



2015-2016 Annual Business Plan

Achieving Better Integration for Better Health Care

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Transmittal Letter

February 26, 2015

Kathryn McCulloch,
Director - 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 this 2015-2016 Annual Business Plan.

This plan sets our path or accomplishing the goals we have been pursuing for the past two years, and that were identified in our third Integrated Health Services Plan (IHSP): *Better Integration, Better Health Care*.

Although significant progress is being made in addressing local challenges and improving the healthcare system for patients in alignment with regional and provincial directions, efforts to foster a culture of quality improvement across all healthcare sectors remain a priority. By helping to increase efficiencies and reduce cost in the delivery of services, the South East LHIN is working to ensure that our healthcare system is sustainable for generations to come.

As we embark on the process for developing the LHIN's fourth Integrated Health Services Plan (IHSP4), entitled *Health Care Tomorrow – Putting Patients First*, we will continue to focus on projects that are improving access to high quality care. The goal is to ensure patients and clients, as well as health care professionals, have access to an improved system of integrated care across the region. This group of projects includes, but is not limited to, the following: Addictions and Mental Health (AMH) Redesign; Health Links; Primary Care Reform; Hospital Services; and focused community engagement.

Addictions and Mental Health Redesign – In fiscal 2015/16, the redesign of AMH services will result in the consolidation of many smaller localized agencies into three new AMH organizations providing a common basket of services across their geographic area. The LHIN will continue to support these three new organizations, as they evolve to provide clients and referring professionals with common access, care protocols and performance metrics.

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Health Links – In the same way, we will support the seven community Health Links in the development of strong working partnerships and collaboration to further a sustainable model of care. Already, the five early adopter Health Links have built a path that has enabled the two subsequent Health Links to be stronger. As Health Links complete their second year of operation, our LHIN expects that further collaboration with key partners like Hospitals and the Community Care Access Centre will be instrumental to the ongoing success of Health Links.

Primary Care Reform – The South East LHIN was early to venture into partnerships with primary care in the region, whether they were funded by the LHIN or not. Throughout the past eight years, the engagement has been consistent and has positioned our LHIN well for the development of Primary Care Reform. Relationships have been forged and strengthened through the LHIN Primary Care Physician Leads and formalized through the Primary Health Care Council and Annual Forum. We understand that Primary Care Reform will add to the responsibilities of the LHIN and are prepared to take on that challenge.

Hospital Services – Our focus on Hospital Services is a partnership between the South East LHIN, all seven regional hospitals, as well as the South East Community Care Access Centre, and Queen's University Faculty of Health Sciences. Together, we are reviewing how we currently provide services, with the goal of making changes that will improve patient care going forward. The expected outcomes will include improvements in how the hospitals jointly manage their administrative services, offer their diagnostic and therapeutic services, and integrate their clinical services into a true regional system of care.

Focused Community Engagement – Ongoing community engagement in the South East LHIN has resulted in positive partnerships with health service providers, leaders, local groups and communities such as the Indigenous and Francophone populations. In 2014, we also created a Regional Patient Advisory Council to help inform the future of health care services in the south east, enabling patients to play an active and crucial role in informing health care transformation.

In conclusion, I would like to acknowledge my admiration and appreciation for the vital, objective and professional contributions of our valued health service providers and their unselfish commitment of time and expertise in our many collaborative initiatives to improve our health care system of the South East region. They, the staff of the South East LHIN and LHIN board members have embraced the insights of patients and members of the general public who provide an all-important perspective and reinforce the public conscience in these endeavours.

Finally, I would like to thank the staff of the LHIN and my fellow board members for their efforts in preparing this report.

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

Sincerely



Donna Segal
Board Chair

Mandate and Strategic Directions

Local Health Integration Networks (LHINs) were created to plan, manage and fund healthcare at the local level, while focusing on the needs of our local communities. The South East LHIN ensures that health care services maximize available resources, and initiatives are aligned with regional and provincial priorities.

Pursuing this important mission, the South East LHIN is guided by the following four strategic directions:

- 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 support better health care services and healthier citizens*
- 4. To demonstrate leadership as a knowledge-based organization that is credible, professional, proactive and responsive.*

Engaging With the Population

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. When planning and setting priorities for the health care system, we always take into account local stakeholders and regional communities' needs by embedding community engagement activities in the decision-making process. In addition, our LHIN is constantly looking for opportunities to engage with the Francophone and Aboriginal communities. These dialogues about health care improvement inform the development of culturally and linguistically-sensitive health care services in the south east region.

Performance and Accountability

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

The South East LHIN is accountable to both the public and the government for meeting 15 health system performance indicators and targets articulated in the annual Ministry-LHIN Performance Agreement (MLPA), which is negotiated with the Ministry of Health and Long-Term Care, and outlines both the LHIN's and the ministry's roles and commitments.

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.

The Agency Establishment and Accountability Directive requires that the LHIN, as a provincial Crown agency, be accountable to the government for using public resources and that a business plan be produced annually detailing the allocation of funding, operational spending, tendering for third party services and hiring.

Overview of Current and Forthcoming Programs and Activities

In 2012, 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 strategy to address local priorities for 2013 to 2016. The defined goals and objectives of IHSP3 also actively contribute to the provincial objectives of the Minister's Action Plan for Health Care.

Moving towards a more patient-centered care approach, our LHIN has a plan to ensure that the local healthcare system delivers high quality care to patients across the south east region and is sustainable for years to come. Directed by its IHSP3: *Better Integration, Better Health Care* priorities, the South East LHIN is leading the healthcare system towards:

1. *Developing a regional system of integrated health care across the care continuum, from primary care and public health through to community, acute and long-term care;*
2. *Improving the patient experience with a focus on the transition points in care; and*
3. *Focusing on the unique health care needs of Aboriginal and Francophone populations.*

The South East LHIN is taking advantage of the partnerships and the momentum created in the first two years of IHSP3 to complete the implementation of initiatives leading to the provision of patient-centered care delivered at the right time, and in the right place.

Through LHIN-led initiatives, the following is expected:

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

In recent years, there has been significant progress in important areas to improve our system for patients, including: the South East Addictions and Mental Health (AMH) Redesign; the creation of seven regional community Health Links; and the development of the South East Health Integrated Information Portal (SHiIP). 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.

The next step in this journey to improve healthcare across the south east region is to work with the hospital services in the region. To that end, the South East LHIN together with Brockville General Hospital, Hotel Dieu Hospital, Kingston General Hospital, Lennox and Addington County General Hospital, Perth & Smiths Falls District Hospital, Providence Care, Quinte Health Centre, Queen's University, and the South East Community Care Access Centre (CCAC) are exploring options for *Health Care Tomorrow* (HCT) as it relates to hospital services across the region. The vision of *HCT* is to improve access to high quality care and overall hospital services – through the development of a 'Sustainable System of Integrated Care'.

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Until now, all hospital organizations within the South East LHIN have been working to address these challenges on their own. Now, leaders have made a formal commitment to working together to improve health care for our patients. Together, they will look to improve quality and access for patients across the entire hospital system. Our hospitals, with support from the South East CCAC and the academic community are committed to working collaboratively and making sure that the options developed best meet the needs of patients now and in the future – delivering the best options for *HCT*.

HCT is also supported by the voice of a newly formed Regional Patient Advisory Council that brings together 30 members from current Hospital Patient Advisory Council's and the broader community.

Working With Local Health Service Providers

The South East LHIN is responsible for planning, funding and monitoring the performance of all health care programs and services that are provided through our 80 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)
- 10 Addictions and Community Mental Health providers of service which comprise the three newly established entities¹

The South East LHIN relies on Service Accountability Agreements (SAAs) and related performance requirements to appraise the performance of these agencies. By addressing any performance issues, the South East LHIN ensures that patients across the region have access to high quality care delivered by a high performing healthcare system that is sustainable for years to come.

By working closely with health service providers and local system leaders and by fostering relationships between them to find new strategies and innovative solutions, our LHIN is working to build sustainable regional systems of integrated care for *HCT*.

