South East **LHIN**

South East LHIN
Annual Business Plan
2018-19

Ontario
Local Health Integration Network

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1.0 Introduction

1.1 Transmittal Letter

February 26, 2018

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 the 2018-19 Annual Business Plan (ABP), in accordance with the *Local Health System Integration Act, 2006*, the *Ministry/LHIN Memorandum of Understanding*, the *Ministry-LHIN Accountability Agreement* and in alignment with the *2018/19 Mandate Letter*.

As we move forward, we are further building on previous work done while remaining flexible in our approach to meet the changing needs of our residents, we are devoted to continuing to work from the solid foundation created by the *Patients First Act, 2016,* and as such will diligently work with patients, caregivers and families, as well as community and system stakeholders, to bring these important changes and system improvements to fruition.

The plans, initiatives and work outlined within this ABP align with provincial direction and support the common goals of creating healthy communities, improving patient experiences, addressing health inequities, investing in health promotion, reducing the burden of disease and chronic illness, increasing access to care and reducing wait times, as well as working to diminish health disparities.

The South East LHIN respects the diverse population in our region, which includes the Francophone community and Indigenous peoples – specifically First Nations, Inuit and Métis. Our efforts to further engage and continue to strengthen those relationships is also a top priority, as is working with the Ministry of Health and Long-Term Care and health service providers.

Much like our strong commitment to all other areas, we are dedicated and remain accountable to being fiscally responsible, further ensuring programs and services are effective, efficient and sustainable well into the future.

We believe that as you review the goals and action plans outlined within this year's ABP, you will see that the South East LHIN is well-positioned to continue the important work through this

transformation phase and our commitment to ensuring that Ontario's health care system and the residents in the south east and beyond are fully supported with the best possible health outcomes.

Driven by our mission to 'Design and delivery quality patient-centred health care,' the 2018-19 ABP will assist the South East LHIN in achieving our vision of 'Better system, better care.'

If you have any questions or comments regarding this ABP, or any of the work done by the South East LHIN, please don't hesitate to contact me through the South East LHIN office.

Sincerely,

Brian Smith
Board Vice Chair
South East Local Health Integration Network

1.2 Mandate and Strategic Directions

Vision

Better System, Better Care

Mission

Design and deliver quality patient-centred health care

Directions

- Improve the quality and the patient experience of care
- Promote health equity and recognize the impact of social determinants of health
- Create healthy communities by improving and reducing wait times
- Break down silos between sectors and providers to enable seamless transitions
- Make effective and efficient use of the resources and capacity within the system
- Support innovation for new models of care and digital solutions

What does success look like?

- Involved patients in planning and delivery of care that is responsive to their needs and values
- Established relationships with public health and community partners so that people with complex illness or at high-risk have better access to care and improved health outcomes
- Improved access to comprehensive primary care that enables seamless transitions between primary care and other health and social services
- Reduced wait times for specialty and community services specialist care, mental health and addictions, home and community care, and acute care
- Integrated and collaborative health system that keeps people healthy and well in their own homes and communities longer through systems of integrated care across the region within sub-regions
- Implementing innovative technologies, like the South East Health Integrated Information Portal, to enable better coordinated care close to home
- Demonstrated accountability to funders and to the community we serve that includes transparent decision-making
- Adopted innovations in patient care to create an efficient health care continuum that provides better outcomes

The South East Local Health Integration Network (LHIN) is responsible for planning, managing and funding health care at the local level, as well as the delivery and coordination of home and community care. One of 14 LHINs established by the Government of Ontario, the South East LHIN is driven to design and deliver quality, patient-centred health care to achieve the vision of "*Better System, Better Care*" and meet the needs of residents who call this region home.

Committed to ensuring health care services maximize available resources, are aligned with regional and provincial priorities, and meet local needs and priorities, the LHIN continues to work with the Ministry of Health and Long-Term Care (MOHLTC), in partnership with patients, families, health service providers and health care innovators to transform the health care system in Ontario – today and into the future.

Under the *Local Health System Integration Act, 2006,* the LHINs are required to produce an Integrated Health Service Plan (IHSP), which highlight plans for each LHIN's vision and priorities. This document describes the directions the LHIN proposes to take to achieve those priorities, making their regional vision of health care a reality. Currently, the South East LHIN is driven by the fourth IHSP covering 2016-2019, titled *Health Care Tomorrow – Putting Patients First*.

While IHSPs are high-level overviews of a LHINs' proposed direction, Annual Business Plans (ABPs) are more detailed roadmaps. The South East LHIN's 2018-19 ABP establishes the plan for how the organization will fulfill the strategic goals articulated in the plan, in alignment with the expectations identified in the Minister's Mandate Letter, and pursuant to the requirements of the Agencies and Appointments Directive.

1.3 Aligning with the Minister's Mandate Letter Priorities

Transparency and Public Accountability

The South East LHIN will continue to monitor and provide progress reporting towards achieving health system performance targets, while effectively managing all operational, strategic and financial risks encountered by the LHIN, in alignment with government priorities. Further, through collaboration with the Ministry in development of performance targets to measure the success of transformational activities, the LHIN will also publicly report on progress and outcomes.

Improving the Patient Experience

The South East LHIN is committed to improving the patient experience through a variety of initiatives. Some of this work includes: increased patient engagement for regional and sub-regional planning through the Patient and Family Advisory Committee (PFAC); continued implementation of the Older Adult Strategy (OAS), focused on expanding Assisted Living and caregiver support initiatives; and Sub-Region Integration Tables (SRITs) work concentrating on improved patient transitions through the health care system.

Build Healthy Communities Informed by Population Health Planning

In order to provide a broader perspective of local population needs, the LHIN will continue building on strong partnerships with Public Health and actively engage with local Medical Officers of Health to ensure better inclusion of health promotion strategies to inform local planning.

Equity, Quality Improvement, Consistency and Outcomes-Based Delivery

The South East LHIN has created the first draft of a Quality Framework document. This framework provides information defining quality in relation to the health care system and home and community care, the roles and responsibilities of key stakeholders, and reporting processes. Further work will be completed on a regional performance dashboard for the health system, as well as for home and community care. The LHIN continues to collaborate with Health Quality Ontario (HQO), establishing robust linkages with the LHIN Clinical leadership and SRITs embedding quality into practice, while engaging stakeholders which includes Indigenous and Francophone communities, to work closely together to close gaps in health care provision.

Primary Care

The South East LHIN has had great success with the implementation of Health Links from a primary care perspective, and continues to improve on that framework. An understanding of lessons learned and processes developed will provide a foundation for sub-regions and the work of Health Links will add greater context in sub-region planning. Intensive work will continue as the LHIN seeks to include input for care coordination in primary care with a focus on engaging patients, families and providers, alongside primary care physicians and care coordinators.

Hospitals and Partners

Working with system partners to improve the patient journey, the LHIN continues work with Health Care Tomorrow – Hospital Services (HCT – HS) project, and identifying opportunities for shared hospital services while expanding existing and new partnerships. Some of these initiatives include improving access and patient care within clinical services including COPD and hip fracture initiatives; information technology; patient flow strategies; and surge capacity initiatives. Further to the above noted work, the former South East Community Care Access Centre Hospital Executive Forum (SECHEF), is continuing regional meetings of hospital CEOs, Dean of Health Sciences at Queen's University and South East LHIN CEO – jointly forming the South East Hospital CEO Forum (SHCF). SHCF will continue to work on advancing the commitment of HCT.

Specialist Care

The LHIN continues work on regional specialist care projects including a Centralized Intake and Assessment Centre for Hips and Knees (scheduled for implementation by September 30, 2018), and Inter-professional Spine Assessment and Education Clinics program, (scheduled for implementation by March 31, 2019). Additionally, the LHIN also plans to adopt and implement a provincial eReferral solution by March 31, 2019.

Home and Community Care

Improving wait times and introducing services in the home for greater efficiencies is a high priority. Ongoing work to introduce standards of care continues to better support enhanced patient outcomes and help avoid undue stress for patients, their families and caregivers. One example of the LHIN's commitment to achieve this is by understanding the patient and family experience in areas such as palliative care, and ensuring adequate resources allow for patient choice in preferred location of death.

Long-Term Care

The LHIN is committed to improving patient flow by supporting long-term care homes (LTCH) with the skills and resources to manage challenging behaviours, as well as better coordination of care for low acuity patients where appropriate. This also includes supporting LTCH in redeveloping their infrastructure to meet and maintain quality standards and capacity within the south east region.

Dementia Care

With support from the MOHLTC, and further building on the South East LHIN OAS, the LHIN continues to work towards improving the lives of people living with dementia, and their families. This includes building a continuum of support and improving access and coordination of behavioural and dementia care, while also supporting individuals caring for dementia patients.

1.4 Overview of current and forthcoming South East LHIN programs and activities

Integrated Health Service Plan 4, 2016-2019: *Health Care Tomorrow – Putting Patients First*

The South East LHIN's Integrated Health Service Plan 4 (IHSP4) is characterized by a commitment to equity, innovation, sustainability and collaboration. *Health Care Tomorrow – Putting Patients First* establishes three overarching goals that continues guiding the work in the south east, and establishes direction for programs and initiatives identified in this Annual Business Plan. The three goals are:

- ***Achieving better patient outcomes through more equitable access to quality care*** *with* the fair distribution of resources based on patient needs to ensure all patients are able to receive the services they require.
- ***Improving the health care experience through an integrated and patient-centred continuum of care*** that focuses the system on the needs of the patient, with all involved providers and organizations working together towards one common goal, which is to bring about the best possible outcome for that patient.

- ***Working with partners towards the achievement of an accountable, high-performing health care system*** with better cooperation and collaboration in planning, while working with a wide variety of Health Service Providers (HSPs), stakeholders and communities to create a system that patients and residents need and deserve.

Over the course of 2018/19, the South East LHIN will continue working on the following programs and initiatives:

- Strengthening the home and community care sector through the first full year following transition of Community Care Access Centres to LHINs;
- Achieving a sustainable acute care system by supporting Health Care Tomorrow – Hospital Services project;
- Striving to make well-informed decisions based on feedback from community engagements, to help ensure patients, their caregivers and families have a stronger voice in bringing positive system change;
- Continuous engagement supporting improved health services for Indigenous and Francophone populations, with a strong focus on productive two-way communication, enhanced collaboration and education;
- Ongoing implementation to support current and long-term needs of an aging population through the 10-year Older Adult Strategy.
- Improving patient flow with a more timely, streamlined approach supported by strong communication among partners;
- Implementation planning for a Centralized Intake and Assessment Centre for Elective Hip and Knee surgeries, allowing for regional wait list and referral management;
- Enhancing services for a high-performing, strong and robust primary health care sector, that supports Health Links.
- Moving forward with the Addictions and Mental Health (AMH) Redesign and continuously working with agencies and hospitals to operationalize implementation plans;
- Developing a revised work plan for Hospice Palliative Care that extends through to 2020, aligning with the Ontario Palliative Care Network and *Patients First Act, 2016.*
- Continue development and implementation of the South East Integrated Information Portal (SHIIP). Features include predictive algorithms to support identification and coordinated care planning for complex and high-needs patients, in real time or near-real time.
- Improving electronic data management storage and sharing, as well as the use of information in order to improve access, while ensuring privacy concerns are met.

1.5 Environmental Scan

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. With the oldest population across all LHINs, and the most rural LHIN in southern Ontario, it is understood that our demographics and demand for services are different than those in other communities. Additionally, the socioeconomic factors that affect heath care vary greatly from community-to-community within the south east region. For these reasons, the South East LHIN continually works to improve an understanding of the issues people face in this region, and how they influence our health care system.

