

South West Local Health Integration Network

Annual Business Plan 2015-16

July 21, 2015

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APPENDIX A: Anticipated Initiative Progress (*see chart attachment*)

APPENDIX B: Integration Activities (*see chart attachment*)

APPENDIX C: Capital Projects (*see chart attachment*)

APPENDIX D: Portfolio Performance Alignment (*see chart attachment*)

TRANSMITTAL LETTER

To: *Nancy Naylor*, Assistant Deputy Minister
Health System Accountability and Performance Division

Subject: **South West Local Health Integration Network – Annual Business Plan, 2015-16**

I am pleased to submit the South West LHIN's 2015-16 Annual Business Plan.

This year marks the final year in implementing our Integrated Health Service Plan (IHSP) 2013-16 that guides us in achieving the goals of our *Health System Design Blueprint – Vision 2022*. The IHSP identifies the strategic directions and steps we need to take to make the Blueprint a reality, while the Annual Business Plan details our action plans and key activities for the coming fiscal year.

The initiatives and actions outlined in our IHSP fully align with provincial priorities and support the goals of the government's Action Plan for Health Care introduced in 2012. After extensive engagement with stakeholders, health service providers and the general public throughout 2012, we established four strategic directions to enhance health care delivery in the South West:

- Improve access to family health care
- Improve coordination and transitions of care for those most dependent on health services
- Drive safety through evidence-based practice
- Increase the value of our health care system for the people we serve

This annual plan clearly defines the actions the LHIN, in partnership with health service providers, will take to enhance health care delivery for all residents of our LHIN.

The South West LHIN Board continues to meet regularly with health service provider governors and our communities to promote integration, service coordination and quality improvement. We also continue to build our online relationships with valued partners and community members using social tools to foster dialogue, transparency and accountability.

In working with the Ministry of Health and Long-Term Care and health service providers, we remain committed to enhancing health care delivery for residents within the South West LHIN and throughout the Province of Ontario.

Sincerely,



Jeff Low, Chair
South West LHIN Board of Directors

cc: Michael Barrett, CEO, South West LHIN

1.0 CONTEXT

1.1 Mandate of the South West LHIN

The South West LHIN shares the provincial view of *better patient care through better value from our health care dollars*, outlined in *Ontario's Action Plan for Health Care*. Our mission is to bring people and organizations together to build a health system that balances quality, access and sustainability to achieve better health outcomes.

The South West LHIN is also guided by our own long-range plan, the Health System Design Blueprint, which works towards achieving an integrated health system of care by 2022.

Each LHIN across the province has committed to three system-level goals:

- Improve population health and wellness
- Improve person experience with the health system
- Improve sustainability of our health system

These goals, aligned with Ontario's Patients First: Action Plan for Health Care and driven by the LHIN CEOs' Framework, set the direction for development of the Integrated Health Service Plan (IHSP) 2013-16.

This 2015-16 Annual Business Plan (ABP) marks the third and final year of our 2013-16 IHSP. Over the next year, the work of the South West LHIN will involve progressing actions from the 2013-16 IHSP, initiating a small number of new initiatives that have recently emerged, and developing our next three year plan – IHSP 2016-19.

1.2 Our Context

The South West LHIN population receives services from an array of LHIN and non-LHIN funded organizations across the community, long-term care and acute health sectors. Residents rely on these organizations for a variety of needs including home/social support, episodic, chronic and long-term care.

The following LHIN-funded organizations play a critical role in delivering services to its residents:

- 20 hospital corporations (33 sites)
- 79 long-term care homes
- 5 community health centres
- 1 Community Care Access Centre (South West CCAC)
- 54 agencies provide community support services
- 14 agencies provide assisted living supportive housing services
- 26 agencies provide mental health services
- 9 agencies provide addictions services
- 3 agencies provide acquired brain injury services

In addition, non-LHIN funded organizations (such as family health teams, family health organizations, family health networks, solo-physician offices, public health units, emergency medical services and labs) play a critical role in the delivery of primary care services. It is estimated that there are 850 primary care physicians and 66 primary care groups (e.g. family health teams, family health organizations, etc.) in the South West LHIN. While these services do not fall under the LHIN's

mandate, understanding and partnering with them is crucial to developing a plan for integration and coordination across the health continuum and making improvements to the local system.

An [environmental scan](#) was completed as part of IHSP 2013-16.

1.3 Overview of Strategic Directions and Improvement Objectives

In alignment with provincial priorities, the IHSP 2013-16 identifies four strategic directions with specific objectives that work towards making key improvements.

Strategic Direction #1 – Improve Access to Family Health Care

Objectives:

1. Increase timely access to family health care
2. Integrate family health care as the first point of contact for people living with multiple complex and chronic conditions and those at risk
3. Increase access to local and LHIN-wide interdisciplinary teams in and across health care settings
4. Facilitate access to specialized services and community-based services and supports
5. Divert avoidable ER visits to the appropriate care setting

Strategic Direction #2 – Improve Coordination and Transitions of Care for Those Most Dependent on Health Services

Objectives:

1. Continually respond to the needs of the population of people with the greatest unmet health care needs utilizing a significant proportion of the health care resources
2. Create a collaborative person-centered response to better support the growing population of people living with chronic conditions and those at risk
3. Enable people to manage their health

Strategic Direction #3 – Drive safety through evidence-based practice

Objective:

1. Implement coordinated prevention and management strategies to reduce safety issues across health sectors and during transitions of care for falls, wounds, adverse drug events and infections

Strategic Direction #4 – Increase the value of our health care system for the people we serve

Objectives:

1. Maximize capacity and efficiencies in hospitals, long-term care homes and community-based services to drive improvements in quality, equitable access and wait times
2. Implement cross sector system redesign strategies

The strategic directions work towards supporting people to *live healthy, independently and safely at home* and are tied to three big dot outcomes that will lead to people spending more days at home. The big dot outcomes are:

1. Increase availability of family health care
Our goal is that 745 more clients see their family health care provider within 7 days of discharge from hospital.
2. Reduce emergency room visits
Our goal is to save 15,000 emergency room visits to the emergency department within 7 days.

3. Increase availability and access to community supports for people
Our goal is to reduce 17,000 days spent in hospital over the next 3 years.

In addition, twelve system metrics show our desired level of results on the [Report on Performance Scorecard](#).

Key IHSP Scorecard Indicators and Targets

The following targets were established for key scorecard indicators aligned to our IHSP 2013-16 strategic directions.

