Appendix A: Implementation of Initiatives ABP 2015-16

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:

2012-2015	2015-2016	2016-2017	2017-2018
35%	20%	20%	20%

Enhance Coordination and Transitions of Care

Initiative/Action: Implement geographic "cluster care and virtual ward" models of care (e.g. Assisted Living Hubs, Health Links)

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
60%	20%	20%	0%

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:

2012-2015	2015-2016	2016-2017	2017-2018
100%	0%	0%	0%

** as of March 31, 2015

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:

2012-2015	2015-2016	2016-2017	2017-2018
85%	10%	5%	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:

2012-2015	2015-2016	2016-2017	2017-2018
90%	10%	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:

2012-2015	2015-2016	2016-2017	2017-2018
35%	20%	20%	20%

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:

2012-2015	2015-2016	2016-2017	2017-2018
70%	10%	10%	10%

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: Beyond 36 months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
60%	15%	15%	10%

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: Beyond 36 months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
75%	15%	10%	0%

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:

2012-2015	2015-2016	2016-2017	2017-2018
80%	15%	5%	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:

2012-2015	2015-2016	2016-2017	2017-2018
30%	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:

2012-2015	2015-2016	2016-2017	2017-2018
30%	10%	10%	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:

2012-2015	2015-2016	2016-2017	2017-2018
50%	20%	10%	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:

2012-2015	2015-2016	2016-2017	2017-2018
50%	20%	10%	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:

2012-2015	2015-2016	2016-2017	2017-2018
75%	15%	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:

2012-2015	2015-2016	2016-2017	2017-2018
25%	20%	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:

2012-2015	2015-2016	2016-2017	2017-2018
45%	30%	10%	5%

Enhance Coordination and Transitions of Care

Initiative/Action: Develop and implement a multi-disciplinary, multi-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:

2012-2015	2015-2016	2016-2017	2017-2018
55%	30%	15%	

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: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
55%	20%	20%	5%

	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	**2012-2015 80%**	**2015-2016 200%**	**2016-2017 0%**	**2017-2018 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	**2012-2015 80%**	**2015-2016 20%**	**2016-2017 00%**	**2017-2018 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 - Decathlon	**Percent Completion:**			
Duration of Initiative: Beyond 36 Months	**2012-2015 25%**	**2015-2016 25%**	**2016-2017 25%**	**2017-2018 25%**

	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	**2012-2015 100*%**	**2015-2016 0%**	**2016-2017 0%**	**2017-2018 0%**

*ahead of schedule

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:

2012-2015	2015-2016	2016-2017	2017-2018
75%	25%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
50%	25%	25%	0%

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:

2012-2015	2015-2016	2016-2017	2017-2018
60%	20%	20%	0%

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:

2012-2015	2015-2016	2016-2017	2017-2018
40%	20%	40%	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:

2012-2015	2015-2016	2016-2017	2017-2018
50%	25%	25%	0%

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:

2012-2015	2015-2016	2016-2017	2017-2018
70%	10%	20%	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:

2012-2015	2015-2016	2016-2017	2017-2018
75%	10%	10%	5%

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:

2012-2015	2015-2016	2016-2017	2017-2018
35%	25%	25%	15%

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:

2012-2015	2015-2016	2016-2017	2017-2018
75%	10%	10%	5%

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:

2012-2015	2015-2016	2016-2017	2017-2018
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:

2012-2015	2015-2016	2016-2017	2017-2018
35%	20%	20%	10%

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:

2012-2015	2015-2016	2016-2017	2017-2018
50%	20%	20%	10%

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:

2012-2015	2015-2016	2016-2017	2017-2018
50%	25%	25%	0%

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:

2012-2015	2015-2016	2016-2017	2017-2018
40%	20%	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:

2012-2015	2015-2016	2016-2017	2017-2018
50%	10%	20%	20%

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:

2012-2015	2015-2016	2016-2017	2017-2018
50%	25%	15%	10%

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

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
60%	20%	10%	10%

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

Duration of Initiative: Less than 12 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
100%	O%	0%	0%

Increase the Value of our Healthcare System

Initiative/Action: Implement culturally appropriate care and services

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
60%	20%	20%	0%

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

Duration of Initiative: Less than 12 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
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

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
50%	50%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
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:

2012-2015	2015-2016	2016-2017	2017-2018
100%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
90%	10%	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:

2012-2015	2015-2016	2016-2017	2017-2018
90%	10%	0%	0%

Program: Diagnostic Imaging

The South West LHIN will implement diagnostic imaging strategies aligned with provincial initiatives.

