Central West **LHIN**
RLISS du Centre-Ouest

Annual Business Plan
2012 -2013

Ontario
Central West Local Health Integration Network
Réseau local d'intégration des services de santé du Centre-Ouest

Table of Contents

Ce document est également disponible en français.

January 31, 2012

Mr. Alex Bezzina
Assistant Deputy Minister, Health System Accountability
and Performance Division
Ministry of Health and Long-Term Care
Hepburn Block, 5th Floor
80 Grosvenor Street
Toronto, Ontario M7A 1R3

Dear Mr. Bezzina:

Re: 2012-13 Annual Business Plan

In accordance with the requirements of the Local Health System Integration Act 2006 and the obligations under the Agency Establishment and Accountability Directive, please find enclosed the Central West LHIN's 2012-13 Annual Business Plan. The Annual Business Plan is one of the two components of the Annual Service Plan process and details the LHIN's multi-year planning for the local health system. The Annual Business Plan describes how the Central West LHIN is progressing with the directions of our second Integrated Health Services Plan.

This Annual Business Plan 2012-13 has been approved by the Central West LHIN's Board of Directors.

Sincerely,

Maria Britto
Board Chair of the Central West LHIN

Mimi Lowi-Young
Chief Executive Officer of the Central West LHIN

A Message from the Board Chair and CEO

Maria Britto

The objectives of the 2012-13 Annual Business Plan are directly related to the goals outlined in the Central West LHIN's Integrated Health Service Plan (2010-2013), also known as IHSP2.

The IHSP2 was developed after extensive consultation with local residents, health service providers and civic leaders. The LHIN regularly consults with these stakeholders to inform its work, focused on transforming the local health system so that quality services are available when and where people need them.

This Annual Business Plan is separated into sections according to the priorities of the LHIN. Each section provides highlights about the current status of each priority and outlines some of the accomplishments that have been made. Each goal outlines actions to be completed, impacts, risks and enablers that will ensure the success of this Annual Business Plan.

As a forward-looking document, the 2012-13 Annual Business Plan is building on the successes of previous years' work across the Central West LHIN. While many of the goals are based on provincial priorities, such as reducing ER wait times and managing diabetes as a chronic illness, this document also reflects other priorities, such as services for seniors, mental health and addiction services, and women and children services, to better meet the needs of our growing population.

A strong primary care system, supported by a strong acute care system, which supports people to live healthy lives in their community, is the ultimate goal of the work of the Central West LHIN. As we implement this Annual Business Plan we will move closer to achieving our goal.

Mimi Lowi-Young

Maria Britto
Board Chair of the Central West LHIN

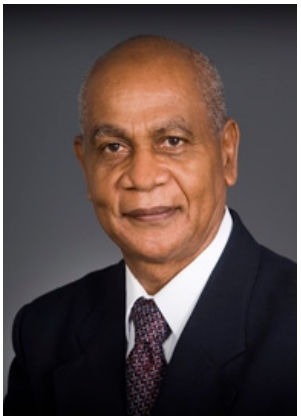
Mimi Lowi-Young
Chief Executive Officer of the Central West LHIN

Board of Directors

Maria Britto
Chair
June 9, 2011 –
June 8, 2014

Lorraine Gandolfo
Member
Oct. 27, 2010 –
Oct. 26, 2013

Suzan Hall
Member
May 17, 2011 –
May 16, 2014



Winston Isaac
Member, reappointed
Jan. 13, 2012 – Jan. 12,
2015

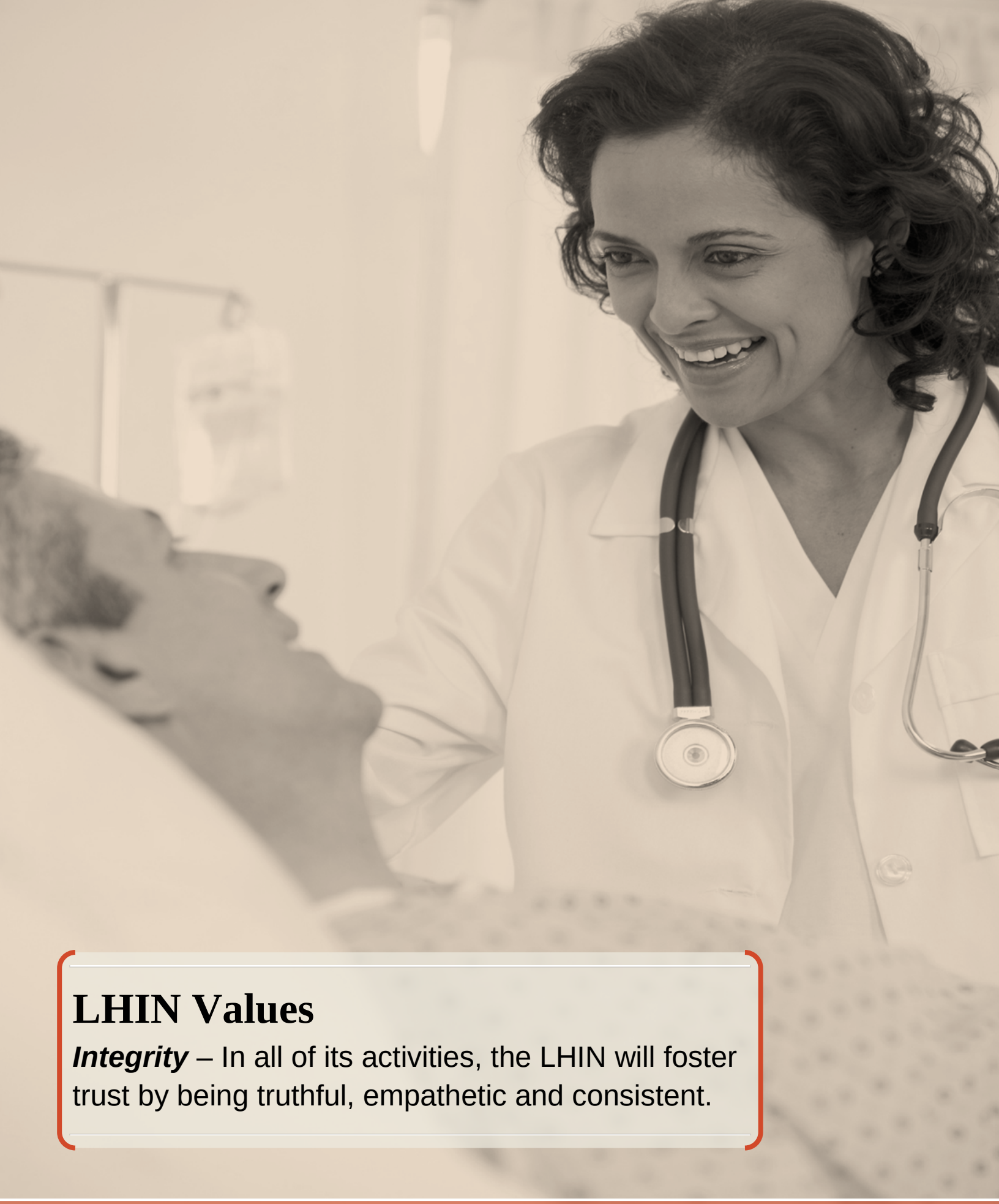
Hon. John McDermid
Member
June 9, 2011 –
June 8, 2014

Gerry Merkley
Member
June 17, 2010 –
June 16, 2013

Pardeep Singh Nagra
Member
June 9, 2011 –
June 8, 2014

Emily Tan
Member
July 8, 2010 –
July 7, 2013

Ken Topping
Member
Oct. 6, 2010 –
Oct. 5, 2013



LHIN Values

Integrity – In all of its activities, the LHIN will foster trust by being truthful, empathetic and consistent.

Annual Business Plan

The Central West Local Health Integration Network's (LHIN) goal is to develop an integrated system of health services aimed at improving access to the right services at the right time. The Central West LHIN's Integrated Health Services Plan 2010-2013 (IHSP2) outlines the transformational work that will be accomplished to improve the local health care system from April 1, 2010 to March 31, 2013. The IHSP2 details the LHIN's priorities and strategic directions, including goals, rationale and measures that will be used to measure improvements.

The Annual Business Plan is a key component of the Ministry / LHIN Performance Agreement (MLPA) and highlights key actions and interventions the LHIN intends to take, providing details of its plan for the upcoming year. The plan builds on previous years' successes by capturing changes for the 2012-13 fiscal year and recognizes that many initiatives have implications in years beyond 2012-13. It outlines the expected impacts of key action items for each of the LHIN's priorities identified in the IHSP2, quantified where measures exist.

The key action items highlighted in the Annual Business Plan for each priority are indicative of the spectrum of the LHIN's work. As an extension of the IHSP2, the Annual Business Plan indicates how, in partnership with Health Service Providers and the community, the Central West LHIN will work to improve the health of residents who live within the LHIN's geographic boundaries.

The Annual Business Plan follows closely the templates set out by the Ministry of Health and Long-Term Care regarding the information it wants included in this document, which is required to be tabled with the Minister according to legislation.

The Annual Business Plan is designed to be a forward-looking document that suggests where the LHIN wants to lead the local health system. The Current Status section within each of the LHIN priority areas outlined in the Plan builds the context for the Plan based on past achievements. Ultimately, the successes in this Plan will be documented in the forthcoming Annual Report, which is also a legislated document to be tabled by the Minister.

The Expected Impacts outlined in each of the LHIN priority areas are quantified wherever possible, based on MLPA performance goals or goals set by the Central West LHIN. Where no numeric indicator is available, the intent of the impact is indicated as an improvement to increase or reduce a given item.

Mandate and Strategic Directions

Under the Local Health System Integration Act (LHSIA), the Central West LHIN has the authority to plan, coordinate, integrate, fund and monitor the local health system for the purpose of improving the health of residents who live in local communities within the LHIN's geographic boundaries. Based on this mandate, the Central West LHIN established its strategic directions using 5 guiding principles:

1. Equitable access based on patient/client need.
2. Preservation of patients'/clients' choice.
3. People-centred, community-focused care that responds to local population health needs.
4. Measurable, results-driven outcomes based on strategic policy formulation, business planning and information management.
5. Shared accountability between providers, government, community and citizens.

The LHIN's strategic directions are fully aligned with the priorities of the Ministry of Health and Long-Term Care (MOHLTC) and are based on community engagement, data analysis and leading practice research.

Each priority highlighted in the Annual Business Plan, and the actions being undertaken, are intended to directly impact on the strategies identified in the IHSP2 to improve local health care services. These are:

- **Enhanced Integration:** Better coordinated and better linked health services, including seamless movement across the care continuum.
- **Increased Capacity:** Adequate levels of the right kinds of services and supports at the right time, at the right place.
- **Improved Access:** Timelier, easier access to high quality, people-centred services.

Strategic directions that align with provincial priorities of the MOHLTC include:

- ER/ALC
- Diabetes
- Mental Health and Addictions
- Information Management
- Aboriginal Health
- French Language Services

Strategic directions that reflect needs at the local level include:

- Primary Health Care
- Integrated Regional Programs
- Diversity and Equity
- Health Human Resources
- Back Office Integration

Key Drivers of System Change

Brampton Civic Hospital Expansion: Services at the Brampton Civic site of William Osler Health System continue to expand to meet local needs, as funding is made available to support the development of a range of integrated clinical programs, providing specialized regional and tertiary programs for LHIN residents.

Clinical Utilization: 37% of residents in the Central West LHIN seek inpatient care from providers outside of the LHIN borders. The objective is to increase local access to a broader range of health services for residents of the Central West LHIN.

Community Services Funding Increase: The Central West LHIN directed the 2011-12 funding increase to the community service sector to support local growth and LHIN service priorities (1.5% investment to maintain and enhance existing services, and an additional 1.5% in support of targeted priorities).

Diabetes: According to the Canadian Community Health Survey, the percentage of residents with diabetes in the Central West LHIN increased from 5.2% in 2009 to 9.2% in 2010, compared to an increase from 6.4% to 7.2% provincially. The LHIN is moving forward with the province's Diabetes Strategy.

Diversity: Approximately 46% of the population of the LHIN is identified as immigrants and over 50% are visible minorities. This rich diversity requires that health services be sensitive to language barriers, respect cultural beliefs, and focus on preventing and treating diseases that are frequently seen in these populations. It is also important to note that the population's growing diversity is reflected in education levels, housing, income/poverty, gender identity, sexual orientation, a range of (dis)abilities, faith, ethnicity, language and other factors. Recognizing this, the Central West LHIN is committed to improving health equity to improve access to care for marginalized populations.

Environmental Scan

The Central West LHIN now funds 51 Health Service Providers with a total transfer payment of $807,495,300 in 2011/12. Included in the total transfer payment for 2011/12 is funding for the following initiatives:

- Growth Funding: $2,186,500
- Post Construction Operating Plan (PCOP) Funding: $19,693,000
- ER/ALC Pay for Results Funding: $5,375,400

Health Service Providers in the Central West LHIN consist of:

- 2 community health centres and their satellite locations
- 1 Community Care Access Centre
- 2 hospital corporations
- 8 mental health and addictions services
- 23 long-term care homes
- 15 community support services organizations

Emergency Room/Alternate Level of Care (ER/ALC): Ensuring timely access to hospital emergency services is a priority. In order to achieve this goal, the Ministry of Health and Long-Term Care has sponsored the ER/ALC strategy, which is focused on both improving ER performance and reducing the number of patients in hospital who require an alternate level of care (ALC). Improved flow of patients through hospital and into the community or to a more appropriate setting is required to shorten the time people wait in the emergency room. All hospitals in the Central West LHIN have been funded under the ER/ALC strategy to improve emergency department performance and are working towards set performance targets.

Emergency Volumes: Demand for emergency services in the Central West LHIN continues to increase, particularly at Brampton Civic, where growth in 2010/11 fiscal year volumes increased by 7.3% (101,074 total ER visits) compared to 2009/10 (94,222 total ER visits).

Etobicoke General Hospital (EGH) Redevelopment: On August 25, 2011, William Osler Health System received government approval to plan for Phase 1 of the multi-phase redevelopment of the Etobicoke General Hospital. The new four-storey wing at EGH will provide new and expanded facilities to accommodate the growing emergency department, critical care unit and intensive care unit.

Excellent Care for All Act: This legislation requires health care organizations to develop quality improvement plans that are grounded in data collected about patient satisfaction regarding service provision and patient relations processes, data about employee satisfaction with the workplace, and other measurable quality indicators.

French Language Services Act (FLSA): The FLSA guarantees to all persons and corporate entities the right to communicate with the government and its agencies, boards and commissions, in French, and to receive services in French. As a Crown agency, the Central West LHIN is committed to increasing access and accessibility to French language health services by meeting the requirements of the FLSA and those of the Local Health System Integration Act.

Local Health System Integration Act (LHSIA): The LHSIA gives the Central West LHIN the power to plan, coordinate and fund health care providers located within its geographic boundaries. The LHIN will engage the community and Health Service Providers to identify needs, reduce inefficiencies and improve access to high quality, patient-centred health services.

