South West Local Health Integration Network

Annual Business Plan
2009/2010

Ontario
Local Health Integration Network

Table of Contents:

Transmittal Letter from LHIN Board Chair

June 24, 2009

To: The Honourable David Caplan, Minister of Health and Long-Term Care
Ken Deane, Assistant Deputy Minister, Health System Accountability and Performance Division

cc: Leela Prasaud, Director (A)
LHIN Liaison Branch

Subject: **South West Local Health Integration Network - Annual Business Plan**

Purpose of Annual Business Plan

In keeping with the South West LHIN's obligations under the *Local Health System Integration Act* (LHSIA) 2006, the Memorandum of Understanding (MOU) between the Ministry of Health and Long-Term Care (MOHTLC) and the LHIN, and the Ministry-LHIN Accountability Agreement (MLAA), I am pleased to submit the South West LHIN's 2009/10 Annual Service Plan, Annual Business Plan Component.

Building on our past achievements, the Annual Business Plan provides an overview of the South West LHIN's business plans for the next three years. It demonstrates our LHIN's intention to lead system change through close partnership and collaboration with our Health Service Providers (HSPs). The document includes implementation plans for the priorities identified within the South West LHIN's Integrated Health Service Plan (IHSP), as well as an overview of the activities to support key provincial activities, and a management plan to identify and address the risks which our local health system may face in the future.

Operational Budget

Please note that the Board has approved an operational budget which is balanced for all out-years, even though costs continue to escalate and our funding allocation remains unchanged in each of these years. I trust that the submission of a balanced budget signals our Board's intention to remain fiscally responsible during these uncertain economic times. However, fiscal responsibility does come with risk in terms of our ability to achieve the system change which is desired by both our Board and the Minister of Health and Long-Term Care.

In this context of rising costs and addition of just one new staff position, reductions will be required in certain budget lines to achieve a balanced budget. In the first two years, these reductions would impact consultant costs and staff travel. In the third year, reductions in our staffing levels will be required in order to achieve a balanced position.

As stated previously, all of these reductions will limit our ability to achieve the system change which we are trying to achieve. For example, significant reductions in staff travel will limit our ability to actively engage our providers across a geography that takes 6 hours to drive from

end to end. Reductions in consultant costs will limit our ability to tap into expertise which we may not have within our own limited staff complement. And finally, a reduction in staff in 2011/12 will create fundamental challenges in maintaining existing responsibilities and deliverables.

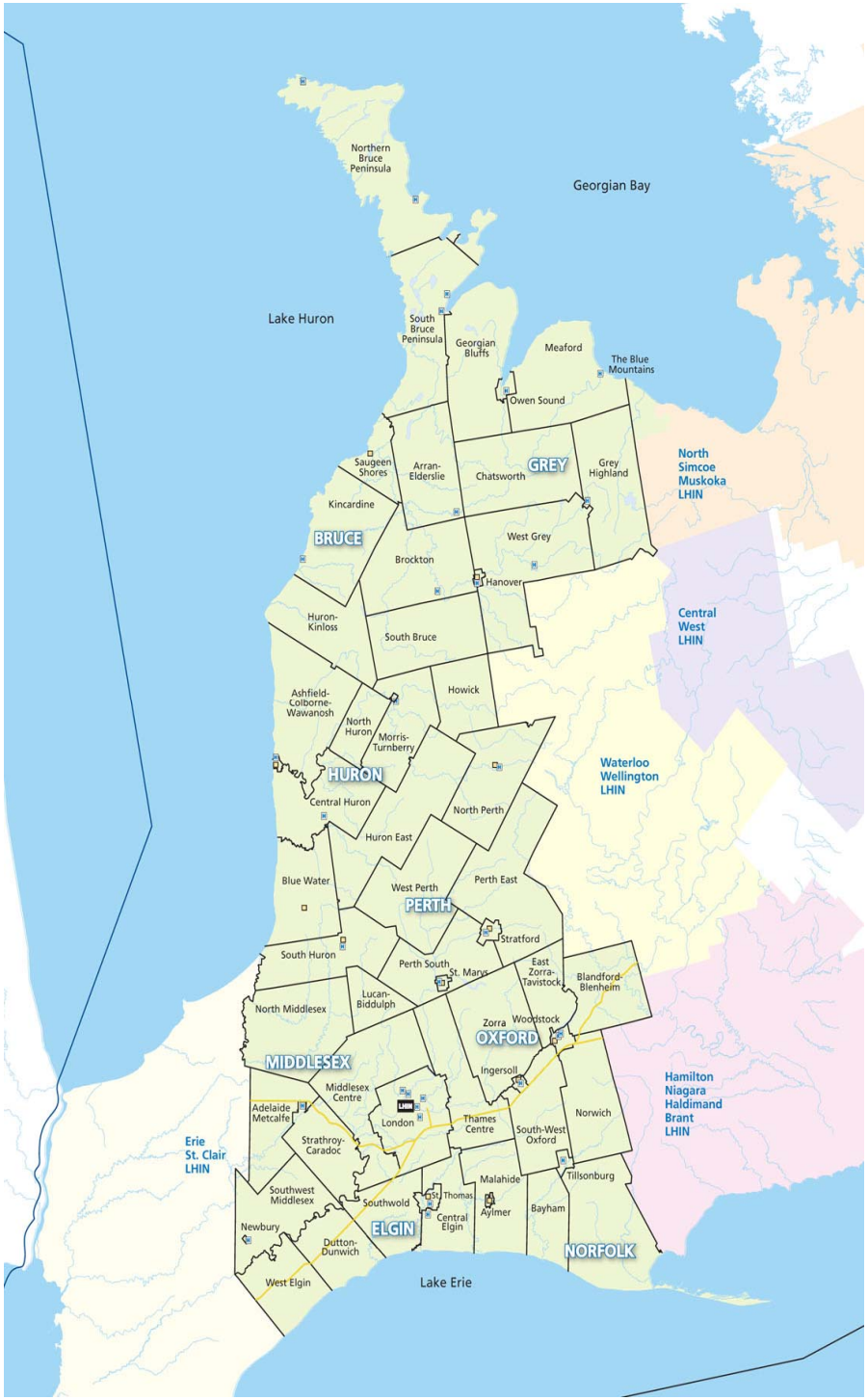
Our Board remains optimistic that the recommendations contained in the Effectiveness Review will provide opportunities for creating a more effective relationship between the Ministry and LHINs. The Board believes that a more effective relationship will streamline our workstreams and create additional opportunities for HSP engagement.

In partnership with the Ministry and our HSPs within the South West LHIN, we look forward to continuing to facilitate system change that will improve the health of the people of the South West LHIN and the Province of Ontario.

Sincerely,

Norm Gamble, Chair
Board of Directors

c: Michael Barrett, South West LHIN CEO
South West LHIN Board of Directors



Executive Summary

Local Health Integration Networks (LHINs) are a fundamental component of the government's plan to build a stronger health care system in Ontario. Passed in March 2006, the *Local Health System Integration Act* (LHSIA) is intended to enable a health care system that keeps people healthy, cares for them when they are sick and will be there for their children and grandchildren.

The South West LHIN is a crown agency responsible for planning, integrating and funding more than 150 Health Service Providers (HSPs), including hospitals, long-term care homes, mental health and addictions agencies, community support services, Community Health Centres (CHCs), and the South West Community Care Access Centre (CCAC). The South West LHIN is responsible for engaging health care providers, consumers, volunteers and the public in the work that is required to build a stronger health care system for our community. By bringing together health agencies and organizations in our area, the South West LHIN will help to ensure a seamless continuum of high quality care for health care consumers and their families.

