South West LHIN

Agenda Item 5.2

# Report to the Board of Directors

## Patients First – Committee Structures

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| Meeting Date: | February 21, 2017 |
| Submitted By: | Michael Barrett, CEO<br>Sue McCutcheon, Health System Renewal Lead |
| Submitted To: | ☒ Board of Directors ☐ Board Committee |
| Purpose: | ☐ Information Only ☒ Decision |

**Suggested Motion**

*THAT the South West LHIN Board of Directors approve the identified directions regarding engagement strategies and structures (Patient and Family Advisory Committee, the Sub-region Integration Tables and the Health System Renewal Advisory Committee) to support implementation of Patients First in the South West LHIN.*

**Background**

On December 7, 2016 Ontario passed legislation, *The Patients First Act*, to help patients and their families obtain better access to a more local and integrated health care system, improve the patient experience and deliver higher-quality care. The legislation will support the Patients First: Action Plan for Health Care and ensure that the health care journey will be easier to navigate, better coordinated, more open and accountable. The Act expands the role of LHINs to support achieving the plan.

As part of the change, sub-regions within each LHIN have been identified to advance key priorities and improvement opportunities. A sub-region is a smaller geographic planning region to help understand and address patient needs at the local level. LHIN staff and local providers will work in partnership with patients and families to build shared accountability across each sub-region. It is with this purpose in mind that many patients and providers across the South West have engaged with LHIN staff in ongoing conversation to draft structures that will support successful implementation of the plan.

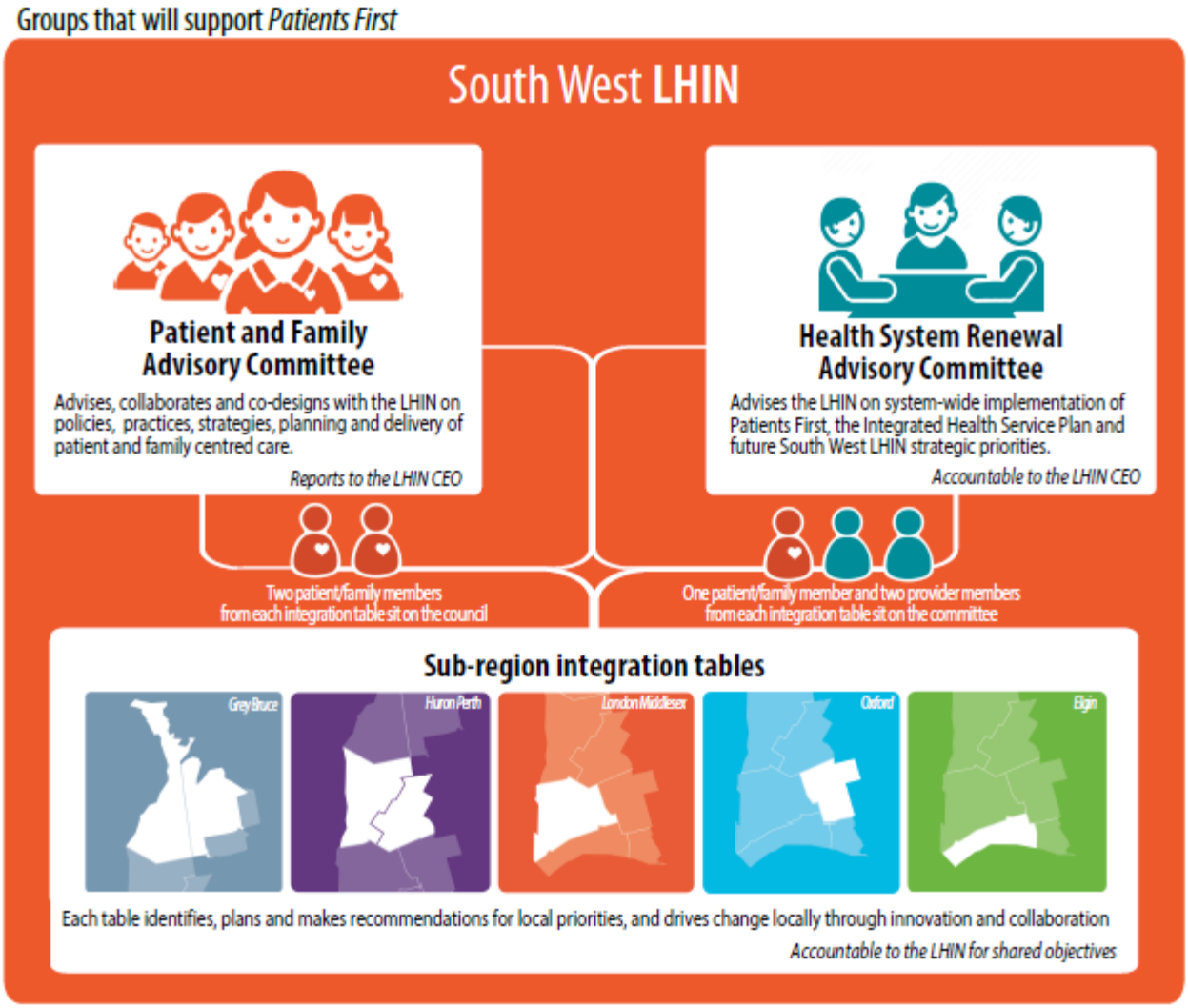
As a result of the dialogue, the three structures that are envisioned to support implementation of the Plan in the South West are:

- Patient and Family Advisory Committee (Appendix 1)
- Health System Renewal Advisory Committee (Appendix 2)
- Sub-region integration tables (Appendix 3)

Each of these three mechanisms will be interdependent in achieving the **overarching aim to improve health and wellness, patient experience and outcomes, as well as value for money**. It is intended that with a common aim that applies to all three structures, their work will be complimentary and synergistic.

Their work and decisions will be grounded by the following **guiding principles**:

- Person and caregiver centred
- Equitable and aligned to what specific populations need
- Integrated across sectors and systems
- Borderless access to care
- Trust and respect among partners
- Transparency
- Sustainability




**Patient and Family Advisory Committee**

The Committee will advise, collaborate and co-design health system policies and practices, as well as strategy, planning and delivery of patient and family-centred care within the South West LHIN. The committee will include patient/family partners with lived experience within the South West LHIN's five sub-regions and from LHIN-wide quality improvement initiatives such as Health Links or Hospice Palliative Care. The committee reports to the South West LHIN CEO.

**Health System Renewal Advisory Committee**
The Committee will advise the South West LHIN on system-wide implementation of Patients First, the South West LHIN's Integrated Health Service Plan (IHSP) 2016-19 as well as current and future South West LHIN strategic priorities. The committee will consist of members who are leaders in their communities and represent the cultural, linguistic and geographic diversity of the South West LHIN. Two health service representatives and one patient/family partner from each sub-region integration table will be members of the committee. The committee is accountable to the South West LHIN CEO.

**Sub-region Integration Tables**
Sub-regions will be the focal point for integrated service planning and delivery. The integration tables will implement local changes to improve the patient experience as well as provide recommendations to the LHIN and the Health System Renewal Advisory Committee regarding priorities for improvement and implementation planning. Members will include local residents with lived experience as well as local health and social service leaders who reflect the organizations and communities in the sub-region. Two patient/family partners from each sub-region integration table will be cross appointed to the Patient and Family Advisory Committee. One patient/family partner and two provider members from each sub-region integration table will be cross appointed to the Health System Renewal Advisory Committee. The sub-region integration tables are accountable to the South West LHIN CEO.

**Engagement Strategies to Date**
The draft terms of reference for the three structures were informed by comprehensive engagement with patients and health service providers.
Sub-region Integration Tables**:** In November and December, the LHIN held facilitated discussions with each area provider table[1] to receive feedback on the draft terms of reference. The LHIN also engaged primary care providers in October and November. More recently, draft terms of reference were shared with the Area Provider Table Co-Chairs, the Executive Advisory Panel[2] and the Primary Care Network Executive[3] for further feedback.

Health System Renewal Advisory Committee: The feedback from the area provider tables along with earlier feedback from an engagement with the Executive Advisory Panel and area provider table co-chairs supported the development of the functions of this committee.

Patient and Family Advisory Committee: Along with extensive research on successful strategies for the development of Patient and Family Advisory Committees, the South West Quality Advisory Group[4] hosted a patient engagement session with patients and families in December to gather feedback on the development of the committee and elements of a broader patient engagement strategy in the South West.

**Engagement Strategies in Progress**
Confirming the Role of Governors
Over the fall 2016, the South West Board to Board Reference Group began to grapple with the role of governors in the future state. This group has committed to continuing to work with LHIN Board and staff to define the role of governors in supporting *Patients First* implementation and development of sub-regions.

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[1] Area Provider Tables are groups of providers that have been working locally for several years to share information and provide a platform for local innovation and partnerships. These groups are aligned to the current sub-regions.
[2] Executive Advisory Panel is a small group of health system leaders and community members established by the LHIN CEO in May 2016 to advise the South West LHIN on the implementation of the Patients First Act. This group meets every 2 to 4 weeks.
[3] Primary Care Network Executive is a group of Primary Care Providers from across the South West LHIN that has been providing advice on integrating primary care into the work of the LHIN. This group is chaired by the South West LHIN Primary Care Lead
[4] South West Quality Advisory Group is a cross sector group of providers who have expertise and an interest in building capacity for quality improvement across the South West LHIN.

