

South East **LHIN**



South East LHIN

Annual Business Plan

2016-2017

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1.0 Transmittal Letter

March 28, 2016

Tim Hadwen
Associate Deputy Minister
Health System Accountability and Performance Division
Via email: LHINs.MOH@ontario.ca .

Dear Mr. Hadwen,

The South East Local Health Integration Network (LHIN) is pleased to present this 2016-2017 Annual Business Plan (ABP).

The release of this plan follows the release of our fourth Integrated Health Services Plan (IHSP), which took place earlier this year, entitled *Health Care Tomorrow – Putting Patients First*. As such, this ABP sets out the path we plan to take on the first year of the three year journey charted in that IHSP. This journey aims to work towards a health care system that meets the needs of patients and communities across our region, that delivers care equitably to all our patients, and that focuses on innovation and accountability. Most importantly, it is a journey towards a health care system that puts patients first.

These are both exciting and challenging times for health care in both Ontario, and in the South East. The Province has identified putting patients first as a guiding philosophy for the health care system, having recently released both *Patients First: Ontario's Action Plan for Health Care*, representing the next phase of Ontario's plan to transform its health care system, as well as a discussion paper entitled *Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario*, proposing even further transformation of the system.

Accordingly, our LHIN embraced the philosophy of putting patients first in its newly launched IHSP4. In this, the first year of the new IHSP4, this ABP identifies a number of initiatives that also reflect our commitment to putting patients first. The initiatives for 2016/17 include, but are not limited to:

- Continuing to support a sustainable acute care system through the Hospital Services Project
- Moving ahead with the implementation of our Addictions and Mental Health Redesign
- Launching an Older Adult Strategy to strengthen the continuum of supportive care for older adults in the South East region
- Working with our primary care providers to build a solid and sustainable primary care system that is well-coordinated and linked to other health care services, including hospitals, home care and long-term care
- Building on the success of Health Links, ensuring that process improvements that have been made are extended through the entire primary and community care sectors
- Using technology for greater information flow – expanding the use of technology to allow information and coordinated care plans to flow easily and quickly between providers and across the system
- Engaging patients continuously by expanding the role of the Regional Patient Advisory Council, which was originally formed to support the Hospital Services Project, to serve as a regional resource for input on other initiatives identified in the IHSP4, and to contribute to overall strategic planning

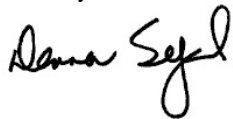
- Building comprehensive services through cooperation – aligning efforts for better performing, sustainable health care through cooperation with other partners in the province and the South East region, including Public Health Units, municipalities, and other ministries, including the Ministry of Community and Social Services, Ministry of Children and Youth
- Enhancing indigenous and francophone health services across our region, through partnerships, education and productive two-way communication

Acknowledging that upcoming change is likely, we respect that the discussion paper entitled *Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario* proposes, but does not yet confirm, directions for the system's transformation. The South East LHIN stands prepared to adjust the ABP as required, to align with and support the implementation of the Ministry-actioned system transformation as a priority, in response to the Ministry's direction.

In conclusion, I would like to acknowledge the critical role played by the many health care providers in the South East who have contributed their time and expertise to the mission of improving the health care system in our region. As well, I want to thank the staff and board members of the South East LHIN, all of whom share my belief that the work we do is both an honour and a responsibility.

If you have questions or comments regarding this ABP, please contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Donna Segal". The signature is fluid and cursive, with the first name "Donna" and last name "Segal" clearly distinguishable.

Donna Segal
Board Chair
South East Local Health Integration Network

1.1 Mandate and Strategic Directions

The South East Local Health Integration Network (LHIN) is one of 14 LHINs created by the Ontario government in 2005 to plan, manage and fund healthcare at the local level. LHINs were mandated to integrate Ontario's health care system, by encouraging and supporting providers and health organizations to work together in the best interests of patients. All of the work of the South East LHIN is informed and inspired by the need to ensure that health care services maximize available resources, are aligned with regional and provincial priorities, and recognize and act upon local needs and priorities.

In pursuit of this mission, the South East LHIN is guided by the following four corporate strategic goals:

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 the development and management of a regional system of integrated patient-centred care in collaboration with health system providers.
3. To build a functional integrated health information system that supports better health care services and healthier citizens.
4. To demonstrate leadership as a knowledge-based organization that is credible, professional, proactive and responsive.

LHINs are required under the *Local Health System Integration Act, 2006* to create and release an Integrated Health Service Plan (IHSP) every three years. These plans communicate each LHIN's vision and priorities, and describe the directions that the LHIN proposes to take over the following three years to achieve those priorities, making their regional vision of health care a reality. The South East LHIN's fourth IHSP *Health Care Tomorrow – Putting Patients First*, covers the years 2016-2019, and was released earlier this year.

While IHSPs are high-level overviews of LHINs' proposed direction for their local and regional health care systems, Annual Business Plans (ABPs) are more detailed roadmaps – laying out the ways and means by which the journey might successfully be completed on an annual basis. The South East LHIN's 2016-17 ABP establishes the plan for how the organization will fulfill the strategic goals articulated in the plan.

Engaging With the Population

The French Language Services Act “recognizes the contribution of the cultural heritage of the French-speaking population and wishes to preserve it for future generations”. In addition, the philosophy behind Local Health Integration Networks is based on the understanding that planning, managing and funding health care is best done, at least in part, at the local and regional level. It is only when system planners understand the needs and priorities of patients and providers in communities health care decisions can be made in the best interest of those communities. To that end, the South East LHIN is constantly looking for opportunities to engage with local stakeholders. This engagement can take the form of regular meetings with health service providers, and engaging with the public through meetings, focus groups, and online surveys. The South East LHIN's deep commitment to engaging Francophone and indigenous communities in dialogues about local health care improvement is evident in the planning undertaken to develop culturally and linguistically-sensitive health care services in this region.

Working With Local Health Service Providers

The South East LHIN is responsible for planning, funding and monitoring the performance of the unique Health Service Providers (HSPs) operating in South East Ontario. These include:

- Seven Hospital Corporations – operating 11 sites, providing a range of acute care, complex continuing care, rehabilitation, and mental health services
- Four Addictions and Community Mental Health agencies
- One Community Care Access Centre
- 30 Long-Term Care provider sites – operating 4,050 beds in 37 facilities
- 22 Community Support Agencies
- Five Community Health Centres – operating eight sites

Performance and Accountability

Ontario's LHINs have performance agreements with the Ministry of Health and Long-Term Care (MOHLTC). These annual agreements specify the responsibilities and obligations of both parties. Creation and submission of Annual Business Plans is one of the LHIN's responsibilities. LHINs are accountable to both the public and the government for the health system performance indicators and targets articulated in these agreements, and their success in doing so is reported publicly, through a number of channels.

In addition, LHINs are accountable to the Minister of Health and Long-Term Care for their performance, use of public funds, and for the manner in which they meet their goals and objectives through their Board Chairs.

The South East LHIN relies on Service Accountability Agreements (SAAs) to clarify performance expectations of local Health Service Providers. 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 will remain sustainable for years to come.

1.2 Review of the Issues Facing the South East

It would not be possible for LHINs to undertake the work that they do without having a comprehensive understanding of the patients and communities they serve. At the South East LHIN, it is understood that our demographics and demand for services are different from those in other communities, and the socio-economic factors that affect health care vary greatly from community to community within the South East LHIN, and from LHIN to LHIN across our province. For these reasons, the South East LHIN is constantly working to improve our understanding of the issues faced in this region, and the ways in which they affect our health care system.

Demographics

The South East LHIN hosts an older population. As of 2013, 20 per cent of people in the LHIN were 65 years or older. This is the highest percentage of seniors in Ontario. By 2016, that proportion is expected to rise to 22 per cent, and by 2026, it is estimated that 28 per cent of the LHIN's population will be over the age of 65. As a result of this aging population, the LHIN is facing an increase in the number of people living with chronic conditions, and a resulting increase in demand for services and care coordination.

Socio-Economic Status, Health Behaviors, and Health Status

Overall the socio-economic status of the population across the South East region is lower than the provincial average. There are areas in the LHIN where there are larger Indigenous and Francophone populations, and within these areas there tend to be higher levels of disparity. 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.

In addition, we know that many people in the South East LHIN have behaviours that will likely cause them to develop health issues. Almost half of the population is physically inactive, and more than half do not consume enough fruits and vegetables. Also, 20 per cent of residents are daily smokers, and the same number reported heavy alcohol use. The South East LHIN has some of the highest rates in the province for many chronic conditions, and only three in five people said they have very good or excellent health.

Health System Utilization

Our analysis points to four key service areas where the South East LHIN has identified opportunities for improvement:

- Patient transitions between health care services and across such settings as home, community care, and hospital, continue to be an issue. As a result, the number of days South East LHIN residents spend waiting in hospital for transition into the community remains high.
- Home care services for clients with high needs must continue to meet the increasing demand. In the last six years alone, the volume of services for high-needs clients has increased by 113 per cent.
- The need for Community Support Services (CSS) has increased and will continue to grow into the future along with our aging population.
- Rehabilitation services do not appear to meet the needs of the population within the South East.

Health Human Resource Planning

In the South East LHIN, there are a number of medical specialties with few younger practitioners, meaning there is a threat of provider shortages down the road. General Medicine, Geriatric Medicine, Hematology, Medical Oncology, Otolaryngology, Psychiatry, Respiriology, Urology and Vascular Surgery have all been identified as having a noticeable number of physicians over the age of 50 with the potential of upcoming retirement.

1.3 Overview of Current and Forthcoming Programs and Activities

IHSP 4: Health Care Tomorrow – Putting Patients First

As noted above, the South East LHIN released its fourth Integrated Health Services Plan (IHSP4) earlier this year. This three-year plan intends to help keep Ontarians, the health care community, and the provincial government informed about the upcoming plans for managing and funding health care in this region. Just as important, it serves as the South East LHIN's roadmap for the next three years.

