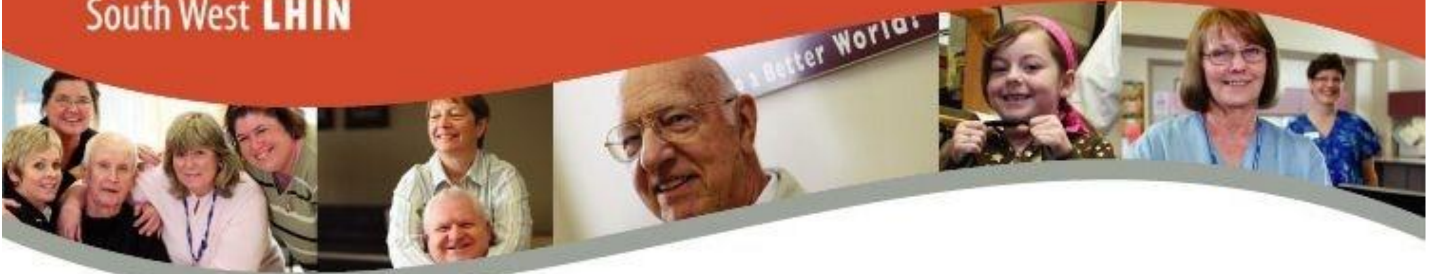

Health System Blueprint
Vision 2022

Implementation Framework

South West Local Health Integration Network

December 2010

Ontario
Local Health Integration Network

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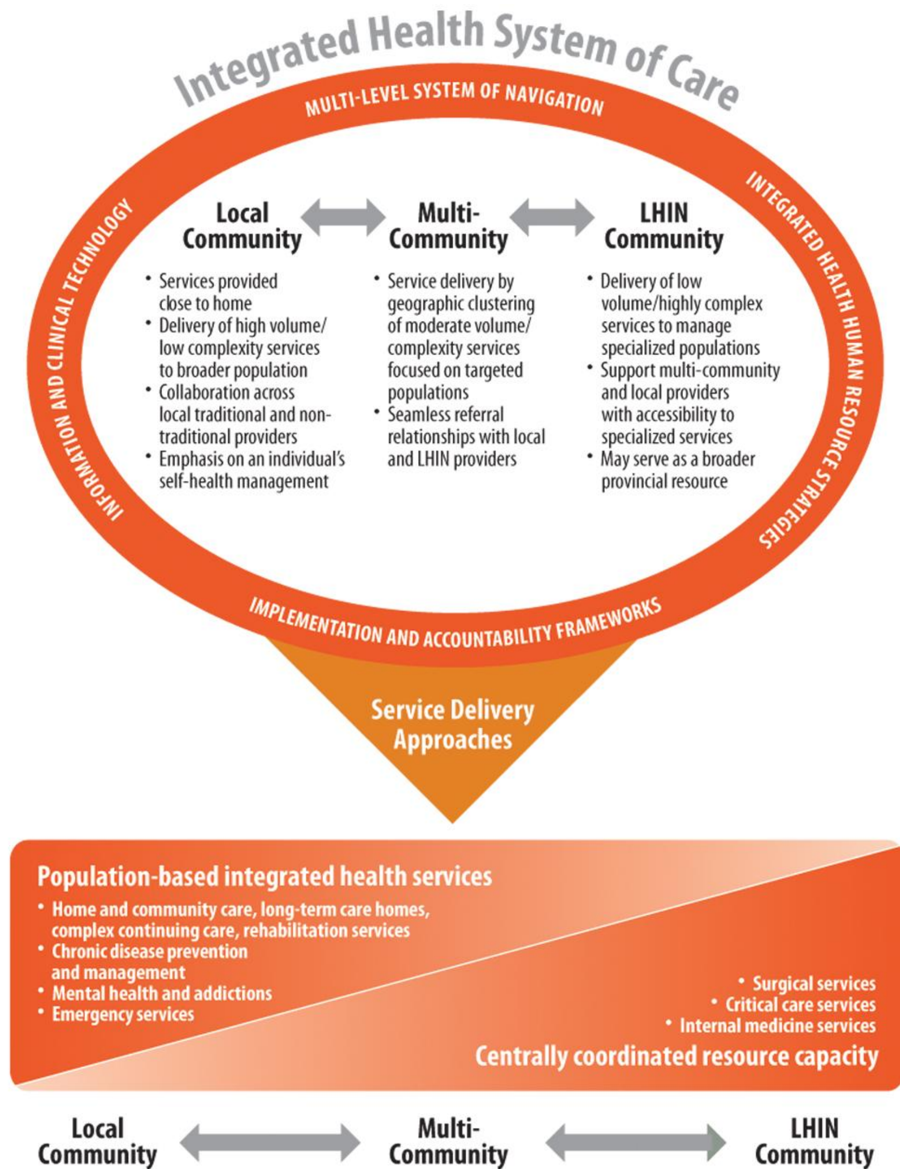
Introduction

Background

In 2009, the South West LHIN collaborated with health system partners to create a health services "Blueprint".[1] The process included the development of a project charter, a current and future state assessment and a Blueprint framework. The LHIN had the benefit of working on the current and future state assessment and the Blueprint framework while the Integrated Health Service Plan (IHSP) for 2010 – 2013[2] was in development.



Creating the Blueprint framework now has allowed us to engage the public and health service providers about where we need to get to, based on the known practices and trends in health today. Since the Blueprint has helped us understand our health care needs 12 years into the future, the second IHSP prioritizes our steps for the first three years of this journey so that we can achieve our Blueprint goal of an Integrated Health System of Care (see Appendix A) by 2022.

Purpose of the Implementation Framework

Recognizing that achieving an Integrated Health System of Care requires a dedicated journey involving planning and implementation, this framework for implementation was developed to identify "how we are going to get there".

[1] The Health System Design Blueprint – Vision 2022

[2] South West LHIN Integrated Health Service Plan 2010-2013

The implementation framework, with oversight by the Health System Leadership Council, will guide the development of detailed implementation plans and outline how we intend to:

- Build our shared foundation, including implementation of communication and engagement strategies and tools; consistent approach to planning, implementing and managing resources; creation of a performance framework; awareness and recognition for quality improvement and learning strategies; and clarification of implementation structures
- Accelerate 2010-2013 IHSP strategic directions, including a plan for implementation to identify actions that are in-progress or ready to be launched
- Support key enablers and additional implementation elements, including the initiation of projects and activities that progressively improve the LHIN's service delivery infrastructure

The South West LHIN, in collaboration with health system partners, will provide overall direction to our health system design implementation process and will **take action** on the following:

- Identifying innovative opportunities that align to the Blueprint and IHSP, and developing future IHSPs aligned to the vision of the Health Services Blueprint
- Creating incentives for health service providers and partners as able and deemed appropriate
- Maintaining a transparent process with open lines of communication to enable easy collaboration
- Setting and tracking performance expectations for projects, organizations and the health care system
- Recognizing contributions to quality improvement and an integrated health system of care
- Modifying accountability agreements to include elements of the Health Services Blueprint and IHSP. As appropriate, these agreements will reflect elements and initiatives which align to the desired outcomes. These agreements will reflect the partnerships across providers through joint accountability statements.