The Annual Service Plan (ASP) aligns with the LHIN and the Ministry of Health and Long-Term Care (MOHLTC) accountability obligations throughout the fiscal cycle and along the planning continuum. The ASP provides an overview of the LHINs plans for 2009/10 to 2010/12 and identifies realistic and reasonable multi-year funding requirements, with a specific focus on the 2009/10 fiscal year.

The South West LHIN covers an area from Lake Erie to the Bruce Peninsula and is home to nearly one million people. Current health care service capacity indicates that hospitals in South West LHIN are experiencing increasing acute care pressures with an increased percentage of Alternate Level of Care (ALC) patient days, back up in the ER and congestion and constrained flow on the inpatient units. The current resources of the supportive housing sector are being fully utilized and there is a resultant wait list. The continued growth in population and increase in the elderly population in the South West LHIN are causing strains on the system. Expanding community capacity is critical to achieving both the LHIN's and the government's agenda in improving health and allowing seniors to age at home with dignity.

Priority Action Teams (PATs) were developed and these Teams provided high level strategic directions for each of the priorities for change identified in the South West LHIN's Integrated Health Service Plan (IHSP). More than 40 projects, programs, and new initiatives are in development for implementation in 2009/10 to move the South West LHIN closer to the future state identified by the PATs and to advance system level goals for priority populations and initiatives. Key projects related to reducing *wait times with a focus on emergency room access* include increasing capacity through the establishment of an emergency/critical care strategy, transitional care beds in hospital, interim long-term care home beds, interim retirement home beds, Geriatric Emergency Management (GEM) nurses, Rapid Emergency Assessment for Community Transition (React), Nurse Led Long-Term Care Home Outreach program, expansion of the FLO collaborative, and a Balance of Care analysis. Key projects related to *improving access to quality family health care* include the implementation of the provincial Diabetes Strategy, the Partnerships for Health project, the establishment of three new community health centres, and the establishment of a central repository of health care information that can be accessed through a website or by calling a designated phone number.

The Ministry-LHIN Accountability Agreement (MLAA) sets out the obligations of the MOHLTC and the South West LHIN in fulfilling its mandate to plan, manage, and fund local health care services. Strengthened accountability and performance management are key components to a changing health care system, thus a focus on key accountabilities and performance improvement opportunities will guide system partners in aligning local health care needs to health system goals. The South West LHIN continues to meet is obligations under the agreement and meet performance deliverables set out in the M-LAA.

1.0 Introduction

The South West LHIN is a crown agency responsible for planning, integrating and funding more than 150 HSPs, including hospitals, long-term care homes, mental health and addiction agencies, community support services, CHCs, and the South West CCAC. The LHIN covers an area from Lake Erie to the Bruce Peninsula and is home to nearly one million people.

LHIN are a fundamental component of the government's plan to build a stronger health care system in Ontario. Passed in March 2006, the LHSIA is intended to create a health care system that keeps people healthy, cares for them when they are sick and will be there for their children and grandchildren. LHINs work with local partners in determining the health care priorities and services required in their local communities, reflecting the reality that a community's health needs and priorities are best understood by those familiar with the community.

The South West LHIN is responsible for engaging health care providers, consumers, volunteers and the public in the work that is required to build a stronger health care system for our community. By bringing together health agencies and organizations in our area, the South West LHIN will help to ensure a seamless continuum of high quality care for health care consumers and their families.

1.1 South West LHIN Vision, Mission, Values

The Board of Directors has developed the following Vision, Mission and Values for the South West LHIN:

Our Vision

The South West LHIN shares the government's overall direction for health care:
"A health care system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren."

Our Mission

The South West LHIN brings people and organizations together to build a health care system that balances quality, access and sustainability.

Our Values

Compassion – *We appreciate all our actions have real implications for people and communities.*

Courage – *We will make difficult decisions and challenge the status quo when required.*

Evidence Informed – *Our decisions will be guided by the best available information.*

Innovation – *We will encourage and support new thinking and the sharing of new knowledge.*

Integrity – *We will act in a fair, consistent and unbiased manner.*

Trust and Respect – *We believe in mutual trust and respect.*

1.2 Ministry Priorities

The MOHLTC has recently identified the following priorities for Ontario's health system:

Reducing Wait Times with a focus on Emergency Room Access

- ER Strategy
- Aging at Home
- Diabetes/Chronic Disease Prevention and Management
- Mental Health and Addictions
- High Growth Hospital Funding

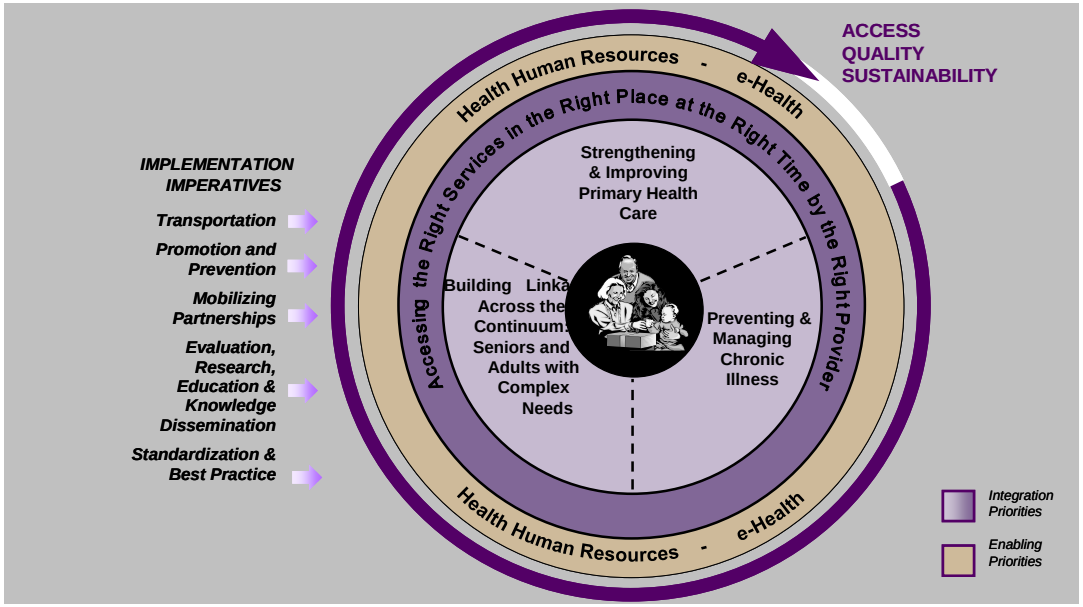
Improving Access to Quality Family Health Care

- 9000 Nurses
- 50 Family Health Teams
- 24 Nurse Practitioner-led Clinics
- Integrated Cancer Screening
- Unattached Patient Program

1.3 Alignment with Ministry Strategic Directions: South West LHIN Priority Populations and System Level Goals

The ASP aligns with the LHIN and the MOHLTC accountability obligations throughout the fiscal cycle and along the planning continuum. It outlines the performance, opportunities and risks associated with implementation of the South West LHIN IHSP priorities and the MLAA goals. The IHSP is a multi-year plan that details the goals and action plans for priority populations and initiatives that are necessary to achieve health care system change in the South West LHIN. The priority populations and initiatives for the South West LHIN include:

- Strengthening and Improving Primary Health Care
- Preventing and Managing Chronic Illness
- Building Linkages Across the Continuum: Seniors and Adults with Complex Needs
- Accessing Right Service, Right Place, Right Time, Right Provider
- Health Human Resources to ensure the right mix of health care providers with the right skills in the South West
- e-Health to realize the full potential of electronic exchange of information among providers and consumers