Mental Health and Addictions: The guiding goals of Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy (June 2011) are to improve the health and well-being for all Ontarians, to create healthy, resilient, inclusive communities, to identify mental illnesses and addictions problems early and intervene, and to provide timely, high quality, integrated, person-directed health and other human services. Open Minds, Healthy Minds offers a comprehensive approach to transforming the mental health system through a clear mission, forward-thinking vision and long-term strategies for change. The MOHLTC, in partnership with three other ministries, has begun to implement the first three years of the strategy known as Ontario's Three-Year Child and Youth Mental Health Strategy by funding and providing support to expand child and youth mental health services.

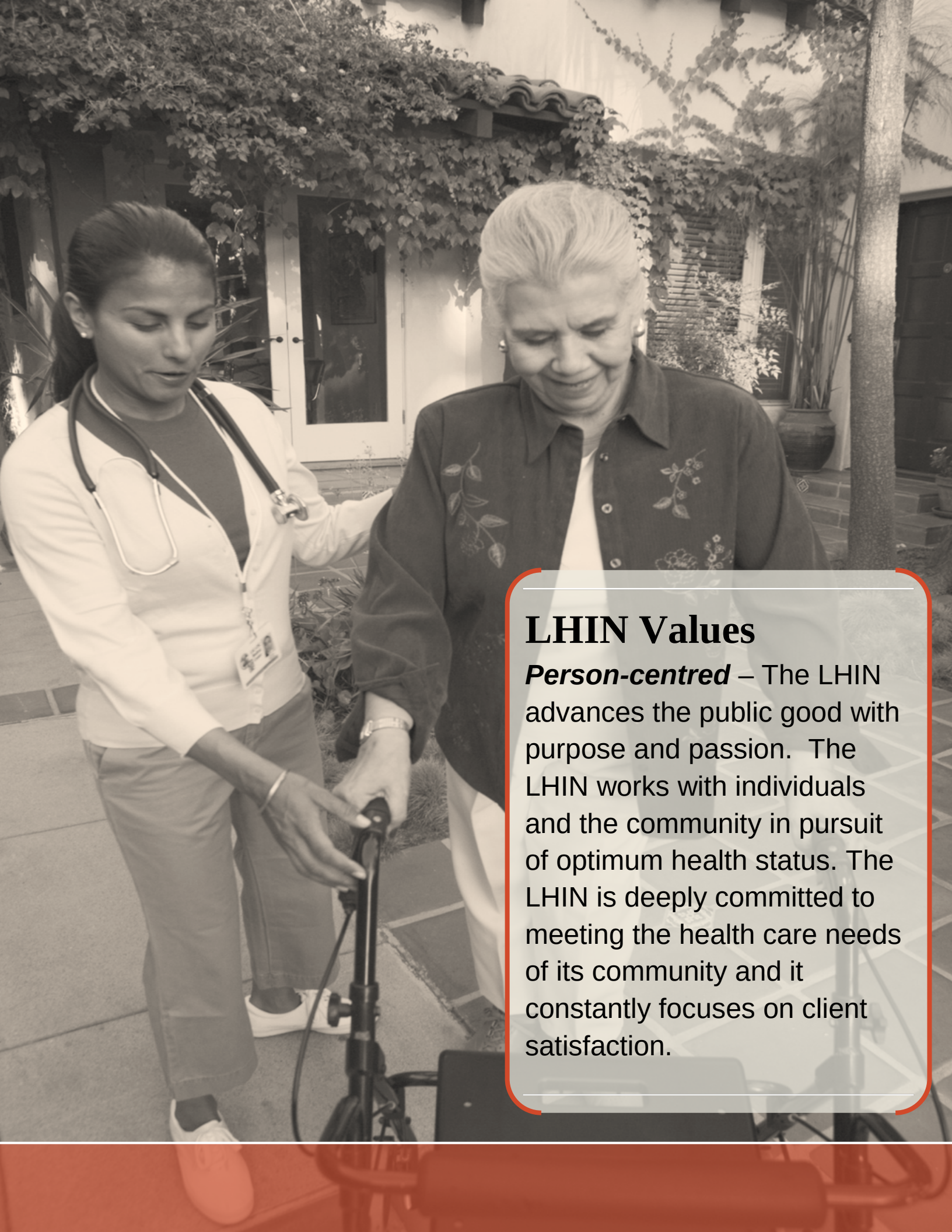
Peel Memorial Hospital Redevelopment: The Minister of Health and Long-Term Care announced a major redevelopment at the Peel Memorial site of William Osler Health System on August 16, 2011. Phase 1 of the new centre is set to begin in 2012 with demolition of existing buildings.

Population Growth: Based on the 2006 Statistics Canada Census, the population of the Central West LHIN was 779,000. This LHIN has the highest growth of any LHIN in the province and its population is expected to continue to grow by 25% over the next 10 years, to a projected population of 1,021,000 by 2019 (Ministry of Finance Population Projects, from the MOHLTC's Provincial Health Planning Database, June 2008). In 2011/12, $2,186,500 in hospital high growth funding was invested to assist with the Central West LHIN's population growth.

Primary Health Care: In order to continue to increase access to primary care, the LHIN is building on the province's primary care improvement initiatives by supporting the development of new family health teams, improving access to community health centres by establishing three satellite locations in different communities, working with physician recruitment groups, supporting the increased use of inter-professional collaborations, and developing the Health and Care Centre model initially in the communities of Bolton and Shelburne.

Integrated Health Services Plan, 2013-2016

A significant activity that will be undertaken in 2012-13 will be the work undertaken, including the extensive engagement of community members and health service providers, to develop the Central West LHIN's third Integrated health Services Plan for the period April 2013 to March 31, 2016.



LHIN Values

Person-centred – The LHIN advances the public good with purpose and passion. The LHIN works with individuals and the community in pursuit of optimum health status. The LHIN is deeply committed to meeting the health care needs of its community and it constantly focuses on client satisfaction.

ER/ALC

WE HAVE A VISION FOR AN EMERGENCY SYSTEM THAT DELIVERS HIGH-QUALITY, PATIENT-CENTRED CARE THAT MEETS THE URGENT NEEDS OF THE COMMUNITY AND THAT REDUCES WAIT TIMES IN THE EMERGENCY DEPARTMENT.

IHSP2 Priority Description

Decreasing emergency room (ER) wait times is fundamental to the LHIN's work with Health Service Providers. Long waits for patients in emergency rooms require a systems approach involving hospitals and community service providers. The LHIN's integration priorities tie directly to its commitment to reduce emergency room wait times. The LHIN is working on reducing the number of days patients are staying in hospital when they should be receiving alternate care in another setting. Reducing the alternate level of care (ALC) rate focuses on ensuring patients obtain the right type of service in the right place, at the right time.

Current Status

- Based on the 2006 Statistics Canada Census, the population of the Central West LHIN was 779,000. This LHIN has the highest growth of any LHIN in the province and its population is expected to continue to grow by 25% over the next 10 years, to a projected population of 1,021,000 by 2019 (Ministry of Finance Population Projects, from the MOHLTC's Provincial Health Planning Database, June 2008).
- In light of this growing population, visits to the ER grew by 12% for high acuity (seriously ill) patients in 2011 compared to 2010 (April to September in both years).
- In order to reduce ER wait times, the LHIN continues to work with primary care physicians, other health care providers and community partners to ensure that patients with conditions that are not life threatening, and could be looked after outside the hospital, have the appropriate services available to them.

Goals

- ☑ **Reduce ER demand:** Reducing the number of non-urgent cases that present at the ER will enable emergency clinicians to focus on patients with high clinical needs.
- ☑ **Increase ER capacity/performance:** Improving triage and admission processes and reducing ambulance offload times will enable emergency clinicians to provide more efficient care.
- ☑ **Improve bed utilization:** Improving bed utilization ensures patients are receiving the right level of care and improves the use of hospital resources.
- ☑ **Enhance integration and improve access:** Improving coordination results in easier and timelier movement into and out of hospital emergency departments and in-patient units, to the CCAC, long-term care facilities, and community providers.

- The Central West LHIN is working towards achieving the provincial target of 8 hours for the length of time all high acuity patients spend in the emergency department. The LHIN has been successful in improving the emergency department length of stay for non-admitted, high acuity patients by 42 minutes from Q2 10/11 to Q2 11/12.
- The Central West LHIN has improved the length of time that low acuity (less urgent) patients spend in the emergency department, from 4.3 hours in Q2 10/11 to 3.9 hours in Q2 11/12 (improvement of 24 minutes). The Central West LHIN is meeting the provincial target of 4 hours and is performing better than the provincial average of 4.3 hours.
- The LHIN continues to meet the 2011/12 local target of 9.46% for percent of ALC days. The LHIN consistently has one of the lowest ALC rates amongst all 14 LHINs, reaching 8.67% in Q1 2011/12 (compared to a provincial rate of 14.4%).

Admitted Patients: Table 1 below shows the 90th percentile ER length of stay (hours) for the hospitals in the Central West LHIN. Table 2 shows the number of visits in this category.

Table 1: 90th Percentile ER Length of Stay for Admitted Patients (Hours)	Baseline (10/11)	Q1 11/12	Q2 11/12	YTD* 11/12
Central West LHIN	**30.6**	**33.6**	**35.8**	**35.8**
Headwaters Health Care Centre	10.4	8.2	8.5	8.5
William Osler Health System – Brampton Civic Hospital	26.9	30.9	32.1	32.6
William Osler Health System – Etobicoke General Hospital	47.5	48.2	50.8	49.8

Data source: Access to Care, Operational Report (November 2011)
**YTD is March 2011-November 2011*

Table 2: Count of Admitted Patients (Used to Calculate ER Length of Stay)	Baseline (10/11)	Q1 11/12	Q2 11/12	YTD 11/12
Central West LHIN	**24,398**	**6,695**	**6,839**	**18,168**
Headwaters Health Care Centre	3,327	877	828	2,280
William Osler Health System – Brampton Civic Hospital	12,613	3,648	3,777	9,856
William Osler Health System – Etobicoke General Hospital	8,458	2,170	2,234	6,032

Non-Admitted, High Acuity Patients: Table 3 below shows the 90th percentile ER length of stay (hours) for non-admitted, high acuity patients presenting to emergency departments in the Central West LHIN. Table 4 shows the number of non-admitted, high acuity visits in this category.

Table 3: 90th Percentile ER Length of Stay for Non-Admitted, High Acuity Patients	Baseline (10/11)	Q1 11/12	Q2 11/12	YTD 11/12
Central West LHIN	**8.7**	**8.3**	**8.0**	**8.0**
Headwaters Health Care Centre	5.9	5.3	5.3	5.3
William Osler Health System – Brampton Civic Hospital	9.5	9.1	8.7	8.7
William Osler Health System – Etobicoke General Hospital	8.2	7.7	7.5	7.6

Table 4: Count of Non-Admitted, High Acuity Patients (Used to Calculate ER Length of Stay)	Baseline (10/11)	Q1 11/12	Q2 11/12	YTD 11/12
Central West LHIN	**118,771**	**31,232**	**32,562**	**85,908**
Headwaters Health Care Centre	14,671	4,391	4,413	11,929
William Osler Health System – Brampton Civic Hospital	60,439	15,847	17,140	44,671
William Osler Health System – Etobicoke General Hospital	43,661	10,994	11,009	29,308

Non-Admitted, Low Acuity Patients: Table 5 below shows the 90th percentile ER length of stay (hours) for non-admitted, low acuity patients presenting to emergency departments in the Central West LHIN. Table 6 shows the number of non-admitted, low acuity visits in this category.

Table 5: 90th Percentile ER Length of Stay for Non-Admitted, Low Acuity Patients	Baseline (10/11)	Q1 11/12	Q2 11/12	YTD 11/12
Central West LHIN	**4.2**	**3.9**	**3.9**	**3.8**
Headwaters Health Care Centre	3.9	3.2	3.2	3.2
William Osler Health System – Brampton Civic Hospital	4.4	4.2	4.1	4.1
William Osler Health System – Etobicoke General Hospital	4.3	4.0	4.1	4.0

Table 6: Count of Non-Admitted, Low Acuity Patients (Used to Calculate ER Length of Stay)	Baseline (10/11)	Q1 11/12	Q2 11/12	YTD 11/12
Central West LHIN	**57,707**	**14,829**	**14,114**	**37,191**
Headwaters Health Care Centre	16,607	4,343	4,133	11,054
William Osler Health System – Brampton Civic Hospital	28,020	7,011	6,405	16,901
William Osler Health System – Etobicoke General Hospital	13,080	3,475	3,576	9,236

- The 90th percentile wait time for CCAC in-home services (application from community setting to first CCAC service, excluding case management) is currently at 21.00 (Q2 2011/12), which is within a 10% corridor of the target of 19.00.

ER Performance Investments

- **Pay for Results**: All hospitals in the Central West LHIN are included in the Emergency Department Pay for Results Program. Under this program, hospitals are working towards an overall 10% improvement for performance indicators that were above the provincial target in 2010/11 and a 5% improvement in performance indicators that meet or were below the provincial target in 2010/11.
- **Nurse-Led Long-Term Care Outreach Teams**: These teams provide additional support to long-term care homes so that residents have access to timely, high quality care within their homes and to minimize avoidable resident transfers to ERs and hospitals admissions.

Community Investments

- **Home First**: This initiative was implemented by the Central West CCAC throughout the LHIN to facilitate discharge of clients home when they might otherwise remain in hospital and/or be placed in long-term care, and prevent unnecessary readmissions.
- **Assisted Living Services for Frail Elderly (Brampton and Etobicoke)**: Two hub and spoke models located in Brampton and Etobicoke will provide Assisted Living in Supportive Housing services to high needs seniors. These services will open additional community capacity to serve hospital ALC patients in their local communities and avoid premature entry into long-term care or frequent ER visits.
- **Clinical Outreach to the Elderly**: This initiative aims to prevent deteriorating health conditions of the elderly who are living in their homes or assisted living facilities. Nurse practitioners will actively identify and treat higher needs clients to avoid acute events**.**
- **Assisted Living Services for Frail Elderly (Bolton)**: A client-focused model that delivers personal care, activation activities, and mental health support to seniors living in their homes within the Bolton area. This initiative will support seniors to remain living at home or in supportive housing and reduce the likelihood of premature institutionalization and/or ER/ALC utilization.

Hospital Investments

- **Headwaters Health Care Centre Assess and Restore Services**: This initiative includes the enhancement of services to 16 beds, offering comprehensive programming to improve seniors' functional abilities through intensive rehabilitation.
- **Brampton Assess and Restore Services**: This initiative will provide resources for enhanced rehabilitative/restorative services to new beds at Brampton Civic Hospital. This enhancement will offer short term assess and restore services to allow frail seniors to return home and avoid becoming ALC patients.

Targeted Process Improvement Plans

Hospitals are looking at how to assess, treat and admit patients faster to ensure the best care is available to anyone who needs acute services.

- **Patient Flow Improvement Project**: The purpose of this project is to enhance patient flow from admission into the ER through to discharge, with a goal to reduce the ALC rate.
- **ED Performance Improvement Plan**: The purpose of this program is to review hospital processes and identify opportunities for improvement to reduce ER length of stay. William Osler Health System and Headwaters Health Care Centre are focused on improving patient flow from the ER through to inpatient units.

