

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



Annual Business Plan

2014 - 2015

Table of Contents

Transmittal Letter	2
Mandate and Strategic Directions	3
Overview of Current and Forthcoming Programs and Activities	5
Assessment of Issues Facing the South East LHIN	7
Identification of integrated health services priorities – Template A	11
Priority One – 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	11
Priority Two – Improving the patient experience with a focus on the transition points in care	28
Priority Three – Focusing on the unique health care needs of Aboriginal and Francophone populations	40
Consistency with Government Priorities	45
Risk Management	46
Enabling factors	46
LHIN Operations and Staffing	47
LHIN Operations Spending Plan - Template B	47
LHIN Staffing Plan - Template C	48
Integrated Communication Strategy	51
Communication Plan – Template D	51
Community Engagement – Template E	60

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.southeastlin.on.ca

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

February 24, 2014

Katherine McCulloch,
Interim Assistant Deputy Minister
HEALTH SYSTEM ACCOUNTABILITY AND PERFORMANCE DIVISION
Hepburn Block, 5th Floor
80 Grosvenor St
Toronto ON M7A1R3

Dear Ms. McCulloch,

The South East Local Health Integration Network (LHIN) is pleased to present our 2014-2015 Annual Business Plan.

This document outlines the operational details in support of achieving the aims of the South East LHIN's strategic directions. As expressed in our third Integrated Health Services Plan (IHSP3) our actions plan will lead to the development of a regional system of integrated care as a way of enhancing the patients' experience in the South East region.

Although hospital care remains a cornerstone in the continuum of care, the emphasis has shifted to community care as the sustainable way to enhance access to high quality health care services. Our activities for the upcoming fiscal year continue to build on this directional shift as guided by our IHSP3.

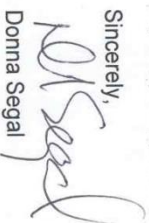
As we move forward, the implementation of our Addictions and Mental Health Redesign this fiscal will address a critical component of system change in the South East. Continued efforts to enhance our community services and strengthen our regional system through initiatives such as Health Links, South East Health Information Integration Portal (SHIIP), and SMILE are encouraging the development of a model of care that revolves around the patient's needs.

Community Engagement likewise remains a priority for the South East LHIN as we partner with the health care sectors and enable them to play an active role in identifying the transformations needed to build a health care system that integrates providers around patients to deliver better outcomes. In addition, the LHIN is committed to understand more clearly the unique needs of our Aboriginal and Francophone populations, and is fully involved in training sessions to increase staff knowledge, enhance self-awareness, and to further promote positive partnerships with both Aboriginal and French communities.

I am especially appreciative to the staff of the South East LHIN for the enthusiasm and dedication they demonstrate in carrying out their work on behalf of the people of this region.

If you have questions or comments, please contact my office at your earliest convenience.

Sincerely,


Donna Segal
Board Chair

Mandate and Strategic Directions

The South East Local Health Integration Network (LHIN) is pursuing an important mission: to plan, manage, and fund the health care system at the local and regional level. While improvements and transformations arise to ensure sustainability, efficiency, and effectiveness of the local health care services, the South East LHIN is accountable to both the public and the government.

Engaging with the population

The Ministry of Health and Long-Term Care (MOHLTC) requires that the South East LHIN carries out its mission in accordance with the Local Health System Integration Act (*LHSIA*) which places significant decision-making power at the community level. By embedding community engagement activities in the decision-making process, the South East LHIN takes full consideration of local stakeholders and regional communities' needs when planning and setting priorities for the health care system.

Furthermore, the South East LHIN recognizes the contribution of the cultural heritage of Francophone and Aboriginal communities' to the dialogue on health care improvement and is working towards enhanced opportunities to further engage with them and ensure the LHIN is creating a health care system that is responsive to the specific needs of their unique populations and the best health outcomes are achieved out of it.

Performance and Transparency

Annually each LHIN negotiates a Performance Agreement with the MOHLTC that outlines each other's roles and responsibilities to strengthen health care for all Ontarians. The Agreement includes performance indicators and targets enabling the local health system assessment and for which results are made public each quarter.

As the government continues to provide stewardship of Ontario's health system, setting direction, strategic policy and system standards and delivering provincial programs and services, each LHIN Chief Executive Officer (CEO) and senior team report on activities and progress to the ministry officials periodically to ensure continued alignment.

As a Crown Agency, the LHIN must follow policies that are directed towards Ontario's agencies, boards and commissions as well as directives from the Province of Ontario concerning allocation of funding, operational spending, tendering for third party services and hiring.

Accountability Framework

The South East LHIN Board is accountable to the Minister of Health and Long-Term Care (MOHLTC) through the Board Chair for the performance of the LHIN, its use of public funds, and for meeting its goals and objectives in the performance of the local health system. The Chair is also informed by the CEO on the LHIN's progress towards achieving its Integrated Health Service Plan (IHSP) priorities.

Within this accountability framework, the Board has established four strategic goals specific to its corporate responsibility for the South East LHIN:

1. To build a true system of integrated health care that optimizes the use of resources
2. To build understanding of the role of the South East LHIN in developing and managing a regional system of integrated patient-centered care
3. To build on enabling technologies that supports better health care services and healthier citizens
4. To demonstrate leadership as a knowledge-based organization that is credible, professional, proactive and responsive.

Overview of Current and Forthcoming Programs and Activities

Last year, the South East LHIN produced its third Integrated Health Services Plan (IHSP3): *Better Integration, Better Health Care*, a guiding document that set in place the LHIN strategic direction for 2013 to 2016. The defined goals and objectives of the IHSP3 align the South East LHIN's strategy to the broader objectives of the Minister's Action Plan for Health Care while addressing the unique priorities for the delivery of health care in the South East.

The South East LHIN, directed by its IHSP3: *Better Integration, Better Health Care* priorities, is leading the health care system towards:

- 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 South East LHIN is taking advantage of the momentum created in year one of IHSP3: *Better Integration, Better Health Care* to drive forward, in concert with our Health Service Providers and partners forthcoming initiatives leading to the provision of patient-centered care delivered at the right time and in the right place.

As Ontario shifts the focus of its health care system to revolve around the individual, the South East LHIN has a plan to ensure patients in the South East region have access to high quality care and a sustainable health system for years to come. By organizing our system differently and focusing on the evidence-based practices, we will provide Ontarians with better care and better value for tax dollars.

Through these changes, we expect to see:

- Reduced wait times and faster access to family doctors
- Fewer unnecessary visits to the emergency room and re-admissions to hospital
- Provision of care at home or in the community instead of in a hospital

The South East LHIN is investing in programs that aim to enhance access to community services such as: the expansion of physiotherapy services in community and primary care settings, the South East Addictions and Mental Health Redesign, the creation of seven regional Health Links, and the development of the South East Health Integrated Information Portal (SHIIP), an information technology solution developed in partnership with Kingston, Frontenac and Lennox and Addington Public Health Unit to support our

Health Links. These projects seek to organize the delivery of Health Care differently to focus on the patient's need and develop greater collaboration and communication among providers.

To strengthen the community agencies in the South East region, the LHIN, through the Ministry's six per cent increase in community funding, allocated more than \$11 million to initiatives that build capacity along the community continuum of patient need and encourage integration of care partners in support of a patient's care journey. Examples of initiatives that have and will continue to benefit from this fiscal paradigm shift include:

- The development of the Assisted Living Program;
- The Sexual Assault Centre of Quinte and District's Residential Healing Program;
- The soon to be created acquired brain injury facilities

While such initiatives play an important role in providing Ontarians with better value for tax dollars they are also easing the burden on our hospitals by ensuring patients are treated in a timely and coordinated manner all along the continuum of care. Through shifting the care from hospital to the community the South East LHIN is enabling faster access to family doctors, reduced wait times, fewer and unnecessary visits to the emergency room, reduced hospital readmissions, and a decrease in hospital duration of stay.

Working with local health service providers

The South East LHIN is responsible for planning, funding and monitoring the performance of 126 health care programs and services that are provided through our 84 unique Health Service Providers (HSP). These include:

- 7 Hospital Corporations - operating 12 sites providing a range of acute care, complex continuing care, rehabilitation, and mental health services
- 1 South East Community Care Access Centre (CCAC)
- 5 Community Health Centres - operating 8 locations (5 main sites and 3 satellites)
- 30 Long-Term Care providers operating 4,050 beds in 37 facilities
- 27 Community Support Services Agencies (CSS)
- 14 Addictions and Community Mental Health providers

The South East LHIN relies on 96 Service Accountability Agreements (SAAs) and related performance assessments, to appraise the performance of these agencies. By directing its attention on and addressing any performance issues, the South East LHIN is developing a regional health care system that not only provides high quality services but is sustainable for years to come.

The South East LHIN aims to engage local communities and partner with all health care sectors to enable them to play an active role in the decisions about how the system needs to change and the required improvements. By working closely with health services providers and leaders from our region to find strategies and solutions that build on existing system capacity, knowledge, and best practices, the South East LHIN aims to build with them a robust and sustainable system of care that focuses on patient needs.

By supporting board-to-board discussions the South East LHIN Board of Directors is actively engaging local leaders in an open yet strategic discussion on health care while fostering the need to transform healthcare towards a patient-centered and sustainable model.