LHIN Sub-Regions

Five sub-regions have been established in the south east, with a goal of effectively integrating services and providing greater equity to those in the region, and include:

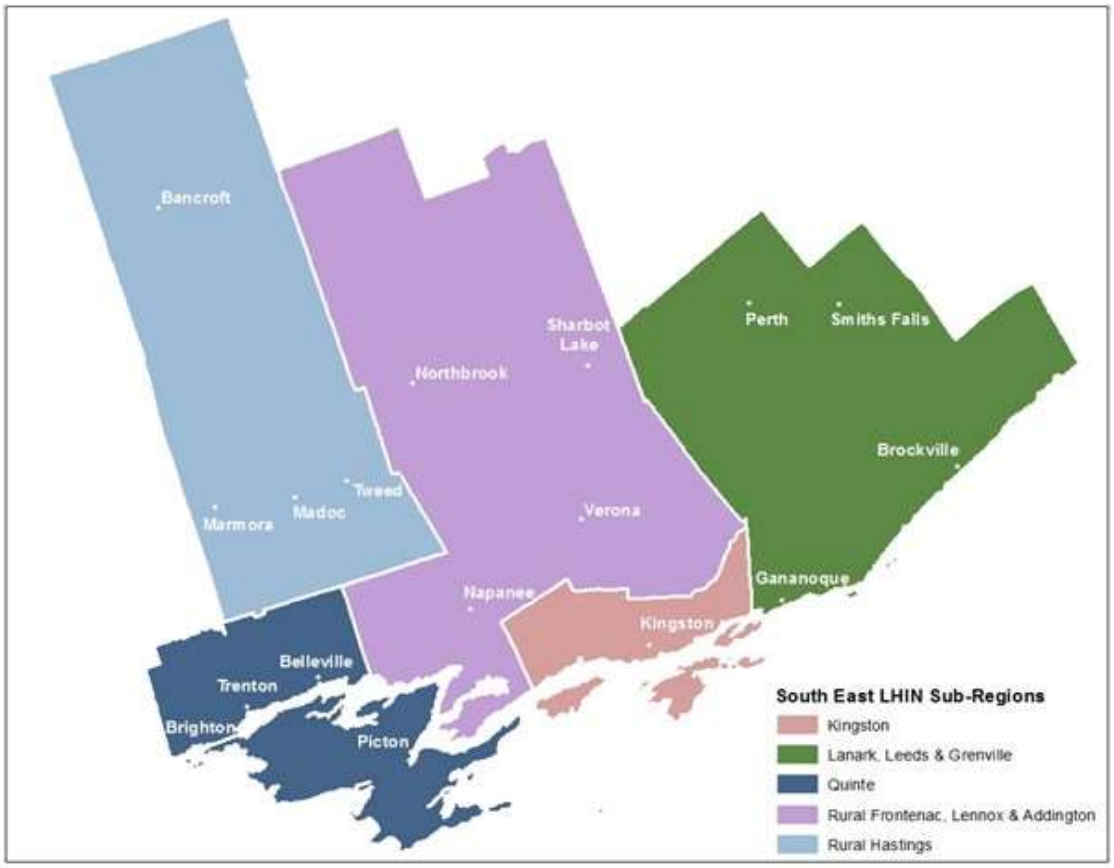
- Quinte;
- Rural Hastings;
- Rural Frontenac, Lennox and Addington;
- Kingston; and
- Lanark, Leeds and Grenville.

The sub-region approach was based on pre-existing Health Links and were formalized using the best available evidence, including patient referral patterns and feedback gathered from patient, provider and community engagements.

These sub-regions range greatly in geographic size and the population of residents within the region. Three sub-regions have populations over 100,000 but the Rural Hasting sub-region covers just under 5000 square kilometers with a population of just over 35,000. The spread of health service providers mimics this distribution with a much greater concentration of service in the urban centres and issues with access and provision evident in the rural regions of the LHIN.

By focusing on care patterns through a more local lens, the South East LHIN will be able to better identify and respond to community needs, building on capacities among health providers and other stakeholders. Ensuring resources are used effectively and efficiently in the public's best interest is the driving force behind building a better integrated system.

South East LHIN Sub-Regions



Demographics

The South East LHIN region is home to an older population – the oldest across all LHINs. While the overall population is expected to have little growth, there is modestly greater growth expected for the Kingston sub-region and the senior population will grow drastically across all sub-regions. It was projected that in 2017, seniors represented less than one fifth of the population in all of Kingston, Frontenac, Lennox and Addington, and short of a quarter in other areas. By 2025, this population is expected to jump to one fifth in Kingston, over a quarter in Rural Frontenac, Lennox and Addington, just short of a third and higher in other sub-regions. While other LHINs may experience greater growth in these age groups, because the South East LHIN already has the highest percentage of seniors we

will continue to lead the province in this regard for the foreseeable future, and may provide a gauge for health care demand for seniors. Of greater note, the more senior age groups – those beyond 75 and even 85 years of age – are projected to grow at much higher rates as the baby boomer generation moves into their senior years (the population aged 85 and over in the South East LHIN is projected to grow 33 per cent by 2025). As a result of this aging population, the South East LHIN faces an increase in the number of people living with chronic conditions, and a resulting increase in demand for services and care coordination.

Socioeconomic Status, Health Behaviors, and Health Status

There is a marked variation in the percentage of the population living in low-income households across the LHIN (ranging from three per cent in Frontenac Islands to 40 per cent in Tudor and Cashel). Additionally, there are areas in the south east region with higher levels of material and social deprivation. Of particular concern are the levels of material disparity (in the northwestern and central areas) 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 region have behaviours that will likely cause them to develop health issues, including a high rate of individuals using narcotics - individuals being dispensed morphine is nearly three times the provincial rate (*Ontario Narcotics Atlas, 2016*). Almost half of the population is physically inactive, and more than half do not consume enough fruits and vegetables. In fact only three in five people said they have very good or excellent health. Twenty per cent of residents are also daily smokers, and the same proportion reported heavy alcohol use, which is exacerbated by high rates for many chronic conditions. The South East LHIN has significantly less favorable smoking and alcohol behaviours - especially for smoking in Quinte and Lanark, Leeds and Grenville. The LHIN has significantly higher rates than the province for anxiety disorder, COPD, diabetes and heart disease.

Health System Utilization

Improved care in the community, to be facilitated by the establishment and strengthening of sub-regions, is critical with several key performance indicators pointing to a high reliance on hospital services. The rate of Emergency Department (ED) visits best managed elsewhere is substantially higher in the South East LHIN (33.2 per 1,000 population) than in the province (16.4 – all sub-regions in the South East perform poorly for this indicator (more than 26), especially Rural Frontenac Lennox and Addington (43.4) and Lanark, Leeds and Grenville (37.3). Similarly for hospitalizations for Ambulatory Care Sensitive Conditions, the rate per 1,000 population is markedly higher in the South East LHIN (7.2) compared to the province (4.6 – with the rate in Rural Hastings more than double that of the province). Further, readmission rates for selected conditions were also higher in this LHIN (12.8 per cent) compared to the province (11.9 per cent with notably higher rates in Rural Frontenac, Lennox and Addington, and Lanark, Leeds and Grenville).

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 grow 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 supports increased and will continue to grow into the future, along with our aging population.
- The limited capacity of rehabilitation services does 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 in the future. General Medicine, Family Medicine, Geriatric Medicine, Hematology, Medical Oncology, Otolaryngology, Psychiatry, Respirology, Urology and Vascular Surgery have all been identified as having a noticeable number of physicians over the age of 50 with the potential for upcoming retirement.

2.0 Health System Oversight and Management

The following list South East LHIN priorities, key goals and action plans which reflect both the priorities of the Minister's Mandate Letter and local health system needs.

2.1 Transparency and Public Accountability

Priority description: The LHIN is accountable for outcomes and reporting on progress towards achieving health system performance targets. This includes:

- Making effective and efficient use of the resources and capacity within the system; and
- Demonstrating accountability to funders and to the community, that includes transparent decision-making

Current status: The LHIN continues to focus on ensuring the performance of the Health Service Providers (HSPs) it funds, through performance monitoring and interventions when necessary, in order to work towards improvement of HSP performance for the patients served. With respect to funding decisions, the LHIN will endorse a policy aimed at a specific target for the administration portion of HSP funding.

Goals:

1. In alignment with Ministry direction, the LHIN will adhere to financial policies reflecting transparency and public accountability requirements.
2. Maximize the use of LHIN funds for direct delivery of patient services and health system management by participating in a pan-LHIN enterprise review.
3. Continue to be accountable for outcomes and report on progress toward achieving health system performance targets.

Government priorities: Measure the success of transformational activities and public report on progress and outcomes.

Action plans/interventions:

Action Plans	Expected Status (as of March 31, 2019)	Expected Completion Date
Work with HSSOntario to complete an enterprise-wide review of the LHINs that identifies opportunities for improving efficiency and effectiveness, and opportunities for savings that can be reinvested into patient care.		
• Completing assessment of LHIN capacities in the area of finance, IT and Human Resources for input into the HSSOntario planning cycle.	Completed	September 2018
• Review impact analysis of proposed	Completed	March 2019

adjustments from enterprise review. • Phased implementation of recommendations by HSSOntario/LHIN work plan.	Ongoing	March 2020
Collaborate with MOHLTC and HQO workgroups on development of indicators to serve on accountability and/or performance measure frameworks, specifically as it relates to the MLAA, Health Links and sub-regions.	In progress	March 2020

2.2 Improve the patient experience

Priority description: Provide coordinated and comprehensive care for patients, with an enhanced role in creating more effective service integration and greater equity. The LHIN continues to engage residents for a stronger patient/family/caregiver voice to advise on system-wide priorities and drive local change. This includes co-designing system change from the planning stages through to the implementation of patient and family-centred care.

Current status: The South East Patient and Family Advisory Committee (PFAC) was established in September 2017, and has since participated in a number of engagement opportunities. Three PFAC members are assigned per sub-region and will be engaged throughout the priority identification and planning for each sub-region.

Goals:

1. To engage PFAC ensuring the patient and family voice is involved in health care priority setting and decision-making.
2. Collaborate with Health Links to facilitate and expand the coordination of patients with complex health care needs, while improving access to patient information for providers within the patient's circle of care.
3. Support patients and families by reducing caregiver stress.

Government priorities: In alignment with *Patients First Act, 2016*, patients and families must be engaged and empowered to have a strong voice in shaping health care delivery. This includes ensuring changes in the health care system reflect the needs and opinions of those it serves. Further to this, a focus of ongoing work is placed on supporting patients and caregivers managing chronic and progressive conditions to remain at home safely and well, meeting the necessities of daily living for as long as possible.

Action plans/interventions:

Action Plans	Expected Status (as of March 31, 2019)	Expected Completion Date
PFAC members will actively participate and inform regional and sub-regional planning. Sub-region implementation plans developed with PFAC input.	Completed	June 2018
Implement SHIIP at more than 50 per cent of sites involved in care coordination, with users	Completed	March 2019

contributing data to SHIIP and providers utilizing data in patient care.		
Better support patients and families to reduce caregiver distress by: • Create and implement a common basket of services for CSS agencies; • Enhance supported/assisted living options for seniors in rural communities; and • Strengthen caregiver support by expanding adult day programming; in-home respite options; and extended stay respite programming.	In progress In progress In progress	April 2019 March 2021 March 2020

2.3 Build Healthy Communities Informed by Population Health Planning

Priority description: Through the South East LHIN Sub-Regions, the LHIN will create stronger communities through improved collaboration. Input will be gathered from patients, providers and stakeholders to inform the patient experience and outcomes. The collaboration afforded by the sub-regions will provide an increased understanding of resources and capacity to support improved transitions and better care coordination.

Current status: Five sub-regions have been established in the south east, with ongoing engagements including PFAC, physicians, Public Health, providers, paramedicine, and other ministries. As a first step, a data analysis reflecting initial gaps and opportunities was completed and shared with sub-region members for feedback. An Expression of Interest process was undertaken to establish membership of the Sub-Region Integration Tables (SRITs), and a Terms of Reference has been developed and shared with all partners.

Goals:
Through sub-region planning the LHIN will:
- Work with key stakeholders and partners to identify high-risk populations;
- Identify, with input from patients and families, local population health needs and how SRITs will collaborate to address the gaps; and
- Develop work plans including steps for implementation that involves partners at the sub-region levels.

Government priorities: Building healthy communities informed by population health planning.