Consistency with Government Priorities

Reducing emergency room (ER) wait times is a key priority for the Ontario Government. The Central West LHIN has aligned its goals accordingly.

Action Items to Be Completed*	2012/13	2013/14	2014/15
Improve ER performance by working with hospitals, CCAC and community partners to implement and evaluate ER/ALC-related initiatives.	In progress 50%	25%	25%
Lower ALC rate by working with hospitals, CCAC and community partners to implement identified initiatives.	Completed Meeting Target 100%		
Improve access to care in the community to avoid repeat visits to the emergency department.	In progress 25%	25%	25%

**As per the MOHLTC guide, the status of the work (Not yet started, In progress, Deferred, or Completed), and if applicable, the percentage completion anticipated in each of the next three years is indicated.*

Expected Impacts of Key Action Items

- Maintenance and reduction of ER wait times for non-admitted high acuity patients (currently at 8 hours, with LHIN target at 8.4 hours or less) and non-admitted low acuity patients (currently at 3.9 hours, with LHIN target at 4 hours or less) in the Central West LHIN.
- Improved the 90th percentile ER Length of Stay (LOS) for admitted patients, which currently stands at 35.8 hours in Q2 2011/12, by moving towards the target of 26.5 hours.
- Continue to reduce ALC days from current rate of 8.67% (which is better than the current LHIN target of 9.46%).
- Maintenance of the average wait time – currently the best in the province – to placement to long-term care (as of May 2011, average wait time is 42 days, lower than the provincial rate of 82 days).
- Working with Health Care Connects to link residents in the Central West LHIN to family physicians and ensuring the current rate of success at 76% is maintained or improved (provincial average from 2009-2011 is 54%).

Risks/Barriers to Successful Implementation

- The high rate of population growth in the Central West LHIN will put increasing pressure on access to health services.
- The trend towards increasing volumes of emergency department visits may impact on the length of stay in the ER.
- Fiscal restraint measures being implemented by the Central West CCAC may impact on wait times for home and community-based services.
- There is a need for culturally-appropriate ER/ALC service delivery.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- The ALC Steering Committee brings together hospitals, the Central West CCAC, long-term care and community providers to oversee the implementation and progress of specific strategies that enhance patient flow. The overall goal of the committee is to focus on reducing ALC rates
- The Central West LHIN's ER/ALC network brings together key stakeholders to proactively review ER/ALC performance results and strategize ways to improve performance.
- The participation of Central West LHIN hospitals in the provincial Emergency Department Process Improvement Plan (ED-PIP) will allow for the planning and implementation of proven ER improvement principles and concepts, while focusing on quality and patient satisfaction.
- The LHIN will continue to support existing programs in the community that were funded through Aging at Home, such as Palliative Outreach, Home First and TeleCheck.
- Through existing committees and working groups, the LHIN will continue to support and build on successful ER performance initiatives such as the After Hours Urgent Care Clinic, Paediatric Assessment Zone, Cardiac Assessment Zone, and the Mental Health Observation Unit.

Diabetes

WE HAVE A VISION FOR A SYSTEM OF SERVICES THAT IMPROVES THE LIVES OF PEOPLE LIVING WITH, OR AT RISK OF, CHRONIC DISEASES. OUR INITIAL WORK WITH DIABETES WILL ESTABLISH THE PLATFORM FOR EXCELLENCE IN THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASES.

IHSP2 Priority Description

Diabetes is a priority for the Central West LHIN since the local population has one of the highest prevalence rates of diabetes among LHINs. According to the Canadian Diabetes Association, evidence suggests a predisposition to diabetes in the immigrant and ethnoculturally diverse population. The prevalence of end stage renal disease (often the result of complications with advanced diabetes) is also higher in the LHIN.

The Central West LHIN is working in partnership to build a system of care that promotes education, prevention, and wellness. This system of care, tailored to the needs of ethnocultural communities, will empower individuals to actively self-manage their chronic diseases, complications and co-morbidities in partnership with their primary care providers.

Current Status

- According to the Canadian Community Health Survey (2010), the rate of diabetes in the Central West LHIN is 9.2%, compared to the provincial rate of 7.2%.
- The Central West LHIN currently has a total of 11.5 Ministry of Health and Long-Term Care (MOHLTC) funded diabetes education programs that are delivered by 5 Health Service Providers across the LHIN. A total of 6,302 patients were seen in Q2 of 2011-12.

Goals

- ☑ Promote education and wellness to empower individuals to actively self-manage their chronic disease(s) in partnership with their primary care providers, with a focus on prevention.
- ☑ Establish programs and services that address complications and co-morbidities, and that are tailored to meet the needs of the LHIN's ethno-cultural communities.

- Established in 2011, the Regional Diabetes Coordination Centre is hosted by William Osler Health System within the Central West LHIN. The centre organizes and coordinates regional diabetes services and plans for future programs and services in the region.
- In April 2011, the Central West Ontario Renal Network developed a vision through a strategic planning day. The resulting vision is to meet the needs of the diverse population at all stages of kidney dysfunction, with an increased emphasis on early intervention and disease prevention, through comprehensive, integrated and multi-disciplinary care. This vision and associated strategic plan will guide the work of the Renal Network and its partners.
- The Central West LHIN has reviewed and endorsed the plan for William Osler Health System's Etobicoke Community-Based Comprehensive Renal Unit. This unit will provide a full spectrum of renal services, including 36 dialysis and home dialysis training stations.
- In 2010, William Osler Health System became the site for the Regional Chronic Kidney Disease (CKD) Coordination Centre. The program will organize and coordinate renal services in the Central West LHIN. The program has recruited the necessary staff and steering committee that is currently developing a vision for renal services throughout the region.
- In 2010, the new Centre for Complex Diabetes Care was opened at Brampton Civic Hospital.

Consistency with Government Priorities

The Central West LHIN is strongly committed to improving access to diabetes care for local communities by supporting the roll-out of the provincial Diabetes Strategy. The intention is to develop patient-focused models of care that will provide education to avoid the onset of disease and promote early diagnosis of diabetes, effective self-management education for patients and on-going monitoring, to enable rapid treatment of complications. How these models of care will be developed and implemented locally is a key priority for the Central West LHIN.

Action Items to Be Completed	2012/13	2013/14	2014/15
Work with the Regional Diabetes Coordination Centre to implement the local multi-year plan, which will coordinate and improve diabetes care.	In progress 25%	25%	25%
Work with the Regional Diabetes Coordination Centre to continue efforts to deliver self-managed care education and training to Health Service Providers.	In progress 25%	25%	25%
Work with the Central West Ontario Renal Network to implement the local multi-year plan, which will enhance renal care services.	In progress 25%	25%	25%

Expected Impacts of Key Action Items

- Increased percentage of people with diabetes who receive clinical testing (e.g. blood sugar levels, cholesterol, retinal eye exam) from 37.7% (as of March 2011) to meet or exceed the provincial rate of 39.6%.
- Reduced prevalence of diabetes in the Central West LHIN from the current rate of 9.2% (Canadian Community Health Survey 2010) to at minimum the provincial rate of 7.2%.
- Increased rates of home dialysis at Osler from the current rate of 5.54% to the target of 8.11% by 2013, as determined by the Ontario Renal Network.
- Reduced number of emergency room visits for both hyperglycemia and hypoglycaemia by 30% by 2013. Currently (as of the second quarter in 2010/11), 437 hyperglycemia patients and 849 hypoglycaemia patients visited the emergency room.

Risks/Barriers to Successful Implementation

- The Coordination Centre will need to be supported by appropriate availability and access to clinical data and information and monitoring systems, which will be facilitated by the leadership of eHealth.
- A consistent process for referrals to Diabetes education programs is required and adequate staffing must be in place to ensure clients with diabetes are directed to the program to ensure that clients receive education and intervention as early as possible. Innovation in dialysis options for chronic kidney disease patients need to be created in the LHIN through the leadership of the acute care sector and the Ontario Renal Network.
- There will need to be a continued emphasis on ensuring that the active participation of primary care providers is maintained.
- There is a need for culturally-appropriate services and program delivery.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- The Central West LHIN and Coordination Centre will continue their efforts to develop collaborative partnerships with the local Brampton Diabetes Network and Family Health Teams throughout the LHIN.
- The LHIN will develop partnerships with providers such as Public Health and other organizations to develop a collaborative approach to providing care and reducing the burden of diabetes.

Mental Health and Addictions

WE HAVE A VISION OF AN EXPANDED COMNMUNITY-BASED, CONSUMER-CENTRED MENTAL HEALTH AND ADDICTIONS SERVICES SYSTEM, DESIGNED TO IMPROVE THE LIVES OF PEOPLE LIVING WITH MENTAL HEALTH AND ADDICTIONS CONCERNS, WHICH MEETS THEIR INDIVIDUAL HEALTH NEEDS AND CIRCUMSTANCES.

IHSP2 Priority Description

The Central West LHIN envisions mental health and addictions services to be grounded in need and in recovery so that individuals and their caregivers will know how and when to access a wide range of integrated services. The LHIN's goal is for residents to be able to make their own decisions about their care, treatment and goals for recovery, as well as to self-monitor their condition.

Goals

- ☑ Improve access to expanded, community-based and consumer-centred mental health and addiction services across the LHIN that meet individuals' needs and circumstances.
- ☑ Address local priorities identified in the provincial 10-year Mental Health and Addictions Strategy.

Current Status

- The Central West LHIN currently funds 8 mental health and addictions services. The scope of community-based services includes residential long-term drug and alcohol addiction treatment for men, crisis services, assertive community treatment teams, intensive case management, justice services, rehabilitation programs, outreach, peer and youth support, addictions and problem gambling services, withdrawal management, transitional support, and supportive housing.
  - Reconnect Mental Health Services Inc. relocated to within the boundaries of the Toronto Central LHIN. Transfer negotiations between the LHINs included an agreement with Reconnect to maintain service to Central West LHIN residents.

- Through base funding increases, the Mental Health and Addictions Core Action Group developed a sector plan for enhancement of services, including:
  - The Early Psychosis Intervention: targeting youth aged 16 to 24 in Malton and Dufferin.
  - Consumer/Survivor Network - Central West: engaging youth and their families and enhancing the "voice" of people who have experience with mental health and addictions services.
  - The Dufferin Human Services and Justice Coordinating Committee: facilitating ongoing cross-sector planning and the development of a mental health court Orangeville.
  - A system integration project designed to result in a client transitions management plan for providers to better serve youth moving from child and youth services to the adult system.

- The Mental Health and Addictions Core Action Group continues to monitor the impact of concerted efforts to ensure compliance with Ontario Healthcare Reporting Standards and improve consistency within and across LHINs. All community mental health and addiction providers participated and reported improvements in data input and a commitment to establish common, minimum standards for audit practices to sustain quality.

- A Psychogeriatric Resource Consultant staff position to support cross-sector training in mental health and addictions for staff at long-term care homes was repatriated from a neighbouring LHIN. A team of PRCs will be established through the Behaviour Supports Ontario project cited in the Services for Seniors section of the present document, to adequately serve the 23 homes in the Central West LHIN.

- The LHIN's targets for repeat unplanned emergency visits within 30 days for mental health and addictions have fluctuated at or over target each quarter. Recommendations from a 6-month study by William Osler Health System is the focus for action by a work group of mental health and addiction services leaders to inform hospital and community-based providers about how to improve performance.

- Supportive housing for problematic substance use is serving 11 of 16 clients targeted, with additional clients engaged in the intake and screening process.

- The Concurrent Disorders Network served 89 individuals from April to October 2011, with 120 clients the annual target. Two psycho-educational groups known as "CD1" are offered throughout the year as is a follow-up group to help clients practice what they have learned. As planned, increased organizational capacity and competence to serve individuals with a concurrent disorder resulted from the adoption of a standardized screening tool known as the GAIN Short Screener, staff training, formal agreements amongst providers to offer more responsive services, and ongoing assessment of organization-wide practices.

- Staff was hired and training in the service model was completed in the fall of 2011 for the 2-year prevention and early intervention youth addictions outreach project.

- As per the section on Information Management in the present document, Health Service Providers have adopted and are ready to implement the standardized community mental health common assessment tool known as Ontario Common Assessment of Need, and are participating in the electronic Integrated Assessment Record so that with client consent, providers can electronically share a common assessment tool within a client's circle of care.

Consistency with Government Priorities

The Central West LHIN will support the local implementation of the provincial 10-year Mental Health and Addictions Strategy, helping to create a system that provides everyone who needs care with equitable access to safe, respectful, and effective services. The Central West LHIN will develop and implement strategies aligned with related provincial priorities of reducing ER wait times and reducing ALC rates.

Action Items to Be Completed	2012/13	2013/14	2014/15
Facilitate the planning and implementation of consumer-identified service priorities (e.g. drop-in activities, psychiatric care) by the Consumer Survivor Network – Central West.	In progress 20%	20%	20%
Initiate implementation amongst GTA LHINs of shared assessments for Central West LHIN residents receiving care through community mental health services.	In progress 50%	50%	
Establish and execute a client transitions management plan to support clients' movements from child and youth to adult mental health and addiction services, consistent with the 10-year Strategic Plan.	In progress 50%	50%	
Engagement of primary care physicians and psychiatrists to facilitate the use of psychiatric sessionals for initiatives related to system integration (e.g. coordinated care approaches such as diabetes management, dual diagnosis, screening, etc.).	In progress 100%		

Expected Impacts of Key Action Items

- The expansion of the Consumer-Survivor Network will result in increased participation of persons with lived experience (consumers) in the Core Action Group.
- Youth and young adults will begin to experience smoother transitions between and amongst youth and adult services.
- Strategies to reduce the number of repeat, unplanned emergency visits within 30 days for mental health conditions and for substance use from the current 14.2% and 17.7% respectively (both currently below the LHIN targets of 14.8% and 17.9%) will be identified, implemented and monitored.
- By March 2013, all mental health and addiction providers will commit to and begin implementation of shared assessment, where each client has only one assessment in the system, updated by all providers in the circle of care for which the client has consented it be shared.

Risks/Barriers to Successful Implementation

- Implementing and monitoring cross-Ministry initiatives to advance the provincial 10-year Mental Health Strategy is complex and requires new local relationships.
- Funding levels for mental health and addictions services remain a challenge and improved integration may not sufficiently address gaps.
- The availability of mental health human resources, including psychiatrists, family physicians, and nurses with specialized training, may impede timely and appropriate hiring and launch of new initiatives.
- The social and economic conditions often faced by individuals with mental health and addictions issues can extend beyond the health care system and require cross-sectoral partnerships to address them.
- There is a need for culturally-appropriate services and program delivery.
- The confidence of providers and clients in privacy and security protocols must be established in order to secure client consent for the use of electronic tools.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- Active engagement by the LHIN with the Consumer-Survivor Network will be required to support the execution of its expanded mandate that resulted from the 1.5% base funding increase.
- Collaboration with local staff of the Ministries of Children & Youth Services, Education, and Training, Colleces and Universities will build commitment to and advance the shared plan.
- The continued engagement of persons with lived experience in common assessment and Integrated Assessment Record implementation will help to build trust and confidence in electronic tools.
- The continued commitment of Health Service Providers serving Central West LHIN residents to plan and offer services from a system perspective rather than an independent provider perspective will help to sustain the drive toward a common goal.
- A joint, planned approach by Health Service Providers that conveys system-level impact may result in more effective human resource recruitment.

