Central **LHIN**

Making it happen:

Implementing the 2013-2016 Integrated Health Services Plan (IHSP3)

ABP

Annual Business Plan
2013 — 2014

IHSP3

Year 1

Ontario
Local Health Integration Network

Central
Local Health Integration Network

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A copy of our 2013-2016 Integrated Health Services Plan is available here or on our website

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June 12, 2013

Mr. Saäd Rafi
Deputy Minister
Ministry of Health and long-Term Care
10th Floor, Hepburn Block, Queen's Park
Toronto, Ontario

Dear Mr. Rafi:

On behalf of the Central Local Health Integration Network's (Central LHIN) Board of Directors, I am pleased to submit our finalized 2013-2014 Annual Business Plan (ABP).

Our success advancing change over the course of the 2012-2013 IHSP demonstrated that Central LHIN health service providers understand and support the need for health system transformation. Our next IHSP focuses that need through a quality improvement lens that advances our four system directions – appropriateness, access, integration and person-centeredness.

The enclosed 2013-2014 ABP aligns and supports both the 2013-2016 IHSP as well as *Ontario's Action Plan for Health* and is designed to facilitate the smooth implementation toward five health links for Central LHIN. Health links represent the next transformation of the health system as it becomes a lever to promote and sustain health and well-being, rather than an illness safety net.

There is much left to be done, but we are confident that the path we have collectively chosen is the right one for Central LHIN and Ontario.

On behalf of the board and our entire staff, thank you for the continued opportunity to serve Ontarians in such a meaningful way.

Sincerely,

John Langs
Chairman
Board of Directors

Ontario
Local Health Integration Network

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Mandate & Strategic Directions

Central LHIN is one of 14 local health integration networks across Ontario responsible for the management of publicly funded health care services regionally. Created under the *Local Health System Integration Act, 2006*, our purpose and objects (Mandate) are specified in *section 5*, but can be summarized as "our mandate is to plan, integrate and fund health care services." Among these obligations, all LHINs are required to provide input, support, and assist in the achievement of the provincial health system strategy and priorities.

Figure 1: IHSP3 aligns with provincial, system and local priorities

With the official release of *Ontario's Health Care Action Plan (Action Plan)* in January 2012, LHINs have worked with the ministry to ensure that *Action Plan* objectives – and the means to achieve them – were aligned with local health system priorities.

In addition to provincial priorities, Ontario's LHINs collaborated to determine what we, as local health system managers, wanted to achieve collectively. The result was the development of four LHIN system imperatives – objectives that we collectively support and believe necessary to make our local and provincial health systems better, more effective, and more efficient.

With these key priorities identified, Central LHIN looked to its own communities and stakeholders to develop our IHSP – the 2013-2016 Integrated Health Services Plan.

Within the context of our enabling legislation, Central LHIN will fulfill its mandate and ensure:

- That the local health system is sustainable, so that the health care needs of Ontarians who live and work in our geographic area are met, now and in the future.
- That provincial health system priorities are achieved in a manner consistent with and supportive of the needs of our local communities; and,

- Collectively – as part of the provincial health system and with other LHINs and the Ministry of Health and Long-Term Care – ensure that the provincial health system operates effectively, providing excellent care when Ontarian's need it.

A systemic approach to strategic planning

Historically, LHINs have set concrete objectives with respect to their mandate – usually framed in terms of specific improvements in health system / provider sector performance. IHSP3 addresses health system improvement systemically; establishing four quality-based system directions for the local health system that align to local health system needs, support provincial priorities, and sustain LHIN system imperatives.

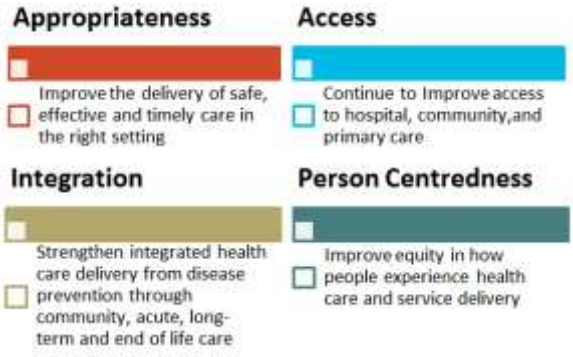

Figure 2 Central LHIN's System Directions

Making it happen

In order to advance system directions in a meaningful way, the LHIN has employed a quality improvement approach with the intended objective of transforming the delivery of care and improving the client experience. An example of how this approach works is provided below.

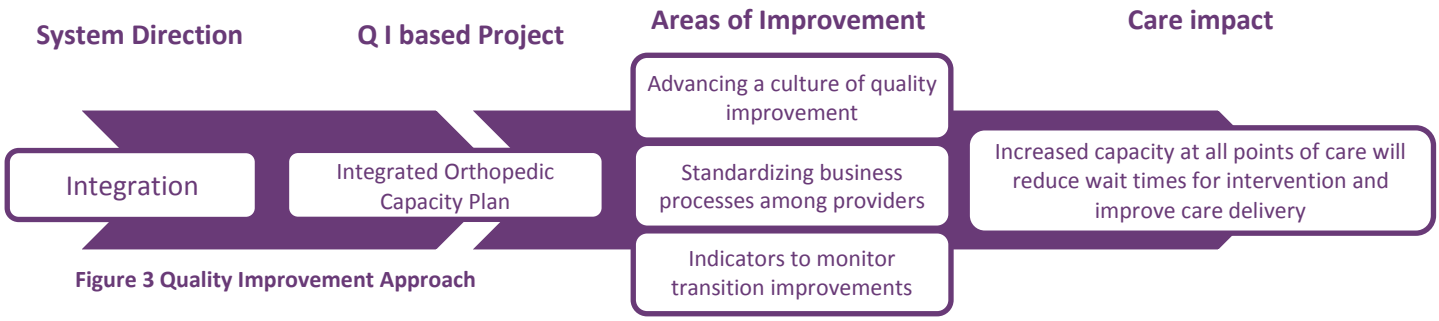

Figure 3 Quality Improvement Approach

This approach embeds quality as our driver for change, supports integrated approaches to achieve quality improvements that can be applied system-wide, and supports improved clinical outcomes.

Our system directions were taken to our stakeholders in December 2012 to obtain their input on how best to advance the objectives of each direction. This input, along with our own analyses, informed the development of this plan.

Our mandate and system directions are part of, and support Central LHIN's strategic framework; which articulates how, and by what means, we expect system improvements to occur.