Action plans/interventions:

Action Plans	Expected Status (as of March 31, 2019)	Expected Completion Date
SRITs to establish a work plan based on identified priorities and engagement with partners including Public Health.	Completed	April 2018
Priority work plan implementation as per schedule.	In progress	March 2020

Continued refinement of data analysis to reflect system improvements and priorities identified.	In progress	March 2019
The LHIN will meet with Public Health to understand their new program standards and where synergies can be leveraged with the LHIN mandate.	In progress	March 2019

2.4 Quality Improvement, Consistency and Outcomes-Based Delivery

Priority description: As determined by South East LHIN Vision, Missions and Directions, the LHIN will:

- Improve quality and the patient experience of care;
- Promote health equity while recognizing the impact of social determinants of health; and
- Create healthy communities by improving and reducing wait times.

Current status: A quality framework is under development and will provide clarity on the role of the LHIN for quality in home and community care, as well as on the broader health system. This will include stakeholder roles and reporting processes for the LHIN Executive and Board of Directors.

In addition, finalization of a complete subset of indicators from regional and provincial dashboards and scorecards will be utilized for LHIN performance monitoring and reporting. This work is expected to be completed by March 2018.

Goal: Work with sector partners to both enhance existing, and develop new, performance and quality measurement frameworks that are consistent and flexible to address regional priorities.

Government priorities: Develop a regional quality framework for home and community care, as well as the health system overall. This also includes development of business intelligence and reporting system, in support of equity and outcome based analysis at sub-region level.

Action plans/interventions:

Action Plans	Expected Status (as of March 31, 2019)	Expected Completion Date
Engage key stakeholders at sub-region level to determine areas for priority analysis and reporting enhancements and incorporate in South East Data Centre.	Completed	September 2018
LHIN Clinical Leads, in partnership with HQO Clinical Lead and Sub-Region Directors will determine the priority quality standards for implementation across the region.	Completed	April 2018
LHIN Clinical Leads, in partnership with HQO Clinical Lead and Sub-Region Directors will assist with implementation of prioritized quality standards.	In progress	March 2020

2.5 Equity

Priority description: Promote health equity and recognize the impact of social determinants of health to effectively reduce health disparities and inequities in the planning, design, delivery and evaluation of services. This will also include sub-region work with specialized focus on Indigenous and French language speaking (FLS) populations.

Current status: Further articulation on current status related to FLS and Indigenous engagement follows in specified sections of the ABP.

The LHIN is working closely with key stakeholders, including PFAC, Public Health and providers to refine the identification of high-risk populations.

Goals: The establishment of Sub-Region Integration Tables (SRITs) will be the catalyst to confirm the high-risk populations and outline plans to improve their health outcomes. This process will be informed by assessment of local population health needs, gaps in service, and a better understanding and define supports for these communities.

These SRITs will include, wherever possible, Indigenous community members. While each sub-region either has Indigenous communities or populations, not all are able to participate at the SRITs at this time. As such, the SRITs will strive to inform Indigenous communities and populations within their geographic catchment of ongoing activities, and will work with them on an ad hoc basis if membership at the SRITs is not present.

Government priorities: Promote health equity and recognize the impact of social determinants of health that effectively reduce health disparities and inequities in the planning, design, delivery and evaluation of services.

Action plans/interventions:

Action Plans	Expected Status (as of March 31, 2019)	Expected Completion Date
SRITs to establish a work plan based on identified priorities and engagement with partners including PFAC and Public Health.	Completed	April 2018
Continuous engagement with Indigenous communities to inform improvements and access to the health care system.	In progress	March 2020
Seek Indigenous members for representation at all SRITs to raise awareness of issues/needs specific to their communities.	In progress	March 2020
Indigenous competency training sessions will be expanded to all HSPs.	Completed	March 2019
FLS designation plans completed and implementation underway.	Completed	March 2020

2.6 Build Primary Care as the Foundation of the Health System

Priority description: The LHIN believes that primary care is the foundation of an effective, high-quality health care system. In support of *Patients First Act, 2016* and to enhance the integration of primary care with the overall health system, the LHIN will build on existing relationships to ensure primary care physicians and NPs maintain representation at all Sub-region Integration Tables (SRITs), better positioning the LHIN to continue advancing strong relationships with primary care. Further to this and expected early in the first quarter of 2018-19, the South East LHIN will finalize a report for experience-based co-design and move forward with implementation plans to embed care coordinators into primary care. In addition, Health Links in the region align with sub-region geography which will further support discussions at SRITs on how to incorporate the work of the Health Links into the new sub-region work plans.

Current status: The following provides an overview of the initiatives underway:

- Sub-Region Clinical Leads have been recruited; four of the five are Primary Care Physicians.
- SRITs have been established.
- Four geographical areas within the south east have been identified with lower than average levels of access to primary care allied health professional teams.
- The South East LHIN has completed an overview of physician human resources available in the region.
- Launched the *Care Coordination with Primary Care Project* to design, with input from patients, providers and home and community care coordinators, proposed models for better home and community care and primary care integration.

Goals: Using an equity lens to assess the number and proportion of primary care providers based on needs of the local population, the LHIN will work to improve access to primary care providers, facilitate effective and seamless transitions between primary care and other health and social services, and will improve access to interprofessional health care providers to support comprehensive care.

Government priorities: Continue to work with providers to continue to build primary care as the foundation of the health care system.

Action plans/interventions:

Action Plans	Expected Status (as of March 31, 2019)	Expected Completion Date
Implement sub-region action plans.	In progress	March 2020
Improve access to Inter-professional Comprehensive Care.	Completed	March 2019
Implement Models of Home and Community Care Coordination and Primary Care Integration.	In progress	December 2019
Align Health Links to South East LHIN Sub-Regions.	Completed	March 2019

2.7 Hospitals and Partners

Priority description: Hospitals are key partners in the health care system. To ensure right care, right place, right time is achieved, patient flow through the hospital system must be managed well so that patients move through the system avoiding unnecessary hospital stays.

Current status: The following provides an overview of the initiatives underway:

- Emergency Room (ER) Diversion Case Management Program that focuses on diverting patients with addictions and mental health challenges from ERs.
- Enhancement to the Nurse-Led Outreach Teams (NLOT).
- Expansion of 24/7 Supportive Housing for clients with complex addiction and mental health issues in Hastings Prince Edward.
- Various hospital pay-for-results initiatives.
- LHIN-approved Older Adult Strategy that supported establishment of overnight respite and assisted living throughout the region.
- Conclusion of existing18-Month Patient Flow Action Plan.
- Clinical pathways for hip fracture and COPD have been developed.
- Regional laboratory and decision support business cases have been developed.

Goals: All South East LHIN organizations continue: working towards improving access to high-quality care through the development of a sustainable system of integrated care; collaboration with HSPs to ensure continuous participation in, and contribution to, discussions around regionalization of services; and also engage in exploring opportunities with primary and community care.

Government priorities: Working with system partners and supporting innovation to ensure that patients appropriately move through the health system and are able to receive appropriate care at the right time.

Action plans/interventions:

Action Plans	Expected Status (as of March 31, 2019)	Expected Completion Date
Home First Refresh – Review and confirm adoption of Home First philosophy across all hospitals with the focus that all patients are treated with home as first option upon discharge.	Completed	September 2018
18-Month Patient Flow Action Plan Refresh – Regional patient flow working group is reviewing outcomes of initial 18-month plan along with potential new initiatives in developing a fresh 18-Month Patient Flow Action Plan.	Completed	March 2019
Senior-Friendly Hospital implementation plans – Develop implementation framework while working with hospitals as they develop implementation plans. The LHIN will continue to monitor and measure implementation against the framework in anticipation of confirming Senior-Friendly compliance.	Completed	March 2019
Refresh of the iCART process – with all hospitals fully implemented work is underway to review initial concept against current state to identify improvement opportunities, including ensuring consistency of eligibility criteria and process across hospitals.	Completed	March 2019

Health Care Tomorrow		
Complex Frail Vulnerable (CFV) – Chronic Obstructive Pulmonary Disease (COPD) – The six south east hospitals have agreed to a common approach to delivering high-quality care for COPD, including: • Standard COPD Action Plan • COPD Care Gaps Checklist • COPD Order Sets • COPD Plan for Advanced Cases (based on INSPIRED) • HSPs continue engaging in exploring opportunities for collaboration with primary and community care, in the prevention of progression and/or management of COPD	In progress	March 2019
Complex Frail Vulnerable (CFV) – Hip Fracture – The six hospital organizations will continue to have representation at regular steering committee meetings, engage in the development and implementation of regional hip fracture care plans utilizing care navigation and standard education materials for patients and their families/caregivers, and explore opportunities that align with the provincial principles and guidelines from Health Quality Ontario and Rehab Care Alliance.	In progress	May 2018
Laboratory Medicine – Kingston Health Sciences Centre's Kingston General Hospital site maintain the lead agency role responsible for consulting with Brockville General Hospital, Perth and Smiths Falls District and Quinte Health Care on matters related to regionalization of services. All four hospitals continue to participate and contribute in discussions around regionalization of services and potential to onboard organizations to KGH's services.	In progress	March 2020
Decision Support (DS) – The six south east hospitals have committed to a common focus on data analysis for decision support, including: • Working in collaboration with the LHIN on a regional Business Intelligence (BI) tool implementation of SHIIP; • Considering potential for onboarding organizations DS services to QHCs BI solution; • Creating a work plan to include data quality, access to SHIIP's data warehouse or data mart, etc.; and • Implementing a shared data repositories and reporting system.	In progress	March 2020

2.8 Improve Access to Specialist Care

Priority description: Wait times to access specialists for elective surgeries varies across the province and within the south east region, which impacts a patient's ability to receive timely assessment, treatment, and surgery, if necessary. Aligned with *Patients First Act, 2016*, the Access to Specialists and Specialty Care Strategy will result in a system that provides timelier, appropriate and transparent specialist care.

Current status:
Central Intake and Assessment Centre (CIAC) for Hips and Knees - South East LHIN hospitals presented a planned approach that would see a fully implemented CIAC by the end of 2017-18, with a small working team tasked with the development of the regional model and implementation plan. It is expected that CIAC will be fully implemented by September 2018.

Inter-professional Spine Assessment and Education Clinics (ISAEC) Program – Meetings underway with specialists and local expertise to outline a model and implementation plan. The first evaluation site will be implemented and operational by September 2018. The remaining hospitals will follow a staged implementation approach that allows for process adjustment and improvement.

eConsult – Initiative funded by MOHLTC, and in collaboration with OntarioMD and Ontario Telemedicine Network, to support the development of a provincial eConsultation Strategy for better connectivity between primary care and specialty services. eConsult enables requesting clinicians (family physicians and nurse practitioners) to engage in a secure, electronic dialogue with specialists to manage patient care, without the need for a face-to-face visit, and additionally may also avoid the need to refer a patient to a specialist for diagnosis and treatment.

eReferral – The South East LHIN received financial endorsement from the Ministry to deploy an eReferral solution focused on Orthopaedics and musculoskeletal (MSK) referral management as a core priority. This also aligns well with the parameters of potential Ministry funding. Enabling Technologies has engaged with clinical stakeholders to begin work on development of the clinical model, with recruitment for a System Coordinated Access (SCA) project office underway. Expansion of referral pathways to include additional clinical priorities will also be considered.

Goals: Improve primary care access to specialty care, while working with providers to further reduce wait times and drive appropriate care utilization.

Government priorities: Improve primary care access to specialty care, while working with providers to further reduce wait times and drive appropriate care utilization with people suffering from MSK pain, and those suffering from mood disorders. In addition, support enhanced connections and communications across networks of providers to drive more effective and appropriate specialist referrals.

Action plans/interventions:

Action Plans	Expected Status (as of March 31, 2019)	Expected Completion Date
Implement CIAC for Hips and Knees	Completed	September 2018
Complete Orthopaedics referral automation.	Completed	March 2019
Implement ISAEC program	Completed	March 2019

eConsult pilot – Total Volume Target: 1,000 eConsults sent. Target for Brockville and Belleville specialists, and primary care providers, throughout the LHIN to ensure equitable access to the Southeastern Ontario Academic Medical Association (SEAMO) Pilot	Completed	April 2018
Identify priority referral pathways to extend technology solution to areas such as Addictions and Mental Health, Health Links, and Diabetes.	Ongoing	March 2020

2.9 Long-Term Care

Priority description: Long-Term Care Homes (LTCH) have an important role in regional patient flow, as part of the continuum of care. LTCH staff must have the necessary education and skills to support residents with complex behaviours and care needs. The LHIN will work with the Ministry to strengthen the LTCH sector, including the redevelopment of LTCHs across the province.