Information Management

WE HAVE A VISION OF A SYSTEM THAT LEVERAGES INFORMATION MANAGEMENT TO LINK HEALTH SERVICE PROVIDERS, BETTER MANAGE PATIENT / CLIENT CARE, ENHANCE DECISION-MAKING, AND EMPOWER INDIVIDUALS TO SELF-MANAGE CHRONIC ILLNESSES.

IHSP2 Priority Description

LHIN-wide information integration is essential to improving the patient experience, connecting providers and supporting patient or client self-management. The key focus for 2012/2013 will be to ensure the Central West LHIN Health Service Providers have the resource capacity (people, processes and technology) to support regional and provincial information technology solutions.

Current Status

- The Community Care Information Management (CCIM) and the Integrated Assessment Record (IAR) are currently being implemented.
- Increasing the adoption of Physician Electronic Medical Record systems within the LHIN continues to be a key focus. The percentage of specialists in the LHIN who have an Electronic Medical Record (EMR) is 30% while the percentage of other physicians is 40%.
- The eHealth Project Management Office (PMO) continues to mature. One area of focus is the increase in adoption of an enterprise Project Portfolio Management (PPM) tool (Eclipse) to facilitate improved project planning and tracking.

Goals

- ☑ Provide the infrastructure and enablers required for the achievement and integration of all strategic initiatives.
- ☑ Improve information sharing within communities and across the continuum of care.
- ☑ Improve the management and prevention of chronic diseases.

- The implementation of the Community Services Provider portal to facilitate the real time collaboration of LHIN-funded, community-based service providers is ongoing.
- eHealth is partnering with the Central, Central East, Mississauga Halton and Toronto Central LHINs on the ConnectingGTA project to provide health care providers with a single point of access to patient health information.
- The hospital Rapid Electronic Access to Clinical Health (REACH) product that allows data exchange between hospital systems is being expanded.
- The recently-enhanced eHealth Ontario toolkits, policies, processes and procedures in the development of a regional privacy program that supports the Central West LHIN Health Service Providers continue to be leveraged.

Consistency with Government Priorities

The Ministry of Health and Long-Term Care has made a commitment to implementing the Diabetes Registry and Electronic Health Record across the province. Participation in ConnectingGTA and other projects, such as Resource Matching & Referral and the Hospital Report Manager, offer significant partnering opportunities for Health Service Providers. In addition, innovative eHealth solutions must be found to support integration of information in and across community agencies.

Action Items to Be Completed	2012/13	2013/14	2014/15
Create a Regional Privacy Program.	In progress 100%		
Implement the Community Care Information Management (CCIM) initiatives.	In progress 100%		
Implement the Hospital Report Manager (HRM).	In progress 75%	25%	
Implement the Diabetes Registry.	In progress 50%	50%	
Implement the Resource Matching & Referral BTI initiative.	In progress 100%		
Implement a Community Services Provider Portal.	In progress 100%		
Create and implement a physical eReferral solution.	In progress 50%	50%	
Expand the REACH initiative.	In progress 100%		
Implement the GTA West Diagnostic Imaging Repository.	In progress 100%		
Source and implement the Connecting GTA – Provider Portal and Health Information Access Layer (HIAL).	In progress 50%	25%	25%
Continue the rollout of the OntarioMD physicial Electronic Medical Record Adoption Program.	In progress 75%	25%	

Expected Impacts of Key Action Items

- Improved sharing and access of information across LHIN Health Service Providers.
- Increased implementation and adoption of electronic medical records by primary care providers. Currently, the target set by Ontario MD is 65% provincial adoption by 2012.
- Improved ability to drive results through the availability and transparency of reporting through the LHIN-wide adoption of the Hospital Report Manager, the Integration Assessment Record, and access to patient and provider portals.
- Improved access to integrated chronic disease management services through the implementation of the Diabetes Registry and Telehomecare.
- Improved access to information required for patient referrals will be realized through the implementation and adoption of the Community Services Provider Portal, and the completion of Resource Matching and Referral Business Transformation initiative.
- Optimized information technology/systems/management (IT/IS/IM) investments by organizing and leveraging existing assets through the adoption of opportunities identified in business cases, which reduce cost and improve ease of access.

Risks/Barriers to Successful Implementation

- Some Health Service Providers have limited resources, which may impact their ability to participate fully in eHealth initiatives.
- Delays in the release of funds may impact procurement and implementation timelines.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- The timely release of funds for eHealth and Ministry of Health and Long-Term Care projects/initiatives will be important.
- The Project Management Office resources and tools require ongoing support.
- Ongoing partnerships with other LHINS, delivery partners and Health Service Providers will enhance the ability to leverage already developed regional solutions.

Aboriginal Health

WE HAVE A VISION OF ABORIGINAL HEALTH SERVICES THAT ARE BUILT ON WHAT WE HAVE HEARD FROM OUR ABORIGINAL COMMUNITY ABOUT TRADITIONAL AND HOLISTIC VIEWS OF HEALTH.

IHSP2 Priority Description

Aboriginal engagement is guided by the Local Health System Integration Act (2006), which recognizes the role of First Nations, Métis and Inuit peoples in the planning and delivery of health services in their communities.

Current Status

- There is a smaller Aboriginal population in the Central West LHIN (0.6%) compared to the province (2.0%) - the number of Aboriginal residents in the LHIN being 5,890 (2006 Census). There are no Reserves in the LHIN.

- Members of the Aboriginal community currently seek health and social services through mainstream providers or travel to Toronto to seek culturally-sensitive services through Anishnawbe Health.

- In 2010, the Central West and Mississauga Halton LHINs completed a health needs assessment for the Aboriginal community living in both LHINs. The following findings were reported:
  - There was an obvious need for more attention to health practices (smoking), pre-conditions (housing), long-term health conditions, the increased number of clients seeking care for those long-term conditions, and improving access to mainstream providers.
  - There was an equally important need for access to culturally-appropriate health care options.
  - Mainstream providers acknowledged that they lacked depth of experience and understanding of First Nation, Métis and Inuit ways of knowing and communicating.

- Meetings related to Aboriginal health planning were held in May and June 2011 and attended by the Central West LHIN, including:
  - A provincial planning session in Sioux Lookout.
  - A planning day to develop the formal structure for continuing implementation and generating greater collaboration with the local aboriginal, First Nation and Métis community.
  - A meeting with the First Nations, Métis and Inuit Health Needs Assessment Committee to discuss opportunities for implementing the outcomes of the 2010 needs assessment. Recommendations included increasing awareness for other Health Service Providers and supporting the Aboriginal community in navigating mainstream services and locating culturally-sensitive services. A presentation will be made to the Peel Aboriginal Network, which is developing a strategic plan and committee restructuring, to incorporate these recommendations.

Goals

- ☑ Improve the level of communication with the Aboriginal community.
- ☑ Address issues of access to culturally-sensitive and culturally-appropriate health care programs and services affecting Aboriginal peoples.

Consistency with Government Priorities

In keeping with Ontario's Aboriginal Health and Wellness Strategy, the LHIN will continue to identify needs and gaps in health services for the local Aboriginal community and will work in partnership with the this community to improve access to health services that address its unique needs. Planning for the local needs of Aboriginal communities will build upon work being done at the provincial level, including the development of the Aboriginal and First Nations Health Council, the provincial Aboriginal Wellness Strategy, and the Aboriginal Diabetes Strategy.

Action Items to Be Completed	2012/13	2013/14	2014/15
Implement Aboriginal cultural awareness and sensitivity training modules for the LHIN and its service provider organizations.	Not yet started 25%	25%	25%
Based on the findings from the Aboriginal Health Needs Assessment, build capacity for reporting on the health of the Aboriginal community.	Not yet started 25%		
In collaboration with the Peel Aboriginal Network, explore the opportunity for developing a single Aboriginal Health Action Group similar to LHIN's Core Action Group model.	In progress 75%	25%	

Expected Impacts of Key Action Items

- A means will be developed to report access by members of the Central West LHIN Aboriginal community to services developed to meet their specific needs.

Risks/Barriers to Successful Implementation

- The status of Aboriginal engagement requires improving the relationships with the community to build positive, long-term and meaningful relationships through the delivery of collaborative outcomes.
- There is a need for culturally-appropriate services and program delivery.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- The Central West LHIN will continue to explore opportunities for ongoing collaboration with the Peel Aboriginal Network.
- There is a willingness and support on behalf of all LHINs to collectively focus on Aboriginal planning and engagement.

French Language Services

WE HAVE A VISION THAT MEMBERS OF THE FRANCOPHONE COMMUNITY HAVE ACCESS TO AN ARRAY OF HEALTH SERVICES IN FRENCH.

IHSP2 Priority Description

In alignment with the Local Health System Integration Act (2006), the Central West LHIN is committed to health system transformation that improves access to health care services to meet the needs of Francophones. The LHIN is anticipating working closely with the French Language Health Planning Entity to improve Francophone community engagement and planning for French language health services.

Current Status

- In 2011, the Central West and Mississauga Halton LHINs, with the Centre de services de santé Peel et Halton Inc., conducted a French Language Services Assessment Study and Needs Survey. A total of 569 surveys were retained for analysis, the results of which will be used to support the LHIN in FLS planning and integration.
- In March 2011, the Central West, Mississauga Halton and Toronto Central LHINs signed a funding and accountability agreement and developed a joint annual action plan with the new government-appointed French Language Health Planning Entity. Known as Reflet Salvéo**,** the organization will be engaged by the three LHINs regarding:
  - methods of engaging the Francophone community
  - the health needs and priorities of the Francophone community in the area
  - the health services available to the Francophone community
  - the identification and designation of Health Service Providers
  - strategies to improve the access, accessibility and integration of French language health services
  - the planning for, and integration of, health services in the area.
- In May 2011, the LHIN formalized meetings with "identified" Health Service Providers and programs, as well as with health services and programs being funded to develop French language services in the LHIN, by forming the French Language Services Core Action Group.
- The LHIN continues to work with 3 "identified" Health Service Providers to develop and monitor the implementation of their French Language Services Implementation Plans for 2011-2012:
  - Canadian Mental Health Association (CMHA) – Peel
  - Central West Community Care Access Centre (CCAC)
  - Supportive Housing in Peel (SHIP).
- In October 2011, the Central West LHIN formally "identified" William Osler Health System for French language services, thereby increasing the number of "identified" Health Service Providers from 3 to 4. Osler is implementing a 5-year strategic plan for French language services, which is being monitored by the LHIN. Osler also recently recruited a new FLS Coordinator.
- The Central West LHIN supported the development of other Francophone community engagement activities, including presentations to share the results of the FLS Study with Francophone community tables, groups and schools; a Francophone seniors' health fair coordinated by Bramalea Community Health Centre and community partners (October 2011); and *Le Lien français*, a French language services fair organized annually by the Francophone Steering Committee of Peel (scheduled for March 2012). These initiatives, along with the FLS Study, increased the number of community engagements compared to the previous fiscal year.

Goals

- ☑ Work with "identified" and funded agencies to meet the requirements of the Local Health System Integration Act and the French Language Services Act.
- ☑ Engage and build a positive relationship with the local Francophone community in order to improve the access, accessibility and integration of local French language health services.

- Starting in 2012, primary health care in French for Central West LHIN residents of Brampton and Malton will be offered by the new *Équipe de santé familiale de Credit Valley* (bilingual Family Health Team), located in the Mississauga Halton LHIN.

Consistency with Government Priorities

The provision of health services in French has been mandated by the French Language Services Act (FLSA) and the Local Health System Integration Act (LHSIA).

Action Items to Be Completed	2012/13	2013/14	2014/15
Engage with the French Language Health Planning Entity to develop strategies to improve the access, accessibility and integration of French language health services.	In progress		
Monitor performance indicators once developed at the provincial level, pending clarification of the roles and responsibilities of the Ministry, the LHINs, and the French Language Health Planning Entity.	Not yet started		
Develop and implement the 2011-13 work plan of the French Language Services Core Action Group.	In progress 100%		

Expected Impacts of Key Action Items

- Ensuring that 100% of identified Health Service Providers work towards meeting the needs of the Francophone community by supporting them in developing and monitoring their annual French Language Services Implementation Plans.

Risks/Barriers to Successful Implementation

- The French Language Health Planning Entity is implementing its first work plan, and some understandable delays may be expected due to the time required to become fully operational.
- There continue to be ongoing challenges in recruiting and retaining Francophone or fluently bilingual health care professionals, which limits the ability of Health Service Providers to develop an active offer of FLS.
- There is a need for culturally-appropriate services and program delivery.
- Navigating and coordinating the system to improve transitions between services and increase the continuum of care in French can be a challenge due to the complexities in terms of different Ministries, funding sources and accountabilities,

Key Enablers that Will Allow the LHIN to Achieve its Goals

- Maintaining the consistent and open collaboration with the French Language Health Planning Entity that is already the current practice will be crucial.
- Evaluating and implementating creative models of service delivery would help maximize the limited number of available French-speaking health human resources, facilitate FLS delivery by Health Service Providers in a Francophone setting and increase utilization of services by French speaking citizens.
- It is important to work collaboratively across sectors and Ministries to develop a continuum of care in French.

Primary Health Care

WE HAVE A VISION OF EXPANDED, TEAM-BASED PRIMARY HEALTH CARE THAT IS THERE FOR ALL RESIDENTS, IS BUILT UPON THE NEEDS OF THE LHIN'S DIVERSE COMMUNITIES, IS CONNECTED THROUGH INFORMATION TECHNOLOGY AND IS LINKED TO COMMUNITY AND ACUTE CARE SERVICES, EMERGENCY DEPARTMENT VOLUMES AND WAIT TIMES.

IHSP2 Priority Description

A strong, well-developed primary care system is foundational to health system transformation as it will have a positive impact on improving access and quality of care, enhance the patient's experience, and reduce emergency department volumes and wait times. Primary health care represents the most appropriate first point of contact for health services in an integrated model of care.

Current Status

- A significant proportion of Central West LHIN residents receive primary care services in neighbouring LHINs.
- Two interim satellite locations for Rexdale Community Health Centre have been approved. Services at a temporary site location will be phased in while construction of a permanent location is taking place in 2011/12 and completed in 2012/13.
- In September 2011, the Ministry announced funding support for the development of the permanent location of the Malton satellite of Bramalea Community Health Centre. The LHIN has approved funding to establish interim space while planning and construction of the permanent site takes place.

Goals

- ☑ Support the provincial government's priority to increase local access to primary health care services through family physicians and other primary health care providers.
- ☑ Develop models of primary health care that meet the needs of local communities.
- ☑ Increase the use of inter-professional collaborations to assist residents' access to primary health care.

