South West
Local Health Integration Network

Annual Business Plan
2014/2015

September 16, 2014

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TRANSMITTAL LETTER

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

Subject: South West Local Health Integration Network – Annual Business Plan, 2014/15

I am pleased to submit the South West LHIN's 2014/15 Annual Business Plan.

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

The initiatives and actions outlined in this document are fully aligned 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 business plan clearly defines the actions that 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 as a means of promoting integration, service coordination and quality improvement.

We are also continuing to use online sources of media to have effective dialogue with our valued partners and community members as well as to foster transparency and accountability.

In working with the Ministry of Health and Long-term Care and health service providers, we anticipate taking crucial steps in fostering the improvement of health 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 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 2014-15 Annual Business Plan (ABP) marks the second 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 and initiating a small number of new initiatives that have recently emerged.

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
- 15 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. Environmental Scan

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 will 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 roll up to people spending more days at home. The big dot outcomes are:

1. Increasing availability of family health care – Our goal is to increase the percent of clients seeing their family health care provider within 7 days of discharge from hospital.
2. Reducing emergency room visits – Our goal is to save 15,000 emergency room visits to the emergency department within 7 days.
3. Increasing availability and access to community supports for people - Our goal is to reduce 17,000 days spent in hospital over the next 3 years.

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 Business Objectives

The business objectives of the South West LHIN focus on the development of our staff and internal organization to ensure the LHIN can deliver on its mandate described in our Annual Business Plan. The three business objectives are to:

- Create a high-performing workplace of choice;
- Create a learning organization by transferring knowledge into action;
- Create a customer-oriented organization.

Under each of these three objectives, there are several measures of success that will be used to determine our progress in advancing our organization.

As a high performing workplace of choice, the LHIN will aim to ensure staff are informed and engaged in all organizational improvements, and feedback is solicited from staff to maximize the benefits of our updated organizational structure to ensure individual and team accountabilities are clear. The LHIN will also continue to implement our LHIN human resource strategy ensuring staff strengths are maximized, and aim to limit staff turnover to 10%.

As a learning organization, the LHIN will support all staff to make effective use of professional development resources and opportunities that are available to them, and that a learning culture is created that encourages staff to develop and exchange knowledge with colleagues and partners both internally and externally. The LHIN will also target to ensure that 80% of staff achieve their learning goals, and that governance training is provided to assist in LHIN Board development.

Finally, as a customer-oriented organization, the LHIN will create an appropriate follow-up response and action plan to the survey which was recently completed of health service providers (HSPs) administrators and governors.

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- and all sector-level logic models.

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 provides a description for each of the 16 Program Areas along with the strategic directions impacted.

Program Areas	Description	Strategic Directions Impacted by Program Area
Access to Care	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.	✓ 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	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.	✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services
Chronic Disease Prevention and Management	The CDPM portfolio supports a quality improvement approach within primary care and broader system partners focused on improving chronic disease prevention and management. With the LHIN's new accountability to drive effective and efficient coordination, integration and service delivery of diabetes prevention and management using resources from the former Diabetes Regional Coordinating Centre. 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. Opportunities to further coordinate with other chronic disease management programs will also be explored. Quality improvement strategies in use include 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.	✓ Improve Access to Family Health Care ✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services
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.	✓ 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
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.	✓ 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.	✓ Increase the value of our health care system for the people we serve
Diagnostic Imaging	The South West LHIN will implement diagnostic imaging strategies.	✓ Increase the value of our health care system for the people we serve
Emergency Services	The South West LHIN continues to leverage the Pay 4 Results program with its participating site in an effort to improve wait times and the quality of Emergency care in the South West. The South West LHIN has launched a Knowledge Transfer initiative partnering with St. Thomas Elgin General Hospital to spread emergency department best practices in terms of reduced wait times and increased patient flow in the South West LHIN. The South West LHIN is participating in a province-wide initiative to identify the role of the LHINs in Emergency Management.	✓ Increase the value of our health care system for the people we serve
Health Links	Patients with the greatest health care needs make up five percent 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.	✓ 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
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.	✓ 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 are expected to be rebuilt when the Ministry announces Phase 2 of the redevelopment process. During this next phase, the South West LHIN will work to ensure equitable access to these beds throughout the LHIN.	✓ Increase the value of our health care system for the people we serve
Mental Health & Addictions	All initiatives are aimed at moving the locus of care from hospital to community through 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.	✓ 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
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.	✓ 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.	✓ Drive safety through evidence-based practice

Program Areas	Description	Strategic Directions Impacted by Program Area
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.	✓ 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 to access necessary health services. Efforts will be made to identify opportunities to leverage current affordable and accessible transportation resources.	✓ 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 2014 – 2015 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 over 150 health service providers. The LHIN has had great success implementing initiatives through a quality improvement approach that has necessitated the need to "plan, do, study, act" initially within 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 initiatives were identified. In the second year of the IHSP, 4 more initiatives were added. The following is a breakdown of the completion of the initiatives within 2013-16.

- 2013-14 – 6 initiatives completed (7% of total)
- 2014-15 – 15 additional initiatives projected to be completed (23% of total)
- 2015-16 – 27 additional initiatives projected to be completed (53% of total)

Implementation Risks

To assist with understanding the risk associated with implementing each initiative, the LHIN considers human resource availability and competency, availability of funding, leadership champions, technological challenges, project management challenges, and resistance to change and level of commitment by health service providers. Over 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 requires careful planning and staging to assist with mitigating the risks.

Organization and Process Alignment

Further to this, the South West LHIN will continue to improve on creating a consistent approach to initiative planning and implementation through the:

- Robust use of standardized project management tools, processes and technology (i.e. Project Charters, Eclipse, Expert Choice and SharePoint)
- 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
- Identification of portfolio teams aligned to IHSP programs and initiatives to ensure portfolio and initiative planning, implementing, measuring, and communication functions are met.

2.3 Accountability, Performance and Improvement Activities

Performance Planning, Monitoring, and Reporting at the Initiative and Program Levels

To assist with understanding and optimizing the impact of the 16 programs and associated initiatives on key LHIN outcomes, the LHIN will focus 2014-15 efforts on the following four key improvement areas of work as part of our Performance Improvement Framework:

1. **Reporting, Monitoring and Accountability**
    a. Integration of monthly and quarterly outcome performance into Portfolio conversations, leveraging established Report on Performance Scorecard; Report on Performance Tool and the Stocktake Report
    b. Creation of Portfolio Specific Performance Dashboards for discussion and review of progress on a monthly basis.
    c. 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).
    d. Launch a formal monthly operational review and quarterly strategic review process that will integrate and align with the implementation of an internal Project Management Office and performance monitoring process.

2. **Performance Management**
    a. Redevelopment of a Board-level Report profiling cross-sector performance related to Service Accountability Agreements.
    b. Continuation of triggering time limited and focused Performance Management Teams (in partnership with Health Service Providers and internal staff as appropriate and as needed), based on established criteria (LHIN performance not meeting MLPA, Health Service Provider performance not meeting Service Accountability targets).

3. **Process Management through Quality Improvement**
    a. Integrate key identified Quality and Performance Improvement tools, templates and processes into the LHIN Project Management development and reporting cycle.
    b. A gap analysis will be completed to identify performance and quality improvement opportunities. Leverage tools such as Quality Improvement Plans to drive improvement and ensure the most appropriate interventions are targeting LHIN outcomes.
    c. Analyze Quality Improvement Plans (from all sectors) to understand opportunities and identify leading and innovative performers within and across sectors to support

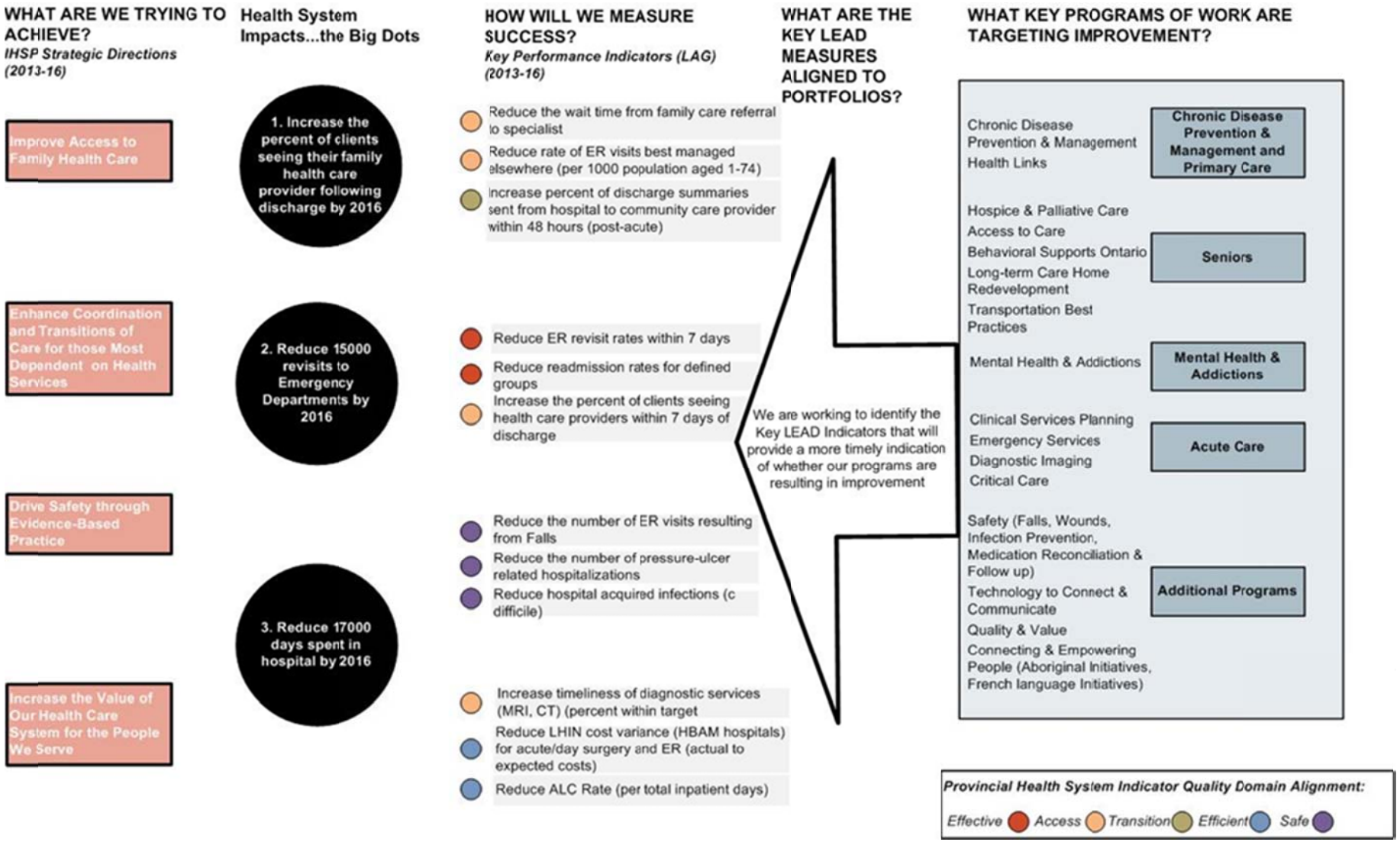
mentorship and knowledge transfer. Launch a focused improvement effort in partnership with providers regarding implementation of Quality Based Procedures and Clinical Handbooks.