Current status:

- The LTC system in the South East LHIN provides care for 4,054 residents, within 36 publicly funded homes, or a total of 37 including Convalescent Care beds at Lennox and Addington County General Hospital.
- All but four homes have Nurse Practitioner support within the home to improve access to primary care.
- Key issues for this sector include long waiting lists, very complex and difficult to manage behavioural care needs, public and family expectations regarding end-of-life care, and LTC environments for those recently released from prison
- Behavioural Supports Ontario (BSO) funding has supported educational sessions to all LTCHs in the region, to better support residents with dementia, mental health, and behavioural challenges
- Twenty-four LTCHs in the south east are required to redevelop their building to meet current standards before 2025, which represents 1,771 beds.

Goal: Improve patient flow and quality care by providing education and training for LTC staff, to help manage difficult behaviours and low acuity issues in the home. Further, the LHIN will support the LTCH Renewal process to ensure that all redevelopment plans are completed and shared with the LTC Renewal Branch for timely completion to maintain capacity throughout the LHIN.

Government Priorities: To ensure the right care, in the right place, at the right time, LTCH infrastructure must have the capacity and provide quality care that can avoid costly and inappropriate use of the acute care sector.

Action plans/interventions:

Action Plan	Expected Status (as of March 31, 2019)	Expected Completion Date
Development of a Patient Flow Dashboard for monitoring of ED	Ongoing	March 2020

	referrals and LTC application refusals		
	Development of a LTCH staff education strategy to ensure ongoing, regular education opportunities to support better patient care.	Completed	September 2018
	Support the local process to engage with LTCH towards a redevelopment plan with 30 per cent of LTCH engaged in the process by March 2019.	Ongoing	March 2025
	Develop a LTCH strategy, aligned with the new LTC beds announced by the Ministry to support patients identified as difficult to support in the current LTCH environment. This strategy will focus on patients with behavioural and/or developmental needs outside of current hospital settings.	Completed	June 2018

2.10 Dementia Care

Priority description: To work with the Ministry and Cancer Care Ontario to implement a region-wide dementia capacity plan that leverages the South East LHIN OAS and behavioural support services. Specifically, the South East LHIN will focus on enhancing capacity in the community to support individuals living with dementia.

Current status: The LHIN has begun process mapping how individuals with challenging behaviours related to Dementia and Alzheimer's access services across the continuum, while confirming where improvements can be made. This will provide the foundation for the development of a regional Dementia Strategy, leveraging the Dementia Profile Tool and the Dementia Scoping Tool created by the Ministry.

Goals: To enable healthy communities and support persons living with dementia and their caregivers, priorities for the above noted work include: improved access to services and caregiver support; enhanced education and capacity building for caregivers; and enhancement/reevaluating how community supports are delivered.

Government priorities: Implement regional dementia capacity plans, with support from the ministry, to enable persons living with dementia, and their care partners, to live well at home and in their communities for as long as possible.

Action plans/interventions:

	Action Plans	**Expected Status (as of March 31, 2019)**	**Expected Completion Date**
	Building on the South East LHIN OAS and network of behavioural supports currently provided in the south east	Completed	March 31, 2019

region, create a Dementia Strategy that targets supports, processes, education and coordination for clients, their caregivers and providers across the continuum of care.		
Use Sub-Region Integration Tables to identify gaps and opportunities to support clients and their caregivers living with Dementia in the community	Ongoing	March 2019
Build capacity in our caregivers and providers through a coordinated approach to education, with phase one of the Dementia Strategy outlining a common education approach	Completed	March 2019

2.11 Mental Health and Addictions

Priority description: Create healthy communities by partnering with providers to improve access and referral networks to addictions and mental health (AMH) services for clients/patients and providers. This also includes improving the quality and consistency of care through a Common Basket of Services and creating stronger linkages with community partners to improve coordination and care provision. The South East LHIN will support the provincial Opioid Strategy in response to the current public health need.

Current status: The LHIN is in the implementation phase of a large-scale AMH Redesign. Key initiatives that are underway include:

- The first phase of the Centralized Intake and Waitlist portal in Hastings Prince Edward.
- Standardization of case management and addictions counselling service provision.
- An agreement has been reached on an approach to system psychiatry to provide input and better access to specialized services.
- Emergency Room Diversion Case management to assist patients presenting to the ER with appropriate diversion to more appropriate levels of care.
- Implementation of 24/7 housing option in Hastings and Prince Edward.
- Enhanced addictions counselling in Hastings and Prince Edward.
- South East LHIN-approved Regional Opioid Strategy.

Goals: The South East LHIN will work to:

- Improve access to care and referral networks for clients, caregivers, primary care and connecting providers, while implementing a Centralized Intake and Waitlist system;
- Improve quality and consistency of care by implementing a Common Basket of Services;
- Improve equity of services across the region including implementing system psychiatry and leveraging Ministry investment into psychotherapy;
- Create stronger linkages with community partners to improve coordination and care provision, both within the sub-regions and across the south east; and
- Support the opioid strategy, and provide support to connect patients with high-quality addictions treatment.

Government priorities: Based on advice from Ontario's Mental Health and Addictions Leadership

Advisory Council, work with local partners and other sectors to expand access to mental health and addictions services that:

- Expand access to structured psychotherapy and supportive housing;
- Establish referral networks with primary care providers;
- Reduce wait times and make access to community mental health services a priority for sub-region planning, in collaboration with community and social service providers and partners; and
- Support the Provincial Opioid Strategy, and provide support to connect patients with high-quality addictions treatment.

Action plans/interventions:

Action Plans	Expected Status (as of March 31, 2019)	Expected Completion Date
Implement Centralized Intake and Waitlist structure across the LHIN.	Completed	March 2019
Implement System Psychiatry Model.	Completed	December 2018
Expanded psychotherapy access in accordance with MOHLTC strategy. Phase one implementation involves a LHIN assessment of staff eligible for psychotherapy designation.	Completed	March 2019
Improve equity and standardization of services within each sub-region and across the LHIN, utilizing the Common Basket of Service Structure. Phase one involves standardization of case management and addictions counselling.	Completed	March 2019
Phase Two of standardization to be initiated in the summer 2018 and will include a full Assertive Community Treatment Team (ACTT) and supportive housing services review.	Completed	March 2020
Implement the South East LHIN-approved Opioid Strategy.	Ongoing	March 2021
Implement Rapid Access Addictions Medicine Clinics in accordance with provincial Opioid Strategy.	Completed	September 2018

2.12 Innovation, Health Technologies and Digital Health

Priority description: Innovation, Health Technologies and Digital Health strives to advance clinical and quality health care priorities in the south east region by endeavouring to transform our system to an innovative, knowledge based industry.

Current status:

Hospital Information System (HIS) Consolidation – The South East LHIN continues to advance recommendations of the HIS Renewal Advisory Panel, including:

- Governance engagement with hospital board chair/vice chairs to confirm expectations for HIS business case scope;
- HIS Board Retreat provided update on key attributes of HIS system and commitment to proceed; and
- Seed funding from the MOHLTC will advance South East LHIN Hospital Cluster planning and formation including development of a business case for a regional Hospital Cluster supported by a common HIS.

eNotification – eNotification enables the sharing of information between hospitals and the legacy Community Care Access Centre CHRIS system. Two of six hospital corporations will have implemented in 2018/19.

SHIIP – The South East Health Integrated Information Portal (SHIIP) is a central component of the South East Local Health Integration Network's Health Links Information Management Strategy. SHIIP enables health care providers to share patient data in real-time or near real-time (including data from hospital emergency room, acute care visits, community support services and addictions and mental health) through a web-based health information portal. In addition, SHIIP automates the identification of complex/high-needs patients, and the generation of patient risk scores and provides linkages to the Coordinated Care Plan. SHIIP makes this information available to HSPs, such as primary care providers, which are involved in delivery of coordinated care, allowing them to intervene more effectively in patient care. Currently, onboarding of providers to SHIIP continues and further expansion to Erie St. Clair and Champlain LHINs is also underway.

Telemedicine – Continue to expand virtual care program with an emphasis on transitioning to Personal Computer Video Conferencing (PCVC).

Goals: Enabling Technology priorities and initiatives are key to enabling this progression, which will facilitate:

- Improved patient-centred care experiences;
- Improved population health, by putting the technology in-place that enables people to access the care they need, when and how they need it; and,
- Value for money, by supporting effective use of resources, lower costs, higher quality, improved safety, and increased, equitable access to care.

Government Priorities: Champion Ontario as a leading jurisdiction to adopt and scale new and innovative health technologies and value-based processes.

Support the ministry's Digital Health Strategy, including but not limited to:

- Ensuring that any hospital information system (HIS) renewal decisions are consistent with HIS Renewal Advisory Panel clustering recommendations and reflect a commitment to reduce the overall number of HIS instances in the province
- Implementing or expanding existing virtual models of care or digital self-care models that are

consistent with existing provincial initiatives.
- Supporting the delivery of digital solutions to improve patient access and navigation as well as referrals to specialists, and further expand online consultation between primary care providers and specialists.

Action plans/interventions:

Action Plans	Expected Status (as of March 31, 2019)	Expected Completion Date
Confirmation of commitment to HIS consolidation project	Completed	April 2018
Advance South East LHIN Hospital Cluster planning and formation including development of a business case for a regional Hospital Cluster supported by a common HIS	Completed	November 2018
Implementation of eNotification between hospitals and home and community care (CHRIS system)	Completed	September 2018
Continued implementation of SHIIP	Ongoing	March 2021
Complete a Telemedicine/Telehomecare strategic plan with formal partnership OTN Strategic Advisory Service	Completed	September 2018

3.0 LHIN-Delivered Home and Community Care

The Minister's Mandate Letter identifies a number of key focus areas for home and community Care, which also supports priorities outlined in the South East LHIN's IHSP4. Included in these are: improving patient outcomes by providing more equitable access to care; improving the health care experience through an integrated and patient-centered continuum of care; and working with partners towards achieving a high-performing health care system. The areas of focus support the overarching goals and specify the need to address improvements such that patients and their families know what to expect from services provided through the LHIN.

Priority Description: Each of the LHIN-Delivered Home and Community Care goals identified support the need to improve access and increase the understanding of what home and community care patients (and their families), can expect as recipients of service. The action plans developed support the accomplishment of those goals specific to wait times and equitable access to care, and focus particularly on the palliative and end-of-life care population.

Current status: Home and community care services include nursing, personal support and five therapeutic disciplines namely physiotherapy, occupational therapy, nutrition, social work and speech/language pathology. There are a total of 12 service providers delivering care in multiple locations including home, school, clinic, retirement homes and other supported living environments. Home and community care staff coordinate care and support patients in their transition between care environments, and do so with and for approximately 27,000 patients every year in the south east.

Key issues impacting equitable and timely access to care include availability of appropriately trained health human resources in the region, particularly Personal Support Workers (PSWs). Although work is underway, both locally and provincially, this remains a significant concern and, at times, a barrier to effective care delivery. Despite this issue, a key success in improving transitions in care was established during the past year when the South East LHIN Home and Community Care worked with partners and was selected by the Canadian Foundation for Healthcare Improvement as an applicant for its 'EXTRA' initiative. This joint quality improvement project focused on improving the experience of palliative care patients and their families, in traversing the continuum of care from the acute to community care environments, and adopting relatively simple communication strategies to enhance care.

3.1 Reduce wait times and improve coordination

Goal: Wait times for home and community care services vary widely across the province and are impacted by many factors including availability of human resources, patient need, demand and patient preference. Wait times are monitored in a number of ways, including five-day wait times for nursing, complex patients requiring PSW services, and days from referral to first in-home service from community or hospital. Having services in the home quickly, particularly for complex or high-needs patients, has the potential to decrease caregiver stress, improve outcomes and decrease return trips to hospital. For this reason, wait times are a priority and the goal is to ensure those who require care most receive that care in a timely manner, while respecting patient and caregiver preferences.