Integrating Primary Care:
The Primary Care Forums held by the LHIN in Fall 2016 helped determine the need for and composition of primary care representation on the sub-region integration tables and the Health System Renewal Advisory Committee. Their advice also assisted in understanding the overall role and function of sub-region areas so they could be successful in improving patient experience and outcomes.

In January 2017, the Primary Care Network Executive advised that it was imperative that a robust mechanism was in place to engage primary care and enable their leadership to participate in the three structures. Without an organizing mechanism for primary care participation and partnership, the sub-region Integration Tables would not be able to reach their goals. Beginning in February, a small group of Primary Care leaders with LHIN staff support, have committed to draft the mandate and framework for this structure which will go forward to the Primary Care Network Executive for decision making.

Conversations on how Primary Care governors are linked to ongoing governance dialogue/planning in the South West are also of key importance moving forward.

Incorporating Indigenous Voice:
The LHIN has engaged the South West Aboriginal Health Committee, on Patients First since March 2016. In December, the Aboriginal Health Committee continued to provide advice on the implementation of Patients First and, at that time, recommended that the best way to ensure Indigenous representation during transition was to link the operational work of Indigenous providers and the South West LHIN Aboriginal Lead to the structures through a collaborative leadership model (Appendix 4).

Indigenous representation has been identified as necessary on the sub-region Integration Tables (patients and providers) in London Middlesex, Elgin and Grey Bruce as well as the Health System Renewal Advisory Committee. Although it is recognized that further engagement and work is required to build a road map for ongoing strong linkages, this collaborative leadership model of representation has been agreed upon by the Committee as an interim solution.

Consultation directly with First Nations Chiefs and Council will be necessary to reach agreement on future mechanisms and a road map for work going forward.

Incorporating Francophone Voice
The LHIN will continue to work with the Erie St. Clair/South West French Language Health Planning Entity to ensure there is continued focus on the French speaking population's need for care in their language, including discussion of additional mechanisms that may be needed for moving work forward.

Francophone representation has been noted as necessary on the sub-region Integration Table (patient and provider) in London Middlesex as well as the Health System Renewal Advisory Committee.

Building Linkages with Public Health
Although there has been some initial engagement locally with the Medical Officers of Health and Public Health has been identified as needing to have representation on the sub-region integration tables and the Health System Renewal Advisory Committee, it is acknowledged that further engagement is required to ensure Public Health is a key partner going forward in the South West. Provincial discussions are also underway to assist development of this partnership.

Confirming the Role of Existing LHIN Committees
The LHIN acknowledges that there are existing committees such as the Quality Advisory Group, the Clinical Quality Table[5] and the Partnership Table[6] where the current function and role is important to ongoing improvements in patient experience and outcomes. Further conversation is needed to

[5] Clinical Quality Table is a group made up primarily of clinicians whose mandate is to identify opportunities for improvement in patient care across the South West. It was formed in June 2016 and is chaired by the Quality Lead.
[6] Partnership Table is a group of local providers who work together to support and manage the changes in funding that are occurring for organizations.