Improve Access to Family Health Care		Improve Coordination and Transitions of Care for those Most Dependent on Health Services		Drive Safety through Evidence Based Practice		Increase the Value of the Health Care System for the People We Serve	
Reduce wait time to specialist from family health care	N/A*	Reduce ER revisit rates within 7 days (<i>rate per total unscheduled emergency visits</i>)	14.9	Reduce rate of ER visits resulting from falls (<i>rate per 100,000 population aged 65 and older</i>)	1,290	Increase timeliness of diagnostic services (<i>percent within target</i>)	>80%
Reduce rate of ER visits best managed elsewhere (<i>rate per 1,000 population aged 1-74</i>)	11.1	Reduce hospital readmission rate within 30 days for selected CMGs (<i>rate per 100 discharges for selected CMGs</i>)	15.1	Reduce pressure ulcer related hospitalizations (<i>rate per all discharges</i>)	0.45	Reduce LHIN cost variance (HBAM hospitals) for acute/ day surgery and ER (<i>actual to expected costs</i>)	<=1
Increase the percent of discharge summaries sent from hospital to community care provider within 48 hours	55%	Increase the percent of clients seeing family health care provider within 7 days of discharge from hospital	45%	Reduce hospital acquired infection rates (c diff) (<i>rate per 1,000 patient days</i>)	0	Reduce ALC rate (<i>rate per total inpatient days</i>)	10.22

*Information is not yet publicly available.

1.4 Identification of Key Drivers to Achieve System Improvements

The IHSP 2013-16 identifies three key drivers, with specific objectives, that will facilitate successful execution of the numerous initiatives that will be implemented to fulfill the strategic directions.

Key Driver #1 – Technology to Connect and Communicate

Objectives:

1. Strengthen electronic exchange of patient/client/resident information among providers and among providers and individuals
2. Expand the use of technology to enhance “hands on” care and leverage human resources
3. Implement decision support electronic applications
4. Improve electronic system navigation tools and information

Key Driver #2 – Quality and Value

Objectives:

1. Champion improvements to the care experience through Experience-Based Design techniques
2. Leverage multi-provider accountability agreements, accreditation outcomes, quality improvement plans, alignment of provider strategic plans to IHSP
3. Build a culture of continuous quality improvement leveraging the South West LHIN Quality Improvement Enabling Framework and performance monitoring
4. Expand partnerships within LHIN and non-LHIN funded services, particularly with primary care providers, local social services, public health units and Health Quality Ontario

Key Driver #3 – Connecting and Empowering People

Objectives:

1. Partner with people and their caregivers
2. Confirm strategies to improve healthcare for Francophone and Aboriginal priority populations and diverse populations
3. Advance health promotion, prevention and alignment of social determinants of health with partners
4. Identify and spread Human Resources best practices

1.5 Goals of the Organization

The goals of the South West LHIN organization guide what we do, how we are driven, and ensure the LHIN can deliver on its mandate described in our Annual Business Plan. The goals are to:

- effectively manage and transform the health system;
- inform and engage the communities within the LHIN;
- optimize resources; and
- continuously improve the organization.

Under each of these goals, there are several objectives and measures of success that will be used to determine our progress in advancing our organization. The goals of the organization are further defined through the IHSP, the obligations of the Ministry-LHIN Accountability Agreement (MLAA), and the Organizational Development Plan.

The LHIN will effectively manage and transform the health system by providing leadership and direction to advance the strategic directions of the 2013-2016 IHSP to create an integrated system of

care, by enhancing the Performance Management system that allows the LHIN and HSPs to effectively evaluate and improve health system performance, and by advancing innovative health system opportunities within the LHIN.

The LHIN will inform and engage the communities within the LHIN by informing and engaging system partners and the public on how we are improving access to care and ensuring value for money, and by engaging and informing all MPPs in South West LHIN.

The LHIN will optimize resources by executing service accountability agreements with all HSPs with the expectation of HSPs making effective use of resources to ensure high quality care and value for money, and by effectively managing our LHIN operational budget and making effective use of our resources.

The LHIN will continuously improve the organization by creating a high-performing workplace of choice by creating a learning organization by transferring knowledge into action, creating a customer-oriented organization, and ensuring governance leadership is enhanced in partnership with the Board of Directors. The LHIN's Organizational Development Plan is currently being developed to align with the organization's mission, vision and values and will outline key strategies to ensure these objectives are met.

2.0 CORE CONTENT

2.1 Integrated Health Service Plan Priorities

The IHSP 2013-16 sets three goals, aligned with Ontario's Action Plan for Health Care, and defined four Strategic Directions to guide the work in reaching our goals. A logic model approach was used to detail the numerous actions and initiatives that will be undertaken to achieve success within each of the four strategic directions. The actions and initiatives—87 in total—fall within 16 Program Areas and are either underway or will be developed and implemented in collaboration with health service providers during the life of the IHSP 2013-16. Many of the initiatives impact more than one strategic direction.

Note: The goals and strategic directions have been outlined earlier in this plan. See [IHSP 2013-16](#) for more detail and [IHSP 2013-16, Appendix D: Logic Models](#) for LHIN-level and all sector-level logic models in addition to the Portfolio Dashboards which have been created for LHIN teams (Seniors and Adults with Complex Needs, Chronic Disease Prevention and Management and Primary Care, Acute, and Mental Health and Addictions).

The collective impact of these initiatives drive to three big dot outcomes:

- Increasing the availability of family health care
- Reducing emergency room visits.
- Increasing availability and access to community supports for people

The following chart describes each of the 16 Program Areas along with the strategic directions impacted.

Program Areas	Description	Strategic Directions Impacted by Program Area
Access to Care	<p>The Access to Care project has been a significant undertaking by the South West LHIN since 2011-12. It has three streams of work that focus on improved transitions from hospital to home through the home first philosophy, and system redesign for Assisted Living, Supportive Housing and Adult Day Programs as well as Complex Continuing Care and Rehabilitation services.</p>	<ul style="list-style-type: none"> ✓ Improve Access to Family Health Care ✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services ✓ Drive safety through evidence-based practice ✓ Increase the value of our health care system for the people we serve
Behavioural Supports Ontario	<p>The South West LHIN began to focus efforts on creating a behavioural support system of care for older adults in 2010-11. Through the design and implementation of a cross-sectoral system of supports and services, advancements continue to be made to meet the needs of older adults with responsive behaviours due to mental health and addictions, dementia, or other neurological conditions and those at risk.</p>	<ul style="list-style-type: none"> ✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services
Chronic Disease Prevention and Management	<p>The CDPM portfolio supports a quality improvement approach within primary care and broader system partners focused on improving chronic disease prevention and management. Using resources from the former Diabetes Regional Coordinating Centre, the LHIN will continue to drive effective and efficient coordination, integration and service delivery of diabetes prevention and management and will ensure broader coordination with other chronic disease management programs. The portfolio will have a strong focus on capacity planning for diabetes education among sectors. Key to this work will be alignment and coordination of services among LHIN-funded diabetes programs and primary care programming.</p> <p>Quality improvement strategies in use include:</p> <ul style="list-style-type: none"> • quality and e-health coaching, • learning collaboratives that support the implementation of best practices in managing diabetes and other chronic diseases, • supporting self-management, and • maximizing the use of information systems to enhance patient flow and care. 	<ul style="list-style-type: none"> ✓ Improve Access to Family Health Care ✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services