The ASP provides an overview of the LHINs plan for 2009/10 and identifies realistic and reasonable multi-year funding requirements, with a specific focus on the 2009/10 fiscal year. Through a "Strategic Alignment Map" the South West LHIN has mapped out how recently funded projects, programs and new initiatives advance system level goals for priority populations and initiatives. The system level goals of the South West LHIN align to the MLAA performance goals. They are:

- Healthier South West LHIN Community
- Equitable Access to Services
- Quality of Care and Services
- Sustainability of the South West Local Health System
- Integration of the Health Care Delivery

There is strong alignment between the Ministry's recently announced priorities and the implementation of the South West LHINs priority population projects and initiatives. Key projects related to *reducing wait times with a focus on emergency room access* include increasing capacity through the establishment of an emergency/critical care strategy, transitional care beds in hospital, interim long-term care home beds, interim retirement home beds, Geriatric Emergency Management (GEM) nurses, Rapid Emergency Assessment for Community Transition (React), Nurse Led Long-Term Care Home Outreach program, expansion of the FLO Collaborative, and a Balance of Care analysis. Key projects related to *improving access to quality family health care* include the implementation of the provincial Diabetes Strategy, the Partnerships for Health project, the establishment of three new community health centres, and the establishment of a central repository of health care information that can be accessed through a website or by calling a designated phone number.

South West LHIN Strategic Alignment Map

A health care system that helps keep people healthy, gets them good care when they are sick, and will be there for our children and grandchildren

Our Mission
The South West LHIN brings people and organizations together to build a health care system that balances access, quality and sustainability

Our Values
Compassion ~ Courage ~ Evidence-informed ~ Innovation ~ Integrity ~ Trust and Respect

A Healthier Tomorrow

System level goals	Healthier South West LHIN community			Equitable access to services			Quality of care and service			Sustainability of the South West local health system			Integration of health care delivery		
	Accountability for own well being and self management, holistic approach, access to primary health care			Faster, Easier, Equitable and Appropriate Access			Person centred, evidence based, holistic			Continuous improvement, informed resource allocation, efficient and effective care and service delivery			Shared access to information, coordination of range of services		
Strategic improvements	Better tools, information resources to support provider and self management practices	Promote healthy living	Prevent illness and injury	Improved system navigation	Respond to diverse needs of community	Expand community capacity	Person centred approach	Strengthen community	Ensure evidence based results	Improved measures and ways to measure	Ensure quality & capacity in Service Delivery through continuous improvement	Pursue smarter resource allocation	Standardized and centralized approach to process quality and content of programs	Shared electronic resources & records access by consumers and providers	Right service, right place, right time, right provider
Prority populations and initiatives	Strengthening and Improving Primary Health Care • Primary Health Care • Primary Health Care – Mental Health and Addictions Preventing and Managing Chronic Disease Prevention and Management • Chronic Disease Prevention and Management (CDPM) • CDPM – Diabetes Building Linkages Across the Continuum: All Seniors and Adults with Complex Needs • Continuum of Care • Rehabilitation • Long-term Care Accessing the Right Service in the Right Place at the Right Time by the Right Provider • Children & Youth • Hips & Knees e-Health Health Human Resources														
South West LHIN MLAA Performance Objectives	**Performance Objective:** To promote healthier living and enable self care through improved access to information, tools and supports. **Expected Outcome:** People will be healthier and are more engaged in staying healthy			**Performance Objective:** To improve access to appropriate levels of health care services for the local health system. **Expected Outcome:** Patients/clients in the local health system will experience shorter waiting times for access to the health care services.			**Performance Objective:** To improve the quality of care and service provision for the local health system. **Expected Outcome:** Users of health care services will receive safer and more effective service.			**Performance Objective:** To contribute to the sustainability of the Ontario health care system. **Expected Outcome:** More health care services in the local health system will be delivered in a more efficient and productive manner.			**Performance Objective:** To improve coordination and integration of health care among HSPs in the local health system. **Expected Outcome:** More patients/clients in the local health system will receive health care in the most appropriate setting as determined by their needs.		

Strategic Alignment – Programs, projects, and services 2009/10				
Healthier South West LHIN Community - Accountability for Own Well-Being and Self-Management Holistic Approach, Access to Primary Health Care.	Equitable Access to Services – Faster, Easier, Equitable and Appropriate Access	Quality of Care and Service - Person Centred, Evidence Based, Holistic	Sustainability of the South West Local Health System – Continuous Improvement, Informed Resource Allocation, Efficient and Effective Care and Service Delivery	Integration of Health Care Delivery - Shared Access to Information, Coordination of Range of Services
Strengthening and Improving Primary Care				
Projects				
	Community Health Centre Development	*Collaborative Mental Health Care Project*		
Preventing and Managing Chronic Illness				
Projects				
Partnerships for Health				
Self-Management Toolkit				
Enhancing Access to Family Health Care				
Building Linkages Across the Continuum: Seniors and Adults with Complex Needs				
Projects				
Share the Care	*Home at Last Development*	*Community Stroke Rehab*	*Community Services Pilot for Redevelopment of Long-Term Care Homes - Huron*	*Balance of Care*
	Assisted Living	*Parkwood Transitional Care Unit*	*Long-Term Care Home Performance Project*	*InterRAI Suite of Tools*
	Transportation Coordination	*Post Stroke Rehabilitation Assessment Tool*	*Nurse Led Long Term Care Home Outreach Program*	
	Residential Hospice Development	*Community Support Services Performance Indicator Project*		
	Geriatric Emergency Management / Rapid Emergency Assessment for Community Transition	*First Link*		
	Interim LTC home beds and Interim Retirement home beds			
Programs/Services				
Caregiver Connects	*Home Help*		*Capacity Building – Huron Perth*	
Falls Prevention	*Adult Day Program*			
Wellness for Seniors	*Safe at Home*			
Smart Exercise Program	*Supportive Housing*			
	Accessible Vans			
	Wraparound for Immigrants & Francophones			
Right Services, Right Place, Right Time, Right Provider				
Projects				
	Tier II Divestment	*Order Sets*	*Blueprint Project*	*Supply Chain*
	Improving Services for Aboriginal Communities		*Flo Collaborative*	*Hips and Knees Integrated Model of Care*
			South West Ontario Perinatal Partnership/Regional Paediatric Network	
			Emergency/Critical Care Strategy	
Programs				
	Wait-Time Strategy			
Health Human Resources				
Projects				
			Career Network	
			Human Resources Benefits Realignment	
e-Health				
Projects				
				One Mail
				Diabetes Registry – e-Health Early Adopter
				North-South Connectivity Project
				Inventory of IT Capacity in Community
				Central Repository of Information

2.0 The Context for Planning (Environmental Scan)

The environmental scan sets the context for the detailed plans by providing evidence to support the selected priorities. There is a review of current local conditions and issues, changes in the community since the development of the South West IHSP in 2006, and forecasted future trends that may affect the provision of health services in the South West LHIN.

To better understand local needs and challenges, the South West LHIN recognizes three geographic areas:

- North (Grey and Bruce)
- Central (Huron and Perth)
- South (London-Middlesex, Oxford, Elgin and part of Norfolk)

The North is home to 15.9% of the South West LHIN population, with 14.8% in Central, and 69.2% in the South. More than 30% of the population of the South West is rural, presenting unique challenges for health care delivery and access.