Recognizing the resource limitations of today and potential pressures of the future, our need to transform the system is significant. Under the Local Health System Integration Act, 2006, providers have an accountability to look for opportunities to integrate the local health system. We are a single health system and thus need to be vested in the "success of all" including people who deliver and receive health care, the success of organizations that we have an affiliation to, in addition to the success of other organizations and the services they deliver.

Goals to Guide Implementation

The South West LHIN strives to achieve five system level goals. The Blueprint and IHSP 2010-13 are grounded in these as well as the LHIN's vision, mission and values.

1. **Healthier South West LHIN Community**

   Achieving a healthier South West LHIN community involves increased attention on promoting healthy living, preventing illness and injury, enhancing the availability of better self-management tools, practices and information to empower and support people and their care providers to manage their own care. It also involves enhancing team based care to screen, assess and provide early intervention strategies. The Blueprint identifies many of the strategies necessary to improve or maintain the health of the South West LHIN's population.

2. **Equitable Access to Services**

   Achieving equitable access to services takes into consideration current and future service needs and the service delivery structures needed to meet those needs. The Blueprint provides substantial detail on the enhancements and modifications needed to be addressed to obtain equitable access to services across our LHIN. Strategies include a common system navigation framework for service coordination; case management and self-management; the creation of local integrated health service collaboratives unique to each community; standardized tools; health human resource strategies; and information and clinical technology.

3. **Quality of Care and Service**

   Improving quality of care involves increased attention to a person-centred approach, ensuring patient safety and the use of evidence to support practice, all of which are features of the Blueprint. In addition, legislation requires LHINs to develop Integrated Health Service Plans with input from the community and requires LHINs and health service providers to engage their communities. This community engagement plays a significant role in reflecting the public's experience with the health care system.

4. **Integration of Health Care Delivery**

   Integration of health care delivery involves increased focus on redesigning the health care system, where needed, to achieve the intended outcomes. Integration is key to the transformative changes required to improve population health, people's experiences and value for money. The Blueprint provides the framework elements required to create an Integrated Health System of Care for the South West LHIN.

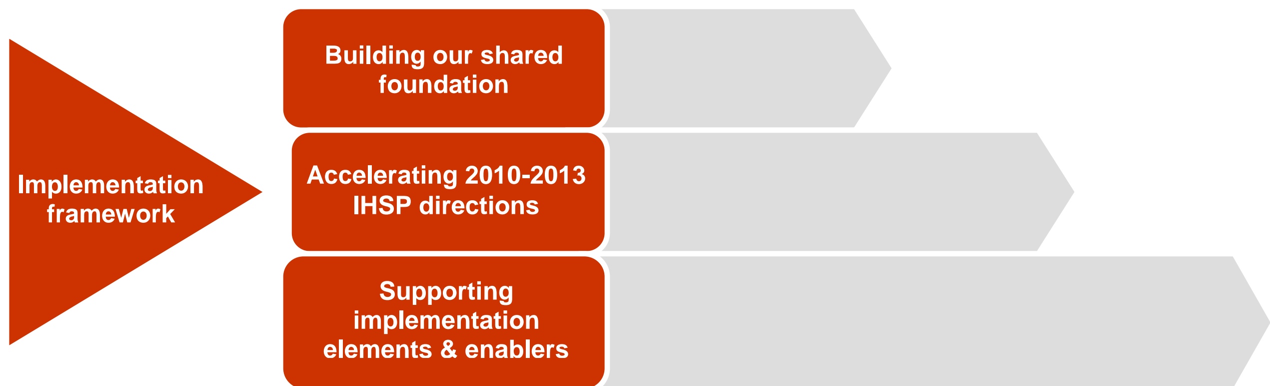
5. **Sustainability of the South West Local Health System**

   A system level goal that strives to achieve sustainability of local health services focuses efforts on continuous quality improvement, improved efficiency and effectiveness of care and service delivery, maximizing our scarce human, financial and physical resources, and improved tools such as score cards and performance indicators to measure and report on productivity and quality. The Blueprint describes what we want health service delivery to look like by 2022 and the active steps we need to start taking today to make that happen.

The South West LHIN Framework for Implementation

Implementation of the Blueprint will be realized through a multi-year journey phased over several IHSP cycles. The upcoming cycle, IHSP 2010-2013, includes actions which serve as natural starting points to continue health system transformation. During these IHSP cycles, the LHIN and health service providers will work to align IHSP actions to further the Integrated Health System of Care and ensure progress is made in transformation efforts.

The Health System Leadership Council will **guide and lead change efforts**, both at the system-wide level and within targeted implementation initiatives, in order to operationalize the Integrated Health System of Care. This will be accomplished by focusing on implementing strategies and initiatives that build our shared foundation, accelerate our vision through the implementation of our IHSP strategic directions and support implementation elements and enablers. This approach is described below.



Building Our Shared Foundation

Over the next three years, the South West LHIN will concentrate on building our shared foundation to improve patient/person experience, health outcomes and local health system performance and sustainability over the 12 year timeframe of the Blueprint. In building our shared foundation, we intend to:

i) Implement a variety of **communication and engagement strategies** and tools

ii) Create a **consistent approach to planning, implementing and managing** resources

iii) Create a **performance framework** that aligns project, organizational and LHIN performance indicators and measures

iv) Create awareness and recognition for **quality improvement** and learning strategies

v) Clarify **implementation structures**, roles and responsibilities

i) Communication & Engagement Strategies & Tools

Health service providers (HSPs) across the South West LHIN have identified that strong communication and engagement, including opportunities to communicate initiatives to other agencies, engagement of partners, physicians and community, and building trust to establish relationships and shared vision, are factors that influence success in achieving an integrated health system of care.[3] Through the implementation of a variety of communication and engagement strategies and tools, some of which are identified below, we will continue to engage and communicate our integrated health system of care.

Legislation

Under section 16(6) of the Local Health System Integration Act (LHSIA), HSPs must engage the "*community of diverse persons and entities*" where they provide services when they develop plans and set priorities. "*Community*" is defined in section 16(2) of LHSIA as:

- Patients and other individuals in the LHIN's geographic area
- HSPs and others that provide services in or for the local health system
- Employees involved in the local health system

Some LHINs interpret the health service provider "*community*" to also include funders.

There is no provision in LHSIA concerning the extent of engagement required by HSPs. However, HSPs are encouraged to consider community engagement as involving all members/stakeholders of the healthcare "community", including HSPs, health care professionals, patients/clients, consumer support groups, funders and residents in broad health care planning.