Program Areas	Description	Strategic Directions Impacted by Program Area
Clinical Services Planning	This planning work aims to manage the scarce resources in the South West LHIN and balance the access challenges in our rural and northern communities while considering quality and safety. This work also aims to build a cultural shift towards further enhancing our culture of system integration while improving organizational performance. Key areas of focus include stroke care, vision care, and endoscopy.	<ul style="list-style-type: none"> ✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services ✓ Increase the value of our health care system for the people we serve
Connecting and Empowering People	The South West LHIN works with Aboriginal and Francophone communities to increase access to culturally appropriate/culturally safe health care and increase equity and quality of health services, while addressing each of the strategic directions within the IHSP 2013-16, as it relates to these unique populations. Initiatives also focus on human resource best practices related to optimizing skillsets and collaborating across organizations and geography to increase capacity and efficiency of teams and services.	<ul style="list-style-type: none"> ✓ Improve Access to Family Health Care ✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services ✓ Drive safety through evidence-based practice ✓ Increase the value of our health care system for the people we serve
Critical Care	Many of the Critical Care initiatives build on the work of previous years to enhance performance and quality improvement, leverage policy enhancements, and implement new tools to improve access and efficiencies in Critical Care.	<ul style="list-style-type: none"> ✓ Increase the value of our health care system for the people we serve
Diagnostic Imaging	The South West LHIN will implement diagnostic imaging strategies aligned with provincial initiatives.	<ul style="list-style-type: none"> ✓ Increase the value of our health care system for the people we serve
Emergency Services	Through a learning collaborative approach, Knowledge Transfer is an initiative led by the South West LHIN and St. Thomas Elgin General Hospital to spread best practices on improved efficiency in Emergency Departments and hospital inpatient access and flow. This initiative is now focused on sustainability and monitoring of improvements. The South West LHIN is participating in a province-wide initiative to identify the role of the LHINs in Emergency Management.	<ul style="list-style-type: none"> ✓ Increase the value of our health care system for the people we serve

Program Areas	Description	Strategic Directions Impacted by Program Area
Health Links	Patients with the greatest health care needs make up five per cent of Ontario’s population but use services that account for approximately two-thirds of Ontario’s health care dollars. Health Links will bring local health care providers together in strengthened partnerships in the community, closing the gaps that often occur when a patient moves from one provider to another, allowing for faster follow-up for patients being discharged from hospital, reducing the likelihood of readmission, and ensuring that people are at the centre of their care.	<ul style="list-style-type: none"> ✓ Improve Access to Family Health Care ✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services
Hospice Palliative Care	The South West LHIN is working in partnership with patients, families and the South West LHIN Hospice Palliative Care (HPC) Leadership and Collaborative Committees to implement provincial directions for HPC to better support people with life-limiting illnesses and their families. The HPC work crosses sectors and involves collaboration at the LHIN-wide, multi-community and local levels with the patient and family at the centre.	<ul style="list-style-type: none"> ✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services
Long-Term Care Home Redevelopment	A number of older Long-Term Care Homes will be rebuilt through the Ministry’s recently announced redevelopment process. The South West LHIN will work to ensure equitable access to these beds throughout the LHIN.	<ul style="list-style-type: none"> ✓ Increase the value of our health care system for the people we serve
Mental Health & Addictions	All initiatives are aimed at moving the focus of care from hospital to community by reducing reliance on hospital-based care and enhancing capacity in the community. Enhanced community capacity is expected through various initiatives that look to coordinate and integrate existing capacity as well as measure and evaluate the impact of new resources.	<ul style="list-style-type: none"> ✓ Improve Access to Family Health Care ✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services ✓ Increase the value of our health care system for the people we serve

Program Areas	Description	Strategic Directions Impacted by Program Area
Quality and Value	The South West LHIN will continue to build a culture of continuous quality improvement by leveraging the South West LHIN Quality Improvement Enabling Framework and the Performance Improvement Framework to improve health services. Patient experience will be a key focus of our quality improvement efforts.	<ul style="list-style-type: none"> ✓ Improve Access to Family Health Care ✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services ✓ Drive safety through evidence-based practice ✓ Increase the value of our health care system for the people we serve
Safety	The South West LHIN will enhance its focus on safety related initiatives.	<ul style="list-style-type: none"> ✓ Drive safety through evidence-based practice
Technology to Connect and Communicate	Many advancements have been made and will continue to be made to strengthen the electronic exchange of patient/client/resident information, expand the use of technology to enhance “hands on” care, and implement decision support and navigation tools.	<ul style="list-style-type: none"> ✓ Improve Access to Family Health Care ✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services ✓ Drive safety through evidence-based practice ✓ Increase the value of our health care system for the people we serve
Transportation Best Practices	Lack of affordable and accessible transportation present significant challenges for many people, particularly in rural areas, to access necessary health services. Efforts will be made to identify opportunities to leverage current affordable and accessible transportation resources.	<ul style="list-style-type: none"> ✓ Increase the value of our health care system for the people we serve

2.2 Implementation of Initiatives

Anticipated Initiative Progress

Many of the initiatives to be implemented in 2015-2016 are continuing from previous years due to their magnitude and duration of change, and status of the initiative within its implementation life cycle. Given the magnitude and duration of change, implementation risks, anticipated financial and human resources required to implement, and projected performance impact described in section 2.3, the LHIN has strategically determined the staging of activities within and across each program over the 3-year timeline of the IHSP. (Please see Appendix A: Implementation of Initiatives for details associated with the expected status of completion for each initiative. In addition, Appendix B and C describe Integration Activities and Capital Projects respectively.)

Magnitude and Duration of Change of Initiatives within each Strategic Direction

To assist with understanding the magnitude and duration of change related to each initiative, each initiative has been categorized by the following characteristics:

Change duration **more than 2** years:

- Marathon – lower magnitude of change, change duration more than 2 years
 - E.g. cultural change or competency development, quality improvement approach, medium sized systems change with limited business process redesign.
 - Key features include: change is a blueprint which is rolled out area by area with limited customization over longer timelines, continuous improvements by small steps
- Decathlon – higher magnitude of change, change duration more than 2 years
 - E.g. cross organizational/sector transformation (services, programs, service delivery models, new structure, processes, systems, etc.).
 - Key features include: reaching for best practice over a longer period, complex and/or innovative change, mix of changes likely to have strong cultural/behavioural under-pinning, phased changes over multiple stages and years, challenge of moving from inertia to change or over-coming complacency

Change duration **within 2** years:

- Sprint – lower magnitude of change, change duration within 2 years
 - E.g. customer focused initiative, new service offering, change in a single function.
 - Key features include: relatively simple changes delivered at break-neck speed, time pressure, urgent performance improvement required, rapid response to funding opportunity
- Relay – higher magnitude of change, change duration within 2 years
 - E.g. population or program integration, mergers or amalgamations, radical organizational restructuring, set up of new service delivery model.
 - Key features include: speed coupled with dramatic change, strong business imperative exists, scope prioritization (what to do first), full time resources to support implementation, high employee stress, job security issues

Within each Strategic Direction, approximately three quarters of the initiatives are considered to have higher magnitudes of change associated with them and require more than three years to implement. This is due to the transformative nature of these initiatives that have a mix of actions

focused on cultural and behavioural changes and changes in business processes that are implemented at multiple health service provider sites. These changes are also often implemented in multiple stages, building upon the advancements of the last stage.