Increase the Value of our Healthcare System

Initiative/Action: Business Case for Implementation of Diagnostic Imaging Coordinated Access in the South West LHIN was Completed (revised 2014-15)

Magnitude of Change: High - Relay

Percent Completion:

Duration of Initiative: 12 to 24 Months

2012-2015	2015-2016	2016-2017	2017-2018
100%	0%	0%	0%

Program: Emergency Services

Through a learning collaborative approach, Knowledge Transfer is an initiative led by the South West LHIN and St. Thomas General Hospital to spread best practices on improved efficiency in Emergency Departments and hospital inpatient access and flow. This initiative is now focused on sustainability and monitoring of improvements. The South West LHIN is participating in a province-wide initiative to identify the role of the LHINs in Emergency Management.

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

Percent Completion:

Duration of Initiative: Beyond 36 Months

2012-2015	2015-2016	2016-2017	2017-2018
75%	25%	0%	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

Percent Completion:

Duration of Initiative: 12 to 24 Months

2012-2015	2015-2016	2016-2017	2017-2018
100%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
70%	30%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
10%	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:

2012-2015	2015-2016	2016-2017	2017-2018
60%	20%	15%	5%

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:

2012-2015	2015-2016	2016-2017	2017-2018
40%	20%	10%	10%

Improve Access to Family Health Care

Initiative/Action: Participate in implementation of geographic "cluster care and virtual ward" models of care (e.g. Assisted Living Hubs, Health Links)

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
60%	20%	20%	0%

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:

2012-2015	2015-2016	2016-2017	2017-2018
50%	30%	20%	0%

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:

2012-2015	2015-2016	2016-2017	2017-2018
60%	20%	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: Beyond 36 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
50%	20%	20%	10%

Program: Long Term-Care Home Redevelopment

A number of older Long-Term Care Homes will be rebuilt through the Ministry's recently announced 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 process)

Magnitude of Change: High - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
10%	30%	20%	10%

Program: Mental Health and Addictions

All initiatives are aimed at moving the focus of care from hospital to community by reducing reliance on hospital-based care and enhancing capacity in the community. Enhanced community capacity is expected through various initiatives that look to coordinate and integrate existing capacity as well as measure and evaluate the impact of new resources.

Improve Access to Family Health Care

Initiative/Action: Develop best practice 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:

2012-2015	2015-2016	2016-2017	2017-2018
50%	25%	25%	0%

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:

2012-2015	2015-2016	2016-2017	2017-2018
100%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
90%	10%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
100%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
40%	20%	40%	0%

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:

2012-2015	2015-2016	2016-2017	2017-2018
50%	25%	25%	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:

2012-2015	2015-2016	2016-2017	2017-2018
85%	15%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
75%	25%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
100%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
75%	20%	5%	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:

2012-2015	2015-2016	2016-2017	2017-2018
75%	25%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
100%*	0%	0%	0%

***ahead of schedule**

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:

2012-2015	2015-2016	2016-2017	2017-2018
35%	25%	25%	10%

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:

2012-2015	2015-2016	2016-2017	2017-2018
75%	15%	10%	0%

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

Percent Completion:

Duration of Initiative: Beyond 36 Months

2012-2015	2015-2016	2016-2017	2017-2018
60%	20%	20%	0%

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

Percent Completion:

Duration of Initiative: beyond 36 Months

2012-2015	2015-2016	2016-2017	2017-2018
60%	20%	10%	10%

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

Percent Completion:

Duration of Initiative: Beyond 36 Months

2012-2015	2015-2016	2016-2017	2017-2018
80%	20%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
50%	30%	20%	0%

Drive Safety Through Evidence-based Practice

Initiative/Action: In partnership with Public Health, implement the South West 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:

2012-2015	2015-2016	2016-2017	2017-2018
55%	30%	15%	0%

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 - Decathlon

Duration of Initiative: Beyond 36 Months

Percent Completion: Sector actions monitored through SAAs and QIPs

2012-2015	2015-2016	2016-2017	2017-2018
0%			

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:

2012-2015	2015-2016	2016-2017	2017-2018
100%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
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:

2012-2015	2015-2016	2016-2017	2017-2018
90%	10%	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:

2012-2015	2015-2016	2016-2017	2017-2018
100%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
100%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
50%	30%	20%	0%

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:

2012-2015	2015-2016	2016-2017	2017-2018
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:

2012-2015	2015-2016	2016-2017	2017-2018
100%	0%	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:

2012-2015	2015-2016	2016-2017	2017-2018
20%	30%	35%	15%

Technology to Connect and Communicate

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

Magnitude of Change: High - Relay

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
10%	45%	45%	0%

Technology to Connect and Communicate

New 2015/16 Initiative/Action: Health Links Care Coordination Tool (CCT): Implement provincial CCT in Health Links.

Magnitude of Change: High - Decathlon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
5%	50%	30%	15%

Technology to Connect and Communicate

New 2015/16 Initiative/Action: Telehomecare: Implement provincial (OTN) Telehomecare program in the South West LHIN.

Magnitude of Change: High - Decathlon

Duration of Initiative: 25 to 36 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
0%	10%	45%	45%

Technology to Connect and Communicate

New 2015/16 Initiative/Action: Surgical Waitlist Management: Plan to implement the Surgical Waitlist Management System in an additional two hospitals in 2015/16.

Magnitude of Change: High - Relay

Duration of Initiative: Less than 12 Months

Percent Completion:

2012-2015	2015-2016	2016-2017	2017-2018
0%	100%	0%	0%

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:

2012-2015	2015-2016	2016-2017	2017-2018
10%	10%	10%	10%

APPENDIX B – Integration Activities

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

1. Ensure consistency in how integration activity is brought forward to the Board
   - To ensure clarity and consistency in how integration activity is brought forward to the Board, which will enable the appropriate response by the Board, LHIN staff will use a classification tool to determine what and how integration activities will be brought forward to the LHIN Board for review, consistent with the legislation and protocols defined through the LHSIA.
2. Reinforce and align health service provider integration expectations to achieve outcomes in support of the Integrated Health Service Plan
   - The LHIN will continue to evaluate integration activities to ensure that they are in the best interest of the public, but will also require proposed integrations to demonstrate impact on some or all of the following system level goals: Improve population health and wellness; Improve person experience with the health system; and Improve sustainability of our health system.
3. Implement organizational assessments
   - The LHIN will implement Organizational Assessments with HSPs that have been identified to have competence, capacity and/or compliance challenges. These assessments will assist to identify potential service, administrative and governance integration activities to strengthen the quality and accountability of the services provided.
4. Proactively engage the LHIN Board of Directors to clarify Board to Board engagement opportunities in support of integration activities
   - The South West LHIN Board of Directors will engage in proactive discussion regarding potential integration strategies and activities to ensure that the role of governance is clear and specific opportunities to support governance leadership and engagement are identified. South West LHIN staff will play a supportive role in this process ensuring that LHIN identified integration initiatives are brought forward to the Board of Directors for review and discussion early in the planning stages.