- The Central West LHIN has a complement of 7 Family Health Teams.
- Researchers from McMaster University have launched the Interprofessional Care Model, supported by a $90,000 research grant from the Canadian Institute for Health Research, and focused on the adoption of inter-professional care within Family Health Teams in the Central West LHIN.
- The LHIN has identified the physician Primary Care Lead who will begin work in late 2011/12. A Primary Care Core Action Group. Is being established and will be led by the physician Primary Care Lead to further develop partnerships and engagement strategies with local physician groups.
- The Central West LHIN continues to develop Health and Care Centres in the communities of Shelburne and Bolton. The Health and Care Centres will be the developers of integration, establishing formal partnerships with existing care providers and resources in the community to develop improved and better coordinated access to services.
- The Central West LHIN participates in the Central West - Mississauga Halton Family Medicine and Public Health Network, comprised of family physicians and medical officers of health. The Network aims to improve awareness and communication about primary care-related issues.

- As one of three LHINs selected for the provincial Telehomecare pilot project, the Central West LHIN is implementing this strategy to remotely link providers and patients. As applied to residents with chronic obstructive pulmonary disease and congestive heart failure, Telehomecare aims to improve patient self-management, and decrease hospitalization and the use of emergency department and walk-in clinics, while improving self-reported quality of life and health outcomes.

Consistency with Government Priorities

The Ministry of Health and Long-Term Care continues to improve access to family health care and reduce the number of Ontarians who do not have a family physician. A total of 200 Family Health Teams are operational or at various stages of development across the province, which will provide access to primary care for more than three million Ontarians. The Ministry also announced an additional 14 Nurse Practitioner-Led Clinics, bringing the total to 25 clinics that are expected to be fully operational by 2012.

Action Items to Be Completed	2012/13	2013/14	2014/15
Work with partners of the Bolton and Shelburne Health and Care Centres to get the Centres fully established.	In progress 50%	25%	25%
Establish a Central West LHIN Primary Care Core Action Group initially based on Family Health Teams and Community Health Centres, to be led by the Primary Care Lead, and explore opportunities to develop linkages with other models of care.	In progress 100%		
Implement a Telehomecare pilot in partnership with acute, primary care and community sectors to support patients with chronic obstructive pulmonary disease and congestive heart failure.	Not yet started 25%	25%	25%

Expected Impacts of Key Action Items

- Increase the number of Central West LHIN residents with access to a primary care physician, improving from the current rate of 90.3% (2010 Canadian Community Health Survey) by 2%.
- Increase the percentage of registered patients referred to a family physician through Health Care Connects by 4% from the current rate of 76% (provincial average from 2009-2011 is 54%).
- Reduce the readmission rate within 30 days for selected Case Mixed Groups (CMG) from the most recent rate of 15.3% (Q4 2010/11) towards the 2011/12 target of 14.7%.

Risks/Barriers to Successful Implementation

- The year-over-year population growth places increased pressures on the availability and access to local family physicians for residents of the LHIN.
- There is a need to navigate the fragmented accountability for primary health care within the Ministry of Health and Long-Term Care and at the local health system level.
- There will need to be an emphasis on the timely development of eHealth solutions and infrastructures that will improve client-based information and management.
- There is a need for culturally-appropriate services and program delivery.
- The implementation of the Health and Care Centres relies on the development of a number of key relationships with service providers and increased access to primary care.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- The LHIN will strive for strong partnerships with local Family Health Teams and Community Health Centres that will result in a shared commitment to develop relationships with acute care and community partners.

LHIN Values

Transparency – The LHIN is committed to the highest possible ethical standards, and the open and timely sharing of information.

Integrated Regional Programs

WE HAVE A VISION OF COMPREHENSIVE, INTEGRATED, LHIN-WIDE PROGRAMS THAT CREATE A CRITICAL MASS OF HIGH-QUALITY TREATMENT AND CARE ACROSS THE CONTINUUM TO MEET LOCAL NEEDS AS CLOSE TO HOME AS POSSIBLE.

IHSP2 Priority Description

The Central West LHIN will work with Health Service Providers to implement fully integrated services across the continuum of care for specific populations and for individuals with particular diseases. The LHIN will focus on ensuring appropriate services are available to LHIN residents, thereby improving our localization index.

Regional Programs

- Cancer
- Cardiovascular
- Musculoskeletal
- Palliative Care
- Rehabilitation
- Services for Seniors
- Services for Women and Children

Consistency with Government Priorities

Ontario's Wait Time Strategy has been developed to improve access to five key health services by reducing wait times for cancer surgery, cardiac procedures, cataract surgery, hip and knee replacement, and MRI and CT scans. The strategy includes all surgeries and time spent in emergency rooms (ER). The goal of the Central West LHIN is to improve access of LHIN residents to surgeries and procedures, to implement new initiatives to improve ER processes, and to create a system of accountability through transparent reporting of wait time information. By integrating regional programs, the LHIN will ensure a seamless continuum of care to improve patient satisfaction, reduce time in alternate level of care (ALC) rates and improve ER wait times.

Surgical and Diagnostic Wait Times	11/12 LHIN Target	Q2 10/11	Q2 11/12	Provincial Performance Q2 11/12
90th percentile wait times for cancer surgery	57	--	57	59
90th percentile wait times for cataract surgery	90	85	155	125
90th percentile wait times for hip replacement	171	155	160	184
90th percentile wait times for knee replacement	175	207	187	215
90th percentile wait times for diagnostic MRI scan	82	131	77	94
90th percentile wait times for diagnostic CT scan	25	14	21	35

Integrated Regional Programs:

CANCER

WE HAVE A VISION OF A REGIONAL CANCER PROGRAM THAT ADDRESSES THE NEEDS OF THE LOCAL COMMUNITY BY DEVELOPING CORE CANCER SERVICES WITHIN LOCAL HEALTH SERVICE PROVIDERS. THE INTEGRATED REGIONAL CANCER PROGRAM WILL ESTABLISH BOTH SCREENING AND TREATMENT AT SITES ACROSS THE LHIN.

IHSP2 Priority Description

Cancer services in the Central West LHIN include prevention, health promotion and interventions that cross the full spectrum of diagnostic modalities and medical and surgical oncology, excluding radiation. The Central West LHIN will work with Health Service Providers to improve accessibility to cancer services that are located closer to home.

Current Status

- Headwaters Health Care Centre and William Osler Health System offer a range of cancer services. Often those in the Central West LHIN requiring radiation treatment will have it provided at the Peel Regional Cancer Centre at Credit Valley Hospital, which is in the Mississauga Halton LHIN.

Goals

- ☑ Reduce the impact of cancer through effective screening and early detection.
- ☑ Improve access to accurate diagnosis and safe, high-quality care.
- ☑ Reduce cancer surgery wait times.
- ☑ Improve the patient experience along every step of the cancer journey.

- Cancer Care Ontario has identified a Cancer Care Lead for the Central West LHIN (located at William Osler Health System) who will take a leadership role in developing cancer services for residents of the LHIN.

- Historically and currently, rates of cancer screening have been relatively low compared to the provincial averages. Rates for pap tests and mammograms are lower than the provincial rates:
  - The most recent available rate of people aged 18-69 who have never had a pap test in the Central West LHIN was 17.4% (2005), compared to the provincial rate of 11.8%.
  - The most recent available rate of people aged 50-69 who had not had a mammogram for at least 2 years in the Central West LHIN was 42.4% (2008), compared to the provincial rate of 26.8%

- In Q2 2011/12, the wait time for cancer surgery was 57 days, which met the LHIN's target of 57 days and the provincial target of 84 days.

- In November 2011, William Osler Health System was identified as one of the selected sites across Ontario for the newly expanded Ontario Breast Screening Program for women at high risk for breast cancer aged 30 to 69 years.

- The Central West LHIN is currently participating in the Region of Peel Cancer Study, which aims to identify the barriers to screening for cancer in our South Asian community. Breast and cervical cancer screening rates are especially low for South Asian women. Findings from this project will be used to help the Region of Peel plan a community-wide program to improve cancer screening among South Asians in Peel. Findings from this report will be shared with the LHIN and Health Service Providers to improve cancer screening rates in this population.

Consistency with Government Priorities

The LHIN's goals and action items are in alignment with the Ontario Cancer Plan 2011-2015 recently announced by Cancer Care Ontario (CCO), the provincial government's cancer advisor. The Central West LHIN will work closely with CCO to ensure a collaborative approach to improving accessibility to quality cancer services.

Action Items to Be Completed	2012/13	2013/14	2014/15
Expand the mix and complexity of services across the spectrum of cancer care for LHIN residents.	In progress 25%	25%	25%
Increase the visibility of regional cancer system performance scorecards.	In progress 100%		
Monitor the implementation of the Ontario Breast Screening program for women at high risk for breast cancer at William Osler Health System.	In progress 100%		

Expected Impacts of Key Action Items

- Maintained or improved LHIN MLPA 2011/12 target of 57 days for the 90th percentile wait times for cancer surgery.
- Osler will undertake 450 screenings as part of the new expanded Ontario Breast Screening Program for women at high risk for breast cancer.

Risks/Barriers to Successful Implementation

- Population growth and aging are increasing pressures on already limited resources.
- There is a need for culturally-appropriate services and program delivery.
- Increasing service capacity is dependent on organizations' ability to recruit and retain health human resources.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- The Central West LHIN works in partnership with Cancer Care Ontario (CCO) to enable providers to improve cancer screening rates and support the continuum of care within the LHIN.
- Active participation in provincial research projects will provide the local context to regionally-established best practices.

Integrated Regional Programs:

CARDIOVASCULAR

WE HAVE A VISION FOR A REGIONAL CARDIOVASCULAR PROGRAM THAT WILL BE BUILT FROM THE GROUND UP TO MEET THE NEEDS OF LOCAL RESIDENTS, WITH PARTICULAR ATTENTION TO THE SOUTH ASIAN POPULATION.

IHSP2 Priority Description

The development of local services will be a focus for the coming three years, with William Osler Health System playing the important role of advancing cardiovascular services locally. As with diabetes, the ethnoculturally diverse population in the Central West LHIN appears to have a high incidence of cardiovascular disease.

Current Status

- The development of local services continues to be a focus. In 2011, Brampton Civic Hospital received funding for establishing a Stand-Alone Percutaneous Coronary Intervention (SA-PCI) to include heart function clinics and angioplasty. The launch of the new PCI program at Brampton Civic Hospital happened in January 2012, meaning that residents suffering from a ST-Elevation Myocardial Infarction will be able to be treated more quickly closer to home, rather than be transported to Trillium Health Centre in Mississauga.

Goals

- ☑ Improve access to cardiovascular services for local residents.
- ☑ Improve access to cardiovascular services closer to home.
- ☑ Improve patient outcomes and quality of life.
- ☑ Improve patient satisfaction.
- ☑ Enhance primary and secondary prevention and management.

- William Osler Health System provides tertiary level cardiovascular services, treating patients most often for the following conditions:
  - Congestive heart failure
  - Myocardial Infarction / Shock / Arrest
  - Arrhythmias
  - Angina (except unstable) / chest pain

- Historically, Central West LHIN residents have accessed the full range of cardiac services in neighbouring LHINs to meet their needs. St. Michael's Hospital, Trillium Health Centre, University Health Network and the Hospital for Sick Children received the majority of the transfers from the Central West LHIN. Osler continues to strengthen partnerships with these organizations in order to better meet increased service needs.

- A Rehabilitation Leadership Team was formed in 2011 to guide the development of stroke rehabilitation services in the LHIN. The work of the Rehabilitation Leadership Team is being guided by the provincial Rehabilitation and CCC Expert Panel.

- Central West LHIN hospitals and Emergency Medical Services (EMS) are active members of the West GTA Stroke Network.

- Headwaters Health Care Centre has an arrangement with Southlake Regional Health Centre to provide bypass surgery and angioplasty.

- Trillium Health Centre in Mississauga is the Regional Stroke Centre for Central West LHIN residents. Ambulance personnel take any suspected stroke victims directly to Trillium Health Centre, bypassing other hospitals according to a "bypass protocol".

- The development of a district stroke program within the Central West LHIN continues to be a priority and will progress based on recommendations of the Provincial Expert Panel and coordination of activity with neighbouring LHINs.

Consistency with Government Priorities

Over the next three years, cardiovascular services (such as acute care and rehab stroke care) will be enhanced through the development of new and enhanced programs and services, the adoption of evidence-based practices and clinical pathways and the development of Osler's leadership role in the provision of services.

Action Items to Be Completed	2012/13	2013/14	2014/15
Implement a local Percutaneous Coronary Intervention (PCI) program.	In progress 100%		
Implement recommendations of the Stroke Working Group (e.g. develop a district stroke program).	In progress 25%	50%	25%

Expected Impacts of Key Action Items

- Meeting the target of 149 PCI procedures performed within the Central West LHIN.
- Reduced number of stroke in-patients with an ALC stay from current (2009/10) rates, towards the provincial average of 24.3%:
  - Brampton Civic Hospital: 42.3%
  - Etobicoke General Hospital: 34.7%
  - Headwaters Health Care Centre: 16.5% (currently better than provincial average)
- Maintained appropriate Average Length of Stay for acute stroke care at Central West LHIN hospitals, which are below the provincial average of 12.6 days (Headwaters: 5.6 days, Etobicoke General: 8.3 days, Brampton Civic: 7.6 days), based on the most recent data available (2009/10).
- Improved localization index for rehabilitation inpatient care by 10%, from the 2009/10 localization index of 63.5%.
- Improved stroke outcomes as defined by the Ontario Stroke Strategy, from the 2009/10 rates:
  - Mortality rate in hospital: 11.5%
  - 30-day mortality rate: 11.1%
  - One-year mortality rate: 22.7%
  - 30-day readmission rate: 5.6%
  - 90-day readmission rate: 7.7%

Risks/Barriers to Successful Implementation

- Population growth and aging are increasing pressures on already limited resources.
- There is a need for culturally-appropriate services and program delivery.
- Availability of appropriate hospital capacity will determine the success of regional program integration.
- Increasing service capacity is dependent on organizations' ability to recruit and retain health human resources.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- Direction from the provincial Rehab (stroke) and CCC Expert Panel as well as the Ontario Stroke Network will be crucial.
- Partnerships between Health Service Providers will facilitate the integration and coordination of services.

Integrated Regional Programs:

WE HAVE A VISION FOR A FULL SPECTRUM OF MUSKULOSKELETAL SERVICES THAT IS CLOSE TO HOME AND WELL-PREPARED TO HANDLE TRAUMA AND SURGERY.

MUSCULOSKELETAL

IHSP2 Priority Description

Musculoskeletal refers to the full spectrum of care for bone, muscle, cartilage and tendons. The aging population will increase the need for hip and knee replacements as well as services associated with falls. Rehabilitation is an important component in the treatment of patients who have received surgery or who have been injured so that they can return to their level of functioning prior to receiving services.

Current Status

- Various types of orthopaedic surgery are performed at William Osler Health System and Headwaters Health Care Centre.
- Many Central West LHIN residents also receive orthopaedic care in hospitals outside the LHIN.
- A Memorandum of Understanding has been signed between Headwaters Health Care Centre and William Osler Health System about orthopaedic care and repatriation of patients.