Assessment of Issues Facing the South East LHIN

Rural and Aging Population

Of all the LHINs across the province, the South East LHIN currently has the highest percentage of individuals aged 65 and over in addition to the second highest percentage of individuals aged 45-64 based on projected population for 2014. It is worthwhile to note that the South East LHIN represents only 3.6 per cent of Ontario's population; making it the third smallest LHIN by population. The South East LHIN will experience significant growth in the highest age groups (75 and over), particularly in rural areas. This will be combined with slow to negative growth in the younger age groups in some areas. By 2017, all but three sub-LHIN regions (Kingston and the Islands, South Frontenac, and Stone Mills/Loyalist) will have over one-fifth of their population over the age of 65. This could have a significant impact on access, utilization and delivery of health care services requiring an adjustment of planning strategies to manage additional demand.

Socio-economic, Health Status and Risk Behaviours

Overall the socio-economic status of the population across the South East region is lower than the provincial average. Of particular concern are the levels of material disparity (in the northwestern and central areas of the South East LHIN) and social disparity (in the main cities). Belleville has an unfavourably high overall combined disparity status.

Health System Demand and Utilization

In fiscal year 2010/11, the top ten per cent of health care users across the province accounted for 77 percent of all health care costs. In the South East LHIN those users represented 78 percent of health care costs.

Improving the efficiency of care for this complex/high needs patient population can significantly impact overall health care expenses and improve the patient experience. In addition to the higher rate of complex/high needs patients, the South East LHIN also has a higher than average health care expense for these patients compared to the province as a whole. Acute inpatient care represents the majority of those patient expenses. With a focus on acute inpatient care, the South East LHIN approach is to start the identification process of these patients earlier on through an analysis of hospital data.

Following along a similar path, there is a high rate of utilization of Emergency Department (ED) services for low-acuity visits in the South East region. Low-acuity non-admitted patients make up more than two out of every three ED patients at both Hotel Dieu Hospital (HDH) and Perth Smiths Falls District Hospital (PSFDH). This proportion is almost as high at each of the small rural hospitals in the region where relatively low volumes of overnight ED visits continue to be seen. Efforts to ensure patients are appropriately accessing both ED and primary health care services remain an important priority.

The average length of stay for acute inpatients is longer in the South East LHIN hospitals than it is across the province. The demographic and rural distributions could be attributed to as possible causes but further investigations are underway to fully understand the situation. Evidence shows that proportionately more patients with certain conditions are being readmitted as acute inpatients instead of being cared for in the community. The South East LHIN continuously strives to reduce levels of Alternative Level of Care (ALC) days to previous lower levels by working with community health care service providers to provide coordinated and alternate services for these patients. As we move forward, a more coordinated approach to an acute care episode needs to be provided across the care continuum. The Health Links model of care will serve as a valuable tool towards this effort.

As our population is older than other parts of Ontario, it is no surprise that the most recent data for the post-acute environment shows the South East LHIN admission rates for complex continuing care services is the third highest of all LHINs. At the same time, the utilization of rehabilitation services relative to our population has declined, to the fourth lowest in Ontario, well under the provincial norm. It has also been identified that 20 per cent of our residents are seeking inpatient rehabilitation services outside the South East LHIN, driving actions to improve access to inpatient rehabilitation services in the region.

The restorative care initiative of the Clinical Services Roadmap is addressing the issue of post-acute care in South East LHIN. . In particular, an assessment is required to ensure adequate (and appropriate) service provision, and distribution between inpatient rehabilitation and complex continuing care. The role of outpatient services and community care in addressing any service gaps will also be considered.

With relatively high utilization rates for acute inpatient mental health services in the South East LHIN, it is challenging to fully assess or compare performance levels until the sector has reached some degree of stability following the completion of transfers of accountability among providers required by the Health Services Restructuring Commission Directives. This phase was subsequently completed in Brockville Hospital over one year ago and is ongoing for hospitals of the Kingston and Leeds Grenville areas. However, the Addiction and Mental Health redesign will result in the design and implementation of an ideal client journey across the continuum of care and throughout a client's life journey including consolidation of the broader determinants of health such as housing, etc.

With just over 60 active clients per 1,000 population (based on 2010/11 estimates), home care services have become more balanced in comparison to previous years, when provincial and regional analysis were showing a significant over-utilization of these services. While the South East LHIN has the third highest home care service utilization rate across LHINs, efforts to standardize utilization 'corridors' across the region and investments to build capacity and enhance coordination among community sectors have led to the utilization rate reduction.

Health Links

The South East LHIN was one of the first LHINs across the province to be given approval for all Health Links designated within the region. The South East LHIN is supporting the implementation of its seven approved Health Links by providing expertise related to indicator development, performance monitoring, creation of analytical resources, as well as capacity building. The South East LHIN has also embarked on the development of a system that will assist health service providers to monitor and coordinate care for patients with the most complex health care needs. The South East Health Integrated Information Portal (SHIIP) is a system that will not only inform and improve the ability of providers to identify these patients; it will also support the main objective of Health Links in enhancing the delivery of care. A phased system implementation is planned starting with patient information flow between hospital acute, ED services and primary health care providers.

Unique Populations

The LHIN and the French Language Services (FLS) Planning Entity have identified the lack of data about the health care status of the Francophone population within our region as a priority. Key to this data collection will be a better understanding of the Francophone patient's journey through the system, at the regional and provincial level. Due to the lack of information, it is difficult to understand the specific care needs of the Francophone population, and consequently to plan for utilization of services for the community. The South East LHIN will continue efforts to ensure that data collection of this variable is firmly established so that the needs of this population group can be appropriately assessed.

Transition Points

Evaluation of the care continuum across sectors is complicated by the variety of health care transition points and the multiple combinations of patient flows. A subset of patient flow has been identified as both a LHIN and provincial priority. While health service providers in the South East region have made significant progress in reducing wait times for priority surgeries, ED for low acuity cases and ALC days, there are still opportunities to improve. In addition, constant attention by all partners is necessary to maintain good patient flow. There are numerous initiatives in the community to reduce the time patients spend in ALC beds, however, because the community data is not well connected to the rest of the health care system, it is challenging to quantify and assess the relative benefits of these programs. Enhancing patient flow has to be a priority for the South East LHIN based on the expected increased dependence on community health care in the future.

South East LHIN Datacentre

In order to respond to the LHIN mandate of planning, performance management, enabling technologies and funding responsibilities there is the need for the timely access to key data elements. The South East LHIN has developed an internal tool called the South East LHIN DataCentre that serves as a repository of data not only on the past and current performance of the LHIN but also as a reference of information on its socio-demographic and health status, service utilization levels, and human resource distributions. The LHIN will continue to enhance and expand on the functionality of the tool and also explore opportunities to provide access to external stakeholders.

System Leadership

South East LHIN is fortunate to be able to work with executives from our Health Services Providers who are top level organizational leaders. However, with the LHIN's focus on system integration among our seven hospitals and through the development of Health Links and other initiatives, we have been asked by providers to help them develop the skills to work in partnerships to better deliver on initiatives such as Health Links, hospital/CCAC clinical services roadmap, and addiction and mental health redesign. These leaders have expressed the need to find solutions that would enable them to better balance their own organizational priorities with the LHIN's regional priorities. Leaders developing the seven South East Health Links have also told us they could use help in understanding how to build the relationships to facilitate the required integration. In response to their requests, the South East LHIN has partnered with the Rotman School of Management to offer a two days Advanced System Leadership program each month from January to May. After initiating a call of interest to our Health Links we were met with an overwhelming response of 96 leaders applying for the 45 available spots offered. To accommodate this interest we will run a second program in fall of 2014.

Identification of integrated health services priorities – Template A

Integrated Health Services Priority One – 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

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 significant initiatives in several areas that will help us improve system integration. These include:

Health Links

Health Links is a model of partnerships to improve the care for patients with multiple, complex conditions. Seven Health Links have been identified which cover the entire South East LHIN geography. Organized as health care “clusters,” Health Links bring local health care providers together with the aim of improving care coordination, access to primary health care and health outcomes. Health Links put patients and family care providers at the centre of the health care system with to improve the experience of care for this patient population. The seven Health Links have initiated the process of aligning and building processes, data capacity, and structures across the region to ensure there is high quality, equitable health care for all.

Strong Hospitals

The focus on community services in the current IHSP: *Better Integration, Better Health Care* will help reduce inappropriate 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, the LHIN intend to directly improve hospital care, and access to that care, within this region. A focus effort on hospital sustainability and role definition will also begin in early 2014 as we will continue to develop capacity within the community to better and more appropriately serve patients who would otherwise be in hospitals when they don't need to be.

Community Addictions and Mental Health Services

Helping people to remain healthy in their homes and communities is a significant focus of the current IHSP. To do this, we must work

with our providers to build stronger networks of community support along with the Addictions and Mental Health (AMH) services that will provide the right care, at the right place and at the right time. Through the Addictions and Mental Health Redesign, we have committed to building a system that supports the client across the continuum of care, supports our providers and reduces stigma. Enhancing AMH services through a redesign process will be maintained as a critical priority over the next three years.

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 South East 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.

