



YOUR LOCAL HEALTH INTEGRATION NETWORK:
MAKING HEALTH EASIER

COMMUNITY LEADERSHIP

“The Waterloo Wellington Local Health Integration Network listens to our community and drives action to improve the health and wellbeing of all residents.

I am proud of the results we have achieved working together. This is the kind of community leadership we need to address the big challenges facing our communities today.”

Bryan Larkin, Chief of Police,
Waterloo Regional Police Services





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WHO WE ARE

Your Local Health Integration Network

Over the past decade, the Waterloo Wellington Local Health Integration Network (LHIN) has worked to significantly improve the quality and availability of local health care. Now, we're focused on making it easier. **Easier for you to be healthy. Easier for you to get the care and support you need. Easier for you and your family to live the healthiest lives possible.**

From prenatal to end-of-life, and everything in between, we are working to make it easy for you to be healthy, and to get the care and support you need.

HOW WE MAKE IT EASIER

We connect you with care, at home and in the community, and better connect your health system together to improve your care experience.

We listen to you and your care team and invest \$1.1 billion annually in the local health services you need. This includes hospital care, long-term care, mental health & addictions, home & community care, community support services, and primary care (your family doctor or nurse practitioner). We then hold these providers accountable to ensure quality care and value for your money.

We also work closely with public health to prevent illness and improve the health of all

residents, helping more people to have equitable care experiences regardless of gender, location, socioeconomic status, and more. This especially includes our local Francophone, Indigenous, and newcomer residents.

We are a community leader - working together with police services, municipalities, school boards, businesses, associations, and others to improve the overall health and wellbeing of residents across Waterloo Wellington.

We are a team of nurses, doctors, and other health and business professionals, passionately committed to delivering exceptional care and improving the patient experience.

We are your Waterloo Wellington Local Health Integration Network.

We're listening: Our plan was developed based on the experiences of those who live, work, and receive care here and the priorities they want us and our health service providers to address. Thank you to all of the patients, clinicians, staff, community members and organizations who have reached out and shared their story.



LONG-TERM CARE

“Make it easy to figure out where to go to get help – reduce the number of people one sees to get help for complicated problems...”

Local Caregiver



HOSPITALS

ASSOCIATIONS

HOME & COMMUNITY CARE





97% 
of all local **residents** are now
connected to **primary care**

 Since 2008
local **residents** have spent over
**1 MILLION
HOURS LESS**
waiting in **emergency
departments** for care.

“What the LHIN has done is turn it around so that the focus is on the community and people in the community. Instead of exerting control over everything, you’ve facilitated groups, enabled groups to do the things in the community that need to get done.”

Ken Seiling, Regional Chair



Home of St. Mary's
General Hospital, one of the

**TOP RANKED
CARDIAC
CENTRES**

IN CANADA

YOUR LOCAL HEALTH CARE: BETTER CARE, CLOSER TO HOME

What matters most about health care to local residents is that they are able to get good care when they need it. Over the past number of years, access to local health care has improved significantly – as well as the quality of care residents receive.



There was a time in our community where many people didn't have a primary care provider. Fortunately, as a result of the efforts of our local Chambers, the Medical School and local primary care preceptors working with the Waterloo Wellington LHIN and local health providers – **97% of all local residents are now connected to primary care.** Together,

we have attracted **170 more family doctors and specialists** to our community since 2010.

At one time, local residents were waiting up to 25 hours for care in our emergency departments and we barely had enough physicians to keep the departments running. Now, we have a full complement of local physicians and the lowest emergency department wait times in Ontario

for patients with the most complex care needs. Since 2008, local residents have spent over **1 million hours less waiting in emergency departments** for care.

If you've lived in our community more than a decade, you likely remember having to travel out of town most of the time for highly specialized care. Fortunately, that's not the case for many services now. **St. Mary's General Hospital is one of the top ranked cardiac centres in Canada** – and we recently announced an additional \$3.6 million to expand procedures there, as well as \$6 million for an expansion to deliver arrhythmia care. Residents also now receive cancer care, specialized mental health care, and many other services locally.

Years ago, outcomes for residents having a stroke were worse here than anywhere else in the province. As a result of the creation of an Integrated Stroke Program – we now have some of the **best stroke outcomes in Ontario** and more local residents are surviving and thriving following a stroke.

Patients at our local hospitals are among the **least likely to die unexpectedly in hospital** than anywhere else in Canada. If you live in one of our local long-term care homes, you're among the least likely in Ontario to need to be transferred to the emergency department as a result of a fall.

Need home care? You'll have your **first care visit faster here than anywhere else in Ontario** – almost 7 days sooner than in other communities.

In short - local health care has advanced at an exceptional rate – keeping pace with the incredible growth and development of our local communities.

WHAT IMPACTS YOUR HEALTH



50% YOUR LIFE

Income	Employment
Disability	Working Conditions
Education	Race
Social Exclusion	Early Childhood Development
Social Safety Net	Safe and Nutritious Food
Gender	Housing/Homelessness
Aboriginal Status	Community Belonging

25% YOUR HEALTH CARE

Access to Health Care Wait Times
Health Care System

15% YOUR BIOLOGY

Biology Genetics

10% YOUR ENVIRONMENT

Air Quality Civic Infrastructure

YOUR LOCAL HEALTH CARE: THE GAPS

Most residents are able to get, not just good care, but great care when they need it. But it's not true for all.

Residents tell us that getting the care and support they need to be healthy isn't always easy.

Local residents needing a hip or knee replacement surgery wait longer here than anywhere else in Ontario.

While 97% of residents have a primary care provider, more than 50% aren't able to get in to see them when they need to.

Residents are waiting far too long for mental health supports, especially housing supports.

And the home and community care experience isn't always as great as it could be – while more and more residents are relying on this needed care.

These are just some of the examples of areas within the health system that need to be improved.

In addition to improving the system itself, 75% of your health is determined by other factors such as your income and education levels and access to stable housing. This is why we are working in partnership with municipalities, school boards, policing and business – building healthy communities takes a joint effort from all sectors.

To improve the health of all 800,000 residents in Waterloo Wellington – the Waterloo Wellington Local Health Integration Network is launching a new Mission, Vision, and Strategic Directions to drive the next phase of local health care transformation.





“Make mental health care easier to access and change attitudes about mental health.”

Local Resident

OUR WHY: A FAMILY EXPERIENCE

While most people are able to get good care when they need it, there are some residents who have a harder time being healthy and accessing the care and supports they need.

One example is Sherri and her son, who have been living with Sherri's mom.

Sherri's son has a form of autism, a number of mental health challenges, and a learning disability. His behaviours have been worsening, he was removed from school, and police are regularly called to the home.

Sherri's mom recently had a heart attack, and her doctor has recommended she leave the home to reduce her stress.

Sherri is now suffering from depression and anxiety and having trouble keeping up at work. She also just lost her benefits, making it almost impossible to cover her son's medications.

While many different service providers across health, education, justice, and children and youth services are helping this family – they aren't working together.

Whenever the family reaches out for help – they are told they don't quite fit the eligibility requirements of that particular service and wait times for the service they need are too long.

This family, and the many others like them, are why we have launched a new mission and vision - and strategic directions (the how) to guide the next steps of improvements in our health system. We need to make it easier, especially for those with complex needs spanning multiple care providers and sectors.



*Sherri, her son, and her mother before her son's prom



MISSION, VISION, CORE VALUE

OUR MISSION IS: TO MAKE IT EASY FOR YOU TO BE HEALTHY, AND TO GET THE CARE AND SUPPORT YOU NEED.

We know the first word that comes to mind when thinking about your health might not be “easy”. Over the past decade, the quality and availability of local health care has greatly improved. Now, in addition to continuing to improve the quality and accessibility of local health care, we need to make it easier. Your health is our number one priority. We believe that regardless of how complex your health needs are, being healthier and getting the care and supports you need should be easy – and we’re committed to making that a reality.

OUR VISION IS: HEALTHY PEOPLE. THRIVING COMMUNITIES. BRIGHT FUTURES.

Imagine a future where all people have the health they need to reach their full potential. We believe that regardless of who you are or where you’re from, you should have everything you need to live the fullest life possible. Like in Sherri’s story, many residents need support from more than just one organization or one sector. It can’t be the sole responsibility of the patient to navigate the complexities of multiple systems – that’s why we all need to work together to make it easier.

OUR CORE VALUE IS: ACTING IN THE BEST INTEREST OF OUR RESIDENTS’ HEALTH AND WELL-BEING.

This is our reason for being – the one principle that drives all we do. If it isn’t improving the health and wellbeing of those we serve – it needs to change. It’s as simple as that.

MAKING HEALTH CARE EASIER: QUALITY CARE WITH A BETTER PATIENT EXPERIENCE

Our 2017-19 Strategic Directions

Over the last number of years, access to local health care has significantly grown. In partnership with health service providers, and our broader community, your Waterloo Wellington Local Health Integration Network has lead the creation of a higher-quality, more integrated health system.

You can now receive highly specialized care, close to home. We have recruited almost 200 more family physicians and specialists. Our hospitals used to be full of patients waiting for care in a more appropriate place, now with expanded home and community care, better access to rehabilitative care, new and expanded long-term care homes, and more – patients are able to receive the right care, in the right place, at the right time.

Despite this, residents and health care professionals tell us that navigating and accessing the local health care system can be hard. We need to make it easier.

Residents and many health care professionals also tell us we need to take a stronger leadership role to shift the system towards more of a focus on health prevention and helping people get healthier. We particularly have to focus on making health more equitable to better support those who are disadvantaged because of their background, income, education, and so on.

Achieving the needed transformation in the local health system can’t be achieved by doing more of the same and expecting a different result. It’s time for a shift.

Taking the learnings from a decade of working with health care providers to advance care for local residents, the Waterloo Wellington Local Health Integration Network is launching five new strategic directions to make easy possible.





**"Make it easier to access programs.
Reduce government red tape."**

Local Caregiver





WE ARE ALL ACCOUNTABLE

“I believe that we all are accountable... as patients we need to become better educated regarding our health. We are moving in the right direction by having information available to us through different channels. I want to take part in helping our health care team provide the best possible care.”

Karen McNally, Patient





STARTING WITH THE PATIENT EXPERIENCE

We will listen, learn and be relentless in making improvements to the patient experience.

It starts with the patient experience – these are the stories you hear and tell your friends and family about when you interact with the health system. Only by listening and acting on the patient experience can we truly make it easy for people to be healthy and to get the care and support they need. Every single person in the health system needs to own the patient experience and do everything they can to make it a good one.

How will we achieve this in 2017-18?

- Being relentless in making specific improvements to the patient experience, including those who experience inequitable health outcomes because of who they are.
- Designing and launching a Patient Experience Program.

Your experience will improve as we better connect different parts of the health system together for more seamless care. You'll have one place to call for help with local health care, your voice will be embedded in everything we do, and you will wait less time for vital health procedures.



“We need to ensure residents have a voice by engaging those with lived experience in planning.”

Local Patient





STARTING WITH THE PATIENT EXPERIENCE

CORPORATE OBJECTIVE

Be relentless on making specific improvements to the patient experience, including those who experience inequitable health outcomes.

PLAN FOR 2017-18

Improvements in home and community care:

Continue to implement the initiatives in Patients First: A Roadmap to Strengthen Home and Community Care by:

- Aligning care coordinators and system navigators with primary care to ensure seamless relationships to better serve residents with improved coordination, navigation and connections to home and community care and services.
- Creating and implementing a multi-year plan to support the respite needs of patients and reduce caregiver distress.
- Identifying the top five ways to improve the patient experience for home and community care patients and implementing solutions to address them.
- Supporting all Waterloo Wellington long-term care homes to deliver quality, consistent hospice palliative care.
- Actioning the first phase of the local plan to redevelop older long-term care homes to ensure all homes meet the same quality standards.

