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Mississauga Halton LHIN

Community Engagement Plan

2011/12

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

MH LHIN Community Engagement Plan

About MH LHIN

The Mississauga Halton Local Health Integration Network (MH LHIN) is one of 14 crown agencies, created in 2006. The MH LHIN works with local health providers and community members to determine the health service priorities of the region.

The Mississauga Halton LHIN includes South Etobicoke, most of Mississauga, Halton Hills, Oakville, and Milton, and covers approximately 900 square kilometres. While the Mississauga Halton LHIN is one of the most geographically compact LHINs in the province, it is the fourth largest LHIN based on population.

The Mississauga Halton LHIN is home to 1,101,419 residents (2008), representing 8.46% of Ontario's total population and is expected to grow by 10.7% by 2013. The most population growth in our LHIN over the next 10 years will occur in the 65-74 year old range. There are approximately. 35,000 Francophones (based on the new Inclusive Definition of Francophones) and. 8,000 Aboriginal people in the LHIN.

The MH LHIN funds 77 health service providers, which include 34 Community Support Services, 12 Mental Health & Addictions Agencies, 1 Community Care Access Centre (CCAC), 27 Long Term Care Homes and 3 Hospital Corporations (including 6 hospital sites). The LHIN works to ensure the availability of and access to appropriate health care services that improves the overall health of the population. This is consistent with the MH LHIN vision of a seamless health system for our communities – promoting optimal health and delivering high-quality care when and where needed.

The purpose of this document is to outline the MH LHIN's Community Engagement Plan for 2011-2012.

Introduction

All Local Health Integration Networks (LHINs) are required to publish an annual community engagement plan, intended to provide the LHIN community with an overview of activities planned within the fiscal year.

This annual plan will target specific communities within the MH LHIN, as guided by the Integrated Health Service Plan (IHSP) 2010-13 priorities for health system improvement and the Annual Business Plan 2011-12. Although this plan identifies specific targeted community engagement, the MH LHIN will continue to welcome any other community engagement opportunities that present themselves over the course of 2011-12.

This document identifies both community engagement activities that are project-related as well as general community engagement.

Mississauga Halton LHIN
Community Engagement Strategy

LHIN/IHSP Priorities

IHSP 2010-2013

- Improving access, quality and sustainability of the health system
- Create MH LHIN-wide regional programs
- Prevention and management of chronic conditions
- Integrating mental health and addiction services
- Enhancing seniors' health, wellness and quality of life
- Strengthening primary health care
- E-Heath
- French Language Health Services
- Engagement with Aboriginal People

Annual Business Plan 2011-12
Enhanced Role in Quality
Program/Service Integration
Building capacity

Definition of Community Engagement

Community engagement refers to the methods by which LHINs and HSPs interact, share and gather information from and with their stakeholders

Goals

- To promote collaborative and innovative thinking that generates system change
- To support the evolution from a silo approach to health care to an integrated service delivery model
- To evolve stakeholder perception of the LHIN from a corporate entity to a collaborative local health system
- To develop health care services that offer a better balance between local needs and effective use of resources

Objectives of Community Engagement

- To inform the public in general on the role and mandate of the LHIN and create new opportunities for the public to participate in the LHIN's priority planning.
- To improve health system performance at the local level, improve transitions and reduce ALC.
- To develop system-wide programs through integration opportunities, to better meet the needs of local residents.
- To promote communication and relationship building among key stakeholders, health service providers and the public.
- To enhance visibility and reputation of MH LHIN through proactive government and key stakeholder relations.