[3] March 2010 Workshops with South West LHIN Area Provider Tables

South West LHIN Corporate Communications & Community Engagement Plan

SOUTH WEST LHIN
CORPORATE COMMUNICATIONS &
COMMUNITY ENGAGEMENT PLAN

September 1, 2010 – March 31, 2011

Note: This plan aligns with the South West LHIN Board Policy D1 which upholds the communications and engagement requirements in the *Local Health System Integration Act* (2006), the Memorandum of Understanding between the South West LHIN and the Ministry of Health and Long-Term Care, the Bylaws of the South West LHIN, the *LHIN Guide to Good*

The South West LHIN Communications and Community Engagement Plan includes a comprehensive approach to community engagement and standardized tools to be used by the LHIN and HSP organizations. The Plan will assist us in determining how we inform stakeholders and measure the success and share the results of engagement. The Community Engagement Planning Worksheet is to be used for all LHIN and HSP engagement activities, including engagements related to projects and initiatives, and requires the engager to define the purpose of engagement, alignment to the 2010-2013 Integrated Health Service Plan, objectives, approach, outcomes, outputs/deliverables, evaluation and logistics.

Community Engagement around Integrations

The LHSIA defines "integrate" as including the following activities:

- To co-ordinate services and interaction between different persons and entities
- To partner with another person or entity in providing services or in operating
- To transfer, merge or amalgamate services, operations, persons or entities
- To start or cease providing services
- To cease to operate or to dissolve or wind up the operations of a person or entity

Integration is a responsibility of both the LHINs and HSPs and under LHSIA, each group is obligated to identify opportunities for integration in their local health system.

Organizations considering or involved in integrations are required to identify and describe the outcomes of any community engagement and/or consultation that occurred while determining public interest considerations and impacts, other operational impacts, LHIN organization impacts, and system impacts of the integration. Integration materials can be found on the South West LHIN website.

ii) Consistent Approach to Planning, Implementing & Managing Resources

In order to set and track performance expectations for initiatives, organizations and the health care system, the South West LHIN will create a consistent approach to planning, implementing and managing resources through:

- The implementation of standardized project management tools and processes, including Project Charters, Community Engagement Planning Worksheet, and Project Status Reports. Project Charters are also used for Notices of Integration.
- The attachment of Project Charters to funding agreements to specifically identify deliverables

South West LHIN

Project Charter

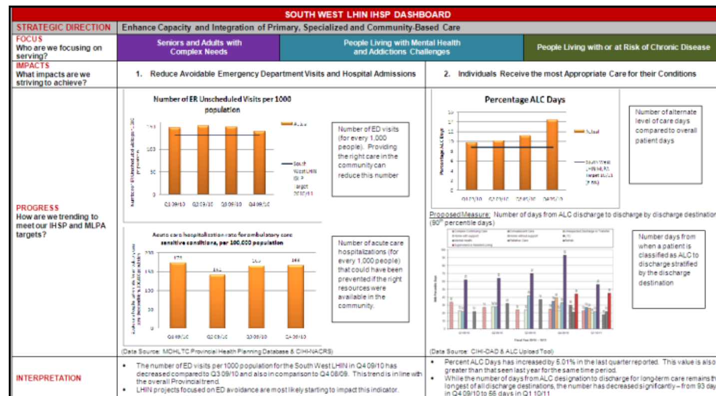
PROJECT INFORMATION		
Project Name		Project Acronym or No.
		<assigned by LHIN>
Target Project Completion Date	Budget	Notice of Integration?
[yyyy-mm-dd]	$[per Project Resources section]	Yes/No [per Integration section]
HSP Lead Organization	HSP Partner Organization(s)	
HSP Project Sponsor	HSP Project Manager/Lead	
LHIN Project Sponsor	LHIN Project Lead	

PROJECT DESCRIPTION
Project Purpose:
*Explain the purpose of this project by describing, at a high-level, the **background** necessary to understand **why** the project was started, **what** will be done. What is this project aiming to achieve? What is its vision? What need or opportunity will it address? What problem will it solve?*

- Regular submission of Status Reports that include performance indicators and measures, achievement of milestones, and identification or risks. Close-out Reports will be required at completion of a project
- Communication of project performance through public board meetings and summaries of performance reports on the South West LHIN website

iii) Performance Framework

Performance measurement and reporting are fundamental to greater accountability, one of the guiding principles for system change. The creation of a performance framework that aligns project, organization (e.g., HSP Service Accountability Agreements), LHIN (e.g., IHSP and Ministry-LHIN Performance Agreement) and other system-level (e.g., Excellent Care for All Act) performance indicators and measures will assist us in building a shared foundation.



Two types of performance reports or "dashboards" will be provided quarterly to the LHIN Board, Health System Leadership Council and Area Provider Tables. The IHSP Performance Dashboard will show the alignment of project performance indicators and measures to IHSP and MLPA indicators. The System Performance Dashboard will present our performance with respect to system-level indicators and measures across three key areas of focus (person experience, organization health and system perspective) and the associated components and enablers to providing quality care. This "scorecard" will be found on the South West LHIN website.

HEALTHIER LIVING, HEALTHIER COMMUNITIES, HEALTHIER SYSTEM						
Population Health *Focusing on the Provision of High Quality Health Care, Across the Continuum of Care*						
Cross-cutting Priorities	Cross-cutting Dimension	Key Areas of Focus	Components of and Enablers to Providing Quality Care	Continuum of Care		
				Prevention & Promotion	**Acute**	**Recovery & Maintenance**
ER ALC Chronic Disease Management Mental Health & Addictions Primary Care Seniors' Health	E Q U I T Y	**Person Experience**	Access			
			Effective			
			Safe			
			Person-Centered			
		Organizational Health	Efficient			
			Appropriately Resourced			
			Employee Experience			
			Governance			
		System Perspective	Integration			
			eHealth			
			Community Engagement			

These reports will provide the evidence that is needed to monitor and report on the success of transformation and integration initiatives and will improve access to data and information to support stakeholder decision-making (see Appendix B for Decision-Making Framework).

iv) Awareness & Recognition of Quality Improvement & Learning Strategies

Provincial quality improvement initiatives are helping to advance awareness and understanding of a quality improvement approach. Under the new Excellent Care for All Act, every health care organization is required to develop an annual Quality Improvement Plan (QIP) and make the

QIP available to the public. According to the legislation, the annual QIP must be developed having regard to at least the following:

- The results of patient and employee surveys
- Data relating to the patient relations process
- In the case of a public hospital, its aggregated critical incident data as compiled based on disclosures of critical incidents pursuant to regulations made under the Public Hospitals Act and information concerning indicators of the quality of health care provided by the hospital disclosed pursuant to regulations made under the PHA
- Any factors provided for in the regulations

The annual QIP must contain at a minimum:

- Annual performance improvement targets and the justification for those targets
- Information concerning the manner in and extent to which health care organization executive compensation is linked to the achievement of those targets
- Anything else provided for in the regulations

Every health care organization is required, under the Act, to provide a copy of its annual QIP to the Ontario Health Quality Council in order to permit province-wide comparison of and reporting on a minimum set of quality indicators. These indicators fall within four quality domains: safety, effectiveness, access and patient-centred. At the request of LHINs, Health Service Providers are expected to share their QIPs.

Building a shared foundation includes sharing and learning from quality improvement initiatives. By providing regular opportunities and mechanisms to showcase and recognize key initiatives, we intend to create awareness of quality improvement and learning strategies throughout our LHIN.