Improvements in primary care:

- Improve access to inter-professional supports.
- Use an equity lens to assess the number and proportion of primary care providers based on the needs of the local population.
- Facilitate effective and seamless transitions between primary care and other health and social services.
- Support the integration of Health Links into sub-regional planning with input from primary care providers.
- Improve access to mental health and addiction services in each sub-region, including self-management resources, access to structured psychotherapy, psychiatry, supportive housing programs, and intensive mental health supports.
- Establish referral networks for mental health and addictions services with primary care providers.
- Support timely primary care follow-up with patients by ensuring notification regarding hospital admission, discharge, and summaries within 48 hours of hospital discharge.
- Ensure patients, primary care, and pharmacies (as appropriate) have a “Best Possible Medication Discharge Plan” for each patient upon discharge from hospital.
- Implement the Waterloo Wellington Integrated Hospice Palliative Care Regional Program (WWIHPC) strategy to enhance equitable access to a primary palliative approach to care and to specialized hospice palliative care services.
- Improve access to linguistically appropriate primary care.
- Enhance timely access to primary care for all residents.



“Make it easy to access a “triage” doctor either by phone or email who would make an appointment with a patient within 24 hours and take time to assess in depth the health concern, and if needed issue referral to a specialist. Sometimes you have to wait weeks or months to see specialist. This should change.”

Local Resident

Improvements in wait times/access:

- Promote health equity and recognize the impact of social determinants of health to reduce or eliminate health disparities and inequities in the planning, design, delivery and evaluation of services.
- Improve access to mental health services for children and youth with all community partners.
- Work with system partners to improve how people move through the health system to avoid unnecessary hospital stays, reduce the length of time in hospital, including the emergency room, and reduce the number of people who are waiting in a hospital bed for the right type of care.
- Improve wait times for hip/knee replacement surgery, cataract surgery and diagnostic imaging, and drive appropriate care utilization starting with people suffering from musculoskeletal (MSK) pain, and those suffering from mood disorders.
- Improve hospital care for seniors adopting the principles and practices of Senior Friendly Hospitals (SFH) in all hospitals.

Improvements in Indigenous Health:

- Integrate Indigenous health needs into all aspects of LHIN planning, and health system improvements.
- Work with Indigenous Health and Wellness programs to improve access to culturally appropriate health services starting with chronic disease, mental health and addictions, home and community care, and hospice palliative care.
- Improve access to information on local Indigenous health care services.

Improvements in Francophone Health:

- Work with the French Language Health Planning Entity to assess the capacity of health service providers to provide an active offer of health services in French.
- Improve access to health services in French starting with mental health and addictions, primary care, and home and community care including system navigation.
- Improve access to care information in French.

CORPORATE OBJECTIVE

Design and launch a Patient Experience Program

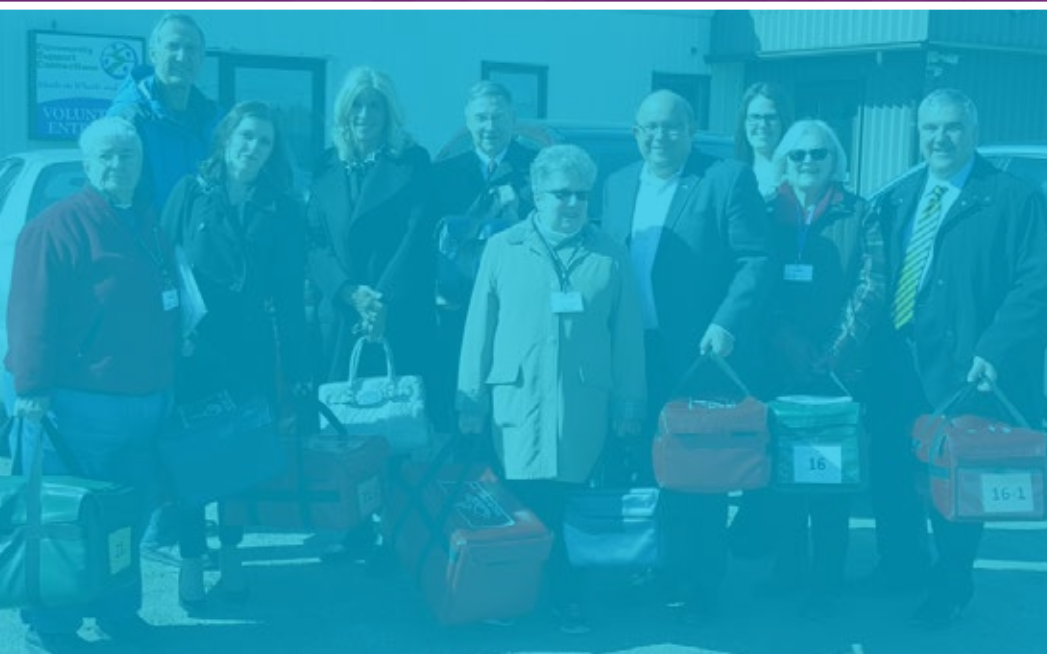
PLAN FOR 2017-18

Design and launch a patient experience program that translates the experience of patients, staff, and clinicians into actionable system/care improvements.

This Program will include:

- Establishing a Patient and Family Advisory Committee to ensure patients and families are involved in health care system decision-making.
- Implementing a transparent process for receiving and addressing patient/caregiver concerns across the health system.
- Designing and implementing an innovative patient experience program that supports creative engagement and inclusion of patients and caregivers in system improvement identification and implementation.

BOLD
LEADERSHIP





“Many of us sit on the boards of other organizations in the community. I know the ones I sit on are rethinking how they deliver their services and that’s due in a large part to the leadership of the LHIN.”

Karen Redman, Regional Councillor

“Have more supports in the community for people, as well as easy access to health needs. We need less wait lists for health supports. Make the system more welcoming for people when they first enter a health support organization.”

Local support coordinator



DRIVING THROUGH COMMUNITY LEADERSHIP

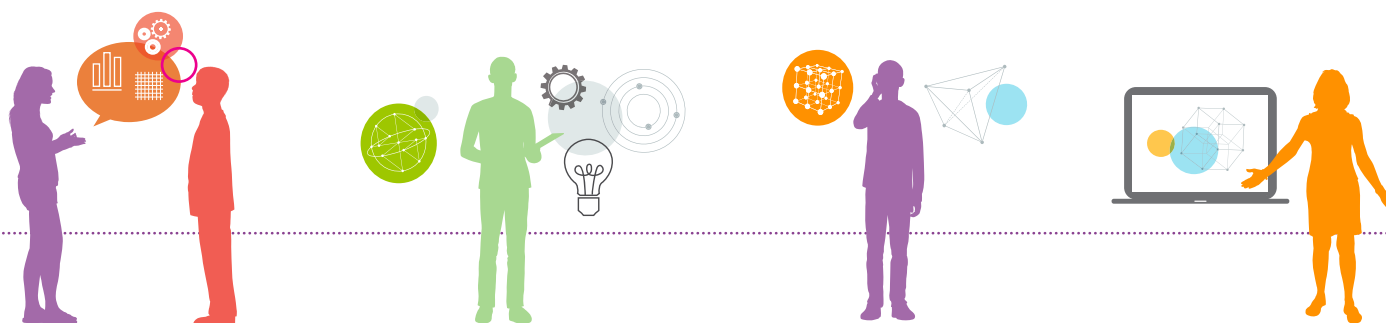
We will be recognized as a trusted, credible and influential system leader in the community.

Health care is essential to a thriving community. Just as a resident relies on a strong police force for safety and security, strong schools for education, and strong municipalities for community services, and so on - they rely on a strong health care system for their health and wellbeing. Given the importance of a strong health system to all communities, the Waterloo Wellington LHIN will continue to provide local community leadership, alongside these other sector leaders, to support the health and wellbeing of all residents and make sure decisions are made in the best interests of our local residents.

How will we achieve this in 2017-18?

- Actively engaging in and facilitating whole-of-community solutions to address priority issues.
- Being relentless on decisions that are in the best interests of the health and wellbeing of our local residents.

Your experience will improve as we better connect the many systems and sectors that support you and tackle the community issues that most affect your ability to live a healthier life.



CORPORATE OBJECTIVE

Actively engage in and facilitate whole-of-community solutions to address priority issues.

PLAN FOR 2017-18

- Find uniquely “whole-of-community” solutions to improve wellness and address key unresolved health and social issues with community based non-health care sector partners. For example:
 - o Working with community partners to develop a Waterloo Wellington Action Plan to address opioid use at the local level.
 - o Continuing to play a leadership role in creating multi-sector groups such as the Wellbeing Waterloo Region Initiative and The Rural Way to address the largest challenges facing communities.
 - o Working with community partners to increase resiliency and prevent youth suicide by improving the coordination of mental health supports for post-secondary students.
 - o Working with community partners to increase collaboration and multi-sector planning to improve access to affordable and supportive housing.
 - o Leading alongside others at community tables and forums to support the health and wellness of our community.

- o Participating in the Waterloo Region Sexual Assault Task Force.

- o Supporting the ongoing success of Connectivity Tables in the Waterloo Wellington LHIN sub-regions.

- Partner with universities, colleges and research institutions to bring research and system improvement projects together to champion new and innovative health technologies and processes.
- Create more formal linkages between the LHIN and public health units to increase a focus on prevention.

CORPORATE OBJECTIVE

Being relentless on decisions that are in the best interest of the health and wellbeing of our local residents.

PLAN FOR 2017-18

- Continue to advocate for local decisions anchored in what is best for the residents of Waterloo Wellington.

IMPROVE COMMUNITY HEALTH

“I had heard staff at the Waterloo Wellington LHIN speak about the need for local health innovation. I knew they were a great place to bring my idea to improve community health...now we have light therapy lamps in the Kitchener Public Library.”

Robin Mazumder, Guest Librarian, Kitchener Public Library
and University of Waterloo student



Realizing a number of residents are affected by Seasonal Affective Disorder (SAD), Robin wanted to make light therapy lamps more accessible to all. We partnered with Robin, the Kitchener Downtown Community Health Centre and the Kitchener Public Library to make this possible.



Resident reading beside the light therapy lamp at the Kitchener Public Library.



IGNITING INNOVATION AND CREATIVITY

We will ignite innovation and creativity to achieve exponential impact.

There is nothing more frustrating than hearing things are the way they are because they always have been that way or there is no easy solution. Waterloo Wellington communities are known for their social and technology innovations. We need to apply more of that innovation and creativity in our health system to tackle the issues that remain.

The problems that remain in health care are too complex for a traditional top-down approach. Instead, we need to tap into the collective wisdom of patients, clinicians and staff to find solutions. We will continue to ignite innovation and creativity in the system and spark new ways of doing things that lead to better outcomes.

Innovation and creativity are not something that work well with template business plans. Too often, opportunities arise that are not specific projects or they are out of sequence with planned activities. And they certainly cannot be managed in a traditional management model.



“Innovation happens when you intently listen to patients and clinicians and make their ideas take flight.”

Dr. Mohamed Alarakhia,
Chief Clinical Information Officer, Waterloo Wellington LHIN

How will we achieve this in 2017-18?

- Creating an organization of problem-solvers, building on and expanding the Waterloo Wellington LHIN's corporate innovation culture.
- Supporting and encouraging staff, clinicians and health service providers to be opportunistic and create opportunities to drive advancement of the strategic priorities in the Annual Business Plan.
- Implementing specific digital health and process innovations in primary care, home and community care, mental health and addictions, and palliative care that make things easier for patients and improve health incomes.
- Continuing to develop a health and social innovation ecosystem in Waterloo Wellington.

Your experience will improve with easier access to specialist care, a better informed care team that means you won't have to repeat your story, and better access to tools and information to prevent illness and help you take care of you and your family.



“Improve the communication between care providers so that it is easy to find out what services a patient is receiving, what he/she is entitled to, and where and how to access those services.”