The South East LHIN's fourth IHSP is called *Health Care Tomorrow – Putting Patients First*. It identifies the priorities for health care that have been identified in the South East, and outlines the various programs and initiatives that will enable those priorities to be achieved. This fourth IHSP is characterized by a commitment to equity, innovation, sustainability and collaboration. *Health Care Tomorrow – Putting Patients First* establishes three overarching goals that will guide the work undertaken over the next three years, and specifically informed the writing of this Annual Business Plan. Those goals are:

1. *Achieving better patient outcomes through more equitable access to quality care.*
2. *Improving the health care experience through an integrated and patient-centred continuum of care.*
3. *Working with partners towards the achievement of an accountable, high performing health care system.*

Programs and Initiatives

Over the course of the next three years, the South East LHIN will be undertaking a number of programs and initiatives to achieve the three overarching goals. These include:

- Continuing to support a sustainable acute care system through the Hospital Services Project
- Moving ahead with the implementation of the Addictions and Mental Health Redesign
- Launching an Older Adult Strategy to strengthen the continuum of supportive care for older adults in the South East region
- Working with primary care providers to build a solid and sustainable primary care system that is well-coordinated and linked to other health care services, including hospitals, home care and long-term care
- Building on the success of Health Links, ensuring that process improvements that have been made are extended right through the entire primary and community care sectors
- Better use of technology for greater information flow - expanding the use of technology to allow information and coordinated care plans to flow easily and more quickly between providers and across the system
- Engaging patients continuously- expanding the role of the Regional Patient Advisory Council, which was originally formed to support the Hospital Services Project, to serve as a regional resource for input on other *Health Care Tomorrow – Putting Patients First* initiatives, as well as overall strategic planning
- Building comprehensive services through cooperation - aligning efforts for better performance, and achieving sustainable health care through cooperation with other partners in the region, including Public Health Units, municipalities, and ministries including the Ministry of Community and Social Services, the Ministry of Children and Youth
- Enhancing indigenous and francophone health services across the region, through partnerships, education and productive two-way communication

1.4 Consistency with Government Priorities

Putting Patients First

The health care mission in Ontario today, to which the South East LHIN is deeply committed, can best be described as putting patients first. In February 2015, the Minister of Health and Long-Term Care released *Patients First: Ontario's Action Plan for Health Care*, which represents the next phase of Ontario's plan to transform its health care system. More recently, the Minister released a discussion paper entitled *Patients First: A Proposal to Strengthen Patient-Centred Care in Ontario*. The South East LHIN's current Integrated Health Services Plan, *Health Care Tomorrow – Putting Patients First*, aligns with these provincial commitments, and this Annual Business Plan (ABP) 2016-17, charts the first year of this journey.

It is important to emphasize that Putting Patients First is not a new idea. Health providers have been putting patients first for as long as there have been providers and patients. Health care systems, however, have not always been able to do so. The discussion paper released by the Minister earlier this year identifies a number of ways the Ontario's health care system can improve on its commitment to put patients first:

- There are some Ontarians – particularly Indigenous peoples, Franco-Ontarians, members of cultural groups (especially newcomers), and people with mental health and addiction challenges – who are not always well-served by the health care system.
- Many Ontarians report having difficulty seeing their health providers when they need to, especially on evenings, nights or weekends.
- Some families find home and community care services inconsistent and hard to navigate.
- Public health services are disconnected from the rest of the health care system, and population health is not a consistent part of health system planning.
- Health services are fragmented in the way they are planned and delivered, which can affect the patient experience, result in inefficient use of patient and provider time and resources, and result in poor health outcomes.

The discussion paper goes on to outline a proposed plan to begin eliminating these gaps and strengthen patient-centred care. The four components of the plan, all of which would involve expanding the role of LHINs, are as follows:

1. More effective integration of services and greater equity – to make care more integrated and responsive to local needs, to make LHINs responsible and accountable for all health service planning, and to improve performance.
2. Timely access to primary care, and seamless links between primary care and other services – bring the planning and monitoring of primary care closer to the communities where services are delivered. LHINs, in partnership with local clinical leaders, would take responsibility for primary care planning and performance management.

3. More consistent and accessible home and community care – strengthen accountability and integration of home and community care. Transfer direct responsibility for service management and delivery from the Community Care Access Centres (CCACs) to the LHINs.
4. Stronger links between population and public health and other health services – integrate local population and public health planning with other health services. Formalize linkages between LHINs and public health units.

Whatever the outcome of these proposals and the discussions that may result, the South East LHIN embraces the notion of better patient-centred care. As demonstrated by the direction taken in the IHSP4, and the programs and initiatives outlined in this ABP, the South East LHIN is absolutely committed to putting patients first.

Ontario's Action Plan for Health Care

Access

Improve access – provide faster access to the right care

When people want to take steps to prevent illness, are sick or get injured, they need to be able to get the right kind of help, whether it from a family doctor, nurse-practitioner, pharmacist or a number of different care providers.

Connect

Connect services - delivering better coordinated and integrated care in the community, closer to home

The foundation has been laid to enable the home and community care sector to meet the needs of today's population with an enhanced focus on seniors and chronic disease management.

Inform

Support people and patients – providing the education, information and transparency they need to make the right decisions about their health

For Ontarians, health is not only about the care received from providers. It is about living a healthier life, avoiding getting sick and learning about good ways to manage illness when it happens. Creating a culture of health and wellness will support Ontarians in making educated, informed decisions about their care.

Protect

Protect our universal public health care system – making evidence based decisions on value and quality, to sustain the system for generations to come.

Our universal health care system belongs to the people of Ontario. Ontarians fund it and depend on it for their health and the health of their children. With an aging population that will have a growing need for health care services, maintaining a sustainable health care system means controlling costs and targeting funding on preventing illness and improving results for patients.

From Patients First: Ontario's Action Plan for Health Care – February 2015

2.0 Delivering on South East LHIN Priorities

As explained earlier, this Annual Business Plan is effectively the roadmap that will take the South East LHIN through the journey described in the most recent Integrated Health Service Plan (IHSP4). It outlines the various programs, initiatives and activities planned for the coming year, endeavouring to achieve the three overarching goals established in IHSP4. Those goals are as follows:

1. Achieving better patient outcomes through more equitable access to quality care

Equitable access to quality care refers to the fair distribution of resources, based on the needs of patients. It does not mean an equal distribution of resources, because that is not what is needed. All patients do not require the same number of services, or even the same services. Equitable access to quality care ensures that all patients can receive the services that they require.

2. Improving the health care experience through an integrated and patient-centred continuum of care

Local Health Integration Networks were named for the job they were created to do. Integration. It is the key to successful 21st century health care. An integrated and patient-centred continuum of care wraps the system around the needs of the patient, with all of the providers and organizations involved in a patient's care working together towards one common goal, which is to bring about the best possible outcome for that patient.

3. Working with partners towards the achievement of an accountable, high performing health care system

Striving towards better cooperation and collaboration in the delivery of care, the South East LHIN is working towards better cooperation and collaboration in the planning of our health care system. The South East LHIN, works with a wide variety of health services providers, stakeholders and communities. In order to create the high performing health care system that patients and residents need and deserve, South East LHIN, HSPs, and stakeholders must all work together as a team. The job of the LHIN is to foster a collaborative culture where all partners are involved and have a voice in the decisions that will affect the health care system in the South East region.

Over the coming year, the South East LHIN will be moving forward with a number of programs and initiatives designed to further the goals listed above. These programs and initiatives are all listed in the tables beginning on page 24. In addition, details regarding several of the LHIN's key initiatives are listed below. These key initiatives are intended to make a significant difference in the lives of the patients we serve and the quality of the health care system on which they depend.

Hospital Services Project

Hospital Services Project: Phases 2&3

The Hospital Services Project was launched in 2014, as a collaboration between Brockville General Hospital, Hotel Dieu Hospital, Lennox and Addington County General Hospital, Kingston General Hospital, Perth Smiths Falls District Hospital, Providence Care and Quinte Healthcare Corporation, as well as the South East Community Care Access Centre (CCAC), the Queen's University Faculty of Health Sciences and the South East LHIN.

The goal of this project is to explore ways in which all partners could work together to better integrate the acute care system in South East Ontario. The first phase of the project focused on engagement, with a wide range of system stakeholders, including a 24-member Regional Patient Advisory Council, working to establish a vision and identify opportunities for improvement. This process resulted in a report that identified 10 opportunities that the hospitals and their partners - including the South East LHIN - must act upon in order to build a sustainable system of integrated hospital care.

The first seven opportunities identified are the responsibility of the hospitals:

- Develop a regional shared service to support finance, human resources, facilities/support services and information services
- Develop a regional laboratory system to serve all the hospitals in the South East LHIN.
- Develop a regional diagnostic imaging system to serve all hospitals in the South East LHIN
- Develop a regional pharmacy system to serve all the hospitals in the South East LHIN
- Develop a regional system of care for highly specialized services
- Develop a regional system of care for urgent/emergent care to focus on process improvement and excellence that is evidence-based through an emergency department/urgent care community of practice
- Expand/standardize older adult care strategies across all South East LHIN hospitals, including primary, secondary and tertiary care, with regional specialization of behavioral supports and geriatric medicine/inter-professional resources

The subsequent three opportunities require partnership and collaboration with community partners. The South East LHIN is committed to moving forward in these areas:

- Build capacity in community support services and optimize community resources to prevent unnecessary use of hospitals
- Develop an emergency department (ED) avoidance strategy that includes enhanced Emergency Medical Services (EMS) Services, and care at home and in the community
- Improve service delivery and the integration of care for complex, frail and elderly patients through the development of automated and integrated coordinated care plans

In the coming year, the South East LHIN will move forward with the next two phases of the Hospital Services Project. Phase 2 will focus on detailed analysis, design and potential implementation planning. Phase 3 will include working with key stakeholders, discussion of potential new roles and change management initiatives, as well as seeing the implementation of the approved options for shared services and better integrated acute care in this region.

Hospital Information System Consolidation

A significant number of Ontario hospitals are in the process of replacing or upgrading their information systems, or are planning to do so in the near future. As a result, The Ministry of Health has established a Hospital Information System (HIS) Renewal Advisory Panel to provide guidance on a range of issues, and to examine ways to maximize the value and impact of public investment in these systems. The panel will be looking into issues such as best practices for consolidated procurements, methodologies to accurately estimate the cost of HIS renewal, expectations for the meaningful use of existing hospital information systems, alternative financing options, and how future HIS renewal could benefit from eHealth Ontario's integration services, once fully implemented.

Over the coming year, IT leads from the South East acute care sector will conduct an analysis of four distinct HIS models. This would include risks and benefits, as well as more detailed costing for each model. This will inform future direction of an appropriate regional HIS model.