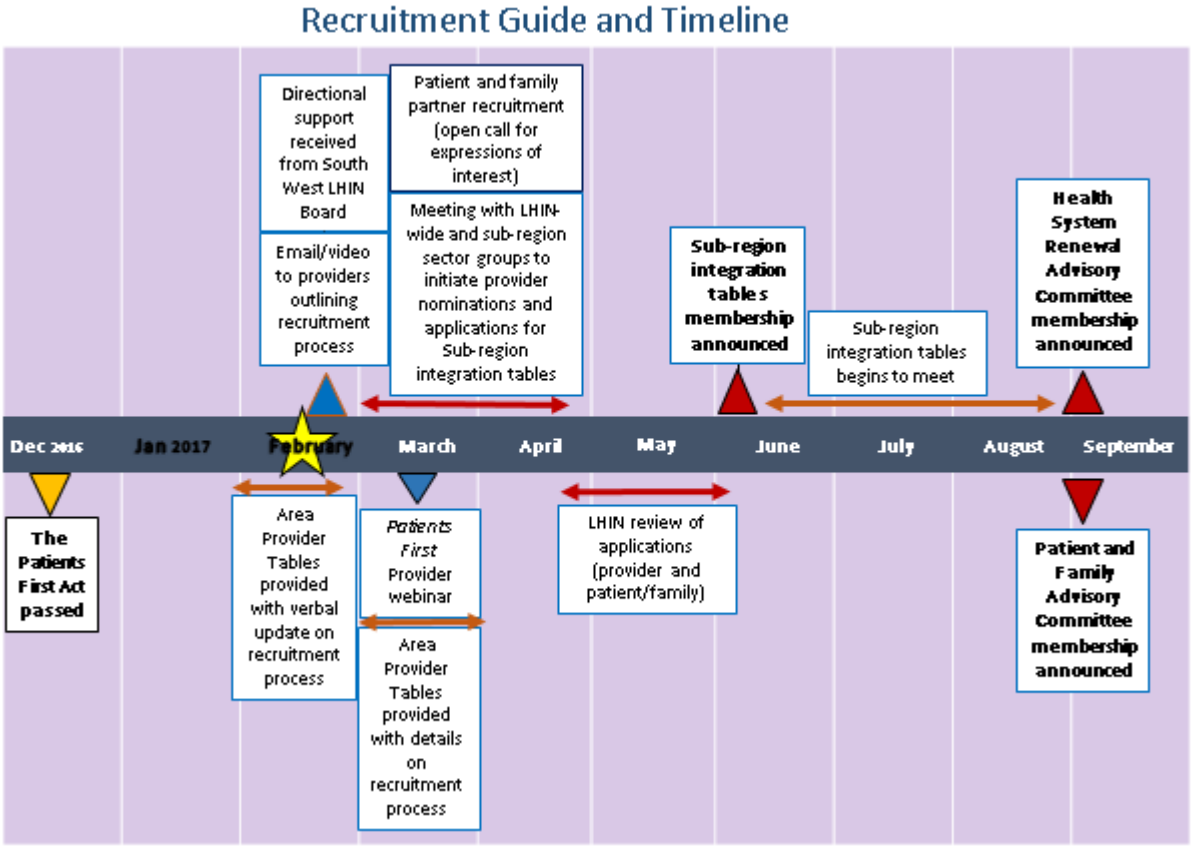
understand the relationship between these existing tables and the future structures in terms of decision making and information flow.

Similarly, the sector tables[7] are acknowledged for their work in ensuring consistently high standards of care in each respective sector. Conversation with these groups will also be necessary to understand how they best link to future structures.

**Next Steps for Recruitment:**

1. Between February and April 2017, LHIN staff will recruit members for the sub-region Integration Tables, inclusive of an open call for expressions of interest from patients and families and nominations from Health Service Providers. From the group of interested people, the LHIN will appoint members, ensuring that each table reflects the cultural, geographic and linguistic diversity of the LHIN. The LHIN will appoint other members as needed (such as social service representation) to ensure the diversity.

2. Initial meetings of the sub-region Integration tables are expected to take place in June 2017 with the Health System Renewal Advisory Committee and the Patient and Family Advisory Committee initial meetings to be held in early Fall 2017.




[7] Sector Tables in the South West LHIN include: Community Support Services Support and Development Council, Long-Term Care Home Council, Hospital/LHIN/CCAC CEO Leadership Forum, South West Addiction and Mental Health Coalition, Community Health Centres

## Appendix 1: Patient and Family Advisory Committee Terms of Reference

### South West LHIN Patient and Family Advisory Committee

**Background**
The South West Local Health Integration Network (LHIN) has long recognized that listening to patients and their families and their stories can lead to improvements within the health system. The committee is a formal partnership between patients and families and the LHIN.

The LHIN has adopted the Health Quality Ontario's framework on provincial patient engagement to guide the patient engagement strategy for the South West LHIN.

**Guiding Principles – *'Our Moral Compass'***
The work and decisions of the Patient and Family Advisory Committee will be grounded by the following guiding principles:

- Person and caregiver centred
- Equitable and aligned to what specific populations need
- Integrated across sectors and systems
- Borderless access to care
- Trust and respect among partners
- Transparency
- Sustainability

The **overall aim of the** Patient and Family Advisory Committee is to improve:

- Health, wellness
- Patient experience and outcomes, as well as
- Value for money.

**Function and Role *(How will they do their work?)***
The committee will advise, collaborate and co-design with the South West LHIN, including its leaders and staff, about health system policies and practices, as well as strategy, planning and delivery of patient and family-centred care within the South West LHIN.

The committee's key roles include:

- Developing a collective vision of patient and family-centred care
- Establishing a strategy to increase meaningful patient engagement, and advance the culture of patient and family-centred care within the South West LHIN
- Identify opportunities for improving quality of care in the South West LHIN
- Co-designing strategies to actively partner with patients in designing, planning and improving health care services
- Developing draft policies or position papers that support policy change to support patient and family-centred care
- Co-designing communications that will go to the public
- Reviewing evaluation methods to help define success of system improvements

**Reporting Relationship *(Who are they accountable to?)***
The committee represents a partnership with the South West LHIN. Members are expected to contribute to the committee's work based on their professional and/or personal perspectives as patients, family members of patients, or patient caregivers. The committee reports to the CEO of the South West LHIN.

