

South West Local Health Integration Network

Annual Business Plan 2017/18

June 20, 2017

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TRANSMITTAL LETTER

To: *Tim Hadwen*, Assistant Deputy Minister
Health System Accountability and Performance Division

Subject: South West Local Health Integration Network – Annual Business Plan, 2017/18

I am pleased to submit the South West LHIN's 2017/18 Annual Business Plan, which details our action plans and key activities for the coming fiscal year. On December 7, 2016, Ontario passed the *Patients First Act*. Approving this legislation is a significant step in supporting the health system's transformation. The Act is about making a system that is better integrated and focused on patient and community needs to ensure health care resources are used effectively and efficiently, in the public interest. Implementing what is outlined in the *Patients First Act* will be a significant focus for the LHIN in 2017/18.

Patients First is reflected in our Integrated Health Service Plan (IHSP) for 2016 to 2019. 2017/18 marks the second year implementing our three-year strategic plan that guides us in achieving the vision outlined in our *Health System Design Blueprint: Vision 2022*. The IHSP identifies strategic directions and steps required to make our overall vision of an improved and integrated health system for all a reality. The plan's initiatives and actions position us well to deliver on the expectations outlined in the Minister's Mandate letter dated May 1, 2017, including the work ahead with both local and provincial partners to move health system renewal and transformation forward.

This year will be a year of transition as CCACs will be integrated into the LHINs beginning as early as May 1, 2017. For 2017/18 we will focus on establishing the organizational structure and aligning key processes, creating the strategic vision for the new organization, and establishing the culture needed to advance Patients First goals and broader health system transformation. In transferring the functions and employees of the CCACs to LHINs, our foremost priority is to keep quality of care front and centre by maintaining the continuity of patient care for individuals and families across the LHIN. The South West LHIN and CCAC have a strong history of collaboration, and will leverage the collective expertise throughout this integration to come together as one organization. What is outlined in the *Patients First Act* builds on the success of both organizations. The South West CCAC has played a critical role in that success by coordinating and delivering services that have helped people leave hospital earlier, and stay independent in their homes longer. We look forward to building on our progress to date, and leveraging our collective expertise as we move forward to achieve an integrated health system in Ontario.

In addition to creating a new LHIN organization, work will continue to advance new committees with health system partners, inclusive of a stronger patient/family/caregiver voice – where sub-regions are the focal point for integrated service planning and delivery. These groups will advise the LHIN on system-wide priorities and drive change locally: the Patient and Family Advisory Committee, Health System Renewal Advisory Committee, and five sub-region integration tables. These committees will be interdependent in order to achieve a common goal of improving health and wellness, patient experience and outcomes, as well as value for money.

In January 2017, we confirmed 5 sub-regions that largely follow our county boundaries: Grey Bruce, Huron Perth, London Middlesex, Oxford and Elgin. Looking at the characteristics and needs of the population as well as existing care patterns through a smaller local lens, allows for more integrated planning at the sub-region level and supports provincial priorities related to the Patients First: Action Plan for Health Care.

Local planning and decision-making is the model that the LHINs are built on, and one that values the input of community members, health care professionals, and stakeholders. Successful engagement happens at many levels and at key points throughout this work. The South West LHIN will continue to engage its communities to build a system with a stronger patient voice that better understands and meets the needs of individuals and families in the LHIN.

Sincerely,

Lori Van Opstal, Board Chair
South West LHIN Board of Directors

cc: Michael Barrett, CEO, South West LHIN

1.0 CONTEXT

1.1 Mandate

Across Ontario, Local Health Integration Networks (LHINs), along with health service providers and partners, have the important responsibility of transforming the health system to put individuals and families at the centre of the system.

In the *Patients First: Action Plan for Health Care* (February 2015), the province set four key goals that focused on creating a person-centred health care system by improving Ontarian's health care experience and health outcomes. The four key goals are:

1. **Access:** Improve access – providing faster access to the right care;
2. **Connect:** Connect services – delivering better coordinated and integrated care in the community, closer to home;
3. **Inform:** Support people and patients – providing the education, information and transparency they need to make the right decisions about their health; and
4. **Protect:** Protect our universal public health care system – making decisions based on value and quality, to sustain the system for generations to come.

On December 7, 2016, Ontario passed the *Patients First Act, 2016*. The passing of the Act was an important step forward in the patients First: Action Plan for Health Care as it strengthens the role of the LHINs to achieve the following goals:

- Effective integration of services and greater equity.
- Timely access to, and better integration of, primary care.
- More consistent and accessible home and community care.
- Stronger links to population and public health.
- Inclusion of Indigenous voices in health care planning.

The *Patients First Act*, integrates the CCAC functions and employees into the LHINs. For 2017/18, the transfer of CCAC staff and functions, beginning as early as May 1, 2017, will be a significant undertaking. Throughout this transition, the LHIN's foremost priority is to maintain the continuity of patient care for individuals and families across the LHIN. The South West LHIN along with the South West CCAC is working collaboratively to support a smooth and seamless transition of high quality and integrated care for people in the South West LHIN.

The Minister's Mandate Letter received May 1, 2017 outlines the expectations of the LHIN for the year including the implementation of the Patients First Act to support building a more sustainable, efficient and accessible health care system for future generations. Collective key priorities identified in the mandate letter are in alignment with our plan and strategy and include: Improving the patient voice and experience, addressing the root cause of health inequities, improving access to care, ensuring seamless transitions of care for patients, and supporting innovations to care and technologies.

