

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



Annual Business Plan

2013-2014



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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

March 25, 2013

Catherine Brown
 Assistant Deputy Minister
 Health System Accountability and Performance Division
 Ministry of Health and Long Term Care
 5th Floor, Hepburn Block, Queen's Park
 Toronto, ON M7A 1R3

Dear Ms. Brown:

The South East LHIN is pleased to present our 2013-2014 Annual Business Plan.

The attached document has used as its departure point the strategic direction articulated in our recently-submitted Integrated Health Services Plan (IHSP3) – including our determination to develop a regional system of integrated health care; our resolve to improve the patient experience with a focus on the transition points in care; and our desire to understand more clearly, and to act upon, the unique health needs of our Aboriginal and Francophone populations.

Beyond this, the Plan adheres to the evolving provincial strategy to focus more precisely on Primary Health Care and to align ourselves with the increasing emphasis on Community care as a proven, viable way to improve access to quality care. We are confident that our Annual Business Plan incorporates these important new directions into our priorities for the year ahead.

At the same time, our goals and objectives for the coming fiscal year continue to embrace the key critical healthcare components that our residents across the south east rely upon for their well-being and peace of mind. Accordingly, this ABP reflects the need for enhanced services for seniors, the ongoing challenges of providing appropriate Mental Health and Addictions services and the management of chronic disease.

I am particularly grateful to the staff of the South East LHIN – not only for the expertise and experience they have embedded into this plan – but also for the passion and commitment they bring to every aspect of their work on behalf of the residents of this region.

Sincerely,



Donna Segal
 Board Chair

Mandate and Strategic Directions

In addition to fulfilling a mandate built around the provision of appropriate, coordinated, effective and efficient integrated care, Local Health Integration Networks (LHIN) were developed with accountability as a core value at both the governance and operational levels.

Accountability at the Governance Level

Within the provisions of the Local Health System Integration Act (*LHSIA*), and under the stewardship of the Ministry of Health and Long-Term Care (MOHLTC), the LHIN is required to engage in consultations with its communities as part of its strategic planning and priority-setting cycles. Decisions of the LHIN must be made in full consideration of the public interest.

Accountability at the Operational Level

Each LHIN has a Performance Agreement between itself and the MOHLTC that specifies the obligations of both parties, as well as identified areas for improvement. Performance indicators, along with multi-year targets, are set out in this agreement, and the results are reported publicly, through a number of channels.

As a Crown Agency, the LHIN is responsible for following Directives from the Province of Ontario regarding allocation of funding, operational spending, tendering for third party services, hiring, and other policies that are directed towards Ontario's agencies, boards and commissions.

The Chief Executive Officer (CEO) and senior team members from each LHIN have quarterly meetings with senior ministry officials to brief them on the impact of the LHIN's activities, highlighting successes as well as opportunities for greater improvement.

Combining the Two

The LHIN Board of Directors has ultimate accountability to the Minister of Health and Long-Term Care. Our Board directs all major decisions taken by the LHIN. Our CEO provides monthly updates on operational activities, reports on performance indicator results, and provides updates on our progress towards achieving our Integrated Health Service Plan (IHSP) priorities.

Within this accountability framework, the South East Local Health Integration Network (SE LHIN) Board has set in place four corporate strategic goals:

- ***To build a true system of integrated health care that optimizes the use of resources***
- ***To build understanding of the role of the SE LHIN in developing and managing a regional system of integrated patient-centred care***
- ***To build a functional integrated e-health system that supports better health care services and healthier citizens***
- ***To demonstrate leadership as a knowledge-based organization that is credible, professional, proactive and responsive.***

In developing its third IHSP (IHSP3) as the guiding document that sets the LHIN's strategic direction for 2013-2016, the SE LHIN has built upon lessons learned from IHSP1 and 2 – and taken care to ensure that our strategy and the goals/objectives it defines are aligned with the Minister's Action Plan.

The SE LHIN has set an ambitious agenda over the next three years around three strategic priorities:

- Developing a regional system of integrated health care across the care continuum, from primary care and public health through to community, acute and long-term care;
- Improving the patient experience with a focus on the transition points in care; and

- Focusing on the unique health care needs of Aboriginal and Francophone populations.

The SE LHIN is confident that its IHSP3 and the manner in which it is reflected in the goals and objectives outlined in our Annual Business Plan speak to a tangible, workable alignment with the priorities highlighted in the Minister's Action Plan – particularly those focused on services for seniors, enhanced community-based services, mental health services, decreasing Emergency Department (ED) wait times and Alternate Level of Care(ALC) days, and chronic disease management.

Overview of Current and Forthcoming Programs and Activities

The SE LHIN is responsible for planning, funding and monitoring the performance of a spectrum of health care programs and services that are provided through our 98 Health Service Providers (HSP). These include:

- 6 acute care (academic/tertiary, secondary and small rural) hospitals (including the regional cancer centre) operating 10 sites
- 1 specialty hospital operating two sites providing complex continuing care, rehabilitation, and mental health services
- 36 Long Term Care Homes (LTCH)
- 5 Community Health Centres (CHC) operating 8 sites
- 1 Community Care Access Centre (CCAC)
- 19 Organizations providing Mental Health and Addictions (MH&A) programs
- 30 Community Support Services (CSS) agencies

There are significant transformational pressures on our health care system. These pressures include the current economic climate, the limited availability of resources, the aging of our population and the steadily rising cost of delivering health care. Clearly, change is required if the health care system on which we depend is to be sustained. It is essential that we build systems that will better meet the needs of a changing patient population, one that is more typically frail and living with multiple chronic conditions. Working with the MOHLTC, LHINs help ensure that local and regional plans align with provincial priorities for the health care system. The main goals are to improve access to care and ensure sustainability.

A system that is too focused on providing acute hospital care and treating disease is inefficient and unsustainable. What is needed, instead, is a system that prevents serious illness, reduces the need for hospitalization, and lessens the duration of long-term stay. Only an integrated health care system can do that, while remaining financially strong and effective. Such a system would give people the support, tools and knowledge to stay healthy at home. If they do get sick or injured, it is a system that provides them with the care

they need in their communities. This eases the strain on hospitals by removing the burden of being the first point of contact in situations that could, and should, be handled in the community.

There is widespread agreement that the best and most sustainable health care systems are those that have not only accepted, but actively embraced, the concept of integration. An integrated system is one in which providers work together all across the system, with the patient as their absolute focus, meaning that nobody falls through the cracks and everyone receives the care they need, when and where they need it.

An integrated health care system ensures that as patients navigate the transition points from provider to provider and service to service, they never fall through the cracks and they always receive the care they need, when they need it. In situations where hospital care really is required, an integrated health care system ensures that patients are treated in a timely fashion and that their discharge back into the community is coordinated and managed with their best interests in mind. In an integrated health care system, care providers ranging from doctors and nurses to pharmacists, personal care workers and physiotherapists work together, sharing knowledge and exchanging ideas, with the common goal of helping their patients. This results in better care. It reduces duplication and increases efficiency.

We are confident that our partners in healthcare delivery recognize the value of such a system and envision a greater degree of collaboration as we pursue these goals together. It would not be possible to do this without engaging extensively with our communities. We are constantly encouraged by the active participation of our communities in our engagement sessions. This area will receive even more attention as we endeavour to develop a health system that addresses regional challenges. We hope to use a variety of strategies to bring the patient voice to the forefront.

Given the current financial context and the emerging trends in the provision of healthcare in Ontario, it is no surprise that performance management and accountability are priorities for the health system. The SE LHIN aims to strengthen accountabilities and enhance performance by leveraging our shared lessons over the last several years. By focussing our attention on performance

issues that have the most impact on our population, we hope to develop a regional health system that provides high quality services while ensuring value for money. It is with these principles in mind that the SE LHIN is renewing its commitment to enhancing integration in the region.

Assessment of Issues Facing the SE LHIN

Rural and Aging Population

Of all the LHINs across the province, the SE LHIN currently has the highest percentage of individuals aged 65 and over in addition to the highest percentage of individuals aged 45-64. It is worthwhile to note that the SE LHIN represents 3.7% of Ontario's population; making it the fourth smallest LHIN by population. Beginning in the next 5 years, SE LHIN will be experiencing significant growth in the elderly population (particularly in rural areas) combined with slow to negative growth in the younger age groups. By 2016, all but 3 sub-LHIN regions (Kingston & Islands, South Frontenac and Stone Mills/Loyalist) will have 20+% of the population 65+ years. This can have a significant impact on access, utilization and quality of health care services and planning strategies will need to be adjusted so that the additional demand can be managed.

Socio-economic, Health Status and Risk Behaviours

Overall the socio-economic status of the population across the south east is lower than the provincial norm. Of particular concern are the levels of material disparity (in northern areas of the LHIN and Tyendinaga) and social disparity (in the main cities). Belleville has a particularly high overall combined disparity status. Rural populations are more dependent on public services to support management of health care. The more urban population groups require additional social support and are also subject to greater risk of related problems, like depression.

Health System Demand and Utilization

The top 1%, 5% and 10% of high-users of health care across the province represent proportionately 31%, 61% and 75% of all patient costs as a whole. Improving the efficiency of care for the high-user patient population can significantly affect overall health expenses, patient care and provider service. Compared to the high-users in other LHINs, the SE LHIN has high rates of utilization for

each person in the population, particularly for inpatient acute care – which represents the largest high-user expense. The greatest utilization by volume of SE LHIN high-users appears in emergency & home care.

There is a high rate of utilization in the SE LHIN of ED services for low-acuity visits (CTAS 4-5). Low-acuity non-admitted patients make up over 2/3 of all ED patients at Hotel Dieu Hospital (HDH) and the Perth and Smiths Falls District Hospital (PSFDH) sites, and the proportion is also high at each of the small rural hospitals across the LHIN. The role of the ED and appropriate access and utilization of primary care will need to be examined. Relatively low volumes of overnight ED visits continue to be seen at the smaller hospitals in the region.

For acute inpatients, the average patient stays longer in SE LHIN hospitals than those across the province. The reasons for this gap need to be understood and addressed. Although ALC days in the SE LHIN have reduced substantially over the last few years, rates are again beginning to increase. SE LHIN has to continue to work with community health care service providers to coordinate alternate health care services for these patients. There is also evidence that proportionately more patients with certain conditions, that should theoretically be cared for in the community, are being readmitted as acute inpatients. Again, improved health care coordination after an acute care episode needs to be provided across the health care system. The Health Links model of care will serve as a valuable tool towards this effort.