Complex Frail Vulnerable Patients and Action Plan

Over the coming year, we will work to develop a regional system of care for chronic/frail/vulnerable patients using a framework developed by the Institute for Healthcare Improvement. This framework describes an approach to the optimization of health system performance based on Best Care, Best Health, Best Value, and Best Meaning in Work.

The clinical teams are focused on developing a common regional patient journey for the COPD and Hip Fractures pathways which will have impact across emergency departments and in-patient/out-patient for both acute and rehabilitation care, and discharge to rehabilitation care and community services. This work will provide the following outcomes:

- Understanding the current state from all perspectives (patient, family, providers) with the identification of gaps based on best practices of a regional system of care;
- A plan to move to the regional best practice patient journey, implement regional accountability mechanisms; and
- A template for future regional initiatives that contribute to the development of a regional integrated system of care across South East LHIN.

Patient Flow

If previously mentioned initiatives focus on the journey of chronic/frail/vulnerable patients, this section is all about how smoothly the journey of all patients should flow - in, through, and out of hospitals. A typical journey might involve arriving at the emergency department, receiving tests, being admitted for in-patient care, followed by discharge into community care. Clearly, the faster and more smoothly these various transitions can be made, the better the patient experience and the higher the level of care.

Patient Flow – South East LHIN 18-Month Action Plan

Addressing barriers to streamlined patient flow is a key priority for the South East LHIN. All seven LHIN hospitals and the South East Community Care Access Centre (SE CCAC) are moving forward with the implementation of action plans and the monitoring of results. The development of a Regional Hospital Patient Flow Dashboard will identify and illustrate the challenges with patient flow within each organization and the system. It is expected that these plans will result in significantly improved patient flow in and out of the region's hospitals, and out, into, and across the community system.

These action plans target four key activities:

1) Improving In-Flow. This means avoiding emergency room visits and helping patients avoid hospital admissions wherever possible. This will be accomplished through appropriate screening of patients to determine who is at high-risk for admission, and linking them with appropriate community supports so they can avoid having to go to the emergency department.

2) Improving Internal Flow. This will be accomplished by facilitating timely, predictable, well-coordinated hospital admissions and discharge processes. In addition, improving communication between emergency to inpatient using a "pull system", and standardizing "barriers to rapid-discharge rounds" (a process to ensure that barriers to discharge are identified and strategies to remove barriers are put into place), will be implemented.

3) Alternate Level of Care (ALC) Prevention. ALC days are days that patients spend in hospital when they would be better serviced in a community setting. Efforts to reduce ALC days will focus on the implementation of a system-wide standardized Home First toolkit, along with the application of ALC avoidance techniques.

4) Improving Out-Flow. Simply put, optimal discharge planning is needed. This planning must begin when patients are admitted, so there is an early focus on transitioning them appropriately home or to the correct care setting. Other examples of out-flow initiatives include screening for patients at risk of functional decline or delirium, enhancing communication with community supports and/or out-patient rehabilitation services, using better bedside patient care communication tools, applying the repatriation policy, and collaborating with Primary Care and Health Links.

Home First Refresh

Home First is a philosophy that focuses on, wherever possible, discharging elderly patients home after an acute episode in hospital instead of assuming that a long-term-care home is the only option. By going home with the necessary community supports and taking time to understand the implications of a move to a long-term care home, elderly patients and their families are in a better position to judge what's best for them.

In the aim to reduce growing ALC rates, all South East LHIN Hospitals and the South East CCAC will reinforce the adoption of the 'Home First' philosophy. Adoption of the philosophy will include standardized education, standardized performance monitoring, standardized messaging and an escalation process to ensure all opportunities for the patient to return home are investigated.

Senior-Friendly Hospital Initiative: Post Survey Phase

A senior-friendly hospital is one in which the environment, organizational culture, and care-giving processes accommodate and respond to seniors' physical and cognitive needs, promote good health (e.g. nutrition and functional activation), maximize safety (e.g. prevents adverse events), and involve patients, their families, and caregivers to be full participants in their care.

All hospitals in Ontario are in the process of assessing the extent to which they are senior-friendly, and this process includes surveys and assessments. South East LHIN hospitals have recently completed a Senior Friendly Hospital survey, and over the coming year they will be reviewing their successes and identifying improvement opportunities.

ALC Resource Matching Referral – (electronic)

Creating a system that helps move patients from an acute care bed to a more appropriate level of care is a complex task. Through collaborative planning and the application of appropriate information systems, care managers are better able to identify transfer or discharge needs and the availability of appropriate resources earlier in the patient's treatment, resulting in better referral decisions, an increased number of completed referrals, and a better use of resources and system capacity. The South East LHIN is currently participating in a provincial Resource Matching and Referral working group to assist in informing local strategy, aligning necessary priorities, and implementing pathways with automated solutions.

eConsultation & eReferral from Primary Care to Specialty

Both abovementioned initiatives are aimed at improving patient access to specialty care. OntarioMD is leading the Provincial eReferral Initiative to plan and implement a provincial eReferral service to enable the electronic referral from primary care to specialty care. We will be collaborating with OntarioMD to plan for opportunities for implementation in this region.

Addictions and Mental Health Redesign Implementation

The redesign of Addictions and Mental Health (AMH) services in the South East began in 2013. This redesign was the result of a community engagement process that revealed a number of significant issues which needed to be addressed, in particular:

- Duplication of services
- Multiple instances of story-telling or repetitive assessments
- Hurdles transitioning between providers
- Difficulty accessing services
- Insufficient volume of services to satisfy demand
- Stigma as a barrier to accessing Addictions and Mental Health, and other health, services

Faced with these legitimate concerns, the South East LHIN undertook a process to redesign a system that was clearly not serving the residents of the South East region as well as it could. Working with 22 addictions and mental health service providers, as well as patients and families, we began by identifying what we called the "Ideal Individual Experience."

The adoption of this Ideal Individual Experience across the region will help establish a consistent approach to care. It will mean that clients can travel across the system and know exactly what to expect from one care provider to the next. It will be easier for them to obtain the information they need, and there will be less need for them to repeat their stories to several different providers. Access will be better coordinated, resulting in shorter wait times, and there will be better standardized education and training for AMH agency staff, which will help reduce stigma across the system.

A critical early step in the redesign process was the amalgamation of seven addictions and mental health agencies into three main geographic agencies. This will result in improved common pathways and processes, and fewer clients falling through the cracks as they transition from one provider or resource to another.

Over the coming year, the South East LHIN will work with the three new Addictions and Mental Health agencies on the implementation of their plans for ensuring that the Ideal Individual Experience is achieved for clients and their caregivers.

One area of focus will be to formulate standardized discharge and support practices that are intended to reduce unexpected readmissions to the Emergency Department. To support clients in their transition to the community, the number of intentional Peer Support workers has been increased. Formal communication and data sharing pathways are also being created, and one shared data system will be implemented over the coming year to facilitate seamless transitions and inform comprehensive care.

Enabling Technologies and Privacy

There is an increasing focus in the healthcare field 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. While ensuring that privacy concerns are met, Enabling Technologies will contribute to the integration mandate of our LHIN through the creation of sustainable and efficient electronic systems that support seamless sharing of information across our region, and enable better patient care.

SHIIP/cNEO

Initiatives such as the South East Health Integrated Information Portal (SHIIP) and Connecting Northern & Eastern Ontario (cNEO) demonstrate the potential of these enabling technologies. SHIIP's primary focus is to identify patients with complex needs, facilitate care coordination, and allow health service providers to gain timely, secure and verified access to key patient information associated with hospital triage, diagnostic, and discharge data.

The cNEO Project will plan and implement a provincial electronic health record and work to provide health care providers with timely access to personal health information from across the continuum of care. With reliable and secure electronic health information, providers will have more comprehensive information to deliver better and more coordinated patient care. Both of these solutions are complementary to each other and share one common objective – to improve patient care and outcomes through enabling technologies.

Regional Privacy Capacity Development Project

Clearly, any advance in information sharing must be accompanied by advances in privacy protection. Over the coming year, the South East LHIN will be forming a Regional Privacy Advisory Group for community HSPs. In addition, these HSPs will be offered training and provided guidelines on Privacy Policies and Procedures which will be produced to ensure clear and consistent privacy messages.

Enhancing Primary Care

For most of us, our primary care provider is the gateway to the health care system. Our first and most frequent contacts with the health care system are with family physicians, nurses, nurse practitioners and other allied health professionals either in doctors' offices, family health teams, community health centres, nurse practitioner-led clinics, or other family health organizations. These providers not only care for patients directly, they also act as a link to the rest of the health care system, including tests, treatments and specialist consultations.