Stakeholders

PUBLIC

- Residents who live, work and receive services within MH LHIN boundaries (including ethono- cultural and other marginalized groups)
- Patients/clients/consumers and family members
- Aboriginal communities
- Francophone communities

HEALTH SERVICE PROVIDERS

- Network and Advisory Group Members
- Health Professionals Advisory Committee
- Physicians/Family Health Teams
- Public Health
- Other health care practitioners

STAKEHOLDERS OF INTEREST/INFLUENCE

- Ministry of Health & Long-Term Care
- French Language Health Planning Entity
- Aboriginal Planning Entity
- Municipalities
- MPPs
- Media

Community Engagement

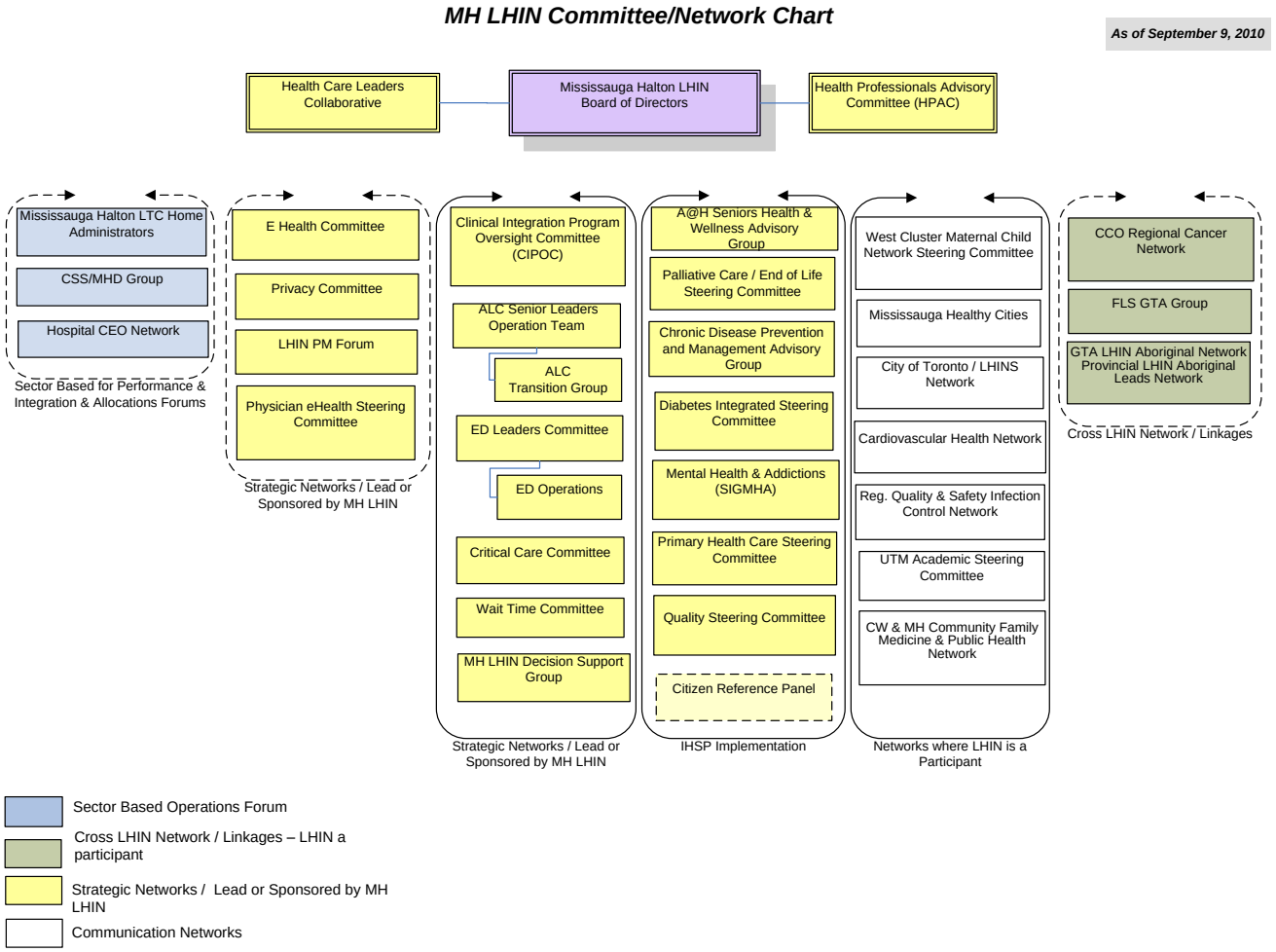
Community Engagement

Inform > Consult > Involve > Collaborate > Empower

Framework for community engagement

The primary goal of the MH LHIN's community engagement framework is to engage the community on an on-going basis in the design, delivery and accountability for local health system planning and integration. In the MH LHIN, community engagement activities will be achieved through the community engagement model built on existing networks and relationships with HSPs and other key stakeholders.

The MH LHIN will incorporate a range of techniques from broad-based open forums to highly focused issue-specific round tables depending on the level of engagement. The techniques used by the MH LHIN to engage its communities, will differ based on the goals and objectives of the activities and the priorities and the five (5) levels of engagement will be used strategically in each case.



Focus of Community Engagement for 2011-12

Engagement on LHIN Priorities

- The MH LHIN's priorities as defined in the Integrated Health Service Plan 2010-13 are: improving access, quality and sustainability of the health system, create MH-wide regional programs, prevention and management of chronic conditions, integrating mental health and addictions services, enhancing seniors' health, wellness and quality of life and strengthening primary health care.
- In its Annual Business Plan 2011-12, the LHIN will also be focusing on Quality, Program/Service Integration and Building Capacity. With the introduction of the Excellent Care for All Act, 2010 (ECFAA) in hospitals and eventually in other sectors of the health care system, will need to implement the legislative requirements for improving the quality and value of the patient experience. As the role of the Ontario Health Quality Council (OHQC) evolves, the MH LHIN will work with provincial partners and other LHINS to support the implementation of the quality agenda.