The South West LHIN is committed to quality improvement as a key enabler for achieving an integrated health system of care. The multiple goals of the South West LHIN's quality approach are to sustain improvement work across the continuum of care, and enhance health care resources to ultimately improve people's health care experiences, the health of particular populations and the value we receive for the money that we spend. As outlined in the *Excellent Care for All Act*, the aim is to "foster a culture of continuous quality & process improvement where the needs of the patients come first".[4] To do this, the South West LHIN's quality improvement approach will build a foundation for quality improvement by fostering a shared understanding of quality improvement among health system leaders, complement quality improvement initiatives provincially and regionally, establish a LHIN-wide system for measures of quality, and support greater alignment across the system.

The establishment of the Quality and Process Improvement (QPI) Program is one of several key components of the South West LHIN's overall quality improvement approach. Targeting system-level improvement opportunities, the QPI program will aim to enhance capacity of current health services within the South West LHIN (hospital, long-term care and community) through focused improvements on efficiency and effectiveness of care and services. The South West LHIN Quality Advisory Group will provide advice to the QPI Program regarding the development, implementation and measurement of the Program with the South West LHIN including:

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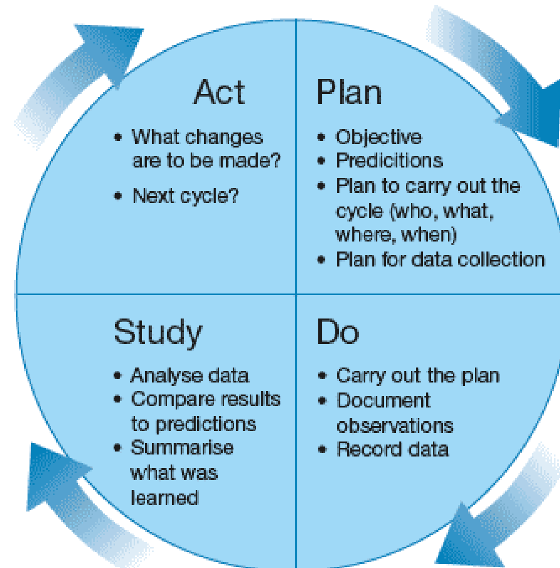
[4] http://www.health.gov.on.ca/en/legislation/excellent_care/

- Establishment and monitoring of the annual workplan for the Q&PI Program
- Implementation strategies
- Identification of local, regional, and provincial changes that may impact the Q&PI program
- Management of issues that may impact the scope of specific quality improvement projects
- Partnerships and engagement
- Performance and measurement
- Technology infrastructure for information management for the program; and
- Long-term sustainability of system-level Q&PI program quality initiatives

Quality Improvement tools already in use in the South West LHIN include:

- Lean Methodology: This strategy is concerned with redesign processes to improve flow and reduce waste through identification of value-added and non-value-added steps in each process.[5]
- PDSA Cycle: This model is used for measuring performance of projects, testing change and ensuring ongoing improvement through a continuous loop of:
    - Plan: Develop a plan to test the change
    - Do: Carry out the test
    - Study: Observe and learn from the consequences
    - Act: Determine what modification should be made to the test



v) Implementation Structure

Clarity around stakeholders' roles and responsibilities must be achieved in order to build a shared foundation that includes a solid implementation structure. Leaders and champions must be identified to guide, support and lead change efforts, both at the system-wide level and within targeted implementation initiatives.

The recently established Health System Leadership Council will guide and lead change efforts, both at the system-wide level and within targeted implementation initiatives, in order to operationalize the Integrated Health System of Care. This will be accomplished by focusing on implementing strategies and initiatives that build our shared foundation, accelerate our vision through the implementation of our IHSP strategic directions and support key enablers and additional implementation elements.

[5] *Going Lean in Health Care.* IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2005. (Available on www.IHI.org)

The following table identifies key stakeholders that will comprise the implementation structure to achieve an integrated health system of care:

Stakeholders	Roles & Responsibilities
South West LHIN Board	• Performs a System Governance Role with responsibility for: o Setting strategic goals for the system and monitoring performance (e.g., system level goals) o Allocating and re-allocating funding (e.g., approval of service accountability agreements, allocation of new and one-time funding) o Facilitating the development of a system (e.g., approval of IHSP and monitoring of implementation) o Identifying and supporting integration opportunities (e.g., review of integration applications, transfer of programs/services between health services) • Provides clear direction to all health service provider (HSP) organizations, including communications with provider Boards, indicating the importance and expectation that all provider organizations align and work towards the directions set forth within the Blueprint. This communication will be complemented with the direct actions to incent change and participation (e.g. accountability agreements, IHSP development and implementation cycles)
South West LHIN Staff	• In collaboration with health system partners and providers, continue to provide overall direction and support to our health system design process, including: o System-level planning leadership related to IHSP program areas o Development of future IHSPs aligned to the vision of the Health Services Blueprint o Monitoring of HSPs' fiscal and outcomes-related performance with respect to budget and targets set within service accountability agreements and project charters o Creation of incentives for health service providers and partners as able and deemed appropriate o Monitoring and management of Ministry-LHIN Performance Agreement indicators and targets o Maintaining a transparent process with open lines of communication to enable easy collaboration o Modification of future and new service accountability agreements to include elements of the Health Services Blueprint. As appropriate, these agreements will reflect transformative elements which will prompt health service providers to enact change. These agreements will reflect the partnerships involved across providers in making change through joint accountability statements
Health System Leadership Council	• Guides implementation structure, processes and results to be achieved related to the following aims: o Building our shared foundation by guiding the activities required to result in: • A shared understanding of what we need to do to achieve the vision of

Stakeholders	Roles & Responsibilities
	an integrated health system of care • A virtual project management office that contains project charters and performance reports for initiatives • Awareness and recognition of quality improvement and learning strategies currently deployed by organizations or integrated system of care initiatives across our LHIN ○ Accelerating 2010-2013 IHSP strategic directions through: • Monitoring and receiving expert advice from reference groups related to the progress of current projects, additional opportunities for improved integration across program areas, and opportunities to apply quality improvement and learning strategies to other initiatives at local, multi-community or LHIN wide levels • Guiding the prioritization of implementation activities for the first and second IHSP cycle (2010-2013, 2013-2016) ○ Supporting implementation elements and enablers through: • Monitoring projects and activities that progressively improve the LHIN's service delivery infrastructure related to: - Information and clinical technologies - Multi-level system of navigation - Integrated health human resource strategies • Guiding the development of implementation and accountability frameworks through the creation of standardized processes, tools and mechanisms to facilitate ease of implementation and accountability structures (e.g. decision-making, terms of reference, conflict resolution, program management methodology, service accountability agreement performance requirements) • Monitoring additional elements related to Blueprint implementation
Quality Advisory Group	• In addition to the Group's role in providing advice and direction to the Quality and Process Improvement Program, the Quality Advisory Group will also provide expert advice to the Health System Leadership Council related to: ○ Progress of current quality projects ○ Additional opportunities for improved integration of quality initiatives across program areas ○ Opportunities to apply quality improvement and learning strategies to other initiatives at local, multi-community or LHIN wide levels ○ Provincial opportunities to engage in LHIN-wide improvement initiatives
Program-related Reference Groups (including steering committees, Hospital and CCAC Leadership Forum, networks, alliances,	• Provide expert advice to Health System Leadership Council related to: ○ Progress of current projects ○ Additional opportunities for improved integration across program areas ○ Opportunities to apply quality improvement and learning strategies to other initiatives at local, multi-community or LHIN-wide levels