This year will be a year of transition as considerable attention will be paid to establishing the organizational structure and aligning key processes, creating the strategic vision for the new organization, and establishing the culture needed to advance the key goals of the Patients First Action Plan at the regional and sub-region levels within the LHIN. Work to date has

included formalizing 5 sub-regions: Grey Bruce, Huron Perth, London Middlesex, Oxford and Elgin along with creating new committees with a stronger patient/family/caregiver voice. The Patient and Family Advisory Committee and Health System Renewal Advisory Committee will advise the LHIN on system-wide priorities while the five sub-region integration tables will drive change locally. These new committees will be interdependent in order to achieve a common goal of improving health and wellness, patient experience and outcomes, as well as value for money.

Our work moving forward will continue to be guided by our long-range plan, the Health System Design Blueprint, which works towards achieving an integrated health system of care by 2022. To help guide longer-term system transformation, all LHINs produce a three year Integrated Health Service Plan (IHSP) for the local health system. To support the achievement of our overall vision, our LHIN has committed to the pursuit of three system-level goals:

- Population Health
- Experience of Care
- Value for Money

These goals, aligned with Ontario's Action Plan for Health Care set the direction for the Integrated Health Service Plan (IHSP) 2016-19. The 2017/18 Annual Business Plan (ABP) marks the second year of our 2016-19 IHSP. Over the next year, the South West LHIN will continue to progress IHSP actions.

1.2 Strategic Directions

In developing the South West LHIN's IHSP for 2016-19 and consistent with our vision – *A health system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren* – we adopted the Institute for Healthcare Improvement's Triple Aim framework. Specifically, our vision's three key components – population health, experience of care, and value for money – reflect the dimensions of the Triple Aim.

Our plan for 2016-19 outlines the strategies and priority populations all health service organizations, sectors and networks will need to consider in their strategic and operational plans to collectively advance health system improvements within the South West LHIN. The IHSP also details how we demonstrate and measure success in the LHIN.

Our [IHSP system view](#) describes the pursuit of population health, experience of care, and value for money, through the advancement of five implementation strategies across seven priorities. Our intent is to achieve an integrated system of care for all LHIN residents with an emphasis on the following populations:

- Aboriginal populations
- Francophone populations
- People who are frail and/or have medically complex conditions/disabilities
- People living with mental health and/or addiction issues
- People living with or at risk of chronic disease(s)

1.3 Overview of Services within the South West LHIN

To meet the health care and social support needs of residents, a variety of services from an array of LHIN and non-LHIN funded organizations are available. With the passing of Patients First and the integration of CCACs into the LHIN, the LHIN will also directly provide services to residents in 2017/18. These services include care coordination, nursing and personal care, allied health, direct nursing, placement, information and referral, and medical supplies and equipment services.

LHIN-funded organizations also play a critical role in delivering health services to South West LHIN residents:

- 20 hospital corporations (33 sites)
- 78 long-term care homes
- 5 community health centres
- 52 agencies provide community support services
- 14 agencies provide assisted living supportive housing services
- 22 agencies provide mental health services
- 10 agencies provide addictions services
- 3 agencies provide acquired brain injury services

In the South West LHIN, approximately 950 family physicians practice within its geographic boundaries of which 65% provide comprehensive primary care. The remaining 35% of family physicians work in alternative practice models including emergency medicine, walk in clinics and inpatient hospitalist care. 52% of the primary care practitioners that provide comprehensive primary care are affiliated with team-based care through 19 family health teams, 5 community health centres, 2 nurse-practitioner-led clinics, and 1 Aboriginal Health Access Centre.

The *Patients First Act*, 2016, enables LHINs to plan for and better integrate primary care in the local health system. It allows LHINs to fund and have accountability relationships with additional health service providers including family health teams (non-physician funding), Aboriginal Health Access Centres, nurse-practitioner-led and physiotherapy clinics. When the CCAC is integrated into the LHIN, the LHIN will also fund and have an accountability relationship with three residential hospices. In addition, as part of the LHIN's population health planning, a formal relationship will be established between the LHIN and the six local boards of health to support joint health services planning.

1.4 Environmental Scan

To understand the ability of the health system to meet the health care needs of the population, it is important to understand the demographics and population characteristics of the South West LHIN. The following provides a brief summary. A [detailed environmental scan was completed as part of IHSP 2016-19.](#)

Demographics

- South West LHIN is home to 971,500 people, or 7.0% of the population of Ontario.
- In 2011, nearly 40% of LHIN residents lived in a large urban population centre (100,000+), and almost 30% lived in a rural area. An additional 21% lived in small population centres (population between 1,000-29,999). The only large urban centre in South West LHIN is London.
- Between 2010 and 2015 South West LHIN's population increased by 2.6%, compared to 5.1% growth for Ontario overall.
- Seniors (aged 65+) accounted for just over 18% of the LHIN's population, compared to 16% in 2010.
- The population of South West LHIN is projected to increase by 2.9% between 2015 and 2020, and 6.0% between 2015 and 2025. By comparison, the projected rates of growth for Ontario are 5.3% for 2015 to 2020 and 11.1% for 2015 to 2025.

Population characteristics

- About 86% of South West LHIN residents reported English and less than 2% reported French as their mother tongue in 2011.
- In 2011, immigrants accounted for 14.0% of the South West LHIN population. 1.6% of residents were recent immigrants, having arrived in Canada between 2006 and 2011.
- Less than 8% of the South West LHIN population was a visible minority, compared to 26% of Ontario's population.
- In 2011, the unemployment rate for South West LHIN residents (7.6%) was comparable to the provincial average (8.3%).
- The proportion of South West LHIN residents living in low-income households was 14.0%, similar to the provincial rate of 13.9%.