- The LHIN has been focused integration efforts in a number of key program/service areas over the past couple of years. In 2011/12 the LHIN's work on integration will continue with a planned focus on areas such as Integrated Palliative Care, Integrated Client Care Project, Mental Health and Addictions, Rehabilitation and Complex Continuing Care and the enhanced role of the Community Care Access Centre (CCAC). This work will be informed by our local health system needs and capital investments in the system.
- A significant number of Ontario's valuable hospital beds are occupied by Alternate Level of Care (ALC) patients—people in acute care, who would be better served in other care settings and they are impacting timely access for patients who need to be admitted into hospital beds from the emergency department. The MH LHIN has made significant community investments in the past few years which are contributing to a more appropriate use of emergency departments by enhancing and increasing the capacity of community based services (some examples include: expansion of supports for daily living, Restore program to help patients regain physical functioning once their hospital stay is completed; and enhanced home care services). In addition to the community investments, the MH LHIN, in partnership with the Ministry of Health and Long-Term Care is supporting capital investments in hospitals across the LHIN.
- Most engagement will involve health service providers as well as other health providers to ensure the availability of and access to appropriate health care services that improves the overall health of the population, which is consistent with the MH LHIN's vision of a seamless health system for our communities- promoting optimal health and delivering high-quality care when and where needed.

Operational Sector engagement

- The operational sector engagement focuses mainly on engaging HSPs, staff, consumers and families on health system performance to improve transitions, performance and reduce ALC, share best practices and common issues and maintain relationships.

Primary Care Physician engagement

- The MH LHIN is home to 1,474 physicians, which include 811 family doctors and 663 specialists. LHINs do not have formal funding or planning authority for most primary care physicians, with the exception of primary care services provided through Community Health Centres. The MH LHIN

considers that engaging and working in collaboration with primary care providers is valuable for developing new, creative, models of care delivery, improve system integration and achieve efficiencies. Improving transitions between hospitals and primary care to care is critical to ensure timely continuity of care.