d. Identify tools and resources from the provincial IDEAs program, and ensure a systematic approach to incorporate patient experience at all stages of the planning and implementation cycle.

4. Evaluation Planning and Capacity Building

a. Continue to support evaluation planning on key priority interventions to understand and improve the impact and reporting of interventions (programs and initiatives) on key LHIN outcomes aligned to our strategy. Key tools to help facilitate this work include: the South West LHIN Report on Performance Scorecard; Report on Performance Tool and the Stocktake Report; and Portfolio Specific Performance Dashboard.

Portfolio teams continue to monitor programs and initiatives to achieve the greatest potential impact to LHIN outcomes. The following diagram reflects the alignment between the IHSP Strategic Directions, the Big Dots, key Lead and Lag indicators and the programs targeting improvements:


WHAT ARE WE TRYING TO ACHIEVE?
IHSP Strategic Directions (2013-16)
Health System Impacts...the Big Dots
HOW WILL WE MEASURE SUCCESS?
Key Performance Indicators (LAG) (2013-16)
WHAT ARE THE KEY LEAD MEASURES ALIGNED TO PORTFOLIOS?
WHAT KEY PROGRAMS OF WORK ARE TARGETING IMPROVEMENT?
Improve Access to Family Health Care
1. Increase the percent of clients seeing their family health care provider following discharge by 2016
Reduce the wait time from family care referral to specialist
Reduce rate of ER visits best managed elsewhere (per 1000 population aged 1-74)
Increase percent of discharge summaries sent from hospital to community care provider within 48 hours (post-acute)
Enhance Coordination and Transitions of Care for those Most Dependent on Health Services
2. Reduce 15000 revisits to Emergency Departments by 2016
Reduce ER revisit rates within 7 days
Reduce readmission rates for defined groups
Increase the percent of clients seeing health care providers within 7 days of discharge
Drive Safety through Evidence-Based Practice
3. Reduce 17000 days spent in hospital by 2016
Reduce the number of ER visits resulting from Falls
Reduce the number of pressure-ulcer related hospitalizations
Reduce hospital acquired infections (c difficile)
Increase the Value of Our Health Care System for the People We Serve
Increase timeliness of diagnostic services (MRI, CT) (percent within target
Reduce LHIN cost variance (HBAM hospitals) for acute/day surgery and ER (actual to expected costs)
Reduce ALC Rate (per total inpatient days)
We are working to identify the Key LEAD Indicators that will provide a more timely indication of whether our programs are resulting in improvement
Chronic Disease Prevention & Management
Health Links
Chronic Disease Prevention & Management and Primary Care
Hospice & Palliative Care
Access to Care
Behavioral Supports Ontario
Long-term Care Home Redevelopment
Transportation Best Practices
Seniors
Mental Health & Addictions
Mental Health & Addictions
Clinical Services Planning
Emergency Services
Diagnostic Imaging
Critical Care
Acute Care
Safety (Falls, Wounds, Infection Prevention, Medication Reconciliation & Follow up)
Technology to Connect & Communicate
Quality & Value
Connecting & Empowering People (Aboriginal Initiatives, French language Initiatives)
Additional Programs
Provincial Health System Indicator Quality Domain Alignment:
Effective
Access
Transition
Efficient
Safe

See IHSP 2013-16 for more detail and IHSP 2013-16, Appendix D: Logic Models for LHIN- and all sector-level logic models.

Please also see Appendix D which describes the alignment of current portfolios and programs to IHSP Scorecard measures. Staff have begun to review Portfolio Dashboards monthly with a focus on the following:

- What are the 20 percent of activities (programs and initiatives) that we should focus on in order to have 80 percent 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?

2.4 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 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) that 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.

MLPA Base Funding	2014-15 based on July 2014 MLPA
Hospitals	1,513,275,713
Long Term Care Homes	322,706,771
Community Care Access Centre	209,004,363
Community Health Centres	19,724,427
Community Support Services	38,129,519
Assistive Living/Supportive Housing	18,034,196
Adult Brain Injuries	5,050,363
Community Mental Health	53,717,319
Addictions	10,972,223
Total	**2.190,614,894**

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. The submission of a 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 the system change which is desired by both our Board and the Minister of Health and Long-Term Care.

In developing the 2014/15 budget, the additional funding for Diabetes Regional Coordination of $1,192,370 received from the Ministry was incorporated. The related expenses and dedicated resources are part of operational costs to drive improved coordination and alignment of diabetes prevention and management across the South West LHIN.

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

Initiative base funding is included in the Operations Spending Plan and the Staff Plan as follows:

- French Language Services - $106,000
- Aboriginal Planning - $35,000
- Diabetes Regional Coordination - $1,192,370

Template B: LHIN Operations Spending Plan

LHIN Operations Sub-Category ($)	2013/14 Actual	2014/15 Allocation	2015/16 Planned Expenses	2016/17 Planned Expenses
Salaries and Wages	3,219,106	3,811,034	3,887,255	3,887,255
Employee Benefits				
HOOPP	309,214	316,787	323,123	323,123
Other Benefits	412,885	454,215	463,299	463,299
Total Employee Benefits	**722,099**	**771,002**	**786,422**	**786,422**
Transportation and Communication				
Staff Travel	66,919	70,000	70,000	70,000
Governance Travel	26,970	25,800	25,000	25,000
Communications	-	-	-	-
Other Benefits	-	-	-	-
Total Transportation and Communication	**93,889**	**95,800**	**95,000**	**95,000**
Services				
Accomodation (Lease costs plus other Accom exp)	285,314	277,994	275,000	275,000
Advertising & Public Relations	9,421	2,000	2,000	2,000
Banking	40	600	600	600
Community Engagement	77,765	96,800	50,000	50,000
Consulting Fees	240,282	12,331	-	-
Equipment Rentals	82,270	82,500	75,000	75,000
Governance Per Diems	108,768	107,400	107,400	107,400
LSSO Shared Costs & LHINC	406,019	407,640	407,640	407,640
Other Meeting Expenses	27,493	20,750	20,000	20,000
Other Governance Costs	28,862	46,900	18,072	18,072
Printing & Translation	74,699	59,500	59,500	59,500
Staff Development	65,039	79,000	79,000	79,000
Recruitment	76,247	40,000	40,000	40,000
Other overhead expenses	148,020	27,200	30,000	30,000
DRCC Physician Leads	149,981	226,200	226,200	226,200
Total Services	**1,780,220**	**1,486,815**	**1,390,412**	**1,390,412**
Supplies and Equipment				
IT Equipment	-	30,000	30,000	30,000
Office Supplies & Purchased Equipment	34,052	34,438	40,000	40,000
Total Supplies and Equipment	**34,052**	**64,438**	**70,000**	**70,000**
LHIN Operations: Total Planned Expense	5,849,366	6,229,089	6,229,089	6,229,089
Annual Funding Target		6,229,089	6,229,089	6,229,089
Variance		-	-	-

Notes

1. Includes DRCC, FLS and Aboriginal funding

3.2 Staffing Plan

The 2014/15 Staffing Plan includes FTEs for base initiatives. The LHIN Human Resources Strategic Goals for 2014-17 are currently being developed in conjunction with the organization's mission, vision and value statements and will provide the opportunity to link human needs to business needs.

The purpose of the HR Strategy is to ensure that the organization has the 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 that is in compliance with legislation and is sensitive to both management's and employees' needs; provide structure, compensation, policies, standards, reward systems, benefit programs and grievance handling; and foster a culture, which reflects organizational mission, vision and values. Our strategic goals 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 will harness commitment and talent within our LHIN. The HR Strategy will result in creating a high-performing workplace of choice, a learning organization by transferring knowledge into action, and a customer-oriented organization.

Template C: LHIN Staffing Plan (Full-Time Equivalents)				
Position Title	2013/14 Projected FTEs	2014/15 Forecast FTEs	2015/16 Forecast FTEs	2016/17 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
Decision Support Specialist	-	-	-	-
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	1.0	1.0	1.0	1.0
Health Data & Performance Analyst	2.0	2.0	2.0	2.0
Performance Improvement Lead	1.0	1.0	1.0	1.0
Program Assistant	3.0	3.0	3.0	3.0
Project Management Office Lead	-	-	-	-
Projects Lead (contract)	1.0	1.0	1.0	1.0
Quality Specialist	1.0	1.0	1.0	1.0
Quality Improvement Lead	-	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	41.0	42.0	42.0	42.0

Includes DRCC, FLS and Aboriginal FTEs

4.0 COMMUNICATIONS AND COMMUNITY ENGAGEMENT

4.1 Communications Plan Overview

Business Objectives

The business objectives of the South West LHIN focus on the development of our staff and internal organization to ensure the LHIN can deliver on its mandate described in the Annual Business Plan. The three business objectives are to:

- Create a high-performing workplace of choice;

- Create a learning organization by transferring knowledge into action;
- Create a customer-oriented organization.