**Membership (*Who belongs and what are they responsible for?)***
The committee will include representatives with a diversity of lived experiences within the South West LHIN from the five sub-regions and with insights on the committee's responsibilities and opportunities.

Specifically, membership will include:

- Two patient or family advisors from each sub-region in the LHIN where members will have cross-membership at the LHIN's sub-region integration tables
- Two patient or family advisors from quality improvement initiatives in the LHIN that are large scale and cross-sector
- South West LHIN CEO and other LHIN supporting staff
- A member from provincial patient advisory council(s)

The committee may seek input from a wider group of subject-matter experts. Members will have links to the sub-region integration tables and the Health System Renewal Advisory Committee through cross-membership. Members will seek advice and share information with these groups as appropriate.

Recruitment (under development)

Appointment term

Members can be appointed to a term up to 3 years, with a blend of new and experienced members being ideal. Members that miss three consecutive meetings without sending regrets will be approached by a Co-Chair regarding their continued involvement. Members may withdraw at any time and by any means (e.g. written or verbal).

Patient/family advisor Characteristics

- Has received care in the past five years within the South West LHIN
- Ability to represent patients and / or families effectively when engaging with all health system partners, including community members
- Ability to provide constructive advice, and manage diverse and differing opinions with respect
  Are responsible for:
- Attending and actively participating in committee meetings
- Seeking input from, and relaying information to the LHIN's sub-region integration tables and/or the Health System Renewal Advisory Committee as well as respective community partners
- Ensuring privacy and confidentiality

## Meetings

The committee will be co-chaired by a LHIN senior leader and one representative member selected by the committee. At least 50 per cent of members must be present for quorum.

Meeting frequency

Meetings will take place twice each year or at the call of the co-chairs. Meetings will be held in person, with consideration for teleconference or other electronic method available as needed. (The committee's records are subject to the *Freedom of Information and Policy Act* and are governed by South West LHIN's Records Retention Policy)

LHIN staff will support the co-chairs by:

- Set the agenda for meetings, co-lead meetings
- seek approval of and distribute previous minutes
- Develop key messages / recommendations from the meetings to be shared
- Create an annual report of the committee's activities
- Ensure that the committee's work aligns with its scope, and that work is relevant and meaningful to all members
- Support team building and respectful conflict management (including managing or mitigating risks associated with conflicts of interest)
- Represent the committee and its work to various audiences, as required

**Decision-making**
Group recommendations /advice will be made by consensus. Consensus is defined as group-decision making where members develop and agree to support a decision in the best interests of the whole based on the information available, viewpoints presented, and discussions related to that decision.

**Review of terms of reference**
The committee will review these terms of reference every two years, or when required, and approve any revisions.

## Appendix 2: Health System Renewal Advisory Committee Terms of Reference

### Health System Renewal Advisory Committee Terms of Reference

**Guiding Principles – *'Our Moral Compass'***
The work and decisions of the Health System Renewal Committee will be grounded by the following guiding principles:

- Person and caregiver centred
- Equitable and aligned to what specific populations need
- Integrated across sectors and systems
- Borderless access to care
- Trust and respect among partners
- Transparency
- Sustainability

The **overall aim** of the Health System Renewal Advisory Committee is to improve:

- Health, wellness
- Patient experience and outcomes, as well as
- Value for money.

**Function and Role *(How will they do their work?)***
Through cross representation and reporting mechanisms, the Health System Renewal Advisory Committee will be connected to the sub-region Integration Tables and the Patient and Family Advisory Committee. The Health System Renewal Advisory Committee will advise the South West Local Health Integration Network (LHIN) on system-wide implementation of Patients First and the South West LHIN's Integrated Health Service Plan (IHSP) 2016-19 and future South West LHIN strategic priorities.