There are two major initiatives that emphasize such undertakings: Regional Hospital Information System (HIS) and the South East Health Integrated Information Portal (SHIIP). Regional HIS brings forth collaborative efforts to deliver a single solution – a system that establishes standardized practice across clinical and business side of hospital operations. Whereas SHIIP's primary focus is on identifying and tracking patients with complex needs, and allowing health service providers to gain secure and verified access to patient information. By means of a carefully crafted algorithm, SHIIP is able to datamine multiple sources of information (e.g. CDR, IAR, ED-CCAC) and display it to the “user” based on the pre-defined criteria and parameters. Both of these solutions are complementary to each other and share one common objective – to improve patient care through enabling technologies.

Current Status

Enhancing Primary Care

It is an active time for Primary Health Care in the region. The South East LHIN recognizes that a robust Primary Health Care sector is integral to an effective and efficient health care system for all. The following activities advance this vision:

- Primary Health Care physician Lead for the entire South East LHIN;
- Approval and development of seven Health Links
- In the South East LHIN, primary health care organizations are the lead coordinating partners for the seven Health Links, an essential feature of the Health Links model
- Annual Primary Health Care Forum
- Providing regional leadership for Health Links
- Investing in Primary Care through Health Links to enable patient to receive care in the community.

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 health service provider to another, and help hospitals and the Community Care Access Centre (CCAC) to better integrate their services to deliver more seamless care in our hospitals and communities. The CSR is an example of the kind of collaboration that can lead to better health care. Providers in seven hospitals are working with the CCAC, community providers and our LHIN to improve service delivery, reduce program duplication, and improve access, efficiency and effectiveness.

In the last fiscal year (2013 / 2014), the implementation work teams and executive steering committee have begun to address the challenges of balancing both local and regional priorities. Modest progress is being experienced on the CSR initiatives that have the greatest benefit and the least amount of organizational risk. A key lever for the CSR is 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:

1. Cardiovascular Care – Increase focus on chronic heart disease management and a reduction in readmission to hospital following a cardiac incident
2. Emergency Department Wait Times – Improve processes that will reduce the amount of time people wait to be seen for out-patient treatment and in-patient admission
3. Healthcare Acquired Infections – Reduce the number and severity of infections acquired in health care settings
4. Addictions and Mental Health 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
5. Restorative Care – Coordinate specialized care between hospital and community based programs with supportive services for improved functional outcomes
6. Maternal & High-Risk Newborn Care – Ensure the latest treatments and services are used when caring for high-risk mothers and their babies
7. Surgical Services – Create a regional collaborative approach to manage effective and sustainable surgical care across all hospitals and post-surgical care by the CCAC.

Creating a Sustainable Hospital Sector

In the IHSP, the South East LHIN identified the need for hospitals and other care organizations to seek out opportunities to provide high quality care within the resources available today resulting in specialization in fewer services and implementation of leading practices. To this end, the LHIN and the South East Community Care Access Centre and Hospitals Executive Forum (SECHEF) are engaging a consultant to determine the role each provider will adopt to improve capacity for and access to high quality regional system of integrated care within the current and projected financial environments; through the provision of project management, change management and facilitation services, as well as strategic advice. In addition, the consultant will assist in refining and articulating the need for change. It is expected that the first portion of this work that includes project plan development and initiating Phase 1 will occur over fiscal year 2014-15.

Care Quality and Patient Safety

The *Excellent Care for All Act (2010)* reinforced Ontario's commitment to high quality patient care, patient safety and health equity.

Quality Improvement Plans: The South East LHIN regularly reviews the hospitals Quality Improvement Plans (QIP). Starting in the fiscal year 2013/14, QIPs were introduced to the Primary Health Care sector. This requirement has now been expanded to include the Community Care Access Centres and Long Term Care Homes in the province.

Falls Prevention: In Spring 2013, the Province announced an expansion of Exercise and Falls Prevention programming to further improve access to classes across geographic areas, including rural communities, and to build upon and complement existing exercise & falls prevention initiatives. Collaborative strategic planning has begun with Public Health Units to develop a regional coordinated strategy for Falls Prevention, including an environmental scan of resources available to reduce falls and associated injuries in the South East.

Thrive Program

Provincial funding was allocated in 2012 for the LHINs to leverage existing services and address opioid addiction needs in their communities. In response, the South East LHIN in partnership with the Community Health Centre (CHC) sector is developing Thrive, an addiction treatment and ancillary services program for pregnant and parenting women who are opioid dependent. Thrive is a regional program provided by the Kingston, Belleville Quinte West, and Rideau CHCs, who each serve a geographic catchment area with a significant proportion of this high-risk target population. The goals of this program are to increase the capacity of addiction treatment services to meet the needs of pregnant and parenting women, and to ultimately produce positive health and social

outcomes for the women who have participated in this program, including their newborns, infants and children.

Acquired brain injury facility

The South East LHIN has been working with members of the Napanee community, health service providers, and with families of individuals living with an Acquired Brain Injury (ABI) to develop a community-based supportive living environment geared towards them. This is an especially important issue in the South East. The LHIN does not have the same level or type of resources available elsewhere in the province to provide community based services to this population. This leaves individuals living with an ABI who can no longer live at home with their families with one option: admission to a long-term care home.

Two six-unit ABI-specific supportive housing models are being developed in Napanee to address this need. These supportive houses will begin to operate in the fiscal year 2014/2015

Implementing sector-wide integration

The South East LHIN continues to work with CHCs, CSS and AMH agencies to finalize components of the Back Office Integration Project (BOIP). Collaboration in the selected areas has resulted 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 Multi-Sector Accountability Agreement (MSAA) (2008-09 to 2010-11) and more recent MSAA (2011-12 to 2013-14) 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. areas of focus included:

- Human Resources – Benefits
- Human Resources Knowledge Management
- Human Resources Training
- Purchasing – Office Supplies
- Information Technology – Outsourced Support
- Finance – Host/customer

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 a regional system of integrated care. Through our work on collaborative governance, the South East 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 HSP Boards work together towards achieving the common goal of ensuring the residents of the South East 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 HSP Boards and among other stakeholders Boards.

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 (PHC) system
- Supporting Primary Health Care with better management of chronic conditions
- Supporting the development of a strong hospital system
- Implementing the CSR
- Creating and implementing capacity plans to further high quality care for specific specialized services (i.e. surgery)
- Community AMH services
- Improving access to quality AMH services
- Developing an effective and comprehensive information management system

Priority One – 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

The status are : Not Yet Started, In Progress, Deferred, or Completed and if applicable, the % completion anticipated in each of the years i.e. if the goal were to be 100% complete after four years and implemented equally each year, 25% is entered in each column.

		FY 13/14		FY 14/15		FY 15/16		FY 16/17			
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Measure	
Develop Primary Health Care											
Health Links rollout	Implement Seven Health Links in the South East LHIN. In the inaugural year of this initiative, the focus will be on the 1-10% of the highest users.	In progress	40	In progress	40	Completed	20	Ongoing		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	10	In-progress	30	In-Progress	30	Completed	30	- 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	80	Completed	20	Ongoing		Ongoing		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.	Not yet started	0	Not yet started	0	Commencing	10	In-Progress		- Reduce hospital readmits for patients with chronic disease - Reduced ED utilization	

Initiative	Description	FY13/14		FY 14/15		FY 15/16		FY 16/17		Measure
		Status	%	Status	%	Status	%	Status	%	
Ontario Telemedicine Network (OTN) rollout	Deployment of 14 Full Time Equivalent (FTE) nursing across the South East 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 specialty services.	In-Progress	65	Completed	35	Ongoing		Ongoing		▪ Increase the number of clinical events provided over OTN ▪ Increased access to specialists ▪ Reduced wait time from referral to initial assessment by specialist
eReferrals	Complete the rollout of electronic referral from primary care to orthopedics and then expand to other specialties.	In-Progress	25	In-Progress	10	In-Progress	20	In-Progress	20	▪ Reduced wait times ▪ Reduction in inappropriate referrals
eConsults	Implement eConsult in three sub-LHIN regions. eConsultation involves specialists consulting with primary care physicians using a web-enabled tool.	In-Progress	10	In-Progress	10	In-Progress	20	In-Progress	20	▪ 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	50	Ongoing		Ongoing		▪ Smoother transitions ▪ Reduced readmits ▪ Reduced ED visits

		FY13/14		FY 14/15		FY15/16		FY 16/17		
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Measure
Strengthen Hospitals										
Clinical Services Roadmap										
Cardiovascular – ST Elevation Myocardial Infarction (STEMI) Bypass	To provide rapid access to STEMI best care/treatment through expansion of the bypass protocol for percutaneous coronary intervention (PCI) Based on Cardiac Care Network CCN Recommendations for Best Practice STEMI-June 2013:	In progress	20	Completed	80	Ongoing		Ongoing		- Increased % eligible patients receiving PCI within guidelines (90 mins Door to Balloon) - Reduced rate of 30 Day readmissions for selected CMGs
Emergency Department - Access to Care	Readily accessible and timely specialized care for tertiary level consultation and treatment for the delivery of the right treatment at the right time and most appropriate location	Not yet started	0	Commencing	30	Completed	70	Ongoing		Reduced Wait time for tertiary level consultation and treatment
Patient Flow and Repatriation	Timely access to high quality care as a result of: improved patient flow in ED, admissions, in-patient and discharge/transfer through a clinical utilization/bed management/patient flow program that is supported, monitored and enforced by senior leadership. Includes monitoring of intra-hospital repatriation.	Commencing	20	In progress	40	Completed	40	Ongoing		- Reduced ED LOS wait times, ALC days, improved overall system patient flow - Increased inter-hospital flow and more timely transfers - Reduced readmissions for select CMGs and reduced wait time for community services (CCAC)
Restorative Care- 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	40	In-Progress	20	Completed	20	- Reduction in ALC days - Reduction ALOS - Decrease LTCH wait lists