Likewise, the South East LHIN Board of Directors supports the need to move health care towards a patient-centered and sustainable model by engaging local health system leaders in open, yet strategic, board-to-board discussions.

¹ Represents the number of Addictions and Community Mental Health providers as of April 1st, 2015, when the South East LHIN 2015-16 Annual Business Plan becomes effective. This reduction is a result of the amalgamation of 7 of the previous 14 Addictions and Mental Health providers into 3 entities that resulted from the Addictions and Mental Health Redesign.

Review of Issues Facing the South East LHIN

In recent years, the South East LHIN has developed and refined an internal tool known as the South East LHIN Data Centre, which serves not only as a repository of data on past and current performance metrics but also as a reference for information on socio-demographic and health status, service utilization levels, and human resource distributions. Although the tool was built to support our LHIN's mission, a growing interest from stakeholders in accessing the Data Centre information led to the expansion of the tool's functionalities and the exploration of potential opportunities to provide external access.

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. Particularly in rural areas, the South East LHIN is also expected to experience significant growth in people aged 75 and over the next few years. 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 a population of which over one-fifth is above 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. It is also 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.

Socio-economic, Health Status and Risk Behaviours

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

Health System Demand and Utilization

Based on data from 2010/11, the top 10 per cent of health care users across the province accounted for 77 per cent of all health care costs. In the South East LHIN those users represented 78 per cent of health care costs.

In addition to the higher rate of complex/high needs patients, we also have a higher than average health care expense for these patients compared to the province as a whole. Reducing avoidable emergency department (ED) visits and unnecessary re-admission to hospitals shortly after discharge can significantly lower overall health care expenses and improve the patient experience. Acute inpatient care represents the majority of those patient expenses. With a focus on acute inpatient care, the South East LHIN approach is to begin identifying these patients earlier through an analysis of hospital data.

There is also a high rate of utilization of ED services for low-acuity visits in the south east region. Low-acuity non-admitted patients make up more than two thirds of ED patients at both Hotel Dieu Hospital and Perth Smiths Falls District Hospital. This proportion is almost as high at each of the small and 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.

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In 2013/14, the South East LHIN did not reach the provincial Alternative Level of Care (ALC) target (in days) of 9.46 per cent. This may be attributed to the demographic and rural distributions, 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 ALC days by working with community health care service providers to enhance care coordination and promote alternate services for designated ALC patients in acute care settings. The community Health Links model of care will serve as a valuable tool towards improving integration across the sectors.

As our population is older than in 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, which is well under the provincial norm. It has also been identified that 15 per cent of our residents are seeking inpatient rehabilitation services outside the South East LHIN, driving actions to improve access to inpatient rehabilitation services within the region.

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.

Unique Populations

There is a lack of data about the health care needs of Francophone and Aboriginal populations within the South East LHIN, so it is difficult to fully understand the specific care requirements of these unique populations, and consequently to plan for utilization of services for these communities. The South East LHIN engages with partners within these communities on an ongoing basis, to better understand the patient's journey through the system, at the regional and provincial level. The LHIN will continue to collect data on the number of Francophones seeking services, and the types of services being sought, so that the needs of Francophones in our region can be appropriately assessed. The use of a holistic approach is also being promoted when planning health care services to address the needs of the indigenous communities living in our region.

Transition Points

Evaluation of the care continuum across sectors is complicated by the number and variety of health care transition points. While health service providers in the south east region continually strive to reduce wait times for priority surgeries, ED visits 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. Since more initiatives are being focused on supporting high risk frail clients at home, community services are under increasing pressure. Consequently, there is a need to better assess and measure the benefits and impacts of these programs. It is critical that community data is well connected and understood as it relates to the rest of the healthcare system. Based on the expected increased dependence on community health care, enhancing patient flow has to be a priority for the South East LHIN.

System Leadership

In 2014, the South East LHIN, in collaboration with the Centre for Health Sector Strategy at the Rotman School of Management, University of Toronto, once again offered the Advanced System Leadership program to Health Services Providers across the region. The program, intended to support the development of system leadership skills in the context of regional systems of integrated care, provides participants with the insights and tools to increase their leadership skills and support better integration within (and across, as appropriate) LHINs, focusing on patient and client experiences.

Delivering on Our Priorities

This annual business plan outlines the activities that the South East LHIN will undertake over the next year to achieve the priorities set out in its IHSP3. It is also an opportunity for us to build on the momentum from previous years to deliver on the final year of ISHP3 priorities as we enter the process of developing IHSP4.

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

The importance of integration cannot be overstated. The quality and sustainability of our healthcare system depend on the cooperation and shared vision of everyone involved in the delivery of health services. Driving integration in every part of the health system remains our LHIN's primary focus. A number of significant initiatives will help us improve system integration. These include:

- Health Links
- Strong hospitals
- Addictions and Mental Health Services
- Information System and Enabling Technologies

Current Status

The South East LHIN is committed to facilitating further development of the CSS sector. Priorities relating to CSS are identified through a variety of provincial and regional streams such as, but not limited to, Ontario's Action Plan for Healthcare, the Seniors Care Strategy, and the LHIN's Integrated Health Service Plan. It is important to identify priorities that address local challenges in alignment with regional and provincial directions. To this end, we have developed the CSS Priority Framework. The Framework guides prioritization of ongoing projects that impact the community support services sector and drives targeted improvement initiatives.

The following seven priorities have been identified in collaboration with system stakeholders:

- Promote equitable access to community support services
- Enhance client experience and outcomes
- Further develop specialized models of care
- Increase standardization across the CSS sector
- Foster improved coordination and communication among HSPs
- Focus on caregiver wellbeing

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- Ensure the sustainability of services

Implementation of Sector-Wide Integrations

The South East LHIN continues to work with CHCs, CSS and AMH agencies to maintain existing and identify potential new 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's (2011-12 to 2013-14 and 2014-15 to 2016-17) 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 costs and repurposing this funding for front line service areas of focus including:

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

Health Links

Health Links are a model of partnership to improve care for patients living with multiple and complex conditions. Seven community Health Links were established covering the entire South East LHIN geography, including a small portion of the Champlain LHIN. Organized as health care “clusters”, each community Health Link brings local health care providers together with the aim of improving care coordination, access to primary health care, and health outcomes. The seven community 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.

In our LHIN, primary health care organizations are the lead coordinating partners for the seven community Health Links, an essential feature of the Health Links model. These organizations play a significant role in the following activities:

- Provision of regional leadership for Health Links
- Further implementation and evaluation of the seven Health Links
- Increased uptake and spread of coordinated care plans across the seven Health Links
- Developing and implementing the SHiP
- Investing in Primary Care through Health Links to enable patients to receive care where they live work and play
- Continued coordination and support for meetings amongst the seven Health Link lead organizations, as well as those for project managers and care coordinators

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Recognizing that a robust network of Primary Health Care is vital to an effective and efficient healthcare system for all, the South East LHIN is supporting collaboration through the following engagements:

- Starting April 1st, 2015, three Primary Care Physician Co-Leads will respectively cover the eastern, central, and western geographies of the South East LHIN
- Annual Primary Health Care Forum
- Quarterly Primary Health Care Council meetings

Creating a Strong and Sustainable Hospital Sector – Health Care Tomorrow

The focus on community services in the current IHSP3: *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 CSR and regional capacity planning, the LHIN is working to improve access to some of the most essential hospital services that exist in health care. A focused effort on hospital services sustainability was launched in 2014 via the *Health Care Tomorrow – Hospital Project*. Working together with Brockville General Hospital, Hotel Dieu Hospital, Kingston General Hospital, Lennox and Addington County General Hospital, Perth & Smiths Falls District Hospital, Providence Care, Quinte Health Centre, Queen's University, South East CCAC, the South East LHIN will explore options for *Health Care Tomorrow* as it relates to hospital services across the region. The vision of *Health Care Tomorrow*, with an initial focus on hospital services, is to improve access to high quality care through the development of a 'Sustainable System of Integrated Care'.

This project is also supported by the voice of a newly formed Regional Patient Advisory Council that brings together 30 members from current Hospital Patient Advisory Council's and the broader community.