Communications Objectives

- Continue to raise awareness of -
    - the South West LHIN's role in Ontario's transformation of the health care system – reinforce the changes that have been made and movement along the change paradigm that has been achieved
    - the caliber of work and credibility of the LHIN in leading and managing transformation of the health system in the South West area
    - The LHIN's commitment to openness, transparency and accountability to people in the South West
- Inform and update all stakeholder groups on the progress of initiatives
- Continue to educate and build awareness among health service providers of –
    - the shared accountability of the South West 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:

Our goal is to ensure that all communications and engagement products/activities support the provincial Action Plan for Health Care's priorities of keeping Ontario healthy, faster access to stronger family health care and ensuring Ontarians receive the right care at the right time, in the right place. Working with all stakeholder groups, we will inform, educate and support initiatives that will 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, the establishment of the Huron Perth and London Health Links and soon to be established South Grey Bruce Health Link and North Grey Bruce Health Link clearly demonstrates the advantages of putting patients at the centre of care. The Health Links will link physicians, nurse practitioners and other health services providers to provide better access and care to people in the South West area, particularly those most dependent on health services.

Our eHealth initiatives, specifically cSWO (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.

All initiatives and programs funded by the South West LHIN not only align with our local priorities and strategic directions, but also advance the government priorities.

Audiences:

- Health Service Providers, funded and non-funded
- Ministry of Health and Long-term Care
- Other provincial ministries
- Local government stakeholders

- Media
- Public (Taxpayers, patients/clients and caregivers/family members)

Strategic Approach:

- Position and build awareness of the LHIN among stakeholders as a valued key player within the transformation of Ontario's health system 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.
- Strive to use language that reflects the patient/client/resident perspective.

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.

Through these changes, we expect to see:

- Reduced wait times and faster access to family doctors
- Fewer unnecessary visits to the emergency room and re-admissions to hospital
- Patients receiving care at home or in the community instead of in a hospital

How are we transforming the health care system?

- Partnering with the sector and enabling them to play an active role in how the system will change.
- Strengthening community agencies to support providers and encourage integration around the patient's needs.
- Health care funding will be determined based on the best evidence and will respond to the needs of the patient.

What can we expect from these changes to the healthcare system?

- A system built for patients by the health care providers and leaders closest to them.
- A health care system that integrates providers around patients to deliver better outcomes.

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 such as…
  - 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 identifies16 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
Access to Care	• 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 spread Home First to all areas of the LHIN to alleviate alternate level of care (ALC) pressures on hospitals and provide more care in the community. • Community partners are working together with clients to ensure that clients have access to the services that are most appropriate to serve their needs. • Health Service Providers and the South West LHIN Board have approved Phase I of the Complex Continuing Care/Rehabilitation integration. The planned bed realignment is being implemented in the 2014-15 fiscal year to

Program Areas	Key Messages
	improve the distribution of those beds across the South West. Phase II of the bed realignment will be brought to the Board for consideration in fiscal 2014-15. • The South West LHIN Board has approved changes related to the Adult Day Program redesign that will be implemented in the 2014-15 fiscal year to improve access to high quality services.
Behavioural Supports Ontario	• The Behavioural Support Ontario Project was created to enhance services for elderly Ontarians 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. • October 2012 - March 2013, over 5000 staff 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	• CDPM initiatives are focused on quality improvement with primary care and other health system partners. Over 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 has been placed on improving access to and alignment of diabetes prevention and management initiatives across LHIN funded and non-funded sectors and other chronic disease initiatives.
Clinical Services Planning	• Clinical Services Planning will first focus on stroke, cataract and endoscopy as the priority clinical areas to work towards improving the 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 implementation focusing initially on impact for hospital-based services. • Clinical Services Planning provides a platform to consider partnership and integration arrangements within/across sectors and across LHIN boundaries.

Program Areas	Key Messages
Connecting and Empowering People	• 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.
Critical Care	• The province-wide implementation of the Life or Limb No Refusal Protocol, first implemented in the South West LHIN, will ensure the most critically ill or injured individuals get the care they need in a timely way. • Ongoing critical care initiatives will build on the work of previous years to improve access and efficiencies in Critical Care.
Diagnostic Imaging	• The South West LHIN supports provincially driven diagnostic imaging appropriateness and related strategies to improve access and reduce wait-times.
Emergency Services	• In an ongoing effort to improve wait times and effectiveness in emergency care, South West LHIN health service providers will leverage the provincial pay for results program. • Patient flow and reduction of wait times in emergency departments will be achieved through the spread of Emergency Department best practices across the South West LHIN. • The South West LHIN is participating in a province-wide initiative to clearly identify the role of the LHINs in Emergency Management.
Health Links	• Health Links will foster collaboration by bringing together all health care providers in a community to better and more quickly coordinate local health care services for people who need them the most. • 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. They will feel well cared for by a tightly-knit team of providers who are looking out for their well-being. • Helping those who need health care the most to get the right care the first time – like frail seniors and those with complex chronic conditions – also helps the system run more efficiently and provides better value for tax dollars.

Program Areas	Key Messages
Hospice Palliative Care	• 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.
Long-Term Care Home Redevelopment	• The South West LHIN will monitor the distribution/redistribution of long-term care home beds as older homes are redeveloped.
Mental Health & Addictions	• 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. • 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. • Transforming the focus of care from institution to community continues as the implementation of Health Services Restructuring Commission directives will be completed within the coming months. • 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.
Quality and Value	• Health service partners in the South West are committed to transforming the health system to better meet the needs of people in our region. We know this requires real change and, with change, an openness and dedication to instituting new approaches. 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.

Program Areas	Key Messages
Safety	• The South West LHIN will enhance its focus on safety related initiatives, including: o A cross-sector infection prevention strategy o Implementation of a falls prevention strategy o Implementation of the South West Regional Wound care program
Technology to Connect and Communicate	• 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	• The South West LHIN will identify opportunities to leverage current affordable and accessible transportation resources.

Tactics:

The communication/engagement tactics will flow out of the overarching communications plan that guides alignment of all audience- and initiative-specific communications plans. Tactics and tools will differ for each initiative drawing from the following:

- South West LHIN website
- Bi-monthly newsletter
- Annual community bulletin
- Social media (twitter, facebook)
- Video (South West LHIN YouTube Channel)
- News releases
- Paid media
- Board updates
- Area provider table monthly updates
- Email blasts to stakeholders
- Face-to-face community engagement
- Webcasts

Additionally, an Action Plan and communications approach have been developed to report back and support implementation actions in response to the health service provider survey conducted in December 2013.

Evaluation:

Success of the communication/engagement will be measured with the following:

- Submitted evaluation forms at face-to-face engagement events
- Positive editorial coverage/limited negative editorial coverage
- On-line surveys
- Participation levels in engagement sessions
- Website traffic
- Social media followers
- YouTube views

4.2 Community Engagement Plan Overview

Community Engagement Objectives:

- Employ a variety of strategies to inform and educate, consult, involve, collaborate and/or empower South West LHIN stakeholders.
- Make all engagements as valuable as possible for the participants and the LHIN.
- Boost participation.
- Foster alignment with the IHSP's strategic directions and initiatives among HSPs.
- Practice core principles of community engagement.

Audiences/Tactics:

- Health Service Providers
    - Quality Symposium
    - LHIN and Health Service Provider advisory groups and committees
    - Health service provider liaisons
- Health Service Board Governors
    - Bi-monthly board-to-board sessions
    - Quality Symposium
- 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

Appendix A: Implementation of Initiatives ABP 2014-15

Program: Access to Care

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 Home and Adult Day Programs as well as Complex Continuing Care and Rehabilitation services.

Improve Access to Family Health Care

Initiative/Action: Ensure timely medication reconciliation and follow up appointment with physician or nurse practitioner post discharge from hospital in alignment with the Home First philosophy

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
25%	25%	25%	25%

Enhance Coordination and Transitions of Care

Initiative/Action: Implement geographic "cluster care and virtual ward" models of care

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
50%	10%	20%	20%

Improve Access to Family Health Care

Initiative/Action: Using a Home First philosophy, screen for potential high needs patients who frequent the ER and hospital and who require complex discharge plans; enhance monitoring of eReferral, eNotification and eDischarge Summary, and coordinate care with other providers

Magnitude of Change: Low - Marathon

Duration of Initiative:12 to 24 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
40%	60%	0%	0%

Enhance Coordination and Transitions of Care

Initiative/Action: Continue to implement Access to Care project LHIN wide and align senior friendly hospital strategies to obtain project deliverables and outcomes

Magnitude of Change: Low - Marathon

Duration of Initiative: 12 – 24 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
50%	50%	0%	0%

Enhance Coordination and Transitions of Care

Initiative/Action: Implement CCAC expanded role to coordinate access to Assisted Living, Supportive Housing, Adult Day Programs, Complex Continuing Care and Rehabilitation beds to obtain the right service at the right time by the right provider

Magnitude of Change: Low - Marathon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
75%	25%	0%	0%

Drive Safety Through Evidence Based Practice

Initiative/Action: Ensure timely medication reconciliation and follow up appointment with (physician or nurse practitioner, pharmacist or nurse) following discharge from hospital and coordinate care with other providers in alignment with home first philosophy

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
25%	25%	25%	25%

Increase the Value of our Healthcare System

Initiative/Action: Implement redesign recommendations to improve access to Assisted Living, Supportive Housing, Adult Day Programs, Complex Continuing Care and Rehabilitation beds to obtain the right service at the right time by the right provider

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
50%	20%	15%	15%

Increase the Value of our Healthcare System

Initiative/Action: Prioritize, develop and implement restorative care options across hospital, long-term care and community based care

Magnitude of Change: High - Decathlon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
40%	20%	20%	20%

Enhance Coordination and Transitions of Care

Initiative/Action: Support the implementation of the long-term ventilation regional initiative

Magnitude of Change: Low - Marathon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
50%	25%	15%	10%

Program: Behavioural Supports Ontario

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.