Based on the most recently available data for the post-acute environment, SE LHIN has the third highest admission rates for complex continuing care services although it has been experiencing reductions in bed capacity. At the same time, the LHIN has the fourth lowest rate of utilization for rehabilitation services among Ontario LHINs. It has been identified that 20% of our residents who receive inpatient rehabilitation services, do so outside the LHIN. At the same time, rehabilitation bed days overall have been declining slightly in the SE LHIN. The utilization of these services relative to our population is much lower than provincial norms. These findings could potentially be a reflection of inadequate access to inpatient rehabilitation services in the region.

The whole issue of post-acute care warrants examination as part of the restorative care component of the CSR project. In particular, an assessment is required to ensure adequate (and appropriate) service provision and the distribution between inpatient rehabilitation and complex continuing care. The role of outpatient services and community care in addressing any service gaps needs to be considered.

The acute inpatient mental health services across the SE LHIN have been restructuring over the last few years. This transpired through the completion of transfers of accountability among providers as a result of the completion of the Health Services Restructuring Commission (HSRC) directives. The LHIN does have relatively high utilization rates for these services though it is challenging to fully assess or compare performance levels until the sector has attained some degree of stability.

Home care services have become more balanced in the south east. In past years, the SE LHIN has had the highest utilization rates across the province. Our analysis indicated a significant over-utilization of these services. This utilization rate has declined to the point where the SE LHIN now has the third highest rate across all LHINs (at just over 60 active clients per 1,000 population based on 2010/11 estimates). This is in keeping with Minister's directive of providing the right care, at the right time, at the right place. In other community settings, data and information management has been addressed to varying degrees across the sectors. There remain areas that require development. The LHIN will need to address coordination and linkages between community sectors and between these sectors and institutional settings.

Unique Populations

The SE LHIN worked alongside the Champlain LHIN and the Réseau to develop an inventory of data for the French linguistic variable in administrative and survey databases. Apart from the national and provincial survey databases, data collection in the administrative databases is limited to a few post-acute databases and even then the data quality is very limited. The LHIN has to continue efforts to ensure that data collection of this variable is firmly established so that service utilization for this population group

can be assessed. The SE LHIN has provided analytic support to both First Nations and Metis groups, and plans to continue to develop the relationship to facilitate more data sharing and collaboration.

Transition Points

Evaluation of the care continuum across the health care sector is complicated by the variety of health care transition points and the multiple combinations of patient flows. A subset of patient flows has been identified as LHIN and provincial priorities. While the LHIN has made significant progress in reducing wait times for priority surgeries, ED for low acuity cases and ALC days, there are still opportunities to improve. There are numerous initiatives in the community to reduce the number of ALC cases. However because the community data is not as connected to the rest of the health care system, it is next to impossible to quantify and assess the relative benefits of these programs. This has to be a priority for the LHIN based on the expected increased dependence on community health care in the future.

Projects under IHSP3- Template A

Integrated Health Services Priority #1

Developing a regional system of integrated health care across the care continuum, from primary care and public health through to community, acute and long-term care

IHSP Priority Description

The importance of integration cannot be overstated. The quality, and sustainability, of our health care system depends on the cooperation and shared vision of everyone involved in the delivery of health services. Driving integration in everything we do will be a primary focus over the next three years. Working towards this first priority will involve a number of high-level initiatives in several areas that will help us improve system integration. These include:

Health Links

The plan is to create seven health care “clusters”, with different provider groups joining forces within these clusters. They will share information, pool resources, and work together to achieve the best possible health outcomes for patients. In the inaugural year of this initiative, the focus will be on the 1-10% of the highest users.

Strong Hospitals

The focus on community services in this IHSP will help reduce the burden on our hospitals, freeing them up to deliver the kind of acute care only they can. Through our Clinical Services Roadmap and regional capacity planning, this IHSP will directly improve hospital care, and access to that care, within this region.

Community Support and Community Mental Health and Addictions Services

Helping people to remain healthy in their homes and communities is a big focus of this IHSP. To do this, we must build stronger networks of community support along with the mental health and addictions services that provide the care and the setting patients need to help avoid repeated visits to hospital emergency departments. Enhancing MH&A services through a redesign process will be a key priority over the coming years, as indicated in the subsequent sections.

Information System and Enabling Technologies

There is increasing focus across the continuum of health care on better electronic management, storage, sharing and use of information in order to improve access and health outcomes for patients. Enabling technologies will contribute to the integration mandate of the SE LHIN through the creation of sustainable and efficient electronic systems that, in support of the provision of care, provides for seamless sharing of information across the care continuum among care providers and residents within the circle of care

Current Status

Enhancing Primary Care

The SE LHIN has always recognized the value of a robust Primary Health Care system. The following activities have furthered this goal:

- Establishment of a Primary Health Care Lead
- Signing of a memorandum supporting collaboration between the LHIN and 10 of 14 Family Health Teams (FHT) and Family Health Organizations (FHO) in the region
- Approval and development of three Health Links as early adopters.

Clinical Services Roadmap

The Clinical Services Roadmap (CSR) was launched in 2010 to help improve access to some of the most essential hospital services. CSR was designed to cut down on the red tape faced by patients moving from one caregiver to another, and help hospitals and the CCAC to better integrate their services to deliver more seamless care in our hospitals and communities. The CSR is an excellent example of the kind of collaboration that leads to better health care. Providers in seven hospitals work with the CCAC, community providers and our LHIN to improve service delivery, reduce program duplication, and improve access, efficiency and effectiveness. Over the next three years, we will be fully implementing the CSR in the SE LHIN.

Given the complexity and broad scope of these initiatives, it was necessary to set the stage to ensure successful implementations. During the first two years the focus was on achieving buy-in from all the partners, as well as the development of a vision for each service area. This required extensive and broad engagement with our stakeholders. Clinical teams, with support from the HSP boards, drove vision development. In the last year (FY 12/13), the focus was on laying the structure and groundwork for implementation at a more granular level. This task was further complicated by the multitude of organizations that are involved; each with its own embedded processes and culture.

A key lever for the CSR will be the accountability agreements between the LHIN and its providers. These agreements reflect performance objectives and targets over a multi-year period. The hospital, CCAC and community provider accountability agreements will incorporate specific expectations with respect to delivering on CSR initiatives specific to each provider. The CSR identifies seven areas of focus, each with its own clinical plan, which over the next few years will be advanced and implemented through various initiatives.

Clinical Services Roadmap – Seven Areas of Focus:

- Cardiovascular care – Increase focus on chronic heart disease management and a reduction in readmission to hospital following a cardiac incident
- Emergency Department Wait Times – Find ways to improve processes that will reduce the amount of time people wait to be seen
- Healthcare Acquired Infections – Reduce the number and severity of infections acquired in health care settings
- Mental Health & Addiction Services – Ensure patients receive the right care at the right time in the right place, enhance capacity of providers and the system, and reduce stigma
- Restorative Care – Coordinate care between health care providers and rehabilitation specialists, and better manage continuing chronic care
- Maternal & High-Risk Newborn Care – Ensure the latest treatments and services are used when caring for high-risk mothers and their babies
- Surgical Services – Create a regional, collaborative approach to manage effective surgical care across all hospitals and post-surgical care by the CCAC

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 SE LHIN worked proactively with our hospitals as they developed their Quality Improvement Plans (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. Starting in the

fiscal year 2013/14, QIPs will be introduced to the Primary Health Care sector.

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

Implementing sector-wide integration

The SE LHIN continues to work with CHCs, CSS agencies and CMHA agencies to finalize components of the Back Office Integration Project (BOIP). Collaboration in the selected areas will result in:

- Reinvestment of savings achieved by providers in direct 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

The original MSAA (2008-09 to 2009-10) and recent MSAA (2010-11 to 2012-13) contained a local obligation that all community agencies would explore back office efficiencies both on a regional basis and within their own organization with the goal of reducing back office costs and repurposing this funding for front line service. An external consulting firm completed an analysis of all community agencies within the SE LHIN and identified a number of areas to explore for potential efficiencies, including:

- HR – Benefits
- HR Knowledge Management
- HR Training
- Purchasing – Office Supplies
- IT – Outsourced Support
- Finance – Host/customer Model

Collaborative governance

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. Through our work on collaborative governance, the SE LHIN has sought to nurture an environment where Boards are working together to lead and support integration and system development. Collaborative governance means that the LHIN board and health service provider boards work together to achieve the common goal of ensuring the residents of the SE LHIN have access to high-quality health services when and where they need them. Its main objective is to improve collaboration and information-sharing between the LHIN and health service provider boards and among health service provider boards themselves.

Goal(s) and Objective(s)

To develop a regional system of integrated healthcare that embodies the principles of equitable access, high quality care, the efficient use of resources, and long-term sustainability. The specific goals that relate to this priority include:

- Improving access to a better integrated Primary Health Care system
- Supporting Primary Health Care with better management of chronic conditions
- Supporting the development of a strong hospital system
- Implementing the Clinical Services Roadmap
- Creating and implementing capacity plans to further high quality care for specific specialized services (i.e. surgery)
- Strengthening CSS & community MH&A services
- Improving access to quality MH&A services
- Developing an effective and comprehensive information management system

Priority 1 – Developing a regional system of integrated health care across the care continuum, from primary care and public health through to community, acute and long-term care

		FY 13/14		FY 14/15		FY 15/16			
Initiative	Description	Status	%	Status	%	Status	%	Measure	
Develop Primary Health Care									
Health Links rollout	Implement 7 Health Links in the SE LHIN. In the inaugural year of this initiative, the focus will be on the 1-10% of the highest users.	In-Progress	80	Completed	100			Develop coordinated care plans for all high users in each of the Health Links	
Chronic Disease Prevention and Management (CDPM)	Implement a regional chronic disease management approach tied to the rollout of Health Links. Initial focus will be on the LHIN's new mandate with respect to diabetes prevention and management.	In-Progress	30	In-Progress	70	Completed	100	- Limit the progression of chronic disease through better education and patient self-management - Reduce hospital readmits for patients with chronic disease	
Regional database	Develop and implement a regional database reporting tool to support LHIN planning, performance monitoring and accountability as well as funding activities.	In-Progress	20	In-Progress	80	Completed	100	Enhanced ability to employ evidence based practices to drive system improvement	
Telehomecare	Implement telehomecare programs that will enable chronic disease patients to self-monitor and manage their disease. Geographic rollout to be coordinated with that of Health Links.	Commencing	10	In-Progress	40	In-Progress	60	- Reduce hospital readmits for patients with chronic disease - Reduced ED utilization	
Ontario Telemedicine Network (OTN) rollout	Deployment of 14.0 FTEs nursing across the SE LHIN in primary care and acute care settings. These nursing resources will develop and coordinate client interaction via OTN where possible. This should result in a faster access to specialists and reduced requirement for travel by patients living in a large geographical area with centralized speciality services.	In-Progress	65	Completed	100			- Increase the number of clinical events provided over OTN - Increased access to specialists - Reduced wait time from referral to initial assessment by specialist	