Strengthening Community Addictions and Mental Health Services

The AMH services redesign has been identified as a significant focus of the current IHSP3. It is a critical component of the LHIN plan to ensure that patients receive the right care, at the right time, in the right place, to enhance the capacity of providers and the system, and to reduce stigma. Through the AMH Redesign, our LHIN is committed to building stronger networks of support along with AMH services and supporting the client across the continuum of care.

After two years of planning, supported by extensive engagement efforts, the South East LHIN Board of Directors agreed to support the amalgamations of the seven AMH agencies in the South East to three agencies: Addictions and Mental Health Services – Hastings Prince Edward; Addiction and Mental Health Services, Kingston Frontenac Lennox Addington; and Lanark, Leeds and Grenville Addictions and Mental Health.

Once fully implemented in fiscal year 2015/16, the new system will provide a common basket of services across the south east through the three regional AMH agencies and will:

- improve access and consistency to services
- enable consumers/clients and caregivers to navigate more easily between different levels of care throughout the region
- strengthen partnerships with key stakeholders such as municipal housing, social services, and the criminal justice system (including the police and the courts)

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A detailed communications plan has been developed that will support ongoing communications to staff, health service providers, clients, and the broader public throughout the implementation process.

Information System and Enabling Technologies

There is an increasing focus across the continuum of care on the improvement of electronic data management, storage and sharing, as well as use of information in order to improve access and health outcomes for patients. Enabling Technologies will contribute to the integration mandate of our LHIN through the creation of sustainable and efficient electronic systems that will support seamless sharing of information across our region.

Initiatives such as the Regional Hospital Information System (HIS) and the SHiiP demonstrate the potential of these enabling technologies. Regional HIS brings forth collaborative efforts to deliver a single solution – a system that establishes standardized practice across the clinical and business areas of hospital operations. 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 key patient information associated with hospital triage, diagnostic, and discharge data. Both of these solutions are complementary to each other and share one common objective – to improve patient care and outcomes through enabling technologies.

Collaborative Governance

Collaborative governance means that the LHIN Board and health service providers' board work together to ensure that the residents in the South East have access to high-quality health care services when and where they need them. The main objective of collaborative governance is to improve collaboration and information sharing amongst the LHIN and health service providers' boards and other stakeholders.

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.

Goals and Objectives

The specific goals that relate to Priority One include:

- Improving access to a better integrated Primary Health Care system
- Supporting Primary Health Care with better management of chronic conditions
- Supporting the development of a strong hospital system through the *Health Care Tomorrow – Hospital Project* and *Clinical Services Roadmap*
- Creating and implementing capacity plans to further high quality care for specific specialized services (i.e. surgery)
- Implementing the AMH Redesign
- Developing an effective and comprehensive information management system

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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		FY 17/18		
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Status	%	Measure
Develop Primary Health Care												
Health Links	Implement seven Health Links in the South East LHIN. In the first years of the initiative, the focus will be on the 1-10% of complex patients.	Commencing	40	In progress	40	Completed	20					7 Health Links in operation 2014/15 - Coordinated care plans and ongoing integrated care is established for complex patients in each of the Health Links - Development of metrics and tracking process
Chronic Disease Prevention and Management	Implement a regional chronic disease management approach tied to the work of Health Links and the coordinated care planning.	Commencing	10	In-progress	30	In-Progress	30	Completed	30			- Limit the complication of chronic disease through better education and patient self-management - Reduce hospital readmits for patients with chronic disease - Reduce hospital readmits for patients with chronic disease
Ontario Telemedicine Network rollout	Deployment of 14 Full Time Equivalent nursing across the South East LHIN in primary care and acute care settings. These nursing resources will develop and coordinate client interaction via Ontario Telemedicine Network 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.	Commencing	65	Completed	35							- Increase the number of clinical events provided over Ontario Telemedicine Network - Increased access to specialists

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Initiative	Description	FY 13/14		FY 14/15		FY 15/16		FY 16/17		FY 17/18		Measure
		Status	%	Status	%	Status	%	Status	%	Status	%	
Regional database	Develop and implement a regional database reporting tool to support LHIN planning, performance monitoring and accountability as well as funding activities.	Commencing	80	Completed	20							Enhanced ability to employ evidence based practices to drive system improvement
eReferrals	Complete the rollout of electronic referral from primary care to orthopedics and then expand to other specialties.	In-Progress	25	In-Progress	10	Deferred						- 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.	Commencing	10	In-Progress	10	In-Progress	40	Completed	40			- Increased access to specialists - Reduces transition points for patients
Spread existing Clinical Document Repository to all hospitals and primary care providers	Regional repository of key hospital patient records, most commonly shared among health service providers.	Commencing	50	Completed	50							- Smoother transitions - Reduced readmits - Reduced Emergency Department visits
Enabling technologies												
Southeast Health Integrated Information Portal (SHIIP)	Development of an information portal enabling key clinical and administrative data to flow from hospitals and community care to primary care and other providers in the circle of care and featuring predictive algorithms to support complex and high-needs patients identification and coordinated care planning.	Not yet started	0	Commencing	25	In progress	60	Completed	15			- Improved primary care referral within 7 days following acute care discharge by 25% - All hospitals in the South east LHIN are contributing hospital encounter data to SHIIP - At least 75% of South East LHIN community care providers contributing client activity data to SHIIP - At least 75% of primary health care providers participating in SHIIP - At least 90% of complex/high needs patients identified using SHIIP validated algorithms following an acute care encounter - At least 90% of hospital care encounters captured and viewable through SHIIP - At least 75% of community health care encounters captured and viewable through SHIIP - At least 75% of complex/high needs patient care coordination data are accessible through SHIIP to health care providers in the circle of care

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		FY 13/14		FY 14/15		FY15/16		FY16/17		FY 17/18		
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Status	%	Measure
Strengthen Hospitals												
Cardiovascular – ST Elevation Myocardial Infarction Bypass	To provide rapid access to ST Elevation Myocardial Infarction best care/treatment through expansion of the bypass protocol for percutaneous coronary intervention	Commencing	20	Completed	80							Increased % eligible patients receiving percutaneous coronary intervention within guidelines (90 mins Door to Balloon) at Kingston General Hospital, the designated Centre.
	Based on Cardiac Care Network commendations for Best Practice Cardiovascular – ST Elevation Myocardial Infarction June 2013											Reduced rate of 30 Day readmissions for selected Case Mix Groups
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 strated	0	Commencing	30	In-progress	30	Completed	40			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 the Emergency Department, 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.	Not yet strated	0	Commencing	20	In progress	30	In progress	40	Completed	10	- Reduced Emergency Department lenght of stay wait times, Alternate Level of Care days, improved overall system patient flow - Increased inter-hospital flow and more timely transfers - Reduced readmissions for selected Case Mix Groups and reduced wait time for community services

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		FY 13/14		FY 14/15		FY15/16		FY 16/17		FY 17/18		
Initiative	Description	Status	%	Status	%	Status	%	Status	%			Measure
Tier III divestment*	Implementing the Health Services Restructuring Commission 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 Addictions and Mental Health patients into the future	Not yet started	0	Completed	100							- Improved patient access to community supports - Improved hospital services for patients with appropriate acuity levels - Right care, right place, right time.
Healthcare Associated Infections Antibiotic Stewardship Program	Establish an Antibiotic Stewardship Program 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.	Not yet started	0	In-progress	35	In-Progress	35	Completed	30			- Informed prescribing decisions with effective use of antimicrobial resources - Reduction in number 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 Hand Hygiene	Advance the standardization and uptake of Hand Hygiene compliance rates to meet provincial best practice targets across the South East LHIN hospitals. This program will be translated to community providers and Community Care Access Centre as part of a phased-in implementation approach.	Not yet started	0	In-progress	25	Deferred						- Increase in Hand Hygiene Compliance - Decrease the frequency of Healthcare Acquired Infections - Decreased length of stay attributable to Healthcare Acquired Infections.