In addition, many of the initiatives span the entire South West LHIN geography which covers a very large area with more than 150 health service providers. The LHIN has had great success implementing initiatives using a quality improvement approach where initially it was necessary to “plan, do, study, act” for a particular geography within the LHIN to trial and learn from the implementation approach.

Over the 3-year life cycle of the IHSP 2013-16, 87 distinct initiatives have been identified with 3 additional technology initiatives added in 2015-16. The following is a breakdown of the completion of the initiatives within 2013-16.

- 2013-14 – 6 initiatives completed
- 2014-15 – 13 initiatives completed
- 2015-16 – 16 additional initiatives projected to be completed by March 31, 2016

Of the 70 initiatives remaining in 2015-16, advanced progress (meaning that they are 51% or more complete) is anticipated to be made on 61 initiatives and early progress (50% or less complete) is expected to be made on 9 initiatives. For the infection prevention initiative, sector actions are now monitored through Service Accountability Agreements and Quality Improvement Plans.

Implementation Risks

To help understand the risk associated with implementing each initiative, the LHIN considers human resource availability and capability, funding availability, leadership champions, technological challenges, project management challenges, level of stakeholder commitment and challenges associated with change. More than half of the initiatives have been identified to have high or medium risks associated with implementation. Multiple risks are often associated with each initiative, which then requires careful planning and staging to assist with mitigating those risks.

Organization and Process Alignment

The South West LHIN will continue to improve on creating a consistent approach to initiative planning and implementation through:

- Robust use of standardized project management tools, processes and technology (i.e. Project Charters, Eclipse, Expert Choice, SharePoint, and Customer Relationship Management (CRM))
- Identification of project deliverables and outcomes aligned to funding agreements to specifically identify expectations
- Regular submission and review of project status reports that include performance indicators and measures, achievement of milestones, and identification of risks. Close-out Reports to be submitted at completion of the project
- Portfolio team alignment to IHSP programs and initiatives to ensure portfolio and initiative planning, implementing, measuring, and communication functions are met. An alignment team informs future direction setting, creates alignment and ensures the consistent coordination and implementation (internal/external) of processes and IHSP priorities; ensuring continuous feedback mechanisms and effective “on the ground” execution.

2.3 Integration Activities

During 2014-15, the South West LHIN made refinements to the integration policy and procedures as well as created an integration approach and implementation process for the period of April 2014 to March 2016. The South West LHIN's integration approach consists of the following four activities:

1. Ensure consistency in how integration activity is brought forward to the South West LHIN Board of Directors
 - To ensure clarity and consistency in how integration activity is brought forward to the Board, which will enable the appropriate response by the Board, LHIN staff will use a classification tool to determine what and how integration activities will be brought forward to the LHIN Board for review consistent with the legislation and protocols defined through the LHSIA.
2. Reinforce and align health service provider integration expectations to achieve outcomes in support of the Integrated Health Service Plan
 - The LHIN will not only continue to evaluate integration activities to be sure they are in the best interest of the public, but will also require proposed integrations to demonstrate impact on some or all of the following system level goals: Improve population health and wellness; Improve person experience with the health system; and Improve sustainability of our health system.
3. Implement organizational assessments
 - The LHIN will implement Organizational Assessments with HSPs that have been identified to have competence, capacity and/or compliance challenges. These assessments will assist to identify potential service, administrative and governance integration activities to strengthen the quality and accountability of the services provided.
4. Proactively engage the LHIN Board of Directors to clarify Board to Board engagement opportunities in support of integration activities
 - The South West LHIN Board of Directors will engage in proactive discussion regarding potential integration strategies and activities to ensure that the role of governance is clear and specific opportunities to support governance leadership and engagement are identified. South West LHIN staff will play a supportive role in this process ensuring that LHIN identified integration initiatives are brought forward to the Board of Directors for review and discussion early in the planning stages.

2.4 Accountability, Performance and Improvement Activities

In support of on-going strategy management, and to assist with understanding and optimizing the impact the 16 programs and associated initiatives has on key LHIN outcomes, the LHIN will focus efforts in 2015-16 on the following key improvement areas of work building on work completed in 2014-15.

1. **Reporting, Monitoring and Accountability**
 - Continue to drive change through the publication and use of the Report on Performance Scorecard and Portfolio Dashboards focussed on system and program performance results
 - Establish an appropriate periodic schedule for the Strategic Review Process in order to support on-going improvement related to key IHSP 2013-16 outcomes

- Continue monitoring of Portfolio Specific Performance Dashboards through Portfolios and Alignment Team, to support discussion and review of strategic and portfolio progress on a monthly basis
 - Support enhancement of Project evaluation planning & outcome reporting through Project Management Office processes
 - Establish a process and schedule to support on-going Value for Money Assessments. See below for additional detail related to our value for money approach.
 - Continue to strengthen engagement of Portfolio Teams at key times during the Service Accountability Agreement cycle (i.e. target setting methodology and site level targets, local conditions, quarterly performance indicator and financial and service level performance).
 - Optimize data access processes, utilization and analysis
- 2. Performance Management & Accountability**
- Continue to strengthen the Health Service Provider Service Accountability Agreement Quarterly Review Process and enhanced performance management approach.
 - Continue to establish time limited and focused Performance Management Teams comprised of Health Service Providers and LHIN staff as appropriate, based on established criteria.
- 3. Driving Quality Improvement & A High-Performing Health System**
- Facilitate cross Portfolio improvement planning to address identified gaps and opportunities, increase impact and leverage Quality Improvement Plans, and Quality Based Procedures to prioritize, inform and influence cross-sector improvement work
 - Expand on implementation and integration of standardized improvement tools and templates for all Class 3 projects
 - Continue to leverage and spread IDEAs improvement methodology including process management, problem solving, as well as LHIN improvement tools and frameworks, including Experience Based Design
 - Reduce variation and drive the use of evidence in supporting programs
 - Empower patients and families in local health system design
- 4. Quality & Performance Improvement Capacity Building and Communication**
- Continue to facilitate enhancement of knowledge transfer through our annual Quality Symposium and awards
 - Leverage LHIN portfolio self-assessments to target capability & capacity building through education and training in 2015-16

For further information related to IHSP planning, key interventions and outcomes, please see [IHSP 2013-16](#) for more detail and [IHSP 2013-16, Appendix D: Logic Models](#) for LHIN- and all sector-level logic models.