**Actions and Deliverables *(What work will they do?)***

- Champion equitable access to and availability of necessary health care services
- Provide system and operational advice, insight and recommendations to the South West LHIN leadership team and sub-region integration tables
- Provide advice on regional programs and how they interact with sub-regions
- Provide guidance for developing and adopting standardized methods of delivery (e.g. quality based procedures, order sets, clinical pathways, service protocols)
- Identify opportunities and challenges to standardize sub-region processes to support LHIN-wide programs across the LHIN and within sub-regions (e.g. to support seamless transitions of care)
- Share information on the progress/ challenges of individual sub-regions
- Identify change initiatives within sub-regions that should be optimized and spread across all sub-regions e.g. sub-region local performance improvement plans to help achieve primary care goals
- Identify opportunities for collaboration across sub-regions that will improve quality of patient care and equity in patient care
- Advise on resource allocation to decrease variation and increase equity
- Recommend performance measures
- Monitor system level and sub-region performance for progress and variation
- Provide guidance to sub-region integration tables on implementation plans

**Reporting Relationship *(Who are they accountable to?)***
The Health System Renewal Advisory Committee is accountable to the LHIN CEO for fulfilling the Terms of Reference and advisory to the LHIN regarding the implementation of Patients First.

**Membership (*Who belongs and what are they responsible for?)***
The Health System Renewal Advisory Committee will consist of 15 – 18 members who are leaders in their communities and represent the cultural, linguistic and geographic diversity of the South West LHIN.

The committee will be co-chaired by a LHIN Vice President (other than Vice President – Home and Community Care and a patient or family representative.

- 2 representatives from each sub-region integration table that are providers (with intent to represent both geography and sector)
- 1 patient/family representatives from each sub-region integration tables
- At least one additional patient/family representative from regional programs
- Indigenous representative (from South West LHIN Aboriginal Health Committee)
- French Language representative (from Erie St. Clair/South West French Language health planning Entity)
- Non health representative(s) with a regional view & social determinants of health perspective
- Specific content representatives, representative may be added for time-limited direct input based on knowledge and experience required by the committee (e.g. regional representative, patient with specific lived experience or patient engagement expertise)
- LHIN Vice President – Home and Community Care
- LHIN CEO – ex officio

Recruitment (under development)

Provider Member Skills and Characteristics

- Executive level position or is a respected leader and communicator within own organization
- Recognized as a leader and a system thinker
- Recognized as a system communicator
- Broad knowledge of the South West LHIN in respect to health care, social services, political priorities
- Broad knowledge of the health care system
- Broad knowledge of the determinants of health
- Understands and champions efforts to address equities in health care
- Committed to improving the health and wellbeing of the South West LHIN population

Patient and Family Members Characteristics

As per Patient and Family Advisory Committee

Appointment term

- Start-up - as part of the LHIN's appointment process, inaugural members will receive 3 or 4 year terms to accommodate for the initial time required to develop relationships, processes, tools, and plans. Initial terms will be staggered to ensure succession planning.
- Longer term - terms will be 3 years following the initial term.

Decision Making

Members may make decisions via consensus or by a vote of greater than 50%. Quorum is greater than 50%.

Meetings

To be determined as part of set-up (suggestion – 4x per year in person with monthly phone touch base)

**Monitoring Performance (*How will they know they are making a difference?)***

- With a goal to ensure maintenance of performance throughout the transition, will monitor:
  - Avoidable hospitalizations for ambulatory sensitive conditions
  - Avoidable emergency visits best managed in primary care
  - 90$^{th}$ percentile wait times from community to CCAC in-home services
  - Alternative level of care rate
- To ensure continuing progress of sub-region development, will monitor sub-region progress along the journey to shared responsibility and clear accountability

- Over time, this committee will monitor the IHSP 2016 – 19 indicators as well as the system indicators for Patients First to ensure progress of actions
- Responsible to report on progress toward overall aim and improvement plan to the residents and staff of the South West LHIN

## Appendix 3: Sub-region Integration Table Terms of Reference

### Sub-region Integration Table Terms of Reference

**Guiding Principles – *'Our Moral Compass'***

The work and decisions of the sub-region integration tables will be grounded by the following guiding principles:

- Person and caregiver centred
- Equitable and aligned to what specific populations need
- Integrated across sectors and systems
- Borderless access to care
- Trust and respect among partners
- Transparency
- Sustainability

The **overall aim** of the sub-region integration tables is to improve

- Health, wellness,
- Patient experience and outcomes, as well as
- Value for money

**Function and Roles *(How will they do their work?)***

- Enable, enhance and champion collaboration between patients, providers and other system stakeholders
- Establish sub-region priorities for improvement in line with Patients First and the Integrated Health Service Plan
- Ensure local priorities include consideration of Francophone and Indigenous people in the sub-region
- Ensure local alignment with LHIN-wide programs
- Work together to reduce duplication and integrate services
- Foster an environment of shared responsibility
- Leverage current communication and reporting structures to share information

