for Development Not applicable

The South East LHIN will deliver on the following action plans / initiatives:	2012-2013		2013-2014		2014-2015	
	Status	%	Status	%	Status	%
1. Develop and implement a business plan for the LHIN	Completed	100%	Completed	100%	Completed	100%
2. Develop and implement a financial plan for the LHIN	Completed	100%	Completed	100%	Completed	100%
3. Develop and implement a human resources plan for the LHIN	Completed	100%	Completed	100%	Completed	100%
4. Develop and implement a marketing and communications plan for the LHIN	Completed	100%	Completed	100%	Completed	100%
5. Develop and implement a risk management plan for the LHIN	Completed	100%	Completed	100%	Completed	100%
6. Develop and implement a quality improvement plan for the LHIN	Completed	100%	Completed	100%	Completed	100%
7. Develop and implement a governance plan for the LHIN	Completed	100%	Completed	100%	Completed	100%
8. Develop and implement a data management plan for the LHIN	Completed	100%	Completed	100%	Completed	100%
9. Develop and implement a research and innovation plan for the LHIN	Completed	100%	Completed	100%	Completed	100%
10. Develop and implement a patient and public involvement plan for the LHIN	Completed	100%	Completed	100%	Completed	100%

Not applicable

Success Measures	Not applicable
Risks, barriers and mitigation	Not applicable
Key enablers	Not applicable



FURTHERING ACCESS THROUGH eHEALTH

Description

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

Current Status

The LHIN has completed activities that focused on governance, project management, change management, privacy and security, stakeholder engagement and communications, business process integration, registration and support models. Advisory councils and working groups are in place to support the implementation. The LHIN will continue with planning to date towards implementation of the Resource Matching and Referral Solution and implementation of the Ontario Lab Information System. The LHIN will also leverage initial investments in developing a Clinical Document Repository.

Goals

- Meet expectations of provincial and local eHealth strategies
- Allow laboratory information with the LHIN to be exchanged electronically between health service providers
- Extend the ability of health service providers to share electronic clinical documents
- Allow health service providers to match patient/clients to the earliest available services that best meet the individuals' needs

Alignment to Government Priorities

Provincial Health System Priorities

Improving access to health care
Alternate level of care reduction
Enabling and facilitating innovation
Ensure smarter health care spending

South East LHIN Priorities for Development

Enhancing a culture of patient centred care
Developing regional program management



The South East LHIN will deliver on the following action plans / initiatives:	2012-2013		2013-2014		2014-2015	
	Status	%	Status	%	Status	%
Ontario lab system implementation	Ongoing	25	Ongoing	75	Completed	
Clinical Document Repository expansion	Ongoing	50	Ongoing	90	Completed	
Resource Matching and Referral implementation (project time-line is tied to other provincial and partner LHIN timelines)	Ongoing	25	Ongoing	50	Pending	

Success Measures	Goal / objective / strategy	Measure
	Laboratory information exchange	Number of lab reports exchanged
	Clinical Document Repository expansion	Number of documents exchange; number of providers with access
	Matching patients to services	Number of referrals successfully matched
Risks, barriers and mitigation	Risk / barrier to implementation	Mitigation plan
Key enablers	Goal / objective / strategy	Enabler
	Laboratory information exchange	Ontario Lab Information System
	Clinical Document Repository	Existing infrastructure
	Matching patients to services	Provincial resource matching and referral project



EXPANDING CULTURALLY & LINGUISTICALLY SENSITIVE HEALTH 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. (précis: for full description, please see the South East LHIN's [IHSP](#))

Current Status

The LHIN has signed an accountability agreement with Champlain LHIN and the [Réseau des Services de Santé en Français de l'Est de l'Ontario \(RSSFEO\)](#), its French Health Planning Entity. The LHINs and the RSSFEO have collaboratively formed a liaison committee and developed a joint annual action plan for 2011-2012. The LHIN continues to work with identified health service providers in the City of Kingston (designated under the *French Language Services Act [FLSA]*) to assist in the operationalization of their French Language Services Plan, as required by the FLSA.