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		Measure
		Status	%	Status	%	Status	%	
eReferrals	Complete the rollout of electronic referral from primary care to orthopedics and then expand to other specialities.	In-Progress	25	In-Progress	50	In-Progress	70	- Reduced wait times - Reduction in inappropriate referrals
eConsults	Implement eConsult in 3 sub-LHIN regions. eConsultation involves specialists consulting with primary care physicians using a web-enabled tool.	In-Progress	10	In-Progress	50	In-Progress	70	- Increased access to specialists - Reduces transition points for patients
Spread existing Clinical Document Repository (CDR) to all hospitals and primary care providers	Regional repository of key hospital patient records, most commonly shared among health service providers.	In-Progress	50	Completed	100			- Smoother transitions - Reduced readmits - Reduced ED visits
Strengthen Hospitals								
Clinical Services Roadmap								
Restorative care- Common understanding and model of formal and slow stream rehabilitation services	Standardize, redesign and implement formal and slow stream rehab services to maintain and improve our patients' functional ability.	In-Progress	20	In-Progress	60	In-Progress	80	- Reduction in ALC days - Decrease LTCH wait lists
Tier 3 divestment*	Implementing the Health Services Restructuring Commission (HSRC) Tier 3 directions as they apply to Providence Care. The implementation will involve the divestment of legacy patients from PC to the community as well as development of a sustainable system to support MHA clients into the future	In-Progress	40	In-Progress	80	Completed	100	- Improved patient access to community supports - Improved hospital services for patients with appropriate acuity levels - Right care, right place, right time.

* This initiative will be aligned with the MH&A redesign

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		Measure
		Status	%	Status	%	Status	%	
Healthcare Associated Infections- Antibiotic Stewardship Program (ASP)	Establish an ASP with regional guidelines to promote effective antimicrobial selection and use that is evidence based, best practice through monitoring /education of prescribing practice for continuous improvement.	In-Progress	50	Completed	100			- Informed prescribing decisions with effective use of antimicrobial resources - Improved patient safety by employing antibiotics that are less likely to result in adverse effects (e.g. C. difficile infection) - Enhance cost-effectiveness of treatment.
Healthcare Associated Infections- Hand hygiene	To build on the existing "Just Clean Your Hands" (JCYH) program and recommendations from Public Health Ontario, with collaboration among hospitals, LTCH and primary health care providers to develop a regional approach to education, communication and compliance audit reports.	In-Progress	35	In-Progress	65	Completed	100	- Decrease the frequency of HAIs - Decreased LOS - Reduce the risk of occupationally acquired infections - Increased public confidence in the healthcare system.
Heart healthy rehabilitation	Healthy heart secondary prevention and cardiovascular rehabilitation network programs to operate in conjunction with Health Links in accordance with the regional standards framework adapted and enhanced as required to meet needs and circumstances of local populations.	Not yet started	0	Commencing	30	In-Progress	80	- Improvement in access for patients to cardiovascular rehabilitation and cardiovascular disease prevention and management - Reductions in ED visits, readmissions and/or recurrent events as a result of improved overall health and independence for persons with or at risk for developing cardiovascular diseases

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		Measure
		Status	%	Status	%	Status	%	
Implement a region-wide non-urgent transportation solution	A robust, regional non-urgent transportation system with a lead transportation provider is able to view the system and use logistics management to ensure efficient and effective movement of patients increasing flow within the healthcare system.	In-Progress	75	Completed	100			- Reduced wait time for inter-hospital patient transfer - Improved patient flow and access to services
Regional Capacity Planning (QBP)								
Role clarification	Hospitals in the region, together with the SE CCAC, the Faculty of Health Sciences (Queen's University) and the SE LHIN through the South East CCAC and Hospital Executives Forum (SECHEF) has committed to addressing the financial pressures of the new funding formula by clarifying each of their roles within a regional system of integrated care.	In-Progress	50	Completed	100			Collaboratively developed plan which clearly articulates the unique role of each organization
Expanding the short stay surgical concept	The short-stay surgery concept currently used at Hotel Dieu to be implemented in other hospitals in the region (determined by clinical suitability).	Commencing	20	In-Progress	60	In-Progress	80	Implementation of provincial better practice throughout remaining 5 hospital corporations in the SE LHIN
Common surgical intake	Implementation of a centralized or common intake model for clients requiring surgery assessments and/or procedures. Implementation will first focus on orthopedics and then expanded to include other appropriate surgical services.	Commencing	30	In-Progress	60	In-Progress	90	Implementation and utilization of a common intake tool for appropriate surgical services
Hospital patient flow	Development of regional patriation/repatriation framework across SE LHIN hospitals with criteria dictating the movement of patients at appropriate times to ensure effective an efficient use of limited hospital resources.	In-Progress	35	Completed	100			- Reduced ED wait times, ALC days, improved patient flow - Increased inter-hospital flow and more timely transfers decreasing pressure on individual hospital capacity and smoothing across the SE LHIN region

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		Measure
		Status	%	Status	%	Status	%	
Enabling technologies								
Health information system consolidation	Hospitals agreed to Request for Information (RFI) for a single Electronic Medical Record (EMR). Implementation will vary depending on hospital's reinvestment stage and the results of the RFI.	Commencing	10	In-Progress	30	In-Progress	50	Improved quality of care and enable smoother transitions
Ontario Laboratory Information System Implementation (OLIS)	Enables laboratory information within the LHIN to be exchanged electronically among health service providers. Support the addition of new data feeds into OLIS from hospitals and improve access/viewing for clinicians.	In-Progress	20	In-Progress	50	In-Progress	70	Reduce the number of repeat and unnecessary tests
Strengthen CSS and MH&A								
Program Integration								
MH&A System Redesign	In IHSP3, the SE LHIN has committed to redesign MH&A services to better manage patient care along the continuum of care and mitigating issues with transitions between providers.	Commencing	40	In-Progress	60	In-Progress	80	The development of a client-centered MH&A service continuum
Hospice sustainability	Complete the integration of current hospice services - based on the results of the engagement process.	In-Progress	80	Completed	100			- Increased proportion of funds spent on direct client care - increasing quantity of patients served and quality of service provision - Ensure long term sustainability of community hospice services

		FY 13/14		FY 14/15		FY 15/16			
Initiative	Description	Status	%	Status	%	Status	%	Measure	
Clinical Services Roadmap									
MH&A- Health Human Resources*	Health human resource plan for MH&A agencies to ensure alignment with the intent of the provincial MH&A strategy. Initiative will support quality care and improve access for clients. Ensure workforce is competency-based across the region, improving quality of treatment and delivery.	In-Progress	70	Completed	100			- Improve client satisfaction. - Decrease patient wait-times - Consistency of care delivery, unified understanding of competency impacts and consistent training for HSPs in the MH&A (shared understandings of requirements and care strategies).	
CSS/CCAC-Integrated Community Assessment and Referral Team (ICART)	The design and implementation of a centralized community intake and referral model that will improve and ease access to services.	In-Progress	80	Completed	100	Completed	100	- Reduced ALC days, ED visits, and LTCH waitlists - Smoother transitions	
Enabling technologies									
Integrated Assessment Record (IAR) rollout*	A viewer that lets users look at all community assessments. CMS and CMHA on board with roll out to CCAC, LLTCH and primary care in the next phase.	In-Progress	30	In-Progress	50	In-Progress	70	- Smoother transitions - Reduced readmits and ED visits	
Single Ontario Common Assessment of Need (OCAN) database*	A single source of information for mental health and addictions providers.	Not yet started	0	In-Progress	10	Completed	100	- Smoother transitions - Reduced readmits and ED visits	
Integrated MH&A client management system*	Implementing a single patient record for MH&A clients.	Not yet started	0	In-Progress	10	In-Progress	70	- Improved quality of care - Smoother transitions	

* This initiative will be aligned with the MH&A redesign

Integrated Health Services Priority #2

Improving the patient experience with a focus on the transition points in care

IHSP Priority Description

Transition points in health care are those points at which patients either move from one provider to another or one setting (such as acute) to another (such as community). It is at these points that the system sometimes allows patients to fall through the cracks. Over the next three years, we are going to work to change that aspect of health care, as well as to improve the overall experience of being a patient within the southeast health care system.

Better Care for Seniors

Many seniors are coping with multiple health issues that require frequent and varied types of health care to manage. Our plan for the next three years is to help seniors stay healthy longer, so they can remain at home and in their communities as long as possible.

Mental Health and Addictions

Our plan calls for us to, in cooperation with providers and other health care partners, redesign mental health and addiction services in the south east across all levels of care. We need to ensure that patients dealing with these serious health problems are given the priority and care they need.

Chronic Disease Management

Chronic diseases can often be very successfully managed if patients are able to take part in that management by improving their health behaviours. This IHSP will ensure that providers and patients have the tools they need to ensure their diseases are managed in the best way possible.

Palliative Care

Palliative care is one of the most delicate, complex, and important forms of health care imaginable. The province has established a vision for palliative care that says:

Adults and children with progressive life-limiting illness, their families and their caregivers will receive the holistic, proactive, timely and continuous care and support they need, through the entire spectrum of care both preceding and following death, to help them live as they choose, and optimize their quality of life, comfort, dignity and security.

The SE LHIN shares in that vision and is aligning itself with the province in order to help make it a reality.

Current Status

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

Developed in response to the ministry's request for innovation as part of its Aging at Home Strategy, the SE 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 EDs or admission to hospital.

Seniors Managing Independent Living Easily

We launched our Seniors Managing Independent Living Easily (SMILE) program in 2008. It was designed to make it possible for seniors who are most at risk of premature institutionalization – usually the frail and elderly – to receive help with activities that are essential to daily living, so they can remain in their homes. A key feature of this program is that it is primarily client-directed; seniors identify what they need in order to feel confident about remaining at home. We will continue to invest in this program in the years to come while pursuing continuous improvement.