Many LHIN initiatives result in better integration of health services to benefit patients and families across the LHIN, however, integration activites may not always come forward as formal integrations. 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
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	South West LHIN Facilitated Service Integration	Phase 1 - Priority areas included: • Pharmacy Services – Recommendations implemented in 2014/15 • Surgical Services – Consolidation of endoscopy procedures at Tillsonburg District Memorial Hospital (TDMH) and Woodstock Hospital (WH), and consolidation of cataract procedures at Alexandra Hospital (AH) and WH completed in 2014/15 • Alternate Level of Care – Closure of 9 CCC beds at AH	Phase One - Joint Services Plan: Implementation completed in 2014/15 Phase Two – Joint Services Plan: Continued implementation in

Initiative	Brief Description	Integration Type	Anticipated Impact	Est Timeline
	(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.		and 6 CCC beds at TDMH in 2014/15 Phase 2 - Priority areas include: • Laboratory Services – Continued implementation of the selected option for lab service integration that would aid in eliminating the deficit and improving the delivery of lab services for the Oxford community. • Mental Health and Addictions – Begin implementation of a collaborative model of care that will address identified gaps and better serve the Oxford County population. • Paediatrics and Children's Health Services – Begin implementation of a collaborative model of care among a network of providers that would address identified gaps and better serve the population. • Continue research into different Governance Structures and a communications work stream to ensure continued engagement and consistent messaging across all stakeholder groups.	2015/16
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	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	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.	Phase 1 Realignment during fiscal 2014/15. Phase 1 realignment completed by March 31, 2015.

Initiative	Brief Description	Integration Type	Anticipated Impact	Est Timeline
Realignment	possible, the Complex Continuing Care and Rehabilitation (CCC/Rehab) initiative will ensure that these valuable services are provided consistently and equitably across the region.		• 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 alternate level of care days in the long term and provide for the best possible outcomes for individuals and their families	Phase 2 Staged realignment within Huron Perth. Stage 1 to be completed in 2015/16; Completion date for Stage 2 to be determined. Implement further realignment phases over next 2 – 4 years
London Crisis Services	Comprehensive community based crisis service to improve the client experience, better coordinate resources, streamline access to service, reduce ED repeat visits, reduce police intervention, and provide the right care at the right time in the right place	Health Service Provider Initiated Service Integration	• Currently 5 LHIN funded organizations and 2 non-LHIN funded organizations have partnered to provide a comprehensive continue of crisis services including face: face, telephone, mobile and crisis beds. • The partners are now working to consolidate operating resources and functions within 1 physical plant. It is expected that the co-location of London-Middlesex Enhanced Crisis Services 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.	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 approval process and related allocations).
Back Office Collaboration and Integration Project (BOCIP)	The BOCIP will focus on enabling effective and efficient use of system resources to achieve the highest quality back office services by identifying best practice parameters to inform provider back office operations	South West LHIN Facilitated Service Integration	Year 1 (2015/16) : Complete a Back Office Collaboration and Integration Project to identify best practice parameters and minimum standards	2015/16

APPENDIX C – Capital Projects

County	Capital Project	Background/Description	Current Status
Hospital Capital Projects			
Grey	**Grey Bruce Health Services (GBHS) – 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 Health Capital Investment Branch (HCIB) 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 defer 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 January 28, 2015 – LHIN received Stage 2 submission from GBHS	Stage 2, Part A under LHIN review
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	Stage 4 under HCIB review

		met the previous condition set by HCIB of maintaining 24/7 ED coverage until March 31, 2013. January 21, 2014 – South West LHIN Board endorsed Stage 2, Part A submission March 2014 – Ministry approved Stage 2 submission Fall 2014 – Ministry approved Stage 3 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 discontinued. 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.	SBGHC preparing Pre-Capital document for HCIB review
Huron	**Wingham and District Hospital (WDH) – Facility Redevelopment Project** *Stage: Stage 4*	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	WDH preparing Stage 4.1 for HCIB review

		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 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 December 12, 2014 – Ministry received Stage 3.2 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 February 15, 2015 – LHIN received Pre-Capital submission	Pre-Capital, Part A under LHIN 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**	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	Pre-Capital, Part B under HCIB review

	Department System Transformation Facility Redesign Project *Stage: Pre-Capital*	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 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	Pre-Capital, Part B under HCIB review LHSC completed construction late 2014
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	Pre-Capital, Part B under HCIB review
Middlesex	**London Health Sciences Centre (LHSC) – Post Milestone 2**	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.	Stage 1, Part A under LHIN and HCIB review. LHIN review of Part A expected to go to LHIN Board of Directors following LHIN-HCIB Alignment meeting (date TBD).