To collaborate with the aboriginal community to develop an effective, coordinated and culturally sensitive health strategy for various initiatives including:

- Health Survey: 1,400 Métis Households have been surveyed for the Provincial Health Survey and the analysis will be commencing shortly. The SE LHIN will aid in the analysis.
- Provincial Aboriginal LHIN Network (PALN): The SE LHIN will work with PALN which is comprised of the Aboriginal Leads from each of the 14 LHINs. This network provides support by encouraging cross-LHIN collaboration, knowledge transfer and communication regarding approaches to Aboriginal community engagement and planning.
- Aboriginal NP positions: There are two Aboriginal NP positions in two CHCs. These NP will provide a series of specialized health education and promotion clinics covering such topics as diabetes treatment and awareness, pre-natal care, mental health counseling, smoking cessation, heart health and healthy eating and living.

Goals

To assist identified health service providers in meeting French Language service requirements, as prescribed by the FLSA; and to assist other health service providers who wish to provide health services in the French language.

To continue to establish strong working relationships with Aboriginal populations (Métis, off-reserve Aboriginal population, Mohawks of the Bay of Quinte).

Alignment to Government Priorities

Provincial Health System Priorities

Responding to the needs of diverse communities

Improving access to health care

South East LHIN Priorities for Development

Expanding culturally & linguistically sensitive health

Enhancing a culture of patient centred care



The South East LHIN will deliver on the following action	2012-2013		2013-2014		2014-2015	
	Status	%	Status	%	Status	%
Develop and implement the Joint Annual Action Plan (JAPP) 2012-2013	Completed	100				
In collaboration with the RSSFEO, ensure HSP compliance with <i>FLSA</i> local planning obligations	Ongoing		Ongoing		Ongoing	
Raise awareness and involvement of HSPs in the Quinte region regarding the provision of health services in French	In progress		Ongoing		Ongoing	
Improve Francophone participation in community engagement activities and improve the quality of such engagements.	In progress		Ongoing		Ongoing	
Continue our work with Aboriginal Populations	Ongoing		Ongoing		Ongoing	

Success Measures	Goal / objective / strategy	Measure
	Implement the 2012-2013 JAAP	JAAP is fully implemented
	Ensure HSP compliance with <i>FLSA</i>	Progress reports on FLS implementation plan demonstrate implementation plans are on schedule
	Raise awareness and involvement of HSPs in the Quinte region	Increased capacity to provide French Language services.
	Improve Francophone participation in community engagement activities and improve the quality of such engagements.	Increased number of community engagement sessions with Francophones; increased number of participants; positive feedback from participants.
	Continue our work with Aboriginal Populations	Ongoing positive relations with Aboriginal Population leadership.
Risks, barriers and mitigation	Risk / barrier to implementation	Mitigation plan
	In a joint action plan the contribution of each party impacts the final result.	Ensure that elements of the action plan are proportionate to each LHIN and the Planning Entity, and that actions have realistic deadlines
	HSP's outside of the designated area have no obligation to provide French Language	Work with HSPs to designate champions to develop this service; work with HSPs to evolve services on a neutral cost basis
Key enablers	Goal / objective / strategy	Enabler
	No specific enablers have been identified	



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.

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

Current Status

The LHIN Board of Directors continues its strategic leadership role to advance our IHSP2 priorities for development. A series of board-to-board meetings, focused on specific local health system issues or to better articulate specific performance issues were formative in the resolution of the matter under consideration.

The Board of Directors will continue to meet with the Board Chairs of our hospitals and the CCAC throughout the implementation of the Regional Clinical Services Roadmap; providing leadership and guidance on their role in health systems transformation.

The Board will also continue to provide peer education regarding the local health system and health systems governance, and the identification of, and evolution to, voluntary integration activities.

The South East LHIN is the first LHIN in Ontario to be accredited through Accreditation Canada. The LHIN was found to be 93% compliant with the standards established for regional health authority (modified to reflect the LHIN's operational scope).

The Board of Directors will act on the recommendations coming from the Accreditation and has agreed to partner with Accreditation Canada to further evolve standards applicable to local health integration networks.

Goals

- Model appropriate leadership by improving board performance and enhancing the board's collective contribution to advancing the LHIN's statutory objects while operating within our budget.
- Improve board member engagement and awareness through the implementation of a new committee structure which aligns to the Board's primary roles.
- Improve the LHIN and partner-board's knowledge, facility and capacity regarding effective local health system governance, through education, consistent demonstration of governance best practice, and leveraging issues-initiated actions as opportunities to widen the circle of effective governance in the LHIN.