Health Professionals Advisory Committee

- Engaging local stakeholders in a discussion of needs and priorities is critical to the work of the LHINs. A key stakeholder group within the community is front line healthcare practitioners. One component of planning and community engagement as outlined in Part III of the Local Health Integration Act (LHSIA), 2006 requires each LHIN to establish a health professionals advisory committee (subsection 16 (5)) as part of its overall community engagement strategy. These multi-disciplinary committees serve as a forum for dialogue amongst health professionals as they advise the LHIN to reach its goals and objectives.

Engagement on Integration Initiatives

- The Local Health Services Integration Act, 2006 (LHSIA) S.24 provides that each LHIN and each health service provider (HSP) shall separately and in conjunction with each other identify opportunities to integrate the services of the local health system to provide appropriate, co-ordinated, effective and efficient services.
- The MH LHIN will engage its stakeholders on integration initiatives to inform, educate, and consult them on health service planning and decision-making processes to improve the health care system.

Ehealth

- eHealth is a critical enabler to the Mississauga Halton LHIN's strategic priorities. There are opportunities to improve LHIN wide information integration and build capacity within our community. Over the next few years, MH LHIN will build the infrastructure to support information management across the LHIN in collaboration with other LHINs. We will leverage our existing information assets and implement a shared Information Technology/Information System. MH LHIN will continue to align our eHealth initiatives with Ontario's eHealth Strategy.

Francophone Community

- In carrying out community engagement under the Local Health Integration System Act (LHSIA) subsection 16(4), LHINs shall engage the Francophones and the French language health planning entity for its geographic area. The Francophone population in the MH LHIN consists of 18,490 residents (1.9%) whose mother tongue is French and we expect to see the Francophone population grow to approximately 35,000 under the new Inclusive Definition of Francophones (IDF).
- In collaboration with the French language health planning entity, named *Entité de planification pour les services de santé en français de Toronto Centre, Centre Ouest et Mississauga Halton*, MH LHIN will be developing future community engagement events for its local Francophone community.

Aboriginal Community

- The local Aboriginal community (First Nations, Métis and Inuit communities) in MH LHIN is 100 percent urban-based, as there is no reserve land or Indian Friendship Centres within our local territory. Like Francophones, LHINs are mandated to engage the Aboriginal and First Nations communities and health planning entity for its geographic area. Using the Aboriginal People Survey 2006, we have determined that there are 8,280 Aboriginal in the MH LHIN. As part of an Aboriginal community engagement strategy, the MH LHIN, in collaboration with the Central West LHIN conducted a needs assessment and use the outcomes as a mechanism for working with providers and local community groups such as Peel Aboriginal Network, Métis Nation of Ontario, Credit River Métis Council, Region of Peel Aboriginal Steering Committee to address needs within the geographic area of the two LHINs

Seeking the views of Residents

- The Citizens' Reference Panel, a group of 36 citizens from diverse background and all representative of the MH LHIN's population, was created from a representative group of 5000 citizens, chosen at random in 2009 to get the best advice on the second Integrated Health Service Plan 2010-13 for the LHIN. The MH LHIN wanted to take the pulse of the people of Mississauga Halton and get the best advice to ensure the availability and accessibility of appropriate health care services at a local level.
- The 36 citizens have been reconvened on a regular basis to provide feedback on specific LHIN's priorities last year.

MPPs, Mayors, Regional Chairs, Councilors, Other

- The LHIN Board Chair, CEO and Manager, Governance and Strategic Relations meet regularly with this group to provide updates on LHIN activities, priorities and to keep the lines of communication open. Annual information sessions are also hosted for constituency office staff around the role of LHINs and connecting directly with our HSPs around patient relations.

Board to Board Engagement

- The LHIN Board of Directors and CEO engage all of our HSP Boards and CEOs/EDs/Administrators through special governance sessions which occur on a bi-monthly basis. These governance events are intended to initiate conversations at the governance level around how all of our organizations can together better govern and lead our local health system. These sessions also aim to continue to reinforce existing positive working relationships at the Governance level, between the LHIN and all of its' HSPs and amongst HSPs themselves. This engagement supports an increased governance capacity locally and encourages collective innovation.