Initiative	Description	FY13/14		FY 14/15		FY15/16		FY 16/17		Measure
		Status	%	Status	%	Status	%	Status	%	
Tier III divestment*	Implementing the Health Services Restructuring Commission (HSRC) Tier III directions as they apply to Providence Care. The implementation will involve the divestment of legacy patients from Providence Care to the community as well as development of a Behavioural Support Unit and sustainable system to support AMH clients into the future	Not yet started	0	In-progress	95	Completed	5	Ongoing		- Improved patient access to community supports - Improved hospital services for patients with appropriate acuity levels - Right care, right place, right time.
Healthcare Associated Infections (HAI) 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	20	In-progress	35	In-Progress	25	Completed	20	- Informed prescribing decisions with effective use of antimicrobial resources - Reduction in # and treatment duration for selected antibiotics - Improved patient safety by employing antibiotics less likely to result in adverse effects (e.g. C. difficile infection) - Enhance cost-effectiveness of treatment.
Healthcare Acquired Infections (HAI) Hand Hygiene (HH)	Advance the standardization and uptake of HH compliance rates to meet provincial best practice targets across the South East LHIN hospitals. This program will be translated to community providers and CCAC as part of a phased-in implementation approach.	In progress	20	In-progress	25	In-progress	40	Completed	15	- Increase in HH Compliance - Decrease the frequency of HAIs - Decreased LOS attributable to HAI.

* This initiative will be aligned with the AMH redesign

Initiative	Description	FY13/14		FY 14/15		FY15/16		FY 16/17		Measure
		Status	%	Status	%	Status	%	Status	%	
Cardiovascular-Heart Failure Disease Management Clinics	Provide regional access for CHF patients through an expanded network of out-patient clinics staffed with specialized teams in partnership with primary care, CV specialists, local hospitals and community groups	Not yet started	0	In progress	60	Completed	40	Ongoing		- Timely assessment (phone or in-person) by HF program within 7 days post-acute care discharge or referral % HFC with : documented education by CHF clinic; with Ejection Fraction documented and with appropriate - Reduction in ED Visits, Admissions and readmissions for CHF
Cardiovascular-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	50	Completed	20	- 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
Surgery-Ophthalmology	Develop the South East Vision Plan in accordance with Ontario's Vision Strategy recommendations for the optimization of quality, cost and patient outcomes for scheduled and emergency services.	In progress	20	Completed	80	Ongoing		Ongoing		<i>These measures await Provincial working group's approval</i> - Quality & Access – e.g. Wait time, % diabetic patients with eye examinations, - Appropriateness - Pre- and post-operative visual acuity for cataract - Efficiency – Median number of cataract procedures per OR/ day surgery room, Average procedure turnover time. - Patient Satisfaction – Ophthalmology patient satisfaction questionnaire

Initiative	Description	FY13/14		FY 14/15		FY15/16		FY 16/17		Measure
		Status	%	Status	%	Status	%	Status	%	
Acquired Brain Injury Facility	Creation of an acquired brain injury (ABI) facility in Napanee to support ABI clients who can no longer live at home with their families but are not suitable for long-term care homes.	Not yet started	0	In-progress	50	In-progress	25	Completed	25	12 units are build - Facility is ready to care for ABI patients
Thrive	Development of a regional Community Health Centre (CHC) initiative providing direct support services to pregnant and parenting women who are opioid dependent. The program will enhance local capacity for the management of addictions, with collaboration among hospitals, AMH and primary care providers.	Not yet started	0	In-Progress	65	Completed	35	Ongoing		- Improved health and social outcomes of pregnant and parenting women with addictions, as well as for their children - Improved health and social service coordination - Increased access and appropriateness of services
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 improving flow across the healthcare system.	In progress	75	Completed	25	Ongoing		Ongoing		- Reduced wait time for inter-hospital patient transfer - Improved patient flow and access to services

		FY 13/14		FY 14/15		FY 15/16		FY 16/17		
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Measure
Regional Capacity Planning (QBP)										
Hospital sustainability: Role Clarification	Hospitals in the region, together with the South East CCAC, the Faculty of Health Sciences (Queen's University) and the South East 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.	Commencing	5	In-Progress	75	Completed	20	Ongoing		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	40	In-Progress	20	Completed	20	Implementation of provincial better practice throughout remaining five hospital corporations in the South East LHIN
Common Surgical Intake - Orthopedics	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	10	In-Progress	40	In-Progress	40	Completed	10	Implementation and utilization of a common intake tool for appropriate surgical services

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		FY 16/17		Measure
		Status	%	Status	%	Status	%	Status	%	
Regional patient flow Dashboard	Development of regional dashboard/framework across South East 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	in Progress	45	Completed	20	Ongoing		- Reduced ED wait times, ALC days, improved patient flow - Increased inter-hospital patient flow and more timely patient discharges and transfers. - Increase communication between system partner to decreasing pressure on individual hospital capacity and smoothing across the South East LHIN region
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	40	In-Progress	20	Completed	30	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	30	In-Progress	20	Completed	30	Reduce the number of repeat and unnecessary tests

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		FY 16/17		Measure
		Status	%	Status	%	Status	%	Status	%	
AMH System Redesign	The South East LHIN is committed to the Redesign of AMH services to provide clients with the right care, at the right time and in the right place, to support providers and reduce stigma. The AMH Redesign will occur in four phases: 1. Development of the Project Plan 2. Development of the AMH Redesign Ideal Client Journey, service elements and the Options for governance 3. Development of the Implementation Plan 4. Implementation Phase	Commencing	40	In-Progress	20	In-Progress	20	Completed	20	- AMH Redesign plan is completed - An Ideal Client Journey including services elements is created - A governance option is chosen - Financial, clinical, governance and administrative plans are developed - All components of implementation plans are finalized
Strengthen CSS and AMH										
Program Integration										
Hospice Sustainability	Complete the integration of current community hospice service agencies with a CSS or Hospital partner. This direction is based on the results of a 12 month engagement/option development process.	In-Progress	80	Completed	20	Ongoing		Ongoing		- 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

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		FY 16/17		Measure
		Status	%	Status	%	Status	%	Status	%	
Clinical Services Roadmap										
AMH - Health Human Resources*	Health human resource plan for AMH agencies to ensure alignment with the intent of the provincial AMH strategy. Initiative will support quality care and improve access for clients. Adopt a training plan so workforce is competency-based across the region, improving quality of treatment and delivery. .	Not yet started	0	In Progress	30	Completed	70	Ongoing		- Increased % staff trained for identified competencies - Improve client satisfaction. - Consistency of care delivery, unified understanding of competency impacts and consistent training for HSPs in AMH (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 community services.	In-Progress	80	Completed	20	Ongoing	10	Ongoing		- Reduced ALC days, ED visits, admits and LTCH waitlists - Smoother transitions from hospital care to community care - Improved communication between community agencies and primary care - Improved care planning between CCAC and CSS agencies
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	Completed	70	Ongoing		Ongoing		- Smoother transitions - Reduced readmits and ED visits

* This initiative will be aligned with the AMH redesign

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		FY 16/17		Measure
		Status	%	Status	%	Status	%	Status	%	
Single Ontario Common Assessment of Need (OCAN) database*	A single source of information for addictions and mental health providers.	Not yet Started	0	Commencing	10	Completed	90	Ongoing		■ Smoother transitions ■ Reduced readmits and ED visits
Integrated AMH client management system*	Implementing a single patient record for AMH clients.	Not yet Started	0	Commencing	10	In-Progress	60	Completed	30	■ Improved quality of care ■ Smoother transitions

* This initiative will be aligned with the AMH redesign

Integrated Health Services Priority Two – *Improving the patient experience with a focus on the transition points in care*

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 from one setting (such as hospital) to another (such as community). It is at these points that patients sometimes fall through the cracks. Over the next three years, we are going to work to change that, as well as to improve the overall experience of being a patient within the Southeast.

Better Care for Seniors

Many seniors are coping with multiple health issues that require frequent and varied types of care to manage. Our focus as described in the IHSP3: *Better Integration, Better Health Care* is to help seniors stay healthy longer, so they can remain at home and in their communities as long as possible.

Addictions and Mental Health (AMH)

Our plan calls for us to - in cooperation with providers and other health care partners - redesign AMH services in the South East across all levels of care, ensuring that patients dealing with these serious health issues are given the priority and care they need.

In 2013, the South East LHIN developed a Project Plan for the Redesign of Addictions and Mental Health Services in our region. Along with the AMH community, the South East LHIN embarked on the redesign of an ideal individual experience, required service elements and identification of governance options for the most effective and efficient delivery of the above. The Governance options for delivering the Redesign of Addictions and Mental Health Services were presented to the South East LHIN's Board in December, 2013, with the final decision to be made in February, 2014. The development of the implementation plan will begin in the spring of 2014, with full implementation to occur in the period 2014-2016.