Central LHIN's strategic framework and plain language summary:

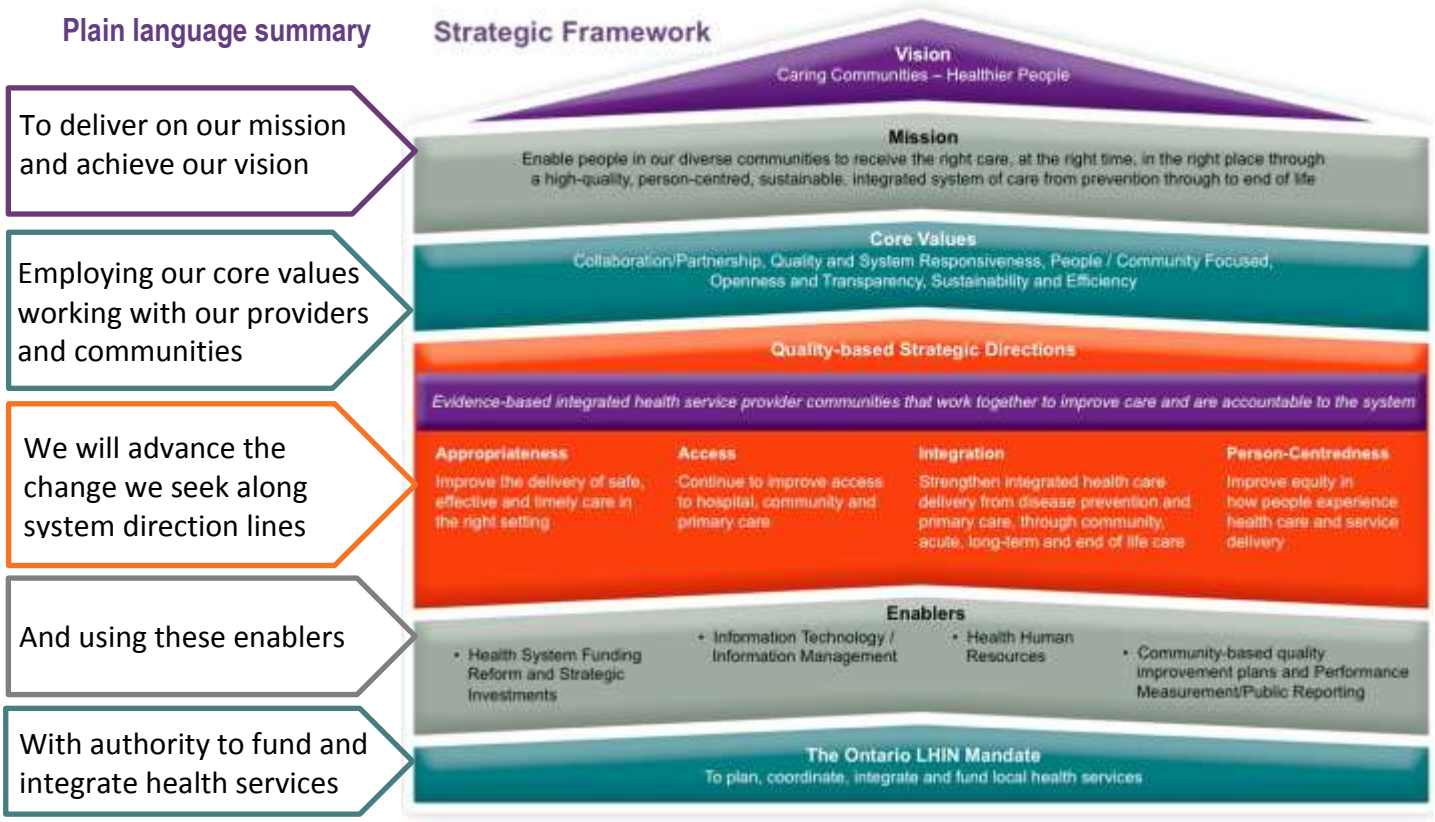

Figure 4 Central LHIN Strategic Framework

Figure 5 Strategy Plain Language Summary

Overview: Current & Forthcoming Activities

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Local Health Service Providers

Central LHIN allocates approximately $1.8 billion dollars each year through service accountability agreements negotiated with local service providers. These agreements – made between the LHIN and community health centres (CHC), the Community Care Access Centre (CCAC), community support services (CSS) agencies, community mental health and addictions agencies, long-term care homes, and hospitals – assures that our providers deliver the services for which they've been funded, meeting standards of quality, efficiency, and access. Table 1 provides a summary of funded provider types, numbers and sector allocations for fiscal year 2012/13.

Table 1: Health Service Provider (HSP) types, number of providers, and allocations

Provider type	Providers	Allocation	%
Hospitals Public	8	1,117,996,350	60.8%
Private	3	9,775,100	0.5%
Long-Term Care Homes	42	317,942,980	17.3%
Community Care Access Centre	1	240,775,028	13.1%
Mental Health and Addictions	23	71,939,565	3.9%
Community Support Services	40	72,281,825	3.9%
Community Health Centres	2	8,810,116	0.5%
Totals:	**119**	**1,839,520,964**	**100.0%**

As at March 31, 2013 Source: Audited Financial Statements

Advancing System Goals

Over the course of our last IHSP, Central LHIN and its health service providers (HSPs) were able to make important improvements in key areas of focus within the health system, including:

- Reducing the time spent in emergency departments for patients.
  - 23% reduction in time spent by patients with a serious condition who were admitted to an inpatient unit.
  - Reductions in time spent in the emergency department by patients with high acuity (3.7% reduction) and low acuity (3.2% reduction) conditions who were discharged home.
- Implementation of a centralized e-referral system has improved referral accuracy making connections to care better and faster.
- Waits for Magnetic Resonance Imaging (MRI) scans were reduced from 100 days (2011/12 Q3) to just over 50 (12/13 Q1).
- Waits for cataract surgery were maintained at approximately 75 days; and,
- Waits for cancer surgery were reduced from 40 days (2011/12 Q3) to approximately 35 days (2012/13 Q1).

Major Initiatives for 2013-2014

IHSP2→IHSP3 Project Migration

Some projects that began in prior years will continue into 2013-2014. These projects have been mapped to one of our system directions to ensure that focus on their successful completion is not lost.

Health Links is a ministry initiative announced in December 2012. The intent of this voluntary program is to improve the level of communication and coordination among providers who share the care of patients – particularly those who have high needs (seniors and others with complex and multiple chronic conditions) and whose condition and care would benefit significantly through an integrated system of care. Central LHIN's vision for Health Links is an integrated model of care that extends beyond our funded providers, focused on better coordinating services to deliver person-centred care.

High Needs Profile

Ontario	Central LHIN
The top 10% of population, ranked by cost, equal to 390,200 individuals	Approximately 43,265 health system users locally
Consume 75% of expenditures with 36% driven by the acute care sector	Consume 70% of the expenditures with 58% driven by the acute care sector
Comprised primarily of seniors - 27.5% of top 1% of users are over the age of 80 (3.9% of general population)	In Central LHIN, 39% of the top 1% of users are over the age of 80, the highest proportion compared to other LHINs
Majority have 3+ chronic conditions	Majority have 3+ chronic conditions
Top 1% of users (39,000) averaged 7.8 events per year (separations, visits, assessments) compared to 1.7 events for the general population	Top 1% (4,326 users) of users averaged 6.5 events per year

Note: While we have a high number of patients with high needs, we show a low rate per 1,000 population. This is likely due to the demographics of our LHIN (younger population, high birth rate) compared to other LHINs which may mask the significance of the issue.

Figure 6 High Needs Profile

Integrated Care across the Continuum is an objective of many of the projects in this ABP. Improving transitions in care and better coordination of care results in better client experiences, reduced waits and better outcomes. Projects supporting this objective include:

Standardizing discharge planning across the LHIN
Implementation of clinical care pathways/Quality Based Procedures (QBPs)
Health Links
Improved collaboration among community sector providers
Implementing the Integrated Orthopaedic Capacity Plan

Regional Hospice Palliative Care is an express objective of our third IHSP. A Regional Hospice Palliative Care Program Council has been established to put forward recommendations on building a LHIN-wide end-of-life program that supports people's choices for end of life care.