As the LHIN continues to work toward patient focused high-quality care within the five sub-regions, it is also important to understand the characteristics and needs of these sub-region populations as well as existing care patterns. [Descriptive Profiles](#) for each sub-region can be found on the LHIN website.

2.0 French Language Services

The South West LHIN is committed to ensuring the effective provision of French language health services by actively engaging and collaborating with its French Language Health Planning Entity (FLHPE) and the Francophone community. The South West LHIN French language coordinator works closely with the FLHPE Team to jointly plan and engage with the Francophone communities through the Francophone Network Table (Franco-Info) and the dedicated French Mental Health and Addictions Table. In addition, meetings are held regularly to review the Joint Action Plan, discuss progress on projects and activities and plan for broader community engagement activities when needed. The LHIN website describes the ways in which [French Language Services](#) are advanced in the South West.

The LHIN continues to work to ensure the French-speaking population has access to services in French. This includes alignment to the principles of active offer and ensuring the

LHIN meets its obligations under the French Language Services Act when the CCAC integrates with the LHIN. A current state and transition plan template has been developed and will be used to track progress.

The South West LHIN is also working to enhance the extent to which health service providers understand who their clients are, including their linguistic identity, to provide them with the best services possible. Through the Multi-Service Sector Accountability Agreement (MSAA), the South West LHIN will now be asking all community support and mental health and addiction's agencies to work towards using formal mechanisms to identify, track and report annually on the number of Francophone clients served. This information will help with establishing an environment where people's linguistic backgrounds are collected to provide services in the best possible way to meet the cultural and linguistic needs of the population. The information will also be linked with existing health service data and used for health system planning to ensure services are culturally and linguistically sensitive.

3.0 Indigenous Peoples

From a population health and health equity perspective, Indigenous people experience unparalleled health inequities and the worst health outcomes of any population in Canada. These inequities are not only unjust and unfair, but avoidable, thus there is an imperative for the LHIN to address these inequities as part of health system transformation to support equitable access leading to improvements in health outcomes.

The LHIN continues to work with local Indigenous communities and partners to develop appropriate mechanisms for achieving ongoing and meaningful engagement (i.e. through local Aboriginal Advisory Committees, etc.). As the system prepared for the period of transition and transformation, the LHIN has been deliberate in upgrading the [South West Indigenous Health Committee](#) through a re-structuring process that aligns the new regional and sub-regional renewal structures with an [Indigenous-led, collaborative leadership model](#), a parallel process designed to ensure that Indigenous communities and health service providers are at the forefront of Patients First and health system planning. It is through these mechanisms, and by working with Indigenous organizations and leadership, that the LHIN will continue to build and develop a unique plan for implementing strategies and services to improve Indigenous health in the region.

Within the South West LHIN, the Indigenous Health Lead works collaboratively with Indigenous partners and other health service providers to build positive working relationships and identify strategies that will address inequitable access, along with interventions designed to improve cultural safety of health services for Indigenous people.

The South West LHIN is mapping out patient/client, family and caregiver experiences as a method of integrating the Indigenous patient voice into the body of knowledge that guides system-level planning, supporting the design of sub-regional and sector specific priorities. These experiences seek to combine stories of lived experiences, along with evidence-based data collection as an ongoing process to ensure that Indigenous peoples' voices are recognizable and amplified within system planning. Along with this voice, Indigenous communities and providers are also involved in shaping and advancing Indigenous-specific recommendations across the LHIN regional and sub-region planning structures. Indigenous

leaders will have an active role in three of the five sub-regional integration tables, as well as having a central role within the LHIN Leadership table that oversees regional planning. The Indigenous Health Lead will support the Indigenous partners in this leadership work, advancing the recommendations made through the South West Indigenous Health Committee, which is responsible for guiding and informing regional Indigenous health priorities. The South West LHIN Board of Directors is committed to working in partnership with First Nations communities to establish mechanisms to engage appropriately at a governance and leadership level to ensure strategies to improve health outcomes for Indigenous people are advanced. The Indigenous community will also continue to inform and drive quality improvement through the Indigenous Clinical Expert Advisory Panel, a working group of the Indigenous Health Committee that meets monthly to advance implementation of system level Indigenous health interventions.

All of these components, along with sub-region, Nation specific engagement and consultation will frame the development of an Indigenous inclusion roadmap. This roadmap will be instrumental for the LHIN to model the way in Indigenous engagement by demonstrating the importance of decolonizing processes and co-designing culturally-appropriate structures in partnership with Indigenous communities. The enhanced LHIN organization will also enhance their own Indigenous Cultural Safety training plan for all staff of the legacy LHIN organization and home and community care, as well as continue to focus on implementing [mitigation and amplification strategies](#) to ensure that Indigenous health is prioritized as a pillar for Patients First.

4.0 Operationalizing the Priorities

Given that 2017/18 will be a transition year as the CCAC functions and employees transfer to the LHIN, maintaining the continuity of patient care for individuals and families will be of paramount importance. In order to do this, a significant amount of effort will be focused on creating the vision, culture, and staffing structure for the new LHIN organization to enable the LHIN to drive the goals of Patients First.

4.1 IHSP Implementation Strategies

To succeed in transforming the health care system, all health service providers and the LHIN must share a collective plan of action. We continue to embed the following key strategies in all the work we do together to implement provincial, LHIN-wide, and priority initiatives in order to achieve our vision at a system level:

- **Health equity:** Consistently apply a Health equity lens to enable access to quality care.
- **eHealth and Technology:** Leverage and expand the use of eHealth technologies to access and exchange health information, inform effective decision making, and enhance “hands on” care.
- **Integration and Collaboration:** Work together to better organize and connect services to meet the needs of the population and ensure optimal use of resources.
- **Quality Improvement and Innovation:** Partner with LHIN residents to understand their experiences of care and continuously collaborate with them to co-design improvements,

broadly share quality evidence and best practices and demonstrate quality outcomes across the health care system.