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 behaviors. The LHIN is exploring options to ensure that providers and patients have the tools they need to ensure their diseases are managed in the best way possible.

Hospice Palliative Care

Palliative care is one of the most delicate, complex, and important forms of health care imaginable. The South East LHIN shares the provincial vision for Hospice Palliative Care, stating that : *“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 South East LHIN will continue to share in the provincial vision for Hospice Palliative Care, and align itself to the recommendations as outlined in the Advancing High Quality, High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action.

Current Status

South East LHIN Patient Flow Strategy – Addressing Emergency Department Waits and Alternate Level of Care (ALC) days

The Patient Flow Strategy was developed to ensure the patient receives the right care at the right time and in the right place. The South East LHIN continues to develop and refine an integrated, cohesive, and adaptable plan to address system-wide patient flow issues specifically focused on reducing ED length of stay (LOS) wait times and ALC days. Established in consultation with area seniors and stakeholders, the LHIN strategy starts with identifying clients at risk as well as ‘tipping points’ in the health and well-being of seniors. From there, the LHIN has outlined ways to assist this population to maintain independent living at home; and, reduce 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 opportunities for improved care for seniors.

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 managed 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 opportunities to explore new options with more patients able 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. Home First was fully implemented both in acute and post-acute hospitals in the first quarter of the fiscal year 13/14 but the LHIN will continue to promote and support this approach into the years to come to ensure providers continue to exhibit this philosophy with patients.

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 is being developed in the South East LHIN to help make that wish a reality. Assisted Living models of care can be delivered in individual homes or within a supportive housing complex such as an apartment building where a group of seniors are living. These seniors are identified as high-risk, in need of a 24/7 on-call support and could 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 with a regularly-provided exercise program.

Behavioural Supports Ontario

Behavioral Supports Ontario (BSO) is a provincial initiative created in 2012 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 a Long-Term Care Home (LTCH), are a major source of distress not only for to the person with the behaviour, but also family, caregivers and others providing support. The program aims to improve the quality of life for growing numbers of seniors and others who exhibit behaviors associated with complex and challenging mental health, dementia or other neurological conditions.

BSO enhances and leverages the existing service system and promotes 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. The South East LHIN will continue to work with providers and community organizations to expand the model outside LTCHs to include primary care, hospitals and other community care providers as well as to continue to improve the service within LTCHs.

Physiotherapy

In February of 2013, the Ministry announced improvements to the funding model and delivery of Physiotherapy services in Ontario. This reform impacted service delivery and billing for community physiotherapy; exercise & falls prevention classes; CCAC in-home physiotherapy services; long-term care home services; and primary care physiotherapy. These improvements were made to improve access to high-quality physiotherapy and exercise & falls prevention classes, and to establish an equitable distribution of these services across Ontario.

Changes to physiotherapy funding and delivery are under implementation in the South East LHIN. Progress within each stream is as follows:

1. Long-Term Care – All Long-Term Care homes have agreements in place for the delivery of physiotherapy and falls prevention programming to their residents.
2. Exercise & Falls Prevention – Exercise & falls prevention programming is being delivered to over 100 retirement homes and senior's congregate living centres in the South East. Service is being expanded into geographies of need by means of volunteer-based programs to provide equitable access to programming at no cost to residents.
3. In-Home Physiotherapy – The South East CCAC has amended contracts with their current physiotherapy providers to expand in-home service delivery for approximately 1500 residents.
4. Designated Physiotherapy Clinics – The allocation for Clinic Based physiotherapy has increased 1950% in the South East LHIN to provide 6162 episodes of care in newly designated physiotherapy clinics.
5. Primary Care – All Health Links have submitted applications for physiotherapy staffing.

Hospice Palliative Care

In September 2013, a Hospice Palliative Care Planner position was developed for the South East LHIN with a mandate to engage stakeholders through the South East Hospice Palliative Care (HPC) Steering Committee, which replaced the South East Palliative and End-of-Life Care Network (PEOLCN) Steering Committee in 2013. The Hospice Palliative Care Planner collaborates with system stakeholders to develop, finalize and implement the 2014/2017 Hospice Palliative Care strategic plan for the South East.

Goal(s) and Objective(s)

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

- Enhance ease of access
- Reduce number of transitions
- Smooth transitions
- Increase focus on patient centered care
- Sustain seniors in their homes
- Support AMH clients across their care journey

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 services
- Supporting and empowering caregivers
- Improving access to quality AMH services through AMH redesign
- Implementing the CSR
- Creating and implementing a regional Hospice Palliative Care Strategic Plan

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

The status are : Not Yet Started, In Progress, Deferred, or Completed and if applicable, the % completion anticipated in each of the years i.e. if the goal were to be 100% complete after four years and implemented equally each year, 25% is entered in each column.

		FY13/14		FY 14/15		FY 15/16		FY 16/17			
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Measure	
Better Care for Seniors											
Nurse Led Outreach Team (NLOT)	Consistent uptake of NLOT services in long-term care homes – expansion to new homes across the region where possible. Expansion of services provided to include portable ultrasound and Doppler scanners.	Commencing	30	In-Progress	40	Completed	30	Ongoing		- Reduction in ED visits for Canadian Triage and Acuity Scale - Improved/consistent uptake of NLOT services across the region – utilization of new services (ultrasound and doppler scanners).	
Supportive Living	Continue to sustain and develop supportive living across the South East LHIN. Develop and implement an Assisted Living model for frail-elderly seniors.	In-Progress	30	In-Progress	45	Completed	25	Ongoing		- A reduction in CTAS 3-5 ED visits - Reduction in inappropriate LTCH applications - Possible reduction in ALC days	
High Risk Screening tool	Implementation of a common standardized high risk screening tool in several health care organisations (hospitals, primary care) to ensure seniors are identified and action taken to avoid hospital admissions, poor health outcomes and premature admission to LTCHs	In-Progress	40	In Progress	40	Completed	20	Ongoing		- Reduce unnecessary hospital admissions - Reduce physical and function decline for those seniors admitted to hospital - Reduce ALC days - Reduce LTCH wait list - Increase access to community services	

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		FY16/17		Measure
		Status	%	Status	%	Status	%	Status	%	
Home First	Home First philosophy full implemented in both acute and post-acute care hospital settings (the iCART process will now incorporate Home First clients to ensure better transition and care of clients within the community)	Completed	10	Ongoing	0	Ongoing		Ongoing		- 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	50	Ongoing		Ongoing		- 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 ER/ALC pressures.	In-Progress	20	In-Progress	40	In-Progress	40	Completed	50	- Possible reduction in ED visits and readmits - Reduction in ER/ALC rates - Possible reduction in inappropriate LTCH applications - Increased referrals to CCAC, Convalescent care, SMILE

Initiative	Description	FY 13/14		FY 14/15		FY 15/16		FY16/17		Measure
		Status	%	Status	%	Status	%	Status	%	
Home First	Home First philosophy full implemented in both acute and post-acute care hospital settings (the iCART process will now incorporate Home First clients to ensure better transition and care of clients within the community)	Completed	10	Ongoing	0	Ongoing		Ongoing		- 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	50	Ongoing		Ongoing		- 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 ER/ALC pressures.	In-Progress	20	In-Progress	40	In-Progress	40	Completed	50	- Possible reduction in ED visits and readmits - Reduction in ER/ALC rates - Possible reduction in inappropriate LTCH applications - Increased referrals to CCAC, Convalescent care, SMILE

Initiative	Description	FY13/14		FY 14/15		FY 15/16		FY 16/17		Measure
		Status	%	Status	%	Status	%	Status	%	
Convalescent Care (CC)	Increase convalescent care beds/units in the South East LHIN region to reduce ER/ALC pressures, inappropriate LTCH admissions, ED readmissions and improve ability of seniors to remain at home. 22 Convalescent Care Beds have been implemented and active since October 2013 in the South East LHIN.	Completed	100	Ongoing		Ongoing		Ongoing		- Reduction in ER/ALC rates, inappropriate LTCH applications, and ED readmits/visits. - Increased referrals to CCAC and CSS from community and hospital for convalescent care services
Volunteer Transportation	Develop a tactical plan to optimize existing resources and identify gaps to be addressed in the future. Utilizing CSS transportation working group to develop common standards and practices across the region to ensure consistency as well as optimal use of resources.	Not yet started	0	Commencing	90	Completed	10	Ongoing		- 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.
Clinical Services Roadmap: Senior friendly hospital initiatives	Implementing best practices for functional decline and delirium care in accordance with the provincial Senior Friendly Hospital Strategy.	In-Progress	75	Completed	25	Ongoing		Ongoing		- Reduced LOS, ALC, and readmits to hospitals. - Improved on provincial Quality Indicators

