South West Local Health Integration Network

Annual Business Plan 2018-2019

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

February 20, 2018

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1. Context

A. Transmittal Letter from the LHIN Board Chair

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

Subject: South West Local Health Integration Network – Annual Business Plan, 2018/19

I am pleased to submit the South West LHIN's 2018/19 Annual Business Plan, which details our action plans and key activities for the coming fiscal year. The *Patients First Act* is reflected in our Integrated Health Service Plan (IHSP) for 2016 to 2019. The IHSP identifies strategic directions and steps required to make our overall vision of an improved and integrated health system for all a reality. The plan's initiatives and actions position us well to deliver on the expectations outlined in the Minister's Mandate letter dated November 24, 2017 including the work ahead with both local and provincial partners to move health system renewal and transformation forward.

This year has been a year of transition as the CCAC was integrated into the LHIN on May 24, 2017. For 2018/19 we will build on the solid foundation that we have established and continue to focus on delivering quality patient care and working collaboratively with health system partners to transform health care within and across our five LHIN Sub-regions. We have established a new organizational structure and continue to work on aligning key processes, creating the strategic vision for the new organization, and establishing the culture needed to advance *Patients First* goals and broader health system transformation.

Local planning and decision-making is the model that the LHINs are built on, and one that values the input of community members, health care professionals, and stakeholders. The newly formed Sub-Region Integration Tables, the Patient and Family Advisory Committee, Clinical Quality Table, as well as the Health System Renewal Advisory Committee will enable us to include a stronger patient/family/caregiver voice focused on integrated service planning and delivery. These groups will advise the LHIN on system-wide priorities and help drive change locally. With the input of these important partners, the South West LHIN will continue to engage its communities to build a system that better understands and meets the needs of individuals and families in the LHIN.

Sincerely,

Andrew Chunilall, Acting Board Chair
South West LHIN Board of Directors

cc: Kelly Gills, Interim Co-CEO, South West LHIN
Donna Ladouceur, Interim Co-CEO, South West LHIN

B. Mandate

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

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

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

The passing of Ontario's *Patients First Act, in 2016* was an important step forward as it strengthens the role of the LHINs to achieve the following goals:

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

For 2017/18 the transfer of CCAC staff and functions, effective May 24, 2017, has been a significant undertaking. Throughout this transition, the LHIN's foremost priority has been to maintain the continuity of patient care for individuals and families across the LHIN. The South West LHIN has been working collaboratively to support a smooth and seamless transition of high quality and integrated care for people in the South West LHIN.

This first year of transition has also seen considerable attention focused on establishing the organizational structure and aligning key processes, creating the strategic vision for the new organization, and establishing the culture needed to advance the key goals of the *Patients First Action Plan* at the regional and Sub-region levels within the LHIN. Work to date has included formalizing 5 Sub-regions: Grey Bruce, Huron Perth, London Middlesex, Oxford and Elgin along with creating new conversations with a stronger patient/family/caregiver voice. The Patient and Family Advisory Committee and Health System Renewal Advisory Committee will advise the LHIN on system-wide priorities while the five Sub-Region Integration Tables will drive change locally. These new committees will be interdependent in order to achieve a common goal of improving health and wellness, patient experience and outcomes, as well as value for money.

The Minister's Mandate Letter received November 24, 2017 outlines the expectations of the LHINs for the year ahead including the continued implementation of the *Patients First Act* to support building a more sustainable, efficient and accessible health care system for future generations. Collective key priorities identified in the mandate letter are in alignment with our plan and strategy and include: Improving the patient voice and experience, addressing the root cause of health inequities, improving

access to care, ensuring seamless transitions of care for patients, and supporting innovations to care and technologies.

Transformation will continue for many years and will be guided by our long-range plan, the *Health System Design Blueprint*, which works towards achieving an integrated health system of care by 2022. To help guide longer-term system transformation, all LHINs produced a three year Integrated Health Service Plan (IHSP) for the local health system. This 2018/19 Annual Business Plan (ABP) aligns with our IHSP plan and the provincial goals set forth in the Ministers Mandate letter. We will continue to work toward the achievement of this overall vision.

Strategic Directions

When developing the South West LHIN's IHSP for 2016-19 we had a vision – *A health system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren* – and we adopted the Institute for Healthcare Improvement's Triple Aim framework. This year, with the integration of the CCAC and the LHIN, we developed a new Vision and Mission to guide us. Our Vision - *A healthier tomorrow for everyone,* along with our Mission - *Working with communities to deliver quality care and transform the health care system* – builds on the foundational work and strategic direction of our IHSP for 2016-19 and also provides us with a vision and mission for the future.

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

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

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

C. Alignment with the Priorities of the Minister's Mandate Letter

The following table outlines the priorities of the Minister's Mandate Letter and the associated goals and actions the LHIN will undertake to deliver on them:

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
Transparency and Public Accountability *E.g. working with Health Shared Services Ontario (HSSOntario) on an enterprise-wide review of the LHINs, managing risks effectively, and meeting reporting and accountability obligations.*	Increase transparency with publicly-available reporting: • Design performance reporting and monitoring that drives the execution of the organization's strategy, and supports operations, organizational health, and improvement in key priorities. • Establish focused complimentary key performance indicators that cascade to support improvement for internal and external teams. • Align responsibility and accountability for reporting, monitoring and improvement. • Develop a Corporate Risk Profile and implement an Enterprise Risk Management approach. • Integrate key elements of the performance management and accountability approach for Health Service Providers and Service Provider Organizations. • Continue to implement and enhance value for money assessments of LHIN-wide initiatives to understand impact of investments and direct alignment of initiatives to outcomes. • Support our Sub-regions along a maturity journey toward shared accountability for performance, outcomes and results.
Improve the Patient Experience *E.g. initiatives to reduce caregiver stress and improve transitions between care settings, Patient and Family Advisory Committee(s) engagement*	• Work in partnership with our new Patient Family Advisory Committee to co-design a patient engagement plan. • Work with patient and family partners to gain feedback on how we identify priorities and communicate and report on progress and outcomes. • Ensure that patient, family and caregiver partners are working with providers in key committee structures to create solutions together leveraging their lived experience. • Work alongside health service providers to consistently embed patient engagement approaches (e.g. Experience Based Design) to advance quality improvement. • Work with health service providers to develop a coordinated approach to engage people who receive services and determine experience of care measures. • Increase access to Congregate Residential Living.
Build Healthy Communities Informed by Population Health Planning *E.g. assessing local population health needs, identifying how providers in sub-regions will collaborate to address health gaps,*	• Work with our Sub-Region Integration Tables to pursue opportunities to transform the health system to integrate population and public health planning with other services to create stronger links to health promotion and disease prevention. • Provide integrated, population-based care by strengthening end-to-end integration at a multi-community and local level across the South West LHIN. • Ensure Public Health is effectively engaged as partners in Sub-region and regional priorities.

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
working with public health and others to incorporate health promotion strategies.	
Quality Improvement, Consistency and Outcomes-Based Delivery *E.g. enhancing performance and quality measurement frameworks, working with Health Quality Ontario to support implementation of quality standards*	• Work alongside health service providers to consistently embed patient engagement approaches to advance performance and quality improvement. • Enhance development and implementation of a Quality, and Performance Management and Improvement Approach including: enhanced evaluation, improved reporting and measurement, development and implementation of tools supporting improvement with a focus on: patient safety and relations, leading practices, and a strategic focus on enabling sustainability and spread. • Provide leadership in establishing shared improvement strategies through Improvement Plans across Sub-regions and within sectors to advance key priorities. • Work alongside health service providers to implement best practices (e.g. Quality Based Procedures) and reduce variation within and among organizations to improve outcomes and value for money.
Equity *Eg. Promote health equity and recognize the impact of social determinants of health, ensuring engagement with Indigenous and Francophone leaders, enhance access to French language services.*	Continue to apply an equity lens to decision-making leveraging guidelines to increase the application of the Health Equity Impact Assessment tool, http://www.southwestlhin.on.ca/en/forhsps/HealthEquityImpactAssessment.aspx • Work alongside health service providers to consistently embed patient engagement approaches to advance performance and quality improvement. • Ensure Public Health is effectively engaged as partners in Sub-region and regional priorities. • Work with our Sub-Region Integration Tables to pursue opportunities to transform the health system to integrate population and public health planning with other services to create stronger links to reduce health disparities for vulnerable populations. • In partnership with the French Language Health Services Planning Entity continue to advance our Joint Action Plan. • Engage monthly with the South West Indigenous Health Committee to provider leadership and advice to advance the Indigenous community health priorities outlined in the ABP. The process is documented through the Roadmap.
Primary Care *E.g. working with providers to implement Sub-region plans to use an equity lens, advance the implementation of coordination of care plans, enhance care coordination,*	• Implementation of Primary Care Alliance structure aligned with sub-regions to improve access, and better support transitions of care post-discharge from hospital. • Continue to explore and spread models to enhance access to team-based care aligned with population need. • Ensure primary care clinical and administration leadership are effectively engaged as partners in the Sub-Region Integration Tables. • Create strong linkages between the new Primary Care Alliances and the