- **Transparency and Accountability:** Strive for transparent decision-making and better performance by reporting on measures of success and holding individuals and organizations accountable for results.

Appendix A summarizes the five implementation strategies, their associated plans of action and identifies the ways in which these implementation strategies drive system improvements. Every quarter and annually, LHIN staff assess the progress of these plans of action over the 3-year timeline. This informs part of the LHINs quarterly reporting to the Ministry, the LHIN Board and the public. Every quarter and annually, LHIN staff assess the progress of these plans of action over the 3-year timeline. This informs part of the LHINs quarterly reporting to the Ministry, the LHIN Board and the public.

4.2 IHSP Priorities and Initiatives

In 2017/18, the South West LHIN will continue to advance seven key priorities that align with provincial directions. The seven priorities include:

- Ensuring **primary health care** is strengthened and linking with the broader health care system
- Optimizing the health of people and caregivers living at **home, in long-term care and in other community settings**¹
- Supporting people in **preventing and managing chronic conditions**
- Strengthening **mental health and addiction services** and their relationship with other partners
- Ensuring timely access to **hospital-based care** at the LHIN-wide, multi-community, and local level
- Enabling a **rehabilitative approach** across the care continuum
- Putting people with life-limiting illnesses and their families at the centre of **hospice palliative care**

To help understand the risks 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. Multiple risks are often associated with each initiative which then requires careful planning and staging to assist with mitigating those risks.

Appendix B summarizes the seven priorities, their outcome objectives, how success is measured, and the status of the initiatives to meet the objectives. In addition, Appendix C provides the status of integration initiatives.

¹ People living in community settings may also include those in temporary living accommodations, or who may be experiencing homelessness

4.3 Monitoring Progress and Measuring Results

Currently, the LHIN and the CCAC have robust and mature processes for monitoring progress and measuring results. In 2017/18, post integration, we will work to align processes and leverage provincially developed tools. An overview of current processes to be leveraged is described below:

The South West LHIN approaches performance management and quality improvement using a consistent method to plan, implement, monitor and measure by leveraging and applying consistent processes, tools and mechanisms to demonstrate success as well as identify opportunities for further improvement.

LHIN System Level Reporting, Monitoring and Quality Improvement

Monitoring and reporting performance is important not only to communicate and demonstrate how the LHIN is achieving an integrated health system for all, but also as a sign of our commitment to accountability and transparency to our community. A set of four high-level or “Big Dot” measures and 25 system measures have been selected to track progress and demonstrate how we are doing against our stated priorities and our triple aim goals.

Progress against our big dots and system level measures is reviewed quarterly by LHIN management and staff. These quarterly results are reported to the Board of Directors and are publicly available on the LHIN website to promote transparency. This includes an interactive Report on Performance ‘E Tool’ – a web-based tool, designed to provide performance results at the health service provider level, and where possible at the LHIN sub-region level. In alignment with Patients First, work is underway to enhance reporting and monitoring within each of the LHIN’s sub-regions. The South West LHIN [Report on Performance](#) can be found on the LHIN’s website.

The South West LHIN uses an Enterprise Risk Management (ERM) approach to anticipate and address:

- potential disruptions to health system plan goals
- sub-standard performance
- disruption of services (health service provider risks)
- threats to LHIN operations
- negative events, e.g. emergency department holiday surge

Risk identification provides for mitigation plans to be developed and shared in advance. ERM does not consider risks in silos but rather reviews all risk areas as parts of an integrated, strategic, and enterprise-wide system. While risk management is coordinated with senior-level oversight, employees at all levels of the organization view risk management as an integral and ongoing part of their role. An ERM report is provided to the LHIN Board on a quarterly basis.

LHIN Initiative Level Reporting, Monitoring and Quality Improvement

Robust standardized project management tools, processes and technology (e.g. Integrated Project Management Document, Quality Improvement Tools (Driver Diagrams, Measurement Plans, etc.), are used to ensure appropriate initiative management. Regular submission and review of project status reports that include performance indicators and measures,

achievement of milestones, and identification of risks are regularly reviewed by staff. Close-out reports are submitted at completion of the projects.

Aligned to key system level measures noted above, additional measures have been identified at both the priority and initiative level. Appendix B provides a listing of the measures aligned to each priority area as well the progress of the initiatives identified within each priority. Initiative level scorecards and reports are also monitored regularly to drive improvement.

The South West LHIN regularly sets out to determine whether good value has been achieved for the money invested in the local health system. The LHIN has established a schedule for completion of targeted Value for Money Assessments. The most recent [Value for Money](#) Report profiled Access to Care Home First implementation across the South West LHIN. For 2017/18, staff will prepare for future value for money assessments related to Health Links implementation in the South West LHIN.

CCAC Level Reporting, Monitoring and Quality Improvement

The CCAC Performance Measurement Framework aligns to the following 3 strategic directions:

1. Work with Partners for Provide Safe, High Quality Patient Driven Care
2. Great Place to Work
3. Use Resources Wisely

Performance and quality measures are aligned to the Performance Measurement Framework and the Quality Plan and are described in Appendix D. The reporting and monitoring of these measures occurs at the following levels:

- Governance:
 - Regular reporting of measures in the Performance Measurement Framework and Quality Plan including the Quality Improvement Plan are reported to the Board
 - A Quarterly Enterprise Risk Management (ERM) Report provides a current assessment of the organization's risk and mitigation strategies across 7 areas, including: Strategic, Reputation, Organizational, Health and Safety, Operational, Patient Care and Financial.
 - Patient Complaints and Events are reviewed semi-annually
- Staff:
 - Scheduled and real time access to information on key strategic and operational indicators occurs at all staff levels including the management of patient caseloads
- Service Provider Organizations:
 - Contractual and quality indicators by contracted Service Providers are monitored regularly. Concerns are escalated and performance management is initiated as appropriate

Additionally, a County-based Reporting 'e Tool' has been developed to support staff with benchmarking and improvement opportunities.