Initiative	Description	FY13/14		FY 14/15		FY 15/16		FY 16/17		Measure
		Status	%	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. Improve capacity of BSO mobile response teams to support transitions and maintenance in LTC homes	In-Progress	30	In-Progress	50	Completed	20	Ongoing		Reduced LTC resident transfers to the ER, reduced admissions to ALC from LTCHs, reduced LOS in acute care, increased admission of residents with behavioral issues from community and hospitals to long-term care
	Create behavioural transition unit at Providence Care and Quinte Health Care	Commencing	5	In-Progress	70	Completed	25	Ongoing		Reduced LTC resident transfers to the ER, decreased ER/ALC rates and acute visits
Physiotherapy Expansion	Improve access to high-quality physiotherapy and exercise & falls prevention classes, and to establish an equitable distribution of these services across the South East.	In-progress	90	Completed	10	Ongoing		Ongoing		- Number of episodes of care delivered - Number of Exercise & Falls Prevention Classes delivered - Number of seniors receiving exercise and falls prevention
CSS and AMH										
Clinical Services Roadmap										
Clinical Services Roadmap: AMH Coordinated Access*	Access to care through a coordinated/centralized referral and intake screening process with standardized forms, leading to improved efficiencies, service capacity and delivery and ultimately reducing wait times for service	In-Progress	20	In-Progress	70	Completed	10	Ongoing		- Reduction in ED visits, ED readmits - Increased access to Crisis services after hours, reduce wait-times for services - Standardization will improve client satisfaction

Initiative	Description	FY13/14		FY 14/15		FY 15/16		FY 16/17		Measure
		Status	%	Status	%	Status	%	Status	%	
CCAC Coordinated Access	Implementing the CCAC process for providing access to CCC/Rehab beds, adult day program and supportive housing.	In-Progress	80	Completed	20	Ongoing		Ongoing		- Reduction in ALOS for rehab and CCC patients - Appropriate utilization of Rehab & CCC beds - Reduction in ALC patients and associated days
Clinical Services Roadmap - AMH ED- Patient Flow	Design and implement a seamless transition model for timely care through the hospital system into the community related to specialized care AMH, shared care plans and discharge planning	In-Progress	10	In-Progress	50	Completed	40	Ongoing		- Reduced ED wait times, ALC - Improved patient flow
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	75	Completed	25	Ongoing		Ongoing		- Reduced ED non admit visits - Improved ER Capacity - Decreased readmits - Identification of high users

Initiative	Description	FY13/14		FY 14/15		FY 15/16		FY 16/17		Measure
		Status	%	Status	%	Status	%	Status	%	
Enabling technologies										
Resource Matching and Referral	Implement referrals pathway for patient going home with CCAC services, patient requiring Complex Continuing Care (CCC), rehabilitation beds and LTCHs to ensure the right care at the right time at the right place.	In-Progress	60	Completed	40	Ongoing		Ongoing		▪ Decreased inappropriate referrals and LOS in hospitals ▪ Improve patient flow ▪ Reduce ALC patients and associated days
Palliative										
Implementation of palliative care strategy	Finalize local palliative care strategy, develop associated work plan.	Commencing	10	Completed	90	Ongoing		Ongoing		▪ 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	30	Ongoing		Ongoing		▪ 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 Three – Focusing on the unique health care needs of Aboriginal and Francophone populations

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

IHSP Priority Description

Ontario's Aboriginal and Francophone populations' needs and ways to access health care are unique and separate from those of most people in the province. The current IHSP calls for us to work with providers and the 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 continue to work directly with their leaders to identify the best ways of supporting them overcome these challenges and to meet the unique needs and priorities of their communities.

Francophone Health Care

The South East LHIN and the French Language Services (FLS) Planning Entity, also referred to as *Le Réseau des Services de Santé en Français de l'Est de l'Ontario* (RSSFEO), are committed to creating a health-care system that is both linguistically and culturally available to Francophones in order to promote continuous improvement of efficient delivery of high quality French-language health services.

A collaborative evaluation of the results of the Joint Annual Action Plan (JAAP) 2013-2014 will guide the development of the next JAAP, its objectives and actions, in order to ensure:

- Better data regarding linguistic profiles that will allow better planning of services in French;
- Alignment of French services planning with Provincial and LHIN priorities and initiatives;
- Effective engagement of the Francophone population;
- Active offer of services in French by supporting HSPs improving their capacity to serve Francophone communities.

Current Status

Enhancing Services for our Aboriginal Population

Metis Nations of Ontario (MNO)

The South East 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. The health population survey results will be used to develop strategies that are responsive to the needs of this community.

Aboriginal Nurse Practitioners (NP)

The South East LHIN has funded two Aboriginal Nurse Practitioner (NP) positions through the CHCs located in Napanee and Belleville-Quinte West. One of these positions is based out of the Tyendinaga Mohawk Territory. A variety of positive outcomes have been achieved through this initiative including better front-line engagement with the target population.

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 South East. Community engagement activities are facilitated through the work of the IHC allowing the council to provide guidance and questions to us related to the specific cultural needs of the indigenous communities.

Mohawks of the Bay of Quinte

Meetings occur between the South East LHIN leadership and staff as well as Chief and Council of the first nation population to enhance our working relationship, solve problems and share information. These discussions explore critical topics that relate to the health care needs of the on-reserve population.

Serving the Francophone Population

The LHIN has worked towards the implementation of the JAAP 2013-2014, developed collaboratively with Champlain LHIN and the FLS Planning Entity, pursuant to the accountability agreement signed with these parties in 2010. Through active collaboration, progress is being made to align the FLS Planning Entity and LHIN's actions on health priorities.

Data collection.

At the provincial level, the South East LHIN is actively contributing to the Steering committee on data collection to increase awareness of the importance of the collection of linguistic data, and to insert the linguistic variable into provincial processes. The Steering

committee has dedicated a project manager to take charge and provide a project charter to study the viability of the implementation of two questions related to the linguistic variable, in two key health sectors, on admission of a client/patient.

Community Engagement

The commitment of the South East LHIN in strengthening the participation of Francophones in the planning of health services is specifically reflected through its community engagement activities. Multiple engagement sessions with the Francophone community were held in partnership with the FLS Planning Entity for the following projects: Addictions and Mental Health Redesign, Health Links and the Francophone Advisory Committee.

Integration of the Francophone perspective into health services planning

Awareness of the importance of language as a factor in the quality of care is regularly raised with South East LHIN staff in order to ensure the LHIN planning activities integrate the francophone perspective at the inception of new projects and initiatives. A rational on the importance of the inclusion of the francophone perspective and a planning guide have been provided to the planning staff in order to support them.

The LHIN also benefits from the use of the Health Equity Impact Assessment (HEIA) tool in its funding decision process.

Support the implementation of identified HSPs' designation plan

A few years ago, the South East LHIN and the FLS Planning Entity introduced a designation plan for 13 identified organisations in Kingston. As a result, HSP's French Language Services (FLS) implementation plans transitioned to FLS designation plans. The designation plans provide details on the steps necessary towards the provision of services in French and, the completion of designation.

Over the last year, the South East LHIN provided, in conjunction with the FLS Planning Entity, an analysis based on the providers' 2012-13 progress report. This evaluation aimed to better support all identified HSPs in the designation process and address specific issues in the implementation process. The FLS Planning Entity also provides on-site and continuous assistance in the implementation of designation plans, with a planning officer located in Kingston – where most identified HSPs are situated.

Goal(s) and Objective(s)

- Support the Aboriginal population to better manage their health concerns
- Improve access to French Language Health Services

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

The status are : Not Yet Started, In Progress, Deferred, or Completed and if applicable, the % completion anticipated in each of the years i.e. if the goal were to be 100% complete after four years and implemented equally each year, 25% is entered in each column.

		FY 13/14		FY 14/15		FY 15/16		FY 16/17		
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Measure
Aboriginal Focus										
Work with the Mohawks of the Bay of Quinte (MBQ) to develop and launch an addictions and mental health initiative	Support MBQ in the development and launch of the initiative, which may include both on reserve and off reserve services	Not yet started	0	In-Progress	75	Completed	25	On-going		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	Not yet started	0	In-Progress	50	In-Progress	25	Completed	25	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	10	In-Progress	40	In-Progress	30	In-progress	20	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	20	In-Progress	20	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.

		FY 13/14		FY 14/15		FY 15/16		FY 16/17		
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Measure
Francophone Focus										
Joint Annual Action Plans (JAAP)	Develop and implement the JAAP in collaboration with the FLS Planning Entity and Champlain LHIN.	On-going		On-going		On-going		On-going		The implementation of the JAAP is evaluated and presented to the liaison committee.
HSP compliance with French Language Services (FLS). local planning obligations.	Ensure that HSPs fulfill local obligations on FLS.	On-going		On-going		On-going		On-going		HSPs performance monitoring is supported by progress reports on FLS implementation plans, and demonstrate that implementation phases are on schedule.
Improve inclusion of Francophone perspective in the development of South East 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	Completed	40	Support will be provided to planning consultants.
Pursue collaborative working relationship with the Réseau	Include the Réseau in FLS activities; keep developing and implementing methods of collaboration with Réseau.	On-going		On-going		On-going		On-going		

Consistency with Government Priorities

Ontario's Action Plan for Health Care

1. Keeping Ontario Healthy
2. Faster Access and a Stronger Link to Family Health Care
3. 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

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

Integrated Health Services Plan 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 Services
- Enhance Community AMH services
- Improve access to quality AMH services
- Develop 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 empowering 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 will reflect the local context to endorse 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 current historical 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	Engagement with providers, frontline staff, and other stakeholders to continually review the operating and funding environment to reduce such circumstances (or mitigate when identified)

Enabling factors

The realization of the goals outlined in the ABP depends on the expertise and extraordinary commitment of the health care providers in this region. We will achieve these priorities by working closely with providers 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
- Identification of highly motivated, cross-section of health care providers to lead the various initiatives
- Patient satisfaction emerging as a growing component of HSP accountability in the province
- Shared successes with stakeholders to drive foster buy-in and reinforce commitment.