Alignment to Government Priorities

Provincial Health System Priorities

Responding to the needs of diverse communities

Enabling and facilitating innovation

Ensuring smarter healthcare spending

Preventing illness and injury

South East LHIN Priorities for Development

Expanding culturally & linguistically sensitive health services

Developing regional program management

Enhancing a culture of patient centred care



The South East LHIN will deliver on the following action	2012-2013		2013-2014		2014-2015	
	Status	%	Status	%	Status	%
Implementing Accreditation Canada recommendations	In progress	100	Completed			
Collaborate on LHIN-based accreditation standards	In progress	50	In progress	50	Completed	
Support Regional Clinical Services Roadmap through board to board engagement	Continuing		Continuing		Phase I completed	
Build knowledge and capacity of governance in an integrated health system among the board and peer boards	Continuing		Continuing		Continuing	
Implement the new board committee structure	Completed	100				

Success Measures	Goal / objective / strategy	Measure
	Accreditation Canada Recommendations	The end goal of the recommendation (for example, improved work life balance for staff), has become normal operating practice
	Collaboration on LHIN-based standards	Accreditation Canada deploys the LHIN standards for use.
	Support for Regional Clinical Services Roadmap	The board of the South East LHIN hospitals and the CCAC pass formal motions of support.
	Knowledge and capacity building	Greater focus on 'systems thinking' by providers; more voluntary integrations submitted to the LHIN.
Risks, barriers and mitigation	Implement the new board committee structure	The new committees commence work & meet expectations
	Risk / barrier to implementation	Mitigation plan
Key enablers	Reticence to change among providers	Provide reassurance and support to provider boards / assist them in changing their focus from and internal and operational focus to an external and participatory approach (what can we do to support people in the south east?)
	Goal / objective / strategy	Enabler
	Improve board awareness through new committee structure	The board of directors has been directly engaged in this process and are very supportive of the intents of the restructuring
	Improve health system governance through collaborative governance	The LHIN Board has focused considerable time and energy on collaborative governance in the South East. This next stage in its evolution will enable boards that are ready to move quickly to the next level of effective governance; with some being ready themselves to take on mentorship roles within the system



LEVERAGING KNOWLEDGE MANAGEMENT

Description

The South East LHIN has a dedicated knowledge management team that supports our planning and performance teams through the provision of timely data, metrics, and population health information. The team also extends its services to providers, upon request, when the request for services aligns with LHIN priorities.

Goals

Ongoing support of LHIN Operations, HSPs, & successful achievement of projects.

Alignment to Government Priorities

Provincial Health System Priorities

South East LHIN Priorities for Development

The team provides necessary support to advance all LHIN projects. Alignment for these projects is demonstrated under other priorities for development.

Data management projects for 2012-2013 *(Note: Knowledge Management projects align and directly support ABP projects listed elsewhere in this plan. Projects will commence and complete to meet sponsoring project timelines)*

Project	Description
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 provider performance reviews, evaluation of behavioural support systems, evaluation of primary care physician leads, 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.



LHIN STAFFING & OPERATIONS

Template B

Template B: LHIN Operations Spending Plan				
LHIN Operations (\$)	2011/12 Forecast	2012/13 Planned Expenses	2013/14 Planned Expenses	2014/15 Planned Expenses
Operating Funding	4,782,269	4,782,269	4,782,269	4,782,269
Salaries and Wages	2,809,000	2,859,520	2,896,845	2,927,936
Employee Benefits				
HOOPP	285,300	299,935	304,426	308,042
Other Benefits	300,000	316,921	321,642	325,429
Total Employee Benefits	585,300	616,856	626,068	633,471
Transportation and Communication				
Staff Travel	97,500	97,500	97,500	97,500
Governance Travel	18,600	21,852	21,852	21,852
Communications	44,700	42,900	42,900	42,900
Other Transport and Communication	17,695	10,100	10,100	10,100
Total Transportation and Communication	178,495	172,352	172,352	172,352
Services				
Accommodation	268,125	270,875	271,640	272,420
Advertising	4,760	3,500	3,500	3,500
Banking	40	200	200	200
Consulting Fees	39,640	108,541	59,032	49,533
Equipment Rentals	1,000	1,000	1,000	1,000
Governance Per Diems	85,000	98,150	98,150	98,150
Insurance	17,640	17,640	17,640	17,640
LHIN Shared Services Costs	533,556	319,556	319,556	319,556
LHIN Collaborative	50,000	50,000	50,000	50,000
Other Meeting Expenses	13,500	13,500	13,500	13,500
Other Governance Costs	16,400	26,500	26,500	23,500
Printing & Translation	20,000	20,000	20,000	20,000
Staff Development	65,000	65,000	65,000	65,000
Other Services	40,033	78,579	83,286	41,511
Total Services	1,154,694	1,073,041	1,029,004	975,510
Supplies and Equipment				
IT Equipment	21,000	22,500	20,000	35,000
Office Supplies & Purchased Equipment	29,900	38,000	38,000	38,000
Total Supplies and Equipment	50,900	60,500	58,000	73,000
Capital Expenditures	3,880	0	0	0
LHIN Operations: Total Planned Expense	4,782,269	4,782,269	4,782,269	4,782,269
Variance	0	0	0	0