Specific engagement

- The LHIN will engage in specific sessions with HSPs, non-HSPs, Regional and City Councils, public forums when requested and/or as needed.

General Public and Opportunities to participate

In an effort to keep our communities informed and updated on the LHIN's priority areas and new developments in the health sector in Mississauga Halton, the MH LHIN will use its website to post news and information of interest to its communities regularly. The website is www.mississaugahaltonlhin.on.ca.

Engaging our local communities is one of the guiding principles of the Mississauga Halton LHIN, and the Calendar of Events helps to keep residents of Mississauga Halton LHIN up to date about meetings, events and workshops they can participate in within our LHIN. The MH LHIN hosts monthly Board meetings, which are open to the public. This is an opportunity for the public to meet and talk directly with the Board Members.

Any member of the public can provide input and feedback to the Mississauga Halton LHIN at anytime by email to mississaugahaltonlhin@lhins.on.ca.

Evaluation of the Community Engagement Plan for 2011-12

As required by the guidelines for LHINs' Community engagement, participants in each of the community engagement will be provided an opportunity to evaluate their participation as well as to offer suggestions for overall improvement of the MH LHIN's approach to community engagement.

Mississauga Halton LHIN Community Engagement Plan for 2011/12

This year's plan has been developed from the action plans of the Annual Business Plan for 2011/12.

LHIN priorities	Objectives	Operational sector	Engagement Activities	Stakeholders	Proposed Timeline
Improving access, quality and sustainability of the health system	• Reduce ED wait times for treatment and improving patient satisfaction • Reduce unnecessary hospital stays • Improve access to specialized services across the MH LHIN • Improve management of patients and clients movement through the system	Community Support Services	Sector meetings with CSS and Mental Health and Addictions HSPs	HSP Staff	Quarterly
		Hospitals	Wait Time Meetings	HSP Staff	Quarterly
		Long-Term Care	MH LHIN Long Term Care Homes (LTCH) Leadership Committee	All LTC stakeholders	Bi-monthly
			RESTORE Operations Committee	All LTC stakeholders	Bi-monthly
			Long Term Care Homes (LTCH) Family Councils	All LTC stakeholders	As requested
			MH LHIN/NP Stat/Director of Care Committee	All LTC stakeholders	Quarterly
			Nurse Practitioner Steering Committee	All LTC stakeholders	Quarterly
Alternate Level of Care (ALC)	• Demonstrate a reduction of ALC towards MH LHIN targets utilizing all initiatives and investments. • Model the philosophy of "home first", "quality and safety", "right patient, right bed, right time"	Hospitals/Community Services	ALC- Transitional Operations Group (TOG)	HSPs Staff	Monthly
			VP Leaders Meeting	HSPs Senior Management	Monthly
Emergency Department (ED)	• Identify, discuss and drive action around reduction in ED	All sectors	ED Leaders	Hospitals/CCACs/ EMS/Physicians	Bi-monthly
MH LHIN Leaders Group	• To share key LHIN-wide issues, challenges and opportunities	All sectors	Health Care Leaders Committee	Hospitals CEOS, CCACs, Regional Director, Medical Officer of Health from Halton, Commissioner of Health from Peel	Bi-monthly
Critical Care	• Improve service quality and access to Critical Care services within MH LHIN	All sectors	Critical Care Leaders Committee	Hospitals, CCACs, and other health service providers	Quarterly