Home First Philosophy

Home First was launched in July 2009 introducing a new way of thinking about seniors' care. It seeks to change the long-established pattern of having older patients either languish in hospital or get placed directly into long-term care after their hospital treatment is done, when in fact with the right supports, their health care needs could be considered and addressed at home.

With the Home First approach, health care providers in the hospital work together with CCAC case managers and other community partners to explore whatever options might be available to support patients returning home. What we discovered is that very often, simply asking that question leads to answers being found, and more patients are now getting to spend as much time as possible in the comfort and dignity of their own home. Ensuring and enabling patients to return home with appropriate levels of care after their acute care is completed also eases pressures on hospitals and reduces the demand for long-term care beds. The LHIN will continue to promote and support this approach into the years to come. Home First will be fully implemented both in acute and post-acute hospitals by the first quarter of the fiscal year 13/14.

Assisted Living

We have heard often from seniors in our LHIN that they want to stay at home for as long as possible and avoid living in institutions. Accordingly, an assisted living model of care has been implemented and is beginning to be spread across the LHIN to help make that wish a reality. Assisted living can be applied in individual homes or within a supportive housing complex such as an apartment building where a group of seniors are living. These seniors are not necessarily identified as high risk-users of the health care system, but would clearly benefit from having quick access to personnel who can provide daily living care, socialization with other seniors during coordinated meet-and-greets, better nutrition through careful food preparation and organized dining, and physical activity thanks to a regularly-provided exercise program.

Behavioural Supports Ontario

Behavioural Supports Ontario (BSO), announced by the Province in 2012, was created to enhance services for elderly people with complex behaviours due to dementia, mental health or other neurological conditions. These behaviours, which occur whether the person is living at home, in acute care or in LTCH, are a major source of distress not only for to the person with the behaviour, but also family, caregivers and others providing support.

BSO will enhance and leverage the existing service system and promote integrated service delivery through interdisciplinary mobile teams based around the region who are able to respond, around the clock, to calls from LTCHs that need this support and expertise. Over the next three years, we will not only pursue the BSO model in LTCH, but also work with providers and community organizations to expand the model to include primary care, hospitals and other community care providers.

Goal (s) and Objective(s)

The action plans that align with this IHSP priority intend to:

- Enhance ease of access
- Reduce number of transitions
- Smoothen transitions
- Increase focus on patient centered care
- Sustain seniors in their homes

The specific goals that relate to this priority include:

- Expanding the seniors' care strategy to incorporate provincial direction
- Enhancing the ability of the health care system to respond to the care needs of our seniors
- Moving to a model in which high-risk clients are proactively identified and referred to appropriate services in their community
- Strengthening CSS & Community MH&A services
- Supporting and empowering caregivers
- Improving access to quality MH&A services
- Implementing the Clinical Services Roadmap
- Creating and implementing a regional palliative care plan

Priority 2 – Improving the patient experience with a focus on the transition points in care

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		Measure
		Status	%	Status	%	Status	%	
Better Care for Seniors								
Nurse Led Outreach Team (NLOT)	Establish additional Nurse Practitioners (NP) in LTCHs to manage acute events.	Commencing	20	In-Progress	80	Completed	100	Reduction in CTAS 4-5 ED visits
Supportive Living	Spread congregate living supports in the LHIN.	In-Progress	30	In-Progress	75	Completed	100	- A reduction in CTAS 4-5 ED visits - Reduction in LTCH applications - Possibly a reduction in ALC days
High-risk screening	Implement a common tool and algorithm throughout the LHIN to trigger a cross-sectoral seniors' care plan.	In-Progress	70	In-Progress	90	Completed	100	- Reduction in CTAS 4-5 ED visits - Increased referrals to CCAC and CSS services - Decreased ALC and applications to LTCHs, LOS
Home First	Implement the Home First philosophy in post-acute care settings (outside hospitals).	In-Progress	10	In-Progress	50	In-Progress	70	- Reduction in ALC and wait list for LTCH - Increased referrals to CCAC and CSS
Respite								
Community respite	Develop a tactical plan to optimize existing resources and identify gaps to be addressed in the future.	In-Progress	50	Completed	100			- Decreased caregiver stress - Improved outcomes for clients
LTCH short stay respite	Gage interest in short-stay respite - garner interest in short-stay respite beds in LTCH sector to reduce ED/ALC pressures.	In-Progress	20	In-Progress	40	In-Progress	60	- Possible education in ED visits and readmits - Possible reduction in LTCH applications - Reduction in ED/ALC rates - Increased referrals to CCAC, SMILE

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		Measure
		Status	%	Status	%	Status	%	
Convalescent care (CC)	Increase convalescent care beds/units in the SE LHIN region to reduce ED/ALC pressures, LTCH admissions, ED readmits and improve ability of seniors to remain at home. Application has been submitted to Ministry for 22 CC Beds.	In-Progress	30	In-Progress	60	In-Progress	70	- Reduction in ED/ALC rates, LTCH applications, ED readmits/visits. - Increased referrals to CCAC and CSS
Volunteer transportation	Develop a tactical plan to optimize existing resources and identify gaps to be addressed in the future.	Not yet started	0	In-Progress	50	Completed	100	- Consistent application of MIS guidelines and transportation policies/protocols across the SE LHIN relating to the provision of volunteer transportation - Increased access to medical-based volunteer transportation across the SE LHIN through increased consistency, equity, efficiency and effectiveness of existing servicing provision.
Senior friendly hospital initiatives	Implementing best practices for functional decline and delirium care in accordance with the provincial Seniors Care Strategy.	In-Progress	60	In-Progress	85	Completed	100	Reduced LOS, ALC, and readmits to hospitals.

		FY 13/14		FY 14/15		FY 15/16		Measure
Initiative	Description	Status	%	Status	%	Status	%	
BSO - maintain and enhance in LTC, spread to primary care, hospital and other sectors	Improve the capacity of caregivers in the hospital, community and primary care to support patients with challenging behaviours.	In-Progress	20	In-Progress	60	Completed	100	Reduced resident transfers, reduced admissions and ALC from LTCHs, reduced LOS in acute care
	Create behavioural transition unit at Providence Care and Quinte Health Care (geriatric unit).	In-Progress	10	In-Progress	50	Completed	100	Reduced ALC and acute visits
CSS and MH&A								
Clinical Services Roadmap								
MH&A Coordinated Access*	Coordinated access for MH & A consumers. Creation and utilization of standardized forms for assessments and referrals (CAR) for all MH & A HSP's and hospitals. Implementation of one 310-OPEN line with geographical points of office access for clients.	In-Progress	70	Completed	100			- Reduction in ED visits, ED readmits - Increased access to Crisis services after hours, reduce wait-times for services - Standardization will improve client satisfaction
CCAC Expanded Role	Establish the CCAC process for providing access to CCC/Rehab beds, adult day program and supportive housing.	In-Progress	80	Completed	100			Reduction in ALOS for rehab and CCC patients and a reduction in ALC days
ED- Patient Flow	Design and implement a seamless transition model for timely care through the hospital system into the community related to specialized care MH&A and discharge planning	In-Progress	20	In-Progress	40	In-Progress	60	- Reduced ED wait times, ALC - Improved patient flow

* This initiative will be aligned with the MH&A redesign

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		Measure
		Status	%	Status	%	Status	%	
ED- CCAC Notification	Notification to CCAC of their clients on presentation to a hospital ED for prompt action to review case findings to prevent ED revisits and unnecessary admissions.	In-Progress	35	In-Progress	60	Completed	100	- Reduced ED wait times - Improved patient flow, better transitions, decreased readmits - Identification of high users
Enabling technologies								
Resource Matching and Referral	Evaluate and refine referrals out of hospital to the patient's home, Complex Continuing Care (CCC), rehabilitation and LTCHs ensure the right care at the right time at the right place.	In-Progress	40	In-Progress	60	In-Progress	80	Decreased inappropriate referrals and LOS in hospitals
Palliative								
Implementation of palliative care strategy	Finalize local palliative care strategy, develop associated work plan and implement work plan.	In-Progress	20	In-Progress	40	In-Progress	80	The development of a consistent palliative strategy with a cascading work plan
	Strategic roll-out of the NP-Palliative Program will provide critical capacity to enhance continuity of clinical care coordination across primary care, home care, community supports, acute, and specialty palliative care sectors.	In-Progress	70	Completed	100			- Increased ability of Palliative/EOL patients to better manage their care at home - Decreased reliance on acute care for Palliative/ EOL patients

Integrated Health Services Priority #3

Focusing on the unique health care needs of Aboriginal and Francophone populations

IHSP Priority Description

Ontario's Aboriginal and Francophone populations have health care needs that are unique and separate from those of most people in the province. This IHSP calls for us to work with providers and our Aboriginal and Francophone communities to ensure that everyone in our LHIN can count on receiving health care that is accessible and culturally appropriate.

Aboriginal Health Care

The Aboriginal and Metis populations in our LHIN face a number of cultural and socio-economic challenges that affect their health care and shape their health service needs. We will spend the next three years working directly with their leaders to identify the best ways of helping them overcome these challenges and meet the unique needs and priorities of their communities.

Francophone Health Care

We have a clear obligation to ensure that language is not a barrier for Francophones in our LHIN who seek access to health care. Together, the South East and Champlain LHINs and the Réseau des Services de Santé en Français de l'Est de l'Ontario (the planning entity for French-language health services) have created a Joint Annual Action Plan (JAAP) that identifies objectives and joint actions that will promote improvement and efficiency in the delivery of high quality French-language health services. Over the next three years, we will work with the Réseau to update, refine and implement this plan.

Current Status

Enhancing Services for our Aboriginal Population

Metis Nations of Ontario (MNO)

- The SE LHIN funded and supported the development and implementation of a health population survey of all MNO residents in the SE LHIN. The survey was expanded to the rest of the province.

Aboriginal Nurse Practitioners

- The SE LHIN has funded two Aboriginal Nurse Practitioner positions through our Community Health Centres located in Napanee and Belleville-Quinte West.
- One of these positions is based out of the Tyendinaga Territory.