Government Priorities: With input from patients, caregivers and partners the LHIN will reduce wait times and improve coordination and consistency of home and community care, so that clients and caregivers know what to expect.

Action plans/interventions:

Action Plans	Expected Status (as of March 31, 2019)	Expected Completion Date
Maintain current monitoring and auditing plan. Nursing support for patients within the five-day wait time	Ongoing	March 2021
Maintain current monitoring and auditing plan for complex personal support patients within the five-day wait time	Ongoing	March 2021
Maintain current auditing and monitoring plan to continue to achieve seven-day access to supports from hospital discharge to date of first in-home service.	Ongoing	March 2021
Maintain current auditing and monitoring plan to continue to achieve 21-day from community referral to date of first service.	Ongoing	March 2021

3.2 Strengthen home and community care

Goal: With input from patients, caregivers and partners, the South East LHIN will continue to implement initiatives that strengthen home and community care. In preparation for, and since transition, this initiative has been underway since prior to transition in May 2017, with the goal of achieving transformation of home and community care through standards of care, so that patients can expect more consistent and equitable services.

Government Priorities: In alignment with *Patients First Act, 2016* and the Ministry's expectations for improvements within home and community care that affect the patient and caregiver experience by ensuring services are sustainable, equitable and more accessible in the community.

Action plans/interventions:

Action Plans	Expected Status (as of March 31, 2019)	Expected Completion Date
Continue monitoring and manage personal support services for new patients; services that are compliant; estimated 90 per cent compliance, as measured by the percentage of new PSW patients within Standard Service Offer.	Ongoing	March 2021
Continue monitoring and manage personal support services for existing patients that is 95 per cent compliant as measured by the percentage of new PSW patients within Standard Service Offer.	Ongoing	March 2021
Maintain current monitoring and auditing plan to sustain personal support services and establish Standard Service Offers for professional services, supplies and equipment.	Completed	March 2019

3.3 Expand access to palliative and end-of-life care

Goal: As guided by the Ontario Palliative Care Network (OPCN) and other sector partners, with support from the ministry, to expand access to palliative and end-of-life care across sectors. A quality improvement approach will see five priority teams carrying out improvement initiatives related to the five identified regional priorities:

1. Standardizing the process of care delivery, with a focus on coordinated care: Patients requiring a palliative approach to care and their families will know what type of care and services to expect based on their needs. When care settings are changed, the care team will work with them to ensure that they continue to receive the services they need and that transitions between care settings are seamless.
2. Better communication within the circle of care: Patients requiring a palliative approach to care and their families, as part of the circle of care, will inform the development of a care plan together that reflects their values, wishes and goals. Providers will be knowledgeable about the care plan and work together to communicate changes in patient need quickly and effectively to provide timely care.
3. Access to 24/7 palliative care: Patients requiring a palliative approach to care and their families

will be able to get palliative care support whenever they need it, day or night.

4. Building capacity and enhancing care in the residential hospice setting: Patients requiring a palliative approach to care and their families, if desired, will have access to a residential hospice at end-of-life and receive quality care in the residential hospice setting in accordance with provincial standards.
5. Competency building to deliver high-quality palliative care: Patients requiring a palliative approach to care and their families will be able to access high quality palliative care from providers.
6. Priority Teams will progress through the phases of a specific quality improvement project pertaining to each of the five priorities. The five priority project teams and entire network of HSPs, vounteers and caregivers, will work together to improve overall palliative care delivery in south east. Volunteer visiting hospice services, as one of many services within the Community Support Services sector, will know and understand the palliative care outcomes of interest and collaborate with partners to reach targets that are set by the South East RPCN and supported by the South East LHIN and Regional Cancer Program.

Government Priorities: Working with the ministry and Ontario Palliative Care Network (OPCN) to expand timely access to coordinated and high-quality palliative and end-of-life care.

Action plans/interventions:

Action Plans	Expected Status (as of March 31, 2019)	Expected Completion Date
Each priority team will develop a project charter specifying the project aim statement, problem statement, change ideas, and measurement of improvement and carry out their improvement project.	In progress	March 2019
Each priority team will carry out experience based design with patients and caregivers to understand the problem and define the approach taken to address the problem.	In progress	March 2019
Administering the Caregiver Voice Survey.	Completed	March 2019
Capture preferred location of death for up to 85 per cent of patients who are at identified to be at end-of-life.	In progress	March 2020

4.0 French Language Services

The South East LHIN is committed to ensuring language does not present barriers for Francophone individuals seeking access to local health services in their preferred language. To achieve this, the LHIN identified Health Service Providers (HSPs) that would be in the best position to provide French Language Services (FLS), and obtain a designation status under the *French Language Services Act (FLSA).* To support the health and well-being of the Francophone population, the LHIN continues working to reduce health disparities and inequities, while improving access to health services in French throughout its region.

The LHIN will continue working collaboratively with its French Language Health Planning Entity - *The Réseau des Services de Santé en Français de l'Est de l'Ontario* - to implement and monitor success and achievements of the annual work plan associated to the three-year FLS strategy developed

together two years ago. The strategy focuses on improving active offer in the region, and the South East LHIN will be implementing the actions listed below.

French language health service needs and bilingual capacity

The LHIN is committed to continuing to build its regional inventory of available bilingual resources which began two years ago through its funded HSPs, by the way of annual FLS reports. To put this data to good use, the next steps are to:

- Ensure the quality of the data collected is accurate and can be used at the sub-region levels; and
- Work with a Health System Navigator dedicated to French-speaking clients who will use the regional inventory of bilingual staff employed by LHIN-funded HSPs, to build a non-exhaustive list of bilingual health services available in the region, through a pilot project. This position will aim to connect patients in need with health services available in French; to identify gaps in the continuum of care in French; and to look for alternate solutions if necessary.

Community Engagement with Francophones

- Continue partnerships with Le Réseau to engage the Francophone population. Every quarter, the South East LHIN and the Réseau will review upcoming planning activities that require community engagement, and will work together to ensure the Francophone community is adequately engaged. The results will help inform the LHIN of the specific needs of Francophones, for its planning activities.
- In addition to the above, the South East LHIN will continue to participate in the South Eastern Francophone Citizens Committee quarterly meetings, to ensure this focus group is informed of LHIN activities, and provides regular feedback.
- In order to have a fair representation of the diversity of its community, the South East LHIN ensured recruitment for Francophone representation on its Patients and Family Advisory Committee,
- By establishing better connections with the Francophone community, we will ensure a more robust promotion of services available in French.
- Explore better ways to assess French-speaking patients' satisfaction.

Implementation of the Active offer and performance of French Language Services

To ensure that active offer of French language health services is sustainable, the South East LHIN will:

1) Continue supporting identified HSPs in the implementation of their designation plan, including requirements linked to the active offer of health services in French. The implementation of these specific requirements will be monitored and will provide an indication related to the provision of active offer for each identified HSP.
2) Continue to include local FLS obligations in Service Accountability Agreements (SAAs) of identified HSPs that drive progress on the FLS designation plans, and to measure the progress of the implementation of the designation plan for the fourth year, with defined targets to be achieved each year.
3) Require that all identified HSPs submit a FLS Designation application to the LHIN, no later than March 31, 2020.
4) Continue requesting that all HSPs submit an annual FLS report to the LHIN, as an outlined requirement by the Service Accountability Agreements (SAA), with diligent result monitoring.

Provision of home and community care services in French

The LHIN assumed responsibility for the provision of home and community care services, and are required to ensure that those services are available in French, in accordance with the FLSA, and as such will continue developing capacity to provide home and community care services in French. In

addition, the LHIN will work to raise awareness of the importance of language as a factor of safety and quality of care among staff, in order to ensure LHIN planning activities integrate the Francophone perspective.

5.0 Indigenous Peoples

The South East LHIN is home to the fourth highest First Nations, Inuit, and Métis (FNIM) population in the Province, with 4.5 per cent of the population in the South East LHIN reporting an Aboriginal identity, giving the south east the highest Indigenous population of all southern LHINs.[1] This high proportion of Indigenous residents means that the LHIN needs to remain committed to expanding upon the work of previous years, while focusing on integration and partnerships, strengthening existing relationships, and creating news ones, with the FNIM communities.

Previous work leading up to this point has resulted in a foundation which the LHIN can further build upon. Some of this work includes: development of a guiding reference document which was created in partnership with the local communities, surrounding engagement practices for LHIN staff and local HSPs; establishing regular meetings between the LHIN and the Chief and Council at Mohawks of the Bay of Quinte (MBQ); and collaborative work which supported the establishment of an additional Indigenous Nurse Practitioner role, implemented in partnership with the MBQ and the Napanee and Area Community Health Centre. The LHIN will also continue with the training initiative that will see all LHIN staff provided with Indigenous Cultural Competency (ICC) training in the next two years.

Further to ICC training, the LHIN will work to develop Indigenous competency training sessions that are informed, developed and led by FNIM partners. These sessions will also support South East LHIN HSPs in enhancing their understanding of the regional cultures and community needs, while also working with hospital partners throughout the region to help make hospital access points more inclusive to the FNIM people in this region.

In the coming year, a greater emphasis will be placed on understanding and supporting community needs. With the release of the 2016 census data on FNIM communities from the National Household Survey, the LHIN will be better able to assist in building healthy communities, which will include providing support to MBQ to complete an Environmental Scan to support mutual population health planning needs at the community level. Not only will this work enable more patient-centred care, it will allow LHINs to provide greater transparency and public accountability around Indigenous programming.

In order to improve patient experiences, the patient's voice needs to be heard directly. At the highest level, the LHIN has ensured Indigenous representation on the Patient and Family Advisory Committee (PFAC). The intent of this is to foster greater two-way communication and help ensure that issues pertaining to the FNIM experiences within the health care system are brought forward. Conversely, if the PFAC hears of potential programming that should have greater feedback from Indigenous communities, the LHIN will connect with the appropriate individuals or organizations. In addition, the LHIN will meet, at a minimum, on a monthly basis with the Director of the Community Wellbeing Centre at MBQ to offer support and seek guidance on programs affecting the region. Further, the LHIN will work with the FNIM communities in the south east to determine the best approach to establishing a Regional Indigenous Health Committee. Whether this is a separate entity, or ultimately ends up being the governance structure for the south east's Indigenous Primary Care team will be decided in partnership with the Indigenous communities. These new and expanded relationships will provide the LHIN with an avenue to receive leadership and guidance in planning and delivering new services to the FNIM communities in the south east.

[1] FNIM information obtained from the 2016 Census.

Some other work to improve the patient experience more directly includes collaborating with communities to support the development of an Indigenous Interprofessional Primary Care (IIPCT), team through the Ministry's proposed IIPCT program. Not only will an IIPCT in the south east support greater access to care and improve care coordination for FNIM communities, it will foster greater collaboration through the potential development of an Aboriginal Health Access Centre. More immediately, the South East LHIN's Home and Community Care team will begin working more closely with MBQ to support smoother patient transitions back into the community via the Community Wellbeing Centre (CWC), where the LHIN will continue working with Paramedicine partners and within MBQ, to support high-needs patients at home through the Community Paramedicine Program.

Throughout all of this work, the LHIN will remain committed to maintaining and improving relationships with First Nations, Inuit and Métis partners across the south east, which includes supporting continuous, two-way, engagement to better understand the FNIM patient population in the south east.

6.0 Performance Measures

The following performance measures will be used to measure success, of both operational and outcome-focused measures, as it relates to the priorities, initiatives, programs and services noted above in sections one through five.

The LHIN is dedicated to ensuring all patients, clients, providers and residents in the south east receive and/or provide the very best services, support(s) and most appropriate care that is reflective of their needs and responsive to their concerns. More specifically, this also includes stakeholder involvement in designing the process for indicator measurement, reporting and feedback.