The South West LHIN allocates $1.9 billion to the following HSPs:

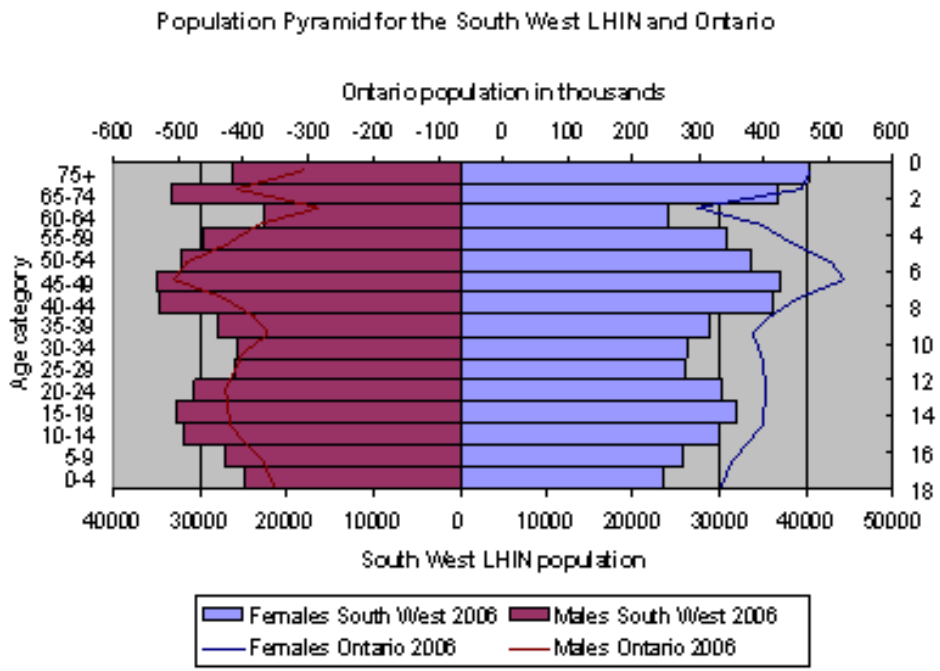
- 19 public hospitals and 1 private
- 59 community support services
- 2 community health centres (3 under development)
- 28 mental health agencies (including 1 children's mental health)
- 14 addiction agencies (including 10 substance abuse, 4 problem gambling)
- 72 long-term care homes
- 1 Community Care Access Centre

2.1 South West LHIN Population Characteristics

- The South West LHIN is home to 901,130 people, representing 7.4% of the population of Ontario
- The proportion of seniors (65+) in the South West LHIN (15.2%) is higher than in the Province (13.6%), especially in the North (18.8%).
- The proportion of children aged 0 to 19 years is roughly equal (25.3%) to the provincial value (25.0%).
- The 2006 population in the geographic region (all age groups) is 5% higher than it was in 2001. The provincial increase for the same time period was 7.8%.

Figure 1 shows the South West LHIN population compared to Ontario, according to the most recent census figures.

Figure 1



Composition of the population

- The percentage of Aboriginal peoples is slightly lower (1.4%) than the provincial average (2.0%).
- There are five First Nations Reserves in the South West.
- Aboriginal communities face greater risk factors and higher prevalence rates for chronic disease, and a variety of challenges to accessing care.
- The South West LHIN has a much smaller proportion of immigrants (14.8%) and visible minorities (6.5%) than Ontario (28.3% and 22.8%, respectively).
- The Francophone population within the South West LHIN is 1.3%, compared to the provincial average of 4.4%

Income, occupation, and education have shown to be strong predictors of a range of physical and mental health problems. A large body of evidence indicates that socioeconomic status (SES) is a strong predictor of health. Better health is often associated with having more income,

more years of education, and a more prestigious job, as well as living in neighborhoods where a higher percentage or residents have higher incomes and more education.

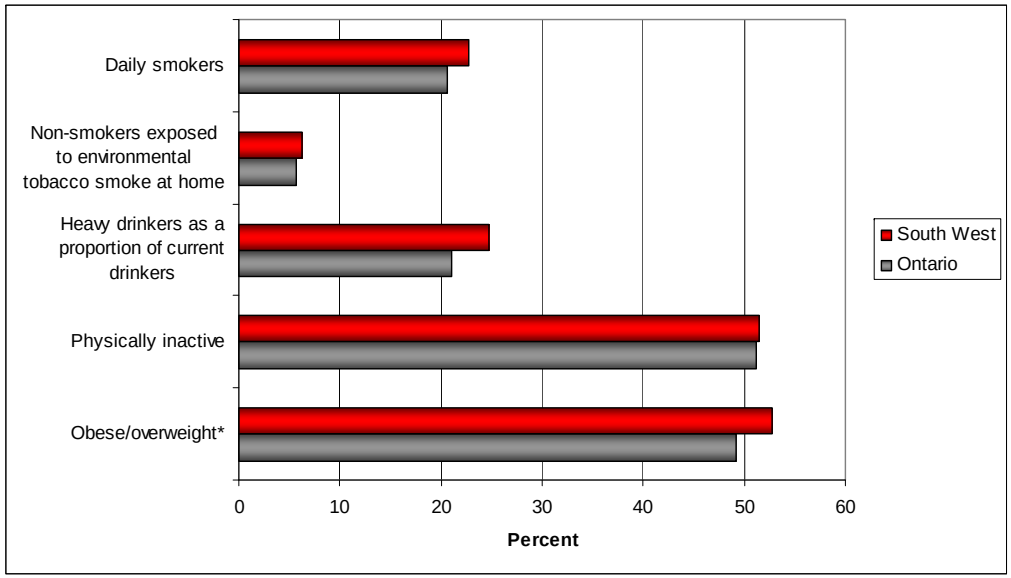
2.2 Lifestyle Factors in the South West LHIN

Diet, physical activity, alcohol consumption, and cigarette smoking have been associated with risk of chronic diseases including diabetes, cardiovascular diseases, and various cancers. Obesity is a significant risk factor in many chronic diseases. Reviewing statistics related to these factors assists in understanding the areas of greatest need and helps to guide our planning.

Figure 2 compares various health practices in the South West with provincial averages for the population age 12 and up. The region exceeds the national rates for obesity, heavy drinking and smoking, thus increasing risk factors for other health problems. These figures are based on 2007 Canadian Community Health Survey (CCHS) Data.

Figure 2: Health practices, population age 12+, South West LHIN and Province of Ontario

Figure 2



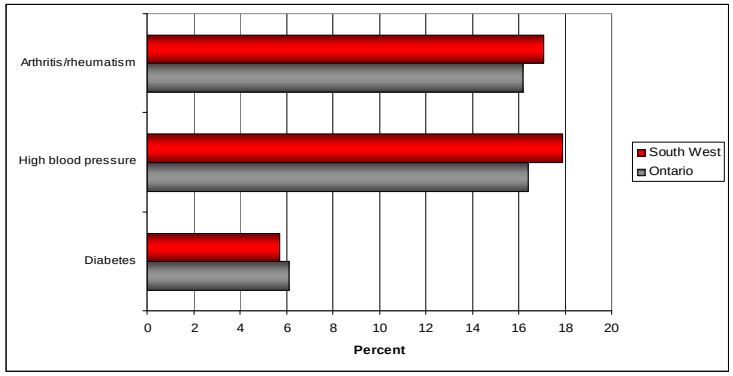
*18 years and over

2.3 Morbidity and Mortality in the South West LHIN

The South West LHIN exceeds the provincial average in self-reported prevalence for 3 chronic conditions: high blood pressure, arthritis/rheumatism and diabetes. This suggests that the South West LHIN population will need to access the health system for chronic conditions to a greater extent than the rest of the province. Figure 3 shows the prevalence of selected chronic conditions in the population age 12 and up, for both the South West and the Province.