CCAC Service Provider Level Reporting, Monitoring, and Quality Improvement

Performance monitoring and management of services provided by Service Provider Organizations is based on the philosophy of mutual accountability and responsibility. The purpose is two-fold:

- To ensure and incent high performance and exceptional quality of care for patients
- To promote a positive partnership approach to performance challenges and opportunities for improvement

A number of mechanisms are used to monitor services provided through Service Provider Organizations including:

- Regularly scheduled meetings are held with the Service Provider Organizations including medical supply and medical equipment vendors to review contractual and quality indicators, market share, discuss trends, perform site visits, initiate performance management processes, improve patient outcomes.
- Performance management and oversight of the contracted Service Provider Organizations in the South West is multi-factorial and is primarily based on the provincially agreed upon Contract Performance Framework centered on the patient, and is underpinned by strong, respectful CCAC-Service Provider relationships and a commitment to continuous quality improvement.
- Patient care issues management involves ongoing dialogue between CCAC and Service Provider's on issues related to the delivery of patient care, including patient complaints, risk events and adverse/sentinel events.

4.4 Accountability

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 Accountability Agreement (MLAA), which establishes the accountability expectations 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 are provincially mandated. Obligations are articulated in the following areas:

1. Local health system management
2. Funding and allocations
3. Local health system performance
4. Integrated reporting
5. LHIN-delivered services

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 181 SAAs with 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 as part of shared accountability. The HSP is responsible for managing its performance obligations and the LHIN is responsible for working with the HSP to achieve those ends. It is expected that shared accountability mechanisms will be created over time as health service providers advance their work within each sub-region.

The LHIN uses the SAA as an instrument to maintain clear lines of accountability and performance expectations for individual and collective HSPs, the initiatives they contribute to, and the outcomes the LHIN is striving to achieve at initiative and system levels.

The South West LHIN has established a SAA Quarterly Review Process to ensure due diligence and follow up on Health Service Provider performance and financial accountabilities aligned to the domains of quality.

5.0 LHIN OPERATIONS

After many months of planning, and a tremendous amount of help from the Staff and Boards of both organizations, the South West CCAC and South West LHIN will come together early in the 2017/18 fiscal year. All South West CCAC employees and assets will be transferred to the South West LHIN. CCAC contracts with service providers will also be transferred to the LHIN, meaning home care services will continue to be provided by current service providers and continuity of patient care will be a top priority.

The South West LHIN will focus efforts in 2017/18 to lay the foundation for a strong integrated organization. Key deliverables that will be advanced in the areas of learning and growth, governance, internal process, and patients and stakeholders, including:

- Creating a new mission, vision and values for the organization
- Developing a plan to guide the strategic direction of the new organization
- Establishing committee structures and laying the groundwork for the effective use of our sub-regions
- Developing a strategy for public outreach and engagement to advance the LHIN's new mandate
- Establishing the LHIN's Patient and Family Advisory Council to strengthen the patient voice throughout the work of the LHIN
- Ensuring the new organizational structure is optimized as areas for improvement are continually identified and addressed
- Outlining actions for successful change management
- Ensuring strong governance of the new organization
- Leveraging LHIN clinical leaders to help advance health system improvements and the integration of home and community care with other parts of the health care system, including primary care

To carry out these key deliverables, the LHIN will leverage the collective expertise within the newly integrated organization in order to transform the system for our patients, lead our people through change, and transition our systems and structures.

5.1 Operations Spending Plan

Table A: LHIN and CCAC Combined Operations Spending Plan (combined with CCAC)