The LHIN has established a number of patient advisory groups to ensure that patients and clients concerns are reflected across the performance domains. There is also an effort to work collaboratively with providers, and to develop mechanisms to detect and be responsive to performance gaps. One such instrument is alignment of the indicators against the South East LHIN Quality Framework, not only to associate performance alongside quality standards but also with the accepted provincial quality classifications.

The LHIN will continue adhering to, and monitoring this process, while also remaining flexible and willing to accommodate the various methods in which feedback is received and responded to within a timely fashion, as outlined by the South East LHIN Compliments and Concerns Process.

6.1 Transparency and Public Accountability

The LHIN will collaborate closely with Health Shared Services Ontario (HSSOntario) on technology developments to determine the most effective options for IT service delivery and infrastructure, and continue to work alongside HSSOntario on opportunities for savings to be reinvested in patient care.

The LHIN has developed reporting processes with HSPs for all provincial indicators and local obligations detailed in SAAs. This requires quarterly updates on progress towards health system goals, including performance metrics and/or narratives detailing activities and progress.

Within the South East LHIN, HSP compliance is currently at 91 per cent, and will be continuously monitored for improvement. Stocktake reporting, which include results of multiple indicators, incorporate the Ministry-LHIN Accountability Agreement indicators, and summarize quarterly performance results will continue, along with the LHIN identifying areas of improvement in seven of 14 performance indicators. The LHIN also participates, and/or accesses, Ministry workgroups in support of development and reporting of indicators/targets.

Work continues towards defining and implementing a new Enterprise Wide Risk Management process, which will support the LHIN in effectively managing the operational, strategic and financial risks encountered by the LHIN. A phased approach to implementation has been determined, with Phase One focusing on ensuring appropriate monitoring and responses to operational level risks in each of the Board identified quadrants of performance. These include: performance and monitoring (LHIN delivered and System-wide); service delivery; planning, integration and community engagement; and governance and corporate Management. Monitoring these risks occurs at both a senior leadership and Board level, and existing risk monitoring reports will be utilized at this stage of implementation. The next phase will involve identifying strategic level risks along the same quadrants, and will involve an iterative process at a senior management and Board level, with the target of identification and full implementation over the next fiscal year.

6.2 Improving the Patient Experience

The South East LHIN has established a 15-member Patient and Family Advisory Committee (PFAC), with representation from each of the five sub-regions. The LHIN will engage PFAC for regional planning, sub-region planning, and to inform home and community care service delivery, through an established sub-region integration table with a focus on addressed priorities through a patient-focused lens.

Implementation plans for a number of initiatives will also help improve the overall patient experience for residents in the south east. Through innovative resources like SHIIP, eNotification, Central Intake, AMH Redesign, Care Coordination Processes and Hospital Patient Flow initiatives, the LHIN will be better equipped to improve the health care system both regionally and provincially.

Implementation of 10-year Older Adult Strategy will also help reduce caregiver strain while improving and maintaining overall satisfaction with health care in the community.

6.3 Building Healthy Communities Informed by Population Health Planning

The LHIN is committed to continuous engagement at all levels, including:

- Ongoing engagement of local Medical Officers of Health, inclusion of relevant local Public Health Unit staff at all Sub-Region Integration Tables (SRITs) and of health promotion strategies into local planning;
- Development of SRITs and priorities; circulating expressions of interest to patients and providers;
- Completion of sub-region profiles as a foundation for a population health approach; and
- Actively collaborating with Public Health as it relates to SHIIP, utilization and consolidating reporting assets, chronic disease monitoring and intervention, surge capacity, opioid management, and ensuring various other priorities align.

6.4 Equity, Quality Improvement, Consistency and Outcomes-Based Delivery

The LHIN will continue to work to enhance existing, and develop new, performance and quality measurement frameworks that are consistent and flexible to address regional priorities. Development of a quality framework which includes quality definition, structure, roles, indicators and reporting processes will better position the LHIN to achieve those goals. The LHIN is also committed to promoting and monitoring spread of quality standards within home care and health service provider organizations. Some other highlights to support this include:

- Engaging the Regional Clinical Quality Lead, as well as LHIN Clinical and Sub-Region Clinical Leads, and HQO through Sub-Region Planning Tables;
- Identifying and supporting opportunities for regional collaboration in the implementation of quality standards;

- Improving client complaint reporting, tracking and measurement through collaboration at the pan-LHIN level with an aim of supporting better patient relations and timely response to complaints;
- Continue to participate in the Client and Caregiver Experience Evaluation Survey and utilize results to support improvements in the service patients and their families receive;
- Develop and implement mechanisms for identifying high-risk populations;
- Completion rates for cultural competency training for LHIN staff and service providers;
- Enhance the quality and frequency of engagements with Indigenous leaders and communities; and
- Completion of a bilingual capacity assessment.

6.5 Primary Care

Work will continue with providers to build primary care as the foundation of the health care system, while working to implement sub-region plans. With more than 4,370 care coordination plans created by the LHIN, plans are also underway to develop a model for care coordination for home and community care within primary care. These plans would also include care coordination models with the Primary Care Project, and partial implementation is expected in the coming year.

Some additional areas to note as the LHIN works to improve access to primary care, including family doctors and nurse practitioners, with effective and seamless transitions between primary care and other health and social services, include:

- Facilitating sharing of patient data between primary care and other sectors, including community care and hospital
- Implementing an inter-professional care model and level of access to inter-professional comprehensive care;
- Collaborating with HFO, establish and maintain system for health human resource capacity monitoring;
- Ensuring alignment of Health Links with sub-regional planning, and support Ministry development and alignment of Health Link indicators to sub-regions;
- Confirming funding for Systems Coordinated Access (SCA) to improve access for musculoskeletal (MSK) procedures; and
- Development, expansion and spread of SHIIP to support access to patient data and care coordination among providers.

6.6 Hospitals and Partners

The LHIN will work with partners in the South East Regional Cancer Program and Cancer Care Ontario to support regional implementation of Fecal Immunochemical Testing for GI Endoscopy patients by the end of fiscal 2018-19.

Further to the above, the LHIN will also work towards the development and implementation of the clinical pathways for hip fracture care and COPD, with full implementation of central intake for hip and knee procedures.

Supporting hospitals within the region is also of high importance. Various initiatives aimed at improving patient flow in the Emergency Department, as well as ALC, and the development and implementation of eNotification and eReferral systems between hospital and LHIN home care services are particularly significant.

6.7 Specialist Care

The LHIN will support enhanced connections and communications across networks of providers to drive more effective and appropriate specialist referrals. This also includes working with providers to

improve access to specialty care and further reduce wait times and drive appropriate care utilization, starting with people suffering from MSK pain, and those suffering from mood disorders.

In addition to enhancing regional reporting systems to monitor wait times for multiple procedures, the LHIN will also:

- Implement a regional CIAC for Hips and Knees by September 30, 2018;
- Implement a regional Inter-professional Spine Assessment and Education Clinics (ISAEC) program by March 31, 2019; and
- Adopt/ implement a provincial eReferral solution (System Coordinated Access) by March 31, 2019.

6.8 Long-Term Care

Quarterly monitoring of ED usage by LTCHs, with reference to usage of Nurse Led Outreach Team (NLOT), and other support services in the community as part of a dashboard, will take place. Monitoring of LTCH application refusals based on inadequate staffing as part of a dashboard will also be done on a quarterly basis.

The LHIN will also support LTCHs throughout the process to redevelop their infrastructure to meet quality standards, and maintain capacity within the region – with one third of homes set to have started the redevelopment process by 2018-19.

6.9 Dementia Care

With support from the ministry, the LHIN will implement regional dementia capacity plans to enable persons living with dementia, and their care partners, to live well at home and in their communities for as long as possible. This work will also align and be supported by the South East OAS and includes reviewing the Ministry tool for reporting activity of dementia patients, and conducting profile statuses and service utilization for dementia patients.

6.10 Mental Health and Addictions

Furthering work done to date on the AMH Redesign, the LHIN will continue identifying associated priorities as a key enabler in support of sub-region activities, and improve client experience measured using the Ontario Perception of Care Tool. This work will also support reducing the number of times a client is re-referred, or is required to retell their story, increase the number of physicians able to easily connect their patients to care and also reduce wait times to access psychiatry services. In addition, and in collaboration with agency partners, the LHIN will continue working to reduced ER visits, including 30-day repeat visits, for avoidable AMH conditions.

In support the provincial opioid strategy, the LHIN will also work to connect patients with high quality addictions treatment with the implementation of the South East Opioid Strategy. This will include improving access to high-quality assessment and integrated treatment for individuals with an opioid related addiction.

6.11 Innovation, Health Technologies and Digital Health

In support of the Digital Health Strategy, with Ministry supporting the LHIN in RFP development, and Champion Ontario as a leading jurisdiction to adopt and scale new and innovative health technologies and value-based processes the LHIN is committed to the following:

- Engaging eHealth, Ministry Digital Health Branch, OMD, HSSOntario, OTN, OCHIS on adoption and spread of technologies;
- Numerous engagements with the Ministry on Digital Health Strategy to ensure consistency and alignment with provincial expectations including value-based analysis and procurement directives;
- HIS Evaluation completed and recommendations distributed to regional stakeholders, with a

decision expected in the third quarter;
- Collaborating with OTN to develop a regional virtual care strategy, implementing pan-LHIN recommendations for virtual care, which will also aim to Successfully implement Champlain Base eConsult pilot and spreading to other physicians, reviewing opportunities for online AMH, Oncology Virtual Care, Retinal Screening and Telehomecare for COPD with HSPs for potential implementation and reviewing integration opportunities between SHIIP and OTN assets;
- Implementation of two pilots to allow patients to access data and interact with health care system; and
- Reviewing options for SHIIP integration with consumer health assets.

6.12 Home and Community Care

Performance across the range of home care measures has been good in the South East LHIN. Currently the LHIN is at, or better than targets on all indicators except for PSW service within five days (for complex patients), and is within 10 per cent on this indicator with substantial improvement in the last reported quarter that the LHIN will further build upon to improve. Heading into the coming year, the LHIN will work to measure:

- Percentage of home care clients with complex needs who received their PSW visit within five days of the date that they were authorized for personal support services; and
- Percentage of home care clients who received their nursing visit within five days of the date they were authorized for nursing services.
- Ninetieth (90) Percentile Wait Time from community for home care services: Application from community setting to first home care service (excluding case management); and
- Ninetieth (90) Percentile Wait time from Hospital Discharge to Service Initiation for home and community care.

6.13 Improving services for the Francophone community and Indigenous Peoples

The LHIN is committed to developing and enhancing services for French language speaking patients, as well as the Indigenous community. As such, the LHIN will complete a bilingual capacity assessment for the region and a Francophone health system navigator pilot project in the coming year, while also implanting the FLS designation plan throughout the identified organizations of Kingston.

Much work has been done leading up to 2018-19 to build upon or develop new relationships with the Indigenous community in the south east. Internally with the LHIN, as well as among service providers, completion rates for cultural competency training for LHIN staff and service providers will be monitored, with strong supports in place to further training throughout the system. A complete environmental scan of Indigenous health services will also be conducted in partnership with Mohawks of the Bay of Quinte, and regular engagements will take place with Indigenous peoples for health system and sub-regional planning.

7.0 Risks and Mitigation Plans

The South East LHIN will ensure that integrated risk management is a component of all of its activities. Risk management is a continuous, proactive and systematic process to understand, manage and communicate risk from an organization-wide perspective, and also involves making strategic decisions that contribute to achieving the LHIN's overall corporate objectives.

The LHIN will work to ensure controls and accountabilities are in place to address areas of quality health care service, patient safety and system effectiveness, as it pertains to improved patient outcomes. Below, some risks and barriers, along with appropriate mitigation plans, outlines how the LHIN will monitor and manage ongoing risk management processes.

The following performance measures will be used to measure success, of both operational and outcome-focused measures, as it relates to the priorities, initiatives, programs and services noted above in sections one through five. In addition, primary LHIN performance measures are detailed in the Ministry-LHIN Accountability Agreement, with additional metrics detailed in Quality Improvement Plans and in the evolving dashboards under local and provincial development. Specific operational and outcome-focused measures will be mapped, where applicable, as it relates to the priorities, initiatives, programs and services noted above in sections one through five. General performance expectations are detailed below.