Figure 3: Prevalence of selected chronic conditions, population age 12+

Figure 3



Health Service Utilization and Capacity

The South West LHIN currently provides 6,739 beds for residents in its 72 long-term care homes. The occupancy rates for long-stay patients is 100% or close to 100% at all long-term care homes, indicating that the homes are all operating at or near capacity. The South West LHIN ranks 3rd and exceeds the provincial average for the median time to placement to a long-term care home for individuals residing in the community or in an acute care setting.

Current health care service capacity indicates that hospitals in South West LHIN are experiencing increasing acute care pressures with an increased percentage of ALC patient days, back up in the ER and congestion and constrained flow on the inpatient units. The current resources of the supportive housing sector are being fully utilized and there is a resultant wait list. The continued growth in population and increase in the elderly population in LHIN are causing strains on the system, such as:

- Increasing demand on acute care beds
- Increasing demand for long-term care beds
- Limited community capacity and home supports for the elderly
- Availability of supportive housing programs
- Health human resources recruiting and retention

Expanding community capacity is critical to achieving both the LHIN's and the government's agenda in improving health and allowing seniors to age at home with dignity.

3.0 Detailed Plans to Implement IHSP Priorities

PATs developed high level strategic directions for each of the priorities for change identified in the South West LHIN's IHSP. Key projects are being implemented in 2009/10 to move the South West LHIN closer to the future state identified by those PATs. Detailed descriptions of each IHSP priority; the current state; the South West LHIN's description of its future state; performance considerations; risks and challenges; and 2009/10 projects that influence the LHIN's ability to move us closer to the desired future state are found in Appendix F.

More than 40 projects, programs, and initiatives are in development and are planned for implementation in 2009/10
The following tables provide a description of the key 2009/10 projects, how they advance the South West LHIN's priority populations and initiatives and align with MOHLTC priorities.

Strengthening and Improving Primary Health Care: Key Projects 2009/10			
Project Name	**Description**	**MOHLTC Priority Alignment**	**Outcomes Alignment with Future State**
Community Health Centre Development	Development of 3 CHCs: • South East Grey CHC • Woodstock and area CHC • Central CHC (Elgin)	Access to Primary Health Care	• Communities have local access to basic primary care services • Create "Hubs" of services around existing gathering places and/or non-traditional access points • Services that are currently only available in one location are made more accessible to others through outreach (i.e. providers can travel to the individual) • CHCs have dedicated, onsite primary mental health and addictions staff (employees or staff deployed from mental health and addictions services) for assessment and brief treatment • Communities have access to primary health care and a wide range of client-centred servicers and programs • Services that are available in one location are made more accessible through points of access and outreach • Integration and partnership with existing community services in order to build community capacity

Preventing and Managing Chronic Illness: Key Projects 2009/10			
Project Name	**Description**	**MOHLTC Priority Alignment**	**Outcomes Alignment with Future State**
Enhancing Access to Team Based Care (Diabetes Strategy)	The LHIN will be working closely with the MOHLTC to implement the provincial Diabetes Strategy beginning with the goal of enhancing access to team based care for people with diabetes. A model for chronic disease prevention and management will be developed, such as the creation of "Centre's of Excellence" in the South West	Access to Primary Health Care	• Effective CDPM integrated care teams of inter-professional health care providers and client/family memberships that incorporate the key components of case management, care coordination, system facilitator role and peer support through adherence to clinical best practice standards, education and team development • Education, tools and resources to enable and support individuals and health care professionals to support prevention and management of chronic diseases including life style coaching tools, community CDPM implementation tool kits, self management tool kits • Reallocation funding to align resources and incentives to the CDPM Framework, so programs and services are provided by the most appropriate provider(s) to meet community and individual needs. • Enhanced funding support for: o Outreach services for key populations at risk (marginalized, culturally distinct, individuals without access to a primary care physician, people with mental health issues) o Self management programs, client empowerment activities, wellness clinics • A CDPM "Centre of Excellence" to identify and work toward a consistent use of best practices and clinical guidelines for chronic disease and diabetes management across the South West
Partnerships for Health	Partnerships for Health, funded by the Ministry of Finance's (MOF) Strengthening Our Partnerships program in partnership with the MOHLTC, is a demonstration project that	Access to Primary Health Care	• Effective CDPM integrated care teams of inter-professional health care providers and client/family memberships that incorporate the key components of case management, care coordination, system facilitator role and peer support through adherence to clinical best practice standards, education and team development • Education, tools and resources to enable and support individuals and health care professionals to support prevention and

Preventing and Managing Chronic Illness: Key Projects 2009/10			
	puts the Ontario Chronic Disease Prevention and Management (CDPM) framework into practice through our work with adults with diabetes. The project hopes to show improvement in four key areas: developing partnerships; empowering patients; improving clinical outcomes; and, improving communication and information sharing through information technology. The project is central to both the eHealth and Diabetes Strategy implementations for our LHIN.		management of chronic diseases including life style coaching tools, community CDPM implementation tool kits, self management tool kits • Reallocation funding to align resources and incentives to the CDPM Framework, so programs and services are provided by the most appropriate provider(s) to meet community and individual needs. • Enhanced funding support for: o Outreach services for key populations at risk (marginalized, culturally distinct, individuals without access to a primary care physician, people with mental health issues) o Self management programs, client empowerment activities, wellness clinics • A CDPM "Centre of Excellence" to identify and work toward a consistent use of best practices and clinical guidelines for chronic disease and diabetes management across the South West

Building Linkages Across the Continuum: Seniors and Adults with Complex Needs: Key Projects 2009/10			
Project Name	**Description**	**MOHLTC Priority Alignment**	**Outcomes Alignment with Future State**
Home at Last Development	A LHIN wide service that is being initiated in selected communities that offers seniors transportation and assistance to safely settle back home following a stay in hospital.	Emergency Room Access/ALC	• Enhanced range of services - assistance and support with activities of daily living • Common LHIN wide assessment tool that identifies people for service • Creation of formal advocates
Assisted Living	To provide a new model of	Emergency Room Access/ALC	• Enhanced range of services – assistance with activities of daily

Building Linkages Across the Continuum: Seniors and Adults with Complex Needs: Key Projects 2009/10			
	supportive housing for people in their current home instead of needing to move to a supportive housing apartment. 24 –hour, seven day per week availability of personal support services.		living & access to 24 hour care and support
Transportation Coordination	Improved coordination will be investigated and implemented through a variety of methods such as an updated inventory of resources, best practices and innovative solutions like centralized management and dispatch of existing vehicles	Access to Primary Health Care	• Enhanced coordination of range of services - assistance and support with activities of daily living
Community Stroke Rehab	To provide a team of rehabilitation specialists, across the South West LHIN, to assist individuals who have had a stroke to make further gains in their recovery after leaving the hospital so that they can continue to live independently.	Access to Primary Health Care	• Enhanced range of services – assistance with activities of daily living with specialized resources • Common assessment tool that identifies people at risk who require service
Residential Hospice Development	Development of residential hospices for terminally ill people in Grey and Bruce Counties, London, and Woodstock and area.	Access to Primary Health Care/ED/ALC	• Enhanced range of services – assistance with activities of daily living & access to 24 hour care and support
Share the Care	Share the Care is a detailed	Emergency Room	• Enhanced coordination and delivery of range of services