Assessment of issues facing Central LHIN

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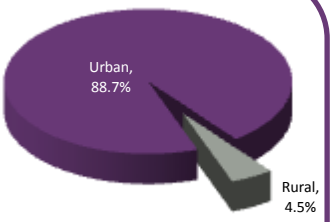
Who lives in Central LHIN

Population	**1.8M**	Central LHIN's population represents 13.2% of the entire province –the largest number of Ontarians living in any LHIN (see map, next page)
Projected growth	**20.3%**	Projected over the next seven years Residents living in large urban centres: 88.7% (4.5% in rural settings)
Immigration	**48%**	Almost half of our residents were not born in Canada
aging		
Seniors as % of population **2012**	**12.5%**	221,000 Central LHIN residents are aged 65+ (placing Central LHIN among the top three LHINs in terms of absolute numbers of seniors)
2021 (projected)	**16.1%**	And projected to grow by 55% to 343,000 by 2021
% births	**14.3%**	At 18,163 births (2010), Central LHIN had the second highest number of in-hospital births of all LHINs. 5.6% of our population are children aged 0-4 years – the highest proportion of any LHIN.
Language	**4.5%**	Of Central LHIN residents neither speak nor write in either Official Language
Francophone[1]	**1.2%**	
Aboriginal	**0.4%**	Of the 7,000 Aboriginal/First Nations people in our LHIN, close to 5,000 live in major urban centres



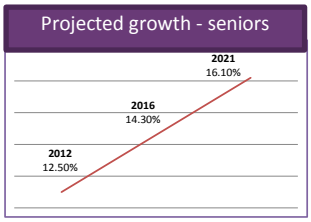


Figure 7 Central LHIN Snapshot

At 2,730 sq. km, Central LHIN is comprised of the northern section of Toronto, most of York Region and the southern part of Simcoe County, with the majority of the population living in communities along highways 401 or 404.

[1] Statistics Canada, 2006 Census. Note: The Office of Francophone Affairs will be employing a new Inclusive Definition of Francophone (IDF), which will be broader in scope than the Statistics Canada definition. The IDF considers mother tongue(s), knowledge of official languages, and language(s) spoken at home. Consequently, the IDF includes not only people whose mother tongue is French but also individuals whose mother tongue is neither English nor French (allophones) but who have a particular knowledge of French as an official language and use it at home. Under the IDF, a Lebanese or Moroccan family that speaks Arabic and French at home is considered Francophone. IDF has increased the number of Francophones estimated in Ontario from 4.4% to 4.8% (based on 2006 Census data). The impact on Francophone population estimates for Ontario LHINs had not been established at the time of publication.

Diverse communities and high population growth

The people who live in Central LHIN are diverse, compared to the rest of Ontario, with 42% of our residents being visible minorities and 4.5% of residents indicating no knowledge of either Official Language. Projected population growth to 2021 is significant, with Central LHIN seeing a 20.3% increase in population overall, and a 55% increase in the absolute numbers of seniors living in the LHIN. Population based health system planning must factor high growth and high growth of high needs residents in planning projections in addition to considering cultural factors. The LHIN will continue to monitor clinical volumes and advance the use of Health Equity Impact Assessments.

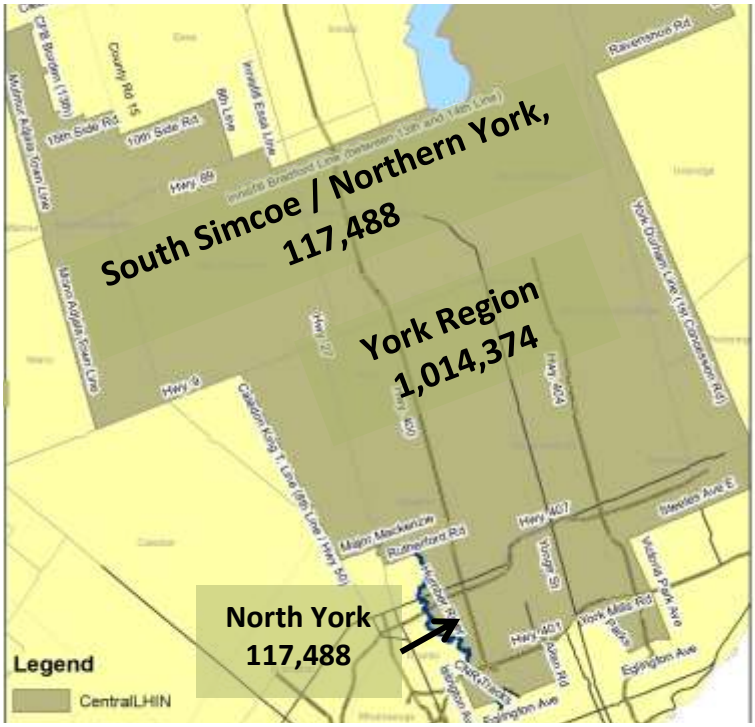


Figure 8 Map of Central LHIN with Populations

Birth rates

The birth rate for our communities has been and is projected to be one of the highest in Ontario. This will inform health system planning to ensure capacity exists to meet ongoing population need. The focus of much work over the past several years has been to ensure that services for seniors were optimized. It is important to ensure all segments of our population are factored into expected need for health services.

Portability of care

Central LHIN residents, like others in the greater Toronto area, are mobile and capable of accessing care from providers in Central or any other nearby LHINs. Nearly 30% of patients admitted to Central LHIN hospitals live outside our LHIN and over 30% of Central LHIN residents receive care outside the LHIN.

High Patient Acuity

Visits to Central LHIN emergency rooms have the fourth highest level of acuity in the province of all LHINs. In 2012-2013, 69% of visits were assessed as levels I (resuscitative), II (Emergent) and III (Urgent) on the Canadian Triage Acuity Scale (CTAS), compared with the provincial average of 63%. This is an indication of the ongoing increases in demand placed on Central LHIN health service providers.

Our aging population

Ontarians have seen steady increases in average life spans over the past thirty years, thanks to advances in medical technology, drug break-throughs, and clinical innovation. In 10 years, there will be 43% more seniors in the province than there are now. By 2044, there will be twice as many. The grey tsunami, as the Alzheimer's Society has coined it, will result in more Ontarians retired than working. Ministry of Finance Population Projection Updates suggest that Central LHIN will be significantly affected by the aging baby boomer cohort (see inset).

> *Even as the share of seniors in census divisions located in and around the suburban GTA is projected to remain lower than the provincial average, the increase in the number of seniors in this area will be the most significant.* ***The number of seniors is projected to almost triple (growth close to 200 %)*** *in the three suburban GTA census divisions (**York,** Peel and Durham).*
>
> - *Ontario Population Projection Update (2012)*

Health system implications

As people grow older, they tend to need greater and more frequent access to the health system because the odds of acquiring a chronic condition increase significantly as we age. However, if their existing medical conditions were well managed and they had regular access to care in the community, fewer people would need to access acute care services (like the emergency department or be admitted to hospital). This was identified in the report by the Commission on the Future of Ontario's Public Services[2] which identified a very small percentage of Ontarians consumed a very large proportion of health resources (see High Needs profile on page 6).