Risk/Barrier	**Mitigation Plan**
Primary Care: In some cases opportunities have not yet been identified to remove potential isolation between evolving primary care models and other health care system partners.	Engage with willing physicians and move ahead with *Patient First* priorities. Additionally, the LHIN will plan future engagement with all physicians when the Ontario Medical Association contract is settled.
Long-Term Care: Possibility of losing LTC beds from the South East LHIN, as small homes redevelop and build larger homes.	Ongoing discussions with operators, while creating awareness of the small home financial challenges in the funding formula.
Dementia Care: The outflow from the Behavioural Support Transition Unit is stalling due to LTCHs inability to take back clients due to challenging behavioural issues.	Continue working with the Dementia Strategy and the Ministry, to determine how clients with extreme challenging behaviour can be served differently and in a potentially different environment than LTC.
Mental Health and Addictions: Possibility of providers deviating away from the AMH Redesign Plan and MOHLTC strategies. Failure to implement will result in suboptimal level of service to clients.	Performance Improvement Interventions; Investigator appointed.
Innovation, Health Technologies and Digital Health: Affordability of major investments, such as HIS, becoming a barrier to realizing value.	Emphasis on “out of the box” funding models, as well as a continued focus on overall value for patient and benefits of regional standardization, that in turn contribute to cost savings.
Home and Community Care: Patient and family understanding/acceptance of the New Levels of Care Framework with respect to amounts of service authorized. The shortage of Health Human Resources could impact the ability to reduce wait times and improve coordination and consistency of home and community care, so that clients and caregivers know what to expect.	Establish new Standards of Care/Service Offers along with new financial forecasting; develop common messaging to assist in communications around what patients and families can expect to receive. Work closely with providers to implement strategies to ensure that those patients most at risk are the priority to receive service in a timely manner.

Indigenous Peoples: Reluctance of some HSPs to engage, due to a lack of knowledge about communities or practices.	Develop Indigenous Engagement Guidelines to support HSPs and LHIN staff in developing and maintaining relationships with Indigenous communities.
Lack of Indigenous inclusion in planning and priority setting tables.	Calling for Expressions of Interest to Indigenous community members to encourage joining sub-regional planning tables to increase awareness of needs specific to those communities.

8.0 LHIN Operations and Staffing Tables

Table A: LHIN Spending Plan

	2017/18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
Allocation: Home Care/LHIN Delivered Services[1]				
Salaries (Worked hours + Benefit hours cost)	22,234,485	23,449,436	23,449,436	23,449,436
Benefit Contributions	6,033,806	6,042,640	6,042,640	6,042,640
Med/Surgical Supplies & Drugs	6,400,000	6,650,000	6,650,000	6,650,000
Supplies & Sundry Expenses	887,015	890,000	890,000	890,000
Equipment Expenses	1,448,500	1,500,000	1,500,000	1,500,000
Amortization on Major Equip, Software License & Fees	-	-	-	-
Contracted Out Expense	87,275,000	86,760,476	86,760,476	86,760,476
Buildings & Grounds Expenses	-	-	-	-
Building Amortization	-	-	-	-
TOTAL: Home Care/LHIN Delivered Services	**124,278,806**	**125,292,552**	**125,292,552**	**125,292,552**
Allocation: Aggregated Operation of the LHIN[2]				
Salaries (Worked hours + Benefit hours cost)	3,357,584	2,839,843	2,839,843	2,839,843
Benefit Contributions	598,006	725,065	725,065	725,065
Med/Surgical Supplies & Drugs	-	-	-	-
Supplies & Sundry Expenses	491,900	378,161	378,161	378,161
Equipment Expenses	-	-	-	-
Amortization on Major Equip, Software License & Fees	-	-	-	-
Contracted Out Expense	-	-	-	-
Buildings & Grounds Expenses	-	-	-	-
Building Amortization	-	-	-	-
Sub-total: LHIN Operations	**$3,141,490**	**$3,147,069**	**$3,147,069**	**$3,147,069**
Sub-total: LHIN Operations Initiatives	**$796,000**	**$796,000**	**$796,000**	**$796,000**
Sub-total: LHIN Operations Digital Health	**$510,000**	**TBD**	**TBD**	**TBD**
TOTAL: Aggregated Operation of the LHIN[2]	**$4,447,490**	**$3,943,069**	**$3,943,069**	**$3,943,069**
Allocation: Integrated LHIN Administration/ Governance[3]				
Salaries (Worked hours + Benefit hours cost)	5,157,930	4,815,556	4,815,556	4,815,556
Benefit Contributions	1,188,188	1,315,917	1,315,917	1,315,917
Med/Surgical Supplies & Drugs	-	-	-	-
Supplies & Sundry Expenses	1,076,460	1,142,282	1,142,282	1,142,282
Equipment Expenses	476,200	609,700	609,700	609,700
Amortization on Major Equip, Software License & Fees	-	-	-	-
Contracted Out Expense	-	-	-	-
Buildings & Grounds Expenses	1,536,064	1,607,026	1,607,026	1,607,026
Building Amortization	-	-	-	-
TOTAL: Integrated LHIN Administration/ Governance	**$9,434,842**	**$9,490,481**	**$9,490,481**	**$9,490,481**
TOTAL: LHIN SPENDING PLAN	**$138,161,138**	**$138,726,102**	**$138,726,102**	**$138,726,102**

Budget is based on 2017-18 service levels

Notes:

1. Home Care/LHIN Delivered Services envelope includes direct services as defined in Schedule 7, Table 1 of the 2015-18 Ministry LHIN Accountability Agreement.
2. Aggregated Operation of the LHIN includes:

i. LHIN Operations: LHINs' mandated system operations/activities related to planning, funding and integrating.
ii. LHIN Operations Initiatives: Activities that are one-time and/or require separate reporting as per ministry funding letters. (E.g. French Language Services and Aboriginal Engagement).
iii. LHIN Operations Digital Health: The coordinated and integrated use of electronic systems, information and communication technologies to facilitate the collection, exchange and management of personal health information in order to improve the quality, access, productivity and sustainability of the healthcare system.

3. Integrated LHIN Administration/Governance envelope includes indirect costs such as administration and overhead expenses of the combined organization.

Table B: LHIN Staffing Plan (Full-Time Equivalents or FTE[1])

	2017/18 Actuals as of February 28/2018	2018/19 Forecast	2019/20 Forecast	2020/21 Forecast
Home Care/LHIN Delivered Services[2]				
Management and Operational Support (MOS) FTE	107.5	114.0	114.0	114.0
Unit Producing Personnel (UPP) FTE	181.2	184.1	184.1	184.1
Nurse Practitioner (NP) FTE	8.6	9.4	9.4	9.4
Physician FTE				
Total Home Care/LHIN Delivered Services FTE	**297.3**	**307.5**	**307.5**	**307.5**
LHIN Operations[3]				
MOS FTE	6.2	5.3	5.3	5.3
UPP FTE	20.4	18.5	18.5	18.5
NP FTE				
Physician FTE				
Total LHIN Operations FTE	**26.6**	**23.8**	**23.8**	**23.8**
LHIN Operations Initiatives[4]				
MOS FTE	0.3	0.5	0.5	0.5
UPP FTE	1.6	2.4	2.4	2.4
NP FTE				
Physician FTE				
Total LHIN Operations Initiatives FTE	**1.9**	**2.9**	**2.9**	**2.9**
LHIN Operations Digital Health[5]				
MOS FTE	2.5	2.5	2.5	2.5
UPP FTE	1.0	0.9	0.9	0.9
NP FTE				
Physician FTE				
Total LHIN Operations Digital Health FTE	**3.5**	**3.4**	**3.4**	**3.4**
Integrated LHIN Administration/ Governance[6]				
MOS FTE	27.9	27.7	27.7	27.7
UPP FTE	28.9	25.5	25.5	25.5
NP FTE				
Physician FTE				
Total FTE	**56.8**	**53.2**	**53.2**	**53.2**
TOTAL FTE SUMMARY	**386.1**	**390.8**	**390.8**	**390.8**

Notes:
1. One Full Time Equivalent equals 1950 hours per year. One FTE may be comprised of multiple staff.
2. Home Care/LHIN Delivered Services envelope includes direct services as defined in Schedule 7, Table 1 of the 2015-18 Ministry LHIN Accountability Agreement.

3. LHIN Operations includes LHINs' mandated system operations/activities related to planning, funding and integrating.
4. LHIN Operations includes activities that are one-time and/or require separate reporting as per ministry funding letters. (E.g. French Language Services and Indigenous Engagement).
5. LHIN Operations Digital Health includes the coordinated and integrated use of electronic systems, information and communication technologies to facilitate the collection, exchange and management of personal health information in order to improve the quality, access, productivity and sustainability of the healthcare system.
6. Integrated LHIN Administration/Governance envelope includes indirect costs such as administration and overhead expenses of the combined organization.

9.0 Integrated Communications Strategy

This strategic communications and engagement plan will inform LHIN communications activities that will continue to build awareness and reinforce the purpose/goals/objectives of both the LHIN organization and the LHIN in working collaboratively to achieve health system transformation while delivering quality patient-centred health care to the region.

This also means working in partnership with the Ministry of Health and Long-Term Care (MOHLTC) and the other 13 LHINs to build awareness and participation on a coordinated provincial level that will support understanding across shared audiences.

9.1 Audiences, Primary

- Patients and caregivers
- General Public
- Media
- Health Service Providers
- Service Provider Organizations
- Elected Officials
- Francophone and Indigenous people and communities
- Ministry of Health and Long-Term Care
- HSSOntario
- Unions (CUPE, ONA)
- South East LHIN Board
- South East LHIN Staff
- South East LHIN Patient and Family Advisory Committee (PFAC)

9.2 Audiences, Secondary

- Partner Organizations and Stakeholders
- Physicians, allied health care workers
- Non LHIN-funded health care partners
- Other LHINs
- Universities and College

9.3 Key Considerations

- Communications must adhere to the policies of the Ministry of Health and Long-Term Care via the Communications Appendix of the MOHLTC-LHIN Memorandum of Understanding.
- Community engagement is integral to our work and ensures that the voice of patients, caregivers, providers and the public is the foundation of our communications planning and delivery.
- Communications must be respectful of Canada's two official languages.
- Communications must adhere to the South East LHIN Style Guide and Pan-LHIN Visual Identity Guidelines.
- Communications materials should align with AODA practices.
- The LHIN must tailor its communications to a distinct mix of urban and rural populations and to demographically diverse audiences.
- The LHIN serves distinct media markets. Wherever possible, communications should be localized to highlight issues of greatest interest and impact within those markets.
- Communication planning and delivery must reflect best practices for the health sector.
- The roles of health service providers in communicating the LHIN's ongoing efforts to improve

local health care must be strengthened (as outlined in their accountability agreements).

- Standardized communications with the other LHINs and from MOHLTC will continue to provide consistent messaging but often times the messages need to be adapted to reflect local situations.
- Internal communications and engagement must be reflective of the Corporate Culture Roadmap and Initiatives.
- Internal communications planning and delivery will involve collaboration between the Communications Team and the Human Resource Team when the subject matter involves the workforce.

9.4 Messaging Platform

Our messaging platform must communicate our vision, mission and directions, in language that is easy to understand and remember.

Better System, Better Care

All communications should be crafted to ensure that the Better System, Better Care message is integrally included and promoted. This applies to all messaging at all levels, internal and external, throughout the South East LHIN organization.

9.5 Communications Objectives

- Support our staff to ensure all South East LHIN employees are informed about project issues, developments and successes.
- To coordinate communications that focus on Patient-Centred Care; supporting our patients and caregivers as they navigate the system of care
- To disseminate a shared vision of the South East LHIN related to the priorities of the Board Strategic Directions, the Minister's Mandate Letter and our Integrated Health Services Plan (IHSP) 2016-19.
- To be more vocal about our accomplishments and successes in the South East LHIN as they relate to improved patient care, better access, reduced wait times, integration and collaboration, accountability and the spread of innovative technologies.
- Integrating the voice of the patient and caregiver into our communications whenever possible – using their stories and experiences to inspire action and keep our system grounded in our vision for what is possible.
- To coordinate corporate communications and community engagement activities, particularly related to the LHIN's Vision, Mission and Directions and stakeholder consultation to prepare for IHSP 2019-2021.