	step-by step model that shows how to create a unique caregiver "family" from friends, relatives, neighbours, co-workers and acquaintances to pool their talents, time and resources to assist a friend or loved one facing a health or medical crisis.	Access/ALC	• Enhanced informal advocates
First Link™	*First Link*™ is a direct referral program that links the person with dementia and their family members/caregivers to coordinated learning, services and support from the point of diagnosis and throughout the continuum of the disease. The *First Link*™ program targets seniors "at risk" in the community due to the debilitating and isolating nature of the disease and associated stigma.	Emergency Room Access/ALC	• Enhanced coordination and delivery of range of services • Enhanced informal and formal advocates
Community Support Services Performance Indicator Project	Development of a robust performance measurement framework with standardized indicators for community support services (CSS) agencies in Southwestern Ontario in order to create stronger performance measurement tools for	Emergency Room Access/ALC	• Accountability agreements between HSPs and the South West LHIN identifies common performance indicators and outcome measurements including measurements that are system, population and organizationally based. • Over time, movement to publicly report these performance and outcome measurements pertaining to system, populations and programs • Aging at Home performance measurement defined and reported on regularly to LHIN and Area Provider Tables

	agency boards and staff; and help the South West LHIN to create performance indicators that can be used in the service accountability agreements for CSS agencies.		
Transitional Care beds in hospital, long-term care homes and retirement homes	Creation of transitional care beds to assist people to move to a more appropriate level of care rather than remain in an acute care hospital bed when that level of care is no longer required.	Emergency Room Access/ALC	• Enhanced range of service – 24 hour care and treatment
Geriatric Emergency Management (GEM)/Integrated Case Management Model	The fundamental goal of the GEM initiative is to improve health care delivery to seniors presenting in Emergency Departments. GEM nurses screen and assess elderly patients at high risk and coordinate further assessment, care and follow-up, serve as consultants and in some cases, direct caregivers for elderly patients as well as their advocates.	Emergency Room Access/ALC	• Enhanced coordination and delivery of range of services • Common assessment tool that identifies people at risk who require service
Rapid Emergency Assessment for Community Transition (REACT)	To prevent inappropriately admitting this population to the hospital, this project mobilizes a multidisciplinary team of: advanced skills RN coordinator (team lead),	Emergency Room Access/ALC	• Enhanced coordination and delivery of range of services • Common assessment tool that identifies people at risk who require service

	social worker, pharmacist, physiotherapist, occupational therapist, respiratory therapist and CCAC case manager.		
Nurse Led Long-Term Care Outreach Program	This project builds on the South West CCAC / London Health Sciences Centre Advanced Home Care Team (AHCT). Nurse Practitioners (NPs) linked closely with area family physicians, provide service to clients with increased acuity to divert these clients from Emergency rooms and hospitals. This project allows the AHCT to expand to individuals who live in LTC homes.	Access to Primary Health Care/ Emergency Room Access/ALC	• Enhanced range of services – assistance with activities of daily living with specialized resources • Common assessment tool that identifies people at risk who require service
Expansion of FLO Collaborative – Improvement Advisors	The South West LHIN, over the past year, has supported two collaborative patient 'Flo' projects with Grey Bruce Health Services/CCAC and St. Thomas Elgin General Hospital/CCAC. This project focuses on expanding this collaborative and leveraging the expertise of the Improvement Advisors, as well as the experience and success of the teams to date, either at the original two	Emergency Room Access/ALC	• Enhanced coordination and delivery of range of services

Building Linkages Across the Continuum: Seniors and Adults with Complex Needs: Key Projects 2009/10			
	sites, and/or into additional sites in the South West.		
Balance of Care Analysis	Collection and examination of InterRAI data for individuals who are waiting for long-term care home placement leading to an understanding of the best level of care required by people.	Emergency Room Access/ALC	• Informed enhanced range of service availability and the distribution of those services • Following standardized assessments, provides common platform that flags individuals for appropriate options based on clinical pathways
Safe at Home	A program that assists frail seniors through visits from a nurse practitioner, additional nursing and personal support visits to review medication, how the caregiver is coping, and to provide the medical and personal assistance to keep them safe and living independently in their home.	Emergency Room Access/ALC	• Enhanced range of services

Right Services, Right Place, Right Time, Right Providers: Key Projects 2009/10			
Project Name	**Description**	**MOHLTC Priority Alignment**	**Outcomes Alignment with Future State**
Tier 2 & 3 Divestment	Working with the MOHLTC, LHIN and partners to facilitate Tier 2 divestment (transfer) of psychiatric beds and associated services by the Tier 1 receiving public hospital to other public hospitals, as directed by the	ALC and access to Primary Health Care	• Provisions of programs and services that meet the needs of individuals with serious mental health illness in the most appropriate and least restrictive setting(s) • Possibility of capacity-building in community mental health sector

Right Services, Right Place, Right Time, Right Providers: Key Projects 2009/10			
	HSRC. Tier 3, refers specifically to the transfer of non-bedded programs and services from Tier 1 and 2 receiving hospitals to community mental health agencies, where appropriate		
Improving Services for Aboriginal Communities	Aboriginal Health Lead to build relationships with Aboriginal communities in both the South West and Erie St Clair LHIN to improve the coordination of working relationships	Access to Primary Care	• Equitable Access to Services
Order Sets	Implementation of order set best practice methodology and clinically intelligent order set content with measured improvements in patient care within all hospitals in the South West LHIN. Order Sets have the ability to transform the ordering process dramatically improving the care patients receive	Access	• Quality of Care and Services
Health System Design (Blueprint Project)	Accessing the right services, at the right time, in the right place by the right provider was a key integration priority identified in the South West LHIN IHSP. When the IHSP was created it was envisioned that the LHIN	Access to Primary Health Care/ Emergency Department Access/ ALC	• Sustainability of the Health System • Equitable access and quality of care

	would undertake a comprehensive planning process to establish a framework, the Blueprint that would guide future decisions regarding the alignment of programs and services at a local, sub-LHIN and regional level in the South West LHIN. Many of the South West LHIN PATs highlighted the need for this work to move forward in order to support more detailed planning regarding service configuration within the LHIN.		
Emergency/ Critical Care Strategy	Timely access to emergency care is a critical component of the healthcare system. The South West LHIN has a unique challenge of having a high number of 24/7 emergency departments but a lack of physicians and nurses available and willing to provide emergency department coverage. In order to maintain a healthy system, a concerted effort is required to find the right balance to ensure timely access to emergency care. This project studies these issues in addition to	Emergency Department Access	• Sustainability of the Health System • Health Human Resources recruitment and retention

	implementing a dedicated Project Lead to help support the Emergency Department and associated Critical Care Strategies at the local LHIN level.		
Supply Chain Integration	South West LHIN integrated Supply Chain Management (iSCM) Model to: • Strengthen supply chain leading practices; • Improve efficiencies and operations to generate cost savings through economies of scale; • Standardize products, services, suppliers, processes, forms, policies and procedures; • Achieve further innovation through automation and advanced technology; • Improve performance measurement, and • Create opportunity to leverage expertise and synergies. Overall, this iSCM Model will bring the remaining health care organizations (hospital first) in the South West LHIN into the region-wide strategy.		• Integration of Health Care services and effective use of existing resources

Right Services, Right Place, Right Time, Right Providers: Key Projects 2009/10			
Hips and Knees Integrated Model of Care	The hip and knee replacement delivery model strives to ensure that individuals have timely, equitable and appropriate access to hip and knee replacement services based on best practice as an evidence-based care. Through the use of common multidisciplinary pathway spanning primary and secondary prevention through post-acute care, services are standardized and delivered efficiently in a coordinated manner.	Improved Access	• High quality, evidence based care delivered in the South West LHIN • Sustaining improvements in wait times • Patients are referred to surgeons at an appropriate point in their disease process to ensure optimal outcomes. • Consistent standard of care provided across the LHIN • Consistent length of stay across LHIN – decreased length of stay at some sites • Improved patient satisfaction • Improved patient readiness for surgery