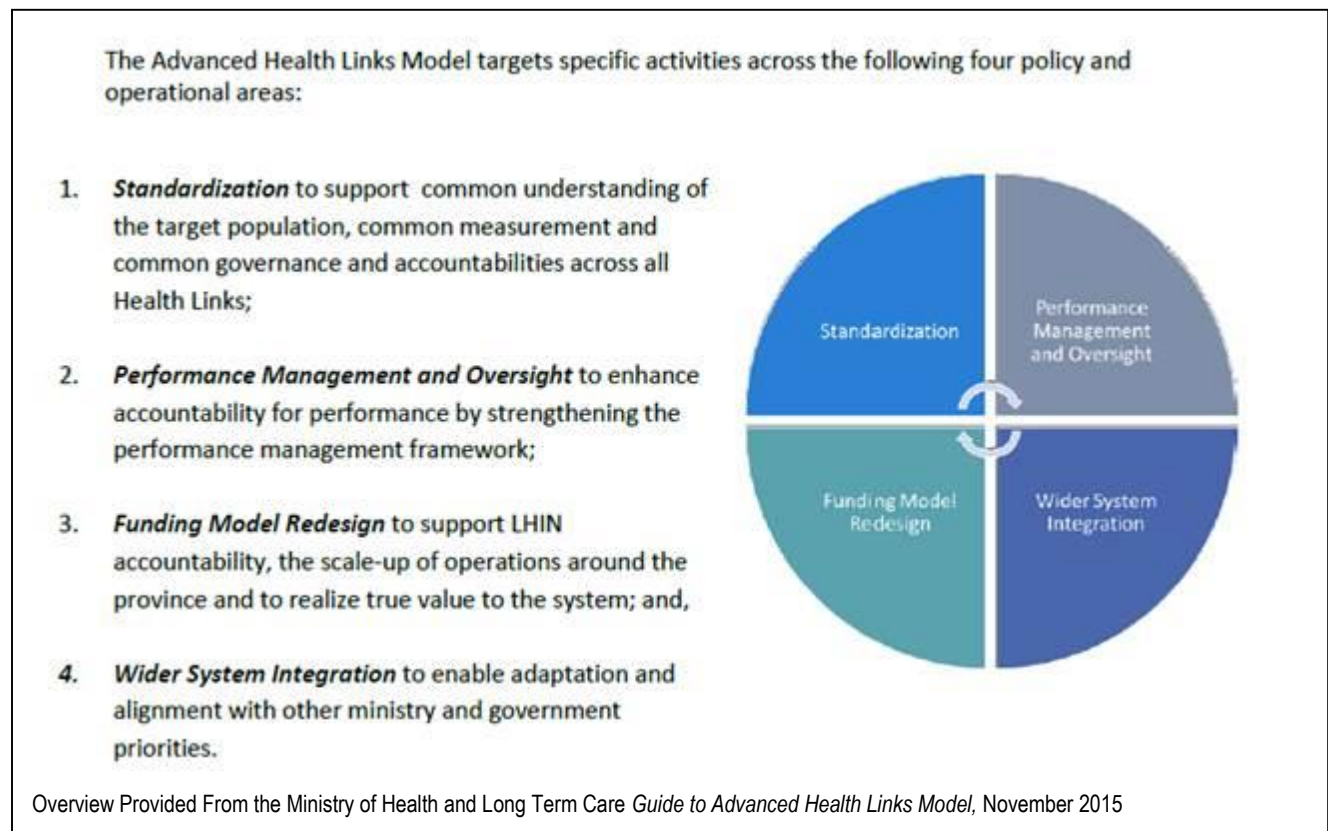
A strong primary care system is one of the keys to better care and improved patient outcomes. The South East LHIN has long been focused on primary health care engagement, beginning in 2007 with the first annual Primary Health Care Forum, followed in 2008 by the launch of the Primary Health Care Council and the introduction of Primary Care Physician Leads.

Health Links

Health Links represent an era defined by integration, cooperation, and a focus on the needs of patients. The Health Links approach, introduced in 2013, brings together various providers to work as a team to coordinate care for patients with complex needs. In this way, patients recover faster, experience better transitions between providers, and avoid hospital visits to the emergency room and overnight stays.

There are seven Health Links covering the entire South East LHIN geography, including a small portion of the Champlain LHIN. All seven Health Links are led by primary health care organizations. They have demonstrated success in developing patient care networks, engaging patients, focusing on system gaps and enhancing care for the patient population. Health Links implemented more than 1,000 coordinated care plans for patients in 2015, and will continue to set ambitious targets over the coming years, benefiting more patients, providers and the entire health system.

In the coming year, through the Advanced Health Links Model, we will work to create an even more sustainable approach to enhanced care coordination, allowing us to reach even more patients, while continuing to monitor successes across the South East LHIN. An overview of the Advanced Health Link Model looks like this:



Primary Care Renewal

The evolution of primary health care continues through the Ministry of Health and Long Term Care's Primary Care Renewal initiative, which will be unfolding over the coming year. Primary health care providers will have the opportunity to work in a better-integrated system at a sub-regional level that builds on the seven Health Link geographical groups. This integration strategy will promote high quality care, foster innovative care delivery, increase collaboration amongst more primary care providers and the

broader system, promote sharing of resources, increase quality of work-life and strive to ensure all patients who want a primary care provider are attached to one. The performance and accountabilities of these sub-LHIN primary health care groups will be aligned with population needs, population health outcomes, and provision of services along a continuum of care.

Older Adult Strategy

If the IHSP4 is the roadmap that will guide the South East LHIN over the coming years, the Older Adult Strategy (OAS) sets an extremely clear and important direction to undertake for the seniors living in our region.

There is probably no more serious a problem facing health care planners today than the simple fact that people keep getting older, and the number of older people continues to grow. The impact of this on health care systems is well documented. Here in Ontario, the number of older adults will more than double by 2036. By 2017, for the first time, our province will be home to more people over 65 than under 15. And with this dramatic increase in the number of seniors will come an equally dramatic increase in demand for health care services. There is no question that one of the top priorities for health care, at both the Provincial and LHIN levels, must be finding ways of meeting this demand.

Over the coming year, the South East LHIN will develop and begin implementing an OAS. This will be a plan that draws on the perspectives gleaned from extensive community engagement activities that have been undertaken over the last several years. It will be a plan to ensure that the resources currently available are being used appropriately and as efficiently as possible. It will also focus on helping older adults remain in their homes as long as possible, because if this can be accomplished, their quality of life can be sustained or improved, while our health system benefits from a reduced demand for health care services such as emergency rooms, hospitals, and long-term care homes.

An extension of the IHSP4, the OAS will be a directional strategy focused on enhancing health care services and outcomes for older adults in the South East region. In its early stages it will be a broader strategy that focuses on higher-level strategic goals, and it will then evolve into a more defined implementation strategy that focuses on opportunities that have been established and prioritized.

Enhanced Long-Term Care Home Renewal Strategy

The Long-Term Care Home (LTC) Renewal Strategy (LTCHRS), announced in July 2007, was designed to facilitate redevelopment of the province's 35,000 remaining older LTC beds.

On October 28, 2014, the Associate Minister of Health and Long-Term Care (Long-Term Care and Wellness) announced the Enhanced Long-Term Care Home Renewal Strategy (ELTCHRS) with the following key measures to help complete redevelopment under the Renewal Strategy by December 31, 2024:

- An increase to the Construction Funding Subsidy (CFS) to support the redevelopment of eligible LTC homes
- An updated Design Manual to facilitate better accommodation of residents, particularly those with complex health care needs
- The establishment of a dedicated project office and a provincial schedule for redevelopment projects to further support LTC home licensees and provide alignment with local community priorities

The MOHLTC has begun working with prioritized Long-Term Care Homes to advance this work. The South East LHIN continues to work on the development of a Long-Term Care Home strategy, as well as undertaking analysis to support the work underway by the MOHLTC.

Home and Community Care

Much of the focus in health care today is on improvements of community care. Within that context, there is a great deal of work being done to improve home care. Two recent key reports from the province brought home the need to enhance home and community care. These are the Expert Panel Report entitled *Bringing Care Home*, released in March 2015, and *Patients First: A Roadmap to Strengthen Home and Community Care*, released in May 2015. What these reports conclude is that while the system is serving increasing numbers of people and families in their homes, and providing increasingly more complex care over a longer period of time, there is too much variability in access to services and too little accountability for outcomes.

In the years to come, the South East LHIN will work with both the province and regional stakeholders to develop a system of home and community care that meets the growing needs of our population.

Assisted Living for High-Risk Seniors – Phase II

Phase 1 of Assisted Living for High-Risk Seniors (ALSHRS) was launched in October, 2014 in designated hubs in Brockville, Kingston and Belleville. Assisted Living is designed to address the needs of high-risk seniors who can live at home safely, but require the availability of personal support and homemaking services on a 24-hour basis. Care plans are designed in conjunction with other Community Support Services (CSS) and South East Community Care Access Centre services that clients are already receiving, and are informed by individual client care needs as well as the needs of the caregiver. The initial program implementation included three hubs of 30 clients for a total capacity of 90 clients. A subsequent investment increased the total clients capacity to 120.

Phase 2 of the implementation will expand ALSHRS capacity by leveraging partnerships with municipal housing providers.

Key elements of this service include:

- Personal Support Services including assistance with personal hygiene, dressing, assistance with mobility, assistance and monitoring use of medications
- Home making services flexible to the needs of the client and caregiver
- Security checks and reassurance check-ins
- Care Coordination including regular communication and collaboration with other involved supports such as South East CCAC, CSS, and other community services including community primary care

Implementation of Personal Support Services (PSS) policy; wave II

On July 1, 2014, the Ontario Government enacted a regulation under the Home Care and Community Services Act (HCCSA, 1994) that allows LHINs to fund approved CSS organizations to deliver in-home personal support services. Province-wide implementation by March 2017 is expected to result in several benefits to clients and families including improved access to personal support services and improved coordination between CCAC and CSS providers. The South East LHIN is part of the second cohort of

LHINs working towards the implementation of this initiative. Key deliverables include the selection of service providers and the development of referral and assessment pathways related to the same.

Nurse Led Outreach Team Expansion

In January, 2016, the Ministry provided funding for the Attending Nurse Practitioner Program in Long-Term Care. The South East LHIN was allocated funding for three full-time Nurse Practitioners. This funding enabled alternative funds to be freed up for the expansion of the Nurse-Led Outreach Program offered by the CCAC. Full implementation will occur in the coming year.

French-Language Accessibility and Culturally Appropriate Care

The needs of Ontario's Indigenous and Francophone populations' and the ways in which they access health care are unique compared to others in the province. The current IHSP identifies the need to work with providers and the Indigenous and Francophone communities to ensure that everyone in our LHIN can receive health care that is accessible and culturally appropriate.

Francophone Health Care

The South East LHIN has an obligation to ensure that language is not a barrier for Francophones who seek access to local health services in French. The LHIN is 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 South East LHIN has worked with the Réseau and the Champlain LHIN to develop a Funding and Accountability Agreement along with a Joint Annual Action Plan (JAAP) since 2011. The JAAP is developed yearly, in order to strengthen the engagement of Francophones in key LHIN health planning priorities. With a primary guiding principle of improving equitable access to French language health services, the most recent Joint Annual Action Plan (JAAP) focuses on 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
- Measure the impact of our actions on French-language health services

Awareness of the importance of language as a factor in the quality of care is regularly raised with South East LHIN staff in order to ensure the LHIN planning activities integrate the Francophone perspective at the inception of new projects and initiatives. As in the past years, local obligations regarding FLS will be included in the accountability agreements of the identified HSPs for 2016-2017.

Aboriginal Health Care

The Indigenous and Metis populations in South East LHIN face a number of cultural and socio-economic challenges that affect their health care and shape their health service needs. In the coming year, the LHIN will continue to work directly with these populations to identify the best ways of supporting them to overcome these challenges and to meet the unique needs and priorities of their communities.

Metis Nations of Ontario

The South East LHIN has provided analytic support to both First Nations and the Metis Nation of Ontario, and plans to continue to develop the relationship to facilitate more data sharing and collaboration. The health population survey results will be used to develop strategies that are responsive to the needs of this community.