* This initiative will be aligned with the Addiction and Mental Health Redesign

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Initiative	Description	FY 13/14		FY 14/15		FY 15/16		FY 16/17		FY 17/18		Measure
		Status	%	Status	%	Status	%	Status	%	Status	%	
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.	Commencing	75	Completed	25							- Reduced wait time for inter-hospital patient transfer - Improved patient flow and access to services
Regional Capacity Planning (QBP)												
Health Care Tomorrow Hospital Services	The South East LHIN along with the South East CCAC and Hospital Executives Forum (SECHEF) are addressing the financial pressures of the new funding formula by initiating Health Care Tomorrow - Hospital Services Project Phase 1 : Developing options to move towards and build a sustainable regional system of integrated care.	Commencing	5	In-Progress	75	Completed	20					- Collaboratively developed a plan which clearly articulates a vision of hospital services in the region - The preliminary and the first phase of the project are completed - Project plan are developed and supported by appropriate tools. - Options for implementation of the future state are developed by workgroups and presented to the LHIN and SECHEF for approval.
	Phase 2 : implementation of the approved options.	Not yet started	0	Not yet started	0	Commencing	20	In-Progress	40	In-Progress	30	Implementation of all the selected options is completed.

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Initiative	Description	FY 13/14		FY 14/15		FY 15/16		FY 16/17		FY 17/18		Measure
		Status	%	Status	%	Status	%	Status	%	Status	%	
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.	Not yet started	0	Commencing	20	In-Progress	30	In-Progress	30	Completed	20	Implementation and utilization of a common intake tool for appropriate surgical services
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 and efficient use of limited hospital resources.	Not yet started	0	Commencing	10	In-Progress	50	In-Progress	30	Completed	10	- Reduced Emergency Department wait times, Alternate Level of Care 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 Proposal for a single Electronic Medical Record. Implementation will vary depending on hospital's reinvestment stage and the results of the Request for Proposal	Commencing	10	In-Progress	40	In-Progress	20	Completed	30			- Request for Proposal Complete - Request for Proposal Open for bidding - Vendor Selected and Implementation stage ready to begin
Health Care Tomorrow - Ontario Laboratory Information System Implementation	Enables laboratory information within the LHIN to be exchanged electronically among health service providers. Support the addition of new data feeds into the Ontario Laboratory Information System from hospitals and improve access/viewing for clinicians.	Commencing	20	In-Progress	30	In-Progress	20	Completed	30			Reduced number of repeat and unnecessary tests

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Initiative	Description	FY 13/14		FY 14/15		FY 15/16		FY 16/17		FY 17/18		Measure
		Status	%	Status	%	Status	%	Status	%	Status	%	
Addictions and Mental Health System Redesign	The South East LHIN is committed to the Redesign of Addictions and Mental Health services to provide clients with the right care, at the right time and in the right place, to support providers and reduce stigma. The Addictions and Mental Health Redesign will occur in four phases: 1. Development of the Project Plan 2. Development of the Addictions and Mental Health Redesign Ideal Client Journey, service elements and the Options for governance 3. Development of the Implementation Plan 4. Implementation Phase	Commencing	20	In-Progress	40	In-Progress	25	Completed	15			- Addictions and Mental Health Redesign plan is completed - An Ideal Client Journey including services elements is created - All components of implementation plans are finalized - Financial, clinical, governance and administrative plans are developed - A governance option is chosen
Strengthen CSS and AMH												
Program Integration												
Hospice Sustainability	Complete the integration of current community hospice service agencies with a community support services or Hospital partner. This direction is based on the results of a 12 month engagement/option development process.	Commencing	80	Completed	20							- 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

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

Transition points are the moments during the health care journey when patients move from one provider to another, or from one setting (such as hospital) to another (such as community). Efforts will be maintained to ensure that no patients fall through the cracks at these point, as well as those to improve the overall experience of being a patient within the south east region.

The focus in this regard has been on providing more integrated addictions and mental health services and better care for seniors, through numerous specific initiatives as well as Chronic Disease Management and Palliative Care.

Current Status

The Patient Flow Strategy was developed to ensure that patients receive 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 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 a number of programs and initiatives to support these patients in maintaining independent living at home and reducing the kind of illness or injury which would result in presentation at an ED or admission to hospital.

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 IHSP3: *Better Integration, Better Health Care*, is to help seniors stay healthier longer, so they can remain at home and in their communities as long as possible.

SMILE (Seniors Managing Independent Living Easily)

Launched in 2008, the SMILE program was designed to offer support to frail and elderly seniors who wished to safely remain in their homes as long as possible. A key feature of this program is that it is primarily client-directed. Seniors identify what support they might need in their daily living to feel confident about remaining at home. In the years to come, the South East LHIN will continue to invest in this program while pursuing other 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 with CCAC case managers and other community partners to explore what options might be available to support patients returning home. What we have discovered is that very often, simply asking that question leads to opportunities to explore new options, with the result that more patients are able to remain in the comfort and dignity of their own home longer. Enabling patients to return home after their acute care is completed eases pressures on our hospitals and reduces the demand for long-term care beds. *Home First* was fully implemented both in acute

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and post-acute hospitals in the first quarter of the fiscal year 13/14. 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 many times from seniors in our LHIN that they want to stay at home for as long as possible, avoiding moving to an institutional-like setting if it is not required. 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, who are identified as high-risk, benefit from 24/7 on-call support. They also benefit from having quick access to personnel who can provide daily living care, socialization with other seniors, better nutrition through careful food preparation and organized dining, and physical activity with a regularly-provided exercise program.

The South East LHIN, in partnership with the Victorian Order of Nurses (VON), launched Assisted Living Services for High-Risk Seniors (ALSHRS) in 2014. The service is provided at three neighborhood hubs located in Brockville, Kingston, and Belleville. The LHIN will continue to work with system partners to explore additional opportunities in this regard.

Acquired Brain Injury – Supportive Living

The South East LHIN has been working with members of the Napanee community, health service providers, and 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, as our LHIN does not have the same level or type of resources available as exist 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 only one option for supportive living - admission to a long-term care home.

Two six-unit ABI-specific supportive housing models (assisted living site and bungalow site) are being developed in Napanee to address this need. It is anticipated that the bungalow site will start receiving residents in April 2015. The LHIN is continuing to work with the MOHLTC and Pathways to Independence to expedite the development of the assisted living site.

Physiotherapy and Fall Preventions

Physiotherapy has been shown to help seniors live healthier, more independent lives. Planning and implementation of Physiotherapy Reform has been underway in our LHIN and across the province since 2013. This reform is ensuring that seniors and families in the South East have easier access to community physiotherapy, exercise and falls prevention classes, 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 and falls prevention classes, and establish an equitable distribution of these services across Ontario.

Changes to physiotherapy funding and delivery is occurring under several different streams. These are as follows:

- **Long-Term Care** – All Long-Term Care homes have agreements in place for the delivery of physiotherapy and falls prevention programming to their residents.

- **Exercise and Falls Prevention** – Exercise and falls prevention programming is currently being delivered to more than 120 public spaces, retirement homes and senior's congregate living centres in the South East, and services is being expanded. The exercise program continues to evolve to ensure equitable access across the region and to meet local need through programming tailored to various populations living with chronic disease or mobility impairments. Collaborative strategic planning has also 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. This work is continuing for 2015-16 with partnerships being formed with hospitals, long-term care homes, the CCAC, primary care, public health and the LHIN in order to develop an integrated Falls Prevention strategy
- **In-Home Physiotherapy** – The South East CCAC has amended contracts with physiotherapy providers to expand in-home service delivery. Service delivery in 2014-15 has focused on the rehabilitation and restorative streams, with maintenance stream being rolled out in retirement homes and congregate living centres. It is forecast that over 6,000 patients will be served in 2014-15. The implementation of the maintenance stream in other settings will be a priority for 2015-16 and beyond.
- **Designated Physiotherapy Clinics** – The allocation for Clinic-Based physiotherapy has increased nearly two thousand per cent in the South East LHIN. 6,162 episodes of care were delivered in 2015-16 in newly designated physiotherapy clinics. In the South East LHIN region, 14 clinics are now delivering service through agreements with the MOHLTC. Our LHIN will continue to work with the MOHLTC to promote the service to maximize use of service allocations.
- **Primary Care** – All community Health Links have submitted applications for physiotherapy staffing.