Indigenous Health Council (IHC)

- One of the outcomes of the NP positions is the evolution of the IHC, the first off-reserve aboriginal table in the SE.
- Community engagement activities are facilitated through the work of the IHC allowing the council to provide guidance related to specific cultural needs.

Mohawks of the Bay of Quinte

- Meetings occur between LHIN staff and Chief and Council to enhance our working relationship, solve problems and share information.

- The MBQ have utilized engagement funds towards a research project on health and environmental concerns in the community.

Serving the Francophone Population

The LHIN has worked towards the implementation of its Joint Annual Action Plan 2012-2013 developed collaboratively with Champlain LHIN and the French Health Planning Entity*, pursuant to the accountability agreement signed with these parties in 2010.

The Action Plan was based on the five following objectives, for which specific actions were developed:

- Improve quality of data for better planning:
 - Across the SE and Champlain regions, a project of collecting consistent data on francophones is being developed, involving health service providers.
- Strengthen Francophone's participation in health service planning through community engagement:
 - The planning entity organized, with the participation of the SE LHIN, multiple community engagement sessions with Francophones across the SE, in order to inform the community of upcoming opportunities such as, providing feedback on the IHSP3, future community engagement events, and the recruitment of members for a Francophone citizen advisory panel.
 - The SE LHIN consulted the Francophone community on line and face to face as part of the elaboration process of the IHSP3, with the assistance of the Réseau.
 - The Francophone citizen advisory panel was created in the falls and met twice since.
- Ensure that French-language health service planning meets the needs of the Francophone community:
 - A planning guide aimed to take into consideration the Francophone perspective in new initiatives and projects was introduced to SE LHIN staff by the Réseau.
 - The SE LHIN is using the Health Equity Impact Assessment (HEIA) in its funding decision making process.

- Improve the active offer of French-language health services:
 - A planning agent from the Réseau has been supporting the identified organizations of Kingston to work on the development of the provision of services in French.
 - Projects intended to support the development of the active offer were submitted by identified HSPs and funded by the SE LHIN with reallocation funding.
- Measure the impact of our actions on French-language health services:
 - The LHINs and the Réseau have developed a series of indicators that will measure the influence of their activities.

*The French Language Health Service Network of Eastern Ontario (FLSNEO) / Le Réseau des Services de Santé en Français de l'Est de l'Ontario (RSSFEO)

Goal (s) and Objective(s)

- Supporting the Aboriginal population to better manage their health concerns
- Improving access to French Language Health Services

Priority 3 – Focusing on the unique health care needs of Aboriginal and Francophone populations

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		Measure
		Status	%	Status	%	Status	%	
Aboriginal Focus								
Work with the Mohawks of the Bay of Quinte to develop and launch a mental health and addictions initiative	Support MBQ in the development and launch of the initiative, which may include both on reserve and off reserve services	Commencing	50	In-Progress	75	Completed	100	Improved access to care, reduced rates of addiction, reduced rates of domestic violence, reduced rates of suicide
Utilize the results of the Metis Health Survey to identify need and together with the Metis, improve access to relevant care	Includes Improving use of telemedicine capacity	Commencing	30	In-Progress	50	In-Progress	75	Better management of chronic disease so reduced acute visits (follow up survey)
Indigenous council - increase catchment and spread	Spread the concept of the Indigenous Council to increase the breadth of engagement across the geography	In-Progress	20	In-Progress	40	In-Progress	70	Improve understanding of off reserve population needs and identify how we can better serve those needs
Cultural sensitivity training	Provide education and support to health service providers and the SELHIN staff in order to recognize and respect diversity, acknowledge values and norms, engage in self-reflection and make better decisions.	Commencing	10	In-Progress	40	In-Progress	70	Increase in cultural competency training across health care sectors and services will support better health outcomes for aboriginal peoples, will reduce their utilization of emergency services while strengthening connections to primary care and community supports. Cultural safety training will also improve aboriginal client experience with health services.

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		Measure
		Status	%	Status	%	Status	%	
Francophone Focus								
Joint Annual Action Plans (JAPP)	Develop and implement the JAAP in collaboration with the planning entity and Champlain LHIN.	Completed	100					The implementation of the JAAP will be evaluated and presented to the liaison committee.
HSP compliance with FLS local planning obligations.	Ensure that HSPs fulfill local obligations on French Language Services.	Completed	100					HSPs performance monitoring will be supported by progress reports on FLS implementation plans, and will demonstrate that implementation phases are on schedule.
Improve inclusion of Francophone perspective in the development of SE LHIN projects and initiatives.	Develop awareness of the importance of including the Francophone perspective in new projects and initiatives related to planning, through the use of tools.	Commencing	10	In-Progress	20	In-Progress	30	Support will be provided to planning consultants.
Pursue collaborative working relationship with RSSFEO	Include the RSSFEO in FLS activities; keep developing and implementing methods of collaboration with RSSFEO.	In-Progress		In-Progress		In-Progress		

Consistency with Government Priorities

Ontario's Action Plan for Health Care

- Keeping Ontario Healthy
- Faster Access and a Stronger Link to Family Health Care
- Right care, Right time, Right place

- Better integration of the health care system and across the continuum of care, including family health care, acute care and community care;
- Enhanced community based services;
- Services for Seniors;
- Childhood Obesity;
- Mental Health, including children and adolescent;
- Management of Chronic Disease, including Diabetes and Heart Disease as well as Health Promotion and Prevention;
- Reducing Emergency Department wait times and Alternate Level of Care days remain government priorities;
- Health System Funding Reform; and
- The Wait Times Strategy for Surgical and Diagnostic Imaging procedures.

Senior's care strategy

- Promoting Health and Wellness
- Strengthening Primary Care for Older Ontarians
- Enhancing the Provision of Home and Community Care Services
- Improving Acute Care for Elders
- Enhancing Ontario's Long-Term Care Home Environments
- Addressing the Specialized Care Needs of Older Ontarians
- Medications and Older Ontarians
- Caring for Caregivers
- Addressing Ageism and Elder Abuse
- Addressing the Unique Needs of Older Aboriginal Peoples in Ontario
- Supporting the Development of Elder Friendly Communities

IHSP3 Goals

- Improve access to a better integrated Primary Health Care System
- Support Primary Health Care with better management of Chronic Conditions
- Support the development of a strong hospital system
- Implement the Clinical Services Roadmap
- Create and Implement capacity plans to further high quality care for specific specialized services (i.e. surgery)
- Strengthen Community Support & Community Mental Health and Addictions Services
- Improve access to quality Mental Health and Addictions Services
- Enhance an effective and comprehensive information management system
- Expand Seniors' Care Strategy to incorporate provincial direction
- Enhance the ability of the health care system to respond to the care needs of our seniors
- Move to a model in which high risk clients are proactively identified and referred to appropriate services in their community
- Support and empower caregivers
- Support the Aboriginal population to better manage their health concerns
- Improve access to French Language Health Services

Risk Management

Risk	Mitigation Strategy
The achievement of the objectives as listed in this document implies a spectrum of changes that range in scope and impact. Orchestrating such complex changes presents various challenges.	An effective change management strategy to facilitate these transitions is essential. This approach should reflect the local context to ensure successful implementation.
Resistance to transformative models of care.	Reiterating the importance of developing a health system that is truly client-centric and value oriented while acknowledging the challenges associated with transitioning from contemporary models.
Competing priorities and resource constraints could potentially hamper implementation	Utilize a phased approach for the more complex projects to avoid actor fatigue and resource issues
Potential unknown perverse incentives that drive behavior in the wrong direction	Continued engagement with providers, frontline staff, and other stakeholders to continually review the operating and funding environment to avoid such circumstances (or mitigate when identified)

Enabling factors

The realization of the goals outlined in the ABP depends on the extraordinary commitment and skill of the health care providers in this region. We will achieve these priorities by working closely with providers in this region on the delivery of a number of programs and initiatives. Some of the factors that will contribute to a successful implementation include:

- Application of lessons learned in earlier initiatives to improve the implementation and sustainability of ongoing and new initiatives
- Highly motivated cross section of health care providers leading the various initiatives
- Patient satisfaction emerging as a growing component of HSP accountability in the province
- Shared successes with our stakeholders helps to drive commitment and foster buy-in

LHIN Operations and Staffing

LHIN Operations Spending Plan - Template B

LHIN's Operations: Sub Categories	2012/13 Forecast	2013/14 Plan	2014/15 Outlook	2015/16 Outlook
Operating Funding	4,543,156	4,543,156	4,543,156	4,543,156
Salaries and Wages	2,711,441	2,904,406	2,960,069	3,016,829
Employee Benefits				
HOOPP	275,931	292,209	297,942	303,788
Other Benefits	301,299	308,153	314,197	320,361
Total Employee Benefits	577,230	600,361	612,139	624,149
Transportation and Communication				
Staff Travel	99,264	95,000	95,000	95,000
Governance Travel	18,141	18,700	18,700	18,700
Communications	47,698	48,500	48,500	48,500
Other Transport and Communication	23,068	14,950	14,950	14,950
Total Transportation and Communication	188,171	177,150	177,150	177,150
Services				
Accommodation	217,168	189,768	190,768	191,768
Advertising	4,367	6,500	6,500	6,500
Banking	13,966	13,000	12,000	11,000
Consulting Fees	176,757	45,000	93,080	45,000
Equipment Rentals	930	1,000	1,000	1,000
Governance Per Diems	68,850	81,600	81,600	81,600
Insurance - Operations Only	6,600	6,600	6,600	6,600
LSSO Shared Costs	301,581	260,967	260,967	260,967
LHINC	47,500	47,500	47,500	47,500
Other Meeting Expenses	17,218	17,000	17,000	17,000
Other Governance Costs	9,462	41,000	41,000	41,000
Printing & Translation	16,353	18,000	36,000	18,000
Staff Development	88,498	70,000	70,000	70,000
Other Services				
Total Services	969,250	797,935	864,015	797,935
Supplies and Equipment				
IT Equipment	44,353	14,500	18,500	18,500
Office Supplies & Purchased Equipment	52,712	48,803	48,455	48,455
Total Supplies and Equipment	97,065	63,303	66,955	66,955
Capital Expenditures	0	0	0	0
Unfunded Pressure to be mitigated	0	0	-137,172	-139,862
Total LHIN Operations	4,543,157	4,543,155	4,543,156	4,543,156
Variance (Deficit)	0	0	0	0