Enhance Coordination and Transitions of Care

Initiative/Action: Continue to build a Behavioural Support System of Care by implementing coordinated prevention, care and educational strategies across primary care, seniors MH&A teams and specialist resources, Alzheimer Societies, Long Term Care homes, CCAC and other community based services

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
60%	20%	0%	0%

Program: Chronic Disease Prevention and Management (CDPM)

The CDPM portfolio supports a quality improvement approach within primary care and broader system partners focused on improving chronic disease prevention and management. With the LHIN's new accountability to drive effective and efficient coordination, integration and service delivery of diabetes prevention and management, 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. Opportunities to further coordinate with other chronic disease management programs will also be explored.

Quality improvement strategies used include 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.

Improve Access to Family Health Care

Initiative/Action: Strengthen links to health promotion, disease prevention and self-management programs and services including those offered by public health units

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
10%	20%	10%	10%

Improve Access to Family Health Care

Initiative/Action: Increase adoption of Advanced Access through e-health training and quality improvement coaching; Provide Advanced Access training through e-health training and quality improvement coaching

Magnitude of Change: Low - Marathon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
15%	15%	15%	10%

Improve Access to Family Health Care

Initiative/Action: Build self-management system capacity by implementing chronic disease and MH&A self-management strategies including promotion and participation in self-management training, implementation of support techniques, and focus on priority populations (Francophone and Aboriginal) and those with diabetes (revised 2014-15)

Magnitude of Change: Low - Marathon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
30%	20%	15%	10%

Enhance Coordination and Transitions of Care

Initiative/Action: Build self-management system capacity by implementing chronic disease and MH&A self-management strategies including promotion and participation in self-management training, implementation of support techniques, and focus on priority populations (Francophone and Aboriginal) and those with diabetes (revised 2014-15)

Magnitude of Change: Low - Marathon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
30%	20%	15%	10%

Enhance Coordination and Transitions of Care

Initiative/Action: Promote "Living a Healthy Life with Chronic Conditions" workshop to people and their caregivers

Magnitude of Change: Low - Marathon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
50%	25%	10%	10%

Enhance Coordination and Transitions of Care

Initiative/Action: Through Partnering for Quality, implement chronic disease best practices between primary, specialist, and community based care including initiatives such as diabetes education programs that align to the Integrated Vascular Blueprint for Ontario and C-change guidelines (revised 2014-15)

Magnitude of Change: Low - Marathon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
15%	10%	20%	20%

Enhance Coordination and Transitions of Care

Initiative/Action: Improve access to and alignment of diabetes prevention and management initiatives through collaborative chronic disease planning and implementation including focused efforts with the Aboriginal Community.

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
15%	30%	25%	20%

Enhance Coordination and Transitions of Care

Initiative/Action: Develop and implement a multi-disciplinary, mult-sector delivery model for the prevention and management of Diabetes Foot Ulcers (revised 2014-15)

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
25%	30%	30%	10%

Program: 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.

Enhance Coordination and Transitions of Care

Initiative/Action: Prioritize, develop and implement LHIN-wide planning for Stroke, Cataracts and Endoscopy in alignment with Health System Funding Reform, Wait Time Strategies and other cost, quality improvement initiatives

Magnitude of Change: Low - Marathon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
35%	35%	30%	0%

	Increase the Value of our Healthcare System			
Initiative/Action: Support LHIN 1 and 2 perinatal capacity assessment and regional planning				
Magnitude of Change: High - Relay	**Percent Completion:**			
Duration of Initiative: 12 to 24 Months	**2012-2014**	**2014-2015**	**2015-2016**	**2016-2017**
	40%	**60%**	**0%**	**0%**
	Increase the Value of our Healthcare System			
Initiative/Action: Support Joint Services Planning across Oxford county				
Magnitude of Change: High - Decathlon	**Percent Completion:**			
Duration of Initiative: Beyond 36 Months	**2012-2014**	**2014-2015**	**2015-2016**	**2016-2017**
	40%	**20%**	**20%**	**0%**
	Increase the Value of our Healthcare System			
Initiative/Action: Plan and implement a LHIN-wide Surgical Wait List Management System				
Magnitude of Change: High - Relay	**Percent Completion:**			
Duration of Initiative: 12 to 24 Months	**2012-2014**	**2014-2015**	**2015-2016**	**2016-2017**
	40%	**30%**	**30%**	**0%**
	Increase the Value of our Healthcare System			
Initiative/Action: Plan and implement strategies to create a LHIN-wide Orthopedic System of Excellence				
Magnitude of Change: High - Decathlon	**Percent Completion:**			
Duration of Initiative: Beyond 36 Months	**2012-2014**	**2014-2015**	**2015-2016**	**2016-2017**
	40%	**45%**	**15%**	**0%**

Program: 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. In addition, 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.

Improve Access to Family Health Care

Initiative/Action: Optimize the skillsets of interdisciplinary team members to leverage team capacity and effectiveness

Magnitude of Change: High - Decathlon

Duration of Initi8ative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
45%	30%	25%	0%

Improve Access to Family Health Care

Initiative/Action: Increase access to and integration of traditional healers and indigenous healing methods

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
25%	25%	25%	25%

Improve Access to Family Health Care

Initiative/Action: Implement culturally appropriate care and services

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
40%	20%	20%	20%

Enhance Coordination and Transitions of Care

Initiative/Action: Implement enhanced access to addiction services, including Aboriginal site access

Magnitude of Change: High - Decathlon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
10%	30%	60%	0%

Enhance Coordination and Transitions of Care

Initiative/Action: Improve the interfacing between the CCAC, hospitals and Aboriginal health service providers to better manage case management, discharge planning and patient care

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
25%	25%	25%	25%

Enhance Coordination and Transitions of Care

Initiative/Action: Develop a strategic primary care plan focused on the Aboriginal population

Magnitude of Change: High - Decathlon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
35%	35%	30%	0%

Enhance Coordination and Transitions of Care

Initiative/Action: Promote self-management programs for people living with chronic conditions and their caregivers (e.g., "Living a Healthy Life with Chronic Conditions" workshops)

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
50%	25%	25%	0%

Enhance Coordination and Transitions of Care

Initiative/Action: To encourage hiring of French-speaking behavioural support staffing resources in London/Middlesex

Magnitude of Change: Low - Marathon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
10%	25%	25%	25%

Enhance Coordination and Transitions of Care

Initiative/Action: To work with the CCAC to develop a mechanism to identify and track the number of Francophone clients that they serve each year to understand opportunities for culturally sensitive CCAC services and other services that they coordinate access to including long term care homes, assisted living and adult day programs, complex continuing care and rehabilitation beds

Magnitude of Change: Low - Marathon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
50%	25%	25%	0%

Enhance Coordination and Transitions of Care

Initiative/Action: Work with thehealthline.ca to create navigation tools to support the Francophone population

Magnitude of Change: Low – Sprint

Duration of Initiative: Less than 12 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
100%	0%	0%	0%

Enhance Coordination and Transitions of Care

Initiative/Action: Implement culturally appropriate care and services

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
15%	20%	20%	20%

Increase the Value of our Healthcare System

Initiative/Action: Collaborate across organizations and geography to increase capacity and efficiency of teams and services

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
30%	20%	20%	20%

Increase the Value of our Healthcare System

Initiative/Action: In London-Middlesex, FLS-identified HSPs understand and comply with French Language Services requirements

Magnitude of Change: Low - Marathon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
25%	25%	25%	25%

Increase the Value of our Healthcare System

Initiative/Action: In London-Middlesex, all HSPs to develop mechanism to identify and track the number of Francophone clients that they serve each year to understand opportunities for culturally sensitive services

Magnitude of Change: Low - Marathon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
10%	30%	20%	20%

Increase the Value of our Healthcare System

Initiative/Action: Implement the Aboriginal Mental Health and Addictions Strategy

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
25%	25%	25%	25%

Increase the Value of our Healthcare System

Initiative/Action: In London-Middlesex, Mental Health and Addiction agencies ensure French language service capacity for key service functions

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
25%	25%	25%	25%

Increase the Value of our Healthcare System

Initiative/Action: Increase the cultural competency of health service providers delivering care to Aboriginal populations

Magnitude of Change: High - Decathlon

Percent Completion:

Duration of Initiative: Beyond 36 Months

2012-2014	2014-2015	2015-2016	2016-2017
40%	20%	20%	20%

Increase the Value of our Healthcare System

Initiative/Action: Distribute the FLS toolkit to all HSPs and promote its use in London-Middlesex

Magnitude of Change: Low - Sprint

Percent Completion:

Duration of Initiative: Less than 12 Months

2012-2014	2014-2015	2015-2016	2016-2017
100%	O%	0%	0%

Increase the Value of our Healthcare System

Initiative/Action: Implement culturally appropriate care and services

Magnitude of Change: High - Decathlon

Percent Completion:

Duration of Initiative: Beyond 36 Months

2012-2014	2014-2015	2015-2016	2016-2017
40%	20%	20%	20%

Increase the Value of our Healthcare System

Initiative/Action: Identify the data requirements for furthering health planning and service delivery as it relates to the Aboriginal population

Magnitude of Change: Low - Sprint

Percent Completion:

Duration of Initiative: Less than 12 Months

2012-2014	2014-2015	2015-2016	2016-2017
100%	0%	0%	0%

Increase the Value of our Healthcare System

Initiative/Action: Examine options for creating a comprehensive source of reliable health data for the Aboriginal population

Magnitude of Change: Low - Marathon

Percent Completion:

Duration of Initiative: 25 to 36 Months

2012-2014	2014-2015	2015-2016	2016-2017
25%	25%	50%	0%

Increase the Value of our Healthcare System

Initiative/Action: Examine data collection and sharing agreement options for the LHIN as it relates to First Nations, Metis and Urban Aboriginal populations

Magnitude of Change: Low - Sprint

Duration of Initiative: Less than 12 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
100%	0%	0%	0%

Program: 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.