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 issues, or other neurological conditions. These behaviours, which occur whether the person is living at home, in acute care or in Long-Term Care Homes (LTCH), are a major source of distress not only for the person with the behaviour, but also family, caregivers, and others providing support.

BSO enhances and leverages the existing service system and promotes integrated service delivery through interdisciplinary mobile teams based around the region. These teams are able to respond, around the clock, to calls from long-term care homes that need their support and expertise.

In early 2014, the South East LHIN recognized that there were challenges with the existing BSO model of care, and have been working with Providence Care to ensure that BSO is meeting the needs of clients with behavioral challenges across the region. In addition, work is underway with Quinte Health Care to develop a Behavioural Support Transition Unit that will provide short-term services, therapies and treatments for clients with more intensive challenging behaviors. This unit will be operational and receiving patients in 2015.

Addictions and Mental Health

Apart from the ongoing work to redesign Addictions and Mental Health services within the South East LHIN, the Thrive Program has also recently been implemented to provide services to a high-risk target population in the south east region.

Thrive Program

In 2012, the Ontario Government allocated funding for the LHINs to leverage existing services and address opioid addiction needs in their communities. Our LHIN responded by developing Thrive, an addiction treatment and ancillary services program for pregnant and parenting women who are opioid dependent. Developed in partnership with the Community Health Centres (CHC) sector, Thrive is a regional program that aims 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 participating in this program, as well as their newborns, infants and children. Services are provided by Kingston, Belleville and Quinte West, and Rideau CHCs, who each serve a geographic catchment area with a significant proportion of this high-risk target population.

Chronic Disease Prevention and Management

We know that in order to improve the care experience and reduce acute care utilization for people living with one or more chronic diseases, we need to do a better job of coordinating and integrating self-management, primary care, community resources, and specialty clinics. To fulfill these objectives there are patient engagement activities underway through the community Health Links, including focus groups, patient journey mapping, and one to one patient/client surveys and interviews.

Health Links work with health care providers to identify the most vulnerable patients, those who live with four or more chronic diseases, and bring clinicians and non-clinicians from multiple disciplines to work closely together to develop multifaceted, coordinated and, responsive care plans in which the clients are active partners in managing their condition and their care.

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, which states 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 promote that provincial vision, and align itself to the recommendations outlined for hospice and palliative care in the report, *Advancing High Quality, High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action*.

The South East Hospice Palliative Care Steering Committee has developed and finalized the 2015-2018 south east regional work plan. In October 2014, the South East LHIN Board of directors supported the plan and the following four regional priorities:

- strengthening capacity of local communities in providing hospice palliative care

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- creating a regional mechanism to enable early identification of patients who would benefit from hospice palliative care services and support;
- increasing the understanding and implementation of Health Care Consent and Advance Care Planning
- strengthening caregiver support and bereavement

The cascading plan will be rolled out through several initiatives over the three years, and will engage regional stakeholders in its implementation and sustainability.

Priority Two Goals and Objectives

The specific goals that relate to this priority include:

- Expanding Health Initiatives for Seniors/Older Adults to incorporate provincial direction
- Enhancing the ability of the healthcare system to respond to older adults/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

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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.

		FY 13/14		FY 14/15		FY 15/16		FY 16/17		FY17/18		
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Status	%	Measure
Better Care for Seniors												
Nurse Led Outreach Team	Consistent uptake of Nurse Led Outreach Team 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					- Reduction in Emergency Department visits for Canadian Triage and Acuity Scale ranging from 3-5 - Improved/consistent uptake of Nurse Led Outreach Team services across the region – utilization of new services (ultrasound and doppler scanners).
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 long-term care homes.	Commencing	40	In Progress	40	Completed	20					- Reduced unnecessary hospital admissions - Reduced physical and function decline for those seniors admitted to hospital - Reduced Alternate Level of Care days - Reduced long-term care homes wait list - Increased access to community services
Assisted Living	Continue to sustain and develop supportive living across the South East LHIN. Develop and implement an Assisted Living model for frail-elderly seniors.	Commencing	30	In-Progress	45	Completed	25					- A reduction in Canadian Triage and Acuity Scale 3-5 for Emergency Department visits - Reduction in inappropriate long-term care homes applications - Possible reduction in Alternate Level of Care days

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		FY 13/14		FY 14/15		FY 15/16		FY16/17		FY17/18		
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Status	%	Measure
Home First	Home First philosophy full implemented in both acute and post-acute care hospital settings. The iCART process incorporates Home First clients to ensure better transition and care of clients within the community	Completed	10									- Reduction in Alternate Level of Care and wait list for long-term care homes. - Increased referrals to Community Care Access Centre and Community Support Services - Improved care planning between Community Care Access Centre and Community Support Services agencies
Acquired Brain Injury Facility	Creation of an acquired brain injury facility in Napanee to support acquired brain injury clients who can no longer live at home with their families but are not suitable for long-term care homes.	Not yet started	0	Commencing	40	In-progress	30	Completed	30			12 units are built - Facility is ready to care for acquired brain injury patients
Thrive	Development of a regional Community Health Centre 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, Addictions and Mental Health and primary care providers.	Not yet started	0	In-Progress	65	Completed	35					- 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
Respite												
Community Respite	Develop a tactical plan to optimize existing resources and identify gaps to be addressed in the future.	Not yet started	0	Commencing	30	In Progress	40	Completed	30			- Decreased caregiver stress - Improved outcomes for clients

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		FY 13/14		FY 14/15		FY 15/16		FY 16/17		FY17/18		
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Status	%	Measure
Convalescent Care	Increase convalescent care beds/units in the South East LHIN region to reduce Emergency Department/Alternate Level of Care pressures, inappropriate long-term care home admissions, Emergency Department 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									- Reduction in Emergency Department / Alternate Level of Care rates, inappropriate long-term care homes applications, and Emergency Department readmits/visits. - Increased referrals to Community Care Access Centre and Community Support Services 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 community support services 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					- Consistent application of Management Information System guidelines and transportation policies/protocols across the South East LHIN relating to the provision of volunteer transportation - Increased access to medical-based volunteer transportation across the South East LHIN through increased consistency, equity, efficiency and effectiveness of existing servicing provision.
Senior friendly hospital initiatives	Implementing best practices for functional decline and delirium care in accordance with the provincial Senior Friendly Hospital Strategy.	Commencing	75	Completed	25							- Reduced length of stay, Alternate Level of Care, and readmits to hospitals. - Improved on provincial Quality Indicators
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 region.	Commencing	90	Completed	10							- Number of episodes of care delivered - Number of Exercise & Falls Prevention Classes delivered - Number of seniors receiving exercise and falls prevention programming

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Initiative	Description	FY 13/14		FY 14/15		FY 15/16		FY 16/17		FY17/18		Measure
		Status	%	Status	%	Status	%	Status	%	Status	%	
Behavioural Support Ontario - 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 Behavioural Support Ontario program's mobile response teams to support transitions and maintenance in long-term care homes	Not yet stratd	0	Deferred								- Reduced long-term care resident transfers to the Emergency Departement, - Reduced admissions to Alternate Level of Care from long-term care homes, - Reduced lenght of stay in acute care, - Increased admission of residents with behavioral issues from community and hospitals to long-term care
	Create Behavioural Support Transition Unit at Quinte Health Care	Not yet stratd	0	Completed	100							Reduced Long-Term Care resident transfers to the Emergency Department, decreased Emergency Departement / Alternate Level of Care rates and acute visits
CSS and AMH												
Addictions and Mental Health 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. Shifting from coordinated access currently in some areas to central intake through the Addiction and Mental Health Redesign	Commencing	20	In-Progress	40	Completed	40					100% adoption and utilization of standard. Addictions and Mental Health Access/Referral form and Standard. Intake Assessment Form across South East LHIN - Reduction in Emergency Department visits and/or readmits - Reduce wait-times for services (Case management, Transitional case management and counselling, and treatment) - Improved client satisfaction through standardization