Local caregiver



CORPORATE OBJECTIVE

Create an organization of problem-solvers, building on and expanding the Waterloo Wellington LHIN's corporate innovation culture.

PLAN FOR 2017-18

- Launch the Waterloo Wellington LHIN Corporate Innovation Program to help incent, drive and encourage even greater innovation within the LHIN organization.
- Work closely with innovative organizations to support a LHIN and health system of innovative problem solvers.

CORPORATE OBJECTIVE

Support and encourage staff, clinicians and health service providers to be opportunistic and take advantage of opportunities that arise.

PLAN FOR 2017-18

- Develop a culture that rewards staff innovation and creativity and those who take advantage of opportunities that achieve the strategic outcomes of the Waterloo Wellington LHIN, including those that are out of sequence with planned activities.

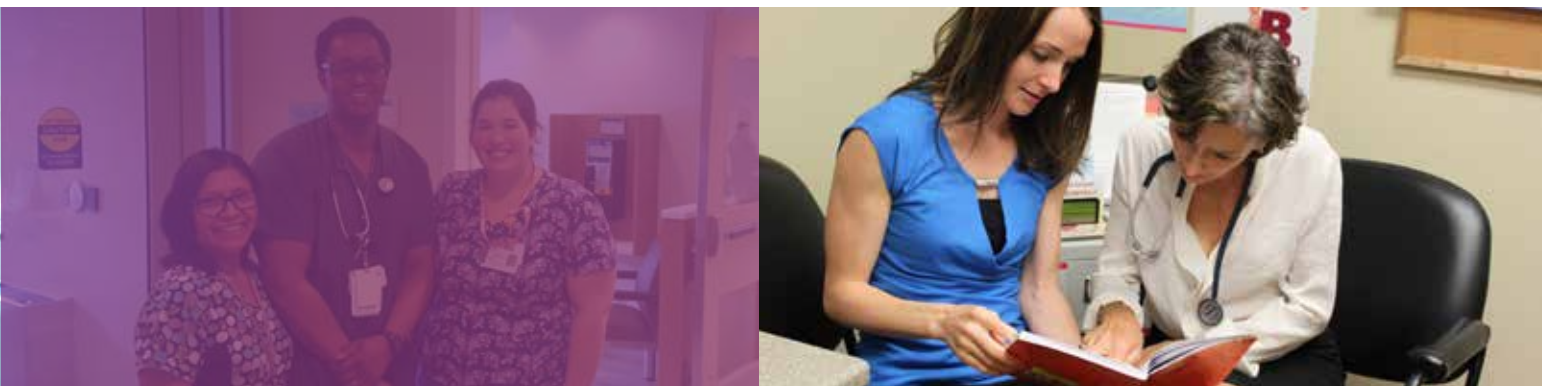
CORPORATE OBJECTIVE

Implement specific digital health and process innovations in primary care, home and community care, mental health and addictions, and palliative care to achieve exponential impacts for patients.

PLAN FOR 2017-18

Improvements in home and community care

- Identify and eliminate processes that do not add value to improving patient outcomes/ patient experience.
- Leverage technology to make home and community care better and more efficient.
- Facilitate adoption of telemedicine to support better access to care for residents.
- Evaluate and build upon the telehomecare pilot project for people with chronic disease conditions.
- Share Care Plans from Home and Community Care to ClinicalConnect so that all care providers are aware of a patient's goals and patients do not have to repeat their story.
- Create real time notification to home and community care coordinators and other primary care providers of emergency department visits, inpatient admissions and discharges to support timely provision of services.
- Find innovations that allow us to direct more money to direct patient service by performing value for money reviews of specific programs and services.



Improvements in primary care

- Support the exchange of immunization records between primary care and Public Health to decrease unnecessary visits, support appropriate immunization, and facilitate effective medical records management.
- Continue expansion of eConsult services across the Waterloo Wellington LHIN.
- Expand the Quality Based Improvement in Care (QBIC) program in primary care to increase access, enable e-visits and deploy tools for better managing patients with chronic disease and mental health and addiction conditions.
- Facilitate self-care for patients with mental health and addictions issues through the launch of digital solutions such as the Big White Wall.

Improvements in wait times/access

- Implement the 'first-in-Ontario' Collaborative Quality Improvement Plans in each sub-region which are committed to and overseen by health service provider governors across multiple organizations to improve quality and integration.
- Support the provincial opioid strategy, and provide support to connect patients with quality addictions treatment.
- Support hospitals to enable the adoption of innovations in patient care, like bundled care.
- Support more efficient referral processes through System Coordinated Access (SCA) for hip and knee replacement surgery, diagnostic imaging, cataract surgery, and other specialty care streams as appropriate, to optimize waitlists.

- Provide a patient portal through the System Coordinated Access (SCA) program to bring relevant referral information directly to residents.

CORPORATE OBJECTIVE

Continue to develop a health and social innovation ecosystem throughout Waterloo Wellington.

PLAN FOR 2017-18

- Continue to evolve the innovation ecosystem where innovators, health service providers, clinicians, political and thought leaders, and researchers can go to get connected to the rest of the system to prototype, pilot, test and commercialize health and social innovations.
- Establish a formal Waterloo Wellington LHIN innovation hub.
- Launch a Waterloo Wellington LHIN system-wide Innovation Program to curate ideas, encourage innovation, crowd source solutions and share knowledge and experience across and outside the ecosystem to provide a better patient experience and improve outcomes for residents.

The Waterloo Wellington LHIN is looking to enhance its external ability to be a catalyst and connector of innovation and creativity in the health system. And internally, it is looking to create an organization and health system of thousands of problem-solvers.

COLLABORATIVE PROBLEM SOLVING



“We are tapping into the collective wisdom of our staff and physicians to find solutions to problems and go beyond the traditional top down management approach in healthcare. Simply put, we are becoming an organization of 13,000 problem-solvers.”

Rob MacIsaac,
CEO, Hamilton Health Sciences



“By bringing health system leaders together, the Waterloo Wellington LHIN is supporting clinicians, enabling us to learn from each other to problem-solve and better understand the challenges our colleagues face.”



Dr. Sabrina Lim Reinders,
Primary Care Physician Lead



“As ED Lead, I attended monthly meetings to shape Provincial policy around issues like physician recruitment, ED funding, Ebola response and the newest challenge of potent narcotic street drugs. In turn, I worked to translate these ideas into practice so we could stay ahead of the curve in championing best practices. Waterloo Wellington is viewed as a leader due to our ability to activate new care models.”

Dr. Ian Digby, Emergency Physician Guelph



EMPOWERING CLINICAL LEADERSHIP

We will work hand in hand with clinicians to improve the care experience and quality of care.

In recent years, the greatest progress in improving local health care has been through the Waterloo Wellington LHIN working closely with clinicians and empowering clinical leadership to help drive meaningful improvements. Clinicians understand their patients' needs best. They also know where there are opportunities for improvement and how to make change at the clinical level. Listening to and supporting clinicians to make it easier for them and their patients has resulted in significant improvements to care – being the first LHIN in Ontario to make mental health care records available electronically is but one example. With the vast majority of LHIN staff now having clinical backgrounds and with the majority now providing direct patient care, we will intentionally shift to empowering clinical leaders to have more influence in decision-making.

How will we achieve this in 2017-18?

- Leveraging the wisdom of clinical leaders to influence improvements to the patient experience and drive better outcomes in home and community care, primary care, and wait times.
- Intentionally engaging clinicians in decision-making by providing forums for them to influence health service provider and LHIN decisions.

Your experience will improve as your needs are better reflected in the design and delivery of local health care through the empowered leadership of your care team and other local clinical experts.



CORPORATE OBJECTIVE

Leverage the wisdom of clinical leaders to influence improvements to the patient experience and drive better outcomes in home and community care, primary care, and wait times.

PLAN FOR 2017-18

- Use and build upon existing sub-region clinical leadership groups to advise on pacing and prioritization to create equitable comprehensive primary care.
- Work with clinician leaders to improve quality of care and access in each sub-region.
- Support primary care practices with change teams who can help implement solutions to make it easier for patients to stay healthy through preventative care, easier to access services, and streamline business practices.
- Create a regional Quality Table and work with local clinicians at a community level to support implementation of quality standards in partnership with Health Quality Ontario.

CORPORATE OBJECTIVE

Intentionally engage clinicians in decision-making by providing forums for them to influence health service provider and LHIN decisions.

PLAN FOR 2017-18

- Consistently invite clinicians to participate in performance improvement discussions with health service providers.
- Appoint a Vice-President Clinical and sub-region clinical leaders to help influence change and give greater voice to clinicians in decisions made at the LHIN, sub-region and health service provider levels.



CREATING A GREAT PLACE TO WORK

Great staff experience = Great patient experience.

Our people are our greatest asset. The Waterloo Wellington LHIN is made up of a diverse and dedicated workforce passionate about the patient experience. While most staff are clinicians directly supporting patient-care, others are respected experts in planning, finance, decision support, engagement, and other professions to support care delivery and the improvements needed to transform local health care.

A direct correlation can be drawn between the experience of staff in an organization and the patient experience. The better the staff experience is, the better the patient experience is. Creating a great staff experience requires creating a great place to work. This means fostering a supportive, innovative, and patient-focused culture that empowers staff to do what's right for patients while finding joy in their work and work environment.

How will we achieve this in 2017-18?

- Continuing to be known as a provincial leader and employer of choice.
- Continuing to create a LHIN organization where all employees are passionate about acting in the best interests of residents' health and wellbeing.
- Continuing to support a culture where the values of the organization are lived every day.

Your experience will improve as you receive care and support from people who love what they do, who are rewarded for putting you first and delivering the best care possible, who directly observe the challenges you and others face first-hand and who bring forward and action solutions to address these challenges to improve your care experience.



"I love nursing because you never know what you will walk into when entering their home. I love the feeling that you are making a difference in a client's life at a time of change or struggle. We help them remain in their homes, pass away at home, or make the most difficult decision to move themselves or a loved one into a long term care home. I learn from my colleagues and clients every day."

Pamela MacPherson,
Registered Nurse, Care Coordinator



“The experience of staff in health care organizations is linked to the quality of care provided to patients. This manifests itself in terms of patient ratings of care, other peoples’ ratings of care, and some other direct health outcomes for patients.”

Dr. Jeremy Dawson

(Staff Experience and Patient Outcomes: What do we know, a report commissioned on behalf of the National Health Service, England)

CORPORATE OBJECTIVE

Continue to be known as a provincial leader and employer of choice.

PLAN FOR 2017-18

- Continue to make the Waterloo Wellington LHIN and the broader health system the best place to work in health care.
- Support employees to take risks and be innovative to improve the patient experience.

CORPORATE OBJECTIVE

Continue to create a LHIN organization where all employees are passionate about acting in the best interests of residents’ health and wellbeing.

PLAN FOR 2017-18

- Continue to recruit individuals who are passionate about putting patients first.
- Support staff in spending more time with the wide range of patients in our LHIN, particularly the vulnerable.
- Continue to enable staff to identify and take action to improve the patient experience and patient outcomes.

CORPORATE OBJECTIVE

Continue to support a culture where the values of the organization are lived every day.

PLAN FOR 2017-18

- Create an employee recognition program that celebrates staff for living the organizational values and achieving results to improve the patient experience.
- Implement a new initiative that leverages the ideas of staff to create an organization of empowered problem-solvers.





OUR COMMUNITY

The Waterloo Wellington Local Health Integration Network serves almost 800,000 residents in Waterloo Region, Wellington County, the City of Guelph, and the southern part of Grey County.

This covers about 4,800 square kilometers, stretching from Proton Station in the north to Ayr in the south, Clifford at the most westerly point and Erin to the east. It also encompasses the major urban centers of Waterloo, Kitchener, Cambridge, and Guelph. While 90% of our geography is rural, 90% of our population lives in urban areas.