Increase the Value of our Healthcare System

Initiative/Action: Lead planning and implementation of Provincial Life or Limb – No Refusal Policy

Magnitude of Change: Low - Sprint

Duration of Initiative: 12 to 24 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
60%	40%	0%	0%

Increase the Value of our Healthcare System

Initiative/Action: Enable the implementation of Provincial Hospital Resource System (PHRS) across LHINs 1 and 2 and LHIN-wide roll out of PHRS Repatriation Tool

Magnitude of Change: High - Relay

Duration of Initiative: 12 to 24 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
40%	60%	0%	0%

Increase the Value of our Healthcare System

Initiative/Action: Implement provincially driven performance and quality improvement approach in Critical Care and leverage policy enhancements to improve access and efficiencies in Critical Care

Magnitude of Change: Low - Sprint

Duration of Initiative: 12 to 24 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
80%	10%	10%	0%

Program: Diagnostic Imaging

The South West LHIN will implement diagnostic imaging strategies.

Increase the Value of our Healthcare System

Initiative/Action: Implement Diagnostic Imaging Coordinated Access in the South West LHIN (revised 2014-15)

Magnitude of Change: High - Relay

Duration of Initiative: 12 to 24 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
40%	60%	0%	0%

Program: Emergency Services

The South West LHIN continues to leverage the Pay 4 Results program with its participating site in an effort to improve wait times and the quality of Emergency care in the South West. The South West LHIN has launched a Knowledge Transfer initiative partnering with St. Thomas Elgin General Hospital to spread ED best practices in terms of reduced wait times and increased patient flow in the South West LHIN. The South West LHIN is participating in a province-wide initiative to identify the role of the LHINs in Emergency Management.

Increase the Value of our Healthcare System

Initiative/Action: Leverage Pay 4 Results program to improve wait times and effectiveness in emergency care

Magnitude of Change: High - Marathon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
50%	25%	25%	0%

Increase the Value of our Healthcare System

Initiative/Action: Spread ED best practices related to improvement in patient flow and reduced wait times within the South West LHIN (Stratford, Tillsonburg, Strathroy and Woodstock)

Magnitude of Change: High - Relay

Duration of Initiative: 12 to 24 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
70%	30%	0%	0%

Increase the Value of our Healthcare System

New 2014-15 Initiative/Action: Plan and implement strategies to improve the efficiency of the referral of Form 1 Mental Health patients from Emergency Departments to Schedule 1 Mental Health facilities in the South West LHIN

Magnitude of Change: High – Relay

Duration of Initiative: 12-24 months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
10%	60%	30%	0%

Increase the Value of our Healthcare System

New 2014-15 Initiative/Action: Develop and implement an Emergency Management plan that clearly identifies the role/response of the South West LHIN in emergency events or disasters.

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
5%	30%	30%	30%

Program: Health Links

Patients with the greatest health care needs make up five percent 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.

Improve Access to Family Health Care

Initiative/Action: Implement the Health Links initiative across the 6 sub-regions identified in the South West LHIN, leveraging partnering for quality (revised 2014-15).

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
20%	40%	10%	10%

Improve Access to Family Health Care

Initiative/Action: Using a Home First philosophy, screen for potential high needs patients who frequent the ER and hospital and who require complex discharge plans; enhance monitoring of eReferral, eNotification and eDischarge Summary, and coordinate care with other providers

Magnitude of Change: Low - Marathon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
10%	30%	20%	10%

Improve Access to Family Health Care

Initiative/Action: Participate in implementation of geographic "cluster care and virtual ward" models of care

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
25%	35%	10%	10%

Enhance Coordination and Transitions of Care

Initiative/Action: Identify and monitor the population of people who are at risk of using a significant portion of health care resources but are not currently part of the 1-5% with the greatest unmet needs

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
10%	40%	30%	10%

Enhance Coordination and Transitions of Care

Initiative/Action: Identify and implement health and social service strategies to support the evolving populations of people living with the greatest unmet health care needs (e.g., frail seniors, people requiring end of life care, 1%, 5% of the population utilizing a significant proportion of the health care resources)

Magnitude of Change: Low - Marathon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
25%	35%	10%	10%

Program: 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.

Enhance Coordination and Transitions of Care

Initiative/Action: Develop and implement an integrated hospice palliative care system of care for the South West LHIN

Magnitude of Change: High - Decathlon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
30%	30%	20%	20%

Program: Long Term Care Home Redevelopment

A number of older Long Term Care Homes are expected to be rebuilt when the Ministry announces Phase 2 of the redevelopment process. During this next phase, the South West LHIN will work to ensure equitable access to these beds throughout the LHIN.

Increase the Value of our Healthcare System

Initiative/Action: Influence and manage the distribution of Long-Term Care Home beds as older homes redevelop (subject to MOHLTC announcement of Phase 2)

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
15%	10%	10%	10%

Program: Mental Health and Addictions

All initiatives are aimed at moving the locus of care from hospital to community through 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.

Improve Access to Family Health Care

Initiative/Action: Develop best shared care models that leverage support for clients among family physicians, NPs, psychiatrists, allied health and community services

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
25%	25%	25%	25%

Improve Access to Family Health Care

Initiative/Action: Facilitate access to Mental Health & Addiction (MH&A) Case Management services to ensure access to community based supports to reduce ED repeat and/or avoidable visits

Magnitude of Change: High - Relay

Duration of Initiative: 12 to 24 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
50%	50%	0%	0%

Improve Access to Family Health Care

Initiative/Action: Facilitate access to enhanced MH&A Crisis services by providing immediate intervention to clients and families in crisis to reduce ED repeat visits

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
45%	45%	10%	0%

Improve Access to Family Health Care

Initiative/Action: WOTCH-SEARCH-CMHA Merger to improve access to services and coordination of care as well as reduce the overlap of service

Magnitude of Change: High - Decathlon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
50%	50%	0%	0%

Improve Access to Family Health Care

Initiative/Action: Monitor the outcomes and explore the expansion of the Grey-Bruce Telemedicine primary care model

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
20%	20%	20%	40%

Enhance Coordination and Transitions of Care

Initiative/Action: Improve coordination, quality and access to care for Mental Health & Addiction (MH&A) clients by implementing a Coordinated Access to care model and strategies aimed at providing immediate intervention through Crisis and homelessness case management, access to community based supports and reduced wait lists

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
25%	25%	50%	0%

Enhance Coordination and Transitions of Care

Initiative/Action: Participate in, support and promote anti-stigma initiatives aimed at prevention, self-management and accessing appropriate levels of care (e.g., United Way London-Middlesex campaign, Mental Health Commission of Canada Anti-Stigma)

Magnitude of Change: Low - Marathon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
70%	15%	15%	0%

Enhance Coordination and Transitions of Care

Initiative/Action: Collaborate with care partners to maximize the flow of patient information among circle of care partners including but not limited to Mental Health and Addiction providers, CCAC, Family Health Care, CSS, Hospitals and LTC Homes

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
50%	25%	25%	0%

Enhance Coordination and Transitions of Care

Initiative/Action: Implement Methadone Maintenance Treatment workers and access to community services for pregnant and parenting women with addictions

Magnitude of Change: Low - Sprint

Duration of Initiative: 12 to 24 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
75%	25%	0%	0%

Enhance Coordination and Transitions of Care

Initiative/Action: Improve quality of care through enhanced Mental Health & Addiction Telemedicine support, providing urgent access to community based supports in urban and rural settings to reduce ED repeat and/or avoidable visits

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
60%	15%	25%	0%

Enhance Coordination and Transitions of Care

Initiative/Action: Explore the use of valid data fields to define common and standardized outcome measures

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
50%	25%	25%	0%

Increase the Value of our Healthcare System

Initiative/Action: Continue to support movement of long stay clients from RMHC to community settings through effective use of community enhancements, partnerships, coordinated discharge planning, etc.

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
50%	25%	25%	0%

Increase the Value of our Healthcare System

Initiative/Action: Explore back office integration opportunities

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
10%	25%	25%	25%

Increase the Value of our Healthcare System

Initiative/Action: Implement Mental Health and Addictions community capacity recommendations and implement refreshed community capacity recommendations

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
25%	25%	40%	10%

Program: 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 Engagement Framework and the Performance Improvement Framework to improve health services.

Improve Access to Family Health Care

Initiative/Action: Implement Partnering for Quality

Magnitude of Change: Low - Marathon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
40%	20%	20%	20%

Quality and Value

Initiative/Action: Build capacity for Quality Improvement and improving the Patient Experience across the South West LHIN.

Magnitude of Change: Low - Marathon

Duration of Initiative: beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
20%	40%	40%	0%

Quality and Value

Initiative/Action: Develop and implement a strategy to support organizations in improving on quality and performance related to Quality Improvement Plans, Quality Based Procedures and Clinical Handbooks (revised 2014-15)

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
30%	50%	20%	0%

Program: Safety

The South West LHIN will enhance its focus on safety related initiatives.

Drive Safety Through Evidence-based Practice

Initiative/Action: Participate in the implementation of the South West Regional Wound Care Program sustainability plan

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
40%	20%	20%	20%

Drive Safety Through Evidence-based Practice

Initiative/Action: In partnership with Public Health, implement the Falls Prevention Strategy by utilizing evidence-based tools/protocols/ training to screen, identify, manage and/or refer individuals to appropriate services

Magnitude of Change: Low - Marathon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
30%	25%	25%	20%

Drive Safety Through Evidence-based Practice

Initiative/Action: Implement a cross sector infection prevention strategy that utilizes evidence-based tools/protocols/training to manage risk factors for infections and ensure effective transfer of information during transitions of care

Magnitude of Change: High - Relay

Duration of Initiative: 12 to 24 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
0%	0%	25%	25%

Program: 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.