* This initiative will be aligned with the Addiction and Mental Health Redesign

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Initiative	Description	FY 13/14		FY 14/15		FY 15/16		FY 16/17		FY17/18		Measure
		Status	%	Status	%	Status	%	Status	%	Status	%	
Community Care Access Centre Coordinated Access	Implementing the Community Care Access Centre process for providing access to Complex Continuing Care / rehabilitation beds, adult day program and supportive housing.	Commencing	50	In-Progress	20	In-Progress	20	Completed	10			- Reduction in length of stay for rehabilitation and Complex Continuing Care patients - Appropriate utilization of Rehabilitation & Complex Continuing Care beds - Reduction in Alternate Level of Care patients and associated days
Addictions and Mental Health Emergency Department - Patient Flow	Design and implement a seamless transition model for timely care through the hospital system into the community related to specialized care Addictions and Mental Health, shared care plans and discharge planning	Commencing	10	In-Progress	50	Completed	40					- Improved patient flow - Reduced Emergency Department wait times, Alternate Level of Care
Emergency Department-Community Care Access Centre Notification	Notification to Community Care Access Centre of their clients on presentation to a hospital Emergency Department for prompt action to review case findings to prevent Emergency Department revisits and unnecessary admissions.	Commencing	65	In-Progress	25	Completed	10					- Reduced Emergency Department non admit visits - Improved Emergency Department Capacity - Decreased readmits - Identification of high users
Resource Matching and Referral	Implement referrals pathway for patient going home with Community Care Access Centre services, patient requiring Complex Continuing Care, rehabilitation beds and long-term care homes to ensure the right care at the right time at the right place.	Commencing	20	In-Progress	40	Completed	20					- Decreased inappropriate referrals and length of stay in hospitals - Improve patient flow - Reduce Alternate Level of Care patients and associated days

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		FY 13/14		FY 14/15		FY 15/16		FY 16/17		FY17/18		
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Status	%	Measure
Palliative												
Implementation of palliative care strategy	Finalize local palliative care strategy, develop associated work plan. The regional 2015-2018 work plan has been finalized and the South East Hospice Palliative Care Steering Committee will begin its implementation with the development of priority working groups, and a communication engagement strategy.	Commencing	10	Completed	90							The development of a consistent palliative strategy with a cascading work plan
	Strategic roll-out of the Nurse Practitioner-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.	Commencing	80	Completed	20							- Increased ability of Palliative and end of life patients to better manage their care at home - Decreased reliance on acute care for Palliative and end-of-life patients

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

Ontario's Aboriginal and Francophone populations have specific needs and face specific access challenges that are unique from the majority of 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 receive 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 these populations to identify the best ways of supporting them in overcoming these challenges and to meet the unique needs and priorities of their communities.

Francophone Health Care

The South East LHIN has an obligation to remove barriers facing Francophones in our LHIN who seek access to health services in French. We are committed to working with the French Language Services (FLS) Planning Entity, also referred to as “Le Réseau”, to create a healthcare system that is both linguistically and culturally tailored to Francophones in order to promote continuous improvement and effective delivery of high quality French-language health services.

The 2014-2015 Joint Annual Action Plan (JAAP) builds on previous achievements and presents five main objectives:

- Improve quality of data for better French-Language health service planning
- Strengthen Francophone participation in health service planning
- Include the Francophone perspective in regional strategy and initiative planning
- Improve the active offer of French-language health services through designation
- Optimize and measure the impact of our actions on French-language health services

Current Status

Enhancing Services for our Aboriginal Population

Metis Nations of Ontario

The South East LHIN regularly provides analytic support to both First Nations and Metis groups, and plans to continue to develop the relationship with these groups 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

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.

Mohawks of the Bay of Quinte

South East LHIN leadership and staff meet regularly with 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.

Indigenous Cultural Competency Training

Indigenous Cultural Competency (ICC) training is designed to increase knowledge, enhance self-awareness, and strengthen the skills of those who work both directly and indirectly with Aboriginal people. The goal of the ICC training is to further develop individual competencies and promote positive partnerships. More than half of our LHIN's board members and staff have already received this training, and has also invested in ICC training for its HSPs in the 13/14 fiscal year. The LHIN will continue to explore effective strategies to enhance culturally sensitive services for Indigenous residents.

Serving the Francophone Population

Pursuant to the accountability agreement the South East LHIN signed with Champlain LHIN and the FLS Planning Entity in 2010, the LHIN has worked collaboratively with these parties to implement the most recent JAAP. As collaboration deepens every year, initiatives within the JAAP are more specific. Through active and more structured collaboration, progress is being made to align the FLS Planning Entity and LHIN's actions on health priorities.

Data Collection

The South East LHIN is actively trying to increase awareness of the importance of collecting linguistic data in order to ensure that patients are able to access the care they need in either French or English. To that end, we are working with the Steering committee on a data collection project that consists of implementing, in two key health sectors, two questions related to the linguistic variable, on admission of a client/patient. These questions are:

1. What is your mother tongue?
2. If your mother tongue is neither French nor English, in which of Canada's official languages are you most comfortable?

Francophone Participation and Community Engagement

The commitment of the South East LHIN to strengthening the participation of the Francophone community in the planning of health services is specifically reflected through our community engagement activities. Multiple engagement sessions with the Francophone community were held in partnership with the FLS Planning Entity for the following projects in 2015: AMH Redesign, Health Care Tomorrow – Hospital Project, and the Palliative Care Strategy. Whenever possible, the LHIN takes advantage of the Francophone Advisory Committee's participation and contributions. Likewise, the South East LHIN ensured Francophones were represented within the Regional Patient Advisory Committee that was created in 2014.

Integration of the Francophone Perspective into Health Services Planning

Awareness of the importance of language in delivering high quality care is regularly raised with South East LHIN staff in order to ensure that LHIN planning activities integrate the francophone perspective at the inception of new projects and initiatives. A backgrounder 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

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them. As in the past years, local obligations on FLS will be included in the accountability agreements of the identified HSPs for 2015-2016.

Support Active Offer of French-Language Health Services Through Designation

A few years ago, the South East LHIN and the FLS Planning Entity introduced a designation plan process for the 13 identified FLS organizations in Kingston. The designation plans provide details on the steps necessary towards the provision of services in French, and the completion of designation.

In 2014, the Office of Francophone Affairs modified a number of designation criteria to strengthen key areas of the designation process. To address any concerns related to the changes, the Réseau and the LHIN engaged all identified HSPs to present, discuss, and gather feedback on the new criteria and their impacts moving forward. The information session helped identify the area where supports were most required. In that regards, the Réseau maintains continuous on-site assistance for the implementation of designation plans, with a planning officer located in Kingston – where most identified HSPs are situated.

Priority Three Goals and Objectives

The specific goals that relate to priority three include:

- 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

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		FY 17/18		
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Status	%	Measure
Aboriginal Focus												
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)
Cultural sensitivity training	Provide education and support to health service providers and the South East LHIN staff in order to recognize and respect diversity, acknowledge values and norms, engage in self-reflection and make better decisions.	Not yet started	0	In-Progress	20	In-Progress	40	Completed	40			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.