Aboriginal Nurse Practitioners

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 Indigenous people. The goal of the ICC training is to further develop individual competencies and promote positive partnerships. More than half of the LHIN's board members and the majority of LHIN staff have already received this training. The LHIN will continue to explore effective strategies to enhance culturally sensitive services for Indigenous residents.

Hospice Palliative Care Work Plan Implementation

Palliative care is a complex and important form of care. It is the very last type of care that our health care system can offer patients, and the system has an obligation to ensure that it is being done well. Across Ontario, the newly established Ontario Palliative Care Network is providing leadership in this area. Together, Cancer Care Ontario, all 14 LHINs, Health Quality Ontario and provincial community stakeholders are working towards the establishment of a province-wide hospice palliative care (HPC) strategy.

In the coming year, the South East LHIN will partner with the South East Regional Cancer Program to collaborate on current and future regional Hospice Palliative Care strategies. Vital components of the 2015-18 HPC work plan have already been implemented, and the remaining priorities will be implemented over the next 2 years.

2.1 Upcoming Initiatives Table

The initiative status' are as follows : 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.

Initiative	Description	FY 15/16		FY 16/17		FY 17/18		FY 18/19		Measure	Aligning with overarching goals of the IHSP4:		
		Status	%	Status	%	Status	%	Status	%		Goal 1	Goal 2	Goal 3
Hospital Services Project											Goal 1	Goal 2	Goal 3
Hospital Services Project: Phases 1 - 3	The South East LHIN along with the South East CCAC and Hospital Executives Forum (SECHEF) are addressing the financial pressures of the new hospital 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 (scoping exercise) Phase 2: •Develop the shared service; •structure, staffing, support •processes •implementation considerations ☑Develop a plan for clinical roles and service siting Phase 3: Implementation of the approved options.	Completed	20	In-Progress	80	Completed	100			• 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. • Implementation of all the selected options is completed.	✓	✓	✓
Complex Frail Vulnerable Patients Action Plan	Development of a regional system of care for Complex Frail Vulnerable patients applying the IHI-Triple Aim approach of Best Care, Best Health, and Best Value plus a fourth aim of Best Meaning in Work. The approach will be centred around a "Patient Journey" for COPD and Hip Fractures pathways.	In-Progress	20	In-Progress	70	Completed	10			• Creation of detailed work plan • Membership and required resources identified • Patient journey is completed • Results analyzed & vision established for regional system • Creation of high-level work plan for implementation • Implementation of plan			✓

Initiative	Description	FY 15/16		FY 16/17		FY 17/18		FY 18/19		Measure	Aligning with overarching goals of the IHSP4:		
		Status	%	Status	%	Status	%	Status	%		Goal 1	Goal 2	Goal 3
Hospital Services Project Continued											Goal 1	Goal 2	Goal 3
Hospital Information System Consolidation	A 'single' electronic medical record solution for clinical hospital operations. IT leads from the South East acute care sector will conduct an analysis of 4 distinct HIS models. Will include risks & benefits, as well as more detailed costing for each model and will inform future direction of an appropriate regional HIS model.	In-Progress	20	In-Progress	20	In-Progress	10			- Request for Proposal complete - Request for Proposal open for bidding - Vendor selected and implementation stage ready to begin			✓
Regional Collaboration Space (SharePoint)	SharePoint is a secure and robust feature-rich regional collaboration space that can facilitate more efficient and effective communication and sharing of information amongst healthcare providers across the region. The South East LHIN is currently developing a strategy to support ongoing implementation of SharePoint which includes spread to Primary Care and Community Health sectors.	In-Progress	40	In-Progress	35	Completed	25			- SharePoint is complete - Primary Care and Community Health sectors have adopted the use of SharePoint			✓
Common Surgical Intake (aka Ortho Centralized Intake)	Implementation of a centralized or common intake model for clients requiring surgical assessments and/or procedures. Implementation will first focus on orthopedics and then expanded to include other appropriate surgical services. Implementation timeline will be determined in Phase 2 of the Hospital Services Project (as above).	Not yet started								Implementation and utilization of a common intake tool for appropriate surgical services	✓	✓	✓

Initiative	Description	FY 15/16		FY 16/17		FY 17/18		FY 18/19		Measure	Aligning with overarching goals of the IHSP4:		
		Status	%	Status	%	Status	%	Status	%		Goal 1	Goal 2	Goal 3
Patient Flow											Goal 1	Goal 2	Goal 3
Patient Flow - South East LHIN 18-Month Action Plan	Independent and system-wide patient flow action plans focused on ensuring appropriate patients enter the hospital, transition through hospital processes with no barriers, and are discharged from the hospital with no delays in process and communication.	In-Progress	20	Completed	80					- Reduced emergency department; length of stay, wait times, Alternate Level of Care days, and 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	✓	✓	✓
Hospital 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	In-Progress	50	In-Progress	30	Completed	20			- 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 - Increased communication between system partners to decrease pressure on individual hospital capacity and smoothing across the South East LHIN region	✓	✓	✓
High-Risk Screening tool (iCART)	Use of high risk screening tool in ER to identify high risk individual leads to better care and support while in hospital and better care post-discharge into the community.	In-Progress	80	Completed	20					- Reduced Alternate Level of Care days, emergency department visits, admits, long-term care home waitlists and readmissions - Improved care planning between Community Care Access Centre and Community Support Services agencies	✓	✓	✓

Initiative	Description	FY 15/16		FY 16/17		FY 17/18		FY 18/19		Measure	Aligning with overarching goals of the IHSP4:		
		Status	%	Status	%	Status	%	Status	%		Goal 1	Goal 2	Goal 3
Patient Flow Continued													
Home First <i>Refresh</i>	Home First philosophy fully 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	In-Progress	15	Completed	85					- 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	✓	✓	✓
Senior Friendly Hospital Initiative: Post Survey Phase	Implementing best practices for functional decline, delirium care and other improvement opportunities in accordance with the provincial Senior Friendly Hospital re: survey results.	In-Progress	20	In-Progress	60	Completed	20			- Reduced length of stay/Alternate Level of Care, and reduced readmits to hospitals. - Improvement on provincial Quality Indicators - Reduction in hospital length of stay	✓	✓	
Alternate Level of Care (ALC) Resource Matching Referral - <i>electronic</i>	A new "electronic" referral pathway strategy for better communication to assess needed CCAC in-home services and/or Long Term Care Home placement	In-Progress	10	Completed	10					- Decreased inappropriate referrals and length of stay in hospitals - Improve patient flow - Reduce Alternate Level of Care patients and associated days	✓	✓	✓
CCAC Hospital Information Exchange e.g. Emergency Department - Community Care (ED CCAC) Access Centre Notification	These initiatives include the transfer of information from hospitals to the CCAC CHRIS system and vice versa. A uni-directional implementation of the ED CCAC notification system has taken place across all hospitals in the South East with introduction of bi-directional communication at some sites	In-Progress	10	Completed	10					- Reduced Emergency Department 'non-admit' visits - Improved Emergency Department capacity - Decreased re-admits - Identification of high users	✓	✓	✓
Common Assessment Systems and Integrated Assessment Record (CCIM & IAR)	The Integrated Assessment Record (IAR) is an application that allows authorized users to view multiple community based assessments for a single patient. HSPs and community care workers use the IAR to view assessment information from different source organizations through a single clinical viewer	In-Progress	10	Completed	10					- Smoother transitions - Reduced re-admits and Emergency Department visits	✓	✓	✓
Hospital Report Manager (B): Physician Office Integration Expansion	The project distributes clinical reports and information from the hospital information systems into primary care provider EMR systems. The South East LHIN will be focused on spread and alignment with other enabling technologies within the region			In-Progress	40	Completed	10			- Smoother transitions - Reduced readmits - Reduced Emergency Department visits	✓	✓	✓
eConsultation & eReferral from Primary Care to Specialty	Both initiatives are aimed at improving access to specialty care. As directed by the Ministry of Health and Long-Term Care (MOHLTC), OntarioMD is leading the Provincial eReferral Initiative to plan and implement an electronic eReferral service from primary care to specialty care. The South East LHIN will be collaborating with OntarioMD to plan for implementation in the region.	In-Progress	40	Completed	40					- Reduced wait times - Increased access to specialists - Reduction in inappropriate referrals - Reduces transition points for patients	✓	✓	✓

Initiative	Description	FY 15/16		FY 16/17		FY 17/18		FY 18/19		Measure	Aligning with overarching goals of the IHSP4:		
		Status	%	Status	%	Status	%	Status	%		Goal 1	Goal 2	Goal 3
Endoscopy/Colonoscopy Standardization of Care													
South East GI Endoscopy Assessment and Best Practice Implementation	To evaluate and improve the way outpatient endoscopy/colonoscopy services and follow-up care are delivered across the region. Phase 1: Identify current state practices within region with assessment tool (survey/interviews)	Completed	40							Phase I: environmental scan is complete	✓	✓	✓
	Phase 2: - Develop a regional endoscopy services plan that includes a region wide quality measurement and improvement plan focusing on access, efficiency and effectiveness - Ensure capture of complex and routine endoscopy procedures - Identify and align with Quality Management Partnership Phase 2 Report - Ensure capture of sufficient data to benchmark with provincial targets - Identify and recognize potential impacts with any pending Independent Health Facilities (IHF)			Completed	100					Phase II: based on the current state analysis, a regional endoscopy services plan will be developed with recommendations for implementation			
	Phase 3: Develop an ongoing engagement and reporting structure after project completion					In-Progress	90	Completed	10	Phase III: sustainability will be implemented			

Initiative	Description	FY 15/16		FY 16/17		FY 17/18		FY 18/19		Measure	Aligning with overarching goals of the IHSP4:		
		Status	%	Status	%	Status	%	Status	%		Goal 1	Goal 2	Goal 3
Addictions & Mental Health													
Addictions & Mental Health Redesign Implementation	Part A: 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 Part B: The South East LHIN will begin embarking on hospital portion of Part B of the Addictions and Mental Health Redesign Plan in fiscal 2017/2018, with an anticipated completion date of 2018/2019.	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	✓	✓	✓
						In-Progress	50	Completed	50				