**Actions and Deliverables (*What work will they do?)***

- Build trust among providers and the community
- Maintain a profile of the health and wellness status of the community
- Identify sub-region improvement opportunities, such as
  - Creating shared capacity
  - Integrating programs and services
  - Coordinating care
  - Standardizing approaches to care
- Develop common goals and an improvement plan for implementation of local strategies that align with sub-region priorities and LHIN-wide direction (Huron Perth Quality Improvement Plan is an example)
- Ensure coordinated care planning is strengthened and maintained
- Develop local targets to achieve overall aim
- Provide recommendations to the Health System Renewal Advisory Committee on
  - Priorities that cross geographies
  - Opportunities to leverage electronic and other enablers
  - Ways to achieve shared responsibility
- Responsible to report on progress toward overall aim and improvement plan to the sub-region residents and the Health System Renewal Advisory Committee
- Establish an agreement that will demonstrate shared responsibility between all partners

**Communication (*How will they share information?)***
- Leverage local communication strategies that are effective
- Be innovative in the development of new communication strategies
- Align key messages with the South West LHIN's communication and engagement plan
- Distribute key messages in a timely, accurate, clear and objective manner
- Support each other to ensure capacity for sharing of key messages

**Reporting Relationship (*Who are they accountable to?)***
- The sub-region integration tables are accountable to the LHIN CEO or delegate.

**Membership *(Who belongs and what are they responsible for?)***
Sub-region integration tables will be supported by the LHIN sub-region Administrative Lead and Clinical Lead. Time-limited work groups may also be formed to support the work of the Sub-region integration tables. The tables will each consist of 10 to 15 members (tables with large populations and/or specific priority populations may increase to 18 members). The Chairperson will be initially be appointed from the membership by the LHIN. Over time, the position will be elected by the members. Members will reflect the following perspectives:
- Addictions and mental health
- French Language Service representative (London/Middlesex)
- Hospital
- Home and community care
  - CCAC direct service functions
  - Community support services (start-up – CSS lead agency in sub-region, long-term - nomination)
- Indigenous representative (Grey/Bruce; London/Middlesex; Elgin)
- Long-term care
- Patients/Family/Caregivers (consider 3 per sub-region)
- Primary care administration
- Primary care clinical: (Start-up - sub-region Clinical Lead. Longer term - co-chairs of sub-region Primary Care Network)
- Public Health

Other perspectives to consider inviting based on priority are:
- Non health representative(s) with a regional view & social determinants of health perspective
- Specialists

<u>Recruitment</u>
Following an application process, members will be appointed by the LHIN CEO.

<u>Member Responsibility</u>
- All members are responsible to actively contribute to achieving the overall aim
- Each member is responsible to work with their peers (patients, families, physicians, local and/or LHIN-wide providers) to collectively improve the system
- Local representatives on the Health System Renewal Advisory Committee and Patient and Family Advisory Committee are responsible for information flow between committees
- The sub-region Administrative Lead and Clinical Lead (see appendix for role descriptions) are responsible for
  - information flow to and from the LHIN, and
  - ensuring availability of local and LHIN-wide tools and resources to support work of the group

<u>Appointment term</u>
- Inaugural members will receive 3 or 4 year terms to accommodate for the time required to develop relationships, processes, tools, and plans
- Terms will be staggered to ensure succession planning
- Longer term - terms will be 3 years

Decision Making
Members may make decisions via consensus or by a vote of greater than 50%. Quorum is greater than 50%.

Meetings
To be determined during set-up (suggestion: monthly)

**Accountability (*How will they move to shared responsibility?)***

- The LHIN is responsible to set and evolve the responsibilities of the sub-region integration tables
- The mechanism to support increasing shared responsibility and clear accountability will be to:
  - Initially focus on building relationships and processes
  - Evolve from communication and cooperation to being jointly responsible for integrating care
  - Sign a shared commitment statement to indicate agreement to work towards the overall aim and improvement plan priorities
  - Reflect the shared commitment statement in individual Service Accountability Agreements as local conditions
  - Consistently reflect the shared commitment statement in like organizations in each sub-region e.g. hospitals
  - Mature over time to a formal accountability agreement
- Individual members are also accountable to their own respective Boards, and Health Service Providers funded by the LHIN would be accountable to the LHIN, for both their own performance (sector specific) and their contributions to the shared improvement plan

**Monitoring/Reporting (*How will they know they are making a difference?)***
The sub-region integration tables will use the Health Equity Impact Assessment as a tool to apply an equity lens as measures are developed.