Technology to Connect and Communicate

Initiative/Action: Ontario Lab Information System (OLIS)

Magnitude of Change: Low - Marathon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
70%	30%	0%	0%

Technology to Connect and Communicate

Initiative/Action: Diagnostic Imaging Repository

Magnitude of Change: Low - Sprint

Duration of Initiative: Less than 12 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
100%	0%	0%	0%

Technology to Connect and Communicate

Initiative/Action: Resource Matching and Referral solutions: Initial implementation and evaluation.

Magnitude of Change: High - Decathlon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
70%	30%	0%	0%

Technology to Connect and Communicate

Initiative/Action: eReferral/eNotification/eDischarge Summary (revised 2014-15)

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
85%	15%	0%	0%

Technology to Connect and Communicate

Initiative/Action: cSWO – SPIRE (revised 2014-15)

Magnitude of Change: High - Relay

Duration of Initiative: 12 to 24 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
90%	10%	0%	0%

Technology to Connect and Communicate

Initiative/Action: cSWO - Clinical Connect

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
35%	25%	25%	15%

Technology to Connect and Communicate

Initiative/Action: Regional Integrated Decision Support (RIDS) System

Magnitude of Change: High - Relay

Duration of Initiative: Less than 12 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
100%	0%	0%	0%

Technology to Connect and Communicate

Initiative/Action: cSWO - Integrated Assessment Record (IAR)

Magnitude of Change: High - Decathlon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
75%	25%	0%	0%

Technology to Connect and Communicate

New 2014-15 **Initiative/Action:** cSWO – Hospital Report Manager (HRM)

Magnitude of Change: High - Decathlon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
10%	30%	30%	30%

Technology to Connect and Communicate

New 2014-15 **Initiative/Action:** eConsultation – Planning to enable pilot. Expansion if pilot successful.

Magnitude of Change: High - Decathlon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
5%	5%	45%	45%

Program: Transportation Best Practices

Lack of affordable and accessible transportation present significant challenges for many people to access necessary health services. Efforts will be made to identify opportunities to leverage current affordable and accessible transportation resources.

Increase the Value of our Healthcare System

Initiative/Action: Spread transportation best practices to optimize access to and efficiency of current transportation resources

Magnitude of Change: Low - Marathon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2014	2014-2015	2015-2016	2016-2017
0%	10%	10%	10%

APPENDIX B – Integration Activities

Many LHIN initiatives result in better integration of health services to benefit patients and families across the LHIN. This section captures the formal integration processes that have been or will be brought forward to the LHIN Board for review, consistent with the legislation and protocols defined through LHSIA.

Initiative	Brief Description	Integration Type	Anticipated Impact	Est Timeline
Mental Health Tier 2 Divestment: St. Joseph's Health Care (SJHC), London	The phased divestment of beds and services from SJHC London to Grand River Hospital (WWLHIN), Windsor Regional Hospital (ESC LHIN), SJHC Hamilton (HNHB LHIN) and St. Thomas Elgin General Hospital (SW LHIN) and an overall reduction of 70 longer-term mental health in-patient beds.	Health Service Provider Initiated Service Integration	• Compliance to and completion of HSRC directives • The divestment of both beds and services will provide access to mental-health services closer to home for patients and families in the SW,WW, HNHB and ESC LHINs • There will be better access to specialized programs • There will be a continued emphasis on providing outreach and consultation to the region particularly for highly specialized needs. • Patients repatriating to WW, ESC and HNHB LHINs will transition with the beds to their home LHIN. • Access to beds improved • Achievement of transition from an institutional care model to one that is based on the recovery philosophy	2009 – November 2014 Final bed closures occurred in June 2014. The final phase is expected to be complete with move to new building (Parkwood Institute) in November 2014
Joint Services Plan for Oxford County Hospitals	With the opening of the new Woodstock General Hospital in November 2011, capacity was added to Oxford County and area. In order to ensure that this the additional capacity is utilized efficiently and effectively, the South West LHIN requested that the 3 hospitals in Oxford County (Woodstock General Hospital, Tillsonburg & District Memorial Hospital, and Alexandra Hospital in Ingersoll) work collaboratively to develop a framework for a Joint Services Plan. The Plan has been staged into 2 phases.	South West LHIN Facilitated Service Integration	Phase 1: • Priority areas included Surgical Services, Pharmacy Services, and Alternate Level of Care • Pharmacy Services - Recommendations are under development • Surgical Services - In July, LHIN Board approved the voluntary integration of endoscopy procedures at • Alexandra Hospital (AH) and Woodstock Hospital (WH) and the consolidation of cataract procedures at Tillsonburg District Memorial Hospital (TDMH) and WH. Consolidation of services is to take place Fall 2014. • Alternate Level of Care - 5 CCC beds at AH closed July 1, 2014; 4 CCC beds at AH to close October 1, 2014; 6 beds at TDMH to close January 1, 2015 Phase 2:	Phase One - Joint Services Plan: Continued implementation in 2014/15 Phase Two – Joint Services Plan: Implementation to begin in fiscal 2014/15

Initiative	Brief Description	Integration Type	Anticipated Impact	Est Timeline
			• Prioritization of clinical and non-clinical services for the development of more detailed planning of a service delivery model with goals, deliverables, timelines and governance structure. The three priority areas that have been identified are Mental Health, Pediatrics/Children's Health and Laboratory. Also included is research on different Governance Structures and a communications work stream to ensure comprehensive engagement and consistent messages across all stakeholder groups.	
Huron Perth Healthcare Alliance (HPHA) – Vision 2013	Vision 2013 is a multifaceted plan to create a sustainable healthcare system now and into the future. The Vision 2013 planning process is based on four principles: Retain four sites with viable roles; Ensure standards of quality and safety; Support equitable standards of quality and patient safety for patients; Live within our means	Health Service Provider Initiated Service Integration	Realignment of Services • Consolidation of adult outpatient physiotherapy from 4 sites to 2 sites completed in 2012 (Seaforth and Clinton sites). • Interprofesional practice model of care (implementation to be completed Dec. 2014) • Consolidation of cataracts at Clinton site (May 2014) Bed Redistribution • Redistribute beds amongst the sites to better utilize capacity across the sites. Includes relocation of CCC and Rehab beds and shifts in the number of medical and surgical beds to result in a net decrease of 17 beds.	2010 – 2014/15 Implementation will continue into 2014/15 as there are dependencies on CCC/Rehab shifts associated with Access to Care.
Access to Care: Complex Continuing Care / Rehabilitation Bed Realignment	As part of the Access to Care (ATC) strategy to help people move out of acute hospitals and into other care settings as quickly, smoothly and safely as possible, the Complex Continuing Care and Rehabilitation (CCC/Rehab) initiative will ensure that these valuable services are provided consistently and equitably across the region.	South West LHIN Facilitated Service Integration	This initiative will improve outcomes for patients and families, and for the health system as a whole. It will: • Develop the CCAC role as the one point of access easier so that patients/clients across the South West get the right care at the right time and place. • Ensure that admission to CCC/Rehab beds is based on consistent assessment processes and criteria. • Ultimately, this work will reduce wait times and improve utilization for CCC and rehab beds, and reduce the number of patients designated as ALC. • The goal is to provide the right care in the right place at the right time, which when combined with local strategies, is anticipated to reduce the volume of	Phase 1 Realignment during fiscal 2014/15. Phase 1 realignment will be complete by January 31, 2015. Phase 2 Realignment Huron Perth. 3 year plan with

Initiative	Brief Description	Integration Type	Anticipated Impact	Est Timeline
			alternate level of care days in the long term and provide for the best possible outcomes for individuals and their families	target bed numbers for end of fiscal 2014/15, 15/16 and 16/17. Implement further realignment phases over next 2 – 4 years
Mental Health Services Integration: WOTCH/SEARCH and CMHA integrated service delivery	In alignment with the South West LHIN Community Capacity and Implementation Project Final Report (received November 2011), Canadian Mental Health Association (CMHA) London-Middlesex, Search and WOTCH have agreed to pursue a model for service integration. The LHIN is providing resources, guidance and direction to advance the initiative and ensure the process aligns with its vision and direction.	South West LHIN guided; integration/ coordination of service delivery	Benefits of improved integration strategies include: • Improved access to services • Improved coordination of care, sharing of information and easier referrals • Faster service for those needing service • Better managed wait-lists and a "no wrong door approach" • Reduced overlap of service and using staff more effectively For the organizations, the benefits include ability to share information, consolidation of overlapping services and the sharing of best practices and knowledge among providers.	The organizations have fully amalgamated. Continued organizational adjustments will likely continue into next fiscal. A review of lessons learned was completed and received by the South West LHIN in August 2014.
London Regional AIDS Hospice/John Gordon Home (JGH) and the Regional HIV/AIDS Connection (RHAC) Amalgamation	RHAC and JGH currently enjoy a collaborative working relationship and provide services to many of the same constituents: people living with HIV/AIDS and Hepatitis C. Both organizations have similar mandates and service the same population. They have developed	Health Service Provider Initiated Service Integration	• Community leadership in the area of HIV/AIDS and HCV will be combined into one office. • People living with, at risk for or affected by HIV/AIDS and HCV will benefit from an enhanced continuum of care, no longer needing to navigate between two organizations to access the basket of services. • The community will benefit from the integration of Harm Reduction expertise and service delivery between the two organizations.	It is expected that the integration will be fully implemented by March 31, 2015

Initiative	Brief Description	Integration Type	Anticipated Impact	Est Timeline
	expertise in providing Harm Reduction Services and philosophies of care which are informed by evidence-based research and best practices. JGH as a small organization does not have the capacity to continue to meet increasing demands (services and reporting requirements). The organizations agree that the community would be better served if the two organizations came together formally and ceased to compete in the recruitment of staff, volunteers, Board members, and donors		• The merging of two distinct not-for-profit organizations and the combining of their fund development activities, staff and volunteer recruitment and community engagement strategies reduces duplication of effort. • Administrative efficiencies will be achieved by reducing the number of financial contracts and reporting obligations.	
London Crisis Services	Comprehensive community based crisis service to improve the client experience, better coordinate resources, streamline access to service, reduce ED repeat visits, and provide the right care at the right time in the right place	Health Service Provider Initiated Service Integration	• It is expected that the co-location of London-Middlesex Enhanced Crisis Services at a site close to the LHSC ED will serve to divert visits to the ED and re-direct residents of London-Middlesex to community based Crisis Services. • The desired result is to ensure that consumers receive the right level of care, at the right time, in the right place to meet their needs with an overall expected outcome of increased access to Mental Health and/or Addiction Services and a reduction in reliance on hospital based services.	The crisis group has been functioning as a team since November 2012, however the next phase is development of crisis beds and co-located services. This phase is still underway with expected completion date TBD (depending on Capital allocations).