Initiative	Description	FY 15/16		FY 16/17		FY 17/18		FY 18/19		Measure	Aligning with overarching goals of the IHSP4:		
		Status	%	Status	%	Status	%	Status	%		Goal 1	Goal 2	Goal 3
Addictions & Mental Health Continued													
Addictions and Mental Health - Emergency Department Patient Flow	A commitment between the four AMH Agencies and the contracted parties to formulate standardized discharge and support practices that are targeted at reducing unexpected repeat readmissions to Emergency Departments. To support clients as they transition to the community, the number intentional Peer Support workers have also been increased and have been included into the circle of care at each of the hospitals. One shared data system will be implemented over the 2016/2017 year to facilitate seamless transitions and informed comprehensive care.	In-Progress	30	Completed	10					- Improved patient flow - Reduced Emergency Department wait times, Alternate Level of Care - reduced unexpected repeat readmissions to Emergency Departments - Formal communication and data sharing pathways are also being created	✓	✓	✓

Initiative	Description	FY 15/16		FY 16/17		FY 17/18		FY 18/19		Measure	Aligning with overarching goals of the IHSP4:		
		Status	%	Status	%	Status	%	Status	%		Goal 1	Goal 2	Goal 3
Enabling Technologies and Privacy													
Cross-LHIN Regional Integration: Connecting Northern & Eastern Ontario (cNEO) Regional Clustering	The cNEO Project will plan and implement a provincial electronic health record aligned with eHealth’s blueprint and standards. The primary goal is to provide Health Service Providers (HSPs) with timely access to personal health information from across the continuum of care.	In-Progress	40	In-Progress	50	Completed	10			• Reduce redundancy (duplicate testing) • More timely care • Improved efficiency of clinical decision-making • Allowing more time for patient care by reducing administrative burdens	✓	✓	✓
Hospital Report Manager (A): Clinical Document Repository	Regional repository of key hospital patient records, most commonly shared among health service providers. Spread existing Clinical Document Repository to all hospitals	In-Progress	80	Completed	20					• Smoother transitions • Reduced readmits • Reduced Emergency Department visits	✓	✓	✓
Provincial Ontario Laboratories Information System (OLIS) 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.	In-Progress	20	Completed	30					• Reduced number of repeat and unnecessary tests	✓	✓	✓
Regional Privacy Capacity Development Project and the creation of the Regional Privacy Advisory Group (RPAG)	Expand the Privacy Capacity and Privacy Knowledge primarily within the Community Health Service Providers of the South East LHIN	In-Progress	80	Completed	20					• HSPs exhibit established privacy programs by the end of 2017 • HSPs have annual foundational privacy training for staff and volunteers • An established privacy contact exists for all South East LHIN HSPs		✓	✓

Initiative	Description	FY 15/16		FY 16/17		FY 17/18		FY 18/19		Measure	Aligning with overarching goals of the IHSP4:		
		Status	%	Status	%	Status	%	Status	%		Goal 1	Goal 2	Goal 3
Enhancing Primary Care and Health Links													
Enhancing Primary Care	Planning and implementation of primary care groups in sub-LHIN regions that build on the strengths and achievements of the 7 Health Links in the South East LHIN.	In-Progress	10	In-Progress	10	In-Progress	70	Completed	10	- Planning and implementation of primary care groups across the South East LHIN - Engagement in population-based planning by primary care groups - Implementation of a process to match unattached patients to primary care providers in each primary care group - Improved integration of primary care with Home and Community Care and Addiction and Mental Health services and supports - Development of a robust performance management system	✓	✓	✓
Develop CDPM Regional Strategy & 3-year work plan	Finalize the South East Chronic Disease Strategy and initiate a 3 year work plan to improve patient self-management skills, optimize care transitions, provide equity in access to chronic disease programs, leverage technology, and monitor outcomes and performance.	In-Progress	30	Completed	30					- Limit the complications of chronic disease through better education and patient self-management - Reduce hospital readmits for patients with chronic disease	✓	✓	✓
Health Links	Sustainability of the seven Health Links in the South East LHIN. The focus will be on patients with complex medical needs and high health system utilization, specifically acute hospital care.	In-Progress	40	In-Progress	40	Completed	20			- Standardized approach to identifying patients with complex needs across all sectors - Attachment of identified patients with complex needs to a primary care provider - Specialist engagement strategy tested and implemented - Coordinated care planning for all identified patients in each of the Health Links - Standardized performance management process (metrics, tracking, reporting) - Demonstrated return on investment including improved patient and health service provider experience and health system utilization	✓	✓	✓
Health Link Information Technology Enabler: South East 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. Portal will feature predictive algorithms to support complex and high-needs patients identification and coordinated care planning.	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	✓	✓	✓

Initiative	Description	Status	%	Status	%	Status	%	Status	%	Measure	Aligning with overarching goals of the IHSP4:		
Enhancing Primary Care and Health Links Continued											Goal 1	Goal 2	Goal 3
Health Link Information Technology Enabler: Ministry Coordination Care Tool (CCT)	A Ministry of Health and Long Term Care led project for which the South East LHIN has implemented proof of concept testing of the Coordinated Care Tool.	In-Progress	20	In-Progress	20					• Proof of concept testing implemented	✓	✓	✓
SE Data Centre evolution	Evolution of the South East Data Centre - a regional database reporting tool to support LHIN planning, performance monitoring and accountability as well as funding activities.	In-Progress	80	On-going	100	On-going	100	On-going		- Enhanced ability to employ evidence based practices to drive system improvement - Measured performance - Data supported planning; system insight includes forecasting and predictive modelling Note: As the data centre is dynamic in nature (new features and data added continuously), target completion is 100% of annual planned activity			✓

		FY 15/16		FY 16/17		FY 17/18		FY 18/19						
Initiative	Description	Status	%	Status	%	Status	%	Status	%	Measure	Aligning with overarching goals of the IHSP4:			
Older Adult Strategy Development											Goal 1	Goal 2	Goal 3	
Older Adult <i>Strategy</i> Development	The South East LHIN will develop an Older Adult Strategy (OAS) to enhance healthcare services for this population segment.	In-Progress	10	Completed	90					• System realignment to optimize healthcare services for older adults in the South East region.	✓	✓	✓	
Enhanced Long Term Care Home (LTCH) <i>Strategy</i>	The MOHLTC, in alignment with LHIN feedback, has started working with prioritized Long Term Care Homes to advance this work. The LHIN is continuing to work on developing a Long Term Care Home strategy and is undertaking analysis to support this work.			In-Progress	10					• Analysis to support Long Term Care Home strategy development is underway.			✓	

		FY 15/16		FY 16/17		FY 17/18		FY 18/19		Measure	Aligning with overarching goals of the IHSP4:		
Initiative	Description	Status	%	Status	%	Status	%	Status	%		Goal 1	Goal 2	Goal 3
Home and Community Care													
Restoring Long Term Care Home Bed-Capacity in the South East LHIN	The LHIN will develop a business case with a proposed plan for their review and consideration, to restore LTC capacity for up to 78 beds. The ministry will review the business case, and if it receives approval the specifics of the recommended plan will be subject to all subsequent approvals under the Long-Term Care Homes Act, including all licensing requirements.	In-Progress	40	Completed	60					Optimize distribution of Long Term Care Home beds in the region	✓	✓	✓
Assisted Living Services for High Risk Seniors (Phase 2)	Phase 2 - Expand Assisted Living for High-Risk Seniors (ALSHRS) capacity by leveraging partnerships with municipal housing providers.	In-Progress	30	Completed	70					- 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	✓	✓	✓
Implementation of Personal Support Services (PSS) policy; wave II	Implementation of the provincial roll-out of the provision of Personal Support Services by Community Support Services organizations. The implementation includes the development of a refined referral and assessment pathway.	In-Progress	30	Completed	70					- Improved access to personal support services - Improved coordination between CCAC and CSS providers.	✓	✓	✓

Initiative	Description	FY 15/16		FY 16/17		FY 17/18		FY 18/19		Measure	Aligning with overarching goals of the IHSP4:		
		Status	%	Status	%	Status	%	Status	%		Goal 1	Goal 2	Goal 3
Home and Community Care Continued											Goal 1	Goal 2	Goal 3
Acquired Brain Injury (hospital) Housing Project	Development of a supportive living program for individuals affected by Acquired Brain Injuries at the Lenadco building in Napanee, which can accommodate up to six people living with an ABI.	In-Progress		Completed	10					Increased access to supportive living services for individuals affected by ABIs in the South East region.	✓		
Nurse-Led Outreach Team Expansion	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.	In-Progress		Completed	30					- Reduction in Emergency Department visits for Canadian Triage and Acuity Scale ranging from 3-5 - Full implementation of the NLOT program in all Long-Term Care homes in the South East LHIN to aid in the improvement of the Quality Indicators for residents (e.g. wound care, % of residents on anti-psychotic medications, falls etc.). - Improved /consistent uptake of Nurse Led Outreach Team services across the region – utilization of new services (ultrasound and doppler scanners).	✓	✓	✓
Regional Integrated Falls Prevention & Management Strategy	Collaborate with Public Health and key stakeholders to develop a regional integrated falls prevention & management strategy with a phased implementation plan	In-Progress	70	Completed	30					- Regional strategy developed & approved - Three-year implementation plan developed - Implementation in 16-17, 17-18, 18-19	✓	✓	✓

Initiative	Description	FY 15/16		FY 16/17		FY 17/18		FY 18/19		Measure	Aligning with overarching goals of the IHSP4:		
		Status	%	Status	%	Status	%	Status	%		Goal 1	Goal 2	Goal 3
French Language Accessibility and Culturally Appropriate Care													
Joint Annual Action Plan - 3-Year Strategy	Develop and implement the Joint Annual Action Plan in collaboration with the French Language Services Planning Entity and Champlain LHIN.			In-Progress	30	In-Progress	60	Completed	10	The implementation of each of the Joint Annual Action Plan objectives is evaluated and presented to the liaison committee.	✓	✓	✓
Health Service Providers Compliance with French Language Services (FLS) 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	Completed	100	Identified HSPs performance monitoring is supported by progress reports on FLS implementation plans, and demonstrates progress on implementation of the designation plan			✓

Initiative	Description	FY 15/16		FY 16/17		FY 17/18		FY 18/19		Measure	Aligning with overarching goals of the IHSP4:		
		Status	%	Status	%	Status	%	Status	%		Goal 1	Goal 2	Goal 3
Hospice Palliative Care													
Hospice Palliative Care Work Plan Implementation	Implementation of the 2015-18 SE HPC work plan is under way and will adapt to any provincial direction and/or focus.	In-Progress	10	In-Progress	60					- Provincial performance metrics will be developed under the guidance of the OPCN. - Increased ability for patients receiving hospice palliative care to better manage their care at home - Decreased reliance on acute care for patients receiving hospice palliative care.	✓	✓	✓

2.2 Risk Management and Mitigation Strategy

Achieving the objectives listed in this document will require that a number of changes be made in different areas. These changes will range in scope and impact, and they will, as changes frequently do, present significant 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 more complex projects with a goal of avoiding 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).
Limited capacity and/or willingness to explore factors impacting health beyond the health care system	Providers will be encouraged to explore partnerships outside of their traditional boundaries as a way to build a culture of community health and well-being.