Compounding effects of high needs and high growth

Central LHIN providers are facing capacity issues as a result of two main drivers. The frail elderly and high needs patients, due to their complexity, take more time to assess and treat. Concurrently, the steady population growth in Central LHIN increases the utilization of all services proportionately. Additionally, there are large populations of seniors and children with complex needs in Central LHIN. In other words, it's taking us longer to care for people and the number of people we care for is growing every day.

[2] The initial magnitude of high needs populations was identified in the report from Commission on the Reform of Ontario Public Services. The report found: "Analysis of a Local Health Integration Network's (LHIN)… data …revealed that one subset of hospital inpatients accounted for 40 per cent of all hospital bed days …identified as "complex inpatients," meaning they did not have just one health condition but many at once, often including mental health or addiction issues."

The implications are clear:

- In absolute terms, with 221,000 seniors, Central LHIN has the third largest cohort of seniors of all LHINs. The projection to 2021 increases the size of this cohort to343, 000 –a 55% increase in seniors within seven years.
- To support the future sustainability of the local health system we need to move to models of care that support individuals with complex medical conditions by keeping them medically stable and ensuring they have access to health care professionals who will optimize their health and well-being through coordinated care; and,
- This change needs to start now.

Key Goals & Action Plans

Appropriateness

- Improve the delivery of safe, effective and timely care in the right setting

Current Status

- All Ministry LHIN Performance Agreement (MLPA) targets were met or exceeded in the last two fiscal quarters.
- Health Quality Ontario's *2012 Quality Monitor* reviewed each of Ontario's LHINs with respect to waits, rates of serious adverse outcomes, adoption of best practices, and patient experience. Central LHIN was ranked "average" or "better-than-average" on most safety and effectiveness indicators.
- A significant proportion of our hospital days are Alternate Level of Care (ALC) days, indicating that a number of patients, including seniors, are waiting for more appropriate levels of care, potentially decompensating as a result.
- At end of life, a majority of people indicate a preference to die at home, but a minority actually do.

Appropriateness

• **Goal 1** Continue to advance more effective ways to deliver care that improve quality and are safer

Alignment

Goal supports LHIN system imperatives with respect to the coordination of care and enhancing access to primary care by ensuring people receive the right care at the right place.

Goal supports keeping Ontario healthy and right care, right place, right time.

Action Plans

To advance this system direction goal, Central LHIN will focus on the following key areas: leveraging health technology to manage seniors and clients with complex needs, transitioning the diabetes education programs to Central LHIN and establishing a Hospice Palliative Care plan for the LHIN.

"we will deliver on the following"	2013-2014 Status	%	2014-2015 Status	%	2015-2016 Status
Hospital and Community Health Centre Quality Improvement Plans (QIPs) aligned to LHIN performance *targets* *(status: indicators in SAA's)*	In progress	100	Completed		
Expand telemedicine capacity LHIN-wide (consults, tele-stroke, & telehomecare) *(status: % of planned implementation targets for each project)*	In progress	25	In progress	50	In progress
Improve and investigate the expansion of eReferral across the health care continuum *(status: % of planned implementation target)*	In progress	50	In progress	75	In progress
Transition diabetes education programs to LHIN *(status: program transfer completed)*	In progress	100	Completed		
Establish Hospice/Palliative Care plan *(status: % of 3 year plan completed)*	In progress	33	In progress	66	In progress

Measures

- Hospital and Community Health Centre QIP targets added to 2013-14 service accountability agreements.
- Transfer of the educational program to the LHIN completed.
- Increased capacity to support patients through their end of life in their preferred location.
- Reduce the total number of acute hospital days attributable to palliative care (year three goal of 10%).

Risks/Enablers

Risk/Enabler	What we can do with it to advance our plans
Risk: Multiple user interfaces employed in the absence of a provincial eReferral model	Continue to work towards a single user interface for local, cluster, and provincial levels. Where an alternate interface is proposed, require demonstration of 100% interoperability / 100% compliant with provincial standards.
Enabler: Anticipated eReferral implementation	Ministry decision on a provincial solution will significantly advance eReferral.

Appropriateness

- **Goal 2** Offer the most appropriate treatment settings
- **Goal 3** Use more evidence-based decision making

Alignment

Goals supports LHIN system imperatives with respect to the coordination of care and enhancing access to primary care by ensuring people receive the right care at the right place.

Goals directly support keeping Ontario healthy and right care, right place, right time.

Action Plans

Appropriate treatment settings optimize people's care, reducing the risk of waiting in inappropriate settings with negative results (like physical and cognitive decompensation). People seen by the most appropriate professional at the right time in the right setting have better outcomes. To advance Goals 2 and 3, our plan focuses on the following projects: development of a LHIN-wide discharge planning process, continued support of Home First/No Place Like Home programs, and implementing evidence-based care pathways (Quality Based Procedures – QBPs).

"we will deliver on the following"	2013-2014		2014-2015		2015-2016
	Status	%	Status	%	Status
LHIN-wide discharge planning process and pilot for hospitals *(status: % completion of plan development and implementation)*	In progress	100	Completed		
Implement evidence-based care pathways (QBPs) beginning with Stroke, Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) *(status: % implementation of QBPs LHIN-wide)*	In progress	33	In progress	66	In progress

Measures

- Research on best practices for discharge planning completed; working group established; critical path to implementation completed.
- Continued clinician-adoption of Home First and similar philosophies; reduced functional and cognitive decline in senior patients designated as requiring an alternate level of care; leading to a reduction in the percentage of ALC days (three year goal of 20% reduction).
- QBP implementation will result in improved efficiency; advances three year target of a 15% service increase for the same funding.

Risks/Enablers

Risk/Enabler	What we can do with it to advance our plans
Home First / No place like home: Demand may exceed available supply	Work collaboratively with providers to identify operational offsets and other means to address needs.

Key Goals & Action Plans

Access	• Continue to improve access to hospital, community and primary care

Current Status

- All MLPA Targets were met or exceeded in the last two fiscal quarters.
- We have reduced the wait times for emergency patients (by type) and are holding the gains we have made.
- Further opportunities for improvement exist:
  - Reducing the number of patients designated as requiring an alternate level of care and the number of days people wait for that care.
  - Reducing the number of hours patients wait when admitted in the emergency department before transfer to an inpatient unit.
  - Improving the percentage of residents who have same day/next day access to their primary care provider when sick or when medical attention is required.

Access

- Goal 1: Continue to streamline the flow of people through hospitals to make the best use of resources
- Goal 2: Improve access to primary care
- Goal 3: Make it easier for people to move through the system to access (right care, right time, right place)

Alignment

Goals supports LHIN system imperatives with respect to driving quality and safety directly, and through more effective delivery methods maintain the gains achieved so far.

Goals directly support keeping Ontario healthy and right care, right place, right time.