We are fortunate to be part of one of Canada's most diverse and unique areas, home to a world-class college and universities, farmers markets, innovation hubs, and a stunning landscape pairing bustling urban centres with picturesque rural communities. The best of everything is in Waterloo Wellington.

A COMMUNITY RICH IN DIVERSITY

One of our community's greatest assets is its diversity. We have residents who have just moved here, many of them newcomers to Canada, alongside families that have lived here for generations.

We are home to some of North America's most successful entrepreneurs, a thriving arts and culture community with our own symphony and the renowned Drayton Theatre. We have some residents with multiple doctoral degrees, and others without any formal education. We have residents living in beautiful neighborhoods, quaint or bustling downtowns, and others who are experiencing homelessness. Some of our residents live comfortably, while others live with low-income.

Not all these people have the same starting point when it comes to health.

Those who are most vulnerable, marginalized and who experience barriers within the health system may have equal access to care but they don't have the same outcomes because of a variety of factors known as social determinants of health. In plain language – how you live, work, and play affects how healthy you are.

We believe everyone should have the same opportunity to be healthy, live in a thriving, supportive community, and have the brightest future possible.

To reduce health disparities as a result of the social determinants of health, the Waterloo Wellington LHIN and local health service providers are committed to improving access to health services for all residents, including our local French speaking and Indigenous residents.

FRANCOPHONE RESIDENTS

Our local Francophone population is a diverse community that includes some groups who may be more likely to experience health disparities than others.

In 2016/2017, the French Language Health Planning Entity (Entity2) prepared a report highlighting the diversity of the Francophone population in Waterloo Wellington. This report confirmed that many Francophone residents in our community are newcomers, including Francophone immigrants and refugees. In 2017/18, we will expand on this work in partnership with the Entity2 by engaging with Francophone immigrants and refugees in Waterloo Wellington to identify gaps in our existing health services and programs.

The French Language Service Plan for 2017-18 created jointly with the Entity2 focuses on enhancing equitable access to health services for Francophone residents at the Waterloo Wellington LHIN sub-region level, and improving access to mental health and addictions services, primary care and home and community care services for seniors and newcomers in French.

INDIGENOUS RESIDENTS

Our local indigenous population is unique and diverse, living primarily within our urban communities. Indigenous residents can experience inequitable health outcomes due, in part, to historic disparities in access to health services. We work in partnership with our local Indigenous communities to identify and address gaps.

In 2016-17, we conducted an environmental scan of our Indigenous communities' needs to help identify specific actionable solutions for Indigenous residents in the Waterloo Wellington LHIN.

In 2017-18, we will begin implementing the recommendations from this work. This will include improving access to information on local Indigenous services through the Waterloo Wellington LHIN website and other communication means identified by the indigenous community. As well, we will continue to work to support improvements to access to health services in areas such as chronic disease; mental health and addictions; home and community care; and hospice palliative care.



"I felt a rush of joy yesterday as I walked up the hallway and smelled that somewhere someone was doing a smudging ceremony. A medicine man was in the counselling room providing care to an indigenous woman who was unwell. The elder is providing support all day to clients on and off site. Sometimes we feel like change happens so slowly and then... the step forward happens. This struck me as an important step forward. And I know it is a step that happened after much, much effort."

Anne Phillips,
Clinical Services Manager,
Guelph Community Health Centre



Anne Phillips with Jennifer Antler

WATERLOO WELLINGTON
IS GROWING

Not only do we need to focus on improving care today, but also on intentionally designing and building a sustainable health system for generations to come – one that anticipates your needs and wants 10, 20, 30 years in the future.



OUR POPULATION IS
PROJECTED TO REACH
OVER 870,000
RESIDENTS BY 2026.

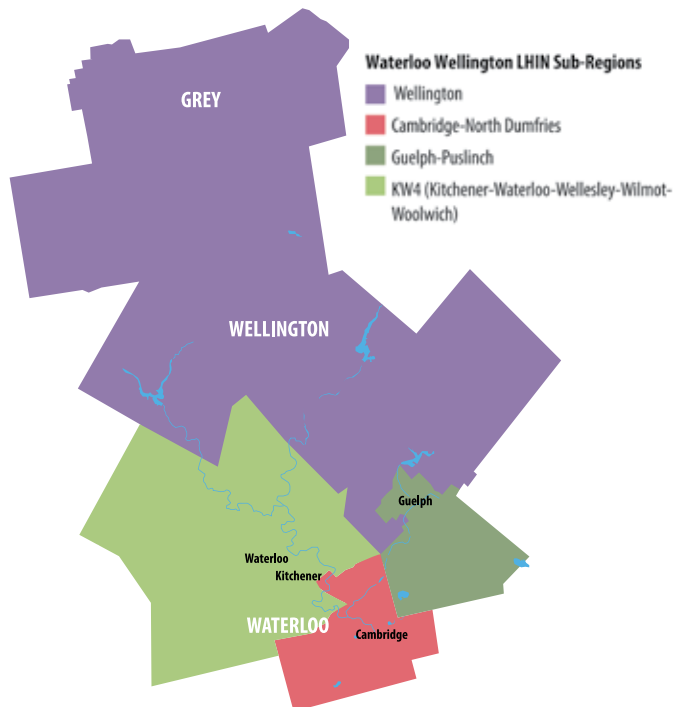


BRINGING LOCAL CLOSER TO HOME WITH SUB-REGIONS

Sub-regions are local geographies within Waterloo Wellington that allow us to better identify and capture diverse population needs—be they linguistic, cultural or others—and to help our health care system better respond to these needs. This helps us to better plan, integrate, and improve the performance of local health services.

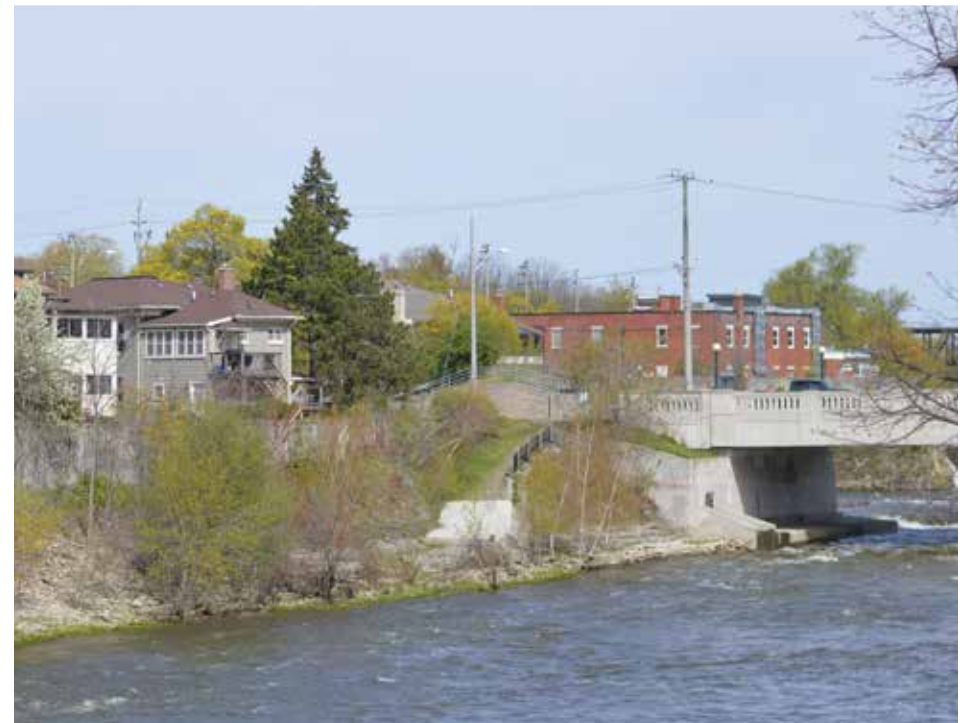
Our local sub-regions include: Wellington (including Centre and North Wellington, Guelph-Eramosa, and a small part of Grey County), Guelph-Puslinch, Cambridge & North Dumfries, and KW4 (Kitchener, Waterloo, Wilmot, Woolwich, and Wellesley).

The sub-regions were developed based on community engagement, consultation with local health service providers and stakeholders, and data on health service utilization and population health.



“Have more supports in the community for people, as well as easy access to health needs. We need less wait lists for health supports. Make the system more welcoming for people when they first enter a health support organization.”

Local support coordinator



SUB-REGION DEMOGRAPHICS



WELLINGTON



TOTAL
POPULATION
92,884



AVERAGE
HOUSEHOLD INCOME
89,389



LOW-INCOME
POPULATION
7,885



SENIORS AGE 65+
15,517



RURAL AREA
POPULATION
44,062



IMMIGRANT
POPULATION
9,115



ABORIGINAL
POPULATION
1,385



POPULATION WITH
FRENCH AS
MOTHER TONGUE
960

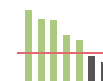
KW4 KITCHENER- WATERLOO- WELLESLEY- WILMOT- WOOLWICH



TOTAL
POPULATION
397,271



AVERAGE
HOUSEHOLD INCOME
86,540



LOW-INCOME
POPULATION
43,600



SENIORS AGE 65+
55,609



RURAL AREA
POPULATION
22,837



IMMIGRANT
POPULATION
84,935



ABORIGINAL
POPULATION
4,320



POPULATION WITH
FRENCH AS
MOTHER TONGUE
5,365

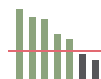
GUELPH-PUSLINCH



TOTAL
POPULATION
137,980



AVERAGE
HOUSEHOLD INCOME
85,251



LOW-INCOME
POPULATION
14,885



SENIORS AGE 65+
19,839



RURAL AREA
POPULATION
7,476



IMMIGRANT
POPULATION
25,950



ABORIGINAL
POPULATION
1,985



POPULATION WITH
FRENCH AS
MOTHER TONGUE
2,045

WATERLOO WELLINGTON LHIN



TOTAL
POPULATION
773,375



AVERAGE
HOUSEHOLD INCOME
85,910



LOW-INCOME
POPULATION
81,995



SENIORS
AGE 65+
110,755



RURAL AREA
POPULATION
79,329



IMMIGRANT
POPULATION
146,560



ABORIGINAL
POPULATION
10,185



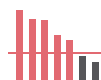
POPULATION WITH
FRENCH AS
MOTHER TONGUE
10,515

CAMBRIDGE-
NORTH DUMFRIES

TOTAL
POPULATION
145,240



AVERAGE
HOUSEHOLD INCOME
82,710



LOW-INCOME
POPULATION
15,625



SENIORS AGE 65+
19,790



RURAL AREA
POPULATION
4,954



IMMIGRANT
POPULATION
26,560



ABORIGINAL
POPULATION
2,495



POPULATION WITH
FRENCH AS
MOTHER TONGUE
2,145

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Appendix A: Progress on the 2016/17 Annual Business Plan

- The Waterloo Wellington LHIN achieved the best-ever results in Ontario hospitals for emergency department length of stay for patients with complex conditions. During 2016/17 9 out of 10 patients completed their visit to the emergency department in under 7 hours, beating the provincial target of 8 hours. Five years ago residents with complex medical conditions waited 3 hours longer.
- Recently the Waterloo Wellington LHIN ranked first in Ontario for the lowest hospital readmission rate for residents who have chronic conditions. Performance is 14.3% compared to the provincial target of 15.5%.
- During 2016/17 the Waterloo Wellington LHIN achieved its best ever result for percent of Alternative Level of Care (ALC) at 10.49% and was ranked 3rd best in Ontario. Six years ago our percent of ALC was almost 17%. This change means more residents got their care in the most appropriate place so that resources could be directed to those most in need.
- The Waterloo Wellington LHIN received new hospital base funding totaling over \$3.6 million which was directed to address hospital wait times for residents, including cataract, hip/knee surgery and MRI/CT scans.
- From 2013/14 to 2016/17, Waterloo Wellington LHIN emergency departments participating in the Emergency Department Pay for Results (ED P4R) program have earned over \$20 million to support quality and patient flow improvement initiatives. The improving performance of local EDs in this program during 2016 resulted in the Waterloo Wellington LHIN earning over \$5.4M/\$5.5M in program funding for 2017/18 – an increase of \$400k/\$500k.
- The Waterloo Wellington LHIN received new funding to support seniors with responsive behaviours associated with dementia and other neurological conditions. \$454,000 was dedicated to Long Term Care homes and \$171,000 was available for other areas of health care. This money was used to support front-line behavioural support staff in 36 Long Term Care homes as well as increased staffing in hospitals for seniors with behavioural needs.
- The Waterloo Wellington LHIN received new caregiver respite base funding totaling \$954K for home and community care. This funding was used to support real time flexibility for family caregivers, including those who have loved ones on the wait list for adult day programs, those who have dementia or are palliative as well as those who live in communities without day programs.
- A partnership with the Waterloo Wellington LHIN and Health Quality Ontario helped to launch Sub-Region Board Governor Quality Symposiums. Over 100 governors of health service providers attended six sessions. As a result, governors in all four sub-regions committed to addressing issues that impact the health of residents through working together on common quality improvement activities.
- The Waterloo Wellington LHIN launched a World Self-Care Day campaign in partnership with Region of Waterloo Public Health. Through this campaign, residents were able to

learn more information about the self-care supports and resources available in the region.