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
and improve access and care transitions.	Sub-Region Integration Tables. • Work within Sub-regions to develop transition plans for coordinated care planning to be embedded in Sub-region work processes. • Improve the relationship between primary care and home and community care through evolving the care coordination model.
Hospitals and Partners *E.g. working with system partners to improve the patient journey through hospitals, and supporting hospitals to adopt innovations like bundled care.*	• Spread and sustain integrated care models to improve transitions in care between hospital and community. • Leverage Sub-regions to improve patient access and flow. • Grow and sustain strategies for patient access and flow to maintain access to acute care beds. • Implement improved admission and discharge practices for patients admitted to mental health beds to improve capacity and access. • Clinical Services Plan for stroke (hospital realignment and community-based care), rehabilitative care, and diagnostic imaging. • Ensure hospitals are effectively engaged as partners in the Sub-Region Integration Tables.
Specialist Care *E.g. working with providers to enable communications and improve appropriate care for people suffering from musculoskeletal (MSK) pain and mood disorders, drive more effective and appropriate specialist referrals*	• In recognition that accessing specialty care is a challenge for patients and Primary Care Providers in the South West LHIN, a new musculoskeletal (MSK) model of care will be implemented for patients requiring surgical consultation with an Orthopedic Surgeon for hip and/or knee osteoarthritis and low back pain. In this new model, an interprofessional assessment will take place within 2-4 weeks of referral to provide education to patients and determine if surgical consultation or non-surgical management is most clinically appropriate. • To ensure equity in access to surgical consultation in the new MSK model, central intake (coordinated access) for all referrals in the South West will be implemented. This will reduce the significant variation in wait times that currently exists between hospitals and surgeons. • In alignment with, and to enable efficiencies in the new MSK model of care, the LHIN will continue to spread the implementation of Novari Access to Care (an electronic software program that is used to improve efficiency of booking surgical procedures) to improve timely access to surgery. • Planning to determine the next priority specialist pathways to be added to a coordinated access approach (central intake) in the next 2-3 years. • Champion the spread of eConsult (an electronic method of primary care consultation with specialitsts regarding patient care) and eReferral (and electronic method of exchanging referral information between providers) processes to reduce unnecessary referrals to specialists and give primary care physicians and their patients more timely access to specialists.
Home and Community Care	• Continue to advance the 'One-sector' Home and Community Care Experience, where patients experience seamless transfers between community care organizations –which will result in improved patient experience through better coordination between Personal Support

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
E.g. reducing home and community care wait times, improving coordination and consistency with input from patients, caregivers and partners, working with the ministry and Ontario Palliative Care Network to expand access to palliative and end of life care.	Services (PSS), providers from LHIN Home and Community Care, and Community Support Services (CSS). • Continue to grow the supports available through our Palliative Care Outreach teams to provide high quality palliative care and offer integrated supports across the continuum. • Support improvement in the delivery of high quality Home and Community Care by evolving the care coordination model to align with best practices. • Engage with internal and external stakeholders including patients and families in all improvement activity. • Work collaboratively with partners to plan and address health human resource shortages in order to meet increasing demand for services. • Commit to ensuring that home and community care is available in culturally and linguistically safe ways that ensure equitable access to care for Indigenous and Francophone populations. • Commit to ensuring that home and community care is available in culturally safe ways that ensure equitable access to care for Indigenous populations, with an focus on people living in a First Nations community.
Long-Term Care *E.g. Work with the ministry to strengthen the long-term care home sector, including through the redevelopment of long-term care homes across the province.*	• Continue to support effective Long-Term Care (LTC) Home Redevelopment. • Effectively engage Long-Term Care Homes in Sub-region planning.
Dementia Care *E.g. Implement regional dementia capacity plans*	• Develop and implement a regional dementia capacity plan aligned with the provincial and South West LHIN dementia strategies. • Ensure the dementia capacity plan is integrated with the Individuals with Complex Needs Strategy with a particular focus on seniors who are frail.
Mental Health and Addictions *E.g. working with partners to expand access to services including structured psychotherapy and supportive housing, reduce wait times for community mental health services, supporting the provincial opioid strategy and connecting patients with high-quality addictions treatment.*	• Work with partners to expand access to services including structured psychotherapy, peer support, specialized units, and supportive housing. • Support the provincial opioid strategy. • Work across sectors and care settings to reduce variation in processes and practices. • Develop strategies to further integrate Mental Health & Addictions community providers within Sub-regions. • Advance integration across sectors especially between primary care, home and community care and mental health and addictions to improve the patient experience.
Innovation, Health Technologies and Digital Health *E.g. support the ministry's Digital Health Strategy*	• Advance provincial digital health priorities as identified in the provincial 10 point Digital Health Action Plan. • Make care available in more places by expanding virtual care (e.g. telemedicine, telehomecare).

Minister's Mandate Letter Priorities	Key commitments, goals, actions and/or outcomes from the LHIN's ABP
including HIS, virtual and digital models of care, and referral processes.	• Leverage digital health solutions to improve coordination of care and sharing of information between providers to enhance the patient experience (e.g. ClinicalConnect: secure, web-based portal that provides physicians and clinicians with real-time access to their patients' electronic medical information) • Optimize digital health technologies for timelier access to services and to reduce unnecessary transfers (e.g. eConsult which is an electronic method of primary care consultation with specialitsts regarding patient care and provides faster access to advice from specialists). • Improve patient access to health information through the implementation of MyChart (patient portal). • Implement digital health tools to allow clinicians or health services providers to collaborate with other care team members and maintain shared, coordinated care plans and have access to timely and secure assessment information (e.g. Health Links Care Coordination Plans, Integrated Assessment Record). • Advance hospital reporting systems so that primary care providers, specialists and nurse practitioners anywhere can receive patient reports electronically from participating hospitals or independent health facilities (e.g. Health Report Manager) • Ensure that any Hospital Information System (HIS) renewal decisions are consistent with HIS Renewal Advisory Panel clustering recommendations and reflect a commitment to reduce the overall number of HIS instances in the province.

D. Overview of Services within the South West LHIN

To meet the health care and social support needs of residents, a variety of services from an array of LHIN and non-LHIN funded organizations are available in the South West. With the passing of *Patients First* and the integration of CCACs into the LHINs, the South West LHIN will directly provide services to residents in 2018/19. These services include, but are not limited to, care coordination, nursing and personal care, allied health, direct nursing, placement, information and referral, and medical supplies and equipment services.

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

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

- 3 agencies provide acquired brain injury services
- 14 Home and Community Care Service Providers Organizations and 4 Vendors

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

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

1.4 Environmental Scan

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

Demographics:

- The South West LHIN is home to an estimated 971,500 people, or 7.0% of the population of Ontario.
- According to the 2011 Census, nearly 50% of LHIN residents lived in a large urban population centre (100,000+), and almost 30% lived in rural areas.
- The only large urban centre located in the South West LHIN is London.
- Between 2010 and 2015 the South West LHIN's population increased by 2.6%, compared to 5.1% growth for Ontario overall.
- Seniors (aged 65+) accounted for just over 18% of the LHIN's population, compared to 16% in 2010.
- The population of the South West LHIN was projected to increase by 2.9% between 2015 and 2020, and 6.0% between 2015 and 2025. By comparison, the projected rates of growth for Ontario were 5.3% for 2015 to 2020 and 11.1% for 2015 to 2025.

Population characteristics:

- According to the 2011 Census, 86% of South West LHIN residents reported English and less than 2% reported French as their mother tongue.
- In 2011, immigrants accounted for 14.0% of the South West LHIN population. 1.6% of residents were recent immigrants, having arrived in Canada between 2006 and 2011.

- Less than 8% of the South West LHIN population self-identified as belonging to a visible minority group, compared to 26% of Ontario's population.
- In 2011, the unemployment rate for South West LHIN residents (7.6%) was comparable to the provincial average (8.3%).
- The proportion of South West LHIN residents living in low-income households was 14.0%, similar to the provincial rate of 13.9%.

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

2) Health System Oversight and Management

To succeed in transforming the health care system, all health service providers and the LHIN must share a collective plan of action and have a shared focus. Identifying top areas of focus in the form of overarching priorities helps to focus our work efforts and move forward.

Priorities:

Our three overarching priorities for our 2018/19 plan include:

- **Improve the Patient and Family Experience across the health system**
- **Deliver high quality Home and Community Care**
- **Strengthen the new LHIN organization to drive the goals of Patients First**

As we work to deliver on these priorities and the goals that are associated with them, we will continue to embed the following five implementation strategies in all the work we do to implement provincial, LHIN-wide, and Sub-region priority initiatives:

- **Health equity:** Consistently apply a Health Equity lens to enable access to quality care.
- **eHealth and Technology**: Leverage and expand the use of eHealth technologies to access and exchange health information, inform effective decision making, and enhance "hands on" care.
- **Integration and Collaboration**: Work together to better organize and connect services to meet the needs of the population and ensure optimal use of resources.
- **Quality Improvement and Innovation**: Partner with LHIN residents to understand their experiences of care and continuously collaborate with them to co-design improvements, broadly share quality evidence and best practices and demonstrate quality outcomes across the health care system.
- **Transparency and Accountability**: Strive for transparent decision-making and better performance by reporting on measures of success and holding individuals and organizations accountable for results.

In 2018/19, the South West LHIN will continue to honour and advance the seven priorities of our current Integrated Health Services Plan. We will leverage these priorities to articulate a refined strategic focus for 2018/19 that aligns with provincial directions and priorities, and the 2018/19 Ministry Mandate letter to the LHIN's. This focus will enable us to effectively and efficiently monitor

and manage the performance of the system, our LHIN-delivered home and community care service delivery, and ourselves. The seven priorities include:

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

To help understand the risks associated with implementing each initiative we undertake, the LHIN considers human resource availability and capability, funding availability, leadership champions, technological challenges, project management challenges, level of stakeholder commitment and challenges associated with change. Multiple risks are often associated with each initiative which then requires careful planning and staging to assist with mitigating those risks.