Appendix D, describes how current portfolios and programs align to IHSP Scorecard measures. The dashboards have been created to focus on:

- What are the 20 per cent of activities (programs and initiatives) that we should focus on in order to have 80 per cent impact on our key IHSP Scorecard measures and Big Dots?
- What are the key Lead (more timely and improved ability to impact) measures that portfolio teams will focus on to help understand whether we are improving?

Portfolio teams continue to monitor progress against key milestones and indicators on a monthly basis.

Value for Money

Value for Money (VFM) is defined as the optimal use of resources to achieve the intended outputs and desired outcomes. VFM does not mean doing the least expensive things, but rather it means having a better understanding of what is driving costs and ensuring the desired quality outcomes are achieved.

The South West LHIN Value for Money Assessment Model (see below), is also intended to recommend improvement opportunities through the assessment of the planning, implementation, monitoring and sustainability phases of a project against what is optimal. The assessment is intended to provide insight on outcomes, value and improvement opportunities to patients and caregivers, the public, government officials, health service providers and our organization. For further information on the initial Value for Money Assessment focused on Access to Care (Home First) implementation in Elgin County, please see [South West LHIN Value for Money](#).

The LHIN has created a schedule that commits to completing a minimum of one Value for Money Assessment per year.

2.5 Accountability and Financial Budget

As LHINs work with health service providers (HSP) to create a more integrated, sustainable, person-centered and results-driven local health care system, they must also ensure current and future fiscal resources are spent wisely on services and programs.

The *Local Health System Integration Act, 2006 (LHSIA)* provides for a Ministry-LHIN Performance Agreement (MLPA), which establishes the performance obligations associated with coordinating health care in local health systems and managing the health system at a local level effectively and efficiently. The standards, measures, and reporting requirements for this element are provincially mandated. These accountabilities, performance obligations and responsibilities are set out in the MLPA. Obligations are articulated in the following areas:

1. Local health system management
2. Funding and allocations
3. Local health system performance
4. Integrated reporting

To align funding accountabilities and performance obligations within the health care system, LHINs enter into a Service Accountability Agreement (SAA) with each HSP. Currently, the South West LHIN manages 185 SAAs with our hospitals, community sector agencies, and long-term care homes. The SAA supports the relationship between the LHIN and HSP and provides authority for the LHIN to fund a HSP and stipulates accountability and performance obligations for planning, integration and delivery of programs and services.

The SAAs have a strengthened performance improvement component that reflects both the individual service provision mandate of the provider and the provider's contributions to system improvements. The HSP is responsible for managing its performance obligations and the LHIN is responsible for working with the HSP to achieve those ends.

The LHIN uses the SAA as an instrument to maintain clear lines of accountability and performance for individual HSPs, while ensuring system outcomes as described in section 2.3 are achieved. HSP

quarterly reporting fulfills the monitoring function of ensuring wise use of resources and provides information on the progress of the performance improvement work of the LHIN in pursuit of the identified objectives and outcomes.

Health System Funding Reform (HSFR) is changing how programs are being funded, shifting funding between HSPs, and providing best practice information and new quality indicators. Working with the HSFR Local Partnership group (financial and clinical representation from all South West LHIN hospitals and the South West CCAC), the LHIN is ensuring that programs and costs are aligned to the Health Based Allocation Model (HBAM) expected standards and that best practice and quality indicators as defined by Quality Based Procedures (QBP) clinical handbooks are adopted and monitored. Aligning programs and procedures to HSFR cost, practice and quality expectations is now a key clinical planning goal.

The HSFR Health Based Allocation Model funding component is designed to allocate funding to match growth in hospital and CCAC activity. The South West LHIN is not growing at the same pace as the LHINs surrounding Toronto and consequently base funding for the South West LHIN hospitals will remain static or in some cases there have been (will be) modest reductions. New levels of efficiency will be required to maintain services.

One of the main goals of the LHIN's current clinical planning work is to ensure compliance with HSFR best practice and quality indicators. It is possible that some program adjustments will be required to meet recommended program volume targets for some QBPs, but early indications are that significant program shifts will not be required.

3.0 LHIN OPERATIONS

3.1 Operations Spending Plan

The South West LHIN Board has submitted an operational budget which is balanced for all out-years, even though costs continue to escalate and the LHIN's base funding for Diabetes Regional Coordination has been reduced by 2% - \$23,847 commencing in 2015/16. A submitted balanced budget signals our Board's intention to remain fiscally responsible during these uncertain economic times. However, fiscal responsibility does come with risk in terms of our ability to achieve system change – which is desired by both our Board and the Minister of Health and Long-Term Care.

In developing the 2015-16 Operations Spending Plan and the Staff Plan, the following funding sources were included:

- Operations - \$4,895,719
- French Language Services - \$106,000
- Aboriginal Planning - \$35,000
- Diabetes Regional Coordination - \$ 1,168,523
- Emergency Room/Alternative Level of Care - \$100,000

Salary projections include a reasonable performance increase which has been capped at 2% in the spirit of the Public Sector Compensation Restraint Act, 2012.

Note: There is only one line highlighted orange on the budget. It represents the only line that changed as a result of the Ministry's reduction to the Diabetes funding by \$23,847. All other lines have remained the same since Board reviewed on January 20th.