LHIN Operations Sub-Category (\$)	Legacy LHIN 2016/17 Actuals	Legacy LHIN/Legacy CCAC Combined 2016/17 Actuals	2017/18 Budget	2018/19 Budget	2019/20 Budget
Salaries and Wages	4,360,966	51,943,172	51,339,800	51,339,800	51,339,800
Employee Benefits					
HOOPP	415,822	4,603,030	4,549,561	4,549,561	4,549,561
Other Benefits	519,778	9,741,696	9,628,537	9,628,537	9,628,537
Total Employee Benefits	935,600	14,344,726	14,178,098	14,178,098	14,178,098
Transportation and Communication					
Staff Travel	79,410	1,026,812	1,026,812	1,026,812	1,026,812
Governance Travel	31,813	37,128	37,128	37,128	37,128
Communications	49,782	602,004	602,004	602,004	602,004
Other Benefits	-	-	-	-	-
Total Transportation and Communication	161,005	1,665,944	1,665,944	1,665,944	1,665,944
Services					
Accommodation	338,932	2,793,947	2,793,947	2,793,947	2,793,947
Accommodation Depreciation	-	560,108	560,108	560,108	560,108
Advertising	-	46,312	46,312	46,312	46,312
Banking	40	17,882	17,882	17,882	17,882
Community Engagement	66,080	68,485	68,485	68,485	68,485
Consulting Fees	44,529	1,935,514	1,935,514	1,935,514	1,935,514
Equipment Rentals	19,532	220,815	220,815	220,815	220,815
Governance Per Diems	133,856	133,856	133,856	133,856	133,856
LSSO/OACCAC	388,287	1,857,007	1,857,007	1,857,007	1,857,007
Medical Supplies	-	10,592,151	10,592,151	10,592,151	10,592,151
Medical Equipment Rental	-	1,198,217	1,198,217	1,198,217	1,198,217
Other Meeting Expenses	26,081	95,590	95,590	95,590	95,590
Other Governance Costs	44,510	44,510	44,510	44,510	44,510
Physician Leads	348,778	348,778	348,778	348,778	348,778
Printing & Translation	60,162	293,685	293,685	293,685	293,685
Purchased Services	-	148,085,234	148,085,234	148,085,234	148,085,234
Recruitment	25,212	25,212	25,212	25,212	25,212
Staff Development	52,743	90,713	90,713	90,713	90,713
Total Services	1,548,742	168,408,016	168,408,016	168,408,016	168,408,016
Supplies and Equipment					
IT Equipment	55,660	250,109	250,109	250,109	250,109
Depreciation	21,618	1,755,826	1,755,826	1,755,826	1,755,826
Office Supplies & Purchased Equipment	96,862	499,600	499,600	499,600	499,600
Software License Fees	24,077	607,315	607,315	607,315	607,315
Total Supplies and Equipment	198,217	3,112,850	3,112,850	3,112,850	3,112,850
LHIN Operations: Total Planned Expense	7,204,530	239,474,708	238,704,708	238,704,708	238,704,708
Annual Funding Target					
Variance					
* There are a number of changes to the 17/18 budget that are being finalized. For example the impact of the change in HST rebate, property tax rebates, employer health tax rebates etc. We are also aware of additional funding received for Home and Community Care, and organizationally have not yet determined how it will be allocated. Our budget will be completed and approved by our board by summer 2018.					

5.2 Staffing Plan

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

Position Title	Legacy LHIN 2016/17 Actuals as of Mar. 31/16 FTEs	2016/17 Budget as of Mar. 31/17 FTEs	2017/18 Forecast FTEs	2018/19 Forecast FTEs	2019/20 Forecast FTEs
CEO/VP/Senior Director	3	8.00	6	6	6
Senior Management/Directors	2	15.00	14	14	14
Management and non-union	37.6	151.30	145.4	145.4	145.4
ONA		347.70	347.7	347.7	347.7
CUPE		183.10	182.6	182.6	182.6
Total FTEs	42.60	705.10	695.7	695.7	695.7
* There are a number of changes to the 17/18 budget that we are just working through. For example funding received for Home and Community Care, organizationally we have not yet determined how it will be allocated. Our budget will be completed and approved by our board by summer 2018.					

[View the complete organizational structure for the South West LHIN](#)

6.0 COMMUNICATIONS AND COMMUNITY ENGAGEMENT

6.1 Communications Plan

Communications Goals

Patients and their families have as much clarity, direction and stability as possible throughout the transition.

Focus communications on how the LHIN is working with partners to improve the care, the experiences and the health of patients within the community.

Communities within the LHIN are informed and engaged on the actions the LHIN, in partnership with patients and health service providers, will take to enhance health care delivery for all residents of our LHIN.

Communications Objectives

- Support delivering a seamless high quality care experience for people throughout our geography.
- To support the organization in ensuring that confidence and trust from patients, community partners and stakeholders is maintained.
- Communicate with patients and their families about how to access the care they need to stay well, heal at home and stay safely in their homes longer.
- Patients and caregivers will have relevant and timely information from a trusted source.
- Further integrate experience-based design into communications strategy and tactics.

- Promote the contents of the Annual Business Plan for 2017/18 and how the LHIN is working to create a sustainable and accountable health system.
- Continue to build awareness on how the LHIN is pursuing quality care, improved health, and better value in all priorities and initiatives as well as at a system level.
- Uphold the LHIN's commitment to be open, transparent, and accessible to the public on LHIN priorities and initiatives.
- Build momentum with stakeholders and the public around equity and person-centred care.
- Support and promote the provincial views outlined in Ontario's Action Plan for Health Care.
- Offer opportunities for dialogue with health service providers and other system partners.

Context

Communications and community engagement form a vital public service where the LHIN has a duty to provide information and listen to the public it serves. This contributes to building a system that better understands and meets the needs of individuals and families across the LHIN. The South West LHIN's core communications activities will include:

- Communicating with patients and their families about how to access the care they need to stay well, heal at home and stay safely in their homes longer.
- Promoting programs, standardized care models and education across the region
- Opportunities for audiences to participate in engagement around core business activities for the South West LHIN.
- Frequent communications with audiences on the activities of the LHIN and results being achieved.
- An active online presence to connect and interact with audiences, allow 24-hour access to information, and help foster public dialogue.
- Strong relationships with media with every effort made to accommodate requests for both information and interviews.
- Continue building internal communications capacity to help maintain morale and support recruitment and retention efforts.
- Prompt, courteous and person-focused responses to public inquiries.
- Use multimedia and video wherever possible to tell the patient story, showcase the LHIN's work and expand the reach of communications.