Stakeholders	Roles & Responsibilities
coalitions, Aboriginal and Francophone committees)	• Sponsor projects and initiatives related to program areas by: ○ Championing the initiative within respective organization ○ Assisting with problem solving ○ Providing oversight, feedback and guidance ○ Identifying possible risks ○ Signing off on project charter ○ Ongoing monitoring of project progress and outcomes ○ Providing assistance to the project when required ○ Assisting with resolution of project conflicts
Health Professional Advisory Group	• In addition to the Group's role in providing advice to the South West LHIN on key issues related to person-centred care, quality of care and patient safety, health system improvement, implementation of the IHSP and other strategic initiatives, the Health Professional Advisory Group will also provide advice to Health System Leadership Council and program-related reference groups related to: ○ Additional opportunities for improved integration across program areas ○ Opportunities to apply quality improvement and learning strategies to other initiatives at local, multi-community and LHIN-wide levels, as appropriate • The Health Professional Advisory Group is currently on hiatus pending further clarification of the Group's role and contributions
Area Provider Tables	• Assist with sharing knowledge • Provide geographically relevant advice to Health System Leadership Council and program-related reference groups • Through local leadership, facilitate opportunities for improved integration across program areas • Apply quality improvement and learning strategies to other initiatives at local, multi-community and LHIN-wide levels, as appropriate
Health Service Provider Boards	• Provide leadership to ensure HSP activities are aligned with and accountable to system and organization directions, and monitor performance as outlined in accountability agreements • Seek out opportunities for improved integration across program areas and to apply quality improvement and learning strategies to other initiatives at local, multi-community and LHIN-wide levels, as appropriate • With respect to integration decision-making, HSP Boards: ○ Provide strategic support to the HSP related to LHIN system integration ○ Participate in LHIN community engagement and initiate community engagement as required for new initiatives ○ In alignment with IHSP, establish HSP policy related to integration initiatives

Stakeholders	Roles & Responsibilities
	○ Approve integration initiatives at the level of the organization ○ Sign accountability agreement with LHIN and monitor performance ○ Monitor performance and outcomes of integration activities
Health Service Providers	• Responsible for implementing changes • Assist with sharing knowledge • Provide advice to Health System Leadership Council and program-related reference groups • Through local leadership, facilitate opportunities for improved integration across program areas • Apply quality improvement and learning strategies to other initiatives at local, multi-community and LHIN-wide levels, as appropriate
Project Teams	• Provide leadership and implementation support to specific initiatives • Create and submit project-related documentation (i.e., project proposal, charter and performance monitoring reports) to LHIN and/or appropriate reference groups for review • Assist with sharing knowledge • Provide initiative-related advice to Health System Leadership Council and program-related reference groups • Through project leadership, facilitate opportunities for improved integration across program areas • Apply quality improvement and learning strategies to other initiatives at local, multi-community and LHIN-wide levels, as appropriate

Building a shared foundation will result in the following outcomes:

- Application of a variety of communication and engagement strategies and tools throughout the South West LHIN
- Use of a consistent approach to planning, implementing and managing resources, including use of project management tools and techniques and quality improvement strategies
- Application of a performance framework that aligns project, organization and LHIN performance indicators and measures; A quality improvement approach provides a platform to continuously support and measure the performance of projects (including patient/person experience, health outcomes and sustainability)
- Organizations, individuals, or project teams recognized for their contributions to quality improvement and an integrated health system of care
- Understanding of what we need to do, and what our roles and responsibilities are, to achieve the vision of an integrated health system of care

Accelerating 2010-2013 IHSP Strategic Directions

The strategic directions and actions identified in the 2010-2013 IHSP are aligned to the Blueprint's integrated service delivery approaches and will accelerate the implementation of our vision over the first three years. The IHSP will guide program integration efforts within and between the Blueprint's two service delivery approaches at the local, multi- and LHIN community levels and within the following targeted populations and programs:

System Level Goals

Healthier South West LHIN Community	Equitable Access to Services	Quality of Care and Service	Integration of Health Care Delivery	Sustainability of the South West Local Health System

Blueprint Integrated Service Delivery Approaches, 2010-2022

Population-based Integrated Health Services

Centrally Coordinated Resource Capacity

Integrated Health Service Plan Strategic Directions, 2010-2013

Enhance Capacity and Integration of Primary, Specialized and Community-based Care, with a Focus on the following Populations:	Enhance Access and Sustainability of Hospital-based Treatment and Care Related to:
• Seniors and Adults with Complex Needs • People Living with Mental Health and Addiction Challenges • People Living with or at Risk of Chronic Disease(s)	• Emergency Services • Medicine, Surgical and Critical Care Services

Key Enablers

Multi-level System of Navigation

Information and Clinical Technology

Health Human Resource Strategies

Implementation and Accountability Frameworks

Actions Related to Enhancing Capacity and Integration of Primary, Specialized and Community-based Care, with a Focus on the Following Populations:		
Seniors and Adults with Complex Needs	**People Living with Mental Health and Addictions Challenges**	**People Living with or at Risk for Chronic Disease(s)**

• Through Aging At Home (Year 3):
  • Develop and implement an integrated model of care for high-risk seniors
  • Develop and implement a coordinated system of care for seniors with behavioural issues
  • Enhance services and supports for Aboriginal seniors
  • Enhance capacity and coordination of transportation services
  • Create additional convalescent care beds in long-term care homes
• Define role of and access to complex continuing care beds and rehabilitation services
• Monitor results of all Aging At Home initiatives
	• Increase supportive housing for people with problematic substance use and concurrent disorders
	• Implement screening tool to facilitate universal screening for concurrent disorders
	• Implement a training program to help people to develop personal wellness plans
	• Improve access to community mental health and developmental services for persons with a dual diagnosis
	• Work with partners to facilitate the movement of specialty hospital services (Tiers 2 and 3 divestment)
	• Work with partners to enhance the availability of and access to children's mental health beds
		• Implement Chronic Disease Prevention and Management strategies with an initial focus on the provincial Diabetes Strategy and extend to other chronic illnesses where relevant
		• Leverage success of Partnerships for Health project and extend to other chronic illnesses where relevant
		• Implement enabling technologies with an initial focus on the provincial Diabetes Registry and include other enabling technologies where relevant
		• Explore the applicability of the Diabetes Registry to manage data for other chronic diseases
		• Continue with, and expand, implementation of self-management strategy
		• Provide peritoneal dialysis in long-term care homes to align with Ontario Renal Network

• Continue to work with Aboriginal and Francophone communities to improve availability of and access to services		

Actions Related to Enhancing Access and Sustainability of Hospital-based Treatment and Care Related to:	
Emergency Services	**Medicine, Surgical and Critical Care Services**