The tables below summarize the three priorities for 2018/19, their goals and objectives, how success is measured, the status of the initiatives to meet the objectives and risks that need to be mitigated in order to ensure success.

PART 1: IDENTIFICATION OF PRIORITY
Priority #1
Improve the Patient and Family Experience across the health system.
Priority Description
The South West LHIN will continue to focus our time, resources and efforts on ensuring that people with complex needs receive more integrated and coordinated home and community care, primary care, mental health and addictions support and experience smooth transitions between care settings. A high-quality health system as defined in the Excellent Care for All Act (ECFAA) is “A health system that delivers world-leading safe, effective patient-centered services, efficiently and in a timely fashion, resulting in optimal health status for all communities.” In alignment with this vision, the South West LHIN is building on the existing work of our health service providers and other partners and will continue to demonstrate the value of learning from the experiences of patient, family and caregiver partners to guide continuous quality improvement in the system and improve health outcomes. Through a focus on better understanding capacity needs; improving integration between key sectors, care settings and care providers; and addressing health inequities we believe we can improve the patient and family experience across the health system.

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

Current Status

During the development of our IHSP we conducted several focus groups of people living in the South West LHIN. The themes from those focus groups continue to help inform and shape our strategic focus. Here is what patients, families and caregivers are telling us:

Our system provides quality care – let's not lose that

Once people are linked up with the right care, they are generally pleased with the quality. However, a constant change in who is providing care and what care can be provided is frustrating for people and their caregivers.

Respect Me

People want to be treated with respect no matter what their life circumstance.

Provide me with the best care no matter who I am

People feel that who you are and where you live affect the health care you receive. People struggling with mental health and substance abuse issues.
People from Indigenous communities experience racism at individual, institutional and systemic levels.

Recognize the increasing role family and friends play in health care and the risk to caregiver health

Caregivers can become exhausted and frustrated with the system and feel guilty when they are unable to provide care. They are reluctant to ask for help because they fear loss of autonomy.

Help me navigate the system

The system is complex, disjointed and forever changing. When health service providers work well together, people have positive experiences with the system. Many people felt that there is a great lack of communication between providers.

Ensure the Health System is sustained

People are not sure if the healthcare system can sustain itself. They feel providers are already at capacity. Eligibility criteria is getting more stringent and wait times seem to keep growing. People were concerned that they were not aware of or didn't understand which services are publically funded and which ones they had to pay for themselves.

The South West LHIN continues to actively embed an experience based design approach in projects and initiatives to ensure the patient voice and story are guiding and informing our approach. For example, patients and providers in London Middlesex and Grey Bruce have attended small group sessions where they have shared their experiences with coordinated care planning.

For those who are experiencing mental health and addictions challenges, emotional mapping of their experiences has occurred and co-designing revisions to the coordinated care planning process is underway. The Indigenous community has been working with the LHIN to map out experiences and emotional reponses to coordinated care planning. For others with complex needs, recommendations from the co-design work has been shared with key local committees to build into work plans. The learnings from this work are being shared with other providers across the South West through the Health Links Learning Collaborative.

We continue to report, monitor and respond to our longer-term big dot priorities as identified in our IHSP 2016-19, http://www.southwestlhin.on.ca/accountability/Performance.aspx. This information was used to support establishing priorities in the 2018-19 Annual Business Plan.

PART 2: GOALS AND ACTION PLANS

Goal (s)

Aligned with our Integrated Health Service Plan 2016-19, the following are the goals identified for our priority - **Improve the Patient and Family Experience across the Health System.**

Ensure primary health care is strengthened and integrated with the broader health care system and aligned with a Sub-region focus.

- Establish and strengthen primary care alliances in all Sub-regions.
- Actively develop Sub-region clinical leadership.
- Implement recommendations to support equitable access to primary care, and support for transitions of care for individuals most impacted by the social determinants of health.

Strengthen mental health and addictions coordination and collaboration of services with other partners.

- Reduce variation in admitting and discharge practices.
- Redesign of Mental Health and Addiction Case Management.
- Mental Health and Addiction Crisis Services – Redesign.
- Develop the strategy to integrate Mental Health & Addictions community providers within Sub-regions.

Provide culturally and linguistically appropriate care for Indigenous and Francophone people.

- Implement the South West LHIN Indigenous Road Map.
- Improve access to health services in French starting with Home and Community Care, Mental Health & Addictions and Primary Care.

Advance integration to achieve seamless transitions of care for individuals with complex needs.

- Develop an Individuals with Complex Needs Strategy with an initial focus on frail seniors. Overall, the Individuals with Complex Needs Strategy will support those who have four or more chronic conditions and will begin with three streams of work; seniors who are frail, people who are in the last year of life, and people with mental health and additions challenges.
- Accelerate the adoption of the Health Links approach to coordinated care planning.
- Spread the Integrated Funding Model, locally known as the Connecting Care to Home pathway, where people admitted to hospital with chronic obstructive lung disease of congestive heart failure are discharged home with comprehensive community and specialist supports.
- Increase our ability to support people to die in their place of choice.
- Implement Sub-region focused strategies to ensure patient flow across care settings (for example from emergency department to a hospital bed, from a hospital bed to long-term care, or care in the community).
- Implement an integrated Assess & Restore pathway where secondary level supports are available in the community to support frail seniors to maximize independence. Assess and

Restore interventions are short-term rehabilitative and restorative care treatments meant to help people who have experienced a reversible loss of functional ability.
- Optimize community support services as part of the continuum of care.

Quantify capacity needs of Home and Community Care and Long-Term Care to support proactive plans to enhance services and supports.

- Develop a dementia capacity plan aligned with the regional Dementia Strategy.
- Quantify Long-Term Care capacity needs and work collaboratively with the ministry, Long-Term Care homes and communities to develop plans to meet identified gaps.

Improve access to specialist care.

- Implement Central Intake and Assessment with a focus on the musculoskeletal (MSK) pathway supported by eReferral.

Government Priorities:

The South West LHIN's strategic priority of ***Improving the Patient Experience across the Health System,*** the above noted goals, as well as the action plans to support the achievement of these goals, are consistent with the provincial government and the South West LHIN priorities as reflected in:

- Premier Kathleen Wynne's Mandate Letters 2017-18 to the Ministry of Health and Long-Term Care and Associate Minister of Health and Long Term Care.
- Aging with Confidence: Ontario's Action Plan for Seniors.
- Patients First: Action Plan for Health Care 2015.
- Patients First: A Roadmap to Strengthen Home and Community Care.
- Ontario's Dementia Strategy.
- Living Longer, Living Well: Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on recommendations to inform a Seniors Strategy for Ontario. Dr. Samir Sinha, December 20, 2012
- Open Minds, Health Minds: Ontario's Comprehensive Mental Health and Addictions Strategy.

Action Plans/Interventions

	Expected Status (as of March 31, 2019)	Expected Completion Date
Ensure primary health care is strengthened and integrated with the broader health care system aligned with a Sub-region focus.		
Establish and strengthen primary care alliances in all Sub-regions.	In progress	March 31, 2022
Actively develop Sub-region clinical leadership.	In progress	March 31, 2020
Implement recommendations to support equitable access to primary care, and support for transitions of care for individuals most impacted by the social determinants of health.	In progress	March 31, 2022

	Strengthen mental health and addictions coordination and collaboration of services with other partners.		
	Reduce variation in admitting and discharge practices.	In progress	March 31, 2020
	Redesign of Mental Health and Addiction Case Management.	In progress	TBD
	Mental Health and Addiction Crisis Services – Redesign.	In progress	March 31, 2022
	Develop the strategy to integrate Mental Health & Addictions community providers within Sub-regions.	In progress	March 31, 2020
	Provide culturally and linguistically appropriate care for Indigenous and Francophone people.		
	Implement the South West LHIN Indigenous Road Map and ABP.	In progress	March 31, 2025
	Improve access to health services in French starting with Home and Community Care, Mental Health & Addictions and Primary Care.	In progress	March 31, 2022
	Advance integration to achieve seamless transition of care for individuals with complex needs.		
	Develop an Individuals With Complex Needs strategy with a particular focus on frail seniors.	In progress	March 31, 2022
	Accelerate the adoption of coordinated care planning.	In progress	March 31, 2019
	Spread Connecting Care to Home pathway (as part of the South West LHIN Bundled Care strategy).	In progress	March 31, 2020
	Increase our ability to support people to die in their place of choice.	In progress	March 31, 2019
	Implement Sub-region focused strategies to maintain access and flow and optimize acute care bed capacity.	In progress	March 31, 2020
	Implement an integrated Assess & Restore pathway and secondary level supports.	In progress	March 31, 2021
	Optimize community support services as part of the continuum of care.	In progress	March 31, 2021
	Quantify capacity needs of Home and Community Care and Long-Term Care to support proactive plans to enhance services and supports.		
	Develop a dementia capacity plan aligned with the regional Dementia strategy.	In progress	March 31, 2020

	Quantify Long-Term Care capacity needs and work collaboratively with the Ministry, Long-Term Care Homes and communities to develop plans to meet identified gaps.	In progress	March 31, 2020
	Improve access to specialist care.		
	Implement Central Intake and Assessment with a focus on the musculoskeletal pathway supported by eReferral.	In progress	March 31, 2020