LHIN Operations and Staffing

LHIN Operations Spending Plan - Template B

LHIN's Operations / Sub Categories	2013/14 Forecast	2014/15 Plan	2015/16 Outlook	2016/17 Outlook
Operating Funding	4,543,169	4,543,169	4,543,169	4,543,169
Salaries and Wages	2,816,710	2,856,651	2,910,878	2,966,189
Employee Benefits				
HOOPP	288,217	298,510	303,932	309,463
Other Benefits	337,679	358,212	364,719	371,356
Total Employee Benefits	625,896	656,721	668,651	680,819
Transportation and Communication				
Staff Travel	95,000	95,000	95,000	95,000
Governance Travel	16,436	16,331	16,331	16,331
Communications	52,945	57,000	57,000	57,000
Other Transport and Communication	10,000	7,260	7,260	7,260
Total Transportation and Communication	174,381	175,591	175,591	175,591
Services				
Accommodation	191,413	189,532	189,523	189,532
Advertising	35,000	5,609	5,609	5,609
Banking	13,000	11,802	10,302	8,726
Consulting Fees	40,000	90,000	40,000	40,000
Equipment Rentals	1,000	1,000	1,000	1,000
Governance Per Diems	64,533	67,800	67,800	67,800
Insurance - Operations Only	6,883	7,200	7,200	7,200
LSSO Shared Costs	271,109	283,641	277,927	277,927
LHINC	54,357	54,357	54,357	54,357
Other Meeting Expenses	25,400	19,400	17,000	17,000
Other Governance Costs	19,143	21,000	21,000	21,000
Printing & Translation	17,123	35,500	17,500	17,500
Staff Development	85,000	70,000	70,000	70,000
Other Services				
Total Services	823,961	856,841	779,218	777,651
Supplies and Equipment				
IT Equipment	110,583	38,000	32,000	32,000
Office Supplies & Purchased Equipment	55,176	53,500	53,500	53,500
Total Supplies and Equipment	165,759	91,500	85,500	85,500
Capital Expenditures	0			
Unfunded Pressure to be mitigated	(63,538)	(94,135)	(76,669)	(142,581)
Total LHIN Operations	4,543,169	4,543,169	4,543,169	4,543,169
Variance (Deficit)	(0)	0	(0)	(0)

LHIN Staffing Plan - Template C

LHIN Staffing Plan (Full Time Equivalents - FTE's)		SE LHIN Operations Schedule E - 2015 Budget Plan			
Position Title		2013/14 Actual	2014/15 Plan	2015/16 Outlook	2016/17 Outlook
Chief Executive Officer		1.00	1.00	1.00	1.00
Executive Assistant		1.00	1.00	1.00	1.00
Board Coordinator		1.00	1.00	1.00	1.00
Receptionist - Assistant		0.50	0.50	0.50	0.50
Communications Lead		1.00	1.00	1.00	1.00
Communications Associate		1.00	1.00	1.00	1.00
Writer		1.00	1.00	1.00	1.00
Director Corporate Services/Controller		1.00	1.00	1.00	1.00
Financial Officer, Corporate		1.00	1.00	1.00	1.00
Corporate Service Assistant		1.00	1.00	1.00	1.00
Receptionist - Assistant		0.50	0.50	0.50	0.50
Chief Operating Officer		1.00	1.00	1.00	1.00
Senior Administrative Assistant		1.00	1.00	1.00	1.00
Director, Performance Optimization		1.00	1.00	1.00	1.00
Sr Consultant Performance and Contracts		1.00	1.00	1.00	1.00
Sr Financial Analyst*		2.00	1.00	1.00	1.00
Senior Consultant		1.00	1.00	1.00	1.00
Financial Analyst		1.00	1.00	1.00	1.00
Project Assistant - (2)		1.00	1.00	1.00	1.00
Administrative Associate		0.60	0.60	0.60	0.60
Director, HSP Funding and Allocation		1.00	1.00	1.00	1.00
Financial Officer, HSP		1.00	1.00	1.00	1.00
Project Assistant - (3)		1.00	1.00	1.00	1.00
Administrative Associate		0.40	0.40	0.40	0.40
Director, Knowledge Management		1.00	1.00	1.00	1.00
Sr Data Analyst and Integration Consultant		1.00	1.00	1.00	1.00
Database Developer & Decision Support Consultant		1.00	1.00	1.00	1.00
Project Assistant - (4)		1.00	1.00	1.00	1.00
Director, Health System Design		1.00	1.00	1.00	1.00
Health System Design & Implementation Lead		1.00	1.00	1.00	1.00
Planning & Integration Consultant		2.00	2.00	2.00	2.00
Integration Consultant		1.00	1.00	1.00	1.00
Project Assistant - (5)		1.00	1.00	1.00	1.00
LHIN Staffing FTE's - Sub Total		33.00	32.00	32.00	32.00

Position Title		2013/14 Actual	2014/15 Plan	2015/16 Outlook	2016/17 Outlook
Initiatives (Funded via Project Envelopes & separately from LHIN Operations)					
HF0	Community Partnership Coordinator, Health Force Ontario	0.50	0.50	0.50	0.50
FLS	French Language Services Coordinator	1.00	1.00	1.00	1.00
ER/ALC	Snr Consultant Performance Lead ER/ALC*	1.00	1.00	1.00	1.00
eHealth	Snr Director Enabling Technologies	1.00	1.00	1.00	1.00
	Senior Project Lead	1.00	1.00	1.00	1.00
	Senior Program Lead	1.00	1.00	1.00	1.00
	Administrative Associate	1.00	1.00	1.00	1.00
CDM	Snr Consultant, Design & Implementation	1.00	1.00	1.00	1.00
	Epidemiologist	1.00	1.00	1.00	1.00
	Quality Improvement & Implementation Facilitator (1) (2) (3)	3.00	3.00	3.00	3.00
	Project Assistant	1.00	1.00	1.00	1.00
	Chronic Disease Management Physician Lead	0.00	0.75	0.75	0.75
	Endocrinologist	1.00	0.50	0.50	0.50
PC	Primary Care Lead	1.00	0.20	0.20	0.20
HL	Health Links Lead	1.00	1.00	1.00	1.00
ED	Emergency Department Lead	1.00	0.20	0.20	0.20
CC	Critical Care Lead	1.00	0.20	0.20	0.20
Physio	Project Advisor, Specialist	0.30	0.00	0.00	0.00
Secondments:					
HPC	Hospice Palliative Care Planner	1.00	1.00	1.00	1.00
CSR	Project Management Office Lead	1.00	1.00	1.00	1.00
	Coordinator (1) (2)	2.00	2.00	2.00	2.00
KM	Snr Data Analyst & Integration Consultant	0.25	1.00	1.00	1.00
LHIN Initiatives FTE's - Sub Total		22.05	20.35	20.35	20.35
SE LHIN FTE's Total		55.05	52.35	52.35	52.35
SE LHIN Positions/People Total (Operations + Projects Staff)		57.00	57.00	57.00	57.00
Comments					
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 guidelines for an ABP, "*The 2015 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 3 year planning period beginning 2014/15:

- 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 partners with the ministry on expenses related various ancillary funded programs so as to ensure adequate resourcing for this initiative.

Integrated Communications Strategy

Communication Plan – Template D

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:

- Raise awareness of:
 - a. The South East LHIN's role in Ontario's transformation of the health care system
 - b. The caliber of work and credibility of the South East LHIN in leading and managing transformation of the health system in the South East region
- Inform and update all stakeholders on the progress of initiatives
- Educate and build awareness among health service providers of:
 - a. The shared accountability of the South East LHIN and health service providers in transforming the health system
 - b. The IHSP and alignment with its initiatives within their plans
- Demonstrate the value of the South East LHIN to people in the South East region – help them see themselves in the work we do
- To entrench and sustain a reputation for the South East 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

CONTEXT

Ontario's Action Plan for Health Care, announced by the Minister in January 2012, which is consistent with the principles of the *Excellent Care for All Act (2010)*, puts LHINs at the centre of health system transformation.

As such, LHINs have a critical role to play in key provincial initiatives such as Health System Funding Reform, Health Links, Seniors' Strategy and the expansion of Quality Improvement Plans into the primary and community care sectors.

The South East LHIN's IHSP and the initiatives laid out in this Annual Business Plan are strategically aligned with government direction and priorities and recognize the joint accountability of the ministry and LHINs to serve the public interest and effectively oversee the use of public funds.

The health care system has evolved to the point where LHINs are being recognized as the local system managers who play a central leadership role in driving health system transformation.