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Initiative	Description	FY 13/14		FY 14/15		FY 15/16		FY 16/17		FY 17/18		Measure
		Status	%	Status	%	Status	%	Status	%	Status	%	
Francophone Focus												
Joint Annual Action Plan	Develop and implement the Joint Annual Action Plan in collaboration with the French Language Services Planning Entity and Champlain LHIN.	Completed	100	Completed	100	Completed	100					The implementation of each of the Joint Annual Action Plan objective is evaluated and presented to the liaison committee.
Health service providers compliance with French Language Services local planning obligations.	Ensure adequate local obligations on French Language Services are included in health service providers' (HSPs) accountability agreement and respected by HSPs	Completed	100	Completed	100	Completed	100					Health service providers performance monitoring is supported by progress reports on French Language Services 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.	Not yet started	0	In-Progress	20	In-Progress	30	Completed	40			Number of initiatives planned using the FLS guiding principles
Pursue collaborative working relationship with the Réseau	Include the Réseau in French Language Services activities; keep developing and implementing methods of collaboration with Réseau.	completed	100	completed	100	Completed	100					Increased number of collaboration and engagement opportunities

Consistency with Government Priorities

Ontario Action Plan for Health Care

- 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
- The Wait Times Strategy for Surgical and Diagnostic Imaging procedures

Senior's Care Strategy

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

South East LHIN IHSP3 Priorities

- Improving access to a better integrated Primary Health Care system
- Supporting Primary Health Care with better management of chronic conditions
- Supporting the development of a strong hospital system through the Health Care Tomorrow – Hospital Project and Clinical Services Roadmap
- Creating and implementing capacity plans to further high quality care for specific specialized services (i.e. surgery)
- Implementing the Addictions and Mental Health Redesign
- Developing an effective and comprehensive information management system
- Expanding 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
- Supporting and empowering caregivers
- Creating and implementing a regional Hospice Palliative Care Strategic Plan
- Supporting the Aboriginal population to better manage their health concerns
- Improving access access to French Language Health Services

Risk Management & Mitigation Strategy

The achievement of the objectives listed in this document requires a number 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.

Risk	Mitigation Strategy
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	Using a phased approach for the more complex projects to avoid fatigue and resource issues
Potential unknown perverse incentives that drive behavior in the wrong direction	Engaging 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 Annual Business Plan (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 a cross-section of highly motivated leaders from HSPs to lead the various initiatives
- Patient experience emerging as a growing component of HSP accountability in the province
- Shared successes with stakeholders to foster buy-in and reinforce engagement

LHIN Operations and Staffing

LHIN Operations Spending Plan

South East LHIN Operations Spending Plan - 2015- 2016 ABP

LHIN's Operations Sub Categories	2013/14 Actual	2014/15 Actual	2015/16 Plan	2016/17 Outlook	2017/18 Outlook
Operating Funding	4 524 204	4 601 261	4 543 169	4 543 169	4 543 169
Salaries and Wages	2 692 682	2 696 483	2 917 048	2 954 443	2 987 147
Employee Benefits					
HOOPP	293 150	298 188	306 161	309 923	313 216
Other Benefits	320 476	349 796	367 393	371 907	375 859
Total Employee Benefits	613 626	647 984	673 554	681 830	689 075
Transportation and Communication					
Staff Travel	100 105	110 059	95 000	95 000	95 000
Governance Travel	16 615	10 421	16 800	16 800	16 800
Communications	62 160	49 719	55 000	55 000	55 000
Other Transport and Communication	10 044	2 675	1 100	1 100	1 100
Total Transportation and Communication	188 924	172 874	167 900	167 900	167 900
Services					
Accommodation	192 172	194 052	195 937	195 937	195 937
Advertising	29 380	46 895	15 000	15 000	15 000
Banking	12 916	11 499	9 740	8 140	6 540
Consulting Fees	28 110	22 500	57 200	36 200	36 200
Equipment Rentals	937	734	1 000	1 000	1 000
Governance Per Diems	69 075	53 125	68 250	68 250	68 250
Insurance - Operations Only	6 883	7 040	7 200	7 200	7 200
LSSO Shared Costs	378 674	277 926	309 098	309 098	309 098
LHINC	54 357	50 929	47 500	47 500	47 500
Other Meeting Expenses	16 761	27 155	19 900	19 900	19 900
Other Governance Costs	12 145	8 241	21 000	21 000	21 000
Printing & Translation	13 062	24 375	29 000	22 000	22 000
Staff Development	82 230	95 342	70 000	70 000	70 000
Other Services			(141 758)	(151 829)	(190 178)
Total Services	896 702	819 813	709 067	669 396	629 447
Supplies and Equipment					
IT Equipment	57 391	67 248	30 100	24 100	24 100
Office Supplies & Purchased Equipment	61 575	71 974	45 500	45 500	45 500
Total Supplies and Equipment	118 966	139 222	75 600	69 600	69 600
Capital Expenditures		120 018			
Total LHIN Operations	4 510 900	4 596 395	4 543 169	4 543 169	4 543 169
Variance (Deficit)	13 304	4 866	-	-	

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LHN Staffing Plan

LHN Staffing Plan (Full Time Equivalents - FTE's)		SE LHN Operations Schedule E - 2016 Budget Plan			
Position Title	2013/14 Actual	2014/15 Actual	2015/16 Plan	2016/17 Outlook	2017/18 Outlook
Chief Executive Officer	1,00	1,00	1,00	1,00	1,00
Executive Assistant	1,00	1,00	1,00	1,00	1,00
Board Coordinator	1,00	1,00	1,00	1,00	1,00
Receptionist - Assistant	0,50	0,50	0,50	0,50	0,50
Communications Lead	1,00	1,00	1,00	1,00	1,00
Communications Associate	1,00	1,00	1,00	1,00	1,00
Writer	1,00	1,00	1,00	1,00	1,00
Director Corporate Services/Controller	1,00	1,00	1,00	1,00	1,00
Financial Officer, Corporate	1,00	1,00	1,00	1,00	1,00
Corporate Service Assistant	1,00	1,00	1,00	1,00	1,00
Receptionist - Assistant	0,50	0,50	0,50	0,50	0,50
Chief Operating Officer	1,00	1,00	1,00	1,00	1,00
Senior Administrative Assistant	1,00	1,00	1,00	1,00	1,00
Director, Performance Optimization	1,00	1,00	1,00	1,00	1,00
Sr Consultant Performance and Contracts	1,00	1,00	1,00	1,00	1,00
Sr Financial Analyst*	1,00	1,00	1,00	1,00	1,00
Senior Consultant	1,00	1,00	1,00	1,00	1,00
Financial Analyst	1,00	1,00	1,00	1,00	1,00
Project Assistant - (2)	1,00	1,00	1,00	1,00	1,00
Administrative Associate	0,60	0,60	0,60	0,60	0,60
Director, HSP Funding and Allocation	1,00	1,00	1,00	1,00	1,00
Financial Officer, HSP	1,00	1,00	1,00	1,00	1,00
Project Assistant - (3)	1,00	1,00	1,00	1,00	1,00
Administrative Associate	0,40	0,40	0,40	0,40	0,40
Director, Knowledge Management	1,00	1,00	1,00	1,00	1,00
Sr Data Analyst and Integration Consultant	1,00	1,00	1,00	1,00	1,00
Database Developer & Decision Support Consultant	1,00	1,00	1,00	1,00	1,00
Project Assistant - (4)	1,00	1,00	1,00	1,00	1,00
Director, Health System Design	1,00	1,00	1,00	1,00	1,00
Health System Design & Implementation Lead	1,00	1,00	1,00	1,00	1,00
Planning & Integration Consultant	2,00	2,00	2,00	2,00	2,00
Integration Consultant	1,00	1,00	1,00	1,00	1,00
Project Assistant - (5)	1,00	1,00	1,00	1,00	1,00
LHN Staffing FTE's - Sub Total	32,00	32,00	32,00	32,00	32,00