Audiences

- Public
 - Clients and patients
 - Residents and community groups
 - Caregivers and family members
- Health service providers including leadership and boards
 - Home and community care
 - Mental health and addictions
 - Community health centres,
 - Hospitals
 - Long-term care homes
- Indigenous and Francophone committee members and health networks
- Primary care, including family health teams and nurse practitioner led clinics
- Public Health

- Ministry of Health and Long-Term Care
- Other provincial ministries
- Local government stakeholders
 - Members of Provincial Parliament
 - Municipal councillors
- Media

Key Messages

Patients First

Local

- Patients will not experience a disruption to their health care services during the transition of home and community care services from Community Care Access Centres (CCACs) to the Local Health Integrated Networks (LHINs).
- Frontline CCAC employees, including care coordinators and support staff, will continue to coordinate and contract home and community care in Ontario when these services are transitioned to the LHINs. Home care providers that were contracted by CCACs, including nurses and personal support workers, will be transferred to the LHINs and continue to provide patient care.
- During this transition, it is business as usual, and there will be no disruption to current home care plans. If you are currently receiving care and have questions or concerns, please contact your Care Coordinator. If you or someone you know needs help at home, please contact us at 519-473-2222 or 1-800-811-5146.
- We will continue to deliver a seamless experience through the health system for people in our diverse communities, providing equitable access, individualized care coordination and quality health care.
- The South West LHIN and CCAC have a strong history of collaboration and will leverage the collective expertise throughout this integration to come together as one organization.
- The South West LHIN along with the South West CCAC is actively implementing these directions to support a smooth and seamless transition of high quality and integrated care for people in the South West LHIN.
- What is outlined in the *Patients First Act* builds on the success of both organizations. We look forward to building on our progress to date, and leveraging our expertise as we move forward to achieve an integrated health system in Ontario.

Provincial

- The *Patients First: Action Plan for Health Care* is Ontario's plan to transform the health care system into one that puts the needs of patients at its centre.
- The *Patients First: Action Plan for Health Care* sets clear and ambitious goals for Ontario's health care system in order to put patients at the centre of our health care system by improving the health care experience: increasing access, connecting services, informing patients and protecting our health care system.
- We have made progress in all four priority areas, but we can do more to put patients first.
- By putting patients first in everything we do, we will provide faster access to the care patients need today and make the necessary investments to ensure our health system will be there for patients for generations to come.

- On December 7, 2016, Ontario passed the *Patients First Act, 2016*, an important step forward in the *Patients First: Action Plan for Health Care*.
- Once fully implemented, changes supported by the *Patients First Act* will make local health care more responsive to local needs:
 - Patients will benefit from improved access to primary care, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner.
 - Primary care providers, inter-professional health care teams, hospitals, public health units and home and community care providers will be better able to communicate and share information, to ensure a smoother patient experience and transitions. Our goal is that patients will only have to tell their story once.
 - Administration of the health care system will be streamlined and reduced, with savings put back into improving patient care.
 - The voices of patients and families in their own health care planning will be strengthened.
 - There will be an increased focus on cultural sensitivity and the delivery of health care services to Indigenous peoples and French speaking people in Ontario.
- LHINs will ensure that any changes are seamless and that they simplify and improve patient experience. There will be no added bureaucracy and financial savings will go to patient care.

LHINs

- We are building a system that better understands and meets the needs of patients – no matter their background, their income, or where they live.
- Patients, clients and residents belong at the heart of the health care system.
- System transformation that improves equitable access to high quality, patient-centred care for all population groups is the right thing to do.
- Redesigning health care is undeniably one of the most important responsibilities we must uphold in order to place the needs of patients, clients and residents first in Ontario.
- We must work together to explore every opportunity available to us to provide better care for the patients, clients and residents we serve across the South West LHIN.
- The health system’s long-term success depends on attaining quality care, improved health and better value.

Patient care

- The South West LHIN gets people home and community care
- The South West LHIN gets people the care they need to stay well, heal at home and stay safely in their homes longer
- When home is no longer an option, we help people transition to other living arrangements
- The South West LHIN is committed to providing outstanding care, every person, every day
- We work hand-in-hand with our patients, caregivers and partners to develop shared understanding, build trusting relationships and co-create ways to achieve outcomes
- As regulated health professionals, care coordinators bring value to patients and partners by being familiar with and connected to every community, every service and every part of the health-care system
- With our model of client-driven care, care coordinators develop care plans in conjunction with patients, caregivers and system partners

- Care coordinators work closely with family doctors, hospitals, community organizations and others to support our shared patients
- The South West LHIN is committed to improving the quality of care provided to patients
- Care coordination and home care provide good value for money, improving patient health outcomes, and supporting the most effective and efficient use of the resources of the health care system.

Implementation Strategies

Health equity	<ul style="list-style-type: none"> • Every person, no matter who they are, where they live or how much money they make, deserves health services that address the barriers that are often experienced by certain populations.
Integration and collaboration	<ul style="list-style-type: none"> • A fully integrated system from end-to-end means individuals and organizations intentionally work together to better organize and connect services to meet the needs of the population and ensure optimal use of resources. • We must align services and processes so that the health care system is coordinated, accessible and high quality. • All health service providers must identify opportunities to integrate services for the benefit of the people we serve and the health system.
Accountability and transparency	<ul style="list-style-type: none"> • LHINs have built a strong foundation of transparency, performance and accountability as these are fundamental expectations of what Ontarians want from their health care system. • The LHIN strives to ensure that health care dollars are spent efficiently and effectively, yielding the best results possible and overall value for money.
Quality improvement and innovation	<ul style="list-style-type: none"> • Creating a culture that is relentless in its pursuit of quality improvement requires stakeholders to be continuously involved in improving the experience of care of those who use health care services. • We must work together to improve experiences of care, implement required changes, study results and make refinements.
eHealth and technology	<ul style="list-style-type: none"> • Using innovative information and clinical technologies in health care is a key contributor in advancing health care quality in the LHIN. • eHealth technologies allow for access to and exchange of health information, inform effective decision making, and enhance “hands-on” care