2.3 Enabling Factors

There are a number of enabling factors that will clearly be integral to the realization of the goals outlined in this Annual Business Plan. As noted earlier, the success of our plan will be rooted in our aim to put patients first, with a strong focus on public health and population-based planning.

The three most important enabling factors identified are as follows:

Maintaining a specific focus on seniors and other patients with complex needs

Meeting the needs of those most vulnerable is the very essence of the Patients First approach. All aspects of community-based care will be improved, ensuring that wherever possible, patients can receive the care they need closer to home. A delivery system that is more patient-centred, where care is more seamless will be built. And, for patients with complex needs, a shareable coordinated care plan that is available and used by providers and patients will be endorsed.

Engaging different types of health care and social service providers and organizations

Any success enjoyed will depend on the expertise and extraordinary commitment of the health care providers in the South East region. Priorities will be achieved by working closely with these providers on the delivery of a number of programs and initiatives, and applying lessons learned in earlier initiatives to improve the implementation and sustainability of ongoing and new ones. Collaborative relationships with care providers, partners and stakeholders will continue to be built and maintained, while engaging our communities and encouraging system-level thinking and planning. Although change is a constant variable, opportunities will be identified to support providers to successfully manage, adapt to, and thrive in the face of change.

Maintaining a regional approach that fosters standardization and consistency, but also enables flexibility

Standardized processes and tools will be developed and consistent delivery will be advocated for (where commonalities exist), while using data to support variations in application across the region will be advocated for. Encouraging for the application of quality improvement principles and using data to inform quality improvement efforts will allow for robust performance management. This will enable providers, the South East LHIN, and the MOHLTC to assess the value of our collective efforts.

3.0 LHIN Operations and Staffing

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 2016 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 2016/17:

- The funding allocation establishes the planning period baseline with no revenue increase forecasted
- 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 MOHLTC on expenses related to various ancillary funded programs so as to ensure adequate resourcing for these initiatives

South East LHIN Operations Spending Plan - 2017 ABP				
LHIN's Operations Sub Categories	2015/16 Actual	2016/17 Plan	2017/18 Outlook	2018/19 Outlook
Operating Funding	4,552,826	4,543,169	4,543,169	4,543,169
Salaries and Wages	2,788,126	2,908,904	2,865,515	2,941,023
Employee Benefits				
HOOPP	303,353	304,168	300,964	308,527
Other Benefits	319,179	365,002	361,157	370,231
Total Employee Benefits	622,532	669,171	662,121	678,758
Transportation and Communication				
Staff Travel	107,046	100,000	100,000	100,000
Governance Travel	10,760	16,000	16,000	16,000
Communications	54,688	55,000	55,000	55,000
Other Transport and Communication	2,826	1,000	1,000	1,000
Total Transportation and Communication	175,320	172,000	172,000	172,000
Services				
Accommodation	201,101	198,048	198,048	198,048
Advertising	17,189	16,500	16,500	16,500
Banking	9,682	8,140	6,540	4,740
Consulting Fees	17,618	31,300	31,300	41,300
Equipment Rentals	784	1,000	1,000	1,000
Governance Per Diems	75,600	68,000	68,000	68,000
Insurance - Operations Only	5,399	7,200	7,200	7,200
LSSO Shared Costs	309,098	305,920	305,920	305,920
LHINC	37,698	47,500	47,500	47,500
Other Meeting Expenses	42,435	19,900	19,900	19,900
Other Governance Costs	11,680	20,000	20,000	20,000
Printing & Translation	14,944	27,000	27,000	29,000
Staff Development	68,067	58,220	58,220	58,220
Other Services		(97,233)	(45,195)	(147,540)
Total Services	811,295	711,495	761,933	669,788
Supplies and Equipment				
IT Equipment	31,909	34,100	34,100	34,100
Office Supplies & Purchased Equipment	61,140	47,500	47,500	47,500
Total Supplies and Equipment	93,049	81,600	81,600	81,600
Capital Expenditures	62,052			
Total LHIN Operations	4,552,375	4,543,169	4,543,169	4,543,169
Variance Surplus (Deficit)	451	-	-	-

LHIN Staffing Plan (Full Time Equivalents - FTE's)		SE LHIN Operations Schedule E - 2017 Budget Plan				
Position Title		2014/15 Actual	2015/16 Actual	2016/17 Plan	2017/18 Outlook	2018/19 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
LHIN Staffing FTE's - Sub Total		32.00	32.00	32.00	32.00	32.00
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)	0.75	0.75	0.75	0.75	0.75
	PCCL - Physician Lead (2)	0.50	0.50	0.50	0.50	0.50
Term Contract Specialists						
PC	PPCL - Physician Lead (3)	0.20	0.20	0.20	0.20	0.20
HL	Health Links Lead	0.20	0.00	0.00	0.00	0.00
ED	Emergency Department Lead	0.20	0.20	0.20	0.20	0.20
CC	Critical Care Lead	0.20	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	1.00	1.00	1.00	1.00	1.00
LHIN Initiatives FTE's - Sub Total		19.55	19.35	19.35	19.35	19.35
SE LHIN FTE's Total		51.55	51.35	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.						

*Printing and translation includes costs related to translation services, provided through Champlain LHIN.

4.0 Integrated Communication Plan

ABP Business Objectives:

Outline specific initiatives and projects planned for 2016/17 that will contribute to our IHSP4 goals of:

- Achieving better patient outcomes through more equitable access to quality care
- Improving the patient experience through an integrated and patient-centred continuum of care, and
- Working with partners towards the achievement of an accountable, high performing health care system

ABP 2016-17 Communications Plan Objectives:

- Raise awareness among all stakeholders and the general public, of:
 - a. The South East LHIN's role in Ontario's health care system through this ABP's business objectives.
 - b. The goals being set and projects underway within the South East LHIN to achieve the above.
 - c. The South East LHIN's value, credibility and ability to lead and manage the health system in the South East region.
 - d. The alignment of the South East LHIN's goals with Provincial priorities outlined in *Patients First: Action Plan for Health Care*.
 - e. The ongoing transformation of the LHINs, and progress being made both locally and provincially to plan for potential implementation of *Patients First*.
- Inform and update all stakeholders on the progress of local initiatives including, but not limited to:
 - a. Hospital Services Project
 - b. The Older Adult Strategy
 - c. Addictions and Mental Health Redesign
- Educate and build awareness among health service providers:
 - a. Regarding the shared accountability of the South East LHIN and health service providers in transforming the health system
 - b. enabling them to become active participants in and ambassadors for LHIN work
 - c. regarding goals and objectives of the IHSP4 and how it may align with their respective strategic plans and objectives
 - d. As related to ongoing planning to support the potential provincial implementation of *Patients First*
- Build upon existing positive relationships with 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
- Build confidence among Ontarians that:
 - progress is being made to improve access to health services
 - progress is being made to improve the patient experience
 - the system is sustainable, being effectively managed, providing value for tax dollars
 - the system is transparent.

Communications Plan – Context

Patients First: Action Plan for Health Care (2015) built on *Ontario's Action Plan for Health Care* (2012), which placed LHINs at the centre of health system reform. *Patients First* identifies LHINs as key players in the implementation of positive changes within the health care system, and implementing the provincial objectives of *Access, Connect, Inform, and Protect*.

In December 2015, the Ministry of Health and Long Term Care released *Patients First – A Proposal to Strengthen Patient-Centered Health Care*, which proposes expanding the role of the LHINs to assume responsibility for home and community care and system integration, and have greater involvement with primary care and improved linkages with population health planning. Over 2016/17, the LHIN will undertake ongoing planning and engagement to understand and inform potential implementation of this expanded role in 2017/2018.

In a current and future role as local health system managers, the South East LHIN will continue to focus planning efforts on working with partners to ensure patients across our region have equitable access the services they need the most, at home and in their community.

LHINs have a critical, evolving role to play in the delivery of more efficient and co-ordinated care to patients and their families while remaining accountable and transparent to the public.

Strategic Approach:

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

- Position the South East LHIN as a valued key player within Ontario's health system reform and as the system leader in transformations occurring in the South East region
- Develop and leverage opportunities to build relationships, enhance the reputation, and establish credibility of the South East LHIN among all audiences
- Demonstrate how the South East LHIN's initiatives will support the Ontario government's vision for health care – such as various *Patients First* initiatives, as well as other targeted provincial strategies.
- Ensure that meaningful and effective community engagement and input takes place as appropriate throughout all aspects of organizational changes, as well as at the most appropriate juncture(s) of a program or operational planning process.

Target Audiences

Primary:

- South East LHIN Staff and Board of Directors
- South East LHIN HSP partner organizations
- Physicians, Health Care professionals, and associated organizations
- All residents (patients and Caregivers) of the southeast region, including MPPs, regional and municipal governing bodies and their members

Secondary:

- All other stakeholders who are impacted by the policies, actions and programs of the South East LHIN
- Other civic and commercial organizations and their staff

Tertiary:

- Other provincial medical and community associations 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. Proactive Internal Communications - Regular Updates Between South East LHIN Staff/Staff and Board/Staff

The South East LHIN team will participate in recurring meetings on a scheduled and/or as-needed basis to ensure employees at all levels remain informed of the status of local and provincial system changes and potential impacts to the organization, as well as the ongoing status of operational projects and planning. Efforts will be made to ensure all employees are informed of developments and approvals at the Provincial and Board level, through updates from the CEO or updates coming out of the communications office.

2. Proactive Communications with Health Service Providers

The South East LHIN will strive to maintain open, proactive, and targeted communications with all funded and partner health service providers through official updates/communiqués, to ensure all local partners remain abreast of provincial and local developments related to system transformation, as well as ongoing updates related to projects and planning.