APPENDIX C – Capital Projects

County	Capital Project	Background/Description	Current Status
Hospital Capital Projects			
Grey	**Grey Bruce Health Services – Markdale Site** *Stage: Stage 2*	The original submission proposed a new 72,000 square foot Rural Health Centre located in Markdale, Ontario on a green field site. This joint planning with GBHS South East Grey Community Health Centre and the South West LHIN followed the completion of functional and master planning for a hospital re-build project which was submitted to the Capital Branch in October 2007 in response to a Planning and Design grant approved in May 2006. November 2011 – South West LHIN Board endorsed combined Stage 1 and 2, Part A for Rural Health Centre November 1, 2013 – GBHS submitted Markdale Rural Health Centre Scoping document to HCIB with options for the proposed project. The preferred option would remove the co-location of the CHC from the project, eliminate inpatient beds (creating short stay beds), and reduce the outpatient surgical program to a minor procedure service. The proposed facility will utilize approximately 47% less space than the original proposed option. September 16, 2014 – The ministry approved a new hospital for Markdale	HCIB approved project. GBHS preparing Stage 2 document.
Bruce	**Grey Bruce Health Services (GBHS), Southampton Site – Emergency Department and Laboratory Capital Redevelopment Project** *Stage: Stage 4*	The proposed Emergency and Laboratory (ED/LAB) Capital Redevelopment Project (CRP) at the Southampton site of the GBHS involves a combined 9,700 square foot renovation and new addition. The ministry's commitment to support the implementation of the ED/LAB CRP is contingent on GBHS maintaining ED coverage at the Southampton site 24 hours per day and seven days per week until March 31, 2013. It is also contingent on GBHS keeping the Southampton ED open with *local* coverage of at least 75% by March 31, 2012 and 100% by March 31, 2013. GBHS is required to submit a GBHS Board approved plan in regards to these requirements no later than October 15, 2011. August 2011 – Project received ministry support and will be subject to Legislative appropriation and all applicable approvals of the ministry September 26, 2012 – South West LHIN Board endorsed Stage 1, Part A April 23, 2013 – LHIN and GBHS received letter from ADM indicating approval to proceed to Stage 2 July 19, 2013 – LHIN received Stage 2 submission from GBHS December 11, 2013 – Alignment meeting #1 held between LHIN and HCIB to discuss comments and concerns from respective reviews of Stage 2 submission December 2013 – GBHS identified issue with ED physician coverage. A number of ED physicians recently left or reduced hours at the Southampton ED. GBHS has reapplied to the Emergency Department Coverage Demonstration Project to receive ED locum coverage as an interim measure. This is expected to be a temporary issue. GBHS had successfully met the previous condition set by HCIB of maintaining 24/7 ED coverage until March 31, 2013.	GBHS preparing Stage 4.1 document for HCIB review

		January 21, 2014 – South West LHIN Board endorsed Stage 2, Part A submission March 2014 – Ministry approved Stage 2 submission	
Bruce	**South Bruce Grey Health Centre (SBGHC), Kincardine Site – Redevelopment Project** *Stage: Pre-Capital*	The two-phased redevelopment involves a single storey, two phased addition and demolition approach that would connect existing hospital to the existing Medical clinic. In Phase One, programs considered 'high priority' for replacement would be built first – Emergency, Ambulatory Care, Pharmacy, Education and Diagnostics Imaging Departments -- as well as a new Plant and Building Services Department. In Phase Two, replacement of the remainder of the departments would occur, culminating in the construction of a new Inpatient wing and conclude with the demolition of all remaining building assets of the existing hospital. May 26, 2010 – LHIN endorsed SBGHC Phase 1 – Option 1 Part A submission for a rebuild of the Kincardine site as outlined above. March 2012 – Project was cancelled by the ministry September 2012 – SBGHC submitted a rescaled proposal that reduced the square footage. March 5, 2013 – LHIN sent letter to the HCIB confirming that the May 26, 2010 South West LHIN Board endorsement for Phase 1 (Stage 1) Part A submission still stands in relation to the rescaled submission. The rescaled submission was determined to be a similar submission but with decreased square footage. May 22, 2013 – LHIN received letter from HCIB with comments regarding Stage 1. No approval to proceed to Stage 2 was received. SBGHC response to HCIB comments was submitted to HCIB June 2013. The project did not advance to the Provincial Approved Projects list. August 14, 2014 – LHIN received revised submission from SBGHC. Rescaled project includes a rebuild of the ED and the *redevelopment* of Ambulatory Care Services, Diagnostic Imagining, and Laboratory, as well as a new Building Services department. LHIN staff reviewed the submission and determined that the original Board endorsement provided in May 2010 is still applicable given that the original Board endorsement provided in May 2010 is still applicable given that the affected programs and services are a subset of what was proposed in the original submission.	Awaiting HCIB review of Pre-Capital, Part B
Huron	**Wingham and District Hospital (WDH) – Facility Redevelopment Project** *Stage: Stage 3*	The redevelopment will be completed in four phases and is staged in such way that the highest priority programs are accommodated in the first phase. Phase 1 aims to redevelop or add new construction in the areas of Emergency, Surgical program, Ambulatory Care and Diagnostic Imaging in order to address deficiencies and inadequacies in the existing facility that supports these core services. September 26, 2012 – South West LHIN Board endorsed Pre-Capital, Part A submission January 24, 2013 – HCIB and LHIN decided that four WDH Self-Funded projects could be added to the current Pre-Capital submission provided there were no changes to programs or services and that the Self-Funded projects presented were consistent with the original 2009 Master Plan endorsed by South West LHIN Board March 12, 2013 – LHIN sent letter to HCIB indicating that, based on review of Self-Funded projects and 2009 Master Plan, there were no changes to programs and services and that the Self-Funded projects were consistent with the 2009 Master Plan. For these reasons, it was determined that the Pre-Capital submission does not need to go back to the South West LHIN Board for further endorsement. April 2013 – LHIN, HCIB, WDH met and agreed that the starting point for this Facility Redevelopment project (previously	WDH preparing Stage 3 document for HCIB review

		the Pre-Capital submission for ED/Ambulatory Care and the self-funded projects) should be considered Stage 2 as the content was consistent with the original Master Plan as previously approved by the South West LHIN Board October 2013 – LHIN received Stage 2 submission January 15, 2014 – Alignment meeting #1 held between LHIN and HCIB to discuss comments and concerns from respective reviews of Stage 2 submission March 18, 2014 – South West LHIN Board endorsed Stage 2, Part A submission August 14, 2014 – Ministry approved Stage 2 submission	
Oxford	**Tillsonburg District Memorial Hospital (TDMH) Redevelopment** *Stage: Pre-Capital*	Through Master Plan work, TDMH will examine programs and services to determine future scope of services and opportunities for further integration over the next 10 and 20 years. It is anticipated "that services will not change drastically, but simply grow to accommodate community need (either unmet currently or due to a growth in population). Significant study will also be given to program/services that could be better provided in a community setting, if possible." January 26, 2011 – South West LHIN Board endorsed Pre-Capital submission September 2012 – Submission put on hold pending the completion of Joint Services Planning underway in Oxford County May 28, 2014 – LHIN received letter from TDMH indicating that, given the completion of the Oxford Hospitals' Joint Services Planning work, a revised Capital submission will be developed. June 2014 – HCIB indicated that TDMH would be required to resubmit a revised Pre-Capital proposal.	TDMH preparing Pre-Capital submission for LHIN and HCIB review
Oxford	**Tillsonburg District Memorial Hospital (TDMH) Infrastructure Renovation Project** *Stage: Pre-Capital*	December 2012 – TDMH identified immediate infrastructure needs from above project in a Pre-Capital submission August 2013 – HCIB received Pre-Capital submission and project was added to the ministry prioritization list. HCIB and LHIN agreed that no formal review is required since only infrastructure items. LHIN sent letter of support for infrastructure needs.	Project has been added to 2014/15 HCIB priority list
Middlesex	**London Health Sciences Centre (LHSC) – Emergency Department System Transformation Facility Redesign Project** *Stage: Pre-Capital*	Within LHSC, the current ED wait times continue to exceed the provincial average for 90th percentile length of stay for all wait time metrics. Further, University Hospital (UH) ranked 73rd and Victoria Hospital (VH) ranked 69th among 74 participating hospitals in Pay For Results between January and December 2013. An extensive review conducted by LHSC found that the challenges and barriers to providing safe, effective and efficient care in the ED include physical space, equipment, human resources, and behavioural barriers. To address these challenges, LHSC's Emergency Department System Transformation (EDST) was launched in December 2013 at both UH and VH. Using the Lean Toyota Production System Principles, the EDST Team has identified and developed a number of Kaizens, or rapid improvement events, to create overall system transformation within the current ED facilities. The successful implementation of the Kaizens requires improved visibility and arms-length access to patient care equipment. Thus, this Capital project will include the partial redesign of the current ED space at both UH and VH sites. At both sites, renovations involve removal of existing walls in order to convert smaller spaces into one larger open plan space and to accommodate the functionality of the new operational model. In order to implement the new operational	Awaiting HCIB review of Pre-Capital, Part B