Template B: LHIN Operations Spending Plan				
LHIN Operations Sub-Category (\$)	2014/15 Actual	2015/16 Allocation	2016/17 Planned Expenses	2017/18 Planned Expenses
Salaries and Wages	3,632,404	3,849,683	3,849,683	3,849,683
Employee Benefits				
HOOPP	352,054	346,490	346,490	346,490
Other Benefits	466,724	461,186	461,186	461,186
Total Employee Benefits	818,778	807,676	807,676	807,676
Transportation and Communication				
Staff Travel	81,371	73,000	73,000	73,000
Governance Travel	21,542	25,800	25,800	25,800
Communications	-	-	-	-
Other Benefits	-	-	-	-
Total Transportation and Communication	102,913	98,800	98,800	98,800
Services				
Accommodation (Lease costs plus other Accom exp)	296,092	306,081	306,081	306,081
Advertising & Public Relations	-	-	-	-
Banking	521	600	600	600
Community Engagement	52,295	100,418	100,418	100,418
Consulting Fees	24,375	13,900	13,900	13,900
Equipment Rentals	-	50,000	50,000	50,000
Governance Per Diems	105,471	116,400	116,400	116,400
LSSO Shared Costs & LHINC	452,591	436,840	436,840	436,840
Other Meeting Expenses	30,047	25,750	25,750	25,750
Other Governance Costs	41,391	37,800	37,800	37,800
Printing & Translation	68,151	49,500	49,500	49,500
Staff Development	51,371	81,000	81,000	81,000
Recruitment	71,241	10,000	10,000	10,000
Other overhead expenses	209,031	65,544	65,544	65,544
DRCC Physician Leads	131,568	190,000	190,000	190,000
Total Services	1,534,145	1,483,833	1,483,833	1,483,833
Supplies and Equipment				
IT Equipment	-	30,000	30,000	30,000
Office Supplies & Purchased Equipment	101,149	35,250	35,250	35,250
Total Supplies and Equipment	101,149	65,250	65,250	65,250
LHIN Operations: Total Planned Expense	6,189,389	6,305,242	6,305,242	6,305,242
Annual Funding Target		6,305,242	6,305,242	6,305,242
Variance		-	-	-

Notes

1. Includes DRCC, FLS, Aboriginal, and ER/ALC FTEs

3.2 Staffing Plan

The 2015-16 Staffing Plan includes Full Time Equivalents (FTEs) relating to Operations, French Language Services, Diabetes Regional Coordination, Aboriginal Planning, and a new position for ER/ALC. The LHIN will continue to develop and implement our Organizational Development Plan to ensure the organization has the human capacity and capability to support the organization's goals and objectives.

The LHIN is committed to providing guidance, training, leadership, tools and resources to all team members to create a strong, cohesive, outcome driven team to meet the goals of the IHSP and the obligations of the Ministry-LHIN Performance Agreement (MLPA). The purpose of the Organizational Development Plan is to ensure the organization has the structure, systems, human capacity and capability to:

- support the organization's goals and objectives,
- provide effective recruitment, selection, retention and management of the performance of its people,
- create an appropriate work environment in compliance with legislation and sensitive to both management's and employees' needs,
- provide structure, compensation, policies, standards, reward systems, benefit programs and grievance handling, and
- Foster a culture that reflects organizational mission, vision and values.

Our objectives will be sufficiently flexible to respond to opportunities, changes and risks in both the external and internal environments. They will create a sense of belonging and harness commitment and talent within our LHIN. The Organizational Development Plan will result in creating a high-performing workplace of choice, a learning organization by transferring knowledge into action, and a customer-oriented organization.

Note: There is one staffing change highlighted in yellow since the Board reviewed on January 20th

Template C: LHIN Staffing Plan (Full-Time Equivalents)				
Position Title	2014/15 Actual FTEs	2015/16 Forecast FTEs	2016/17 Forecast FTEs	2017/18 Forecast FTEs
Administrative Assistant to Senior Director	2.0	2.0	2.0	2.0
Business Assistant	1.0	1.0	1.0	1.0
Chief Executive Officer	1.0	1.0	1.0	1.0
Communication & Community Engagement Specialist	2.0	2.0	2.0	2.0
Communication & Web Specialist	1.0	1.0	1.0	1.0
Controller / Manager of Corporate Services	1.0	1.0	1.0	1.0
Corporate Services & HR Assistant	1.0	1.0	1.0	1.0
Director, Communications & Community Engagement	1.0	1.0	1.0	1.0
Executive Office Assistant	1.0	1.0	1.0	1.0
Executive Office Coordinator to CEO	1.0	1.0	1.0	1.0
Financial Analyst	4.0	4.0	4.0	4.0
Financial Coordinator (contract)	1.0	1.0	1.0	1.0
Health Data & Performance Analyst (Initiative funding 1 FTE)	2.6	2.6	2.6	2.6
Performance Improvement Lead	1.0	1.0	1.0	1.0
Program Assistant	3.0	3.0	3.0	3.0
Program Lead	1.0	1.0	1.0	1.0
Project Coordinator (contract)	1.0	1.0	-	-
Quality Specialist	1.0	1.0	1.0	1.0
Quality Improvement Lead	1.0	1.0	1.0	1.0
Receptionist	1.0	1.0	1.0	1.0
Senior Director	2.0	2.0	2.0	2.0
System Design & Integration Lead	4.0	4.0	4.0	4.0
System Design & Integration Specialist: Planners	4.0	4.0	4.0	4.0
Team Lead, Finance	1.0	1.0	1.0	1.0
Team Lead, Performance Improvement	1.0	1.0	1.0	1.0
Team Lead, System Design & Integration	1.0	1.0	1.0	1.0
French Language Coordinator (Initiative funding)	1.0	1.0	1.0	1.0
Aboriginal Lead (Initiative funding)	1.0	1.0	1.0	1.0
Total FTEs	43.6	43.6	42.6	42.6

Includes DRCC, FLS, Aboriginal, and ER/ALC FTEs

4.0 COMMUNICATIONS AND COMMUNITY ENGAGEMENT

4.1 Communications Plan Overview

Communications Objectives

- Continue to raise awareness of
 - the South West LHIN's role in transforming Ontario's health care system while reinforcing the changes made to date and our progress along the change paradigm
 - the caliber of work and LHIN's credibility to lead and manage transforming the health system in the South West area
 - the LHIN's commitment to be open, transparent and accountable to people in the South West
- Inform and update all stakeholder groups on progress of initiatives
- Continue to educate and build awareness among health service providers of –
 - the shared accountability of the LHIN and health service providers in transforming the health system
 - the IHSP and alignment with its initiatives within their plans
- Support health service providers in their communications and community engagement efforts

Context:

All communications and engagement products/activities align with provincial priorities including those listed in the mandate letter addressed to the Minister of Health and Long-Term Care:

- Partner with administrators, health care providers and patients to achieve our shared commitment for a system that is there for generations.
- Keep in mind three key goals: people receiving the right care at the right time and the right place; an accountable, efficient and transparent system; and promoting healthier lifestyles for Ontarians through shared responsibility across government.
- Delivering quality health services is a shared responsibility. Foster collaboration across the system and make the necessary trade-offs to shift spending to where Ontario will get the best value for our health care dollars — which must be shared between our health system partners.

Initiatives and programs will build on progress made since 2012 under the original Action Plan for Health Care. Patients First Action Plan for Health care focuses on four key objectives: improve access, connect services, support people and patients, and protect our universal public health care system.

The Minister's mandate letter also includes the priority to expand home and community care to ensure that people receive care as close to home as possible. Patients First: A Roadmap to Strengthen Home and Community Care is the first phase of the Action Plan to remake the home and community care sector over the next three years.

All initiatives and programs funded by the South West LHIN also align with our local priorities and strategic directions.