- The Waterloo Wellington LHIN funded Advance Care Planning program has now reached over 18,000 local residents directly. An Advanced Care Plan (ACP) is a plan that provides the resident, their family and caregivers an opportunity to consider what medical and social care they would prefer, or refuse, during a time of crisis or end-of-life. This plan is more than a single document; it is a holistic view of the needs and wishes of a person during end-of-life care.
- The chronic heart failure program at the New Vision Family Health Team provides chronic heart failure patients with more comprehensive care through primary care, with support from hospitals when needed. The program has helped to reduce hospitalizations by 67%, decrease emergency department visits for heart-failure related issues by 44% and reduce revisits to area emergency departments within 30 days by 47% for patients with chronic heart failure.
- The number of physicians in the Kitchener-Waterloo region has increased by over 40% since 2003.
- St. Mary's General hospital received \$7 million in funding to improve cardiac service. This investment will complete the current arrhythmia program by adding an electrophysiology suite and recovery areas, as well as expanding cardiac services that will provide quality care to complex cardiac patients in the Kitchener area.
- In 2016-17 over 7,000 referrals were processed through Diabetes Central Intake, a System Coordinated Access Program Partner, for diabetes education and specialists in the region.
- The System Coordinated Access program supports more timely and accurate access for our residents to rehabilitative services, community support services, orthopedic services, diabetes services and chronic disease prevention and management. Additional programs are expected to partner with System Coordinated Access in 2017-18 including diagnostic imaging, mental health & addictions, specialized geriatric services and ophthalmology services. Residents in Waterloo Wellington have the shorted wait from time of application to first in-home service in Ontario. Our residents receive service 7 days sooner than the provincial target.
- Residents in Waterloo Wellington have the shorted wait from time of application to first in-home service in Ontario. Our residents receive service 7 days sooner than the provincial target.
- Over 66% of primary care physicians in the Waterloo Wellington LHIN have made an orthopedic referral through the Regional Coordination Centre since the program was introduced in May, 2016. This program ensures residents receive referrals to orthopedic surgeons in a timely way and that referrals are appropriate so that resources go to those who need them most.
- Over 300 Primary Care Providers in Waterloo Wellington have been engaged with the Quality Based Improvements in Care (QBIC) project. This project optimizes the use of electronic medical records (EMRs) to support primary care providers in helping their patients to achieve positive health outcomes.

- 88 clinicians are in the process of gaining access to services in Telehealthcare, including eConsult, eVisits and eLearning. This means more clinicians in the region will have quicker access to the support they need to support their patients.
- A group of 10 patients and caregivers, 14 primary care physicians, 2 orthopedic surgeons, Diabetes Central Intake and Orthopedic Central Intake are currently participating as early adopters in the development of the eReferral platform for the region.
- Respiratory education and spirometry services are now available in community health centres across the region. This means residents will now have better access to airway clinic services to help diagnose chronic obstructive pulmonary disease and make the best use of treatments options.
- The health links program continues to coordinate wrap around care for Waterloo Wellington's most complex residents, with almost 1,000 residents having coordinated care plans developed in the last year.
- 100% of complex patients identified through Health Links have a primary care provider. This means Health Links patients have a doctor or nurse practitioner who knows them and can provide the referrals they need to effectively manage multiple chronic conditions.
- There has been significant improvement in primary care providers having up-to-date information following their patients being discharged from hospital, with 85% of residents indicating their doctor had information about their last hospital stay.
- Saugeen Valley Nursing Centre and Cambridge Country Manor have been approved for redevelopment with construction to begin in 2017/18. This means that the facilities of two long-term care homes with 182 beds will be improved to ensure the homes meet all up-to-date quality standards.
- In 2016/17 the WWCCAC received \$3.6 million to allow residents with complex needs to live at home longer with the support they need.
- In 2016/17 the Schlegel Centre for Learning, Research and Innovation in Long-Term Care and the Research Institute for Aging partnered to host the Culture Change Exchange, an event that aims to educate, support and inspire individuals and organizations to shift away from medical models of care toward social models that embrace living.
- A new nurse practitioner position was funded to provide shared support to Saugeen Valley Nursing Centre and Harriston Caressant Care. This means residents in these facilities now have greater access to comprehensive care provided by an interdisciplinary team.
- The Rapid Recovery Therapy Program saved over 1,300 hospital bed days by allowing patients to leave the hospital earlier by giving them needed rehab support at home.
- In 2016/17 Stonehenge Therapeutic Community launched the Community Withdrawal Support Service to offer an alternative to residential withdrawal management for individuals who can safely withdraw from alcohol and/or other drugs in a stable and supportive community environment. The services CWSS provides include screening and assessment of suitability for community-based withdrawal, as well as assisting people to

prepare, plan for, and complete withdrawal at home/ in a community setting. Services also include consultation and capacity building for referring agencies and primary care providers; education and support for family members/significant others; and referrals to other programs/services for treatment and relapse prevention.

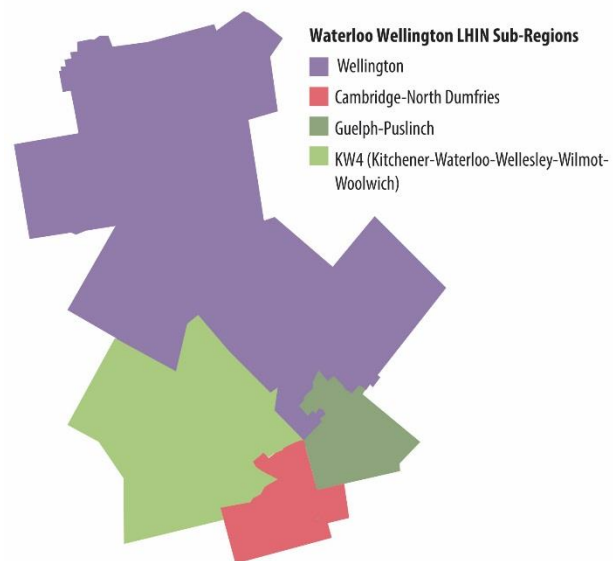
Appendix B: Environmental Scan

With a population of almost 800,000 residents, Waterloo Wellington is one of the most diverse communities in Ontario. Seniors 65 and over make up roughly 15% of the Waterloo Wellington LHIN population, with those 75 and over accounting for over 6%.

We are also growing. Our population is projected to reach over 870,000 residents by 2026. Not only do we need to focus on improving the care today but also intentionally designing and building a sustainable health system for generations to come – one that anticipates your needs and wants 10, 20, 30 years in the future.

In Waterloo Wellington this looks like an increasingly diverse community from all around the world speaking different languages at home; those born outside of Canada make up 20.5% of our community and 21.5% of our residents do not speak English as their first language. It is a community that expects care is accessible and responsive to their needs when they look for it. It means understanding that not all people have the same starting point when it comes to health. We know that those who are most vulnerable, marginalized and who experience barriers within the system do not have the same health outcomes because of variety of factors including social determinants of health like income, employment, housing, and food security. It also means acknowledging that the barriers, needs and health outcomes for our residents may be different depending on what sub-region they live in.

Our geography includes four sub-regions that allow us to better plan, integrate and improve the performance of local health services: Wellington, Guelph-Puslinch, Cambridge-North Dumfries and KW4 (Kitchener-Waterloo-Wellesley-Wilmot-Woolwich). Sub-regions have the potential to better identify and capture diverse population needs—linguistic, cultural, rurality or others—and to help our health care system better respond to these needs. By looking at care patterns through a smaller, more local lens, we can able to better identify and respond to community needs



and ensure that patients across the entire LHIN have access to the care they need, when and where they need it.

Wellington

Approximately 93,000 of our residents live in the Wellington sub-region which covers the most northern geography of Waterloo Wellington. This region has the oldest population in the LHIN, with 16% of residents 65 years of age and older. It is uniquely diverse with almost 5,000 Mennonites. Approximately 1,400 residents in this region identify as Indigenous, while close to 1,000 have French as their mother tongue. There are almost 600 residents in Wellington who have indicated that they have no knowledge of English or French.

Over 55% of the population have completed post-secondary education. The Wellington sub-region has the lowest unemployment rate in Waterloo Wellington (5.1%). Less than 10% of the population live below the low income cut-off, however certain municipalities within this sub-region have the highest proportion of people living in the low income cut off in Waterloo Wellington—Southgate (14%) and Wellington North (15%). There is also significant variation in household income within the region ranging from the lowest in Minto (\$67,000) to the highest in Erin (\$116,400).

Guelph-Puslinch

The Guelph-Puslinch sub-region has approximately 138,000 residents with 95% of residents living in the City of Guelph. Almost 20,000 residents are 65 years of age or older representing 14% of the population. Puslinch has an older population with about 1 in 5 residents being 65 years of age or older. Almost 2,000 residents in Guelph-Puslinch self-identify as Indigenous. There are over 2,000 residents who use French as their mother tongue and more than 1,400 who have no knowledge of English or French. Within the sub-region it is estimated that there are roughly 3,000 new immigrants with the majority living in the City of Guelph.

Approximately 66% of the population have completed post-secondary education. The unemployment rate in Guelph-Puslinch is similar to Waterloo Wellington as a whole (6.9% and 6.7%, respectively), with Puslinch having one of the lowest unemployment rates in the LHIN (3.9%). Almost 15,000 people in the region live below the low income cutoff with the majority of these residents residing in the City of Guelph (98%).

Cambridge-North Dumfries

Cambridge-North Dumfries has a population of roughly 145,000 residents with 93% of residents living in the City of Cambridge. Seniors, 65 years of age and older, make up 14% of population (approximately 20,000 residents). Almost 2,500 residents self-identify as Indigenous in Cambridge-North Dumfries. There are over 2,000 people who have no knowledge of English or French, while approximately 2,100 have French as their mother tongue. Approximately 2,200 new immigrants reside in this sub-region and this is expected to increase with the placement of new refugees in the coming years. The majority of new immigrants settle in the City of Cambridge.

Roughly 56% of the population have completed post-secondary education, which is lower than the LHIN average of 62%. The unemployment rate in Cambridge-North Dumfries is higher than the Waterloo Wellington average (8.1% compared to 6.7%) with an estimated 6,100 residents who are unemployed. There are over 15,600 residents in this sub-region who live below the low income cutoff. There is also significant variation in household income within the region: City of Cambridge: \$81,000; North Dumfries: \$108,000.