LHIN Staffing Plan (FTE's)				
Position Title	2011/12 Actual	2012/13 Plan	2013/14 Plan	2014/15 Plan
Chief Executive Officer	1.00	1.00	1.00	1.00
Executive Assistant to CEO	1.00	1.00	1.00	1.00
Board Coordinator	1.00	1.00	1.00	1.00
Communications and Community Engagement Specialist	1.00	1.00	1.00	1.00
Project Assistant - (1)	1.00	1.00	1.00	1.00
Director Corporate Services/Controller	1.00	1.00	1.00	1.00
Financial Clerk - Corporate Services	1.00	1.00	1.00	1.00
Corporate Service Assistant	1.00	1.00	1.00	1.00
Receptionist	0.67	1.00	1.00	1.00
Chief Operating Officer	1.00	1.00	1.00	1.00
Senior Administrative Assistant, COO	1.00	1.00	1.00	1.00
Director, Performance Optimization	1.00	1.00	1.00	1.00
Sr Consultant Performance and Funding	1.00	1.00	1.00	1.00
Sr Consultant Performance and Contracts	1.00	1.00	1.00	1.00
Sr Financial Analyst	1.00	1.00	1.00	1.00
Financial Analyst	1.00	1.00	1.00	1.00
Project Assistant - (2)	1.00	1.00	1.00	1.00
Director, HSP Funding and Allocation	1.00	1.00	1.00	1.00
Financial Officer	1.00	1.00	1.00	1.00
Project Assistant - (3)	1.00	1.00	1.00	1.00
Director, Knowledge Management	1.00	1.00	1.00	1.00
Sr Data Analyst and Integration Consultant	1.00	1.00	1.00	1.00
Project Assistant - (4)	1.00	1.00	1.00	1.00
Director, Local Health System Development	1.00	1.00	1.00	1.00
Health System Design Specialist	2.00	2.00	2.00	2.00
Data Analyst and Integration Consultant	1.00	1.00	1.00	1.00
Project Assistant - (5)	1.00	1.00	1.00	1.00
Planned Future Positions:				
Project Manager				
Project Assistant				
Planner (Jnr) - LHSD				
Database Analyst - KM				
File Clerk / Event Coordinator				
Communications Coordinator				
Staffing Total FTE's	27.67	28.00	28.00	28.00
Ancillary Funded Projects (MOHLTC and LHIN Operations)				
Director/CIO, e-Health System Development	0.33	0.33	0.33	0.33
e-Health Project Manager	2.00	2.00	2.00	2.00
e-Health Project Assistant	0.42	1.00	1.00	1.00
French Language Services Coordinator	1.00	1.00	1.00	1.00
Health Force Ontario Coordinator	1.00	1.00	1.00	1.00
ER/ALC Lead	1.00	1.00	1.00	1.00
ED Lead	1.00	1.00	1.00	1.00
Primary Care Lead	0.42	1.00	1.00	1.00
Critical Care Lead	1.00	1.00	1.00	1.00
Ancillary Funded Projects Total FTE's	8.17	9.33	9.33	9.33
Student Interns				
SE LHIN	0.50			
e-Health	1.00	1.00	1.00	1.00
TOTALS	37.34	38.33	38.33	38.33

The LHIN operations base funding allocation (LHIN Operations) establishes the annual financial resources employed by the LHIN to fund staffing and operating expenses. LHIN Operations funding requirements for fiscal years 2012/13, 2013/14, and 2014/15 align with Ministry direction that ... *the Annual Business Plan ... is a plan to spend the upcoming year's allocation. It is not a request for new funds.*