Goals

- ☑ Meet wait time targets for hip and knee replacement surgeries.
- ☑ Meet the Orthopaedic Expert Panel goals for time to surgery for hip fractures.
- ☑ Reduce Average Length of Stay (ALOS) by using evidence-based rehabilitative care for orthopaedic patients.
- ☑ Reduce number of falls through prevention.

- Work on a LHIN-wide integrated regional program continues with a focus on the implementation of best practices and the development of evidence-based rehabilitation pathways.
- The LHIN-wide Falls Prevention Framework has been implemented in alignment with the provincial strategy. Currently, the focus is on developing a Resource Guide for Falls Prevention and a Falls Prevention Roving Clinic.
- William Osler Health System continues to implement the Ontario Bone and Joint Health Network best practices in hip fracture, and hip and knee replacement.
- A Rehabilitation Leadership Team was formed in 2011 to guide the development of musculoskeletal rehabilitation services in the LHIN. The work of the Rehabilitation Leadership Team is being guided by the provincial Rehabilitation and CCC Expert Panel.

Consistency with Government Priorities

The goals are consistent with the Ontario Wait Time Strategy, and the Ontario Bone and Joint Network Care Pathways and Hip Fracture Protocols. The falls prevention strategy is consistent with recent government initiatives.

Action Items to Be Completed	2012/13	2013/14	2014/15
Complete the implementation of best practices as defined by the Ontario Bone and Joint Network.	In progress 50%	50%	
Establish appropriate rehabilitation pathways in keeping with the provincial Rehabilitation & CCC Expert Panel.	In progress 50%	50%	
Develop a resource guide for falls prevention.	In progress 100%		

Expected Impacts of Key Action Items

- Reducing the number of ER visits for falls by seniors (873 in 2010/11) by 10%.
- Moving the percentage of hip fractures receiving surgery within 48 hours closer to the provincial target of 90%, according to the Ontario Bone and Joint Health Network. The current Central West LHIN performance in 2010-11 shows 80% received surgery within 48 hours.
- Continued maintenance or improvement of the current target of 90% of hip and knee replacement patients discharged home, from the current rate of 90.8% (Q1 2011/12).
- Maintenance of the best practices-defined appropriate Average Length of Stay (ALOS) for hip and knee replacement patients discharged home (currently better than the target of 4.4 days at 4.3 days as of Q1 2011/12).
- Maintenance of the current Q2 2011/12 wait time performance of 160 days for hip replacements (better than the target of 171 days).
- Meeting the wait time target of 175 days for knee replacements (currently at 187 days as of Q2 2011/12).

Risks/Barriers to Successful Implementation

- The declining availability and coordination of ambulatory rehabilitation services is a risk.
- The increasing seniors population will place addition demands on the MSK services.
- There is little or no quality data available on ambulatory services (rehab and falls prevention clinic visits).
- There is a need for culturally-appropriate services and program delivery.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- Improving the availability and sharing of ambulatory data will be important.
- Improving the availability of adequate numbers of health human resources will also be crucial.
- Increasing the number of partnerships between Health Service Providers will assist with enhanced service delivery and integration.
- A reduction in the number of ALC days waiting for rehab and CCC will improve system functioning.
- There is a need to accelerate the implementation of best practices to achieve appropriate Average Length of Stay (ALOS).

Integrated Regional Programs:

WE HAVE A VISION FOR A PALLIATIVE CARE SYSTEM THAT IS RESPECTFUL OF INDIVIDUAL AND CAREGIVER NEEDS AND PREFERENCES.

PALLIATIVE CARE

IHSP2 Priority Description

Everyone should be entitled to die in comfort and with dignity, in the place of their choosing with access to compassionate, quality and respectful care. There is a growing demand for palliative care services delivered in a hospice environment.

Goals

- ☑ Reduce average length of stay (ALOS) for inpatient palliative care patients.
- ☑ Reduce ER visits for palliative patients.
- ☑ Fully implement the Shared Care Model.
- ☑ Increase access to palliative care services

Current Status

- The Central West Palliative Care Network is a collection of health and care providers that are guided by a shared vision of palliative care. This Network oversees the development of an integrated service delivery model.
- The Central West LHIN funds the Shared Care Model of palliative care based out of the Central West CCAC. Two Shared Care advanced practice nurses work with dedicated palliative care case managers to coordinate care.
- William Osler Health System and Headwaters Health Centre operate palliative care beds. Osler is currently reviewing its palliative care service.
- The Central West LHIN funds a Palliative Pain and Symptom Management Consultation service.
- The Central West CCAC has been chosen as a test site for the Integrated Client Care Project for Palliative Care.
- The Central West LHIN funds two hospice programs: Hospice Dufferin and Bethell House. Bethell House operates the 10-bed residential facility in Inglewood. Central West LHIN residents are also served by the Heart House Hospice and the Dorothy Ley Hospice located in the Mississauga Halton LHIN.
- Palliative care services are offered in many long-term care homes.

Consistency with Government Priorities

The Central West Palliative Care initiatives support the Ministry of Health and Long-Term Care's End of Life Strategy, announced in October 2005. A major policy announcement with regards to palliative care is expected in January 2012.

Action Items to Be Completed	2012/13	2013/14	2014/15
Fully implement the Shared Care staffing model.	In progress 100%		
Provide leadership in diversity within palliative care services.	In progress 33%	33%	33%
Extend training to more health care professionals.	In progress 33%	33%	33%
Develop common evidence-based practices and processes.	In progress 50%	50%	
Implement the Integrated Client Care Project for Palliative Care.	In progress 100%		

Expected Impacts of Key Action Items

Specific targets are not available since a baseline is currently being established upon which to build quantitative goals:

- Reduced use of ER by community-based palliative patients (the number of ER aversions in Q2 2011/12 was 91, an increase from the 25 that were averted in Q1 2011/12).
- Reduce ALC patients waiting for palliative care.
- Reduced readmissions by palliative care patients.
- Increased number of family physicians with palliative care training (LEAP).

Risks/Barriers to Successful Implementation

- There is a lack of availability of palliative-trained health care professionals.
- An aging population will increase the need for palliative services.
- There is a need for culturally-appropriate services and program delivery.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- The strong leadership of the Central West Palliative Care Network enhances cooperation amongst network partners.
- The engagement of the diverse communities in palliative care awareness will improve services to this population.

Integrated Regional Programs:

REHABILITATION

WE HAVE A VISION FOR A REHABILITATION SYSTEM THAT IS COORDINATED, EASY TO NAVIGATE AND THAT PROVIDES TIMELY TREATMENT AIMED AT RETURNING PEOPLE TO THEIR ABILITIES PRIOR TO RECEIVING TREATMENT AND CARE.

IHSP2 Priority Description

The goal of the Rehabilitation Framework Project is to create a patient-centred rehabilitation network that has a healthy living and wellness focus. The LHIN intends to enhance the ability of patients to navigate across the care continuum and reduce unnecessary practice variations through the introduction of integrated, inter-professional practice models of care, which use evidence-based care pathways. The LHIN intends to refocus care delivery to the community when appropriate to help patients restore and maintain optimal function, rather than see patients directed to Rehabilitation and Complex Continuing Care (CCC) as treatment and care destinations.

Current Status

- Inpatient rehabilitation services are provided at William Osler Health System and at Headwaters Health Care Centre.
- Outpatient rehabilitation services including occupational therapy, physiotherapy and speech language pathology are provided at William Osler Health System Brampton Civic and Etobicoke General sites.
- The Central West CCAC provides assessment and coordinates the delivery of rehabilitation services for home care patients.
- Peel Halton Dufferin Acquired Brain Injury Services (PHDABIS) provides counselling and day program services in Brampton and Orangeville.
- A Rehabilitation Leadership Team was formed in 2011 to guide the development of stroke and MSK rehabilitation services in the LHIN. The work of the Rehabilitation Leadership Team is being guided by the provincial Rehabilitation and CCC Expert Panel.
- The Central West LHIN continues to be involved in the province-wide review of rehabilitation and complex care supporting the Rehabilitation and Complex Care Expert Panel. The CEO of the Central West LHIN is co-chairing the provincial Expert Panel. The Expert Panel has endorsed four sets of clinical best practices for stroke care, hip fracture and hip and knee replacement. These best practices will be disseminated province-wide as the standard of care. The LHIN participated in the delivery of an update to the Ontario Hospital Association's Rehab and CCC Leadership Council in May 2011.
- Central West LHIN hospitals and Emergency Medical Services (EMS) are active members of the West GTA Stroke Network.

Goals

- ☑ Reduce ALC days for acute care patients waiting for rehabilitation or Complex Continuing Care (CCC) beds and for CCC and rehabilitation patients waiting for discharge.
- ☑ Define roles and responsibilities and an accountability framework for rehab and CCC among all Health Service Providers.
- ☑ Define admission, discharge and transfer protocols for defined patient populations.
- ☑ Define metrics and benchmarks for defined patient populations.
- ☑ Implement care pathways for defined patient populations.
- ☑ Coordinate prevention programs and establish evaluation mechanisms.

- Additional resources were provided to Headwaters Health Care Centre and William Osler Health System to reduce ALC numbers by expanding their capacity to provide “Assess and Restore” services, as per the Walker Report recommendations.
- Work on a LHIN-wide, integrated regional musculoskeletal program continues, with a focus on the implementation of best practices and the development of evidence-based rehabilitation pathways.

Consistency with Government Priorities

The provincial ER/ALC Expert Panel has identified Rehabilitation and Complex Care as two areas in need of attention in order to improve patient flow throughout the system. The Rehabilitation and CCC Expert Panel was created by the ER/ALC Expert Panel to address this end of the continuum. Priorities in the Central West LHIN are in keeping with the 2011 Report on ALC produced by Dr. David Walker and the Phase I Report of the Rehab and CCC Expert Panel released in June 2011.

Action Items to Be Completed	2012/13	2013/14	2014/15
Complete the Rehabilitation Framework document.	100%		
Implement the recommendations within the report and the Enhanced Rehab Services Project at William Osler Health System and Headwaters Health Care Centre.	50%	50%	
Establish a robust, LHIN-wide regional rehabilitation program including role clarification, defined admission, discharge and transfer criteria, formalized in an accountability framework.	50%	25%	25%
Support the development and implementation of the Resource Referral and Matching project to improve the approach to finding an appropriate bed.	50%	50%	

Expected Impacts of Key Action Items

- Reduced ALC days waiting for rehab and CCC (no specific MLPA targets have been designated).
- Movement towards best practices-defined appropriate Average Lengths of Stay (ALOS) in rehab beds for strokes, hip fractures, hip replacements and knee replacements (see Cardiovascular and Musculoskeletal sections for targets).
- Adoption of best practices in rehabilitation (e.g. stroke, musculoskeletal).
- Improved stroke outcomes as defined by the Ontario Stroke Strategy, from 2009/10 rates:
  - Mortality rate in hospital: 11.5%
  - 30-day mortality rate: 11.1%
  - One-year mortality rate: 22.7%
  - 30-day readmission rate: 5.6%
  - 90-day readmission rate: 7.7%

Risks/Barriers to Successful Implementation

- There will be an increase in pressure on rehabilitation services by an aging population.
- The availability of affordable ambulatory rehabilitation options would improve uptake.
- The lack of data on ambulatory rehabilitation services delivery inhibits analysis.
- There is a need for culturally-appropriate services and program delivery.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- Direction from the provincial Rehab, Ontario Bone and Joint Network, Ontario Stroke Strategy, and CCC Expert Panel will guide development and assist with defining best practices.
- Availability and sharing of ambulatory data will assist in analysis.
- Partnerships between Health Service Providers will facilitate linkages, referrals and the coordination of care.

Integrated Regional Programs:

SERVICES FOR SENIORS

WE HAVE A VISION FOR A SENIORS-FRIENDLY HEALTH CARE SYSTEM THAT IS BUILT ON THE NEEDS OF SENIORS AND THEIR CAREGIVERS, THAT IS COORDINATED AND EASY TO NAVIGATE, AND THAT PROVIDES A BROAD RANGE OF QUALITY AND TIMELY SERVICES ACROSS THE CONTINUUM. THIS SENIORS-FRIENDLY SYSTEM OF SERVICES WILL MAINTAIN SENIORS' INDEPENDENCE IN THE COMMUNITY AND BE CLOSE TO HOME.

IHSP2 Priority Description

The Central West LHIN will bring together Health Service Providers to assess the current capacity to meet the needs of seniors. We will continue to thoroughly investigate the use and capacity of community support services as the preferred alternative to hospital and long-term care home placement.

Current Status

- The number of older persons in the Central West LHIN is projected to increase dramatically in the coming years, growing by 54.3% by 2016, the largest percentage growth amongst all of the LHINs.
- Over the past four years, $10.7 million was invested in Aging at Home initiatives intended to support seniors in their homes, and to reduce ER wait times and decrease ALC days.
- The Central West LHIN has the lowest median wait time to long-term care home placement of all the LHINs in the province.
- The LHIN is participating in the provincial Senior Friendly Hospital Strategy and the LHIN received summary reports about Headwaters and Osler's self-assessment, which will be the basis for moving this initiative forward locally.
- The Assisted Living sub-group of the Services for Seniors Core Action Group is reviewing the recently-circulated MOHLTC policy for assisted living for frail seniors, including how existing services in the Central West LHIN are aligned with the new Ministry policy and what the implications are moving forward.
- Work of the Falls Prevention sub-group on the development of a roving clinic and other strategies aligned with the Provincial Falls Prevention strategy continues.
- The Adult Day Program sub-committee of the Services for Seniors Core Action Group is reviewing assessment and placement functions with the intent to have the Central West Community Care Access Centre take on these functions for all Adult Day Programs in the LHIN.
- Kipling Acres redevelopment is underway, with Phase 1 construction expected to be completed in Spring 2013.

Goals

- ☑ Ensure services are "senior friendly".
- ☑ Encourage new and innovative approaches to serving seniors' needs, including targeted programs for falls prevention.
- ☑ Improve capacity and access to services for seniors, while providing services as close to home as possible.
- ☑ Actively engage with seniors through education and feedback sessions.
- ☑ Reduce the wait time for seniors in the hospital.
- ☑ Increase the number of assisted living / supportive housing accommodations and ensure the availability of transportation services.

- The Central West LHIN received funding to implement the Behaviour Supports Ontario (BSO) initiative. This program is aimed at seniors who exhibit responsive behaviours. New funds will be allocated in 2012/13 to long-term care homes and community agencies to increase staffing to assist in managing and providing appropriate care to these individuals.
- The Central West LHIN has been selected by Accreditation Canada as a pilot site for the Senior Populations Standards. Accreditation Canada will test these new standards with 3-4 organizations from across Canada, including LHINs and regional health authorities.

Consistency with Government Priorities

The Ministry of Health and Long-Term Care supports services that provide seniors, their families and caregivers with community-based care to enable them to stay healthy and live more independently in their homes. The LHIN leverages change through the provincial Aging At Home Strategy and Falls Prevention Strategy, which encourage innovation and the development of new prevention and wellness services.