KW4

There are approximately 397,000 residents who live in the KW4 sub-region, with 86% of the population living in the Cities of Kitchener and Waterloo. Over 51,000 residents are 65 years of age and older, representing 13% of the population; the townships of Wilmot and Woolwich have older populations where 16% of their residents are seniors. This sub-region is very diverse with both a large urban centre (Kitchener and Waterloo) and the surrounding rural townships (Wellesley, Wilmot, and Woolwich). Approximately 10,300 Mennonites reside in the rural townships, with the majority living in Wellesley and Wilmot.

Over 40% of the Indigenous population in Waterloo Wellington reside in KW4 (approximately 4,300 residents). Within the KW4 sub-region there are almost 6,000 residents who have no knowledge of French or English, while roughly 5,300 have French as their mother tongue. In KW4, 3.6% of the population are new immigrants which is higher than the LHIN average (2.6%). The number of new immigrants is expected to increase over the coming years with the settlement of new refugees in this sub-region.

Almost 65% of the population have completed post-secondary education. KW4 residents have an unemployment rate of 6.6%, representing almost 14,000 residents. About 1 in 8 people in the region live below the low income cut off (roughly 44,000 people).

Appendix C: French Language Service Plan

The Patients First Act, 2016 recognizes the unique needs and challenges faced by Francophone residents in navigating the health system. An updated object of the LHIN clearly identifies adherence to the requirements of the French Language Services Act in the planning, design, delivery and evaluation of services. In 2017/18 we will continue to apply a Francophone lens to all planning strategies, particularly in home and community care and primary care. The road ahead will build on our past successes and act on key opportunities for improvement for Francophone residents that have been identified. The French Language Service Plan for 2017-18 created jointly with the Entity² focuses on improving access to health services in French starting with mental health and addictions, primary care, and home and community care including system navigation. In the coming year we will also work with the French Language Health Planning Entity to assess the capacity of health service providers to provide an active offer of health services in French.

In 2016/17 we worked to provide additional resources for Francophone residents in need of mental health and addictions support. Francophone residents now have local access to group counselling through mental health cafés hosted by a Francophone psychologist from the Canadian Mental Health Association. In 2017/2018, we will continue to expand access to supports and services for our Francophone residents to ensure that those experiencing mental health and addictions conditions get the care they need. This includes making use of ehealth technologies so that our Francophone residents can benefit from the expertise of Francophone psychiatrists outside of our region without having to travel. We will support the expansion of existing provincial programs that provide psychiatry to Francophone residents through video conferencing technology with the understanding that it is not always possible for specialists to be available in person in Waterloo Wellington.

The WWCCAC has already done work to ensure that Francophone residents who need home care are able to access a Francophone care coordinator who can help them navigate the health care system. Through the Patients First Act, 2016, LHINs will take on an expanded role that includes the delivery of home and community care. In 2017/18, a key part of ensuring that Francophone residents are aware of existing resources will be improving access to care information in French.

Appendix D: Indigenous Service Plan

On August 24, 2015, Ontario and First Nations represented by the Chiefs of Ontario signed a historic Political Accord. The Accord creates a formal bilateral relationship framed by the recognition of the treaty relationship. The Ministry of Health and Long-Term Care and the LHINs act in accordance with this accord. A key part of this is working in partnership to solve persistent barriers. Our Indigenous communities experience inequitable health outcomes due in part to historic disparities in health service access. We work in partnership with our local Indigenous communities to identify and address gaps in health service access.

Indigenous residents have an end of life process that does not always reflect what is available through mainstream hospice palliative care services and supports. In 2016-17 we developed and implemented a plan to ensure Indigenous residents have access to traditional health within the hospice palliative care network of the Waterloo Wellington LHIN. This means that Indigenous residents now have the cultural support they need while receiving palliative care and at end of life, including access to facilities that support Indigenous ceremonies. We also ran a series of Indigenous Elder support groups to facilitate wholistic wellbeing. In 2017/18 we will build on this work by integrating Indigenous health needs into all aspects of Waterloo Wellington LHIN planning, and health system improvements.

Since December, 2013 we have funded a Health and Wellness program based at the Kitchener Downtown Community Health Centre. Because of the diversity and geographic dispersion of the Indigenous community in Waterloo Wellington, it had been challenging to reach the community in all sub-regions, including Wellington and Guelph-Puslinch, through one program. In 2016-17 we funded a second Indigenous Health and Wellness Promoter program based at the Guelph Community Health Centre. Last year each position was also given program funding of \$50,000 per year to support access to traditional Indigenous healing. Consultation with the Indigenous community confirms that although the preference would be for the program to operate through an Indigenous organization. However, since we do not have one that is currently a Health Service Provider, the Kitchener Downtown Community Health Centre and Guelph Community Health were identified as good locations to continue the program through a partnership with the Indigenous communities in the Waterloo Wellington LHIN. In 2017/18 we will continue to work with Indigenous Health and Wellness programs to improve access to culturally appropriate health services starting with chronic disease, mental health and addictions, home and community care, and hospice palliative care.

In 2016-17 we conducted an environmental scan of Indigenous community needs to provide a basis for specific actionable solutions for Indigenous residents in the Waterloo Wellington LHIN.

In 2017-18 we will begin implementing the recommendations in the final report. This will include improving access to information on local Indigenous health care services.

It is important for our health service providers to understand the unique needs and experiences of Indigenous residents. In 2015 we developed a four year cultural safety training plan designed to support health service providers in offering culturally safe care for Indigenous residents through providing needed knowledge and tools. In 2016/17 we provided cultural safety training to clinicians working in hospice palliative care and primary care through four sub-region workshops. To supplement this work 163 seats for the Indigenous Cultural Competency (ICC) training program were offered through the Ministry to health service providers and system partners. In 2017/18 we will support the provision of Indigenous Cultural Safety training for Waterloo Wellington LHIN staff and Board and for health service providers in partnership with the Indigenous community. The focus for next year's health service provider training will be with service providers in long-term care and community support services.

As the provincial government continues to work with Indigenous leaders on the implementation of the Accord, the Waterloo Wellington LHIN will ensure that provincial directions are implemented locally in partnership with our local communities through continued efforts to identify ways to address complex health and social issues.

Appendix E: Action Plans – Initiatives Update

	2017/18		2018/19		2019/20	
	Status	% Complete	Status	% Complete	Status	% Complete
STARTING WITH THE PATIENT EXPERIENCE - We will listen, learn and be relentless in making improvements to the patient experience.						
Align care coordinators and system navigators with primary care to ensure seamless relationships to better serve residents with improved coordination, navigation and connections to home and community care and services.	Completed	100				
Creating and implementing a multi-year plan to support the respite needs of patients and reduce caregiver distress.	Completed	100				
Identifying the top five ways to improve the patient experience for home and community care patients and implement solutions.	Completed	100				
Supporting all Waterloo Wellington long-term care homes to deliver quality, consistent hospice palliative care.	In Progress	40	In Progress	30	Completed	30
Actioning the first phase of the local plan to improve facilities of older long-term care homes to ensure all homes meet the same quality standards.	In Progress	80	Completed	20		
Improve access to inter-professional supports.	In Progress	30	In Progress	50	Completed	20
Use an equity lens to assess the number and proportion of primary care providers based on the needs of the local population.	In Progress	30	In Progress	50	Completed	20
Facilitate effective and seamless transitions between primary care and other health and social services.	In Progress	50	In Progress	40	Completed	10
Support the integration of Health Links into sub-regional planning with input from primary care providers.	In Progress	60	In Progress	20	In Progress	10

Improve access to mental health and addiction services in each sub-region, including self-management resources, access to structured psychotherapy, psychiatry, supportive housing programs, and intensive mental health supports.	In Progress	50	In Progress	20	In Progress	20
Establish referral networks for mental health and addictions services with primary care providers.	In Progress	50	In Progress	40	Completed	10
Support timely primary care follow-up with patients by ensuring notification regarding hospital admission, discharge, and summaries within 48 hours of hospital discharge.	Completed	100				
Ensure patients, primary care, and pharmacies (as appropriate) have a "Best Possible Medication Discharge Plan" for each patient upon discharge from hospital.	In Progress	60	In Progress	20	In Progress	10
Implement the Waterloo Wellington Integrated Hospice Palliative Care Regional Program (WWIHPC) strategy to enhance equitable access to a primary palliative approach to care and to specialized hospice palliative care services.	In Progress	25	In Progress	25	Completed	50
Improve access to linguistically appropriate primary care.	In Progress	60	In Progress	25	Completed	15
Enhance timely access to primary care for all residents.	In Progress	40	In Progress	30	In Progress	20
Promote health equity and recognize the impact of social determinants of health to reduce or eliminate health disparities and inequities in the planning, design, delivery and evaluation of services.	In Progress	60	In Progress	30	Completed	10
Improve access to mental health services for children and youth with all community partners.	In Progress	80	Completed	20		
Work with system partners to improve how people move through the health system to avoid unnecessary hospital stays, reduce the length of time in hospital, including the emergency room, and reduce the number of people who are waiting in a hospital bed for the right type of care.	In Progress	35	In Progress	25	In Progress	30
Improve wait times for hip/knee replacement surgery, cataract surgery and diagnostic imaging, and drive appropriate care	In Progress	75	Completed	25		

utilization starting with people suffering from musculoskeletal (MSK) pain, and those suffering from mood disorders.	In Progress					
Improve hospital care for seniors adopting the principles and practices of Senior Friendly Hospitals (SFH) in all hospitals.	In Progress	25	In Progress	25	Completed	50
Integrate Indigenous health needs into all aspects of LHIN planning, and health system improvements.	In Progress	25	In Progress	30	In Progress	35
Work with Indigenous Health and Wellness programs to improve access to culturally appropriate health services starting with chronic disease, mental health and addictions, home and community care, and hospice palliative care.	In Progress	50	In Progress	25	In Progress	10
Improve access to information on local Indigenous health care services.	In Progress	35	In Progress	35	Completed	30
Work with the French Language Health Planning Entity to assess the capacity of health service providers to provide an active offer of health services in French.	In Progress	30	In Progress	50	Completed	20
Improve access to health services in French starting with mental health and addictions, primary care, and home and community care including system navigation.	In Progress	30	In Progress	40	Completed	30
Improve access to care information in French.	In Progress	90	Completed	10		
Design and launch a patient experience program that translates the experience of patients, staff, and clinicians into actionable system/care improvements.	In Progress	25	In Progress	25	Completed	50
Establishing a Patient and Family Advisory Committee to ensure patients and families are involved in health care system decision-making.	In Progress	90	Completed	10		
Implementing a transparent process for receiving and addressing patient/caregiver concerns across the health system.	In Progress	50	In progress	25	Completed	25
Designing and implementing an innovative patient experience program that supports creative engagement and inclusion of patients and caregivers in system improvement identification and implementation.	In Progress	80	Completed	20		

	2017/18	2018/19	2019/20		2017/18	2018/19
	Status	% Complete	Status		Status	% Complete
DRIVING THROUGH COMMUNITY LEADERSHIP - We will be recognized as a trusted, credible and influential system leader in the community.						
Working with community partners together to develop a Waterloo Wellington Action Plan to address opioid use at the local level.	In Progress	40	In Progress	40	Completed	20
Continue to play a leadership role in creating multi-sector groups such as the Wellbeing Waterloo Region Initiative and The Rural Way to address the largest challenges facing communities.	In Progress	25	In Progress	40	Completed	35
Working with community partners to increase resiliency and prevent youth suicide by improving the coordination of mental health supports for post-secondary students.	In Progress	25	In Progress	40	Completed	35
Working with community partners to increase collaboration and multi-sector planning to improve access to affordable and supportive housing.	In Progress	30	In Progress	25	Completed	45
Leading alongside others at community tables and forums to support the health and wellness of our community.	In Progress	40	In Progress	40	Completed	20
Participating in the Waterloo Region Sexual Assault Task Force.	In Progress	40	In Progress	40	Completed	20
Supporting the ongoing success of Connectivity tables in the Waterloo Wellington LHIN sub-regions.	In Progress	40	In Progress	40	Completed	20
Partner with universities, colleges and research institutions to bring research and system improvement projects together to champion new and innovative health technologies and processes.	In Progress	55	In Progress	20	Completed	25
Create more formal linkages between the LHIN and public health units to increase a focus on prevention.	In Progress	30	In Progress	30	Completed	40
Continue to advocate for local decisions anchored in what is best for the residents of Waterloo Wellington.	In Progress	30	In Progress	40	Completed	30
	2017/18		2018/19		2019/20	
	Status	% Complete	Status	% Complete	Status	% Complete
IGNITING INNOVATION AND CREATIVITY - We will ignite innovation and creativity to achieve exponential impact.						