Working with all our stakeholders, we will inform, educate and support initiatives that advance patient-centred care, which is a hallmark of the government's Health System Funding Reform. This will be achieved through extensive engagement with all health system partners – as true transformation will only be achieved with the support and collaboration of all who are involved in delivering care to Ontarians.

In the South West LHIN, establishing Health Links in Huron Perth and London and soon in both South and North Grey Bruce clearly demonstrates the advantages of putting patients at the centre of care. The Health Links will provide better access and care, particularly for those most dependent on health services, by linking together physicians, nurse practitioners and other health services providers.

eHealth initiatives, specifically cSWO (which stands for connecting South Western Ontario) will significantly advance health system transformation by giving health care providers better quality patient information faster and easier than ever before.

Audiences:

- Health Service Providers, funded and non-funded
- Public (taxpayers, patients/clients and caregivers/family members)
- Ministry of Health and Long-term Care
- Other provincial ministries
- Local government stakeholders
- Media

Strategic Approach:

- Position and build awareness of the LHIN among stakeholders as both a valued partner and as the lead in health system transformation in the South West.
- Develop and leverage opportunities with stakeholders to build the reputation and establish credibility of the South West LHIN.
- Partner with stakeholders to empower patients, clients, residents, caregivers and the public to know the options available and so they can work together with providers to make decisions about their health.
- The goals, strategic directions, program areas and initiatives will be supported with strategic communications tools and activities that align with the strategies outlined in the 2013-16 Integrated Health Service Plan.
- Focus on the patient, client, and resident perspective.

Pan-LHIN Key Messages:

Health System Transformation

Ontario is shifting the focus of its health care system to revolve around the person. We have a plan to ensure Ontarians have access to high quality care and a sustainable health system for years to come. By organizing our system differently and focusing on the medical evidence, we will provide Ontarians with better care and better value for tax dollars.

- Putting people and patients first by improving the health care experience.
- Providing information to make decisions, and tools to live healthy and stay healthy.
- Providing better access to quality health services, and protecting those services for generations to come.

Key actions

Patients First:

- a caring, integrated experience for patients
- faster access to quality health services
- for all Ontarians at every life stage

Access:

- Providing faster access to the right care

Connect:

- Providing better home and community care

Inform:

- Providing information to make the right decisions about your health

Protect:

- Ensuring our universal health care system is sustainable for generations to come

South West LHIN Key Messages:

- The South West LHIN brings together health care partners from numerous sectors – hospitals, community care, community support services, community mental health and addictions, community health centres, long-term care and other partners – to develop innovative, collaborative solutions leading to more timely access to high quality services for the residents of Ontario and the South West LHIN. By supporting these important partnerships, we are ensuring that Ontarians have access to an effective and efficient health care system that delivers improved health care results and a better patient experience.
- The South West LHIN’s focus is on meeting the needs of people in the South West through local decision-making and increased accountability to ensure delivery of the right health care at the right time in the right place.
- By talking and listening to local health care providers and community residents, and through careful strategic planning the South West LHIN identifies and funds local initiatives including:
 - support for mental health and addictions services, i.e. 24/7 Mobile Crisis Response Teams
 - improvements in critical care, i.e. smaller referring hospitals can now have an immediate consult with an on-call critical care specialist at LHSC
 - improved wait-times for cancer surgery, diagnostic scans and emergency department visits
 - support for people suffering from dementia and their caregivers through the Behavioural Supports Ontario program
 - improved access to family health care through establishment of Health Links – bringing local health care providers together as a team to help family doctors connect more quickly with specialists, home care services and community supports
 - increased capacity, more equitable access and coordination of assisted living, supportive housing, adult day programs, complex continuing care and rehab services, and implementation of Home First through Access to Care

Program Area Key Messages:

The IHSP 2013-16 identifies 16 Program Areas, each with numerous actions and initiatives, to guide the work in reaching our goals. Key messages highlight each of the 16 Program Areas.

Program Areas	Key Messages
<p>Access to Care</p>	<ul style="list-style-type: none"> • The South West LHIN is committed to having seniors and adults with complex needs get care in the right place at the right time. • Implementing care to support frail individuals with complex needs at home is improved if they have access to intensive case management, flexible care plans in the home with CCAC services and/or access to assisted living/supportive housing, adult day programs and other community services and supports. • Consistent eligibility criteria and admission processes to Complex Continuing Care/Rehabilitation and Assisted Living/Supportive Housing/Adult Day Programs have been implemented across the South West LHIN. These admission processes will be facilitated by the South West CCAC Care Coordinator. • We are continuing to monitor and ensure sustainment of the Home First philosophy, processes and protocols implemented across the LHIN to alleviate alternate level of care (ALC) pressures on hospitals and provide more care in the community. • Community partners are working with clients to ensure they have access to the services that are most appropriate to serve their needs. • In spring 2014, the South West LHIN Board received directional recommendations for Phase II CCC/Rehab bed realignment. Implementation planning occurred in 2014-15 for implementation to continue through 2015-16. Further realignment opportunities may be considered based on refresh of the bed projection model and other system • In fall 2014, the South West LHIN Board approved changes related to the Adult Day Program redesign. Quality improvement implementation started in 2014-15 to improve access to high quality services. Expansion of services to improve access will continue in 2015-16 and 2016-17 • In spring 2014, the South West LHIN Board received recommendations for implementation of Assisted Living (AL) Hubs enabling clients living within an established radius of a central location to receive access to scheduled and unscheduled Assisted Living services. Implementation planning began in five communities in fall 2014 for services to be accessed in 2015-16.

Program Areas	Key Messages
Behavioural Supports Ontario	<ul style="list-style-type: none"> • The Behavioural Support Ontario Project was created to enhance services for older adults with complex and “responsive” behaviours wherever they live – at home, in long-term care, or elsewhere. Responsive behaviours are aggression, wandering, agitation, as well as others, and for many people are the trigger for a crisis visit to hospital and transfer to long-term care. • Across the province Local Health Integration Networks have together invested \$40 million to enhance services that will allow local health service providers to hire new staff – nurses, personal support workers and other health care providers – and train them in the specialized skills necessary to provide care for these patients with dignity and respect. • More than 5,000 staff have participated in structured learning events in the South West. These events provided an opportunity for staff to enhance their skills to improve care. Virtual Team Networks have formed in each County to share learning experiences.
Chronic Disease Prevention and Management	<ul style="list-style-type: none"> • CDPM initiatives are focused on quality improvement with primary care and other health system partners. More than 250 primary care physicians are engaged in quality improvement initiatives through the Partnering for Quality program. • CDPM initiatives support the implementation of best practices in managing chronic disease and promote self-management. • Particular emphasis is being placed on improving access to diabetes prevention and management initiatives across LHIN-funded and non-funded sectors and other chronic disease initiatives.
Clinical Services Planning	<ul style="list-style-type: none"> • Clinical Services Planning has first focused on stroke, cataract and endoscopy as priority clinical areas that are working towards improving the coordination and delivery of health care services. • Clinical Services Planning activities will proactively consider future service capacity requirements and spread of best practices undertaken in alignment with Health System Funding Reform. • Clinical Services Planning provides a platform to consider partnership and integration arrangements within/across sectors and across LHIN boundaries.