Sub-region measures will

- Align to system level Patients First outcomes and the Integrated Health Service Plan
- Reflect areas where multiple sectors must contribute to realize improvement
- Evolve to include measures that reflect the overall objective of 'living well in the community'

To start, the sub-region integration table will review the following measures:

| **Overall Objective (sub-regions)** | **While** | **Integrated Measures** |
|---|---|---|
| To support people to live well at home in their community, and if necessary provide right, most efficient level of care - *avoiding hospital use* where possible | *Living in the community* | Rate of hospitalization for ambulatory care sensitive conditions (per 100,000 people) |
| | *In hospital* | Alternate level of care rate |
| | *Upon discharge from hospital* | Hospital readmission rates within 30 days of leaving hospital for medical treatment *(new to include mental health and addictions)*<br><br>Rate of follow-up with a doctor within seven days of leaving hospital by high users |
| | Other key cross sector quality measures | Cross sector outcome measures associated with Quality Standards (to be developed in coordination with Integrated Clinical Care Council) |

See Appendix 4 (in development) for alignment of existing South West LHIN Integrated Health Service Plan interventions with the above noted areas.

A standard sub-region dashboard will be leveraged to support sub-region monitoring and improvement in the South West LHIN. It is anticipated that this dashboard will have a level of provincial standardization, local customization and evolve over time.

Appendices in Development (Recruitment; Sub-region Clinical Lead – Role description; Sub-region Administrative Lead – Role description; Indicator Alignment with Integration Health Services Plan)

## Appendix 4: Building an Indigenous Roadmap for Renewal and Reconciliation

*"Indigenous planning exposes the ways existing planning structures marginalize Indigenous voices through a reliance on textual mediation and technical superiority, which undermine alternative worldviews and perspectives"*[8]

### Background

The Aboriginal Health Committee recognizes that the LHIN and broader healthcare system is entering into a period of significant change and renewal. Throughout this change, the LHIN has a lead role in implementing the Patients First Act, and ensuring that there is equitable representation of the populations who reside and access care within the South West LHIN. To meet this obligation, there will need to be enhancements to the Aboriginal Health Committee structure to strengthen the communication and accountability between the LHIN-led structures designed to oversee and support LHIN Renewal and Patients First process. To accomplish this, the Aboriginal Health Committee has been engaged, and supports two recommendations:

1) **A Collaborative Leadership Model**: A transitional and time-limited process to align the Aboriginal Health Committee and sub-committees, with the Patient and Family Advisory Committee, the sub-region Integration Tables and the Health System Renewal Advisory Committee to strengthen Indigenous inclusion, communication and amplify the Indigenous voice throughout the LHIN renewal process. This model reflects the desire to represent leadership as a collective social process wherein the Aboriginal Health Committee collaborates as a group of leaders whose recommendations work through and within relationships, rather than individual action. This recognizes that the responsibility to carry forward knowledge, expectations and information derived through the Indigenous voice can be the function of a shared role – known as the Leads. These Leads are accountable to the Aboriginal Health Committee for representing the group, and ensuring that communication and decisions are shared between the Patients First structures and the Aboriginal Health Committee. Presently, this model has been supported at an operational health service delivery level, and led by the Aboriginal Health Committee for a period of up to 8 months (April – December 2017) during the period of significant change and transition into the new structures (see draft diagram on the following page).

2) **Indigenous Roadmap**: A roadmap that outlines the process of Indigenous inclusion and consultation is needed to inform the work of Patients First during the period of LHIN renewal and change, and also throughout the period of planning and implementation. This roadmap will provide clear and consistent direction of when, how and where the Indigenous voice will be sought and integrated into the Patients First work. The roadmap journey will include the knowledge and experiences of Indigenous peoples, patient, and families, as well as peoples who deliver services, whether health or social, in the interest of building a current and regional knowledge base to inform the decision making processes moving forward. This will enable a much broader scope and ensure that there is transparent and deliberate planning to support participation across the region on many different levels. There will be relationships built with the First Nations, and agreements made about how to ensure that the First Nation voices are present in this process. This will include connecting with the First Nations leadership and governance at a governance level, as well as through the operational health service delivery level that is supported through the Aboriginal Health Committee.

   **Presently, the LHIN is working with the Aboriginal Health Committee to frame this model and roadmap, knowing that the detail will come throughout the journey and throughout the many meetings, events and consultations that take place with Indigenous communities moving forward**. It is not anticipated that there are pre-determined outcomes, rather this is a process of supporting Indigenous inclusion in the LHIN Renewal and system change process, and that the objective is to ensure the Indigenous voice is well-represented and present through the transition.

[8] (Shelagh McCartney, Elizabeth Atlookan, Louie Sugarhead, Jeffrey Herskovits, Kathryn Tranvsky, (Re)Imagining Our Community, Changing The Planner And Planning With First Nations Youth, Plan Canada, Winter 2016).

The principles guiding this work are around changing the way we work with Indigenous people in healthcare to build stronger accountability and processes that truly support the opportunity for self-determination. There will be ongoing updates and timelines published on the LHIN website, and circulated to document and communicate this process as it unfolds.