Health Human Resources: Key Projects 2009/10			
Project Name	**Description**	**MOHLTC Priority Alignment**	**Outcomes Alignment with Future State**
Career Network	Development of the South West LHIN Health Career portal through thehealthline.ca to support the establishment of a health human resources virtual network. The goal of the network will be to assist HSPs and local communities with their HHR recruitment efforts.	HealthForceOntario	• Sustainability of the Health Care System
Human	Following a feasibility		• Sustainability of the Health Care System

Health Human Resources: Key Projects 2009/10			
Resources Benefits Realignment	assessment, the LHIN is embarking on a process to realign benefit programs across our hospital sector in phase 1 and then the broader health sectors in phase 2 with a goal of realizing significant cost savings across our LHIN by moving to a single benefits consultant and the alignment of benefit administration fees.		

e-Health: Key Projects 2009/10			
Project Name	**Description**	**MOHLTC Priority Alignment**	**Outcomes Alignment with Future State**
ONE® Mail	e-mail that will allow health care professionals to send patient information quickly, confidently and securely between registered users	Access	• Securely send patient information to ONE® Mail users inside and outside the organization
Diabetes Registry & e-Health Early Adopter	Development of an online Diabetes registry The implementation of the provinces Diabetes Strategy will be enabled by the eHealth strategy implementation	Access Primary Health Care	• Expansion of team based care and the implementation of the diabetes registry • Increase access to team-based care closer to home • Enable better self-care by giving patients access to information and educational tools that empower them to manage their disease • Provide health care providers the ability to easily check patient records, access diagnostic information and send patient alerts.
North-South Connectivity Project	The North South Connectivity Project is the first phase of a larger	Access	• Increase access to patient information • Electronic Health Record development

	implementation that will eventually create a platform for the development of the electronic health care record incorporating community and primary health care services. The first phase will establish a connection between London Health Sciences Centre (LHSC) and Grey Bruce Health Services (GBHS) to provide access to patient clinical data.		

3.1 Accountability and Performance

Accountability between LHINs and MOHLTC

Strengthened accountability and performance are key components to a changing healthcare system. These accountabilities and performance obligations are set in the MLAA. Having a focus on key accountabilities and performance improvement opportunities will help guide system partners in aligning local health care needs to health system goals. The MLAA outlines the obligations and responsibilities of both LHINs and the MOHLTC for the term 2007 to 2010. These obligations are articulated in the following areas:

1. Community Engagement;
2. Local Health System Management;
3. Information Management Supports;
4. Financial Management and Process Protocols;
5. Local Health System Compliance Protocols;
6. Integrated Reporting;
7. Allocations;
8. Local Health System Performance; and
9. Capital and e-Health

Accountability between LHINs and HSPs

In order to align accountabilities and performance obligations within the health care system, LHINs are required by LHSIA to enter into a Service Accountability Agreement (SAA) with each HSP. In order to manage the process and meet the legislated requirements, LHINs have been following an implementation schedule. Currently, LHINs have SAAs with the acute care and community sectors. In 2009/10, LHINs will be negotiating SAAs with the long-term care home sector and again with the acute sector.

The SAA outlines the accountabilities and performance management obligations of both the LHIN and the HSP as they relate to the provision of funding for the delivery of programs and services. The SAAs have a strengthened performance improvement component that reflects the individual service provision mandate of the provider but also the health system change directions.

Local Health System Performance

Improved performance is a key element of the overall plan to ensure the health system is delivering timely, quality and accessible care to the public. A good performance management system is objective, focused, balanced, and integrated into planning and management.

Performance management toward improvement is a key component of the South West LHIN's implementation model and management of existing operations. A number of steering committees comprised of HSPs will provide strategic leadership and oversight to monitor the results achieved to advance the system level goals for priority populations and initiative. Performance indicators are set to help measure the impact of change strategies at the local, geographic, LHIN and provincial levels. Alignment of performance indicators between the different levels is a key component to ensuring the performance management system is focused on and has an impact in achieving the South West LHIN's system level goals.

Figure 4 identifies key system performance indicators that will be measured in 2009/10 for impact on achieving our system level goals.

Figure 4

South West LHIN MLAA Performance Indicators 2009/10

Performance Indicator	Provincial Target	08/09 Annual Provincial Performance	0809 Annual South West LHIN Results[1]	09/10 South West LHIN Starting Point[2]	09/10 South West LHIN Performance Target
90th Percentile Wait Times for Cancer Surgery[2]	84 Days	62	88	99	**70**
90th Percentile Wait Times for Cardiac By-Pass Procedures[2]	182 Days	53	56	57	**Provincial Target Met**
90th Percentile Wait Times for Cataract Surgery[2]	182 Days	115	90	87	**90**
90th Percentile Wait Times for Hip Replacement[2]	182 Days	173	153	145	**160**
90th Percentile Wait Times for Knee Replacement[2]	182 Days	205	204	182	**182**
90th Percentile Wait Times for Diagnostic MRI Scan	28 Days	97	132	132	**110**
90th Percentile Wait Times for Diagnostic CT Scan	28 Days	39	34	36	**28**
Median Wait Time to Long-Term Care Home Placement - All Placements[4]	50 Days	104	90	94	**88**
Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution[3,5]	9.46%	15.46	12.25	12.61	**9**
Proportion of Admitted patients treated within the LOS target of ≤ 8 hours	90%	N/A	N/A	57	**59%**
Proportion of Non-admitted high acuity (CTAS I-III) patients treated within their respective targets of ≤ 8 hours for CTAS I-II and ≤ 6 hours for CTAS III	90%	N/A	N/A	91	**92%**
Proportion of Non-admitted low acuity (CTAS IV & V) patients treated within the LOS target of ≤ 4 hour	90%	N/A	N/A	92	**92%**

1. For **Wait Time Indicators**: Fiscal Year (FY) 2008/09 LHIN Annual Results = Actual Annual Performance Value from Apr 2008 to Mar. 2009**.** For **non-Wait Time Indicators**: FY 2008/09 LHIN Annual Results = Averaged performance value over 2008/09 Q1(Apr, May, Jun. 2008), Q2 (Jul, Aug, Sep. 2008) & Q3 (Oct, Nov, & Dec. 2008)
2. For **Wait Time Indicators**: Fiscal Year (FY) 2009/10 LHIN Starting Point = Actual Performance Value for Q4 (Jan, Feb, & Mar 2009)**.** For **non-Wait Time Indicators**: FY 2009/10 LHIN Starting Point = Performance value for Q3 (Oct, Nov, & Dec. 2008)

4.0 Risk Summary

Health care system risks anticipated for 2009/10 and beyond fall into three main categories: risks to key government priorities, risks to the achievement of the South West LHIN's MLAA performance obligations, and risks objectives identified in the Integrated Health Service Plan.

Key Government Priorities

Several SW LHIN hospitals continue to struggle to provide comprehensive emergency department coverage, resulting in long wait times and potential emergency department closure. Focusing on human resources, the South West LHIN is embarking on comprehensive review to assess opportunities to strengthen the provision of emergency services in our communities. Provincial support will be required to make policy and program changes to remove barriers that make it difficult to provide emergency room coverage at all times.

