

# **South West Local Health Integration Network**

## **Annual Business Plan 2013/2014**

June 26, 2013

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**APPENDIX A:** Anticipated Initiative Progress (*see chart attachment*)

**APPENDIX B:** Integration Activities (*see chart attachment*)

**APPENDIX C:** Capital Projects (*see chart attachment*)

## TRANSMITTAL LETTER

**To:** Catherine Brown, Assistant Deputy Minister  
Health System Accountability and Performance Division

**cc:** Kathryn McCulloch, Director, LHIN Liaison Branch

**Subject: South West Local Health Integration Network – Annual Business Plan, 2013-14**

I am pleased to submit the South West LHIN's 2013/14 Annual Business Plan.

This upcoming year marks the first year of our new Integrated Health Service Plan 2013/16 that will guide us toward advancing the implementation of our *Health System Design Blueprint – Vision 2022*. While the IHSP identifies the strategic directions and steps we need to take to make the Blueprint a reality, the Annual Business Plan details our action plans and key activities for the coming fiscal year.

The initiatives and actions outlined in this document are fully aligned with provincial priorities and support the goals of the government's Action Plan for Health Care introduced in 2012. After extensive engagement with stakeholders, health service providers and the general public, we established four strategic directions to enhance health care delivery in the South West:

- Improve access to family health care
- Improve coordination and transitions of care for those most dependent on health services
- Drive safety through evidence-based practice
- Increase the value of our health care system for the people we serve

This annual business plan clearly defines the actions that the LHIN, in partnership with health service providers, will take to enhance health care delivery for all residents of our LHIN.

The South West LHIN Board continues to meet regularly with health service provider governors and our communities as a means of promoting integration, service coordination and quality improvement.

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

In working with the Ministry of Health and Long-term Care and health service providers, we anticipate taking crucial steps in fostering the improvement of health for residents within the South West LHIN and throughout the Province of Ontario.

Sincerely,



Jeff Low, Chair  
South West LHIN Board of Directors

*cc: Michael Barrett, CEO, South West LHIN*

## 1.0 CONTEXT

### 1.1 Mandate of the South West LHIN

The South West LHIN shares the provincial view of *better patient care through better value from our health care dollars*, outlined in *Ontario's Action Plan for Health Care*. Our mission is to bring people and organizations together to build a health system that balances quality, access and sustainability to achieve better health outcomes.

The South West LHIN is also guided by our own long-range plan, The Health System Design Blueprint, which works towards achieving an integrated health system of care by 2022.

Each LHIN across the province has committed to three system-level goals:

- Improve population health and wellness,
- Improve person experience with the health system
- Improve sustainability of our health system

These goals, aligned with Ontario's Action Plan for Health Care and driven by the LHIN's CEO Framework, set the direction for development of the IHSP 2013-2016.

This Annual Business Plan (ABP) 2013-2014 marks the end of our second IHSP 2010-13, and launches the third IHSP 2013-16. The IHSP 2013-16 defines four strategic directions and identifies new objectives based on today's provincial and local priorities.

Over the next year, the work of the South West LHIN will involve fulfilling initiatives from the IHSP 2010-13 and progressing new initiatives outlined in our IHSP 2013-16.

### 1.2 Our Context

The South West LHIN population receives services from an array of LHIN and non-LHIN funded organizations across the community, long-term care and acute health sectors. Residents rely on these organizations for a variety of needs including home/social support, episodic, chronic and long-term care.

The following LHIN-funded organizations play a critical role in delivering services to its residents:

- 20 Hospital Corporations (33 sites)
- 78 Long-Term Care Homes
- 60 Community Support Service Agencies
- 38 Mental Health and Addictions Agencies
- 5 Community Health Centres
- 1 Community Care Access Centre (SWCCAC)

In addition, non-LHIN funded organizations, such as family health teams, family health organizations, family health networks, solo-physician offices, public health units, emergency medical services and labs play a critical role in the delivery of primary care services. It is estimated that there are 850 primary care physicians and 66 primary care groups (e.g. family health teams, family health organizations, etc.) in the South West LHIN. While these services do not fall under the LHIN's mandate, understanding and partnering with them is crucial to developing a plan for integration and coordination across the health continuum and making improvements to the local system.

A detailed environmental scan was completed as part of IHSP 2013-2016. [IHSP 2013-2016 Environmental Scan](#)

### 1.3 Overview of Strategic Directions and Improvement Objectives

In alignment with provincial priorities, the IHSP 2013-16 identifies four strategic directions with specific objectives that will work towards making key improvements.