9.6 Key Messages

Provincial

- Ontario is increasing access to care, reducing wait times and improving the patient experience through its Patients First: Action Plan for Health Care - protecting health care today and into the future.
- 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 by improving the health care experience: increasing access, connecting services, informing patients and protecting our health care system.
- By putting patients first in everything we do, we will provide faster access to the care patients need today and make the necessary investments to ensure our health system will be there for

patients for generations to come.

- Changes underway supported by the *Patients First Act, 2016* have expanded the LHIN mandate and will give LHINs the tools, oversight and accountability they need to better integrate local health care services and coordinate care across the care continuum in a way that better serves patients.
    - In May and June 2017, home care services and staff transferred from CCACs to LHINs. This was a structural system change that will help patients and their families get better access to a more local and integrated health care system. The process happened in carefully planned stages and was seamless for patients and home care clients. There was no disruption to care and providers remained the same.
- Once fully implemented, these changes will make local health care more responsive to local needs:
    - Patients will benefit from improved access to primary care, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner.
    - Primary care providers, inter-professional health care teams, hospitals, public health units and home and community care providers will be better able to communicate and share information, to ensure a smoother patient experience and transitions.
    - Administration of the health care system will be streamlined and reduced, with savings put back into improving patient care.
    - With Patient and Family Advisory Committees in every LHIN, the voices of patients and families in their own health care planning will be strengthened.
    - There will be an increased focus on cultural sensitivity and the delivery of health care services to Indigenous peoples and French speaking people in Ontario.

South East

- The South East LHIN is committed to building a more seamless and coordinated approach to patient care, by:
    - Improving access to comprehensive primary care that enables seamless transitions between primary care and other health and social services;
    - Establishing relations with public health and community partners so that people with complex illness or at high-risk, have better access to care and improved health outcomes;
    - Improved access to comprehensive primary care that enables seamless transitions between primary care and other health and social services;
    - Reducing wait times for specialty and community services specialist care, mental health and addictions, home and community care and acute care;
    - Building an integrated and collaborative health system that keeps people healthy and well in their own homes and communities longer through systems of integrated care across the region within sub-regions;
    - Implementing innovative technologies, like the South East Health Integrated Information Portal, to enable better coordinated care close to home;
    - Demonstrating accountability to funders and to the community we serve that includes transparent decision-making; and
    - Adopting innovations in patient care to create an efficient health care continuum that provides better outcomes.
- The South East LHIN is committed to improving access to key procedures including; hip and knee, MRI and CT scans by working with our partners to implement a centralized intake and assessment centre.
- By implementing our three strategic priorities – Achieving better patient outcomes through more equitable access to quality care, improving the health care experience through an integrated and patient-centred continuum of care and working with our partners towards the achievement of an accountable, high performing health care system – the South East LHIN is changing and strengthening the system to improve the health care experience and put our patients first.

9.7 Overarching Strategic Areas of Focus

1. South East LHIN Strategic Directions
2. IHSP 2016-19
3. IHSP 2019-2021
4. Stakeholder relationships (including sub-region planning)

Strategic Directions

Goals	Communication Objectives	Key Messages
• Improve the quality and the patient experience of care. • Promote health equity and recognize the impact of social determinants of health. • Create healthy communities by improving and reducing wait times • Break down silos. • Make effective and efficient use of the resources and capacity within the system. • Support innovation for new models of care and digital solutions.	• Reportable progress to the South East LHIN region on how we are working to achieve these goals – this could also be done by individual LHIN sub-region. • It is understood by stakeholders across our region that the patient must be at the centre of our planning efforts and of the health system. • Providers must begin and continue to work together to support these goals. • Formalized communications helps to enable the ultimate goal of creating and promoting cultures of quality with improved patient and family experiences and outcomes. • Supporting patient and caregiver needs related to accessing care and system navigation	• We are working with partners across the region to achieve our vision of *'Better System, Better Care'.* • Sub-regions of the South East LHIN will support more localized planning for the communities and patients we serve. • The South East LHIN is supporting and developing digital solutions across our region and beyond to meet the needs of our patients. • The South East LHIN will create and promote a culture of quality that will improve the patient experience of care. • The South East LHIN is committed to ensuring our patients receive timely access to the care they need and are supported through their care journey

IHSP 2016-2019 and 2019-2021

Goals	Communication Objectives	Key Messages
• The IHSP 2016-19 and IHSP 2019-2021 is/ will be recognized as the overarching directional plan for all South East LHIN funded service providers. • The ability to achieve our mission is enhanced through positive public perception.	• The South East LHIN's IHSPs act as a resource in supporting the development and implementation of LHIN priorities as identified in the Plan, and achieved through reportable progress on how these initiatives are supporting our Vision and Mission. • The voice of our patients and providers, as well as Indigenous and Francophone communities in the region, are integral to the development of our priorities and our IHSPs – this is their plan, built from their experiences and understanding their needs.	• The South East LHIN actively engages with our population and providers in the development of our IHSPs which help guide the LHIN's health care priorities • The LHIN's IHSPs reflect the current and future demographic, geographic and fiscal challenges. • The strategies and improvements identified in our IHSPs build upon the preceding Plan and reflect ongoing engagement with our providers and the public. • Each LHIN's IHSP outlines the scope of work they will undertake to improve the health outcomes of the people and patients within their local geographies, including Francophone and Indigenous populations.

9.8 Stakeholder Relationships *(including sub-region planning)*

Goals	Communication Objectives	Key Messages
• Strengthened relationships with key stakeholders within our sub-region planning areas will be achieved. • Community engagement will act as opportunities for idea sharing and knowledge exchange.	• Continuing to build and foster relationships with MPPs, the Réseau, Indigenous communities and other non-LHIN funded providers and others will continue to support two-way communication. • Through improved communication and collaboration we can continue to break down silos and improve the performance of our health care system and the patient experience overall.	• The South East LHIN makes every effort to consult and work in partnership with our funded HSPs. • Change is most effective when it is approached and supported by a team. • Designing and delivering quality patient-centred health care is at the heart of our strategy for change. • Community engagement and the voices of our population are the foundation for our plans for an improved health care system. • The South East LHIN is committed to making health care in our region more integrated and responsive to local needs.

9.9 Tactics

Internal

- LHIN*focus* Newsletter – rebranded and adjusted post-transition. Newsletter will be accompanied by a calendar, each team will be required to provide an update of projects and successes during their calendar month – these updates can be written by VPs or team members to provide an introduction to various roles across the South East LHIN.
- 'Ask the CEO' – Q&A to be included in the above newsletter, allows an opportunity for staff to pose questions to the CEO and receive answers in a timely fashion.
- Multimedia/Video updates – these can include 'overview of the LHIN' and 'Introduction to Sub-Regions' for example, will allow staff to hear from the CEO's office and other VPs on a regular basis.
- Townhall – Utilizing video conference to discuss new MOH priorities, new and emerging trends in care, sub-regions and the LHIN mandate.
- Executive Summaries – posted on respective SharePoint sites and included as a round-up in the monthly newsletter.
- Revise templates and boilerplate with updated LHIN messaging (including: news releases, PowerPoint decks, email tags, etc.) to emphasize use of themes and language that appropriately reinforce the core 'Better' brand message.
- Work with HROD team in developing messaging for our workforce

External

- Newsletters including South East LHIN external newsletter LHIN*Sight* launching end of 2017. Providing regular updates to the public and providers.
    - SHIIP Newsletter
    - Sub-region Newsletter
- Patient and Caregiver materials, including brochures and booklets.
- Social Media:
    - Introduction of 'Twitter Takeover', utilizing knowledge experts to answer questions over a one-day period. *Example: Join Laurie French next Wednesday as she answers your questions about Long-Term Care in the South East LHIN*
    - South East LHIN LinkedIn account, used to promote job postings
    - Facebook, used to promote specific events and job postings
- Story-Branding – Highlight individuals (perhaps within each sub-region) to do a video story that segments their care journey across the continuum. Story-branding uses experience and emotion to attach the public to their brand and the brand values.
- LHIN 101 Engagement/Education Sessions – work with various community groups across the sub-regions to identify opportunities to provide education sessions on the new role of the LHIN and the alignment with the *Patients First* action plan – opportunity to consult public on their priorities.
- Stakeholder Meetings - LHIN Communications staff to attend key stakeholder group meetings to become acquainted with key individuals and identify opportunities to align communications or provide communications support.
- Speeches, Presentations – Creating awareness around who we are and what we do. Tell stories of how real people are having better care because of system transformation. Presentation areas of focus could include:
    - Public information sessions on long-term care – jointly between Home & Community Care and Communications
    - Information about new and emerging trends of care – could include self-directed care models

- Review and update website to bring language and content in line with core vision, Better System, Better Care.

9.10 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 may take place in concert with the South East LHIN HROD team and in alignment with provincial and local workforce strategies. 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. Regular correspondence with the public and patients, including but not limited to the Client and Caregiver Experience Evaluation (CCEE)
- **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.

10.0 Community Engagement

In accordance with Community Engagement Guidelines (Revised June 2016) and in keeping with the expectations of the Local Health System Integration Act (LHSIA 2006), all LHINs undertake engagement to ensure the voices of the people served are reflected in decision-making. A variety of best practice strategies, appropriate to the desired objectives and identified level of engagement, will be employed. The objectives of community engagement will be identified in advance for priority initiatives and will vary across the following engagement continuum.

Inform and Educate: To provide accurate, timely, relevant and easy to understand information to the community. This level of engagement will provide information about the LHIN, and offers opportunities for community members to understand the problems, alternatives and/or solutions.

Gather Input: To obtain feedback on analysis and proposed changes. This level of engagement provides opportunities for community to voice their opinions, express their concerns, and identify modifications. There may be potential to influence the final outcome.

Consult: To seek out and receive the views of community stakeholders on policies, programs or services that affect them directly or in which they may have a significant interest. This level provides opportunities for dialogue between community and the LHIN. Consultation may result in changes to the final outcome.

Involve: To work directly with stakeholders to ensure that their issues and concerns are consistently understood and considered, and to enable residents and communities to raise their own issues. In this level, community stakeholders may provide direct advice as this is a two-way communication process.

This level will influence the final outcome and encourage participants to take responsibility for solutions.

Collaborate: To work with and enable stakeholders to work through options/solutions to find common ground or agreement.

Empower: Delegated stakeholder decision making where final decision making authority, leading to action is assigned to a committee (ad hoc, standing) or other organized body (project-related work group or task).

10.1 Engagement of Indigenous Peoples

In addition to other engagements, the South East LHIN consults with the Indigenous communities on key issues and challenges faced by indigenous people in the region. The South East LHIN also works to ensure there is Indigenous representation during consultation with the public and health system partners as it relates to major projects. For instance, the South East LHIN has representation on our Patient and Family Advisory Committee and will work to ensure that when issues pertinent to the FNIM community are flagged, that broader, Indigenous specific engagement streams, are implemented to enable appropriate consultation with effected communities on the matter. Additionally, the LHIN has previously consulted on major projects like our Addictions and Mental Health Redesign where engagement was conducted primarily on Tyendinaga Mohawk Territory with representation from Mohawk, Anishinabek and Métis communities.

10.2 Engagement of the South East LHIN Francophone Community

The South East LHIN works closely with the Réseau in designing engagements to ensure the voices of Francophones are present and captured to support LHIN's planning activities. The South East LHIN, Champlain LHIN and the Réseau have a joint three-year strategy on French Language Services aimed at enhancing active offer and access to services in French, improving the quality of data on Francophones, and on the knowledge of the bilingual health capacity available in the region. The strategy also looks at improving the patient experience, increasing and reducing inequities, and strengthening the sustainability of French Language Services.

In addition, the LHIN will focus on improving healthcare navigation for the Francophone population.