Action Plans

The projects that will advance the goals of this system direction establish LHIN-wide access to regional resources, a plan to meet the needs of complex young adults and improvement to mental health and addictions care. The Rapid response nursing program supports recovery/reduces risk of readmission of complex patients by visiting the homes of recently discharged patients with high needs within 24 hours. Attend to the needs of young adults with complex medical needs by fully operationalizing the congregate care model. Support the CCAC's implementation of mental health and addiction (MHA) nurses in schools. Implement the medical clearance best practice tool for mental health and additions patients in emergency department. Continue to implement the expanded role of CCAC. Improving access to primary care is closely related to Health Links (*see **Integration***) which is focused on increased collaboration between providers to improve coordination of care delivery.

"we will deliver on the following"	2013-2014		2014-2015		2015-2016
	Status	%	Status	%	Status
Embed Rapid response Nursing Program into Health Links implementation *(status: % of operational Health Links deploying the initiative)*	In progress	50	In progress	100	Completed
Congregate Care - Young Adults with Complex Needs *(status: % of full implementation)*	In progress	100	Completed		
Implementation of medical clearance best practices MHA ED patients *(status: % of LHIN-wide implementation)*	In progress	50	In progress	100	Completed
CCAC Expanded Role – implement system-wide process for managing /placing clients in assisted living/supportive housing; *(status: % implementation completed)*	In progress	25	In progress	75	In progress

Measures

- Reduced rates of avoidable admissions and readmissions to hospital.
- Improved community-based living programs for young adults with complex medical needs.
- Improved access to supports for children with MHA needs in schools.
- Reduced waits for admission to inpatient units from the emergency department for MHA patients.
- Improved equity of access for seniors and complex clients who require assisted living or supportive housing.

Risks/ Enablers

Risk/Enabler	What we can do with it to advance our plans
# of young adults with complex needs exceeds capacity	With MOHLTC and MCYS, estimate client demand based on age and develop a plan to accommodate young adults as they reach the transition age.

Key Goals & Action Plans

Integration	•Strengthen integrated health care delivery from disease prevention and primary care, through community, acute, long-term and end of life care

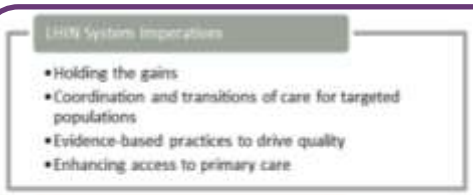
Current Status

- Central LHIN, like other LHINs in Ontario, inherited a local health system based on a provider-centred service delivery design.
- Communication and coordination between providers is inconsistent. The system is fragmented and lacks accountability between sectors.
- Complex patients – those with more than one chronic condition under medical management – could be better served if information about their condition and status was fully communicated at transition points in care. Currently, the onus of providing this information rests with the patient, who may not be able to convey this information accurately.
- The LHIN sees opportunities to strengthen the linkages between primary care providers, public health, and LHIN-funded health service providers.

Integration

- Goal 1: Create an intgrated local system of care
- Goal 2: Improve transitions of care across the health care continuum
- Goal 3: Support patients with complex needs at high risk for hospital admission in gaining access to an integrated team of providers to address their needs

Alignment



Goals supports LHIN system imperatives with respect to driving quality and safety directly, and through more effective delivery methods maintain the gains achieved so far.

Goals directly supports keeping Ontario healthy and right care, right place, right time.

Action Plans

The projects that will advance this system direction goal improve mental health and addiction service provision; reduce the risk of illness and injury to residents at high risk through early identification and providing supports; improve uptake of services through education of local options to primary care; and improve efficiency through provider risk assessment and optimizing community transportation services. Health Links will be the vehicle to integrate and focus service delivery around the person. It will be supported by the development of coordinated care plans, common tools, access to primary care, an integrated IM/IT strategy and shared accountability for performance They will also reduce fragmentation in community and mental health and addictions service provision.

"we will deliver on the following"	2013-2014		2014-2015		2015-2016
	Status	%	Status	%	Status
Implement up to five health links in Central LHIN	In progress	10	In progress	75	In progress
Plan the implementation of a Mental Health and Addictions Service Collaborative in cooperation with Centre for Addictions and Mental Health *(Status: Planning)*	In progress	10	In progress	30	In progress
Reducing High Risk Utilization – Facilitate implementation of LACE (Length of stay, Acuity, Comorbidity, Emergency Department (ED) utilization) tool for discharge planning that identifies those at high risk of ED/hospital admission; expedites referral to CCAC/CSS/Health Link for coordinated care/ services. *(Status: Implementation of tool and protocols for referral)*	In progress	25	In progress	50	In progress
Improve primary care providers' knowledge of local health service options; investigate creation of a single information resource for community services. *(Status: Development/implementation of plan to achieve objective)*	In progress	75	Completed	100	
Implement community agency risk self-assessment *(Status: assessments issued, received, and processed)*	In progress	100	Completed		
Optimize LHIN funded community-based transportation services	In progress	50	In progress	100	Completed

Measures

- Improved coordination of care for patients with multiple co-morbid conditions.
- Improved knowledge of available services by primary care providers.
- Reduced emergency department visits / hospital admissions for conditions better managed elsewhere.
- Improved understanding of risks associated with community providers meeting obligations.
- Reduce barriers to access community-based transportation; increasing capacity within allocated funding.

Risks/Enablers

Risk/Enabler	What we can do with it to advance our plans
None identified	

Key Goals & Action Plans

Person-Centredness	• Improve equity in how people experience health care and service delivery

Current Status

- The *2012 Quality Monitor* reported, for this System Direction the following:
- **Better than average**
    - A lower incidence of acute myocardial infarction (AMI) among residents living in Central LHIN.
    - Lower rates of emergency department visits for intentional self harm.
- Historically, health systems were designed around the provider, and treatment of a disease rather than a person.
- Providers and residents have difficulty navigating the system and understanding the different types of available services.
- There is variation in the level and types of services provided within and between LHINs.

Person-Centredness

- Goal 1: Keep our population healthy
- Goal 2: Promote knowledge & self management of chronic disease

Alignment

Goals supports LHIN system imperatives with respect to driving quality and safety directly, and through more effective delivery methods maintain the gains achieved so far.

Goals directly support keeping Ontario healthy and right care, right place, right time.

Action Plans

The projects that advance these person-centeredness goals include improving interagency collaboration to enhance primary care, ongoing implementation of the Ontario Diabetes Strategy, and improving capacity for our Health Service Providers to communicate with non-English speaking clients.

"we will deliver on the following"	2013-2014		2014-2015		2015-2016
	Status	%	Status	%	Status
Population health strategies – incorporate public health into Health Links implementation *(Status: public health participation)*	In progress	100	Completed		
Implement the transition of the Diabetes Education Programs to the LHIN in alignment with the Ontario Diabetes Strategy (ODS) *(Status: Complete transition of DEPs accountability to the LHIN)*	In progress	100			
Leverage technology – pilot interpretation services through partnerships to increase HSP capacity to serve non-English speaking population (*Status: Pilot project implementation)*	In progress	100	Completed		

Measures

- Improved planning alignment between providers, the LHIN, and public health.
- Utilize the ODS initiatives to support the development of self-management skills for patients and families.
- Increase availability of interpretation services to non-English speaking residents, including Francophone and Aboriginal / First Nations peoples, by 30% by 2016.