Strategic Approach:

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

- Position the South East LHIN as a valued key player within the transformation of Ontario's health system and as the lead in health system transformation in the South East region
- Develop and leverage opportunities to build the reputation and establish credibility of the South East LHIN
- The South East LHIN's initiatives will support the Ontario government's Action Plan for Health Care. Specifically, LHINs have a responsibility in important provincial initiatives such as Health System Funding Reform, Health Links, and the Seniors' Care Strategy
- 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.

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; South East LHIN HSP partner organizations and their staff; physicians, and Health Care professionals

Tertiary: All other stakeholders who are impacted by the policies, actions and programs of the South East LHIN, including South East 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.

TACTICS

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

1. **Regular South East LHIN News Releases**

The South East LHIN will issue regular *News Releases* to highlight current accomplishments within the LHIN and how they benefit residents of this region. It will also strive to produce and distribute regular Newsletters to residents and our HSP partners via email blasts featuring trends and developments within the LHIN and their impact on health care delivery.

2. **Stakeholder Events**

Whenever possible South East LHIN Board and Staff shall participate in Stakeholder events across the South East region including but not limited to, facility openings, funding announcements, groundbreaking ceremonies. The South East LHIN Communications team will make every effort to provide necessary outreach as needed.

3. **Presence at Select Health Fairs and Public Venues**

Whenever it makes sense – and can have significant impact – South East 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. As with a public presence at appropriate Health events, South East 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.

4. **Regional and Municipal Council, and MPP Contact**

Meet with 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. Whenever possible MPP outreach will be made for inclusion within pending News Releases and Media Events.

5. **Website Management and Updates**

Managing regular website and Social Media updates through the South East LHIN website and Facebook and Twitter channels to ensure timely and accurate information is being provided to our stakeholders and public.

6. **Board to Board Engagement**

The South East LHIN Board of Directors shall participate in region-wide board to board engagements sessions to facilitate open and continued conversation at the governance level.

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 South East LHIN's Communications Plan include:

Message:

Ontario is shifting the focus of its health care system to revolve around the person. We have a plan to ensure Ontarians have access to high quality care and a sustainable health system for years to come. By organizing our system differently and focusing on the medical evidence, we will provide Ontarians with better care and better value for tax dollars.

Through these changes, we expect to see:

- Reduced wait times and faster access to family doctors
- Fewer unnecessary visits to the emergency room and re-admissions to hospital
- Patients receiving care at home or in the community instead of in a hospital

Support:

How are we transforming the health care system?

- Partnering with the sector and enabling them to play an active role in how the system will change.
- Strengthening community agencies to support providers and encourage integration around the patient's needs.
- Health care funding will be determined based on the best evidence and will follow the patient.

What can we expect from these changes to the healthcare system?

- A system built for patients by the health care providers and leaders closest to them.
- A health care system that integrates providers around patients to deliver better outcomes.

Message:

The South East LHIN and its health care partners continue to bring about significant and positive change to ensure better patient outcomes.

Support:

The South East LHIN maintains Accountability and Performance agreements with the Ministry of Health, Long-Term Care 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 that the provider's performance for residents of this region is maintained to the highest-possible standards.

Message:

The South East LHIN is committed to making the experience of care more seamless and easier to navigate.

Support:

The South East LHIN has committed through the Addictions and Mental Health Redesign, Health Links, and through initiatives like iCart and the South East Integrated Information Portal (SHIPPP) to building a more seamless and coordinated approach to patient care across the region

Message:

The South East LHIN brings together health care partners to develop innovative, collaborative solutions, and is working with its partners to change from an old system designed to treat people once they are sick to a more coordinated, value-driven model that promotes wellness and a better patient experience.

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. Through increased funding to community services patients are receiving care more often at home or in the community instead of in a hospital

Message:

The South East 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 South East LHIN continues to improve 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 South East 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 South East 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 South East 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.
- The South East LHIN's Addiction and Mental Health Redesign is changing the focus to a true system of care designed around the client/patient's needs, across the continuum of care throughout their life journey

South East LHIN Communications Action Plan

Communications Activity	Timelines	Responsibility	Context
News Releases	As required, to highlight/promote South East 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	South East LHIN CEO and Board Chair	

Communications Activity	Timelines	Responsibility	Context
South East LHIN Board Reports	Following regular monthly Board meetings	Communications, with input/appearance by South East 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
South East 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 South East LHIN/Reseau Plan	FLS Coordinator, with assistance from Comm.	
Board to Board engagement	Intention is to meet regularly contingent on schedule availability	South East LHIN Board of Directors	

EVALUATION

A formal and comprehensive evaluation of the LHIN's communications efforts will be conducted in-house. The evaluation will include the following measures:

- Positive editorial coverage/limited negative editorial coverage - This information will be collected and evaluated within a context of transparent disclosure.
- Website traffic - Using analytics, pages and specific postings are tracked.
- Social media metrics - The following will be measured:
 - Growth of social reach e.g. number of Twitter followers and mentions; number of YouTube views and subscribers
 - Increase of social media content e.g. Twitter / YouTube comments, Twitter favourites, etc.
 - Increased visits on the South East LHIN website as a direct result of social media presence.
- Identifying and tracking critical communication success factors will enable the South East LHIN to more effectively identify whether communication activities have been successful. These will include:
 - Visible senior LHIN-leadership engagement and support of the ABP initiatives and related communications.
 - Senior leadership and LHIN-wide committees take visible, active roles in supporting communications and change with their teams as tracked in shared communication and community engagement plans.
 - Evaluate South East LHIN citizens' engagement by monitoring and measuring tone and volume of traditional media, online/social media (e.g., websites, Twitter) and LHIN communication vehicles (blast emails, bulletins).
- Feedback mechanisms and ongoing assessment are in place to monitor the effectiveness of communication vehicles and messages, and the LHIN has the ability to make quick modifications based on shifts and lessons learned as activities are carried out.

Community Engagement – Template E

The South East 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.

South East LHIN's Community Engagement Goals - 2014-2015

Seven Community Engagement goals for 2014-2015 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 South East LHIN plans to maintain and enhance Primary Care and Family Physician Engagement by:

1. Ensuring South East LHIN staff continues to meet regularly with our Health Link Leads to ensure consistent information flow and a shared understanding of the South East LHIN's priorities for our local health care system.
2. Ensuring South East LHIN staff continues to meet quarterly with all Community Health Centre Executive Directors to ensure consistent information flow and shared understanding of the South East LHIN's priorities for our local health care system.
3. Ensuring a consistent information flow between the South East LHIN and hospital executives and communications staff to reach physicians not included in any other group such as fee-for-service physicians, etc.
4. Building relationships with the broader community of primary care partners through the offices of chronic disease management staff.
5. Enhancing the relationship between the South East 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 South East 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 the South East Community Care Access Centre Hospital Executive Forum (members of all seven hospital organizations of the South East LHIN, South East CCAC, clinical and administrative leaders, as well as the Dean from Queens School of Medicine), Health Professional Advisory Committee, and regular one-on-one meetings with LHIN Executive and/or operational staff.
2. Supporting the development and maintaining of positive relationships between the South East LHIN Board and the governance teams of Health Service Provider's across this region through work done by the South East LHIN Board Committee on Collaborative Governance and Community Engagement as well as through Board to Board engagement.
3. Participation by LHIN staff on multiple provider planning committees and networks.

III. Enhancing Engagement with our Aboriginal and Francophone Communities:

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

1. Collaborating with the FLS Planning Entity for the South East LHIN, *Le Réseau des Services de Santé en Français de l'Est de l'Ontario* (RSSFEO), to develop a detailed FLS Community Engagement plan as part of the Joint Annual Action Plan with specific criteria and tools for the francophone community, as detailed in the Accountability Agreement between RSSFEO, South East 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 French Language Services plans.
3. Supporting the development 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 South East 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 South East 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 South East LHIN plans to maintain and enhance engagement with local government representatives by:

1. Encouraging and initiating quarterly meetings between the South East LHIN Board Chair and each MPP whose constituency falls within our borders to facilitate information sharing and consultation.
2. Continuing to initiate meetings with, or presentations between, the South East LHIN Board Chair and Municipal leaders or councils whenever South East LHIN projects or initiatives need to be informed and consulted on at this level.
3. Maintaining regular and open dialogue between MPPs and all other Municipal leaders and South East LHIN Executive/Communications staff to facilitate the involvement of both parties at shared community events.

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 South East 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, Health Service Provider's, and the media.
2. Promoting a dedicated social media presence through the South East LHIN's Facebook and Twitter pages and YouTube Channel, to inform a wide demographic of social media users. Maintaining and advancing the South East LHIN's social media presence will increase public awareness of, and exposure to, the South East LHIN and our website.

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

The South East LHIN plans to support our HSPs in the Community Engagement Process by:

1. Maintaining a LHIN-wide standard of Community Engagement best practices by ensuring consistent and thorough Community Engagement at all levels, and developing a system/strategy to document the success of our engagement activities.
2. Enforcing the requirement of Section 16 (6) of LHSIA, that HSPs 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.
3. Encouraging best practices of Community Engagement across the South East LHIN at all levels by providing 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.

Evaluation of the Annual Engagement Plan 2014-2015

The South East 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 South East 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 South East 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 South East LHIN is committed to using this feedback to plan and inform future engagement.
4. Conducting preliminary planning for the development of a South East 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.