3. Conscious Information Sharing with Provincial Partners

The South East LHIN will strive to maintain proactive and timely information sharing with the MOHLTC, Minister's Office, and other provincial partners, as appropriate – with a shared goal of responsive and informed issues management to further provincial and local objectives.

4. Investment in an Accessible Relationship With the Media and Public

The South East LHIN will issue regular News Releases and hold Media/Public events to highlight current accomplishments within the LHIN, identifying how they benefit residents of this region and how they fit in to the Provincial vision for health care. South East LHIN staff will provide timely and accurate responses to public inquiries/complaints as per the Compliments, Complaints, and Inquiries Procedure.

5. Participation in Stakeholder Events

Whenever possible and appropriate, 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.

6. Presence at Select Health Fairs and Public Venues

When appropriate, the South East LHIN Board and Staff will participate in key public Health Fairs, Conferences or other venues where there is opportunity to showcase LHIN achievements and development. South East LHIN Board and Staff will proactively identify opportunities to speak at select industry and public gatherings to accomplish the above.

7. Engagement with Regional and Municipal Councils and MPPs

Executive and operational staff will strive to meet with regional, municipal and civic councils and MPPs across the south east, as needed, to provide updates on the LHIN's role and achievements, while providing context on how work being done might impact their specific constituencies. Whenever possible, outreach will take place with MPPs for inclusion within pending News Releases and Media Events.

8. Maintenance of a Relevant Web Presence

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

9. Participation in 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, projects and issues will require specific and targeted messaging, the overall Key Messages of the South East LHIN for 2016/2017 are as follows:

The *Patients First: Action Plan for Health Care* sets clear and ambitious goals for Ontario's health care system in order to put patients at the centre of our health care system by improving the health care experience:

- **Access** - Improve access - providing faster access to the right care.
 - **Connect** - Connect services - delivering better coordinated and integrated care in the community closer to home; providing better home and community care.
 - **Inform** - Support people and patients - providing the education, information and transparency Ontarians need to make the right decisions about their health.
 - **Protect** - Protect our universal public health care system - making decisions based on value and quality, to sustain the system for generations to come.
-
- Patients First means a caring, integrated experience for patients and faster access to quality health services for all Ontarians.
 - As the next logical step in the *Patients First Action Plan*, *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario* proposes a path toward providing better access to care no matter where you live by better connecting health care services.

By organizing our system differently, the South East LHIN is working with health care partners to put our patients first, providing them with streamlined care and better value for tax dollars.

Through these changes, we expect to see:

- A collaborative system that is patient focused
- Reduced wait times and faster access to family doctors
- Fewer unnecessary visits to the emergency room and re-admissions to hospital
- Reduced reliance on hospitals as a source of primary care
- Enhanced relationships with primary care physicians and home and community care sectors
- Patients receiving care in the most appropriate place and at the most appropriate time
- A caring, integrated experience for patients

The South East LHIN is committed to achieving better outcomes through more equitable access to quality care.

To accomplish this commitment, we will continue to work with local and provincial partners to transform the health care system in a way that will put the needs of the patient first, by:

- Continuing to maintain Accountability and Performance agreements with the Ministry of Health, Long-Term Care and Health Service Provider partners across this region, ensuring performance is maintained to the highest-possible standards.
- Formalizing or enhancing partnerships with specific sectors – such as Community Care and Public Health, enabling them to play an active role in how the system will change.
- Strengthening the role of community agencies and encouraging integration that supports the patient's needs.

The South East LHIN is committed to improving the health care experience through an integrated and patient-centred continuum of care.

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

- Developing and implementing consistent standards and structures, in partnership with the province.
- Improving communications and connections between primary health care providers, hospitals, home/community care, and the patient/caregiver.
- Identifying current gaps in the health care system, and working with health service providers and system users to develop solutions to close these gaps.

The South East LHIN is working with partners towards the achievement of an accountable, high performing health care system.

- The South East LHIN brings together health care partners to develop innovative, collaborative solutions that promote wellness and a better patient experience.

Tools & Techniques

Communications Activity	Timelines	Responsibility	Context
Internal LHIN Memos/Updates	As needed.	Executive and/or program leads to identify need, communications to support preparation and distribution.	To ensure all South East LHIN staff are aware of provincial and local developments and potential impact on the organization.
Memos, Communiqués or Newsletters to Health Service Providers	As needed, project/issue dependent.	Executive and/or program leads to identify need, communications to support preparation and distribution.	To ensure HSPs remain informed of project status and updates, and/or LHIN wide or Provincial developments that may impact their clients or service delivery.
Media Outreach - Releases and/or Media Events	As required, to highlight/promote South East LHIN activities/events	Communications to prepare, background to be supplied by program area.	To raise awareness and profile among both internal and external audiences of significant achievements, developments, or changes.
Good News Stories	As often as possible, if/when appropriate.	Program leads to identify and work with communications to identify and create most appropriate product.	For both internal and external distribution, to be packaged in a variety of forms. Good News Stories will personalize system changes to help all audience understand the end user benefit of system transformation.
Conferences/Expos – Participation	As appropriate	To be attended by relevant Program Area	To allow for both employee development and increase understanding of provincial best practices, as well as profile and highlight South East LHIN developments and achievements.
Speaking Opportunities	As appropriate	CEO, Senior Directors to identify opportunities, communications to support development of speaking notes, if required.	To provide opportunities to raise the profile of the South East LHIN, the Health Care System, ongoing transformation, and/or developments related to South East LHIN projects.
Engagement with Regional, Municipal, Civic Councils and MPPs	Intention is to meet/present to these bodies regularly contingent on schedule availability	South East LHIN CEO and Board Chair, support/coordination provided by communications if necessary.	Meet with or present to these parties as appropriate, to ensure they remain aware of the role of the South East LHIN, as well as remain abreast of developments and achievements within the South East LHIN that will impact/benefit their constituents.
Board Reports	Following regular monthly Board meetings	Communications, with input/appearance by South East LHIN Board members wherever possible	To provide internal and external audiences with a summary of developments and approvals that have taken place at each meeting of the board of directors.
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	Final printed report to be made available by annual June 30 deadline	Communications to coordinate development of document, content, fact-checking, and	To provide a yearly evaluation of the South East LHIN's achievements, as related to deliverables outlined in the Annual Business Plan for the same year.

		data to be supplied by program area	
Centralized Response to Compliments/Complaints	As per Compliments/Complaints Procedure	Communications to coordinate, with response information to be provided by program area, as necessary.	To provide open and transparent responses to public inquiry.
FIPPA Requests	As required, timing to align with Legislation requirements	Communications to coordinate responses, with input to be provided by program area, as per required timelines.	To provide open and transparent responses to public inquiry that fall under FIPPA requirements.
MOHLTC Heads Up/ Requests for information/analysis	As necessary or required	Communications to coordinate with input from Program area	Advise MOHLTC of potential HSP service changes or impacts and potential media issues to ensure consistent information sharing. To respond to information requests from MOHLTC in a timely and efficient manner, furthering implementation of provincial initiatives and supporting proactive issues management.
French Language Services Coordination	As required to further South East LHIN FLS Objectives.	FLS Coordinator, with guidance from Communications team, as appropriate.	Synergize efforts of FLS coordinator and communications team to further local FLS objectives.
Board to Board Engagement	As required	South East LHIN Board of Directors	Maintain open dialogue between South East LHIN Board of Directors and HSP partner boards.

Evaluation

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

- **Employee awareness/understanding** – ongoing, informal evaluation will take place to identify employee awareness and understanding of local and provincial initiatives. Formal surveys may be conducted, as needed, for targeted evaluation/analysis.
- **Stakeholder awareness/understanding** – surveys may be conducted on an as-needed basis to identify awareness and understanding among stakeholders, evaluating the effectiveness of communications approach/channels.
- **Public awareness/understanding** – participant feedback opportunities will be provided as needed (in person, via survey, or online) to evaluate understanding and effectiveness of communications vehicles/messages.
- **Media** - Monitoring and evaluation of media coverage related to provincial and local LHIN initiatives
- **Website** - Using analytics to monitor and measure website traffic
- **Social media** – Growth/following of social media accounts, and level of social media activity will be tracked through social media analytics.
- **Community engagement** - continued dialogue with community engagement participants, as necessary, to ensure open line of communication on process and next steps.

4.1 Annual Community Engagement Plan

The South East LHIN is committed to improving upon an integrated, accessible, and sustainable system of quality care, throughout ongoing development and transformation. 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 both new and existing stakeholder communities.

Please note that 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.

Community Engagement Goals for 2016/2017

1. Enhancing and Expanding Engagement with Primary Care

The South East LHIN plans to enhance Primary Care and Family Physician Engagement by:

- Ensuring South East LHIN staff continues to meet regularly with our Primary Care Co-Leads and 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.
- Cultivating and enhancing relationships with local primary care practitioners to plan and inform the potential implementation of *Patients First*.

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) for ongoing projects and system reform.
- Engaging Health Professionals through forums such as the Health Professional Advisory Committee, and regular one-on-one meetings with LHIN Executive and/or operational staff.
- Conducting ongoing and as-needed meetings with specific sector groups, with the intent of proactive and productive sharing of information and best practices.
- Engaging CCAC staff at all levels to identify both current successes and opportunities for improvement.
- Supporting the development and enhance 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.

- Enhancing existing relationship with PHUs, leveraging existing recurring meetings to identify opportunities to support the delivery of Public Health through system transformation.

3. Enhancing Engagement with our Indigenous and Francophone Communities:

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

- 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.
- 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.
- Ongoing dialogue with local Indigenous communities to organize a series of cultural competency training sessions with the goal of having the indigenous community inform the development of, and lead, these training sessions.
- Continued engagement with the Provincial Aboriginal LHIN Network to advance provincial priorities, incorporating engagement findings at the local level.

4. Collaborating with Local Government Entities

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

- Encouraging and initiating 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

The South East LHIN plans to maintain consistent and meaningful engagement with the public, through:

- Updating and maintaining a dedicated presence on the internet through the South East LHIN website, www.southeastlin.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 Providers, 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 – Hospitals Project.
- Pan-LHIN and South East specific surveys, on an as-needed basis, 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 2016-2017

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 these results to the South East LHIN Board of Directors on a yearly basis.
- Ensuring community engagement is prioritized and embedded into individualized communications and project plans for major planning initiatives undertaken by the South East LHIN.
- Working 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.

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