Risks/Enablers

Risk/Enabler	What we can do with it to advance our plans
No risks or enablers identified	

Person-Centredness

- Goal 3: Promote equitable access to health services
- Goal 4: Improve the patient experience when accessing health services

Alignment

Goals supports LHIN system imperatives with respect to driving quality and safety directly, and through more effective delivery methods maintain the gains achieved so far.

Goals directly support keeping Ontario healthy and right care, right place, right time.

Action Plans

The projects that advance these person-centeredness goals give voice to health system users, Aboriginal and urban Aboriginal peoples; continue to advance FLS planning and coordination and raise the profile of the needs of seniors when admitted to hospital. We will also assess the care needs of mothers and young children given the high percentage of residents aged 0-4 years in Central LHIN.

"we will deliver on the following"	2013-2014		2014-2015		2015-2016
	Status	%	Status	%	Status
Create and begin implementation of an Aboriginal/First Nations (Reserve-based and Urban) community engagement strategy; begin to incorporate results of ongoing engagement in planning. *(Status: Plan implementation 4 yrs.)*	In progress	15	In progress	30	In progress
French Language Services - Continue collaboration with Entite4 including participation in the Joint Annual Action Plan *(Status: Ongoing collaboration)*	In progress	NA	In progress	NA	In progress
Support the implementation of the Seniors Strategy/ Seniors First across the Central LHIN *(Status: Implementation of the strategies)*	In progress	25	In progress	50	In progress
Explore the development of a maternal child strategy	In progress	100			

Measures

- Development of a sustainable engagement platform that honours Aboriginal / First Nations traditions and addresses issues of health on Aboriginal / First Nations' terms.
- Continued cooperative collaboration with our planning entity and LHIN partners.
- Improvement of care and management of seniors LHIN-wide; reduction of functional decline and cases of delirium among seniors admitted to hospital.
- Continued improvement in providing senior friendly environments, evidenced through inclusion of approaches in process improvement and functional planning activities.
- Recommendations on appropriateness of developing a maternal child strategy.

Risks/Enablers

Risk/Enabler	What we can do with it to advance our plans
No risks or enablers identified	

LHIN Staffing & Operations

LHIN Operations Spending Plan

LHIN Operations Sub-Category ($)	2011/12 Actuals	2012/13 Budget	2013/14 Planned Expenses	2014/15 Planned Expenses	2015/16 Planned Expenses
Salaries and Wages	2,391,237	2,544,462	3,049,177	3,049,177	3,049,177
Employee Benefits					
HOOPP	274,515	205,374	278,953	278,953	278,953
Other Benefits	334,688	311,922	380,162	380,162	380,162
Total Employee Benefits	*609,203*	*517,296*	*659,115*	*659,115*	*659,115*
Transportation and Communication					
Staff Travel	14,863	13,350	16,000	16,000	16,000
Governance Travel	4,243	6,000	5,000	5,000	5,000
Communications	44,481	46,375	43,350	43,350	43,350
Others	50,000	47,500	78,378	78,378	78,378
Total Transportation and Communication	*113,587*	*113,225*	*142,728*	*142,728*	*142,728*
Services					
Accommodation	204,624	236,722	311,421	311,421	311,421
Advertising	13,343	5,400	4,500	4,500	4,500
Consulting Fees	15,000	40,445	150,000	150,000	150,000
Equipment Rentals	12,939		20,000	20,000	20,000
Governance Per Diems	62,735	76,000	76,000	76,000	76,000
LSSO Shared Costs	451,995	343,400	353,542	353,542	353,542
Other Meeting Expense	105,341	145,540	153,100	153,100	153,100
Other Governance Costs	3,545	14,400	12,000	12,000	12,000
Printing & Translation	34,635	44,000	51,250	51,250	51,250
Staff Development	36,088	48,000	54,000	54,000	54,000
Total Services	*940,245*	*953,907*	*1,185,813*	*1,185,813*	*1,185,813*
Supplies and Equipment					
IT Equipment			21,500	21,500	21,500
Office Supplies & Purchased Equipment	53,462	60,200	70,715	70,715	70,715
Total Supplies and Equipment	*53,462*	*60,200*	*92,215*	*92,215*	*92,215*
LHIN Operations: Total Planned Expense	4,107,734	4,189,090	2,079,871	2,079,871	2,079,871
Annual Funding Target			5,129,048	5,129,048	5,129,048
Variance			-	-	-

LHIN Staffing Plan Full Time Equivalents

Position Title	2011/12 Actual as of Mar 31/12 FTE	2012/13 Forecast FTE	2013/14 Forecast FTE	2014/15 Forecast FTE	2015/16 Forecast FTE
CEO	1.0	1.0	1.0	1.0	1.0
Senior Director	2.0	1.6	2.0	2.0	2.0
Controller/Director Finance	1.0	1.1	1.0	1.0	1.0
Director	4.0	3.0	4.0	4.0	4.0
Communications Manager	1.0	1.2	1.0	1.0	1.0
Communications Coordinator	1.0	1.0	1.0	1.0	1.0
Corporate Associate	1.0	0.8	1.0	1.0	1.0
Executive Assistant	-	0.8	1.0	1.0	1.0
Administrative Assistant	2.0	1.2	1.0	1.0	1.0
Business/Operations Assistant	1.0	1.0	1.0	1.0	1.0
Office Manager	1.0	1.0	1.0	1.0	1.0
Project Coordinator	1.0	1.0	-	-	-
Senior Coordinator	1.0	1.8	2.8	2.8	2.8
Planner	-	1.0	1.0	1.0	1.0
Consultant	2.0	-	-	-	-
Senior Consultant	2.0	-	-	-	-
Lead, Decision Support	1.0	0.5	1.0	1.0	1.0
Senior Planner	3.5	2.4	2.3	2.3	2.3
Analyst	-	1.3	3.0	3.0	3.0
Senior Analyst	-	2.0	4.0	4.0	4.0
Corporate Improvement Facilitator	-	-	1.0	1.0	1.0
Intern	-	0.8	1.0	1.0	1.0
Total FTEs	**25.5**	**24.5**	**31.1**	**31.1**	**31.1**

Note: The staffing plan accounts for positions funded through the LHIN's base allocation. Positions funded through other initiatives are not captured here.

At the end of fiscal 2012/13, the LHIN assumed responsibility for various Diabetes programs previously managed by the Ministry. An additional 6.6 FTEs starting in fiscal 2013/14 have been planned in support of this newly assumed accountability.

LHIN Staffing and Operations – Narrative

The LHIN Operations Spending Plan establishes the annual financial resources to be used for the LHIN's internal operating expenses and staffing resources. The operating resource requirements are aligned to the Ministry's *Annual Business Plan: 2013-2014 A Guide for Local Health Integration Networks* which states that the purpose of the document is to plan the upcoming allocation, rather than request new funding.

The operations spending plan was developed with the following key assumptions:

- Funding levels for 2013-2014 were increased to allow the LHIN to take on accountability for various Diabetes programs previously managed by the Ministry.
- There was a small operating surplus in 2011-12 which is assumed to be spent in future years.
- The spending plan must be balanced.