#### **Strategic Direction #1 – Improve Access to Family Health Care**

*Objectives:*

1. Increase timely access to family health care
2. Integrate family health care as the first point of contact for people living with multiple complex and chronic conditions and those at risk
3. Increase access to local and LHIN-wide interdisciplinary teams in and across health care settings
4. Facilitate access to specialized services and community-based services and supports
5. Divert avoidable ER visits to the appropriate care setting

#### **Strategic Direction #2 – Improve Coordination and Transitions of Care for Those Most Dependent on Health Services**

*Objectives:*

1. Continually respond to the needs of the population of people with the greatest unmet health care needs utilizing a significant proportion of the health care resources
2. Create a collaborative person-centered response to better support the growing population of people living with chronic conditions and those at risk
3. Enable people to manage their health

#### **Strategic Direction #3 – Drive safety through evidence-based practice**

*Objective:*

1. Implement coordinated prevention and management strategies to reduce safety issues across health sectors and during transitions of care for falls, wounds, adverse drug events and infections

#### **Strategic Direction #4 – Increase the value of our health care system for the people we serve**

*Objectives:*

1. Maximize capacity and efficiencies in hospitals, long-term care homes and community-based services to drive improvements in quality, equitable access and wait times
2. Implement cross sector system redesign strategies

The strategic directions work towards supporting people to *live healthy, independently and safely at home* and are tied to three big dot outcomes that roll up to people spending more days at home. The big dot outcomes are:

1. Increasing availability of family health care.
2. Reducing 15,000 emergency room visits and hospital readmissions, resulting in 10,000 more days at home.
3. Increasing availability and access to community supports for people, resulting in 7,100 more days at home.

## 1.4 Identification of Key Drivers to Achieve System Improvements

The IHSP 2013-16 identifies three key drivers, with specific objectives, that will facilitate successful execution of the numerous initiatives that will be implemented to fulfill the strategic directions.

### Key Driver #1 – Technology to Connect and Communicate

#### *Objectives:*

1. Strengthen electronic exchange of patient/client/resident information among providers and among providers and individuals
2. Expand the use of technology to enhance “hands on” care and leverage human resources
3. Implement decision support electronic applications
4. Improve electronic system navigation tools and information

### Key Driver #2 – Quality and Value

#### *Objectives:*

1. Champion improvements to the care experience through Experience Based Design techniques
2. Leverage multi-provider accountability agreements, accreditation outcomes, quality improvement plans, alignment of provider strategic plans to IHSP
3. Build a culture of continuous quality improvement leveraging the South West LHIN Quality Improvement Enabling Framework and performance monitoring
4. Expand partnerships within LHIN and non-LHIN funded services, particularly with primary care providers, local social services, public health units and Health Quality Ontario

### Key Driver #3 – Connecting and Empowering People

#### *Objectives:*

1. Partner with people and their caregivers
2. Confirm strategies to improve healthcare for Francophone and Aboriginal priority populations and diverse populations
3. Advance health promotion, prevention and alignment of social determinants of health with partners
4. Identify and spread Human Resources best practices

## 1.5 Business Objectives

The business objectives of the South West LHIN are outlined in the Performance Objectives of the South West LHIN Chief Executive Officer, and are captured below.

1. Health System is Effectively Managed & Transformed
  - Advance the strategic directions of the 2013-2016 IHSP to create an integrated system of care
  - Advance integration opportunities within South West LHIN
  - Advance our Access to Care and Mental Health and Addictions initiatives
  - Enhancement of the Performance Management system that allows the LHIN and HSPs to effectively evaluate and improve health system performance
  - Advance the development of HealthLinks within the South West LHIN
  - Advance Clinical Services Planning in the South West LHIN
  - Advance our eHealth strategies across the LHIN, SWO Cluster and Province
2. Communities within the South West LHIN are Informed and Engaged

- Inform and engage system partners and the public on how we are improving access to care and ensuring value for money
  - Engage and Inform all MPPs in South West LHIN
3. Resources are Optimized
- Execute service accountability agreements with all HSPs
  - All HSPs make effective use of resources to ensure high quality care and value for money
  - Effectively manage our LHIN operational budget and make effective use of our resources
4. Continuous Improvement in our Organization
- Create a high-performing workplace of choice
  - Create a learning organization by transferring knowledge into action
  - Create a customer-oriented organization

## 2.0 CORE CONTENT

### 2.1 Integrated Health Service Plan Priorities

The IHSP 2013-16 set three goals, aligned with Ontario’s Action Plan for Health Care, and defined four Strategic Directions to guide the work in reaching our goals. A logic model approach was used to detail the numerous initiatives that will be undertaken to achieve success within each of the four strategic directions. The initiatives fall within 16 Program Areas. The initiatives, 87 in total, are either underway or will be developed and implemented in collaboration with health service providers over the next three years (2013-16). Many of the initiatives impact more than one strategic direction.

*Note: The goals and strategic directions have been outlined earlier in this plan. See [IHSP 2013-16](#) for more detail and [IHSP 2013-2016, Appendix D: Logic Models](#) for LHIN- and all sector-level logic models.*

The collective impact of these initiatives drive to three big dot outcomes:

- Increasing the availability of family health care
- Increasing availability and access to community supports for people
- Reducing emergency room visits and hospital readmissions.