	Redevelopment *Stage: Stage 1*	April 27, 2011 – South West LHIN Board endorsed Pre-Capital submission June 2013 – LHIN received Stage 1 submission	
Middlesex	**St. Joseph's Health Care – Post Milestone 2 Redevelopment** *Stage: Stage 1*	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. April 27, 2011 – South West LHIN Board endorsed Pre-Capital submission June 2013 – LHIN received Stage 1 submission	Stage 1, Part A under LHIN and HCIB review. LHIN review of Part A expected to go to LHIN Board of Directors following LHIN-HCIB Alignment meeting (date TBD).
Elgin	**St. Thomas-Elgin General Hospital (STEGH) – Emergency, Ambulatory and Mental Health Redevelopment Project** *Stage: Stage 4*	**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 Fall 2014 – Ministry approved Stage 3 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 January13, 2014 – Patients transferred	**Redevelopment Project** STEGH preparing Stage 4.1 document for HCIB review
Community Capital Projects			

Oxford	**Woodstock and Area Community Health Centre – Redevelopment** *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, 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	Stage 1 under HCIB review
Middlesex	**London Intercommunity Health Centre – Leasehold Improvement** *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	**Southwest Ontario Aboriginal Health Access Centre – London Site Project** *Stage: Combined Stage 1 & 2*	As a result of new and expanded programming, Southwest Ontario Aboriginal Health Access Centre (SOAHAC) has outgrown its original downtown London site. The current site is comprised of two old houses that were joined together to make one building. The layout has produced significant challenges in the delivery of quality and collaborative services. In July 2014, SOAHAC submitted a combined Stage 1 and 2 proposal for the relocation of client programs and administration from the current site to a nearby renovated location that will allow for an integrated model of care, provide continuity of access for SOAHAC clients, and accommodate the growth of SOAHAC's programs.	Stage 1 & 2, Part B under HCIB review
Middlesex	**Canadian Mental Health Association Middlesex (CMHA) – Mental Health Crisis Centre**	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	Pre-Capital, Part B under HCIB review

	Stage: Pre-Capital	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.	
Elgin	**Central Community Health Centre – Leasehold Improvement** *Stage: Pre-Capital*	Central CHC opened at its current site in October 2010. Since that time, there has been an ongoing demand for expanded programs and services to meet client needs. To meet these needs and provide more adequate, safe and appropriate space for its clients, CCHC has undergone numerous small renovations and has found it necessary to provide many programs and services in offsite locations that are often inadequate in terms of size, suitability, and location. For example, Central CHC currently uses three renovated spaces plus a garage/storage unit for the mobile unit; uses donated space from several community organizations (churches, libraries, other charities); and has rented space where necessary. The lack of co-location of programs and services makes it difficult for Central CHC staff to function as an interdisciplinary team and impacts the client experience. There are also multiple health and safety concerns with the present site, such as accessibility, asbestos, inadequate heating and ventilation, and fire safety issues. A move to a permanent and larger site will allow for more efficient work among the interdisciplinary team, will support integration of health services with other LHIN-funded service agencies, and has the potential to allow for back office integration support through co-location with other LHIN-funded agencies. October 21, 2014 – South West LHIN Board endorsed Pre-Capital, Part A submission	Pre-Capital, Part B under HCIB review

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

Strategic Direction		Enhance Access to Family Health Care			Enhance Coordination & Transitions of Care for Those Most Dependednt on Health Services			Drive Safety through Evidence Based Practice			Increase the Value of the Health Care System for the People we Serve		
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												