LHIN Staffing Plan - Template C

Position Title	2011/12 Actual	2012/13 Actual	2013/14 Plan	2014/15 Outlook	2015/16 Outlook
Chief Executive Officer	1.00	1.00	1.00	1.00	1.00
Executive Assistant	1.00	1.00	1.00	1.00	1.00
Board Coordinator	1.00	1.00	1.00	1.00	1.00
Receptionist - Assistant	0.54	0.50	0.50	0.50	0.50
Office Assistant		0.16			
Communications and Community Engagement Specialist	1.00	1.00	1.00	1.00	1.00
Project Assistant - (1)	1.00	0.08			
Communications Coordinator		0.50	1.00	1.00	1.00
Director Corporate Services/Controller	1.00	1.00	1.00	1.00	1.00
Financial Clerk - Corporate Services	1.00	0.82			
Financial Officer, Corporate		0.13	1.00	1.00	1.00
Corporate Service Assistant	1.00	1.00	1.00	1.00	1.00
Receptionist - Assistant	0.13	0.50	0.50	0.50	0.50
Office Assistant		0.16			
Chief Operating Officer	1.00	1.00	1.00	1.00	1.00
Senior Administrative Assistant	1.00	1.00	1.00	1.00	1.00
Project Coordinator			0.75	1.00	1.00
Director, Performance Optimization	1.00	1.00	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
Sr Financial Analyst	1.00	1.00	1.00	1.00	1.00
Financial Analyst	1.00	1.00	1.00	1.00	1.00
Project Assistant - (2)	1.00	1.00	1.00	1.00	1.00
Director, HSP Funding and Allocation	1.00	1.00	1.00	1.00	1.00
Financial Officer, HSP	1.00	1.00	1.00	1.00	1.00
Project Assistant - (3)	1.00	1.00	1.00	1.00	1.00
Director, Knowledge Management	1.00	1.00	1.00	1.00	1.00
Sr Data Analyst and Integration Consultant	1.00	1.00	1.00	1.00	1.00
Database Developer & Decision Support Consultant		0.80	1.00	1.00	1.00
Project Assistant - (4)	1.00	1.00	1.00	1.00	1.00

Position Title		2011/12 Actual	2012/13 Actual	2013/14 Plan	2014/15 Outlook	2015/16 Outlook
Director, Health System Design		1.00	1.00	1.00	1.00	1.00
	Health System Design Specialist	2.00				
	Health System Design & Implementation Lead		0.17	1.00	1.00	1.00
	Data Analyst and Integration Consultant	1.00				
	Planning & Integration Consultant		1.63	2.00	2.00	2.00
	Integration Consultant		0.83	1.00	1.00	1.00
	Project Assistant - (5)	1.00	1.00	1.00	1.00	1.00
	Writer		0.22			
LHIN Staffing FTE's - Sub Total		27.67	28.50	30.75	31.00	31.00
Initiatives (Funded via Project Envelopes & separately from LHIN Operations)						
HFO	Community Partnership Coordinator, Health Force Ontario	0.50	0.50	0.50	0.50	0.50
FLS	French Language Services Coordinator	1.00	1.00	1.00	1.00	1.00
ER/ALC	Snr Consultant Performance Lead ER/ALC	1.00	1.00	1.00	1.00	1.00
Enabling Technologies	Chief Information Officer Enabling Technologies	0.30	0.50			
	Snr Director Enabling Technologies		0.07	1.00	1.00	1.00
	Senior PMO Lead	1.00	1.00	1.00	1.00	1.00
	Senior Project Lead	1.00	1.00	1.00	1.00	1.00
	Project Coordinator	0.72	1.00	1.00	1.00	1.00
CDM	Snr Consultant, Design & Implementation		0.16	1.00	1.00	1.00
	Epidemiologist		0.11	1.00	1.00	1.00
	Quality Improvement & Implementation Facilitator (1)		0.09	1.00	1.00	1.00
	Quality Improvement & Implementation Facilitator (2)		0.09	1.00	1.00	1.00
	Quality Improvement & Implementation Facilitator (3)		0.00	1.00	1.00	1.00
	Project Assistant		0.17	1.00	1.00	1.00
	Chronic Disease Management Physician Lead		0.00	0.50	0.50	0.50
	Endocrinologist		0.00	0.20	0.20	0.20
PC	Primary Care Lead	0.03	0.10	0.10	0.10	0.10
HL	Health Links Lead		0.03	0.50	0.50	0.50
EoL	End of Life Coordinator Lead		0.01	1.00	1.00	1.00
ED	Emergency Department Lead	1.00	1.00	1.00	1.00	1.00
RS	Regional Surgical Development Lead	1.00	0.42			
	Regional Surgical Services Lead	1.00	0.42			
CC	Critical Care Lead	1.00	1.00	1.00	1.00	1.00
LHIN Initiatives FTE's - Sub Total		9.55	9.67	16.80	16.80	16.80
SE LHIN FTE's Total		37.22	38.17	47.55	47.80	47.80
SE LHIN Positions/People Total (Operations + Projects Staff)		40.00	50.00	50.00	50.00	50.00
The plan identified above is based on current state and may be adjusted as part of the SE LHIN strategic HR Plan development, and in alignment with Ministry initiatives not yet determined. Initiatives are funded separately from LHIN operations, however, are displayed above due to the relevant financial & non-financial imprint on LHIN 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 are aligned to the Ministry's key message, "*The 2014 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 three-year planning period beginning 2013/14:

- a. The funding allocation establishes the planning period baseline with no revenue increase forecasted.
- b. The LHIN must adhere to a "balanced budget" approach. Any identified pressures will be mitigated within the funding provided.
- c. The 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 will partner with the ministry on expenses related various ancillary funded programs so as to ensure adequate resourcing for this initiative.

With no forecasted increase in revenues, Ministry-LHIN Performance Agreement (MLPA) funding allocations received after the new fiscal year begins, and receipt of funding flow for projects occurring in Q4, some key resource pressures have been identified and include:

- a. **Enabling Technologies (formerly known e-Health):** Funding levels are not confirmed at the time of this business plan preparation. Therefore, should funding allocations for 2013/14 be less than prior end-of-year funding for this project, LHIN operations will be required to absorb the variance into the salary & benefits line accounts. This will impact the FTE staffing plan for LHIN operations.
- b. **Emergency Department/Alternative Level of Care (ED/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 & benefits, meeting expenses, travel, and development line accounts, and therefore impacts the FTE staffing plan for LHIN operations.
- 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 and potentially impacting the FTE staffing plan for LHIN operations.
- 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, project implementation and funding utilization, and cash flow considerations.

Communication Plan

Objectives

Business Objectives

To develop a regional system of integrated health care across the care continuum, from primary care and public health through to community, acute and long-term care by:

- Improving access to a better integrated Primary Health Care System
- Supporting Primary Health Care with better management of chronic conditions
- Supporting the development of a strong, relevant, hospital system
- Implementing the Clinical Services Roadmap
- Creating and implementing capacity plans to further high-quality care for specific specialized services such as surgery
- Strengthening Community Support & Community Mental Health and Addictions Service
- Improving access to quality Mental Health and Addictions Services
- Enhancing an effective and comprehensive information management system

To improve the patient experience with a focus on the transition points in care by:

- Expanding the Seniors' Care Strategy to incorporate provincial direction
- Enhancing the ability of the healthcare system to respond to seniors' care needs
- Moving to a model in which high-risk clients are proactively identified and referred to appropriate services within the community
- Creating and implementing a regional palliative care program

To focus on the unique health needs of our Aboriginal and Francophone populations by:

- Supporting the Aboriginal population to better manage their health concerns and needs
- Improving access to health services in the language of choice for Francophone residents

Communications Objectives:

- To continue to build awareness, understanding, acceptance and respect for the high quality of work done by the SE LHIN
- To gain a level of confidence and trust in the SE LHIN among our Health Service Provider partners, program and project stakeholders, and our regional general population that will enable the LHIN to focus on the job at hand rather than spending undue amounts of time repeatedly re-explaining operational and policy decisions
- To entrench and sustain a reputation for the SE LHIN among southeast region news media representatives that this organization operates in an open and transparent fashion that respects the need for timely and accurate response to their needs
- To instill among SE LHIN staff a greater appreciation for, and sensitivity to, the role and benefits of an effective Communications function that – if fully supported by them – can help make their own work easier and more rewarding
- To demonstrate to stakeholders and the general population that there has always been – and there will continue to be – a firm commitment by SE LHIN to the notion and importance of Community Engagement and Public Consultation.

CONTEXT

Since they were first established under *LHSIA* in 2005, Ontario LHINs have remained largely unknown to – or misunderstood by – the general population they were created to serve. This has led to an imbalance wherein LHINs are often portrayed in a negative light and where the positive benefits of the work they do are either downplayed or overlooked.

While there have been occasional, mitigating, articles and other media coverage offering glimpses into the positive work done by LHINs, the prevailing public and political attitude towards them remains one of misunderstanding – providing fertile ground for negative and hostile commentary.

Clearly, an effective Communications Plan will enable the SE LHIN to be as timely and thorough as possible in responding to questions from the media and public – and seizing upon opportunities to raise its profile, promote understanding of the positive work it does, and correct misinformation about its operating programs, policies or decisions.

Communications Issues Discussion

- The sheer volume of ongoing work conducted within the SE LHIN produces a daily torrent of facts, information, statistics, developments and updates on a number of fronts. In this daily surge to just get the work done, it becomes important for the Communications function to provide context and perspective to those issues which are most important and must be addressed in some reasonable order of priority. Approaching Communications in this context will enhance its value as a thoughtful, proactive business tool that can achieve tangible benefits over the longer term.
- The SE LHIN recognizes the need to respond quickly and accurately to MOHLTC requests for information and analysis—and to participate in Pan-LHIN Communications initiatives in order to create province-wide momentum for a program or initiative. We must remain mindful, however, that in doing so, we avoid conflicting with, or running counter to, the specific communications objectives of the SE LHIN. This is particularly challenging in terms of timing and balancing province-wide requirements so that they mesh effectively with regional priorities and accommodate regional relationships.
- At the heart of a meaningful Communications Plan for the SE LHIN is the recognition that it must also support the ongoing transformation of our health system taking place province-wide. Accordingly the spirit of this plan speaks to the important

work being done through the Minister's Action Plan for Health Care, health system funding reform and an appropriate emphasis on Community-based Care.