Risk/Barrier	**Mitigation Plan**
Primary Care physicians are often not well connected to health care system integration discussions.	Leveraging LHIN clinical leadership and fostering known Sub-region primary care clinical leadership to enable effective engagement and build strong partnerships within Sub-region primary care alliances around shared priorities.
Implementation of *Patients First* to transform the health care system and a focus on Sub-region planning requires significant, intense, strategic change management across the system and within sectors and requires a high level of engagement with providers and non-LHIN funded partners.	Work with Health System Renewal Advisory Committee to identify opportunities to increase the resiliency and engagement of providers and partners to manage change and to ensure that the rationale for change is well understood. Work with Sub-regions to establish a manageable and achievable number of 'shared responsibility' priorities. Narrow focus and align initiatives that support same/similar populations to reduce and eliminate, where possible, duplicate communications and efforts.
Misaligned or insufficient resources may limit ability to address all patient needs.	Leverage the learnings from integrated funding models and previous integrations to advance our plans and ensure resource constraints are appropriately addressed.
Health Service Provider and partner commitment to support planning and implementation of service delivery redesign in priority sectors may be limited.	Focus on early engagement to socialize and support optimal participation of health service providers and partners who will need to participate in redesign through appropriate operational and strategic governance level structures.
Patient preference to die at home is incongruent with use of hospital based end-of-life and emergency based services and the perception that other care options or settings are not available within all Sub-regions.	Increased focus on public education and information on service availability and supporting the public's accountability to make best use of services and supports available to support their optimal wellness.
Ability to secure support for culturally safe and linguistically appropriate care for Indigenous and Francophone populations.	Leverage existing culturally safe care champions to promote effectiveness of training programs available. Partner with French language service champions to

	profile positive impact of this focus on the Francophone population.
Challenges to implementation of essential Digital Health solutions and systems.	Work closely with Digital Health partners in the South West Ontario cluster to coordinate the use of resources deployed in the region to optimize utilization of priority solutions.

3) LHIN-Delivered Home and Community Care

PART 1: IDENTIFICATION OF PRIORITY
Priority #2
Deliver high quality Home and Community Care.
Priority Description

The South West LHIN Home and Community Care Program strives to improve in all aspects of care coordination, service delivery, and patient-centered experience.

Our priority is to establish, lead, and participate in activities that support improvement in the delivery of high quality Home and Community Care. The South West LHIN will engage with internal and external stakeholders in all improvement activity and ensure patients and families are engaged and empowered to shape care delivery.

Areas of focus will include:

- Strengthening Care Coordination connections and integration models with Primary Care.
- Analysis of current Care Coordination activities with a goal to increase face to face assessments and other value add practices.
- Engaging with and reviewing service provider capacity, with a goal to develop strategies that will support an increase to health service resources in order to meet increasing demand for service.
- Examining access to services for specific populations including the Francophone and Indigenous communities, and explore strategies to ensure equitable access to, and delivery of, culturally sensitive care.

Current Status

Currently the South West LHIN as part of its responsibilities to provide high quality, high value home and community care:

- Provides, (directly or indirectly), health care services and supplies and equipment to support patients to live in community settings..
- Provides, (directly or indirectly), goods and services to assist relatives, friends and others in the provision of care for such persons.
- Manages placement into Long-Term Care Homes, Continuing Complex Care/rehabilitation beds,

Adult Day Programs, Assisted Living/Supportive Housing, and Residential Hospice.
- Provides information to the public about community-based services, Long-Term Care Homes, and related health and social services.
- Cooperates and partners with other organizations that have similar objectives.

In 2016/17, the South West Community Care Access Centre, now the South West LHIN, managed 70,456 referrals for service and support, completed 53,643 admissions, and spent $145,260,785 on direct Patient Care to serve 61,981 individuals. We also provided 3,091,777 home and school visits to patients.

Patients Served:

- 58.7% of the patients we serve and support to remain independent in their homes are aged 65 and older.
- 41.8% of the patients that we serve are under 65 and include younger adults and children with health-care issues or injuries, chronic disease, and students who need support at school.
- 60.4% of patients under the age of 65 are those that need support to recover at home after hospital discharge.
- Our Home First patients - 5.3% of the people we support are those whose needs are better met by community care than in hospital or long-term care.
- 5.6% of the patients we support are people who need support through their end-of-life experience.

Key issues facing this client group:

- As the ageing population grows, demand for home and community care services is increasing.
- Since 2015/16 we have seen a 2.49% increase in the percentage of complex patients in community.
- Availability and optimization of use of health human resources (specifically personal support services).
- Collaboration and integration between health service providers.
- Currently, the organization has a high patient to care coordinator ratio (up to 1 to 130 in our Community team).
- Service provider organizations are experiencing personal support worker or other health human resource shortages that impact delivery of timely access to homecare.
- Currently, 60.88% of our patients die in their preferred place of death, an increase over previous years. Continued work is needed to achieve QIP target of 70%.

Successes of the last year:

- Successful integration of the CCAC and the LHIN.
- Connecting Care to Home, a bundled care initiative, had significant patient and system impacts, including reduced Hospital Re-admission by 77%, reduced Emergency Department use of between 97% and 100% and cost reductions to the hospital of 58% and the LHIN of approximately 35%.
- Achieved a 2.6% reduction in the percentage of deaths that occurred in hospital by supporting more individuals at end-of-life in community settings. 93.8% of patients indicate they are satisfied with services and 91.8% indicate they are satisfied with their care coordinator.

PART 2: GOALS AND ACTION PLANS

Goal (s)

Aligned with our Integrated Health Service Plan 2016-19, the following are the goals identified for our priority - **Deliver High Quality Home and Community Care:**

Evolve the care coordination model:

- Align care coordination model with clinical best practices (efficiencies, shifting from office-based to community-based tasks, caseload size).
- Improving care coordination connection/relationship with primary care.
- Improve access to Home and Community Care services for patients with Mental Health & Addictions challenges.

Optimize service provider capacity to enable us to meet the demand for Home and Community Care services:

- Develop a mechanism to assess service provider capacity to meet current and future needs.
- Develop concrete strategies to increase the availability of health human resources in the LHIN.

Address inequities in access to home and community care for Indigenous and Francophone populations:

- Explore alternate purchased services delivery strategy for Francophone populations.
- Enhance Home and Community Care for Indigenous People by transitioning to an Indigenous led care coordination model and exploring alternate purchase services delivery methods.
- Review and redefine internal processes to enable us to deliver best care to Francophone populations.

Government Priorities:

The South West LHIN's strategic priority of ***Delivering High Quality Home and Community Care,*** the above noted goals, as well as the action plans to support the achievement of these goals, are consistent with the provincial government and the South West LHIN priorities as reflected in:

- Premier Kathleen Wynne's Mandate Letters 2017-18 to the Ministry of Health and Long-Term Care and Associate Minister of Health and Long Term Care.
- Aging with Confidence: Ontario's Action Plan for Seniors.
- Patients First: Action Plan for Health Care 2015.
- Patients First: A Roadmap to Strengthen Home and Community Care.

Action Plans/Interventions

	Expected Status (as of March 31, 2019)	Expected Completion Date
Evolve the care coordination model.		
Align care coordination model with clinical best practices (efficiencies, shifting from	In Progress	March 31, 2019

	office based to community based tasks, case load size).		
	Improving care coordination connection/relationship with primary care.	In Progress	March 31, 2020
	Improve access to Home and Community Care services for patients with Mental Health & Addiction challenges.	Not Yet Started	March 31, 2020
	Optimize service provider capacity to enable us to meet the demand for Home and Community Care services.		
	Develop a mechanism to assess service provider capacity to meet current and future needs.	Not Yet Started	March 31, 2020
	Develop concrete strategies to increase the availability of health human resources in the LHIN.	In Progress	March 31, 2021
	Address inequities in access to home and community care for Indigenous and Francophone populations.		
	Explore alternate purchased services delivery strategy for Francophone populations.	Not Yet Started	March 31, 2019
	Enhance Home and Community Care for Indigenous People by transitioning to an Indigenous led care coordination model and exploring alternate purchase services delivery methods.	In Progress	March 31, 2019
	Review and redefine internal processes to enable us to deliver best care to Francophone populations.	Not Yet Started	March 31, 2020

Risk/Barrier	**Mitigation Plan**
Limited internal Care Coordination resources to address increasing complexity and demands of the ageing population for home and community care services, primarily for priority populations such as adults with complex needs.	Increased investment in Care Coordination to ensure patient to care coordinator ratio is appropriate to manage clinical needs.
Service Provider Organization health human resource recruitment and retention challenges (e.g. PSW shortage, competition with other health service providers) with a shift to utilization of non-regulated health workers in other health care sectors.	Collaboration with other health sector partners to understand planned recruitments that may draw from the home and community sector. Explore other options for patient care delivery using alternative resources or locations for providing the service.
Reputational risk and loss of public trust to deliver timely and appropriate home care with increasing missed visits due to human resource constraints.	Collaboration with other health sector partners to understand planned recruitments that may draw from the home and community sector.

Caregiver fatigue and burnout resulting in higher numbers of crisis designations in the community.	Targeted caregiver respite investments through priorities for investment and as part of the Dementia Strategy implementation to align with the priority populations.
Long Term Care (LTC) redevelopment could result in delays to LTC placement and increased Alternate Level of Care designations waiting in hospitals.	Leadership from LHIN Home and Community Care placement team to manage the impact of LTC Home redevelopment on access.
Challenges integrating within non-team based Primary Care models due to lack of knowledge about the services/supports LHIN Home &Community Care (H&CC) provides.	Work with LHIN Clinical Leadership and Primary Care Alliances to build shared understanding around optimal integration of Primary and Community Care.
Challenges providing culturally safe, consistent and appropriate care to Indigenous patients, both on and off reserve.	LHIN working on Indigenous-Led Palliative Care Model, and changes to Care Coordination approach to address inequities. LHIN will work on developing Indigenous mental wellness pathways to care between hospital and community
Lack of available French speaking health human resources necessary to provide Home &Community Care services in the South West LHIN region.	Working with contracted Service Provider Organization agencies to determine alternate delivery approaches to address challenges with appropriate staffing (given large numbers of HCC providers).