Priorities

Stronger primary health care that is	<ul style="list-style-type: none"> • Organized around a defined population, patient-centred care requires different parts of the health system to be integrated and
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linked with the broader health care system	<p>coordinated to meet the needs and preferences of individuals and families.</p> <ul style="list-style-type: none"> • A significant focus for the LHIN will be to work with the Ministry to implement a multi-year reform strategy in collaboration with primary care providers and other partners to strengthen primary care across the South West LHIN.
Optimized health for people and caregivers living at home, in long-term care and in other community settings	<ul style="list-style-type: none"> • A significant focus continues to be on meeting the needs of people who are frail, have medically complex conditions/disabilities, and/or live with chronic diseases. • We will work to transform home and community care, building on efforts in the community to improve access to coordinated, integrated, quality care for nursing, personal support, therapies, day programs and supportive housing as well as ongoing efforts to address disparities between old and new long-term care homes.
Supporting people in preventing and managing chronic conditions	<ul style="list-style-type: none"> • Ontario recognizes the need for greater coordination of care for people with multiple complex conditions. • By strengthening local partnerships where care providers work together to coordinate quality care for patients with complex needs, the LHIN and health service providers will be able to better support people in preventing and appropriately managing chronic conditions.
Stronger mental health and addiction services and relationships with other partners	<ul style="list-style-type: none"> • To deliver high quality care to people and their caregivers who are impacted by mental health, addictions, and/or responsive behaviours, the LHIN and health service providers will ensure services and supports in mental health and addictions are easier to access and continually improving.
Timely access to hospital-based care at the LHIN-wide, multi-community, and local level	<ul style="list-style-type: none"> • A significant focus for the LHIN is to optimize hospital-based resources in order to build capacity and access to quality treatment and care throughout the LHIN. • To maintain high quality, publicly accessible and cost-effective hospital care, the LHIN also continues to move forward with implementing Health System Funding Reform (HSFR) within the hospital and CCAC sectors.
A rehabilitative approach across the care continuum	<ul style="list-style-type: none"> • For those suffering from injury, illness, or chronic disease, equitable access to quality rehabilitative services will support better patient experience, clinical outcomes, and transitions of care by optimizing the physical, mental and social well-being of individuals.
People with life-limiting illnesses and their families at the	<ul style="list-style-type: none"> • Improving equitable access to coordinated, effective, efficient quality services and supports will place individuals with life-limiting

centre of hospice palliative care	illnesses and their families at the centre of care to optimize their quality of life.
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Strategic Approach

- Construct a narrative from the perspective of those impacted.
- All communications will reflect our core vision, mission and values and they will be shared in a way that is clear, relevant and useful.
- The LHIN will employ a variety of ways and means to communicate and provide information in a variety of formats to accommodate diverse audiences and geographies in the South West LHIN.
- The South West LHIN will continue to engage and consult with patients, caregivers, health care providers, stakeholder associations, Indigenous peoples and other system partners.
- Communications planning and delivery will be equitable and reflect best practices for both the health sector and communications – delivered in a way that consistently honours the LHIN’s commitment to equity and person-centred care.
 - Support French Language and Indigenous engagement
 - Offer resources and information in French
 - Maintain access to information online in French
- Work will continue with other LHINs when necessary to make sure there is a consistent approach that is adapted to reflect the local environment.
- Communications will adhere to the policies of the Ministry of Health and Long-Term Care as outlined in the MOHLTC-LHIN Memorandum of Understanding and the Ministry-LHIN Accountability Agreement (MLAA) and ensure alignment with provincial directions and priorities as appropriate.

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.

- Continue to provide patients and their families with relevant and timely information related to patient care.
 - Patient brochures, factsheets, bulletins or letters as needed to provide education information and advise patients of health care system changes
- Offer significant opportunities for audiences to participate in engagement around core business activities for the South West LHIN.
- Engage employees using effective internal communications.
- Communicate frequently with audiences on the activities of the LHIN and results being achieved.
 - Annual Report (2017/18), Report to the community (Healthiertomorrow.ca), Exchange Newsletters
 - Area Provider Table updates
 - Report on Performance and performance indicators on website

- Maintain an active online presence using Southwestlhin.on.ca, Twitter, Facebook, YouTube
- Meet and liaise with MPPs in the South West on an ongoing basis to provide updates on the activities of the LHIN.
- Prepare events and announcements as required to inform the public about significant South West LHIN initiatives or investments.
- Celebrate achievements with client-drive care and years of service celebrations.
- Maintain the brand of Heroes in the Home to honour the importance of caregivers.

6.2 Community Engagement

Offer significant opportunities for partners to participate in engagement around core business activities for the South West LHIN.

- Quality Symposium (June 2017)
- Board meetings (held in a different community each month)
- Congresses and forums (through the year)
- Local evening network sessions (held every other month)
- Advisory groups, committees, liaisons (ongoing)
- Targeted engagement for priority audiences around significant South West LHIN or provincial initiatives (as required)

Offer opportunities for dialogue with health service providers and other system partners the *Patients First Act* is implemented as part of the *Patients First: Action Plan for Health Care* over the coming months.

Engagement plans will be guided by the [LHIN Community Engagement Guidelines](#). These guidelines support LHINs as they engage, plan, and fund their local health care and service-delivery systems.

Evaluation

- Assess feedback (phone calls, emails, social and web traffic) after distributing key publications
- Assess turnaround time, tone and number of public inquiries and media inquiries.
- Ongoing monitoring of overall satisfaction, number of events each year, number of participants, achievement of objectives.
- Ongoing monitoring of media coverage, social conversation, stakeholder feedback and public inquiries log.
- Regular check-ins with partners and stakeholders to ensure key audiences are informed.
- Analytics and engagement rates (website, newsletter and social media)
- Review of overall patient care satisfaction rate.