TARGET AUDIENCES

- Primary:** All residents of the southeast region, including MPPs, regional and municipal governing bodies and their members, and other civic and commercial organizations and their staff
- Secondary:** Executive and staff of MOHLTC; SE LHIN HSP partner organizations and their staff; physicians, clinicians and related Health Care professionals
- Tertiary:** All other stakeholders who are impacted by the policies, actions and programs of the SE LHIN, including SE LHIN staff and their families
- Other:** Provincial medical-community associations and organizations such as the OMA, OHA, Cancer Care Ontario and others who are able to help deliver messaging to our target audiences and the broader community.

STRATEGIC APPROACH

To achieve our Communications Objectives, the following strategies will be used:

- The SE LHIN will seize every opportunity to showcase and communicate to stakeholders and the public, specific examples of program accomplishments and how they benefit our region. These examples will speak to the value of LHINs by either promoting the demonstrated (or expected) positive outcomes to be realized – or by challenging negative misconceptions with specific, countervailing information. Program Leads and their colleagues should be encouraged and/or mandated to bring to the attention of the Communications team suggestions and examples of these accomplishments – far enough in advance for Communications to effectively “package” them for distribution and follow-up
- Call upon acknowledged third-party experts to express publicly their opinion(s) and comments on SE LHIN program and operational achievements
- Ensure that effective Community Engagement and input takes place at the most appropriate juncture(s) of a program or operational planning process that requires careful and comprehensive public consultation.
- Balance, judiciously, the competing demands of SE LHIN participation in Pan-LHIN communications initiatives with the need to pursue and achieve SE LHIN communication objectives more relevant, timely and appropriate to the southeast region.
- Position the SE LHIN as a key player in the transformation of Ontario’s health system – and as the lead in health system transformation in the south east.

KEY MESSAGES

While different situations and issues will require specific messaging appropriate to the circumstances in which they arise, the overall Key Messages that should be adapted throughout the SE LHIN's Communications Plan include:

Message: **The SE LHIN is the key organization in this region that brings together health care partners such as hospitals and community-based agencies to develop innovative, collaborative solutions that lead to improved access to high-quality care for all residents.**

Support:

- Prior to the LHIN, many health care agencies and organizations worked separately in silos that created gaps in which patients were often left frustrated and confused about how and where to get the best care. The SE LHIN has improved coordination between providers, with an emphasis on transition points so that patients are transferred more smoothly and effectively from one sector of care to another.
- Because of the SE LHIN, health service providers in this region are being held accountable for the ways in which they provide health care, through Performance Agreements with the LHIN
- The SE LHIN's Clinical Services Roadmap embodies the way in which hospital service providers are working together to develop an integrated regional system of care that is easier for patients to navigate
- The SE LHIN is the leading organization in this region by which Primary Health Care will be strengthened, through the establishment of Health Links and the bolstering of Community-based healthcare services.

Message: The SE LHIN is comprised of individuals who are passionate, committed and expert in how to make the delivery of health care more effective and efficient for residents of this region.

Support:

- Many SE LHIN staff have front line experience working directly in the delivery of health care in nursing, hospitals, administration and health systems management. They bring to their respective areas of work deep expertise and experience and they know how to achieve results.
- SE LHIN staff receive ongoing special training and continuous learning in their areas of expertise and are highly-qualified to provide the leadership and direction to our Health Service Providers that ensures better care for residents of this region.

Message: The SE LHIN operates in an open, transparent, fashion and is accountable to its Health Service Provider partners, the Ministry of Health and Long Term Care (MOHLTC), and residents of the region it serves

Support:

- The SE LHIN maintains Accountability and Performance agreements with the Ministry of Health and with its Health Service Provider partners across this region. These agreements set out in detail, targets to be achieved within agreed time frames to ensure taxpayer dollars are spent in the most effective ways possible; and that the quality of care for residents of this region is maintained to the highest-possible standards.
- The SE LHIN Board of Directors, chosen for their experience and understanding of local health care issues, holds regular meetings that are open to the public. Background documentation on issues to be discussed is posted in advance, and decisions made are posted openly on the SE LHIN website for all visitors to see.

Message: The SE LHIN is genuinely interested in – and wants to know – how residents of this region feel about the quality of health care they receive and how they think it can be improved

Support:

- The SE LHIN is committed to the notion of public and community engagement. It has pioneered innovative new ways of engaging with its community and will continue to look for ways of gathering and sharing input and opinion from residents of the south east who must be consulted on matters of health care delivery that will affect them.
- The SE LHIN has developed a robust public and community engagement plan to guide and direct us in fulfilling our engagement obligations and responsibilities

Message: The work of the LHINs supports the ministry's Action Plan for Health Care which aims to provide the right care, at the right time, in the right place to ensure better patient outcomes.

Support:

- Our MLPA defines the South East LHIN's commitment to the Action Plan.
- *Right Care, Right Time, Right Place* is a frequently-used phrase in most external-facing communications messaging issued by the LHIN

Message: Given the fiscal and demographic pressures, it is imperative that we transform Ontario's health care system so that it will meet the needs of current and future generations of Ontarians. The status quo is not sustainable. Growing and aging populations, increased incidents of chronic conditions and the current fiscal reality have created an urgent need for change.

Support:

- The South East LHIN has one of the highest concentrations of Senior Ontarians within its boundaries, out of all 14 LHINs. We *know* the impact of aging on our health system.

- Ontario's health system currently devours 47% of the total provincial budget. That number could rise to 70% within a few years if something isn't done to contain spending.

Message: Transformation requires a collective call to action as changes will take place at the provider level, the regional (LHIN) level and at a systems level. All have an important role to play in helping to transform the health care system.

Support:

- Significant, tangible gains have been made in the delivery of our health care system when providers and the LHIN have worked collaboratively to eliminate entrenched silo-ization and achieve an integrated approach to health care across the south east.

Message: Everyone has a role to play in the change. We are working with the health care community and Ontarians in our LHIN to transform the way health care is delivered, funded and accessed based on evidence, value-for-money and innovation.

Support:

- The South East LHIN has engineered highly-creative and innovative Community and Public Engagement approaches – using a dedicated website and online approach – that has captured a broad and meaningful range of opinion and comment that guides us in the work we do.

Message: We are transforming our health care system to provide quality health care that meets the needs of Ontarians today and well into the future. We are changing from an old system designed to treat people once they are sick to a more coordinated, value-driven model that promotes wellness.

Support:

- The LHIN's Primary Care and Health Links initiatives are making a difference with their collaborative approach to promotion, awareness and education – as well as treatment in the way in which Ontarians in this region receive their care.

TACTICS

To help achieve the communications goals and objectives set out in this plan, the following activities are recommended:

1. Regular SE LHIN Communiqués

The SE LHIN will issue regular *LHINfo Minute* (s) to highlight current accomplishments within the LHIN and how they benefit residents of this region. It will also strive to produce and distribute regular Communiqués to residents and our HSP partners featuring trends and developments within the LHIN and their impact on health care delivery. Such Communiqués could be produced in electronic format (to limit costs) for distribution to public libraries, CHC's, and other cluster points where they could be available to the general public.

2. SE LHIN Board Reports

As soon as possible following each Board meeting, the SE LHIN will issue a brief synopsis of decisions and actions taken at the meeting in the form of a *SE LHIN Board Report*. While the primary distribution channel for such a report would rely on email, it could also be recorded for airplay on key talk-radio stations around this region. Produced as a bright, lively wrap-up of no more than 3-5 minutes in length, it will communicate to listeners in clear, understandable terms happenings at the SE LHIN Board, and their significance. Handled properly, this approach could – over time – build audience appeal. While it would require budget resources, the appropriate media-buy for airtime and promotional considerations with select Radio outlets could be highly cost-effective – particularly when purchased through the provincial government's Agency of Record media-buying arm as Public-Service Announcements.

3. Presence at Select Health Fairs and Public Venues

Whenever it makes sense – and can have significant impact – SE LHIN Board and Staff should participate in key public Health Fairs, Conferences or other venues where they will have the opportunity to showcase achievements at the LHIN.

Clearly, the value of any such appearances would have to be carefully determined to ensure they offer an appropriate ROI in terms of staff time, travel and materials needed to mount a strong presence at such events.

4. Speaking Opportunities

As with a public presence at appropriate Health events, SE LHIN Board and Staff should look for opportunities to speak at select industry and public gatherings in which LHIN achievements and accomplishments can be highlighted and described in fuller detail. It would, of course, be critically important to match speaker and topic with audience to maximize impact of messaging – but that should be a straightforward step. Additional value in searching out appropriate speaking events is the opportunity to ask/encourage acknowledged third-party experts to speak on the LHIN's behalf, or to offer their opinion and comment on how the LHIN has performed in specific areas.

5. Regional and Municipal Council, Business Leaders, and MPP Contact

It would be helpful and effective to meet with all regional, municipal and civic councils and MPPs across the south east on a regular (quarterly or every other quarter) basis to update them on achievements at the LHIN and to provide context on how work being done might impact their specific constituencies. The added benefit to this approach is the opportunity to gain local media coverage explaining LHIN policies and programs to reporters who regularly cover council meetings – as well as gaining mention in MPP newsletters to their constituents.

The SE LHIN will continue, as it has over the past year, to arrange presentations by our CEO to local/regional Chambers of Commerce and Rotary Club meetings whereby we can convey messaging on the value of LHINs and the “Economics of Health Care” in a manner that will resonate with – and gain the understanding of – our business community leaders for the cost-effectiveness of LHINs.

6. Media Outreach

Despite the burgeoning dynamic of New Social Media, daily news media outlets remain our strongest channel through which to disseminate “official” information about the SE LHIN. And while issuing a News Release on one topic, event or another is pro forma practice for achieving media coverage, it is also critically important that we take the time to cultivate and remain sensitive to the pressures and demands under which news media representatives must operate. In addition to always responding to news media requests for interviews and answers as quickly as possible, the SE LHIN should look for ways to create stronger links with local media through activities such as editorial board meetings, in-depth background briefings/training, and appropriate gestures of appreciation.

7. Website Management and Updates

While responsibility for the tone, content and prioritizing of postings to the SE LHIN website should remain a Communications function, Program experts will be encouraged to help package and post specific information relevant to their area of expertise in a timely fashion. Materials to be vetted by communications to ensure they are on message and don't conflict with other postings.