4) French Language Services (FLS)

The Francophone community in the South West region is vibrant and diverse. It includes schools, community centers, organizations and a growing population. The South west LHIN is committed to work toward improving access to quality services in French by ensuring we are planning for access to high quality services for Francophones across the region, throughout the system and delivering linguistically safe H&CC services. This enables us to remove and prevent further language barriers for Francophone individuals seeking access to local health services in their preferred language.

The South West LHIN has maintained a strong working relationship with its French Language Health Planning Entity (“the Entity”) and is committed to improve how we work together, developing a joint action plan and collaborating on projects and initiatives. We are also working closely with the Entity to advance the objectives from our Joint Action Plan such as engaging and informing the community about health system planning and changes to the health system. This partnership is important to creating a health system that takes into consideration the specific needs of this population and to ensure cultural and linguistic safety.

For that reason, in collaboration with the Entity, we engaged the Francophone community and Francophone providers in our Patients First related structures. This includes Francophone patient participation at our Patient Family Advisory Committee, Francophone patient and providers at the London Middlesex Sub-Region Integration Table, and a leadership representative from the Entity on our Health System Renewal Advisory Committee. This reinforces our commitment to better understand the Francophone community needs in the region.

To ensure FLS consideration during LHIN /CCAC transition, a French Language Services transition plan was created and led to the review of relevant internal processes and standard procedures. As the LHIN

has assumed responsibility for the provision of H&CC services, we now embrace understanding and ensuring that those services are available in French, in accordance with the French Language Services Act. In order to achieve this and to ensure Francophone components and principles are integrated into our work, internal structures such as an internal French Language Services (FLS) Committee, will need to be created. This committee will be responsible for developing an FLS implementation plan which will include processes to assess capacity to provide H&CC, internal guidelines, standard operational procedures and policies in accordance with the FLS Act.

In the past, the South West LHIN developed an FLS Toolkit that received an honorable mention from the French Language Commissioner Office. In follow up to this Toolkit a cultural linguistic competency training is being developed in partnership with the Erie St. Clair LHIN to provide staff, management, all funded HPS's, and board members within our LHIN, with the knowledge and tools they need to better understand the concept of an active offer of FLS, serve the Francophone population as well as to help organize, develop, and plan for French Language Services.

The South West LHIN along with the Entity and other community partners is currently working on the development of a community of practice for bilingual human resources. Together with the Healthline.ca our group is looking at ways to add to the existing French Library and other enhancements to the site including the development of a mini site/community of practice to help support bilingual human resources in our region by giving them access to information, resources and opportunities to connect through a health chat portal.

We continue to work to advance the extent to which health service providers understand who their clients are, including their linguistic identity, to provide them with the best possible services. This includes working with identified agencies to develop and implement their French Language Service plan; working with those non-identified agencies towards capacity to identify; tracking and reporting on the number of Francophone clients served; their internal bilingual capacity to serve clients in French; and the number of requests for services in French.

Through the Service Accountability Agreements, the South West LHIN asks agencies to use formal mechanisms to identify, track and report annually on the number of Francophone clients served. This information helps with establishing an environment where people's linguistic backgrounds are collected to inform the provision of services in ways that meet their cultural and linguistic needs. The information will also be linked with existing health service data and used for health system planning to ensure services are culturally and linguistically sensitive.

5) Indigenous Peoples

Within the context of health equity, quality improvement and improving population based health, there has been heightened awareness and dialogue about the negative impact that the healthcare system is having on Indigenous people.

Indigenous people continue to experience systemichealth inequities and the resulting disparities cut across almost every major health outcome, health determinant, and measures of access. Current research ties a negative, Indigenous experience of care, exacerbated by institutions within the mainstream Canadian healthcare system, to systemic discrimination stemming from colonialism, racism and sexism.

The Truth and Reconciliation Commission of Canada Report (2015) puts forward deliberate Calls to

Action under health to address this issue, including the need to "call upon those who can effect change within the Canadian health-care system to recognize the value of Indigenous healing practices and use them in the treatment of Indigenous patients in collaboration with Indigenous healers and Elders where requested by Indigenous patients" (p.3-22). These inequities are not only unjust and unfair, but avoidable, thus there is an imperative for the LHIN to address these inequities as part of health system transformation to support equitable access that will lead to improvements in health outcomes.

As identified in our Mandate Letter from the Ministry of Health and Long Term Care, the South West LHIN as a decision maker, leader in health care and deliverer of home and community care has a responsibility to collaborate with Indigenous health leaders and communities to co-create solutions to address these health inequities.

The South West LHIN is excited to continue its work in partnership with Indigenous health leaders and communities through the Indigenous Health Committee to co-design A Roadmap for Indigenous Inclusion and Reconcili-ACTION**.** The concept of the roadmap is to frame the direction and development of all Indigenous health activities supported through collaborative efforts that are supported by the LHIN and at the system level for the purposes of mobilizing the Indigenous voice to guide the planning and implementation of the *Patients First Act*. The roadmap is instrumental for the LHIN to model the way in Indigenous engagement, by demonstrating the importance of decolonizing processes and co-designing culturally-appropriate structures in partnership with Indigenous communities. The roadmap development phase included a specific focus on planning for the year to come, and has been the foundation for the ABP. The LHIN met specifically on this focus 12 times in person, as well circulated two surevys to Idnigenous health leaders to better understand how to continue to engage about planning with Indigenous peoples. This understanding has shaped the approach used for the roadmap development, and is also being adapted as a way to implement and action the roadmap proiroities.

The Roadmap outlines the process for Indigenous inclusion/ consultation to inform the work of *Patients First* during the period of LHIN renewal and change, and also throughout the period of planning and implementation.

The Roadmap:

- Provides a clear and consistent direction of when, how and where the Indigenous voice will be sought and integrated into the *Patients First* work.
- Includes the knowledge and experiences of Indigenous peoples, patients, and families, as well as people 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.
- Enables a broad scope and ensures that there is transparent and deliberate planning to support participation across the region on many different levels.
- Informs and guides how to build relationships with the First Nations, and make agreements about how to ensure that the First Nation voices are present in this process.
- Connects the LHIN with the First Nations leadership at a governance level, as well as through the health service delivery level that is supported through the Indigenous Health Committee.

The South West LHIN continues to focus on long-term relationship building with local Indigenous communities. As identified in our Integrated Health Services Plan 2016-19, we are committed to working together, where appropriate and possible, to increase First Nation, Inuit and Métis population health

outcomes; improve quality of care; increase equitable access to services; and improve the Indigenous patient experience. To inform this work the LHIN is supported by the South West Indigenous Health Committee.

The Indigenous Health Committee has articulated their vision for the work moving forward as follows:

We envision:

- The South West LHIN is a region that delivers culturally-safe care for all Indigenous peoples (First nations, Inuit and Metis), by honouring culture as care, addressing the whole person physically, mentally, emotionally and spiritually, and ensuring Reconcili-ACTION in placing Indigenous voices at the forefront of healthcare system planning.

We will accomplish this through:

- Indigenous inclusion and engagement that ensures Indigenous peoples are leaders in their own care; able to determine existing and enhanced resources to lead change, eliminate health inequities and address systemic racism in collaboration with the health system.

For what purpose:

- Equitable access to resources; improved health outcomes and access to resources for all Indigenous communities. All Indigenous communities and organizations are able to influence change and have a voice in planning and seeking equitable access to care within mainstream system.

When providing recommendations and advice to the South West LHIN, the Indigenous Health Committee considers the resolution of long standing systemic gaps and barriers to quality health care (for example, jurisdictional wrangling, poverty, systemic racism, poorer socio-economic status, gender, levels of isolation, intergenerational trauma and the legacy of residential schools).

The Indigenous Health Committee recognizes that the LHIN and broader healthcare system is in 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 within the South West LHIN. To meet this obligation, enhancements to the Indigenous Health Committee structure have been underway since September 2016.

A new Indigenous Inclusion Structure and Collaborative Leads Model was introduced to the South West LHIN Board in February 2017 and was supported as part of our approach to implementing *Patients First*. This structure was co-designed by the Indigenous Health Committee and reflects their advice that the best way to ensure Indigenous representation was to link the operational work of Indigenous providers and the South West LHIN Indigenous Lead to the new LHIN committees (Sub-Region Integration Tables, Patient Family Advisory Committee, Health System Renewal Advisory Committee) through a collaborative leadership model.

This model supports direct consultation with Indigenous communities, at the service level, as a way to strengthen the communication and accountability between the LHIN-led structures by:

- Creating an opportunity to build a relationship at the governance level with First Nations leadership at a nation to nation level.

- Building on culturally-safe approaches in engaging the communities to amplify the Indigenous patient and family experience as part of the Patient Family Advisory Committee.
- Appointing Indigenous Health Committee members to each of the three Indigenous priority Sub-Region Integration Tables (London Middlesex; Elgin and Grey-Bruce), along with the Indigenous LHIN Lead.

The priorities and goals identified in our 2018-19 Annual Business Plan have been informed and influenced by the four key priority areas of focus related to Indigenous Inclusion and Reconcili-ACTION:

1. Enhancing Indigenous inclusion and engagement in *Patients First* in the South West LHIN.
2. Enhancing home, community and primary care.
3. Advancing Indigenous Cultural Safety.
4. Collaborating: Indigenous Mental Health and Addictions.

