

## Appendix F

### Glossary of Key Definitions and Abbreviations

**Integrated Health System of Care:** Future vision of the South West LHIN health system which unifies all health programs and services within a single, integrated health system of care that will allow individuals/families to seamlessly access and receive health services as required during the course of their lifetime. This future system of care will be delivered through two integrated service delivery approaches, **population-based integrated health services** and **centrally coordinated resource capacity**.

**Population-based Integrated Health Services:** Service delivery approach which is tailored to the collective needs of a local population and its health service providers. It enables local communities to support the health and wellness of its residents and surrounding communities, enabling them to better manage their own health and maintain their functional independence. Throughout an individual's life, one may access primary care, home and community care, complex continuing care, long-term care, palliative care, rehabilitation, chronic disease prevention and management, mental health and addictions services, and emergency health services through this service delivery approach.

**Centrally coordinated resource capacity:** Service delivery approach focused on a LHIN-wide approach to the coordination of access and management of specialized health service resources. Throughout an individual's life, he or she may access medicine, surgical, and critical care inpatient and ambulatory services coordinated through this service delivery approach.

**Integrated Health Services Collaborative:** Virtual, mobile, or co-located settings where inter-professional teams (regulated and non-regulated practitioners) will deliver education, screening, assessment, treatment, navigation, and the necessary support services to manage the health needs of individuals within a given local catchment areas. These teams will provide a variety of services including preventive, promotive, and lower acuity services close to home while remaining connected to multi-community and LHIN community sites for higher acuity needs.

**Local Community:** Coordination of provision of services provided 'close to home.' These types of services include primary care, some secondary care, home and community care, inter-professional clinics for chronic diseases, and local hospital services. For these services, there will be many sites for service access across the LHIN, located in communities, and delivered through networks of inter-professional teams.

**Multi-Community:** Coordination and provision of some specialized services that will be provided through service providers who serve both their local community, but also surrounding communities within a defined catchment area. Some travel may be required to access services; however services should still be accessible within the Multi-Community area. Services may be located at two or more sites to serve several communities within a defined geographic cluster/area. These sites will serve a large proportion of individuals who may require certain types of subspecialty programs, yet do not need to travel to LHIN Community sites.

**LHIN Community:** Refers to those services where the resources and expertise are not widely available throughout the LHIN. These programs will be led by one identified organization which will be mandated to provide appropriate access and care to residents across our LHIN. Travel to a location may be required to access these highly specialized services. These organizations may also serve as a provincial resource for certain services.

Abbreviation	Definition
ABI	Acquired Brain Injury
ALC	Alternate Level of Care
ALOS	Average Length of Stay
BSM	Blended Salary Model
CAPS	Community Annual Planning Submissions
CCC	Complex Continuing Care
CCHS	Canadian Community Health Survey
CCM	Comprehensive Care Model
CIHI	Canadian Institute for Health Information
CMG	Case Mix Group
CTAS	Canadian Emergency Department Triage and Acuity Scale
DAD	Discharge Abstract Database
ED	Emergency Department
EMS	Emergency Medical Services
ER	Emergency Room
FHG	Family Health Group
FHN	Family Health Network
FHO	Family Health Organization
FHT	Family Health Team
GBHS	Grey Bruce Health Services
HSD	Health System Design
HAPS	Hospital Annual Planning Submissions
HHR	Health Human Resources
HPHA	Huron Perth Healthcare Alliance
ICU	Intensive Care Unit
IHSC	Integrated Health Services Collaborative
IHSP	Integrated Health Service Plan
LAPS	Long-term Care Annual Planning Submission

Abbreviation	Definition
LHIN	Local Health Integration Network
LHSC	London Health Sciences Centre
LTCH	Long-term Care Home
MH&A	Mental Health & Addictions
MOF	Ministry of Finance
MOHLTC	Ministry of Health and Long-Term Care
NACRS	National Ambulatory Care Reporting System
NICU	Neonatal Intensive Care Unit
NP	Nurse Practitioner
OMA	Ontario Medical Association
OT	Occupational Therapy
OTN	Ontario Telemedicine Network
PAT	Priority Action Team
PCT	Personal Care Team
PT	Physiotherapy
St. Joseph's	St. Joseph's Health Care
-SAA	-Service Accountability Agreement
SME	Subject Matter Experts
SWCCAC	South West Community Care Access Centre
TCU	Transitional Care Unit