Launch the Waterloo Wellington LHIN Corporate Innovation Program to help incent, drive and encourage even greater innovation within the LHIN organization.	In Progress	20	In Progress	50	Completed	30
Work closely with innovative organizations to support a LHIN and health system of innovative problem solvers.	In Progress	70	In Progress	20	Completed	10
Develop a culture that rewards staff innovation and creativity and those who take advantage of opportunities that achieve the strategic outcomes of the Waterloo Wellington LHIN, including those that are out of sequence with planned activities.	In Progress	80	In Progress	10	Completed	10
Identify and eliminate processes that do not add value to improving patient outcomes/patient experience.	In Progress	50	In Progress	25	Completed	25
Leverage technology to make home and community care better and more efficient.	In Progress	30	In Progress	40	Completed	30
Facilitate adoption of telemedicine to support better access to care for residents.	In Progress	40	In Progress	20	Completed	20
Evaluate and build upon the telehomecare pilot project for people with chronic disease conditions.	In Progress	40	In Progress	30	Completed	30
Share Care Plans from Home and Community Care to ClinicalConnect so that all care providers are aware of a patient's goals and patients not have to repeat their story.	In Progress	20	In Progress	50	Completed	30
Create real time notification to home and community care coordinators and other primary care providers of emergency department visits, inpatient admission and discharges to support timely provision of services.	In Progress	50	In Progress	30	Completed	20
Find innovations that allow us to direct more money to direct patient service by performing value for money reviews of specific programs and services.	In Progress	30	In Progress	40	Completed	30
Support the exchange of immunization records between primary care and Public Health to decrease unnecessary visits, support	In Progress	60	In Progress	20	Completed	20

appropriate immunization, and facilitate effective medical records management.						
Continue expansion of eConsult services across the Waterloo Wellington LHIN.	In Progress	80	In Progress	10	Completed	10
Expand the Quality Based Improvement in Care (QBIC) program in primary care to increase access, enable e-visits and deploy tools for better managing patients with chronic disease and mental health and addiction conditions.	In Progress	50	In Progress	20	Completed	30
Facilitate self-care for patients with mental health and addictions issues through the launch of digital solutions such as Big White Wall.	In Progress	20	In Progress	30	Completed	50
Implement the 'first-in-Ontario' Collaborative Quality Improvement Plans in each sub-region which are committed to and overseen by health service provider governors across multiple organizations to improve quality and integration.	In Progress	40	In Progress	30	Completed	30
Support the provincial opioid strategy, and provide support to connect patients with quality addictions treatment.	In Progress	40	In Progress	30	Completed	30
Support hospitals to enable the adoption of innovations in patient care, like bundled care.	In Progress	25	In Progress	35	In Progress	30
Support more efficient referral processes through System Coordinated Access (SCA) for hip and knee replacement surgery, diagnostic imaging, cataract surgery, and other specialty care streams as appropriate, to optimize waitlists.	In Progress	30	In Progress	40	Completed	30
Provide a patient portal through the System Coordinated Access (SCA) program to bring relevant referral information directly to residents.	In Progress	40	In Progress	40	Completed	20
Continue to evolve the innovation ecosystem where innovators, health service providers, clinicians, political and thought leaders, and researchers can go to get connected to the rest of the system	In Progress	30	In Progress	40	Completed	30

to prototype, pilot, test and commercialize health and social innovations.						
Establish a formal Waterloo Wellington LHIN innovation hub.	In Progress	70	In Progress	20	Completed	10
Launch a Waterloo Wellington LHIN system-wide Innovation Program to curate ideas, encourage innovation, crowd source solutions and share knowledge and experience across and outside the ecosystem to provide a better patient experience and improve outcomes for residents.	In Progress	80	In Progress	10	Completed	10
	2017/18		2018/19		2019/20	
	Status	% Complete	Status	% Complete	Status	% Complete
EMPOWERING CLINICAL LEADERSHIP - We will work hand-in-hand with clinicians to improve the care experience and quality of care.						
Use and build upon existing sub-region clinical leadership groups to advise on pacing and prioritization to create equitable comprehensive primary care.	In Progress	40	In Progress	40	Completed	20
Work with clinician leaders in improving sub-region quality of care and access.	In Progress	60	In Progress	20	Completed	20
Support primary care practices with change teams who can help implement solutions to make it easier for their patients to stay healthy through preventative care and access services, and streamline their business practices.	In Progress	30	In Progress	40	Completed	30
Create a regional Quality Table and work with local clinicians at a community level to support implementation of quality standards in partnership with Health Quality Ontario.	In Progress	90	Completed	10		
Consistently invite clinicians to participate in performance improvement discussions with health service providers.	In Progress	20	In Progress	40	Completed	40
Appoint a Vice-President Clinical and sub-region clinical leaders to help influence change and give greater voice to clinicians in	Completed	100				

decisions made at the LHIN, sub-region and health service provider level.						
	2017/18		2017/18			
	Status	% Complete	Status	% Complete	Status	% Complete
CREATING A GREAT PLACE TO WORK - Great staff experience = Great patient experience.						
Continue to make the Waterloo Wellington LHIN and the broader health system the best place to work in health care.	In Progress	40	In Progress	40	In Progress	10
Support employees to take risks and be innovative to improve the patient experience.	In Progress	40	In Progress	40	Completed	20
Continue to recruit individuals who are passionate about putting patients first.	In Progress	50	In Progress	40	Completed	10
Support staff in spending more time with the wide range of patients in our LHIN, particularly the vulnerable.	In Progress	50	In Progress	25	Completed	25
Continue to enable staff to identify and take actions to improve the patient experience and patient outcomes.	In Progress	35	In Progress	40	Completed	25
Create an employee recognition program that celebrates staff for living the organizational values and achieving results to improve the patient experience.	In Progress	60	In Progress	20	Completed	20
Implement a new initiative that leverages the ideas of staff to create an organization of empowered problem-solvers.	In Progress	30	In Progress	40	Completed	30

Appendix F: Potential risks/barriers and key enablers for successful implementation of the Annual Business Plan

Potential risks/barriers

- 2017/18 promises to be a year of opportunity for the health system through the Patients First Legislation. With multiple improvements occurring simultaneously, the system will be challenged to focus and deliver on the important system improvements while at the same time ensuring continuity of care to ensure no risk to patients.
- The Minister's mandate letter includes a range of priorities for LHINs in 2017/18. Achievement of the Minister's mandate letter components will require clear focus, the contribution of all health service providers, as well as partnership with social and community agencies.
- In the coming year there will be a targeted focus on making improvements to primary care, including ensuring residents who want a primary care provider have one and improving access to care (same day/next day appointments, after-hours care, etc.). These changes will require ongoing communication and strong relationships between the LHIN and primary care providers.
- Innovation—both digital health and process innovations—is a foundational element to achieving the Annual Business Plan. We need new solutions to old problems. That means taking on creative and innovative approaches to developing solutions which inherently have an element of risk.
- The adoption of digital health and process innovations is dependent on buy-in from clinicians. Adoption sometimes requires changes to how clinicians carry out their work and that change management takes coaching and time.
- Efforts to improve the home and community care experience for our residents will require connecting local efforts to the timing of provincial decisions. There is a risk that delays to the release of guiding provincial decisions may effect progress in implementation at the local level.
- Achieving quality standards requires focus. All health service providers are expected to achieve the quality standards, such as wait times, set out in their service accountability agreements. At the same time, they are also expected to implement other quality improvements identified through specific Quality Based Procedures, HQO's quality standards, the Critical Care Secretariat, the Stroke Network and others. Some providers identify the risk of capacity for change as an issue. Others identify a faster pace and more innovative change as the solution and the slow pace of change as the challenge. The two perspectives need to be managed.

Key enablers to achieve outcomes

- Through the merging of our local CCAC with the WATERLOO WELLINGTON LHIN, we anticipate there will be great opportunities to better understand the resident experience, identify system gaps, and make system improvements to improve timely access to home and community care, strengthen the relationships between care coordinators and primary care providers, align home care services with local needs within our sub-regions and improve transitions in care through the healthcare system.
- Through well established relationships with health service providers and other system partners, in 2017/18 the Waterloo Wellington LHIN will maintain a focus on improving the patient experience, addressing the root causes of health inequities, improving timely primary care and reducing wait times, and breaking down the silos between health care sectors and system partners to ensure patient centred care is achieved. We will continue to report back to the Minister on risks as they arise, while also establishing more formal reporting mechanisms.
- Positive relationships between primary care providers and the Waterloo Wellington LHIN have been established and are continuing to strengthen. Members of the Primary Care Advisory Council offer invaluable direction and insight from the perspective of primary care providers.
- Solid partnerships have been developed with health service providers across all sectors of health care through integrated program councils. The Waterloo Wellington LHIN continues to collaborate and broker relationships between our local health providers; partners outside of health care including police services, social service providers, and public health; universities, colleges, research institutes and technology partners to champion new and innovate health technologies and processes to improve access and quality of care for Waterloo Wellington residents.
- Waterloo Wellington LHIN governors have continued to reach out to health service provider governors through Waterloo Wellington LHIN Board meeting presentations, attendance at Annual General Meetings and governor symposia now held at the sub-region level. There is increasing interest by governors to be engaged in system solutions and to lead in collaborative local health system improvements (e.g. collaborative quality improvement plans in the sub-regions, the Rural Wellington Health Advisor (WHA) governors and the Guelph Wellington Emergency Mental Health governor collaboration). Ongoing collaboration with Health Quality Ontario guides planning at the sub-region level.
- We continue to be fully engaged with the Province in the implementation of the 10 recommendations from the Patients First Home and Community Care Roadmap. Ongoing dialogue ensures planning at the local level is based on the most up-to-date information available.
- The Waterloo Wellington LHIN has a robust performance and risk management process, including ongoing risk review and updates to the Board. Any risks identified that would prevent achievement of the initiatives in the Annual Business Plan are quickly mitigated in collaboration with health service providers and the Ministry of Health and Long-Term Care.