6) Performance Measures

Our strategy management system not only guides the prioritization of our planning and improvement work, but it also shapes the structures accountable for ensuring progress and aligns the monitoring of key performance indicators (KPIs) to these structures. Key measures related to performance of the health system, as well as home and community care service delivery (including complaints and missed care) are reported as part of the South West LHIN Reporting on Performance, http://www.southwestlhin.on.ca/accountability/Performance.aspx.

In order to support further integration, and enhance alignment to the priorities of the Annual Business Plan, the LHIN is developing a framework to align and cascade key performance indicators within and between Board, cross-organization, internal organization focused on Home and Community Care delivery and Organizational Management, as well as to support monitoring at the Sub-region level. A critical success factor will be to establish clear levels of responsibility and accountability for monitoring performance in order to ensure the right level of governance, leadership, internal, and external attention and priority is given to 'outcome reviews' (strategy, performance and risk) that will, in turn, support and drive further planning and improvement work.

Given our ABP is rooted in IHSP 2016-19 priorities in addition to key provincial priorities—including those as outlined in the Minister's mandate letter—by design, the KPIs prioritized for monitoring ABP progress and results link back to either or both of these foundational sources. With an overarching aim to "do fewer things better," the LHIN has also deliberately proposed to profile 'priority' measures for monitoring, tracking, active outcome reviews and reporting, whereas others will be monitored as 'watch' measures only.

Any KPI prioritized for monitoring and active review supports our new mission and vision and aligns with these 2018-19 priorities:

- ***Improve the Patient and Family Experience across the health system.***
- ***Deliver high quality home and community care.***
- ***Strengthen the new LHIN organization to drive the goals of Patients First***

The narrowing in on a few key priorities and resultant KPIs enables us to more effectively and efficiently measure success and manage performance with a focus on our role in health system oversight and management, a focus on our patient care responsibilities, and a focus on the South West LHIN as a new organization.

Additionally, as part of evolving our South West approach to ensuring accountability, the LHIN will focus on integrating key elements of our Health Service Provider Service Accountability Agreement (SAA) performance management and escalation approach, as well as the approach used to engage Service Provider Organizations in improvement.

7) Risks and Mitigation Plans

Key risks and barriers to the successful implementation of our priorities are included in the priority charts in Section 2 and 3.

Additionally, as a key complement to measuring performance, the South West LHIN has identified an opportunity and need to mature its Enterprise Risk Management (ERM) program. The organization is faced with numerous areas and levels of risk, and must be strategic in its approach to identifying, assessing and managing risk (both internally and externally). As part of the implementation of our Strategy Management System this will include:

- Designing an ERM program that drives the execution of the organization's strategy.
- Building practical and dynamic tools to enhance the risk dialogue and risk-based decision making.
- Ensuring the organization understands its appetite for risk, is mitigating risk in alignment with this appetite, and is taking conscious risks in pursuit of its strategic objectives.
- Leveraging established risk frameworks and best practices from industry leaders, and ensuring the ERM program reflects the organization's mandate for the management of both internal (organizational level) and external (system level) risks.

8) LHIN Operations and Staffing Tables

PART 1: IDENTIFICATION OF PRIORITY

Priority #3

Strengthen the new LHIN organization to drive the goals of Patients First.

Priority Description

To support the evolution of the new South West LHIN, and leverage current successful approaches, processes and practices from the integration of two individual organizations, the LHIN will focus on strengthening our new organization to deliver on the goals of *Patients First*.

The focus of this priority to become a high performing organization is two-fold:

1) To develop and implement appropriate internal process and structures.

2) To develop a shared culture and work environment that will attract, develop and retain a highly engaged and skilled workforce to deliver on the South West LHIN mandate.

This work includes:

- A continued focus on structure, alignment and role clarity across the organization, aligned to organizational goals and objectives.

- The implementation of a Strategy Management System to enable effective organizational planning, monitoring, assessment and analysis.
- Ensuring enabling policies, processes, technological and communications supports are in place to support effective and efficient operations.
- Aligning our employee mental health and wellness initiatives to the National Standard of Canada – Psychological Health and Safety in the Workplace.
- Leveraging shared investments and approaches in leadership development where employees have the opportunity to develop and demonstrate their leadership skills.
- Supporting team development to ensure our teams are flexible, adaptive and productive in situations of rapid change and to ensure our time and energy is aligned across teams.
- Engaging with employees across the organization to inform the development of a longer–term talent management strategy and organizational development plan.
- Working effectively in an environment with positive labour relations.

Current Status

In recognition that two separate organizations with different mandates have come together as part of LHIN renewal, in 17-18 the South West LHIN under the leadership of its Board worked to redefine the mission, vision, and values of the South West LHIN. An organization's vision, mission and values are imperative for setting the direction and goals of an organization and laying the foundation for the organization's culture.

Co-creation of the LHIN vision, mission and values with LHIN staff and external partners is important to ensuring a solid foundation for the development and advancement of the overall South West LHIN direction.

Since the integration, the South West LHIN has established a new organizational structure and has commenced work on developing other structural supports for the organization, including meeting structures, knowledge transfer, policy and standard operating procedure development and a shared intranet.

A framework to support development of an organizational Strategy Management System was developed and implementation of this framework will continue over the next several fiscal years. A robust and effective strategy management system ensures operational effectiveness by promoting the deliberate prioritization of work aligned to the organization's mandate and core business. The foundation of the framework is the organization's values, culture, and strategy, supported by the purposeful selection of projects using a structured measurement and monitoring process.

Currently the South West LHIN has:

- 73% of workforce that is FT, 5% of workforce that is PT, 9% of workforce that is job share, and 13% of workforce that is casual.
- Turn-over rate is 5.5% which is better than our target of 7% and is in alignment with the OHA benchmarking data of 5.8%.
- To date, retirements account for 24% of turn-over. The average retirement age is 61.8, which is consistent with OHA Benchmarking data. 27% of the South West LHIN workforce is aged 55 or greater.

- 85% of employees exiting the organization have indicated they would recommend the South West LHIN as a place to work. For those individuals leaving the organization that have accepted another job, career advancement and professional development were the top two reasons noted for seeking other employment.
- Developed a Culture Transformation Committee which will be responsible for socializing the new mission, vision and values and defining shared behaviours, norms, common language, assumptions and working environment; and aligning our leaders, teams and employees across the organization.
- Plans to launch an interim leadership development plan in Q4 of 17/18 and continues to leverage established partnerships including the South West Regional Leadership and Talent Management Forum, Pan-LHIN Leadership Community of Practice and through Health Share Services Ontario.
- Continued to work to link corporate functions like finance, human resources, information technology and facilities to support and enable implementation and execution of organizational priorities.

Successes of this last year:

- Developed new mission, vision and values which will serve as the foundation of our organization's strategy direction and our Strategy Management System.
- Initiated a cross organizational group to support the development of our Strategy Management System.
- Completed a work prioritization and transition plan to ensure internal and external resources are aligned to high priority activities.
- Identified focused organizational priorities that are reflected in the Annual Business Plan and complemented by refreshed a performance monitoring approach and Key Performance Indicators.

Key issues facing us internally:

- Clarity regarding levels of responsibility and accountability.
- Need to develop a mechanism within the new organization where we are collectively conducting regular outcome reviews across the organization related to performance, risk and strategy.
- Cascading key performance indicators through all levels of the organization to create a culture of shared internal accountability and well as regionally.
- Lack of harmonization of processes, practices and policies and the impact that this is having on our organizational effectiveness and efficiency.
- Ensuring workforce stability through transition period.
- Maintaining high levels of staff engagement during periods of significant change, and minimizing the impact of staff transitions on operations and organizational effectiveness.

PART 2: GOALS AND ACTION PLANS

Goal (s)

Aligned with our Integrated Health Service Plan 2016-19, the following are the goals identified for - **Strengthen the new LHIN organization to drive the goals of *Patients First:***

Increase the effectiveness of how we lead and develop our organization:

- Develop and implement a Strategy Management System including implementation of an interim model to harmonize legacy structures, processes and practices to support effective development and management.

- Develop teams to support Sub-regions along the maturity model.
- Establish processes to align internal resource allocation plan with priorities and goals.
- Identify opportunities to optimize efficiency of administration and reinvest into front line care.

Grow a thriving workforce during times of change:

- Develop mental health and wellness strategies and resources for our employees.
- Invest in strong leadership development.
- Finalize and implement a talent management strategy.
- Build and strengthen high performing teams.
- Develop a highly effective organizational culture built on strong employee engagement.
- Build on positive labour relations to successfully negotiate a collective agreement with CUPE.

Government Priorities:

The South West LHIN's strategic priority of **Strengthen the new LHIN organization to drive the goals of *Patients First*,** the above noted goals, as well as the action plans to support the achievement of these goals, are consistent with the provincial government and the South West LHIN priorities as reflected in:

- Premier Kathleen Wynne's Mandate Letters 2017-18 to the Ministry of Health and Long-Term Care and Associate Minister of Health and Long Term Care.
- Aging with Confidence: Ontario's Action Plan for Seniors.
- Patients First: Action Plan for Health Care 2015.
- Patients First: A Roadmap to Strengthen Home and Community Care.