LHIN priorities	Objectives	Operational sector	Engagement Activities	Stakeholders	Proposed Timeline
Quality	• Collaborate with Ontario Quality Council (OQC) • Review quality improvement plans with hospitals	Hospitals	Quality Improvement meetings	OQC, Hospitals	Bi-yearly
	• Help homes gain quality improvement capacity and skills to improve: unnecessary ER visits, preventing falls and pressure ulcers, continence care, consistency of PSW assignment, improving resident experience • Help homes develop the supports at the Leadership level for continuous quality improvement	Long-Term Care	Residents First- Collaborative	All LTC stakeholders	Quarterly
			Residents First- Leading Quality	All LTC stakeholders	April-September 2011
Create LHIN-wide Regional programs	• Improve access to and quality of care within key clinical services across the MH LHIN • Maximize capacity across the LHIN • Improve use of resources to achieve patient care goals	Chronic Care and Rehab Services Transformation	Integration of Complex Continuing Care and Rehab	All stakeholders	TBD
		Hospitals/CCAC	Clinical Integration Program Oversight Committee (CIPOC)	Hospitals, CCAC	Bi-monthly
		Maternal, Newborn, Child and Youth	Maternal, Newborn, Child and Youth Steering Committee	Hospitals, HSPs, other stakeholders	Quarterly
		Palliative	Palliative Integrated Client Care Project (ICCP)	All stakeholders	TBD
			MH LHIN Palliative Executive Group	HSPs, Physicians	Monthly
Prevention and Management of Chronic Diseases	• Improve access to integrated diabetes services • Improve access to integrated continuum of Chronic Kidney Disease (CKD) services across the LIN	Diabetes	MH LHIN Diabetes Regional Coordinating Centre (DRCC) and Diabetes Integration Steering Committee- Clinical Day of Excellence	All stakeholders	TBD
		Renal	MH LHIN Renal Integration Steering Committee	Hospitals, CCAC, Physicians, Ontario Renal Network	Monthly

LHIN priorities	Objectives	Operational sector	Engagement Activities	Stakeholders	Proposed Timeline
	• Enhance the self-management supports for individuals with chronic conditions	Chronic Diseases	Chronic Obstructive Pulmonary Disease Nursing Outreach Committee	Hospitals, CCACs	Monthly
Integrating Mental Health and Addictions Services	• Improve access to mental health and addictions services • Improve community mental health supports to reduce ER visits and hospital stays • Improve access to early diagnosis and treatment • Assess quality and service to patients	Mental Health	System Integrated Group Mental Health and Addictions	HSPs, Consumers, Physicians	Monthly
			Eating Disorders Working Group	HSPs	Monthly
			Transitional Aged Youth Working Group	HSPs, Physicians	Monthly
			No Wrong Door Task Team	HSPs	Monthly
			Community Concurrent Disorders Program Steering Committee	HSPs	Bi-monthly
			MH LHIN Ontario Common Assessment Need Steering Committee	HSPs, Consumer Survivor Individuals	Monthly
			Education Implementation Working Group (EIWG)	HSPs, Consumer Survivor, Individuals, MOHLTC, Other community agencies	Quarterly
			Client Satisfaction Surveys	HSPs and Clients served	Annually
Enhancing Seniors' Health, Wellness and Quality of Life	• Achieve the best combination of home and community services for 'at risk' seniors • Improve access to and coordination of services for seniors • Support seniors in managing their own health, wellness and quality of life	Seniors	Specialized Geriatrics	Hospitals	TBD
			Supportive Daily Living (SDL) Leadership Group	HSPs	June-July 2011
Strengthening Primary Health Care	• Increase capacity for family health care throughout the LHIN • In partnership with Health Force Ontario, increase the number of physicians in the LHIN • Enhance LHIN-wide community palliative to reduce hospitalization through the implementation of a palliative care initiative	Primary Care	Primary Health Care Steering Committee	Primary Care staff, Public Health, Physicians, Family Health Teams	Quarterly
			CW/MH LHINs Primary Care/Family Practice Physician Network	Physicians, Public Health, LHIN, CCAC	Bi-monthly
		Palliative	MH LHIN Palliative Care Executive Group	Physicians, family Health Teams, Nurses	Bi-monthly