Based on the recommendations of the Emergency Department Human Resources Study, engage key local and multi-community stakeholders to initiate a process to develop and implement strategies tailored to their communities' emergency services needs, with a focus on:
 	
• Emergency services recruitment and retention capability
 	
• Emergency services coverage with current resource pool
 	
• Emergency services health care personnel capacity
	Engage key local, multi-community and LHIN community stakeholders to develop an action plan for creating and implementing Centrally Coordinated Resource Capacity for medicine, surgical and critical care services, with a focus on:
	
	• Develop and implement new models for queuing patients for cancer surgery procedures, starting with Urology
	
	• Improve hospitals' ability to meet provincial target for access to hip fracture surgery within 48 hours by:
	  • Implementing the Bone and Joint Health Network's (BJHN) care maps and recommended processes
	  • Applying the Patient Access and Flow inter-hospital patient transfer processes
	
	• Build an understanding of Critical Care capacity through:
	  • Moderate Surge Capacity Planning
	  • Critical Care Services Inventory & Bed mapping
	  • Critical Care Network
	  • Critical Care Information System Dashboard to share metrics and performance data across Critical Care
	
	• Increase access, timely referral and a centrally coordinated resource capacity management system of care for critically ill patients through:
	  • Life & Limb – No Refusal Policy
	  • Extramural Critical Care Response Team Pilot – 24/7 access to an intensivist to support regional hospitals to manage critically ill patients

The actions, projects and initiatives related to these population and program areas are in-progress or ready to be launched, have dedicated resources and engagement of health service providers (see Appendix C for Implementation Plan – Project Dashboard). The portfolios of projects will allow for:

- Review and monitoring of current progress of current projects through the use of a project dashboard and other project management tools and techniques

Project Information

Current and Projected Phase - Schedule - Status

Green = On track or above plan | **Yellow** = Off track but action plan in place to align to plan | **Red** = At risk commitments. C… requ…

Phases: C = Concept, D = Definition, P = Planning, I = Implementation, CO = Close-out

							2009/10			2010/11											
							Q4			Q1			Q2			Q3			Q4		
Project Name (Information not yet entered for projects in pink)	Reference Number	Overall Performance Status	Overall Budget Status	Overall Schedule Status	Date of last report	Deadline for next report	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
Southwest Physician Office Interface to Regional EMR System (Phase 2)		On track in all areas	On track in most areas	On track in all areas	May 27, 2010	June 24, 2010	P	P	P	P	P	P	P	P	P						
Southwest Physician Office Interface to Regional EMR System (Phase 3)		On track in all areas	On track in most areas	On track in all areas	May 27, 2010	June 24, 2010	I	I	I	I	I	I	I	I	I	I	I				
Southwest Physician Office Interface to Regional EMR System (Phase 4)		On track in all areas	On track in most areas	On track in all areas	May 27, 2010	June 24, 2010	D	D	D	D	D	D	D	D	D	D					
Ontario Diabetes Registry		On track in all areas	On track in all areas	On track in all areas	May 27, 2010	June 24, 2010	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
North-South Hospital Connectivity Project		Not on track	Not on track	Not on track	May 27, 2010	June 24, 2010	P	P	P	P	P	P	P	P	P	P	P	P			
ESC-SW Clinical Viewer		On track in all areas	On track in all areas	On track in all areas	May 27, 2010	June 24, 2010	D	D	D	D	D	D	D	D	D						
Ontario LHINs Privacy Project		On track in all areas	On track in all areas	On track in all areas	May 27, 2010	June 24, 2010	D	D	D	D	D	D									
HPHA TeleHomeCare Project		On track in most areas	On track in all areas	On track in most areas	May 27, 2010	June 24, 2010	CO	CO	CO												

- Monitoring and reporting of project performance metrics as they relate to broader system-level performance indicators

- Identification of additional opportunities for improved integration across portfolios and related IHSP program areas

- Evaluation of integration opportunities as they relate to:
    - Advancing a population-based integrated health services approach and/or centrally coordinated resource capacity service delivery approach
    - Improving patient/person experience, health outcomes and local health system performance and sustainability
- Identification of opportunities to apply quality improvement and learning strategies to other initiatives at a local, multi-community or LHIN-wide levels

Accelerating the 2010-2013 IHSP strategic directions will result in the following outcomes:

- Health system improvements, strategic investment decisions and the creation of a culture of learning through the implementation and monitoring of a portfolio of projects and quality improvement initiatives
- Monitoring and reporting of tangible outcomes (e.g., wait times, ALC days, ED length of stay) related to improvements in patient/person experience, health outcomes and local health system performance and sustainability
- Organizations and services/programs naturally integrate

Supporting Implementation Elements & Enablers

Key enablers impact all facets of an integrated system of care. Focused attention will be given to these enablers and implementation elements by initiating projects and activities that progressively improve the LHIN's service delivery infrastructure and assist with accelerating our 2010-2013 IHSP strategic directions. The enablers and implementation elements include:

- Multi-level system of navigation
- Information and clinical technologies
- Integrated health human resource strategies*
- Implementation and accountability frameworks

As part of advancing a *multi-level system of navigation*, the goal of the Program and Services Inventory is to create an information resource rich enough to support information and referral, service coordination and case management, self-management and health care planning across the LHIN. This inventory will be web-enabled with three user views (public, health service provider and planner) and will provide health service providers with access to online tools and reports.

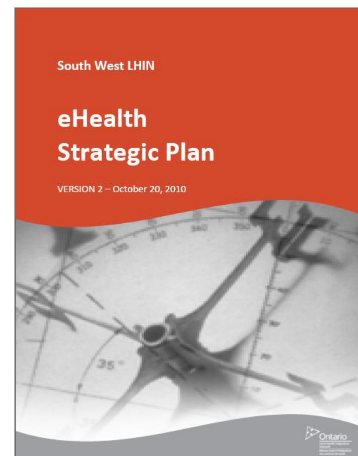
Western Ontario Therapeutic Community Hostel **Community Mental Health**
Service Name: Clinical Services Program - Diabetes Support Clinics **(# 893)**

Index Name:	COM Residential Mental Health - Housing Bricks and Mortar
Public Description	Provides monthly clincs for those who have pre-diabetes or diabetes to assist in the implementation of healthier lifestyle changes
Health Care Provider Description	

Address, General Contact and Area Served

Telephone:	519-235-0335	**Toll-free:**	
TTY:		**FAX:**	519-235-3180
Crisis Phone:		**After Hours**	
Email:			
Main/Mail Address:	149B Thames Rd W Exeter, ON N0M 1S3	**Street Address**	

Informed by the development and validation of a comprehensive Current State Assessment, an eHealth Strategic Plan for the South West LHIN is being created that will advance the *information and clinical technologies* key enabler. Projects and initiatives related to information and clinical technologies will fall within five streams:



- **Capacity Management, Coordination and Collaboration:** Build capacity and support better coordination and collaboration among health service providers under the auspices of the LHIN and beyond to better serve the users of the health system
- **Quality and Process Improvement**: Enhance the quality and outcomes of health care/services provided to users of the health system
- **Shared Electronic Health Record**: Promote the interoperability of electronic health/medical records and make them accessible to providers, as appropriate, and consumers
- **Decision Support**: Provide needed clinical and non-clinical decision support for better planning, management and understanding of evidence based health care and health system improvements

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* Future area of focus

- **Consumer Strategy:** This includes the patient, resident, or client. Promote strategies that support consumer empowerment and access to the system. Use consumer feedback to lead system improvement.