Action Items to Be Completed	2012/13	2013/14	2014/15
Establish a Falls Prevention Framework across the Central West LHIN.	In progress 100%		
Review Adult Day Services and enhance the role of the Central West CCAC in assessment and placement of clients.	In progress 100%		
Review Assisted Living for Frail Adults services and enhance the role of Central West CCAC in assessment and placement of clients.	In progress 100%		
Develop and implement action plans based on the Senior Friendly Hospital Strategy.	In progress 25%	25%	
Implement the Community Support Services (CSS) Common Assessment Tool (InterRAI-CHA).	In progress 100%		

Expected Impacts of Key Action Items

- Continued improvement of ER performance and reduced ALC days, from the current rate of 8.67% (better than the LHIN target of 9.46%).
- Maintenance of the Central West LHIN's current position as having the shortest wait time to long-term care home placements from hospital and the community. The wait time for the Q4 2010/11 was 45 days.
- Reduced number of resident transfers from long-term care to the ER from 614 in Q2 2011/12 towards the target of 436.
- Reduced number of resident transfers to the ER resulting in admission to hospital from 291 in Q2 2011/12 towards the target of 233.
- Reduced 90th percentile wait time for CCAC in-home services (application from community setting to first CCAC service) from 21 days in Q1 2011/12 towards the target of 19 days.

Risks/Barriers to Successful Implementation

- Population growth and aging are increasing pressures on already limited resources.
- There is a need for culturally-appropriate services and program delivery.
- Geographic distribution of services to meet urban and rural needs remains a challenge.
- There are challenges related to recruiting and retaining health human resources.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- Engaging hospital and community sector providers will help to build a local continuum of care.
- Working with cross-sectoral partners will facilitate the leveraging of programs to support seniors locally.

Integrated Regional Programs:

WOMEN AND CHILDREN'S SERVICES

WE HAVE A VISION FOR A SYSTEM OF WOMEN AND CHILDREN'S CARE THAT IS FAMILY-BASED, EDUCATES BEFORE BIRTH, PROVIDES SUPPORTS DURING DELIVERY AND INFANCY, ENCOURAGES HEALTH PROMOTION AND PREVENTION, IS THERE FOR CHILDREN AS THEY GROW, AND MEETS THE NEEDS OF THE ETHNOCULTURALLY-DIVERSE COMMUNITY.

IHSP2 Priority Description

There are significant issues and needs for not only mothers and newborns, but more broadly for women and children. As a result, the LHIN is expanding the work to be undertaken with regards to women's health beyond the time of birth and antenatal care and support.

Current Status

- The Central West LHIN is home to the highest birth rate in the province. The crude birth rate is 13.8 per 1000 population.
- Women in the Central West LHIN require better access to prenatal care. The rate of low birth weight among live newborns in 2009/10 was 8.4%, which is the highest among the 14 LHINs. The provincial average was 6.6% in 2009/10.
- William Osler Health System and Headwaters Health Care Centre have developed a service agreement, transfer policies, joint educational activities and standards:
  - Headwaters Health Care Centre is to serve as a Level 1 facility providing care for healthy mothers and their newborns of gestational age of 35 weeks gestation or older.
  - William Osler Health System is to provide Level 2 advanced services (this includes Brampton Civic and Etobicoke General sites), which include medical and obstetrical conditions arising from pregnancies greater than or equal to 32 weeks gestation.
- The Central West LHIN will be conducting community engagement sessions with diverse women across the LHIN to gather a better understanding of their specific needs. These sessions are planned to occur during February and March 2012.
- The Women and Children's Health Core Action Group of the Central West LHIN is actively working on strategies to improve the health status of women and children in the LHIN. The group consists of local partners within and outside the health care system to ensure different perspectives are discussed for a fulsome approach to improving access to care for women and children.

Goals

- ☑ Improve capacity and access to obstetric and antenatal services, and paediatric emergency services.
- ☑ Enhance education and promote breastfeeding practices.
- ☑ Link existing services and providers with approaches to create new models of care for promotion, prevention, support and rehabilitation care for women and children.
- ☑ Lead initiatives that will create awareness about childhood obesity and support lifestyle changes for children in the Central West LHIN.
- ☑ Lead the development of a Women's Health Strategy that cuts across all clinical priorities of the Central West LHIN, focusing on women with chronic diseases and women from the LHIN's diverse populations.

- The Central West LHIN established William Osler Health System as the Regional Perinatal and Children's Health Centre, and implemented 4 neo-natal intensive care (NICU) level II beds.

- In 2011, the Women and Children's Health Core Action Group compiled information about the various breastfeeding services available in the LHIN and made this information available publicly to assist new mothers in adopting breastfeeding practices.

Consistency with Government Priorities

At the provincial level, the Ministry of Health and Long-Term Care has launched several strategies and established councils and committees to address the health issues of women and children. The Central West LHIN has aligned its priorities as an extension of this provincial focus and is represented on many of these provincial planning tables.

Action Items to Be Completed	2012/13	2013/14	2014/15
Expand the circulation of the information and the inventory of breastfeeding services developed through the Women and Children's Health Core Action Group to health service providers.	In progress 100%		
Conduct focus groups representing the diversity of women in the Central West LHIN as part of a community engagement strategy about their specific needs.	100%		
Move to better address the issue of childhood obesity and healthy lifestyles as a priority and explore opportunities to reestablish the Complex Care Clinic at Osler.	In progress 100%		
Through the Women and Children's Health Core Action Group, provide antenatal and perinatal leadership with the Central West partners in the development of community based antenatal care.	In progress 33%	33%	33%
The Core Action Group will identify key strategies to focus on and implement based on the best practices and guidelines outlined by the Provincial Council for Maternal Child Health and based on feedback from the LHIN's community engagement sessions with women from diverse backgrounds.	50%	25%	25%
Continue to explore possible improvements in speech and language services.	In progress 33%	33%	33%

Expected Impacts of Key Action Items

- Continued examination of the causes for low birth weight newborns (at 7.8%) and understand the local influences so culturally-appropriate educational and clinical responses can be implemented.
- Maintenance of the rate of self-reported breast-feeding by new mothers in the Central West LHIN, currently at 94.3% (Canadian Community Health Survey 2010), which is an increase from 89.6% in 2009.
- Reduced rate of child and youth obesity from the current rate of 21.6% (self-reported youth ages 12-17 years) to under 20%.

Risks/Barriers to Successful Implementation

- High numbers of births are increasing pressures on already limited resources.
- There is a need for culturally-appropriate services and program delivery.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- The consolidation of five provincial databases into one, now called Better Outcomes Registry & Network (BORN Ontario – previously the Ontario Perinatal Surveillance System) has simplified the process of analyzing data to inform provincial and local strategies.
- The Provincial Council for Maternal Child Health informs providers and LHINs about best practices, clinical guidelines and provincial strategies.
- Engaging hospital and community sector providers to work together will facilitate the development of a continuum of care for women and children in the local region.
- Working with cross-sectoral partners (i.e. United Way, Region of Peel) will help leverage programs to support women and children in the local region.

Diversity and Equity

WE HAVE A VISION FOR A HEALTH SYSTEM THAT VALUES ETHNOCULTURAL DIVERSITY AND WORKS TO IMPROVE ACCESS FOR ALL RESIDENTS OF THE LHIN TO CULTURALLY-COMPETENT CARE.

IHSP2 Priority Description

Health services need to promote health equity to all residents of the Central West LHIN regardless of age, gender, ethnicity, socio-demographic characteristics, education, religion, language, sexual orientation, or other factors. The rich diversity in the LHIN requires health services designed to be sensitive to language barriers, respect cultural beliefs, and prevent and treat diseases that are frequently seen in these populations. The LHIN works in partnership with local Health Service Providers to improve access to culturally-competent health care services and to actively reduce health disparities.

Goals

- ☑ Ensure health services are designed and delivered to be sensitive to language barriers, respect cultural beliefs, and targeted to prevent and treat diseases that are frequently seen in the region's ethnocultural populations.
- ☑ Promote health equity to all residents of the LHIN, regardless of age, gender, ethnicity, socio-demographic characteristics, education, religion, language, sexual orientation, or any other factors.
- ☑ Partner with local Health Service Providers to improve access to culturally-competent health services.

Current Status

- The Central West LHIN is one of the most ethno-culturally diverse regions in Ontario, with 46% of the population identified as immigrants and over 50% as visible minorities. The percentage of recent immigrants in the Central West LHIN is 9.5%, substantially higher than the provincial percentage of 4.8%, and with higher percentages in the more urban communities of Malton (18.7%), Rexdale (14.2%) and Brampton (9.9%).

- Research clearly indicates that culture and ethnicity influence health in very real ways, including how people link with the health system, their access to health information, their lifestyle choices, their participation in health promotion and prevention, and their understanding of illness. Immigrants in general are more likely to report a shift from good to fair or poor health.

- The Central West LHIN established the Diversity and Equity Core Action Group, comprised of representatives from local health service provider organizations. The LHIN has been working with the Diversity and Equity Core Action Group to identify specific local strategies to promote culturally-competent health care services and ensure equitable access to patient care.

- In partnership with the Diversity and Equity Core Action Group, the LHIN developed a Health Equity Environmental Scan Questionnaire for completion by Health Service Providers in 2011. The scan was successfully completed and has been analyzed and summarized. The scan was conducted to assist HSPs to identify their own gaps in health equity and is the foundation from which organizations can develop individual health equity plans. The cumulative results identified key areas and priorities that the LHIN and the Core Action Group plan to focus on moving forward.

- The LHIN, in partnership with the Ministry of Health and Long-Term Care, is implementing the Health Equity Impact Assessment Tool (HEIA). The HEIA is a flexible and practical assessment tool that can be used to identify potential health impacts (positive or negative) of a plan, policy or program on vulnerable or disadvantaged groups within the general population. LHIN staff and the Diversity and Equity Core Action Group have been trained on the tool. The tool will also be presented at the January 2012 Diversity and Health Equity Forum.

- The Central West LHIN hosted a Diversity and Health Equity Forum in late January 2012 to build awareness around diversity and equity issues specific to the LHIN, gain input into the LHIN's diversity and equity priorities, and to build skills and partnerships between the providers and health care system partners that attend the event.

- The LHIN and York University have partnered on a project aimed at "Identifying Unmet Mental Health Needs in Immigrant and Refugee Communities in the Central West LHIN". Focus groups were conducted in June and July 2011. Findings from the focus groups are being summarized.

Consistency with Government Priorities

The Central West LHIN is one of the most culturally-diverse regions in the province. Improving health care service delivery to the LHIN's diverse communities will help in achieving the provincial strategic directions of access and equity of access, which are outlined in the Local Health System Integration Act.

Action Items to Be Completed	2012/13	2013/14	2014/15
Pilot the Health Equity Impact Assessment tool across Health Service Providers in the LHIN.	In progress 100%		
All Health Service Providers will develop a 3 to 5 year health equity plan.		100%	
Develop an inventory of cultural competency resources for Health Service Providers.	Not yet started 50%	50%	
Develop and implement a Language Interpretation Model for community sector service providers and hospitals.	Not yet started 50%	25%	25%

Expected Impacts of Key Action Items

- By 2013/14, all Health Service Providers will have a Health Equity Plan.
- By 2013/14, all Health Service Providers will have been trained to use the Health Equity Impact Assessment Tool.

Risks/Barriers to Successful Implementation

- The implementation of action items requires action by the senior management of Health Service Providers to effectively impact and improve equitable access to culturally-competent services.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- Cross-sectoral discussions on local health and wellness issues would ensure a coordinated approach to improving health outcomes in marginalized populations.
- Enabling LHIN Health Service Provider to access free cultural training for professionals at all service levels would provide needed support to ethnocultural-specific organizations with limited funding to offer such professional development.

Health Human Resources

WE HAVE A VISION OF EXPANDED INTER-PROFESSIONAL COLLABORATION AND EDUCATION, WHICH WILL CONTRIBUTE TO INCREASING THE NUMBER OF HEALTH HUMAN RESOURCES IN THE LHIN THAT REFLECT THE NEEDS AND DIVERSITY OF THE COMMUNITY.

IHSP2 Priority Description

Health human resources issues influence access and utilization of all health care services. The high population growth in the Central West LHIN and the aging of the health human resources population are leading factors impacting access to health care services. The Central West LHIN aims to work with local providers and the community to increase the number and availability of health human resources. It will also stress a strong focus on inter-professional collaboration to optimize health human resources.

Current Status

- The Central West LHIN is working with a HealthForceOntario Partnership Coordinator to recruit physicians to the LHIN. Through the Coordinator, the LHIN also has an understanding of the health human resource requirements of Health Service Providers.

- The LHIN, in partnership with McMaster University, was funded by the Canadian Institutes of Health Research for an Interprofessional Practice Implementation Project. The goal of the project is to evaluate the Family Health Teams' perspectives on the Interprofessional Care Model and Education using the Interprofessional Resource Centre, developed by HealthForceOntario.

Goals

- ☑ Increase health human resources so all residents can access health care services in the most appropriate, effective way.
- ☑ Ensure that providers of health care services are able to adapt to various environmental dynamics (i.e. population growth, different ethno-cultural communities).
- ☑ Build partnerships and create forums that will improve the recruitment of required health human resources.
- ☑ Develop opportunities for teaching programs for health care professionals, in the community and in hospitals.

- The development of specialists' clinics, as part of the Health and Care Centres in the communities of Shelburne and Bolton, was announced in September. Discussions are underway with physicians and specialists to establish services including obstetrics and gynaecology, internal medicine, general surgery and chronic disease management.

- The Central West Health Professional Advisory Committee (HPAC) continues to meet with a focus on determining local issues related to the full spectrum of health human resources. The Committee is also in collaboration with the LHIN as part of a study of the implementation of the inter-professional care model within Family Health Teams in the Central West region. This research, conducted by McMaster University, will focus on lessons learned and recommendations for next steps.

Consistency with Government Priorities

The Central West LHIN will work closely with HealthForceOntario's Partnership Coordinator to ensure that the LHIN is advancing the province's strategy so that Ontarians have access to the right number and mix of qualified health care providers, now and in the future. By supporting the creation of a formalized recruitment committee for communities in our LHIN, being cognizant of various inter-professional care grant programs and encouraging the development of inter-professional collaborations in our communities, the LHIN will help the province meet its health human resource requirements.

Action Items to Be Completed	2012/13	2013/14	2014/15
Enhance education and inter-professional collaboration among health care providers by participating in the Inter-professional Collaboration project.	In progress 50%	50%	
Continue to enhance inter-professional collaboration among health care providers by supporting education to Family Health Teams in the LHIN.	In progress 25%	50%	25%
Roll out and enhance an inter-professional collaboration best practice inventory to all local Health Service Providers.	Not yet started	25%	25%
Continue to review Health Care Connects reports to monitor access of local residents to family physicians.	In progress 25%	25%	25%
Enhance education and inter-professional collaboration among health care providers by participating in the Inter-professional Collaboration project.	In progress 50%	50%	

Expected Impacts of Key Action Items

- Increased number of Central West LHIN residents with access to a primary care physician, improving the current rate of 90.3% (2010 Canadian Community Health Survey) by 2%.
- Increased percentage of registered patients referred to a family physician through Health Care Connects by 4% from the current rate of 76% (provincial average from 2009-2011 is 54%).
- Increased number of health care professionals adopting inter-professional collaborations and working arrangements in clinical priority areas, starting with 2 Family Health Teams in 2012/13.