Appropriate placement of ALC patients is at risk due to a shortage of long term care beds. Bed shortages at hospitals are compromising the ability to deliver acute care – cancelling surgeries and contributing to emergency department wait times. Aging at Home and Priority Fund resources are being directed to projects aimed at diverting ALC patients into the most appropriate care settings, and adding new beds on an interim basis. Construction of 608 new long term care beds in the London area will help to mitigate this risk as 2010/11 approaches.

MLAA Performance Obligations

The MLAA performance target for Magnetic Resonance Imaging (MRI) will be the most difficult to achieve. The MRI task team is working to maximize the use of equipment at the three hospitals delivering this service. The demand for MRI service continues to increase and capacity to reduce wait times is ultimately limited to the number of machines available.

IHSP

Risks to advancing the IHSP are primarily related to health human resources. Funding for most community health are providers has not kept pace with inflation and many are finding it difficult to attract and retain qualified staff, which comprises service capacity and limits the role of some agencies to serve as the 'right provider at the right place at the right time'. New programs such as additional registered practical nurses and personal support workers at long term care homes are welcome, but providers have been finding it hard to attract staff required to meet program commitments.

The South West LHIN Blueprint Project will provide information vital to advancing the IHSP, but there is a risk that the exploration of integration opportunities may provoke a negative reaction in some communities. To counter this risk, the plan will be conducted in a transparent manner and will include a comprehensive communications plan. Integration decisions will be grounded in an evidence-based approach with a goal of system responsiveness and sustainability.

The South West LHIN welcomes the opportunity to take on new programs such as Aging at Home. Given the number of ongoing responsibilities requiring staff time, there is, however, a limited capacity to advance new initiatives. Efforts to streamline workflow and focus efforts on the strategic priorities will help to maximize staff capacity.

Long term sustainability of health services forms the foundation of the IHSP. Significant risks to future operations and financial health include: hospital working capital deficits, the cost of non-urgent ambulance transfers, and hospital restructuring costs.

5.0 Planning for LHIN Operations

LHIN Operational Goal or Objective

The operational goal of the South West LHIN is to ensure that the appropriate human and operational resources are available to implement our strategic initiatives, support MOHLTC priorities, continue to advance our IHSP and fulfill our performance obligations identified in our MLAA.

Current Status

The South West LHIN is approaching a full staff complement and minimizing its reliance on outside consultant assistance. The LHIN is forecasting a 2009/10 year-end position within our approved allocation.

Context

The South West LHIN works closely with our health service providers (HSPs) and other partners to ensure appropriate planning, integration and funding is undertaken to better coordinate the health care services and improve health system performance. LHIN staff have worked diligently with our HSPs to advance the priorities of our IHSP through our Priority Action Teams. Staff are also in the midst of negotiating Service Accountability Agreements (SAAs) with many of our HSPs and will continue to negotiate these agreements on an ongoing basis over the course of the coming years as the agreements expire and new agreements are required.

All of these activities, together with many other planning and integration initiatives, currently stretch our human resource capacity. With the staffing in the South West LHIN now reaching its full complement, our capacity to absorb additional responsibilities becomes limited.

Our operational budget includes funding for a Project Management Office (PMO) starting in 2009/10 to assist us in moving towards more strategic and proactive system management. In addition, to provide additional staffing capacity to address new responsibilities, the South West LHIN will recruit a Financial Analyst, plus a Planning and Integration Lead, in 2009/10. With the recruitment of these positions, and to

operate within our current allocation amount, the South West LHIN will be required to reduce other expenditures within the budget beginning in 2009/10.

The capacity of the operating budget to absorb contingencies is dependent on the amount and size of unexpected measures. Additional operational pressures will continue to present as the LHIN assumes more responsibilities and our agenda to improve health system performance increases. As additional programs and services are assumed by the LHIN, there will be increasing pressure to have a corresponding increase in human and operational resources.

Risks and Mitigation Strategies

The South West LHIN strives to ensure a year end position with no variance from our approved budget. Although we are forecasting a 2009/10 to 2011/12 year end position within our approved allocation, reductions in key areas of our operating plan have been made to stay within the MOHLTC target allocation.

If our funding allocation does not increase, we will implement mitigating measures to reach a balanced position. These measure will include detailed, calendarized budgeting and monthly budget performance reviews to manage costs, gapping salary costs (delay in re-hiring) to build capacity to address contingencies, and continued streamlining of day-to-day operations as a means to create capacity for proactive work. Measures such as reducing staff development costs, restricting travel, reductions in consulting and communications and the delay of hiring will also be considered. However, as more of these measures are implemented, it will create risks for the LHIN in achieving its MLAA performance targets, advancing our strategic initiatives, and ultimately improving health system performance.

Fiscal Implications

The financial plan projects a balanced budget for 2009/10 and the two out-years. Over the three years, a 2% inflationary factor has been used in operating expenditures excluding accommodations, shared costs, salaries and benefits. Balanced budgets have been developed for all years of the plan, but as stated previously, we believe that important initiatives with our HSPs that are required to improve system performance will be compromised through this action.

The steps the South West LHIN will have to take to ensure balanced budgets and mitigate deficits are outlined below.

2009/10

- No projected reductions at this time
- Increase in FTEs to accommodate new responsibilities in the LHIN.

2010/11

- Reduction of Consulting Fees by $122,600

- Restricting office supplies and purchased equipment
- Restricting staff travel

2011/12
- Further reduction of Consulting Fees
- Reduction in Other Services
- Reductions in Office supplies and purchased equipment
- Reductions of staff development
- Reductions in staff travel
- Reductions in staffing levels by means of attrition

The potential effect of these reductions is not known at this time but depending on the positions affected, operational outcomes will be impacted. More importantly, the implementation of new initiatives to improve health system performance will be restricted due to limited human resources.

6.0 Communications Plan

The communications plan outlines the LHIN's overall strategy for sharing its business plan with its stakeholders, including the rationale, objectives, a description of the key strategies and tactics the LHIN will employ to get its key messages across to the public and stakeholders. This will include identifying target audiences, preparing stakeholder analysis and include anticipated positive and negative reactions, listing three or four key messages and proposing the communications rollout.

6.1 Rationale

The South West LHIN is committed to open and transparent communication with its stakeholders. The communications plan for the final ASP will reflect this commitment, while respecting the sensitivity of the information contained in the ASP and its potential impact on stakeholders.

The ASP operationalizes the IHSP and informs the ministry's Results-based Planning process. These plans for the local health system will assist the public to understand how the LHIN is planning to address the needs of their community. The ASP will become a public document as an appendix to the MLAA.

6.2 Objectives

The objectives of the communications plan are to:

- Appropriately alert HSPs and other health care partners about information in the ASP that directly impacts them.
- Demonstrate to the community at large that the LHIN holds itself to the same high standards for accountability that it expects from providers.
- Prepare South West LHIN staff to deal with questions and concerns that arise in their day-to-day interactions with stakeholders.
- Identify and assist corporate spokespersons in responding to potential media interest.

6.3 Strategy and Tactics

As a general principle, the LHIN will strive to ensure that those most directly involved in a strategy or potential change will have an opportunity to learn this information before other stakeholders are alerted, and directly from the LHIN rather than through a third party. This requires all tactics to be sequenced so that mass communications (e.g., website, newsletter) follow one-on-one or group-specific communications. Tactics to be employed to communicate the final ASP may include:

- *South West LHIN website*: to provide an update on the process
- *Newsletter*: to raise awareness about and provide an update on the process
- *Stand-by media statement and key messages*: in the event that there is media interest in the information contained in the ASP
- *Speaking points and/or Q&A:* as a resource for South West LHIN staff and Board members