Integrated Communications Strategy

7

Objectives

Business Objective:

Central LHIN's goal is to improve the health care system – to make it better for those who live, work and receive health care in our LHIN. Our success in achieving that goal depends on working together with our partners to establish a vision, develop a plan and help us translate our plan into action. Through the implementation of the Integrated Health Service Plan (IHSP) 2013-2016 and the execution of the Annual Business Plan over the next year, we will be working on advancing quality and excellence in the delivery of services and supports to our community, and building on the momentum we have achieved since our inception.

The communication team will support the implementation of business objectives by building awareness and working towards influencing attitudes and behaviours around the four key focus areas outlined in our 2013-2016 IHSP:

- **Appropriateness**: Improve the delivery of safe, effective and timely care in the right setting.
    - Expand telemedicine capacity LHIN-wide (consults, tele-stroke and telehomecare)
    - Improve and investigate the expansion of eReferral across the health care continuum
    - Transition diabetes education programs to LHIN
- **Access**: Continue to improve access to hospital, community and primary care.
    - Congregate Care - Young Adults with Complex Needs
    - Implement medical clearance best practices for Mental Health and Addictions Emergency Department (ED) patients
    - Community Care Access Centre (CCAC) Expanded Role – implement system-wide process for managing/placing clients in assisted living/supportive housing
- **Integration**: Strengthen integrated health care delivery from disease prevention and primary care, through community, acute, long-term and end of life care.
    - Implement up to five Health Links in Central LHIN
    - Plan the implementation of a Mental Health and Addictions Service Collaborative in cooperation with Centre for Addictions and Mental Health (CAMH)
    - Improve primary care providers' knowledge of local health service options; investigate creation of a single information resource for community services
    - Optimize LHIN-funded community-based transportation services
- **Person-centeredness**: Improve equity in how people experience health care and service delivery.
    - Implement the transition of the Diabetes Education Programs to the LHIN in alignment with

the Ontario Diabetes Strategy (ODS)

- Leverage technology – pilot interpretation services through partnerships to increase health service provider capacity to serve non-English speaking population
- Create and begin implementation of an Aboriginal/First Nations engagement strategy; begin to incorporate results of ongoing engagement in planning
- Support the implementation of the Seniors Strategy/ Seniors First across the Central LHIN

Communications Objective:

A strong communications strategy and plan are critical to support the execution of our vision of C*aring Communities – Healthier People*. The communications objectives are to:

- Foster an understanding and raise awareness of:
  - The need for health system transformation;
  - Central LHIN's leadership in managing the transformation of the local health system;
  - The key initiatives that are helping Central LHIN achieve its IHSP priorities as outlined in the section above.
- Educate and build awareness among health service providers of:
  - The shared accountability with Central LHIN to transform the local health system;
  - The IHSP and the importance of aligning its initiatives within their strategic plans.
- Mitigate communications risks of negative publicity through proactive issues management strategies.
- Inform and update health service providers on the key initiatives within Central LHIN that are improving timely, appropriate access to health care – document successes and share.

Context

- Ontario's *Action Plan for Health Care*, announced by the Minister in January 2012, positions LHINs at the centre of health system transformation.
- Along with the other LHINs, Central LHIN has a critical role to play in recently introduced key provincial initiatives such as Health System Funding Reform, Health Links, Seniors Strategy and the expansion of Quality Improvement Plans into the primary and community care sectors.
- Central LHIN's vision of C*aring Communities – Healthier People* outlined in IHSP 2013-2016 and the initiatives laid out in this Annual Business Plan are strategically aligned with government directions and priorities and recognize the joint accountability of the ministry and LHINs to serve the public interest and effectively oversee the use of public funds.
- The health care system has evolved to the point where LHINs are being recognized as the local system managers who play a central leadership role in driving health system transformation.

Target Audience

Depending on the situation, primary and secondary audiences will include but not be limited to:

- Ministry of Health and Long-Term Care (MOHLTC)
- Internal to Central LHIN
    - Board of Directors
    - Senior Leadership Team & staff
- Central LHIN health service providers and stakeholders
    - Hospitals
    - Central Community Care Access Centre
    - Long-Term Care (LTC) Homes
    - Community Health Centres (CHCs)
    - Community Service Agencies
    - Mental Health and Addictions Agencies
    - Central LHIN Advisory Networks & Groups
    - French Language Health Planning Entity
- External stakeholders
    - MPPs
    - Mayors
    - General Public
    - Media

Strategic Approach

- Position the LHIN as a key player within the transformation of Ontario's health system and as the lead in health system transformation in the northern section of Toronto, most of York Region and the southern part of Simcoe County.
- Develop and leverage opportunities to further establish our reputation and credibility.
- Leverage proactive communications tactics (e.g. LHINfo minutes, Report to the Community, news releases) to demonstrate the collaborative work that is being done to improve the health system at the local level.
- As needed, issues management strategies will be employed to mitigate potential risks by identifying key stakeholders, key messages and communication vehicles up front.
- The communication plan is a "living document" that will be revised and updated by Central LHIN to accommodate and address any changes, issues or developments.
- The Annual Business Plan will be communicated to the following stakeholders: health service providers, MPPs, municipal mayors, media and the public.

Key Messages

- LHINs are the only organizations in Ontario that bring together health care partners from sectors such as hospitals, community care, community support services, community mental health and addictions, community health centres and long-term care to develop innovative, collaborative solutions leading to more timely access to high-quality services for the residents of Ontario and Central LHIN communities.
- Central LHIN is a key partner in transforming the health system to provide quality care that meets the needs of Ontarians today and into the future.
- By supporting these important partnerships, LHINs work to enable Ontarians to have access to an effective and efficient health care system that delivers improved health care results and a better patient experience.

- We are changing from an old system designed to treat people once they are sick to a more coordinated, value-driven model that promotes wellness.
- The growing health needs of our aging population will significantly affect Central LHIN over the next five to 10 years and beyond. The prevalence of multiple chronic conditions increases dramatically with age.
- Central LHIN and its providers have already brought about significant and positive change in the way health services are delivered, and we must aggressively continue that work. The status quo is neither acceptable nor sustainable.
- Transformation requires a collective call to action. Our goal is to improve the health care system – to make it better for all of us who live, work and receive health care in our LHIN. Our success in achieving that goal depends on working together with our partners to establish a vision, develop a plan and help us translate our plan into action.
- Everyone has an important role to play in making healthy change happen, including health service providers, the LHINs, community leaders and the public.

Tactics

Tactics and tools will differ for each initiative, drawing from the following:

- www.CentralLHIN.on.ca / web alerts
- LHINfo Minutes
- News releases
- Email blasts to stakeholders
- Report to the Community
- Stakeholder events
- Board Updates
- Outreach to local government stakeholders

Evaluation

Identifying critical communication success factors will enable Central LHIN to determine more effectively whether stakeholder engagement activities have been successful. Critical success factors may include (but not be limited to):

- Key stakeholders have a clear understanding of the "case for change" and how they will be impacted by the implementation of the Integrated Health Service Plan 2013-2016.
- Health care providers across the Central LHIN are engaged early and frequently and can see how their participation is affecting the implementation of the "Future State."