South East LHIN 2015-16 Annual Business Plan

LHIN Staffing Plan

LHIN Staffing Plan (Full Time Equivalents - FTE's)		SE LHIN Operations Schedule E - 2016 Budget Plan				
Position Title	2013/14 Actual	2014/15 Actual	2015/16 Plan	2016/17 Outlook	2017/18 Outlook	
Initiatives (Funded via Project Envelopes & seperately from LHIN Operations)						
HF0 Community Partnership Coordinator, Health Force Ontario	0,50	0,50	0,50	0,50	0,50	
FLS French Lanuage Services Coordinator	1,00	1,00	1,00	1,00	1,00	
ER/ALC Snr Financial Analyst	1,00	1,00	1,00	1,00	1,00	
eHealth Snr Director Enabling Technologies	1,00	1,00	1,00	1,00	1,00	
Senior Project Lead	1,00	1,00	1,00	1,00	1,00	
Senior Program Lead	1,00	1,00	1,00	1,00	1,00	
Project Assistant	1,00	1,00	1,00	1,00	1,00	
CDM Snr Consultant, Design & Implementation	1,00	1,00	1,00	1,00	1,00	
Epidemiologist	1,00	1,00	1,00	1,00	1,00	
Quality Improvement & Implementation Facilitator (1) (2) (3)	3,00	3,00	3,00	3,00	3,00	
Project Assistant	1,00	1,00	1,00	1,00	1,00	
PCCL - Physician Lead (1)	0,00	0,75	0,75	0,75	0,75	
PCCL - Physician Lead (2)	1,00	0,50	0,50	0,50	0,50	
Term Contract Specialists						
PC PCCL - Physician Lead (3)	1,00	0,20	0,20	0,20	0,20	
HL Health Links Lead	1,00	0,20	0,00	0,00	0,00	
ED Emergency Department Lead	1,00	0,20	0,20	0,20	0,20	
CC Critical Care Lead	1,00	0,20	0,20	0,20	0,20	
HPC Hospice Palliative Care Planner	1,00	1,00	1,00	1,00	1,00	
CSR Project Management Office Lead	1,00	1,00	1,00	1,00	1,00	
Coordinator (1) (2)	2,00	2,00	2,00	2,00	2,00	
KM Snr Data Analyst & Integration Consultant	0,25	1,00	1,00	1,00	1,00	
LHIN Initiatives FTE's - Sub Total	21,75	19,55	19,35	19,35	19,35	
SE LHIN FTE's Total	53,75	51,55	51,35	51,35	51,35	
SE LHIN Positions/People Total (Operations + Projects Staff)	57,00	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 seperately from LHIN Operations, however, are displayed above due to the relevant financial & non-financial imprint on LHIN Operations.						

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 three year planning period beginning 2015/16:

- The funding allocation establishes the planning period baseline with no revenue increase forecast
- The LHIN must adhere to a "balanced budget" approach. Any identified pressures will be mitigated within the funding provided
- The Full Time Equivalent (FTE) count is constant over the planning period
- The compensation strategy is aligned with the provincial approach and ministry direction
- 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

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
- 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 Health Initiatives for Seniors/Older Adults to incorporate provincial direction
- Enhancing the ability of the healthcare system to respond to older adults/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 including:
 - a. The South East LHIN's Addictions and Mental Health Redesign initiative
 - b. Seniors' Care Strategy
 - c. The role of the South East Integrated Information Portal (SHIIP) and its alignment with Primary Care and Health Links
 - d. Ongoing planning towards a Regional System of Sustainable Hospital Care through Health Care Tomorrow
 - e. The LHIN and the Réseau's Joint Annual Action Plan (JAAP)
- 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

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- 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

As local health system manager, the South East LHIN will have a key role to play in the implementation of the *Patients First: Action Plan for Health Care*, announced in 2015. We will continue to focus planning efforts on ensuring that patients across our LHIN have access to the services they need the most, at home and in their community, with a greater focus on older adults and chronic disease management. To that end, we recognize that a big part of our responsibility is helping deliver more efficient and co-ordinated care to patients and their families while remaining accountable and transparent to the public.

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.

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 *Patients First: Action Plan for Health Care*. Specifically, LHINs have a responsibility in important provincial initiatives such as Health System Funding Reform, Health Links, and health initiatives for seniors
- 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:	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 patient. 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 patients first, we will provide Ontarians in the South East LHIN with better care and better value for tax dollars.

Through these changes, we expect to see:

- Reduced wait times and faster access to the right care, including primary care
- Fewer unnecessary visits to the emergency room and re-admissions to hospital
- Patients receiving care at home or in the community, where appropriate, instead of in a hospital
- A caring, integrated experience for patients

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 health care 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 is enhancing care at home and in the community by providing the right investments to key initiatives.

Support:

Through increased investments to programs like SMILE (Seniors Managing Independent Living Easily), a new Acquired Brain Injury Residence, and services provided by the South East Community Care Access Centre we are ensuring that more care options are available for our residents where they live, work and play.

Message:

The South East LHIN is committed to making the experience of care more seamless and the health system easier to navigate by providing patients and providers the information and tools to live healthy and stay healthy.

Support:

The South East LHIN, through education and promotion opportunities, including the Better Health in the South East LHIN brochure, active community engagement, and working closely with our providers, is ensuring that residents have the right information to make informed decisions about their health.

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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 Hospital Services Project 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 established Health Links, we are improving the way care is coordinated around the patient, allowing them to make better and informed decisions about their health.
- 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. Once fully implemented the new systems will ensure a client transitions smoothly across the continuum and that faster access to the right services are provided when and where they need it.

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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
Better Health in the South East LHIN brochure	Yearly	Communications	Used as an educational tool for promotion of programs and services within the South East LHIN
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	
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

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Communications Activity	Timelines	Responsibility	Context
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 Communications	
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:

- Increased editorial coverage of South East LHIN initiatives - 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, retweets and mentions; increased Facebook shares, number of YouTube views and subscribers
 - Increase of social media content e.g. Twitter / YouTube comments, Twitter favorites, 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. These include:
 - Participant feedback at community engagement and Open House events
 - Follow-up with community engagement participants to ensure open line of communication on process and next steps (i.e., *IHSP, Hospital Project, Addictions and Mental Health Redesign*)

Community Engagement

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 - 2015-2016

Seven Community Engagement goals for 2015-2016 will support the goals and objectives identified in the LHIN's Annual Business Plan:

1. 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:

- 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
- 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
- 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.
- Ensuring continuation of quarterly meetings of the South East Primary Health Care Council and annual Primary Health Care Forum

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

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

- 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) on such projects as the Health Care Tomorrow – Hospital project. Also through forums such as the Health Professional Advisory Committee, and regular one-on-one meetings with LHIN Executive and/or operational staff
- 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

3. 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:

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- Collaborating with the French Health 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. As well to ensure collaboration as part of the development of the South East LHIN's fourth Integrated Health Services Plan (IHSP4)
- Facilitating periodic meetings with Health Service Provider partners in the Kingston region in order to support them in the implementation of their French Language Service's plans
- Building upon the viability and sustainability of the 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, as well as ensuring francophone representation as part of the South East LHIN's Regional Patient Advisory Council
- Continued engagement with Mohawks of the Bay of Quinte at both leadership and staff levels; as well as with the Metis Nation of Ontario and other Indigenous stakeholders. 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

4. 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, with 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:

- 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
- Initiating 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
- Maintaining steady 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

5. Maintaining Consistent and Meaningful Engagement With the Public

This will be accomplished through:

- 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
- 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
- The South East LHIN Regional Patient Advisory Council, formed in 2014 with an initial emphasis on informing the Health Care Tomorrow – Hospital project
- Pan-LHIN and South East specific surveys to inform our planning efforts

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

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

- Maintaining a LHIN-wide standard of Community Engagement best practices by striving to ensure consistent and thorough Community Engagement at all levels, and developing a system/strategy to document the success of our engagement activities
- Enforcing the requirement of Section 16 (6) of LHSIA, that HSP's conduct Community Engagement that is appropriate to their clients and community, by developing a reporting and evaluation process that will monitor and assess the effectiveness of each of our accountable organization's planned and achieved Community Engagement
- Encouraging best practices of Community Engagement across the South East LHIN at all levels by maintaining an adequate level of support for those organizations that may require assistance and guidance to determine the best approach in conducting engagement, or in the development of their Community Engagement Plans

Evaluation of the Annual Engagement Plan 2014-2015

The South East LHIN will evaluate the effectiveness of its Annual Community Engagement by:

- 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
- Ensuring community engagement is embedded into individualized communications plans for major planning initiatives undertaken by the South East LHIN
- Work with the French Health Planning Entity for the South East LHIN, *Le Réseau des Services de Santé en Français de l'Est de l'Ontario* (RSSFEO), to evaluate the South East LHIN's performance against the Joint Annual Action Plan through the Recommendation Report

South East **LHIN**

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