Risks/Barriers to Successful Implementation

- Provincially and locally, an aging health human resources labour force will create challenges in ensuring the right complement of resources is available to provide a complete spectrum of health services.
- The Central West LHIN has a unique challenge in meeting the health services needs of a population that is growing substantially in terms of numbers and diversity.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- The Central West LHIN will need to continue to develop partnerships that will ensure all residents can access health care services in the most appropriate, effective way.

Back Office Integration

WE HAVE A VISION OF ADMINISTRATIVE AND SUPPORT SERVICES FOCUSED ON EFFECTIVENESS AND EFFICIENCY BY IMPROVING VALUE, SERVICE QUALITY, RISK MANAGEMEN AND BUSINESS CONTROLS.

IHSP2 Priority Description

Back office integration initiatives focus on service improvements, the avoidance of additional future costs, the reduction of unnecessary duplication, and the application of savings for reinvestment in improved/expanded clinical and/or administrative services. Based on the review conducted in the LHIN to identify back office options and directions, the Central West LHIN has opportunities to improve risk management, service quality and business controls.

Goals

- ☑ Promote shared resources and collaboration to produce uniform and consistent business processes among providers.
- ☑ Coordinate similar functions, activates and processes, such as HR resources, among smaller providers to promote collaboration.
- ☑ Establish a dedicated back office integration council/committee to promote coordination.
- ☑ Develop a comprehensive communication strategy and plan to engage all Central West LHIN stakeholders.

Current Status

- The Community Care Information Management (CCIM) program is working on the implementation of Human Resources Management Information System to provide a consistent set of tools for all participating organizations.
- Discussions with the Central West CCAC and acute care facilities at the CEO and regional CIO level are underway to investigate IT solutions between these providers.
- Mental Health and Addictions providers implemented the Integrated Assessment Record (IAR) pilot project to enable care providers to access common assessment data to facilitate client care and the sharing of assessment information.
- The Central West LHIN is implementing a Community Services Provider (CSP) Portal, which will facilitate communication and collaboration across the community sector agencies.
- A Shared Procurement Initiative Group was established early 2011. Participants of the Shared Procurement Initiative work directly with the Central West LHIN and Shared Services West to move forward actions related to advancing procurement opportunities related to the Back Office Integration priority, as outlined in the LHIN's Integrated Health Services Plan. The purpose of the Shared Procurement Initiative is to enable providers to maximize the use of limited resources in order to focus these resources on client services rather than on supplies and equipment costs.

Consistency with Government Priorities

The provincial government is promoting back-office integration through its OntarioBuys initiative. Sponsored by the Ministry of Finance, this initiative works with hospitals, school boards, colleges and universities to help them adopt integrated supply chain management best practices. The Central West LHIN has closely monitored the ongoing outcomes and results from OntarioBuys initiatives, in order to position actions and goals accordingly.

Action Items to Be Completed	2012/13	2013/14	2014/15
Continue to explore opportunities to increase in the number of collaborations among Health Service Providers that enhance capacity within back office function.	In progress 25%	25%	25%
Increase the number of providers that have joined a group purchasing organization.	In progress 75%	25%	

Expected Impacts of Key Action Items

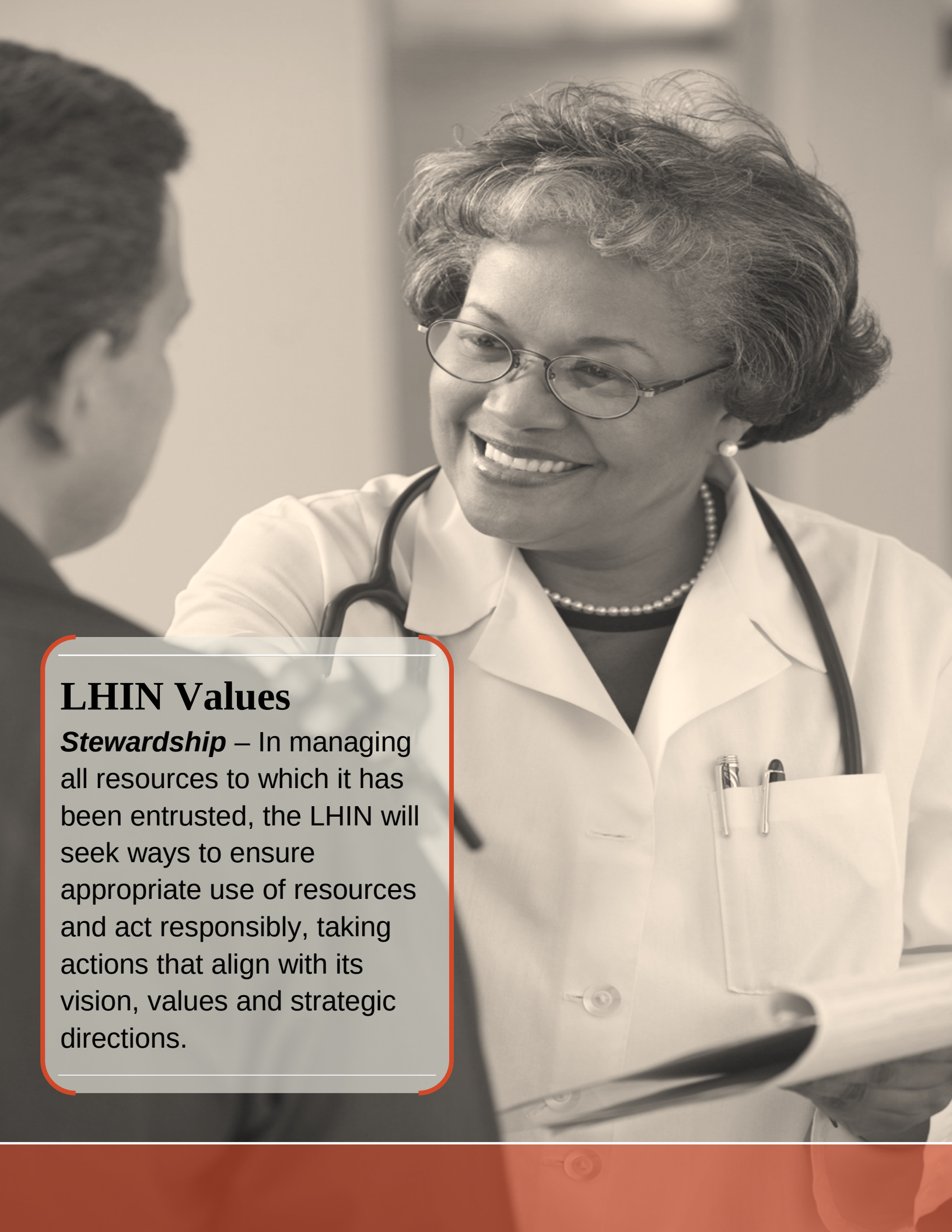
- Establishment of a foundation for standard financial, human resources, and client inter-organizational information systems.
- Increased ability to track rates of membership or use of group purchasing initiatives by Health Service Providers.

Risks/Barriers to Successful Implementation

- Health Service Providers have multiple sources of funding, making it difficult to administer centrally-coordinated sharing or collaboration initiatives.
- Health Service Providers utilize custom and/or proprietary back-office technology; adopting a common platform requires significant resources.

Key Enablers that Will Allow the LHIN to Achieve its Goals

- Opportunities will be investigated within the Central West CCAC to support back office functions in the community sector, a practice that has been implemented in the North Simcoe Muskoka LHIN.
- Identifying the current success stories in the community sector that result from joining a group purchasing organization might stimulate more engagement between providers and Shared Services West.



LHIN Values

Stewardship – In managing all resources to which it has been entrusted, the LHIN will seek ways to ensure appropriate use of resources and act responsibly, taking actions that align with its vision, values and strategic directions.

Staffing and Operations

Staffing					
Position Title	**2010/11 Allocation FTEs**	**2010/11 Actuals FTEs**	**2011/12 Forecast FTEs**	**2012/13 Forecast FTEs**	**2013/14 Forecast FTEs**
CEO	1	**1**	1	1	1
Senior Directors	2	**2**	2	2	2
Executive Assistant	1	**1**	1	1	1
Administrative Assistant	2	**2**	2	2	2
Senior Consultant, Planning, Integration and Community Engagement	2	**2**	2	2	2
Consultant, Planning, Integration and Community Engagement	2	**2**	2	2	2
Director of Communications	1	**1**	1	1	1
Senior Consultant, Performance Management	1	**1**	1	1	1
Consultant, Performance Management	2	**2**	2	2	2
Senior Consultant, Funding and Allocation	1	**1**	1	1	1
Consultant, Funding and Allocation	2	**2**	2	2	2
Program Analyst	1	**1**	1	1	1
Consultant, Performance and Integration	1	**1**	1	1	1
Decision Support Consultant	1	**1**	1	1	1
Controller	1	**1**	1	1	1
Corporate Services Assistant	2	**2**	2	2	2
French Language Services Coordinator	1	**1**	1	1	1
Total FTEs	**24**	**24**	**24**	**24**	**24**

LHIN Operations Spending Plan					
LHIN Operations Sub-Category ($)	2010/11 Allocation	2010/11 Actuals	2011/12 Planned Expenses	2012/13 Planned Expenses	2013/14 Planned Expenses
Salaries and Wages	2,222,450	2,208,414	2,337,744	2,543,719	2,547,159
EMPLOYEE BENEFITS					
HOOPP	222,245	230,738	230,452	243,916	254,716
Other Benefits	244,470	195,400	235,846	268,307	280,187
Total Employee Benefits	466,715	426,138	466,298	512,223	534,903
TRANSPORTATION AND COMMUNICATION					
Staff Travel	45,900	29,787	28,446	30,000	30,000
Governance Travel	30,600	19,551	14,550	19,421	19,421
Communications	81,600	65,094	78,000	75,000	68,880
Other	15,300	-	28,750	15,000	15,000
Total Transportation and Communication	173,400	114,432	149,746	139,421	133,301
SERVICES					
Accommodation	245,440	224,681	235,440	235,440	235,440
Community Engagement					
Advertising	15,000	30,862	14,154	20,000	20,000
Banking	100	101	100	100	100
Consulting Fees	400,000	333,396	235,366	235,440	235,440
Equipment Rentals	10,000	7,079	7,769	7,800	7,800
Board Chair Per Diem Expenses	80,000	77,175	52,225	56,000	56,000
Other Board Members Per Diem Expenses	80,000	69,525	77,308	90,000	90,000
Insurance	23,000	22,334	23,000	23,000	23,000
LSSO Shared Costs	359,000	359,495	544,495	359,000	359,000
LHINC	50,000	50,000	50,000	50,000	50,000
Other Meeting Expenses	40,000	25,069	40,390	33,500	33,500
Other Governance Costs	35,000	19,906	43,468	35,000	30,000
Printing and Translation	62,823	48,422	35,727	44,785	39,785
Staff Development	45,000	51,368	51,385	50,000	50,000
Other Services	-	21,097			
Total Services	1,445,363	1,340,510	1,410,827	1,240,065	1,230,065
SUPPLIES AND EQUIPMENT					
IT Equipment	20,000	34,419	35,353	35,000	30,000
Office Supplies & Purchased Equipment	55,000	50,551	50,000	45,000	40,000
Total Supplies and Equipment	75,000	84,970	85,353	80,000	70,000
Capital Expenditures	125,000	167,138	25,000		
LHIN Operations: Total Planned Expense	4,507,928	4,341,602	4,474,968	4,515,428	4,515,428
Annual Funding Target		4,466,690	4,507,928	4,515,428	4,515,428
Surplus		125,088	32,960	-	-

Note: 10/11 Allocation and Actuals have been adjusted to reflect French Language Services base funding and expenses of $106,000 and Aboriginal Community Engagement of $7,500.

ABP Communications Plan

Background

The Central West LHIN's Annual Business Plan (ABP) is mandated by the Ministry of Health and Long-Term Care. The ABP outlines the key actions for each of the LHIN's priorities as identified in the Integrated Health Services Plan.

Communications Objective

To raise the profile of the Central West LHIN by highlighting the LHIN's accountability, the ABP is a key document on which to ground LHIN communications through its many communications vehicles (Newsletters, Bulletins, LHINfo Minutes, Community Report, media stories, etc.). These are used by the LHIN in differing ways to communicate to all audiences the value of the LHIN's role in improving the local health care system.

The ABP follows a template provided by the Ministry of Health and Long-Term Care, and will be sent to key stakeholders when approved by the Minister. It will be available on the LHIN website and sent out on request. It also serves as the basis for the development of the Central West LHIN's Annual Report, which will look back on the LHIN's progress about each of the LHIN's priorities, as articulated in the ABP.

Audiences for the Annual Business Plan

- Minister of Health and Long-Term Care (primary)
- MPPs and local government stakeholders
- Health Service Providers and physicians
- General public taxpayers in the Central West LHIN
- Media

Strategy

Highlight the delivery of the ABP through various tactics outlined below, and ensure audiences are aware of the delivery of the document and the accountability of the Central West LHIN.

Tactics

Deliver the ABP directly to the Minister of Health and Long-Term Care, MPPs, local government stakeholders, Health Service Providers and physicians.

Communicate the ABP to the general public via the LHIN's website and publications.

Promote the ABP to the media through press releases.

Sustain the importance of the ABP by consistent referencing in LHIN publications, speaking notes, annual meetings, Health Service Provider meetings, and other presentations.

Communication Tactics	Audience	Objective	Timeline
CEO Bulletin A two-page update more specifically targeted to Health Service Providers and government leaders, which focuses on a specific LHIN initiative, issue or success. Will be made available to the general public on the website. Specific feedback and questions from readers will be invited.	Health Service Providers, government leaders, public	Educate, inform and engage	Quarterly: September December March June
LHINfo Minutes A one-page update that provides bite-sized information and stories that outlines the LHIN's accomplishments.	MPPs, civic leaders, public	Educate and inform	Monthly
LHINFocus Newsletter This publication will be reformatted into an electronic newsletter and sent out regularly as an update on LHIN achievements, Health Service Provider achievements, health system issues and key messaging. The newsletter will invite specific feedback and questions from readers. Its new format will allow it to be easily available on the website. Printed copies can be made for distribution as leave behind material at public functions.	Public, Health Service Providers, government leaders	Educate, inform and engage	Quarterly: July October January April
LHIN-led Messaging Vehicles Information, good news stories packaged into bulletins, newsletters, pamphlets to disseminate to the Health Service Providers to pass along to their clients/patients.	Health Service Providers	Educate, inform and engage	
Speakers Bureau Presentation venues will be proactively sought, presentations will be tailored to audience and appropriate leave behind materials will be produced.	Community/opinion leaders and public	Educate, inform and engage	Ongoing
www.centralwestlhin.on.ca The website incorporates information about the LHIN's activities, which can be accessed by LHIN stakeholders, including the general public.	Public, Health Service Providers, physicians	Educate, inform and engage	Re-launch imminent

C'est pour vous
C'est pour votre santé.

Central West **LHIN**

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