Program Areas	Key Messages
<p>Connecting and Empowering People</p>	<ul style="list-style-type: none"> • A French Language Services toolkit has been developed to support the provision of French language services and is being distributed to all organizations. The toolkit provides a broad range of information and tools to support the delivery of health services in French.” • The focus on Aboriginal populations in health care delivery will increase the cultural competency of health service providers. • Optimizing human resource skillsets and increasing collaboration across organizations and geographies will ultimately increase capacity and efficiency of teams and services.
<p>Critical Care</p>	<ul style="list-style-type: none"> • Ongoing critical care initiatives will build on the work of previous years to improve access and efficiencies in Critical Care. • Improvements are being made so the system is better prepared to manage emerging contagious disease threats in a coordinated way
<p>Diagnostic Imaging</p>	<ul style="list-style-type: none"> • The South West LHIN supports provincially-driven diagnostic imaging appropriateness and related strategies to improve access and reduce wait-times.
<p>Emergency Services</p>	<ul style="list-style-type: none"> • In an ongoing effort to improve wait-times and effectiveness in emergency care, South West LHIN health service providers are leveraging the provincial pay for results program. • Patient flow and reduction of wait times in emergency departments will be achieved through the spread of best practices across the South West LHIN.
<p>Health Links</p>	<ul style="list-style-type: none"> • Health Links will foster collaboration by bringing together health care providers to better coordinate local health services for people who need them the most (people with complex needs and multiple health issues). • For patients, this new approach will mean that they get faster access to the right care and they will experience smoother transitions between health care providers. • Helping those who need health care the most to get the right care the first time – like people who frequently appear in emergency departments – also helps the system run more efficiently and provides better value for tax dollars.
<p>Hospice Palliative Care</p>	<ul style="list-style-type: none"> • The South West LHIN, in partnership with the South West Hospice Palliative Care Leadership Committee and Local Collaboratives will implement an integrated cross continuum/cross sector hospice palliative care program.
<p>Long-Term Care Home Redevelopment</p>	<ul style="list-style-type: none"> • The South West LHIN will influence the distribution of long-term care home beds as older homes are redeveloped.

Program Areas	Key Messages
<p>Mental Health & Addictions</p>	<ul style="list-style-type: none"> • The South West LHIN has implemented and continues to implement many of the recommendations outlined in the report "The Time is Now" - a study of mental health services capacity and gaps in the South West LHIN. The Community Capacity Report was refreshed in 2014 and the document will guide the next 3-year implementation plan for mental health and addictions. • Many recommendations for community capacity building and enhancement have been funded through LHIN priorities for investment and several system focused integration activities have been initiated. • Implementation of Health Services Restructuring Commission directives were completed in November 2014, transforming the focus of care from institution to community. • Mental health and addictions initiatives in the South West LHIN are focused on reducing reliance on hospital-based care and enhancing capacity in the community.
<p>Quality and Value</p>	<ul style="list-style-type: none"> • Health service partners in the South West are committed to transforming the health system to better meet the needs of people in our region. • The South West LHIN has instituted a Quality Improvement approach to ensure our initiatives more efficiently and effectively fulfill the goals of improving health outcomes and the overall healthcare journey. • In alignment with our IHSP 2013-16 goals, including a focus on improving the patient/client and family experience, the South West LHIN Quality Advisory Group will drive the adoption and implementation of patient experience approaches across the care continuum. • Several Quality Improvement initiatives are already under way, both organizational and LHIN-led, using the Quality Improvement Enabling Framework (QIEF) to guide system transformation and build a culture of quality improvement in the South West LHIN. • To increase capacity and capability for quality improvement, the South West LHIN is leveraging the new Quest for Quality website and partnering with provincial quality improvement organizations. • The South West LHIN is undertaking Value for Money Assessments of several key projects to ensure that outcomes matched expectations and were a good use of system resources
<p>Safety</p>	<ul style="list-style-type: none"> • The South West LHIN will enhance its focus on safety related initiatives, including: <ul style="list-style-type: none"> ○ A cross-sector infection prevention strategy ○ Implementation of a falls prevention strategy ○ Implementation of the South West Regional Wound care program

Program Areas	Key Messages
Technology to Connect and Communicate	<ul style="list-style-type: none"> • eHealth Ontario, the LHINs and the HSPs are working together in the delivery of improved health care for the people of Ontario. cSWO is a critical component of our collective eHealth strategy and one that will ultimately enhance the value of Electronic Medical Records, improving the quality of care of our patients and saving the system valuable resources in the process. • In partnership with eHealth Ontario, LHINs and Health Service Providers across south west Ontario are working hard to leverage local, regional and provincial assets and connect existing technologies in a way that is both accountable and transparent to stakeholders across the system.
Transportation Best Practices	<ul style="list-style-type: none"> • The South West LHIN will identify opportunities to leverage current affordable and accessible transportation resources.

Tactics:

The communication and engagement tactics flow from the overarching communications plan that guides and aligns all audience- and initiative-specific communications plans. The South West LHIN will employ a variety of ways and means to communicate to accommodate the diverse needs of our audiences. Tools and tactics may include:

- print materials: annual report (community bulletin)
- online tools: email updates and electronic newsletters, web site updates, social media (Twitter, Facebook, YouTube)
- multimedia: video and webcasts
- paid and earned media: advertising, news releases
- updates to the Board and Area Provider Tables
- face-to-face community and stakeholder engagements

Evaluation:

Success will be measured using the following metrics:

- editorial coverage (positive and/or neutral with limited negative coverage)
- participation levels and submitted evaluation forms at face-to-face engagements
- online survey results
- web analytics

4.2 Community Engagement Plan Overview

Community Engagement Objectives:

- Inform and educate, consult, involve, collaborate and/or empower South West LHIN stakeholders using a variety of strategies.
- Offer valuable interactions between participants and the LHIN.

- Align with the IHSP's strategic directions and initiatives among HSPs.
- Work within the core principles of community engagement.

Audiences and Tactics:

Health Service Providers

- Quality Symposium
- LHIN and Health Service Provider advisory groups and committees
- Health service provider liaisons

Health Service Board Governors

- Quality Symposium
- Bi-monthly board-to-board sessions

Physicians

- South West Primary Care Network
- OMA Sessions

Public

- Bi-monthly community sessions
- Public meetings
- Public engagement activities

South West LHIN Board

- Monthly Board meetings