Action Plans/Interventions

	Expected Status (as of March 31, 2019)	Expected Completion Date
Increase the effectiveness of how we lead and develop our organization.		
Develop and implement a Strategy Management System including implementation of an interim model.	In progress	March 31, 2021
Harmonize legacy structures, processes and practices to support effective development and management.	Completed	March 31, 2019
Develop teams to support Sub-regions along the maturity model.	In Progress	TBD
Development of processes will be completed by end of 2017.	Completed	March 31, 2019
Identify opportunities to optimize efficiency of administration and reinvest into front line care.	In progress	March 31, 2020

	Grow a thriving workforce during times of change.		
	Develop mental health and wellness strategies and resources for our employees.	In progress	March 31, 2019
	Invest in strong leadership development.	In progress	March 31, 2019
	Finalize and implement a Talent Management Strategy.	Completed	March 31, 2019
	Build and strengthen high performing teams.	In progress	March 31, 2020
	Develop a highly effective organizational culture built on strong employee engagement.	In progress	March 31, 2020
	Build on positive labour relations and successfully negotiate a collective agreement with CUPE.	Completed	March 31, 2019

Risk/Barrier	**Mitigation Plan**
Lack of internal capacity and capability within the organization to successfully plan, execute, and realize the benefits from key strategic projects.	Development and deployment of Strategy Management System to ensure appropriate resources are aligned and deployed.
Policy, process and benefit harmonization from legacy organizations dependent upon HSSOntario and LHIN legal advice and review.	LHIN team membership on Provincial work group to support post transition milestones.
Growing Sub-region focus and model will require additional resources beyond what is currently allocated to support this work.	Development and deployment of Strategy Management System to ensure appropriate resources are aligned and deployed.
Organization is unable to attract, develop, and retain highly skilled and experienced professionals.	Design and implement Talent Management Strategy.
Potential for workforce disruption as part of collective agreement negotiations.	Maintain productive relationships with the union, work collaboratively with provincial central bargaining unit, and establish contingency plans.
Staff and leadership development requires dedicated time away from team's mandate and objectives – releasing time will be challenging with magnitude of strategies/initiatives to advance/deliver.	Commitment to invest in our staff and the relief they will require to actively participate in personal and professional development.

Table A: LHIN Spending Plan.

	2017/18 Estimated Actuals	2018/19 Allocation	2019/20 Planned Expenses	2020/21 Planned Expenses
Allocation: Home Care/LHIN Delivered Services 1				
Salaries (Worked hours + Benefit hours cost)	41,743,718	43,585,440	43,585,440	43,585,440
Benefit Contributions	10,352,557	10,199,407	10,199,407	10,199,407
Med/Surgical Supplies & Drugs	10,269,528	10,520,504	10,520,504	10,520,504
Supplies & Sundry Expenses	2,168,274	1,924,738	1,924,738	1,924,738
Equipment Expenses	2,077,935	1,657,185	1,657,185	1,657,185
Amortization on Major Equip.Software Lic & Fees	-	-	-	-
Contracted Out Expense	143,640,055	146,279,282	146,279,282	146,279,282
Buildings & Grounds Expenses	-	-	-	-
Building Amortization	-	-	-	-
TOTAL: Home Care/LHIN Delivered Services	**210,252,067**	**214,166,556**	**214,166,556**	**214,166,556**
Allocation: Aggregated Operation of the LHIN 2				
Salaries (Worked hours + Benefit hours cost)	5,361,527	6,295,327	6,295,327	6,295,327
Benefit Contributions	1,072,323	1,407,259	1,407,259	1,407,259
Med/Surgical Supplies & Drugs	-	-	-	-
Supplies & Sundry Expenses	1,284,315	1,780,787	1,780,787	1,780,787
Equipment Expenses	-	23,500	23,500	23,500
Amortization on Major Equip.Software Lic & Fees	-	-	-	-
Contracted Out Expense	-	-	-	-
Buildings & Grounds Expenses	-	-	-	-
Building Amortization	-	-	-	-
Sub-total: LHIN Operations	**7,718,165**	**9,506,873**	**9,506,873**	**9,506,873**
Sub-total: LHIN Operations Initiatives	**1,063,500**	**816,000**	**816,000**	**816,000**
Sub-total: LHIN Operations Digital Health	**2,040,000**	**TBD**	**TBD**	**TBD**
TOTAL: Aggregated Operation of the LHIN 2	**10,821,665**	**10,322,873**	**10,322,873**	**10,322,873**
Allocation: Intergrated LHIN Administration/Governanace 3				
Salaries (Worked hours + Benefit hours cost)	6,662,821	6,112,387	6,112,387	6,112,387
Benefit Contributions	3,976,885	1,396,411	1,396,411	1,396,411
Med/Surgical Supplies & Drugs	-	-	-	-
Supplies & Sundry Expenses	2,908,153	3,357,106	3,357,106	3,357,106
Equipment Expenses	1,268,193	1,070,944	1,070,944	1,070,944
Amortization on Major Equip.Software Lic & Fees				
Contracted Out Expense	-	-	-	-
Buildings & Grounds Expenses	2,673,267	2,511,818	2,511,818	2,511,818
Building Amortization				
Total: Integrated LHIN Administration/Governance	**17,489,319**	**14,448,666**	**14,448,666**	**14,448,666**
TOTAL: LHIN SPENDING PLAN	**238,563,051**	**238,938,095**	**238,938,095**	**238,938,095**

Notes: Initiatives for 17-18 Include: FLS ($106,000), Aboriginal ($35,000), Patients First ($180,000), Physician Leads ($742,500)

Initiatives for 18-19 and forward Include: FLS ($106,000), Aboriginal ($35,000), Physician Leads ($675,000) Amortization is not included in budget process so amounts for amortization are added to budgeted expenses since funding is deferred from prior years

Notes:

1. Home Care/LHIN Delivered Services envelope includes direct services as defined in Schedule 7, Table 1 of the 2015-18 Ministry LHIN Accountability Agreement.
2. Aggregated Operation of the LHIN includes:

    i. LHIN Operations: LHINs' mandated system operations/activities related to planning, funding and integrating.
    ii. LHIN Operations Initiatives: Activities that are one-time and/or require separate reporting as per ministry funding letters. (E.g. French Language Services and Aboriginal Engagement).
    iii. LHIN Operations Digital Health: The coordinated and integrated use of electronic systems, information and communication technologies to facilitate the collection, exchange and management of personal health information in order to improve the quality, access, productivity and sustainability of the healthcare system

3. Integrated LHIN Administration/Governance envelope includes indirect costs such as administration and overhead expenses of the combined organization.

Table B: LHIN Staffing Plan (Full-Time Equivalents or FTE[1])

	2017/18 Actuals as of Feb 28/2018	2018/19 Forecast	2019/20 Forecast	2020/21 Forecast
Home Care/LHIN Delivered Services 2				
Management and Operational Support (MOS) FTE	164.6	166.1	166.1	166.1
Unit Producing Personnel (UPP) FTE	346.6	347.1	347.1	347.1
Nurse Practitioner (NP) FTE	17.9	18.0	18.0	18.0
Physician FTE	0.0	0.0	0.0	0.0
Totaln Home Care/LHIN Delivered Services FTE	**529.1**	**531.2**	**531.2**	**531.2**
LHIN Operations 3				
MOS FTE	45.3	48.9	48.9	48.9
UPP FTE	22.2	20.3	20.3	20.3
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
Total LHIN Operations FTE	**67.5**	**69.2**	**69.2**	**69.2**
LHIN Operations Initiatives 4				
MOS FTE	3.9	3.9	3.9	3.9
UPP FTE	1.9	1.9	1.9	1.9
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
Total LHIN Operations Initiatives FTE	**5.8**	**5.8**	**5.8**	**5.8**
LHIN Operations Digital Health 5				
MOS FTE	2.6	TBD	TBD	TBD
UPP FTE	0.9	TBD	TBD	TBD
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
Total LHIN Operations Digital Health FTE	**3.5**	**0.0**	**0.0**	**0.0**
Integrated LHIN Administration/Governance 6				
MOS FTE	35.5	37.0	37.0	37.0
UPP FTE	46.8	44.2	44.2	44.2
NP FTE	0.0	0.0	0.0	0.0
Physician FTE	0.0	0.0	0.0	0.0
Total FTE	**82.3**	**81.2**	**81.2**	**81.2**
TOTAL FTE	**688.2**	**687.4**	**687.4**	**687.4**

Physician Leads are not shown as FTE

Notes:

1. One Full Time Equivalent equals 1950 hours per year. One FTE may be comprised of multiple staff.
2. Home Care/LHIN Delivered Services envelope includes direct services as defined in Schedule 7, Table 1 of the 2015-18 Ministry LHIN Accountability Agreement.
3. LHIN Operations includes LHINs' mandated system operations/activities related to planning, funding and integrating.
4. LHIN Operations includes activities that are one-time and/or require separate reporting as per ministry funding letters. (E.g. French Language Services and Aboriginal Engagement).

5. LHIN Operations Digital Health includes the coordinated and integrated use of electronic systems,
6. Integrated LHIN Administration/Governance envelope includes indirect costs such as administration and overhead expenses of the combined organization.