SE LHIN Communications Action Plan

Communications Activity	Timelines	Responsibility	Context
News Releases	As required, to highlight/promote SE LHIN activities/events	Communications	Background supplied by Program area
Identifying "Good News" material for external distribution	To support timely and effective impact of good news on audience(s)	Program leads	Program experts to "feed" material to Communications
LHINfo Minute	Every other week	Communications	Info and fact-checking by Program area
Attendance at health conferences, Expos	As appropriate	Relevant Program Area aligned to topic or theme of event	
Speaking Opportunities	As appropriate	CEO, Senior Directors to identify opportunities	Speaking notes supplied by Communications if required
Regional, Municipal, Civic Councils and MPP Contact and presentations	Intention is to meet/present to these bodies regularly contingent on schedule availability	SE LHIN CEO and Board Chair	
SE LHIN Board Reports	Following regular monthly Board meetings	Communications, with input/appearance by SE LHIN Board members wherever possible	
Media Outreach	Ongoing	Communications	Participation by Program area(s) for deep background and/or education
Website Management and Updating	Ongoing	Communications	Preparation and postings of materials to be handled by Program area, with vetting by Communications to ensure messaging content and tone
SE LHIN Annual Report	Printed AR to be available by annual June 30 deadline	Communications to lead Editorial Board	Content, Fact-Checking supplied by Program area
FIPPA Requests	As required, timing to align with Legislation requirements	Communications to manage, with timely input from Program area	
MOHLTC Requests for information/analysis	As required, usually on immediate turnaround	Communications to coordinate with input from Program area	
French Language Services coordination	As required to further SE LHIN/Reseau Plan	FLS Coordinator, with assistance from Comm.	

EVALUATION

As closely and as completely as possible, the Communications team will track and evaluate the effectiveness of SE LHIN Communications activities along the following lines:

1. News Releases and Media Outreach

Daily monitoring and analysis of media coverage – along with gauging of levels of cooperation from News Media reporters and representatives

2. Website

Tracking of visits and direct enquiries from visitors

3. Regional, Municipal Councils, Business Leaders and MPP Contact

Gauging of interest, feedback and interaction with SE LHIN will define the nature of the relationship

4. General Population Public Perception of SE LHIN

Based on nature, number of calls, complaints (or kudos?)

5. Speaking Opportunities

Based on feedback from event organizers, and audience surveys

6. SE LHIN Presence at Select Health Fairs, Expos, Events

Based on numbers of visitors to booth, along with follow-up questions/contact from attendees

7. SE LHIN Board Report

Based on feedback from stakeholders and audience

8. Communiqués

Based on feedback and future readership survey(s).

COMMUNITY ENGAGEMENT

The SE LHIN is committed to improving upon an integrated, accessible, and sustainable system of quality care. To ensure that system is responsive to, and meeting the needs of, our residents, we are committed to conducting meaningful community engagement with the public and select stakeholder communities.

This document does not identify *all* community engagement activities that may occur during the upcoming year. Rather, sub-engagement plans will be developed to support the overall objectives of the yearly Community Engagement plan containing more detail surrounding Community Engagement activities for specific initiatives.

SE LHIN's Community Engagement Goals - 2013-2014

Seven Community Engagement goals for 2013-2014 will support the goals and objectives identified in the LHIN's Annual Business Plan:

I. Enhancing and Expanding Engagement with Primary Care & Family Physicians

The SE LHIN plans to maintain and enhance Primary Care and Family Physician Engagement by:

1. Having SE LHIN staff meet quarterly with all Family Health Team Executive Directors to ensure consistent information flow and a shared understanding of the SE LHIN's priorities for our local health care system.
2. Ensuring SE LHIN staff continues to meet quarterly with all Community Health Centre Executive Directors to ensure consistent information flow and shared understanding of the SE LHIN's priorities for our local health care system.
3. Ensuring SE LHIN staff meets quarterly with all leads at local Nurse Practitioner-led Clinics to ensure consistent information flow and shared understanding of the SE LHIN's priorities for our local health care system.
4. Ensuring a consistent information flow between the SE LHIN and hospital executives and communications staff to reach physicians not included in any other group such as fee-for-service physicians, etc.
5. Developing and maintaining a comprehensive list of local physicians and corresponding models of practice and identifying any lead person(s) who can help establish channels of communication to inform the majority of family physicians across the south east.
6. Enhancing the relationship between the SE LHIN and the local OMA to ensure adequate information-sharing and dialogue about shared goals or concerns.

II. Enhancing Community Engagement with Health Service Providers (HSPs):

The SE LHIN will maintain and enhance engagement with our Health Service Providers by:

1. Consulting and collaborating with Hospital Executive and staff by maintaining positive relations through the forums of SECHEF, HPAC, and regular one-on-one meetings with LHIN Executive and/or operational staff.

2. Developing and maintaining positive relationships with Public Health Units and Family Health Teams in the SE LHIN catchment area by meeting quarterly with the organization's executive team or lead Physician to maintain a venue for consultation regarding shared concerns or issues at the executive level.
3. Supporting the development and maintaining of positive relationships between the SE LHIN Board and the governance teams of HSP's across this region through work done by the SE LHIN Board Committee on Collaborative Governance and Community Engagement.

III. Enhancing Engagement with our Aboriginal and Francophone Communities:

The SE LHIN plans to maintain and enhance engagement with culturally and linguistically sensitive populations by:

1. Collaborating with the French Health Planning Entity for the SE LHIN, *Le Réseau des Services de Santé en Français de l'Est de l'Ontario* (RSSFEO), to develop a detailed FLS Community Engagement plan with specific criteria and tools for the francophone community, as detailed in the Accountability Agreement between RSSFEO, SE LHIN, and Champlain LHIN.
2. Facilitating periodic meetings with Health Service Provider partners in the Kingston region in order to support them in the implementation of their FLS plans.
3. Building upon the viability of a francophone Citizen Advisory Panel, in partnership with *The Réseau*, as a vehicle for the French Language community to inform the planning of linguistically appropriate healthcare services.
4. Continuing to hold quarterly meetings between the SE LHIN Board Chair, CEO, staff, and the Chief and Council of the Mohawks of the Bay of Quinte; as well as with the Metis Nation of Ontario. Maintaining these relationships will create positive and accessible venues for all parties to inform one another on shared concerns, or consult each other about the provision of culturally appropriate care.

IV. Collaborating with Local Government Entities

In order to maintain open dialogue with elected political representatives at all levels in all municipalities within our jurisdiction, the SE LHIN is committed to developing and maintaining constructive working relationships with these officials, and through them, their constituents who reside across our region . This will better enable all parties to inform and consult with one another on issues of health service delivery that could potentially impact their communities.

The SE LHIN plans to maintain and enhance engagement with local government representatives by:

1. Encouraging and initiating quarterly meetings between the SE LHIN Board Chair and each MPP whose constituency falls within our borders to facilitate information sharing and consultation.
2. Initiating meetings with, or presentations between, the SE LHIN Board Chair and Municipal leaders or councils whenever SE LHIN projects or initiatives need to be informed and consulted on at this level.
3. Maintaining steady and open dialogue between MPPs and all other Municipal leaders and SE LHIN Executive/Communications staff to facilitate the involvement of both parties at shared community events.
4. Continuing to rotate – when feasible – the location of Board Meetings throughout communities within the SE LHIN, and publicize this process to maximize the opportunity for information-sharing with the various communities of the SE LHIN.

V. Maintaining consistent and meaningful engagement with the Public

This will be accomplished by:

1. Updating and maintaining a dedicated presence on the internet through the SE LHIN website, www.southeastlhin.on.ca, and ensuring that information about all open meetings, projects, or initiatives are highly visible on the website for both the general public, HSP's, and the media. The website will act as a vehicle to inform the communities of the SE LHIN, as well as offer a venue for citizens to contact the SE LHIN with any feedback or concerns.
2. Promoting a dedicated social media presence through the SE LHIN's Facebook page, to inform a wide demographic of social media users. Maintenance of the SE LHIN's Facebook page will increase public awareness of, and exposure to, the SE LHIN and our website, as well as offer an avenue for dynamic interaction with the public, HSPs, and various other political or medical stakeholders, and a channel for feedback.
3. As with the need to engage with local government entities, continuing to rotate the location of Board Meetings throughout communities within the SE LHIN, and publicize this process to maximize the opportunity for information-sharing with local residents of the SE LHIN.

VI. Leading by Example- Supporting our HSPs in the Community Engagement Process

The SE LHIN plans to support our HSP's in the Community Engagement Process by:

- Maintaining a LHIN-wide standard of Community Engagement best practices by striving to ensure consistent and thorough Community Engagement at all levels, and developing a system/strategy to document the success of our engagement activities.
- Enforcing the requirement of Section 16 (6) of LHSIA, that HSP's conduct Community Engagement that is appropriate to their clients and community, by developing a reporting and evaluation process that will monitor and assess the effectiveness of each of our accountable organization's planned and achieved Community Engagement.

- Encouraging best practices of Community Engagement across the SE LHIN at all levels by maintaining an adequate level of support for those organizations that may require assistance and guidance to determine the best approach in conducting engagement, or in the development of their Community Engagement Plans.

VII. Influencing this region's Business Leaders with information on "The Economics of Health Care"

The SE LHIN will continue to meet with, and conduct presentations at, gatherings of Business Leaders such as regular Chambers of Commerce and Rotary meetings. These venues and the contact they afford offer excellent opportunities to gain an understanding from the business community on the economic and strategic realities within which the SE LHIN must operate.

Evaluation of the Annual Engagement Plan 2013-2014

The SE LHIN will evaluate the effectiveness of its Annual Community Engagement Plan by:

1. Developing and documenting an internal annual review process to evaluate and document the success of our Community Engagement plan – one that will guide and inform future improvement of our engagement strategy.
2. Evaluating actual SE LHIN Community Engagement performance against our yearly engagement plan, and including a summary of these results in each Annual Report, as well as reporting results yearly to the SE LHIN Board of Directors.
3. Ensuring participant evaluation is integrated into every activity listed on this Community Engagement plan, and any corresponding sub-plans. Evaluation may include subjects such as appropriateness of engagement technique, participant satisfaction with engagement process, appropriate location or timing, and include the opportunity for participants to suggest other areas for improvement. The SE LHIN is committed to using this feedback to plan and inform future engagement.
4. Conducting preliminary planning for the development of a SE LHIN Community Engagement evaluation committee (including external reviewers) for the purpose of reviewing completed community engagement plans and templates once within each three-year planning cycle.