Other LHIN priorities	Objectives	Engagement Activities	Stakeholders	Proposed Timeline
Health Professional Engagement	• Improve quality of care and enhance health system effectiveness across the LHIN	Health Professional Advisory Committee (HPAC)	Physicians, RNs, Allied Health	Quarterly
Governance and Public Relations	• Identify local issues and defining goals for tangible improvements to health care in the communities within Mississauga Halton.	Board meetings	LHIN Board, Staff, Public	Monthly
	• Update Board and Staff on current and leading edge topics in the health system	Board/Staff Education Sessions	LHIN Board and Staff	Monthly
	• Bring together all boards and CEOs/EDs/Administrators from all HSPs to determine strategic initiatives	Governance to Governance (G2G) sessions	Board members, CEOs /EDs /Administrators from HSPs	May/September/November 2011
	• Keep the lines of communication open between the LHIN and MPP Offices	MPPs meeting	MPPs, Board Chair, CEO, MPP Office Staff	TBD- regular meeting
EHealth	• Provide the infrastructure and enablers required for the achievement of all strategic initiatives • Improve information sharing within communities and across the continuum of care • Improve the management and prevention of chronic diseases	eHealth Advisory Committee	HSPs	Bi-monthly
		Project Managers Forum	HSPs	Bi-monthly
		Portfolio Managers Forum	HSPs	Bi-monthly
		eHealth Steering Committee	Primary Care Physicians	Bi-Monthly
		Mississauga Halton LHIN Privacy Committee	HSPs	Bi-monthly
		CCIM HSP Engagement on Integrated Assessment Record (IAR)	HSPs	May 2011
		Community Services Provider Portal Oversight Committee	HSPs (MH and CW LHINs)	May 2011
Citizen Reference Panel	• Engage a representative group of citizens within the region of Mississauga Halton	Citizen Reference Panel Engagement	MH Staff	Bi-yearly
French Language Health Services	• Improve access to French Language Health Services for Francophone residents of the	Briefings on French language Services to LHIN Staff	MH Staff	June 2011
		French Language Services Collaborative Group	Francophones, Identified HSPs	Quarterly

Other LHIN priorities	Objectives	Engagement Activities	Stakeholders	Proposed Timeline
	MH LHIN	Focus Groups on French Language Services Assessment Study and Needs Survey for Francophones	Francophones	April 2011
		Focused conversations on Results of French Language Services Assessment Study and Needs Survey	Francophones	June- September 2011
		Identified HSPs Committee	Identified HSPs	Quarterly
		Forums with Francophone community groups	Identified HSPs, Francophones	Bi-yearly
		French Language Health Planning Entity #3	Francophones	Quarterly
		Mississauga Francophone Event by Region of Peel – Le lien français	Francophones, HSPs	November 2011
		Table de concertation des services en français de Peel, Halton et Dufferin	Francophone groups	Monthly
Engagement with Aboriginal People	• Work with the Aboriginal Community to better understand and address issues of access to care	Briefings on Aboriginal Health Needs Assessment to LHIN Staff	LHIN Staff	September 2011
		First nations, Métis and Inuit Health Needs Assessment Group	Aboriginal Communities	Bi-monthly
		Forums with Aboriginal Community Groups	Aboriginal Communities	Bi-yearly
		Community celebration	Aboriginal Communities	Quarterly
Engagement with GTA LHINs	• Share best practices • Develop common tools across the GTA	GTA LHINs Ontario Common Assessment of Need (OCAN) Tool	LHIN Staff	Monthly
		GTA LHINs Community Engagement Meetings	LHIN Staff	Bi-monthly
		GTA LHINs Aboriginal Leads	LHIN Staff	Bi-monthly
Pan-LHIN Engagement	• Share best practices • Develop common tools across the LHINs	Communicators Meeting	LHIN Staff	Monthly
		Aboriginal Leads Meeting	LHIN Staff	Bi-monthly
		Francophone Leads Meeting	LHIN Staff	Bi-monthly