As discussed, the creation of a performance framework that attempts to align project, organizational and system performance indicators and measures to the Ministry-LHIN Performance Agreement, IHSP performance indicators and measures, and Service Accountability Agreements with health services providers will assist us in establishing *implementation and accountability frameworks* to build an integrated health system of care.

Supporting implementation elements and enablers will result in the following outcomes:

- Initiatives and strategies are implemented that assist in building the necessary foundational elements to enable change and advancing our IHSP strategic directions
- Enhanced system navigation capacity exists for health service providers and the public
- Initiatives related to information and clinical technologies successfully advance the South West LHIN eHealth Strategic Plan
- Standardized implementation and accountability mechanisms are consistently applied

Appendix A: An Integrated Health System of Care

Our Blueprint defines what our Integrated Health System of Care looks like through the description of two integrated service delivery approaches:

- **Population-based Integrated Health Services** 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 catchment population enabling them to better manage their own health and maintain independence. The local community services are supported by the multi-community services and facilitate access to LHIN community services as needed.
  - Throughout an individual's life journey, he or she may access primary care services, home and community care, complex continuing care, long-term care, rehabilitation, chronic disease prevention and management, mental health and addictions services and emergency services coordinated through this service delivery approach.
- **Centrally Coordinated Resource Capacity** optimizes the use of targeted resources to improve access and complement the management of health and wellness at the more local level.
  - Throughout an individual's life journey, he or she may access medicine, surgical and critical care inpatient and ambulatory services coordinated through this service delivery approach.

It is important to note that these approaches are not mutually exclusive, but are truly integrated recognizing that as an individual at various points in their lifetime interacts with the system, their needs will vary and the system must be able to respond in a seamless and coordinated manner.

The system of care relies on coordinated and effective working relationships among providers within local communities, across multiple communities, and across the entire South West LHIN and beyond. It calls for providers to work with others outside the LHIN to ensure continuity of services delivered for our residents within and outside of the South West LHIN boundaries. The following provides further explanation in order to define the terms Local Community, Multi-Community, LHIN community as applied within the Blueprint:

- **Local Community** involves the 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, connected through an inter-professional team.
- **Multi-Community** is the 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 to access services may be required; however services should still be accessible within the Multi-Community area. Services may be located at two or more sites to serve several clustered communities. 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-wide 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 and the organization will be mandated to provide appropriate access and care to residents across our LHIN and beyond. 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.

The **Population-based Integrated Health Services** approach exhibits the following characteristics:

- This approach calls for health service delivery tailored to the local needs of its catchment population and health service providers. It builds capacity for these local communities in order to support the health and wellness of its catchment population. This approach will focus on **total health management** including prevention, screening, identification, assessment, treatment, follow-up and the necessary support.
- There is an emphasis on individual's accountability in the management of one's own health
- The majority of service coordination and intervention will be delivered through local **health and social service providers** and coordinated through local health resources **or integrated health services collaboratives.** These collaboratives will be delivered through various delivery models such as co-located, mobile and/or virtual settings depending on the health and social needs of the community and health service provider base.
- Relies on **care coordination and inter-professional support at the local level**, including primary care, community and public health professionals as part of the broader health care team
- As individual needs become increasingly complex, **referral and linkage to specialist and sub-specialist care** at the multi-community and LHIN community levels may be required and coordinated through the inter-professional team

The **Centrally Coordinated Resource Capacity** service delivery approach does not intend shifting to a single owner of resources, but exhibits the following characteristics:

- Approach focuses on optimizing the use of targeted resources to improve access and complement the management of health and wellness at the more local level
- This approach focuses on **LHIN-wide coordination of medicine, surgical and critical care inpatient and ambulatory services** to maximize our resident's access to services. Service delivery will be coordinated across local community, multi-community and LHIN community providers
- Local providers will play a key role in **primary and secondary identification, assessment, treatment and follow-up services** for their local communities. Providers will also focus on changing their practices to include the individual and their families as part of the care team to emphasize the individual's accountability in the management of one's own health.
- Providers whose role will be to deliver services at the multi-community level will provide **specialist services** for a larger population
- South West LHIN-wide providers will be responsible for delivering **highly specialized services for complex population segments**
- It should also be noted that while in some cases tertiary hospitals will be expected to function as a LHIN-wide resource, it is also expected that they will also continue to function as the local care resource for the communities in which they currently operate today

In short, the Blueprint offers the South West LHIN the direction needed to improve people's health care experiences, improve the health of the population and improve the value that we receive for the money that we spend on health care by:

- Focusing on individuals and families
- Influencing primary care services and structures
- Managing the health of the population
- Ensuring sustainability
- Reinforcing system integration
- Building and strengthening partnerships across sectors within the South West LHIN

At a system level, the Blueprint:

- Emphasizes that all health programs are part of a single health system **dedicated to serving the larger South West LHIN population**
- Depicts how the various component parts of the health system need to adopt a **shared approach to service delivery**
- Clearly communicates the **roles of health providers and professionals** within the broader health system
- Delineates the interdependencies between health programs which **enables strategic planning and decision-making**
- Enables **unified implementation** of the IHSP, 2010-2013

At a service delivery level, the Blueprint:

- Enables local, multi-community and LHIN-wide health service providers **to critically evaluate the current state** of their health services and identify the major issues and opportunities that exist for them and their specific population
- Enables health care providers and the LHIN to plan for change by further **developing and implementing a service delivery model customized** to the specific health services and population needs at the local, multi-community and LHIN community level
- Provides program-specific context to serve as the **foundation for implementation planning** at the local, multi-community and LHIN community level

Appendix B: Decision-Making Framework

Approach to Decision-Making: A Shared Responsibility

The emergence of leaders and champions who will share responsibility to support change is an essential element of an approach to decision-making. In particular, it is important to understand the role of the South West LHIN and Health Service Provider Boards in the decision-making process. The South West LHIN Board performs a System Governance Role and is responsible for decisions regarding:

- Setting strategic goals for the system and monitoring system performance (e.g., system level goals)
- Allocating and re-allocating funding (e.g., approval of service accountability agreements, allocation of new and one-time funding)
- Facilitating the development of a system (e.g., approval of IHSP and monitoring of implementation)
- Identifying and supporting integration opportunities (e.g., review of integration applications, transfer of programs/services between health services)

The role of Health Service Provider Boards is to:

- Provide strategic support to the HSP related to LHIN system integration
- Participate in LHIN community engagement and initiate community engagement as required for new initiatives
- In alignment with IHSP, establish HSP policy related to integration initiatives
- Approve integration initiatives at the level of the organization
- Sign accountability agreement with LHIN and monitor performance
- Monitor performance and outcomes of integration activities

Priority-Setting Framework

There are a multitude of effective decision-making approaches and tools available. In selecting an approach to decision-making that will assist us in achieving an integrated health system of care, it is important that we ensure the approach aligns with the South West LHIN's system level goals, the Blueprint's integrated services delivery approaches, the IHSP strategic directions and actions, and key enablers. An element of the decision-making framework used by the South West LHIN includes the Priority-Setting Framework, as adapted from the Provincial LHIN decision criteria, that can assist us with prioritization of implementation activities for the first and second IHSP cycles (2010-2013, 2013-2016).