9) Integrated Communications Strategy

Business Objectives

The South West LHIN communications strategies are designed to support its business goals through communications planning that aligns to its stated business objectives. For the 2018/19 ABP our communications strategies will continue to support the organization to deliver on the seven priorities in our current three-year Integrated Health Services Plan while also focusing more concisely on the following overarching priorities as discussed earlier in this plan:

- **Improve the Patient and Family Experience across the health system.**
- **Deliver high quality home and community care.**
- **Strengthen the new LHIN organization to drive the goals of Patients First.**
- **Engage patients and families**

Communications Objectives

To support these business priorities and associated goals our communications objectives will:

- Engage and communicate with patients and their families about how to access the programs and care they need to stay well, heal at home and stay safely in their homes longer.
- Support and promote the transition outlined in *Patients First: Ontario's Action Plan for Health Care* so patient care remains seamless and uninterrupted.
- Ensure patients and caregivers have relevant and timely information from a trusted source.
- Further integrate experience-based design into our communications strategy and tactics.
- Continue to build awareness on how the LHIN is working to build a sustainable and accountable health system by is pursuing quality care, improved health, and better value in all priorities and initiatives.
- Uphold the LHIN's commitment to be open, transparent, and accessible to the public on LHIN priorities and initiatives.
- Build momentum with stakeholders and the public around equity and person-centred care.
- Offer opportunities for dialogue with health service providers and other system partners including Public Health.
- Engage LHIN staff, HSPs, and look to build communication with Primary Care physicians

Context

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

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

Target Audiences

External Audiences

- Public
  - Clients and patients
  - Residents and community groups
  - Caregivers and family members
- Health service providers including leadership and boards of
  - Mental health and addictions agencies
  - Community support services
  - Community health centres,
  - Hospitals
  - Long-term care homes
- Indigenous and Francophone committee members and health networks
- Primary Care
- Public Health
- Ministry of Health and Long-Term Care
- Other provincial ministries
- Local government stakeholders
  - Members of Provincial Parliament
  - Municipal councillors
- Media

Internal Audiences

- South West LHIN Staff
- South West LHIN Board
- South West LHIN Committees
  - Sub-region Integration Tables

- Patient and Family Advisory Committee
- Health System Renewal Advisory Committee

Key Messages

Patients First

Local

- In May 2017, home care services and staff transferred from CCACs to LHINs. This was a structural system change that will help patients and their families get better access to a more local and integrated health care system.
- Home care services will continue to be provided by current service providers.
- All programs and services that the CCAC previously provided are now integrated into the south Wes LHIN as Home and Community Care and will continue, as well as the way in which individuals access that care.
- We will continue to deliver a seamless experience through the health system for people in our diverse communities, providing equitable access, individualized care coordination and quality health care.

Provincial

- Ontario is increasing access to care, reducing wait times and improving the patient experience through its *Patients First: Action Plan for Health Care* - protecting health care today and into the future.
- The *Patients First: Action Plan for Health Care* sets clear and ambitious goals for Ontario's health care system in order to put patients at the centre by improving the health care experience: increasing access, connecting services, informing patients and protecting our health care system.
- By putting patients first in everything we do, we will provide faster access to the care patients need today and make the necessary investments to ensure our health system will be there for patients for generations to come.
- Changes underway supported by the *Patients First Act* have expanded the LHIN mandate and will give LHINs the tools, oversight and accountability they need to better integrate local health care services and coordinate care across the care continuum in a way that better serves patients.
    - In May 2017, home care services and staff transferred from CCACs to LHINs. This was a structural system change that will help patients and their families get better access to a more local and integrated health care system. The process happened in carefully planned stages and was seamless for patients and home care clients. There was no disruption to care and providers remained the same.
- Once fully implemented, these changes will make local health care more responsive to local needs:
    - Patients will benefit from improved access to primary care, including a single number to call when they need health information or advice on where to find a new family doctor or nurse practitioner.
    - Primary care providers, inter-professional health care teams, hospitals, public health units and home and community care providers will be better able to communicate and share information, to ensure a smoother patient experience and transitions.

- Administration of the health care system will be streamlined and reduced, with savings put back into improving patient care.
- With PFACs in every LHIN, the voices of patients and families in their own health care planning will be strengthened.
- There will be an increased focus on cultural sensitivity and the delivery of health care services to Indigenous peoples and French speaking people in Ontario.

LHINS

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

Patient Care

- The South West LHIN ensures people get the care they need to stay well, heal at home and stay safely in their homes longer.
- When home is no longer an option, we help people transition to other living arrangements.
- The South West LHIN is committed to providing outstanding care for every person, every day.
- We work hand-in-hand with our patients, caregivers and partners to develop shared understanding, build trusting relationships and co-creating ways to achieve outcomes.
- As regulated health professionals, care coordinators bring value to patients and partners by being familiar with and connected to every community, every service and every part of the health-care system.
- With our model of client-driven care, care coordinators develop care plans in conjunction with patients, caregivers and system partners
- Care coordinators work closely with family doctors, hospitals, community organizations and others to support our shared patients
- The South West LHIN is committed to improving the quality of care provided to patients
- Care coordination and home care provide good value for money, improving patient health outcomes, and supporting the most effective and efficient use of the resources of the health care system.

Strategic Approach

To support our business and communications objectives the South West LHIN communications strategy will continue to:

- Be proactive about communicating messages that support the LHINs role in the delivery of health care.
- Strive to help our communities gain a better understanding of the health care system, how it works and how they can best access and make use of the services available to them.
- Construct a narrative from the perspective of those impacted.
- Collaborate with HSPs and health care consumers to gather and share success stories that demonstrate health care investments/programs information.
- Ensure all communications reflect our core vision, mission and values.
- Create communications that are clear, easy to understand, relevant and useful.
- Employ a variety of ways and means to communicate and providing information in a variety of formats to accommodate diverse audiences and geographies in the South West LHIN.
- Continue to engage and consult with patients, caregivers, health care providers, stakeholder associations, Indigenous peoples, Francophones and other system partners.
- Ensure our communications planning and delivery is equitable and reflects best practices for both the health sector and communications – delivered in a way that consistently honours the LHIN's commitment to equity and person-centred care.
    - Support culturally and linguistically safe engagement for Francophone and Indigenous peoples
    - Offer resources and information in French
    - Maintain access to information online in French
- Work with other LHINs to make sure there is a consistent approach that is adapted to reflect the local environment.
- Ensure Communications adhere to the policies of the Ministry of Health and Long-Term Care as outlined in the MOHLTC-LHIN Memorandum of Understanding and the Ministry-LHIN Accountability Agreement (MLAA) and ensure alignment with provincial directions and priorities as appropriate.

Tactics – high level

The South West LHIN's communications tactics will align with local, provincial, and PAN-LHIN strategies. The LHIN's guiding principle is transparency: to be open and transparent in all communications, and ensuring its material is publicly accessible, primarily through the South West LHIN website. The South West LHIN will look to employ a variety of ways and means to communicate with various audiences and to accommodate the diverse needs of our audiences.

High level tactics include:

- Develop traditional media products as needed to provide education information and advise patients of health care system changes including: Patient brochures, factsheets, bulletins or letters.
- Develop a Media engagement strategy: proactive media pitches to inform the public and demonstrate successes.

- The monthly *Exchange Newsletter* and memos as appropriate for Health Service Providers' networks and advisory groups, council meetings, one-on-one meetings.
- Engaging employees using effective internal communications such as our Intranet hub, weekly newsletters, monthly leadership messages and quarterly all employee meetings (All employee meetings will be recorded to allow access for remote and in-the-field staff).
- Communicating frequently with external audiences on the activities of the LHIN and results being achieved using video and engaging stories.
- Maintaining an active online presence using Southwestlhin.on.ca, Social media (Twitter, Facebook, and YouTube) as well as collaborating with and leveraging the Healthine websites' engagement of the public.
- Briefing notes for elected officials. Liaising with MPPs in the South West on an ongoing basis to provide updates on the activities of the LHIN.
- Posting for public access Annual Reports, Annual Business Plans, and Quarterly Progress Reports.
- Conducting open Board meetings, posting Board highlights, tweeting key decisions.
- Attending and holding events throughout the South West LHIN geographic region to inform the public about significant South West LHIN initiatives and services.

Evaluation

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

10). Community Engagement

Our Community Engagement plans will continue to be guided by the PAN LHIN Community Engagement Guidelines. We understand that LHIN community engagement practices as well as patient and stakeholder partnerships and engagement is dynamic and ever evolving. Therefore we will continue to routinely evaluate our community engagement practices with a view to continuous improvement utilizing various best practice strategies to identify the appropriate levels of engagement to achieve desired outcomes.

Community Engagement goals and objectives will be identified in advance for priority initiatives and projects and will employ a variety of engagement strategies to deliver on the engagement goals as outlined in the guidelines as follows:

***Inform and Educate*:** Provide accurate, timely, relevant and easy to understand information to the community.

***Gather Input*:** This level of engagement provides opportunities for community to voice their opinions, express their concerns, and identify potential areas for change and modifications.

Consult: We will actively seek the views of community stakeholders on policies, programs or services that affect them directly or in which they may have a significant interest.

Involve: Working directly with community stakeholders to ensure that their issues and concerns are continually understood and considered, enabling residents and communities to have their voices heard and to communicate their own issues.

***Collaborate*:** To work with and enable community stakeholders to work through options analysis and potential solutions to find a common purpose or agreement.

Empower: Delegated stakeholder decision making whereby final decision making authority, leading to action is assigned to a committee or other organized body.

We will focus our Community Engagement communication strategies and tactics to:

- Positively influence health behaviours to improve the health of local residents.
- Influence the public's opinion of LHINs, build trust in the work being done at the local level, and demonstrate the strong and focused leadership the South West LHIN provides to system transformation
- Positively shift attitudes about the South West LHIN by demonstrating that the work of the South West LHIN results in better care, better experiences, and better value.
- Offer meaningful opportunities for partners to participate in engagement around core business activities for the South West LHIN through:
    - Quality Symposium (May 31, 2018).
    - Board meetings (held in a different community each month).
    - Congresses and forums (through the year).
    - Advisory groups, committees, liaisons (ongoing).
    - Targeted engagement for priority audiences around significant South West LHIN or provincial initiatives (as required).
    - Opportunities for dialogue with both internal and external audiences.