		model at both sites at the same time, renovations are proposed to be executed in one phase. May 5, 2014 – LHIN received Pre-Capital, Part A submission from LHSC July 15, 2014 – South West LHIN Board endorsed Pre-Capital, Part A submission	
Middlesex	**London Health Sciences Centre (LHSC) – Expansion of the Epilepsy Program at Victoria Hospital** *Stage: Pre-Capital*	As part of the Provincial Strategy for Epilepsy Care, the South West LHIN has provided LHSC with base funding since 2012/13 to support two adult and one paediatric Epilepsy Monitoring Unit (EMU) beds in order to increase diagnostic testing capacity for drug-refractory epilepsy. The paediatric bed was opened at the Children's Hospital of Western Ontario (CHWO) in the summer of 2013, bringing the total paediatric EMU beds to two. Currently, the adult EMU is an eight bed ward unit. LHSC's Pre-Capital submission proposes the renovation and expansion of the existing adult EMU space to accommodate the two additional adult beds, bringing the total adult EMU beds to ten. March 6, 2014 – LHIN received Pre-Capital, Part A submission from LHSC May 20, 2014 – South West LHIN Board endorsed Pre-Capital, Part A submission	Awaiting HCIB review of Pre-Capital, Part B
Middlesex	**London Health Sciences Centre (LHSC) – Community Mental Health Centre** *Stage: Pre-Capital*	The Capital project will include the renovation of the former Bethesda Centre (Riverview Avenue, London) for the co-location of three programs, First Episode Mood and Anxiety Program (FEMAP), Prevention and Early Intervention Program for Psychoses (PEPP), and the Adult Eating Disorders Treatment Service, that are currently located in divergent locations across the City. The relocation of PEPP and FEMAP to a youth-friendly, accessible site in the community would complement and enhance the clinical approach and, ultimately, will enhance the patient experience, reduce fragmentation and improve outcomes for individuals and their families seeking service. The location of the Adult Eating Disorders Treatment Service at this site will enhance quality of care, access to services, and system linkages. The co-location of these three services will provide opportunity for enhanced collaboration among programs and is in keeping with best practices. Patients will be able to receive care locally, have follow-up after stabilization, and work with expert interdisciplinary teams all located in a community mental health campus. March 6, 2014 – LHIN received Pre-Capital, Part A submission from LHSC May 20, 2014 – South West LHIN Board endorsed Pre-Capital, Part A submission	Awaiting HCIB review of Pre-Capital, Part B
Middlesex	**London Health Sciences Centre (LHSC) – Post Milestone 2 Redevelopment** *Stage: Stage 1*	The LHSC submission addresses the need for facility redevelopment to accommodate current programs, not substantial expansion or changes to programs or services. The proposed redevelopment will allow LHSC to address the needs of programs and services that were not considered as part of the Health System Restructuring Commission recommendations. April 27, 2011 – South West LHIN Board endorsed Pre-Capital submission June 2013 – LHIN received Stage 1 submission	South West LHIN and HCIB are reviewing Stage 1 Part A submission. LHIN review of Part A expected to go to South West LHIN Board of Directors following LHIN-HCIB Alignment meeting (date TBD).
Middlesex	**St. Joseph's Health Care – Post Milestone 2 Redevelopment**	The SJHC submission addresses the need for facility redevelopment to accommodate current programs, not substantial expansion or changes to programs or services. The proposed redevelopment will allow SJHC to address the needs of programs and services that were not considered as part of the Health System Restructuring Commission recommendations.	South West LHIN and HCIB are reviewing Stage 1 Part A submission. LHIN review of Part A expected to go to South West LHIN Board of Directors following LHIN-HCIB Alignment meeting

	Stage: Stage 1	April 27, 2011 – South West LHIN Board endorsed Pre-Capital submission June 2013 – LHIN received Stage 1 submission	(date TBD)
Elgin	**St. Thomas-Elgin General Hospital (STEGH) – Emergency, Ambulatory and Mental Health Redevelopment Project** *Stage: Stage 3*	**The redevelopment project includes the Demolition of the Snell Building and the Acute Mental Health Bridging Plan projects.** STEGH has been asked to continue work with the South West LHIN and St. Joseph's Health Care (SJHC), London on the development of the Bridging Plan to accommodate 15 acute mental health beds at STEGH in alignment with the SJHC, South Western Ontario Long-Term Mental Health Program Transfer Plan. **Redevelopment Project** July 22, 2009 – South West LHIN Board endorsed Phase 1 (Programs and Services component) August 7, 2012 – STEGH received MOH approval to proceed to Stage 2 planning for Emergency, Ambulatory and Mental Health Redevelopment Project (per rescoped submission) October 2013 – LHIN received Stage 2 submission January 17, 2014 – Alignment meeting #1 held between LHIN and HCIB to discuss comments and concerns from respective reviews of Stage 2 submission March 18, 2014 – South West LHIN Board endorsed Part A of the Stage 2 submission May 2, 2014 – Ministry approved Stage 2 submission **Acute Mental Health Bridging Plan Project** August 10, 2012 – STEGH received MOH approval to award contract for Acute Mental Health Bridging Plan Phase 1 Components Decanting and Snell Building Demolition Project November 2012 – Substantial mold damage discovered during decanting process at STEGH. Contingency plan in development with STEGH and SJHC due to additional two-month delay this will cause. May 2013 – Became aware of issue with asbestos during construction at the STEGH site which will push back transfer date to January 2014 January, 13 2014 – Patients transferred	**Redevelopment Project** STEGH preparing Stage 4.1 document for HCIB review
Community Capital Projects			
Oxford	**Woodstock and Area Community Health Centre** *Stage: Stage 1*	Woodstock and Area Community Health Centre (WACHC) submitted a Stage 1 proposal in December 2010 for a permanent site. November 23, 2011 – South West LHIN Board endorsed Stage 1 proposal and confirmed additional funding for WACHC staff positions October 16, 2012 – WACHC submitted an addendum to the Stage 1 submission indicating that the proposal is now an expansion to their interim clinic instead of a completely new site November 2, 2012 – HCIB confirmed that the South West LHIN's original Letter of Endorsement dated November 23,	Awaiting HCIB final review of Stage 1 submission

		2011 is sufficient February 2013 – HCIB provided comments regarding the proposal October 31, 2013 – WACHC provided a response to HCIB's comments September 2014 – HCIB and LHIN working with CHC to finalize revisions to submission	
Middlesex	**London Intercommunity Health Centre** *Stage: Combined Stage 1 & 2*	The London Intercommunity Health Centre (LIHC)'s submission addresses the need for facility redevelopment and expansion to accommodate projected growth in current programs and services. Although renovations have been made to the existing space to improve access to care for clients, there still remain significant limitations in the existing building that cannot be addressed without major renovations. Renovation of existing space would include the following: Clinical services would be consolidated into one half of the building while renovations are underway in the other half, and vice versa. If required, clinical space may be rented and other community space (e.g., community centres, and churches) may be used for community programs. LIHC would work to minimize impact on clients through effective interdisciplinary team communication and planning. September 2011 – South West LHIN Board endorsed Pre-Capital, Part A submission November 2013 – LIHC submitted final Part B to HCIB March 31, 2014 – Ministry approved Pre-Capital submission	LIHC preparing combined Stage 1 & 2 document for LHIN and HCIB review
Middlesex	**Canadian Mental Health Association Middlesex (CMHA) – Mental Health Crisis Centre** *Stage: Pre-Capital*	The Canadian Mental Health Association (CMHA) Middlesex, Mission Services of London, London District Distress Centre (LDDC), London Health Sciences Centre (LHSC), London Police Services (LPS), Addiction Services of Thames Valley (ADSTV), St. Leonard's Community Services London and Region (SLCS) and London Community Addiction Response Strategy (CAReS) are all partners of the London Middlesex Enhanced Mental Health Crisis and Case Management Services project. This is a collaborative project between community partners to develop a comprehensive community based crisis service aimed at realigning existing resources and delivering enhanced services for mental health and addiction clients in London-Middlesex to better coordinate those services that do exist as well as build new protocols for improved service delivery. The Capital project will include the renovation of a LHSC owned building (former Red Cross Building #24) on the Victoria Hospital site of LHSC for the development of a Crisis Centre which includes co-location of existing Mental Health and Addictions crisis services and space for crisis stabilization beds. May 20, 2014 – South West LHIN Board endorsed Pre-Capital, Part A submission September 2014 – CMHA and partners exploring alternative sites. Analysis to be completed soon.	Awaiting HCIB review of Pre-Capital, Part B

Appendix D - Portfolio Performance with Direct Alignment to Strategic Scorecard Indicators

Strategic Direction		Enhance Access to Family Health Care			Enhance Coordination & Transitions of Care			Drive Safety through Evidence Based Practice			Increase the Value of the Health Care System		
Portfolio	**Program**	Reduce wait time from referral to specialist	Reduce ER Visits Best Managed Elsewhere	Increase percent of discharge summaries sent within 48 hours	Reduce ER Revisit Rates (within 7 days)	Reduce readmission rates for defined groups	Increase percent of clients seeing provider 7 days post discharge	Reduce number of ER visits resulting from Falls	Reduce hospitalizations associated with pressure ulcers	Decrease in hospital acquired c diff infection rate	Increase timeliness for Diagnostic Procedures	Improve LHIN Cost Variance (HBAM hospitals)	Reduce ALC Rate
Seniors & Adults with Complex Needs	Access to Care				(AL, SH, ADP)								
	CCC Rehab + Coordinated Access												
	Behavioral Supports Ontario												
	ADP Redesign												
	Evaluate long wait/ stay ALCs												
	Hospice Palliative Care												
	Falls Prevention												
Mental Health & Addictions	Crisis Support												
	Transitional Case Management												
Chronic Disease Prevention & Management, Primary Care	Chronic Disease Prevention & Management												
	Health Links												
Acute	Clinical Services Planning												
	HSFR QBP Implementation												
	Critical Care												
	Diagnostic Imaging												
	Emergency Services												