Appendix G: LHIN Operations Spending Plan and Staffing Chart

Table A: LHIN Operations Spending Plan

LHIN Operations	2016/17	2017/18	2018/19	2019/20
Sub-Category	Actuals	Allocation	Planned Expenses	Planned Expenses
Revenue				
Home and Community Care Operating Funding	0	147,668,439	147,668,439	147,668,439
WWLHIN Operating Funding	4,014,981	3,449,555	3,449,555	3,449,555
Diabetes RCC	1,036,138	1,036,138	1,036,138	1,036,138
Aboriginal Planning	5,000	5,000	5,000	5,000
French Language Services	106,000	106,000	106,000	106,000
ER/ALC Lead	100,000	100,000	100,000	100,000
eHealth Ontario	510,000	510,000	510,000	510,000
Emergency Department Lead	75,000	75,000	75,000	75,000
Critical Care Lead	75,000	75,000	75,000	75,000
Primary Care Lead	75,000	75,000	75,000	75,000
Patients First Implementation	180,000	180,000	180,000	180,000
Other Revenue (Recov, BTI, NP)	0	2,103,488	2,103,488	2,103,488
Total Revenue	6,177,119	155,383,620	155,383,620	155,383,620
Expenses				
Salaries, Wages and Benefits	4,735,070	41,126,745	41,126,745	41,126,745
Contracted Services	0	99,189,242	99,189,242	99,189,242
In-Home Teams	0	1,079,000	1,079,000	1,079,000
Integrated Assisted Living Program	0	365,290	365,290	365,290
System Coordinated Access	0	850,000	850,000	850,000
Behavioural Supports Ontario	0	166,145	166,145	166,145
Medical Supplies and Equipment	0	6,300,720	6,300,720	6,300,720
Communication and Engagements	58,268	135,000	135,000	135,000
Consulting and Professional Services	188,392	849,296	849,296	849,296
System Fees	0	22,000	22,000	22,000
Supplies	34,036	203,203	203,203	203,203
Mail, Courier, Telecomm (Communication)	59,530	357,894	357,894	357,894
Travel Staff General	38,819	153,300	153,300	153,300
Travel Staff Service Recipient Related	0	212,704	212,704	212,704
Printing & Translation	33,502	46,000	46,000	46,000
General Other Sundry	0	435,905	435,905	435,905
Training and Development	53,898	221,488	221,488	221,488
Computer Equipment (Minor Equipment Purchase)	94,258	139,000	139,000	139,000
Advertising	0	37,000	37,000	37,000
Insurance	0	53,000	53,000	53,000
Meeting Expense	0	56,000	56,000	56,000
Municipal Taxes	0	48,000	48,000	48,000
Software License	0	240,000	240,000	240,000
Subscription & Membership Fees	0	70,533	70,533	70,533
Direct Operating Costs	560,703	111,230,721	111,230,721	111,230,721
Occupancy (Building Grounds Other)	0	272,760	272,760	272,760
Equip Maintenance Contract	0	223,500	223,500	223,500
Rental Lease of Building & Equipment	318,039	1,814,681	1,814,681	1,814,681
BTI Funding - HSSO	0	262,600	262,600	262,600
Service Contracts	0	210,113	210,113	210,113
LHIN Shared Services	350,573	0	0	0
LHIN Collaborative	47,500	0	0	0
Other Fixed Costs	716,112	2,783,654	2,783,654	2,783,654
Board Costs	165,234	242,500	242,500	242,500
Governance Costs	165,234	242,500	242,500	242,500
Total Expenses	6,177,119	155,383,620	155,383,620	155,383,620
Surplus (deficit)	0	(0)	(0)	(0)

Table B: LHIN Staffing Plan (Full-Time Equivalents)

Position Title	2016/17 Actuals as of Mar. 31/17 FTEs	2017/18 Forecast FTEs	2018/19 Forecast FTEs	2019/20 Forecast FTEs
Administrative Support	5	0	0	0
Cafeteria Staff	0	0.4	0.4	0.4
Care Connector	0	2.8	2.8	2.8
Care Coordinator	0	164.86	164.86	164.86
CEO	1	1	1	1
CUPE Clerical/Technical	0	39.67	39.67	39.67
Direct Care Nurse	0	20.07	20.07	20.07
Executive	7	29.12	29.12	29.12
Executive Assistant	2	9	9	9
Manager	8	40.4	40.4	40.4
Non-Union Specialist	0	17	17	17
Nurse Practitioner	0	5.6	5.6	5.6
Physician Lead	1.07	1.8	1.8	1.8
Placement Coordinator	0	6.53	6.53	6.53
Professional	7	0	0	0
Professional Practice Educator	0	2.8	2.8	2.8
Psychogeriatric Consultant	0	1.4	1.4	1.4
Spiritual Care Provider	0	2	2	2
Team Assistant	0	72.28	72.28	72.28
Total FTEs	31.07	416.73	416.73	416.73

*Note: All FTEs are calculated at 1950 hours, including for staff who currently work at 1820 hours/annum.

Appendix H: Communications & Community Engagement Plan

Communication Objectives

In support of our new mission, vision and values in conjunction with putting patients at the centre of our health care system, we will leverage existing communications tools and look for new opportunities to focus on increasing access to health care resources for all residents, connecting services to better serve patients, informing and engaging patients and working to protect and enhance our health care system.

Target Audiences

The creation of a truly patient- centered health system cannot occur without clear communication and frequent engagement with patients, health professionals, service providers and key community stakeholders. Our efforts in 2017-18 will be intentionally focused on patients to improve the patient experience. We will also put special focus on engagement with primary care providers as we work to better understand how we can help them help their patients and with health system governors as we work to develop system level partnerships at a Sub-region level. This work will be aligned with the Ministry of Health's *Patients First: Action Plan for Health Care* is Ontario's plan.

Residents/Patients/Families/Caregivers

Our residents are at the center of everything that we do. As we work to drive forward initiatives that improve the patient experience, increase access, connect services, inform patients and protect our health care system, we will actively engage our residents through a variety of communications methods. Our aim is to better understand what health services are important to patients, to identify where patients see gaps in the system and to strengthen the voices of patients and families in their own health care planning.

We will also work with our health service providers, community leaders and other key stakeholders to ensure residents will have the information they need to make informed choices about their care and decisions about available health resources.

We will use the following methods to communicate and engage with our residents.

- Surveys
- Focus groups
- Community events
- Website – refresh to make more resident friendly
- Social media
- Blog
- Traditional media – news releases/stories
- Newsletter

- Resolving and tracking resident concerns
- Patient-focused communications materials – brochures, patient welcome package, fact sheets, hand-outs, messaging for staff, and more.

Primary Care Providers

As the hub of our health system, we will engage with primary care to better understand what they need to increase access to same and next day appointments and to better connect them with additional health services, inter-professional health care teams, hospitals, public health and home and community care to improve their patients' experience.

- Engagement Events
- Newsletter
- Website – specific pages for primary care
- Social media
- Blog
- Network and Council meetings
- Facilitating connections between physicians and other providers

In addition to these, below is a list of stakeholders and partners with whom we will engage through a variety of methods to build partnerships, share information and feedback and assess our success to support our strategic objectives. We will further refine our engagement plan on continual basis to ensure the right stakeholders are engaged and to maximize the plan's impact.

- | | |
|--|---|
| • Local Health System Provider Leadership | • Elected Officials |
| • Front-line Staff | • Media |
| • Local Health Professionals Advisory Council | • Municipalities |
| • Primary Care Advisory Committee | • Public Health |
| • Various Networks/Councils (Addictions and Mental Health, Community Support Services, Geriatric Services, Emergency Services, etc.) | • School Board |
| • Internal Staff | • Private Sector |
| • Waterloo Wellington LHIN Board of Directors | • Ministry of Health and Long-Term Care |
| | • Police/Community Safety |
| | • Social Services Sector |
| | • Post-secondary education |
| | • Others |

Key Messages

- The *Patients First: Action Plan for Health Care* is Ontario's plan to transform the health care system into one that puts the needs of patients at its centre.
- The *Patients First: Action Plan for Health Care* sets clear and ambitious goals for Ontario's health care system in order to put patients at the centre of our health care system by improving the health care experience: increasing access, connecting services, informing patients and protecting our health care system.
 - We have made progress in all four priority areas, but we can do more to put patients first.
- By putting patients first in everything we do, we will provide faster access to the care patients need today and make the necessary investments to ensure our health system will be there for patients for generations to come.
- On December 7, 2016, Ontario passed the Patients First Act, 2016, an important step forward in the *Patients First: Action Plan for Health Care*.
- Once fully implemented, changes supported by the Patients First Act will make local health care more responsive to local needs:
 - Patients will benefit from improved access to primary care, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner.
 - Primary care providers, inter-professional health care teams, hospitals, public health units and home and community care providers will be better able to communicate and share information, to ensure a smoother patient experience and transitions. Our goal is that patients will only have to tell their story once.
 - Administration of the health care system will be streamlined and reduced, with savings put back into improving patient care.
 - The voices of patients and families in their own health care planning will be strengthened.
 - There will be an increased focus on cultural sensitivity and the delivery of health care services to Indigenous peoples and French speaking people in Ontario.
- LHINs will ensure that any changes are seamless and that they simplify and improve patient experience. There will be no added bureaucracy and financial savings will go to patient care.

Engaging our diverse residents

Diversity is part of what makes Waterloo Wellington unique. As we move forward with our plan

for system improvement with a patient focused approach, we will be especially focused on the overall health of our population and inequities in our system.

Specific effort will also be taken to engage with and focus on cultural sensitivity and the delivery of health care services to Aboriginal and Francophone communities. We work with the Entity² to identify the specific health care needs and priorities of aboriginal and francophone residents. We will also place special focus on engaging with marginalized and frequently underserved populations who experience statistically poorer health outcomes to identify ways to address their unique health needs.

Measuring our success

The true success of our communication and community engagement initiatives is measured by our ability to understand the needs of our residents and patients and translate that understanding into actionable items. We are committed to measuring our success against the expectations of our local residents, identified through engagement activities and through common communications metrics. By measuring our performance, we can continuously find ways to improve our work and achieve the best health outcomes to improve the patient experience. The following is a list of the performance measure indicators we utilize to do this:

- Consistent use of the Community Engagement Tracker with increased number of engagements each quarter.
- Increased social media following and level of social media engagement, including blog traffic and social media impressions.
- Feedback from patients and clinicians

Appendix I: References

- Page 3: “Now, we have a full complement of local physicians and the lowest emergency department wait times in Ontario for patients with the most complex care needs.”
Source: MOHLTC. Nov. 14, 2016. “Final Individual LHIN Vs All PIs final” Report.
- Page 3: “St. Mary’s General Hospital is one of the top ranked cardiac centres in Canada.”
Source: CIHI. 2015/16. Your Health System Insight. Web Tool.
- Page 3: “We now have some of the best stroke outcomes in Ontario”
Source: Ontario Stroke Network. Ontario Stroke Report Card, 2015/16: Waterloo Wellington Local Health Integration Network.
- Page 3: “Patients at our local hospitals are among the least likely to die unexpectedly in hospital than anywhere else in Canada.”
Source: CIHI. 2015/16. Your Health System Insight. Web Tool.
- Page 3: “You’ll have your first care visit faster here than anywhere else in Ontario – almost 7 days sooner than in other communities.”
Source: MOHLTC. Nov. 14, 2016. “Final Individual LHIN Vs All PIs final” Report.
- Page 4: “Local residents needing a hip or knee replacement surgery wait longer here than anywhere else in Ontario.”
Source: MOHLTC. Nov. 14, 2016. “Final Individual LHIN Vs All PIs final” Report.
- Page 4: While 96% of residents have primary care provider, more than 50% aren’t able to get in to see them when they need to.”
Source: MOHLTC. Health Care Experience Survey. January 2013 to September 2016.
- Page 24: “The Waterloo Wellington LHIN achieved the best-ever results in Ontario hospitals for emergency department length of stay for patients with complex conditions. During 2016/17 9 out of 10 patients completed their visit to the emergency department in under 7 hours, beating the provincial target of 8 hours. Five years ago residents with complex medical conditions waited 3 hours longer.”
Source: MOHLTC. Nov. 14, 2016. “Final Individual LHIN Vs All PIs final” Report.

- Page 24: “Recently the Waterloo Wellington LHIN ranked first in Ontario for the lowest hospital readmission rate for residents who have chronic conditions. Performance is 14.3% compared to the provincial target of 15.5%.”
Source: MOHLTC. Nov. 14, 2016. “Final Individual LHIN Vs All PIs final” Report.
- Page 24: “During 2016/17 the Waterloo Wellington LHIN achieved its best ever result for percent of Alternative Level of Care (ALC) at 10.49% and was ranked 3rd best in Ontario.”
Source: MOHLTC. Nov. 14, 2016. “Final Individual LHIN Vs All PIs final” Report.
- Page 25: “Residents in Waterloo Wellington have the shorted wait from time of application to first in-home service in Ontario. Our residents receive service 7 days sooner that the provincial target.”
Source: MOHLTC. Nov. 14, 2016. “Final Individual LHIN Vs All PIs final” Report.



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