The following assumptions were employed in the development of the ABP:

- a. No base funding increase over the three year planning horizon.
- b. The LHIN must achieve and maintain a "balanced budget".
- c. The number of Full Time Equivalent (FTE) positions will remain consistent with the LHIN staffing plan.
- d. Salary and compensation strategies align with government and ministry direction.
- e. Expenses related to ED/ALC initiatives will be shared in partnership with the ministry to ensure the initiative is adequately resourced

Acknowledging no increase in funding for LHIN Operations over the planning horizon, the LHIN has identified the following cost pressures:

- a. **Staff Resourcing:** In the 2010-2011 Annual Business Plan, the LHIN identified a requirement for three additional FTEs in our staffing plan. The LHIN has placed two of these three positions "on hold" (now listed in Template C under Planned Future Positions).



The Impact:

- o **Current workload capacity issues within existing staff resources will continue.**
 - o **Employee retention issues may result as a consequence.**
- b. **Emergency Department/Alternative Level of Care (ED/ALC):** Funding provided through this initiative is provided on a 'recurring' one-time basis, and is insufficient to fully fund the costs of approved projects.

➤ **The Impact:**

- The LHIN is required to use its base allocation to fund approximately 30% of the costs associated with this initiative from the Salary & Benefits, Meeting Expenses, Travel, and Development line accounts.
 - Further pressure on LHIN Operations with potential implications for the LHIN's staffing plan.
- c. **French Language Services (FLS):** Limited annual funding is provided for this initiative; however, the LHIN will likely be required use a portion of its base funding to fund FLS requirements both internally and externally.

➤ **The Impact:**

- Further pressure on LHIN Operations with potential implications for the LHIN's staffing plan.
- d. **Ancillary Funded Project Initiatives:** These are funded on a "one-time recurring" basis by the ministry. Ministry notification of continued funding for these initiatives occurs in Q3.

➤ **The Impact:**

- Providing funding confirmation in Q3 could result in unintended consequences relating to program start-up, project implementation and funding utilization, and cash flow considerations.

LHIN Executive Office Cost Restraint

In the Ontario Budget released on March 29, 2011, the government announced the requirement that certain government agencies and broader public sector organizations reduce the cost of their executive offices by 10% over two years (5% each year). The LHIN is one of these government agencies. Reducing the growth of executive office costs in broader public sector is a prudent step towards maintaining health system sustainability. The LHIN will continue to comply with this requirement.

Commission on the Reform of Ontario's Public Services

The direct and downstream impacts of the Commission's findings will potentially have impact on LHIN Operations. The LHIN has reviewed the Commission's mandate and is confident that our priorities and our work plan align with the Commission's goals.



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 providers, and our residents. It demonstrates how we intend to achieve our priorities for development articulated in our Integrated Health Services Plan.

Target

Government: Local Members of Provincial Parliament, Ministry of Health and Long-Term Care and other LHINs

Regional: South East LHIN Board of Directors, health service providers, regional new media, local residents.

Strategic Approach

January 2012: Submission of Draft ABP to South East LHIN Board for approval for submission to MOHLTC.

January 2012: Submission of Draft ABP to MOHLTC.

February 2012: 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 "LHINfominute" 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-français 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	
IRTR	Community Health Assessment
KGH	Integrated Real-Time Referral
LHIN	Kingston General Hospital
LHSIA	Local Health Integration Network
LTC	<i>Local Health System Integration Act, 2006</i>
LTCH	Long-Term Care
MLAA	Long-Term Care Home
MLPA	Ministry-LHIN Accountability Agreement (<i>superseded by...</i>)
M-SAA	Ministry-LHIN Performance Agreement
MOHLTC	Multi-sector Service Accountability Agreement
OHA	Ministry of Health and Long-Term Care
OMA	Ontario Hospital Association
OWTS	Ontario Medical Association
PMO	Ontario's Wait Times Strategy
ReCAP	Project Management Office
ROHCG	Regional Capacity Assessment and Projection
SMILE	Royal Ottawa Health Care Group
VON	Seniors Managing Independent Living Easily
WTIS	Victorian Order of Nurses
	Wait Times Information System

2012- 2013

Annual Business Plan

First Draft Submission

*Submitted to the Ministry of
Health and Long-Term Care
January 2012*

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