Approach to evaluation:

- Evaluate if Central LHIN residents are engaged by the LHIN and with the LHIN via a variety of tactics including traditional media, online media and LHIN communication vehicles (LHINfo minutes and news releases). Tone, feedback and volume will help determine success or if a change in direction is needed.
- Feedback mechanisms and ongoing assessment are in place to monitor the effectiveness of communication vehicles and messages, and the LHIN has the ability to make quick modifications based on shifts and lessons learned as the project unfolds. Engagement sessions, surveys, website monitoring tools such as Google Analytics and media monitoring encompass some of the monitoring mechanisms currently in place.

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Community Engagement Summary

Community Engagement

In accordance with Community Engagement Guidelines (April 2011) and in consonant with our obligations under the Local Health System Integration Act, 2006 (LHSIA), Ontario's LHINs are required to develop and publish their Community Engagement Plans. Plans are updated annually to align with Annual Business Plan priorities and to ensure ongoing alignment with the LHIN's IHSP.

This summary highlights the key activities planned by Central LHIN to ensure we achieve the right level of community engagement to support our projects and planning activities.

Guided by our strategic framework, and aligned with our quality improvement approach to health system transformation, Central LHIN will engage its diverse communities and stakeholders in support of our objectives.

This summary is not intended to replace the Community Engagement Plan, but rather inform the reader on the plan's overall intents.

Engagement Strategies

Central LHIN supports the concept of a continuum of engagement strategies. Our engagement strategies will fall within this framework, with strategies chosen that will meet our engagement requirements for our projects and planning activities.

Inform and Educate: Provide accurate, timely, relevant and easy to understand information to the community. Provides information about the LHIN, and contextual information regarding issues, alternatives, and/or solutions. **Effect: Information "Push" / No feedback.**

Gather Input: Obtain feedback on analyses / proposed changes. Designed to allow opinion / concerns / suggestions from the community regarding the matter at hand. **Effect: Information "Pull" / Feedback incorporated into final decision or implementation.**

Consult: Actively seeking out and recording of opinion from stakeholders on matters that directly affect them or where they have a significant interest. Envisions a dialogue between the LHIN and stakeholders that will inform final decisions. **Effect: Information "Pull" / Feedback is consultative and interactive and informs outcome.**

Involve/Collaborate: Work directly with stakeholders to ensure full understanding of issues and concerns and/or facilitate discussions to consider options and solutions. Supports collaborative solution finding between the LHIN and stakeholders or between groups of stakeholders. Engagement will result in a solution that is largely arrived at through this process. **Effect: Knowledge transfer-exchange / Final outcome is a result of engagement.**

Stakeholder Identifcation

Definition: Stakeholders are defined as those having a direct and substantive interest in the outcome of a decision or action. Some examples of stakeholders include: Ontario residents within the geographic area of the LHIN, municipalities located within the LHIN, LHIN funded health service providers, other health service providers, ministries, agencies, boards or commissions that provide social services / benefits to a population common to it and Central LHIN, elected municipal, provincial and federal politicians, and local media.

The LHIN may also strike working, advisory or planning groups comprised of stakeholders who may provide ongoing advice to the LHIN as a project is implemented.

The LHIN will employ the Health Professionals Advisory Committee as its primary conduit to health practitioners on matters appropriate to HPAC's mandate. The LHIN may also appoint Health System Key Informants to participate at HPAC to provide expert-level systems-driven advice and counsel as appropriate.

More specifically, Central LHIN has identified the following stakeholders as essential to the advancement of our ABP and IHSP system directions:

Primary care providers (physicians, nurse-practitioner led clinics, all physician group practice types, community health centres)

Hospitals, CCAC, CSS agencies and medical specialists, as each has a role in the successful implementation of Health Links

Aboriginal / First Nations peoples and/or representatives of this population either self-identified or identified through the development of our engagement strategy

Residents of Central LHIN, as potential members of a resident's health system users committee

Stakeholders directly or indirectly involved in Central LHIN projects or activities, including Palliative Care program development, mental health and addictions strategy implementation, Health Links implementation and others.

Committees

The Health Professionals Advisory Committee (HPAC) is the only committee required by legislation (Local Health System Integration Act, 2006 or Ontario Regulation 267/07). HPAC was reconstituted further to the completion of an evaluation, and held its first meeting as a new committee in March 2013. HPAC will provide advice to the LHIN on achieving patient-centred care.

eHealth Council - Central LHIN's Integrated Health Service Plan 2010-2013 (IHSP) identifies eHealth as a key enabler for achieving the Ministry's priorities and those of the LHIN and its partners. It has also been identified as a key enabler for the 2013-2016 Integrated Health Service Plan. The council is comprised of IT leadership for various sectors of the continuum of care. Its main objective is to develop the Central LHIN eHealth Strategic Plan for each year as indicated in the Ministry LHIN Performance Agreement (MLPA) and to provide guidance and advise on eHealth implementations and the alignment of each within various strategies lead by Central LHIN and the province.

The Central LHIN Health Links System Planning Committee is a new committee that will be established to address governance for the new Health Links initiative. The committee will be tasked with monitoring progress of implementation and impact. It will also provide a forum for Health Links partners to share knowledge and collaborate on implementation of ideas.

A **Community/Patient Advisory Committee** (resident's health system users committee) will be established in fiscal 2013-2014 to give voice to the community in Central LHIN's system planning initiatives.

The Primary Care Council was established in 2012 to begin to integrate primary care into the Central LHIN planning. The committee serves as a conduit for engagement of the primary care community, which currently is under the purview of the province. The committee includes physicians, nurse practitioners and other stakeholders who work within the community health sector.

Engagement of Aboriginal / First Nations Peoples

Aboriginal / First Nations people represent 0.4% of the LHIN's population, with the majority of these individuals living in our larger urban centres. Central LHIN recognizes that Aboriginal / First Nations peoples have a greater burden of illness than the general population exacerbated by barriers to equitable access to health services (due to jurisdictional issues, funding limitations, and cultural insensitivity of providers, among others).

Central LHIN has developed a draft long-range engagement strategy intended to build trust and rapport with Aboriginal / First Nations people through a combination of direct engagement with the First Nation community in the LHIN, and a coordinated engagement strategy with health service providers and social service agencies who primarily care for this population. The intent is to establish the LHIN as a willing partner to Aboriginal / First Nations people to assist when the population identifies a need, and where the LHIN's assistance can build the communities' capacity to care for its own. The evolutionary nature of this engagement will result in the creation of structures that support and benefit the population, and assist it in achieving its goals.

Engagement of the Francophone community

Central LHIN has approximately 1.2% of its population who identify themselves as Francophone. No part of Central LHIN and none of our health service providers are designated under the *French Language Services Act.* The LHIN supports the Francophone population through its participation with Entitie4, the French planning partner for the GTA LHINs. Where practical, Central LHIN supports the provision of French Language Services, or the capability of translation services, where Francophone populations exist and supports initiatives in the LHINs immediately surrounding Central LHIN where sufficient demand will allow for the development of Francophone-specific service provision.

FLS Entity #4 is Central LHIN's French language planning entity, as required under statute. Entity4 provides the following support to the LHIN with respect to Francophone populations living in our geographic area. Identification of and planning for Francophone health needs as they relate to:

- Identified needs of Francophones and diverse groups within this population
- Health service availability for Francophones in French / advising on the designation of providers

- Development of strategies to improve access to services in French.


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