SOUTH WEST LHIN PRIORITY-SETTING FRAMEWORK*		
Domain	**Criteria**	**Definition / Description**
Strategic Fit	Alignment with Blueprint/IHSP and/or Annual Service Plan and/or Provincial Strategies	Degree of impact on advancing goals and priorities of Blueprint/IHSP and/or ASP and/or Provincial Strategies
	Alignment with provider system role	Extent to which program/initiative is consistent with the provider(s) mandate and capacity compared to other providers in Ontario or the local health system
Population Health	Health status (clinical outcomes and QOL)	Impact on clinical outcomes for the patient/client, including risk of adverse events, and/or impact on physical, mental or social quality of life, as compared to current practice/service
	Prevalence	Magnitude of the disease/condition that will be directly impacted by the program/initiatives as measured by prevalence (i.e., number of individuals with the condition in the population at a given point in time)
	Health promotion & disease prevention (social determinants of health)	Impact on illness and/or injury prevention and promotion of health and well-being as measured by projected longer term improvements in health and/or likelihood of downstream service utilization reduction
System Values	Person-Centred Care	The extent to which the program/initiative is responsive, provides/supports quality care that acknowledges, understands, and respects client/patient ability, status, and decision making within their own context. The extent that the program/initiative enables seamless response to the evolving needs of individuals to optimize their health across their lifespan
	Partnerships	Degree to which appropriate level of partnership and/or appropriateness of partnerships will be achieved in order to ensure service quality enhancement, optimal resource use, minimal duplication, and/or increased coordination
	Community Engagement	Level of involvement of target population and other key stakeholders in defining the project as well as planned involvement in evaluation, with the expectation that this will impact aspects of population health and key system performance

* Subject to change based on outcomes of LHINC Decision-Making Framework

South West LHIN Priority-Setting Framework*		
Domain	**Criteria**	**Definition / Description**
	Innovation	Impact on generation, transfer, and/or application of new knowledge to solve health or health system problems; evidence of evaluation plan and application of leading practices
	Equity	Impact on the health status and/or access to service or recognized sub-populations where there is a known health status gap between this specific population and the general population as compared to current practice/service
	Efficiency (operational)	Extent to which program/initiative contributes to efficient utilization of clinical, financial, and human resources capacity to optimize health and other benefits within the system
System Performance	Access	Extent to which program/initiative improves timely access to appropriate level of health services for defined population(s) in the local health system
	Quality	Extent to which program/initiative improves safety, effectiveness, and client experience of health service(s) provided by applying evidence-based, best practices research
	Sustainability	Impact on clinical, financial, and human resources capacity over time
	Integration	Extent to which program/initiative improves coordination of health care among health service providers to ensure continuity of care in the local health system and provision of care in the most appropriate setting as determined by patient/client's needs

Integration Decision-Making Process

Building on the stated purpose of LHSIA and subsequent Ministry and legal guidance to the LHINs, integration initiatives should at a minimum result in:

- Improved Access and Quality of Care
- Coordinated Healthcare
- Improved Navigation through the Continuum of Care
- Effective and Efficient Service Delivery
- Alignment with the IHSP
- A consideration of the Public Interest

The integration evaluation includes four areas of analysis to determine if the integration initiative meets the above-mentioned criteria:

1. **Public Interest Considerations and Impacts**

   It is the responsibility of the LHIN to determine whether or not an integration decision is in the ***best interest of the public****.*

   In determining whether to require or stop integration, the LHIN will consider the following:

   - Does the integration promote appropriate, coordinated, effective and efficient health services?
   - Does the integration promote better access to high quality health services?
   - Does the integration achieve quality improvements in clinical outcomes, health service delivery, and/or system performance?
   - Does the integration support patient and consumer centered health care?
   - Does the integration promote efficient and effective management of local health system to ensure sustainability?
   - Does the integration ensure value for money?

   Integration activities will also be evaluated using the following criteria:

   - Impact on patient/client care and on the population of the LHIN in terms of such things as access, choice, quality, timeliness, continuity and coordination of services, and health outcomes
   - Impact on achievement of the goals of the Integrated Health Service Plan or provincial strategic plan
   - Impact on specific subpopulations, diverse communities and any vulnerable populations in the LHIN
   - Impact on labour and employment relations
   - Downstream impacts on health service providers and other entities in terms of such things as capacity, services provided, continuity and coordination of services, population(s) served, and governance
   - Impact on use of resources and health system sustainability
   - Impact on relationships, collaboration and partnerships

2. **Community Engagement**

   Engagement most effectively happens at all levels, from governance to the front lines and community residents. Engagement unlocks and leverages system planning expertise to create real solutions; incorporates knowledge about health needs, experiences and satisfaction; provides a means for emerging trends to be identified; and ultimately can stimulate collective responsibility towards the health system.

3. **Other Operational Impacts**

   Operational impacts (if applicable) will be considered such as volumes, units, costs, human resources plan, description of program decanting, implications on capital requirements, evidence that regulatory and licensing requirements will be met and evidence that assets of

the HSP(s) will not be put at risk or create an operating liability for the HSP(s). Specifically, other operational impacts that may be considered include:

- An overview of the program components and supporting services, Inpatient volumes (cases, weighted cases and patient days) and costs, Outpatient volumes and costs, Administrative and support services units and costs (e.g. administration, diagnostic & therapeutics, outpatient clinics, etc.)
- A summary of the human resources plan for employees, including physicians, and the financial implications of the plan
- A description of the program decanting and measures to minimize disruption to patient service (transition plans)
- Implications of the program transfer on capital requirements, if applicable
- Evidence that regulatory and licensing requirements will be met, as appropriate (e.g. lab licensing in the case of laboratory transfers)
- For partnerships or other similar joint arrangements, demonstration that the proposed venture does not place the assets of the HSP(s) at risk or create an operating liability for the HSP(s)

4. LHIN Organization Impacts

The integration's impacts on the LHIN organization will also be considered in the evaluation and include impacts related to:

- Financial
- Policies and/or procedures
- Return on investment
- Public relations

Appendix C: Implementation Plan – Project Dashboard

The Blueprint describes in detail what we want health service delivery to look like by 2022 and why we need to take active steps today to make that happen. The IHSP for 2010-2013 prioritizes the steps needed to achieve our Blueprint goal of an Integrated Health System of Care by 2022. The project dashboard lists the specific projects that are in-progress or ready to be launched and their alignment to our implementation framework aims and IHSP strategic directions.