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

Program Areas	Description	Strategic Directions Impacted by Program Area
<b>Access to Care</b>	The Access to Care project has been a significant undertaking by the South West LHIN since 2011/12. It has three streams of work that focus on improved transitions from hospital to home through the home first philosophy, and system redesign for Assisted Living, Supportive Home and Adult Day Programs as well as Complex Continuing Care and Rehabilitation services.	<ul style="list-style-type: none"> <li>✓ Improve Access to Family Health Care</li> <li>✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services</li> <li>✓ Drive safety through evidence-based practice</li> </ul>

		<ul style="list-style-type: none"> <li>✓ Increase the value of our health care system for the people we serve</li> </ul>
<b>Behavioural Supports Ontario</b>	The South West LHIN began to focus efforts on creating a behavioural support system of care for older adults in 2010-11. Through the design and implementation of a cross-sectoral system of supports and services, advancements continue to be made to meet the needs of older adults with responsive behaviours due to mental health and addictions, dementia, or other neurological conditions and those at risk.	<ul style="list-style-type: none"> <li>✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services</li> </ul>
<b>Chronic Disease Prevention and Management</b>	The initiatives within the CDPM portfolio support a quality improvement approach within primary care and broader system partners focused on improving chronic disease prevention and management across the system. This includes quality and e-health coaching, and learning collaboratives that support the implementation of best practices in managing chronic disease, supporting self-management, and maximizing the use of information systems to enhance patient flow and care.	<ul style="list-style-type: none"> <li>✓ Improve Access to Family Health Care</li> <li>✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services</li> </ul>
<b>Clinical Services Planning</b>	This planning work aims to manage the scarce resources in the South West LHIN and balance the access challenges in our rural and northern communities while considering quality and safety. This work also aims to build a cultural shift towards further enhancing our culture of system integration while improving organizational performance.	<ul style="list-style-type: none"> <li>✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services</li> <li>✓ Increase the value of our health care system for the people we serve</li> </ul>
<b>Connecting and Empowering People</b>	The South West LHIN works with Aboriginal and Francophone communities to increase access to culturally appropriate/culturally safe health care and increase equity and quality of health services, while addressing each of the strategic directions within the IHSP 2013-16, as it relates to these unique populations. Initiatives also focus on human resource best practices related to optimizing skillsets and collaborating across organizations and geography to increase capacity and efficiency of teams and services.	<ul style="list-style-type: none"> <li>✓ Improve Access to Family Health Care</li> <li>✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services</li> <li>✓ Drive safety through evidence-based practice</li> <li>✓ Increase the value of our health care system for the people we serve</li> </ul>
<b>Critical Care</b>	Many of the Critical Care initiatives build on the work of previous years to enhance performance and quality improvement, leverage policy enhancements, and implement new tools to improve access and efficiencies in Critical Care.	<ul style="list-style-type: none"> <li>✓ Increase the value of our health care system for the people we serve</li> </ul>
<b>Diagnostic Imaging</b>	The South West LHIN will implement provincially driven diagnostic imaging strategies.	<ul style="list-style-type: none"> <li>✓ Increase the value of our health care system for the people we serve</li> </ul>
<b>Emergency Services</b>	The South West LHIN continues to leverage the Pay 4 Results program with its participating site in an effort to improve wait times and the quality of Emergency care in the South West. The South West LHIN has launched a Knowledge Transfer initiative partnering with St. Thomas Elgin General Hospital to	<ul style="list-style-type: none"> <li>✓ Increase the value of our health care system for the people we serve</li> </ul>

	spread ED best practices in terms of reduced wait times and increased patient flow in the South West LHIN.	
<b>Health Links</b>	Patients with the greatest health care needs make up five percent of Ontario's population but use services that account for approximately two-thirds of Ontario's health care dollars. Health Links will bring local health care providers together in strengthened partnerships in the community, closing the gaps that often occur when a patient moves from one provider to another, allowing for faster follow-up for patients being discharged from hospital, reducing the likelihood of readmission, and ensuring that people are at the centre of their care.	<ul style="list-style-type: none"> <li>✓ Improve Access to Family Health Care</li> <li>✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services</li> </ul>
<b>Hospice Palliative Care</b>	The South West LHIN is working in partnership with the South West LHIN Hospice Palliative Care (HPC) Network to implement provincial directions for HPC to better support people with life-limiting illnesses and their families. The HPC work crosses sectors and involves collaboration at the regional, multi community and local (primary care) levels with the patient and family at the centre.	<ul style="list-style-type: none"> <li>✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services</li> </ul>
<b>Long-Term Care Home Redevelopment</b>	A number of older Long Term Care Homes are expected to be rebuilt when the Ministry announces Phase 2 of the redevelopment process. During this next phase, the South West LHIN will work to ensure equitable access to these beds throughout the LHIN.	<ul style="list-style-type: none"> <li>✓ Increase the value of our health care system for the people we serve</li> </ul>
<b>Mental Health &amp; Addictions</b>	All initiatives are aimed at moving the locus of care from hospital to community through reducing reliance on hospital-based care and enhancing capacity in the community. Enhancing community capacity is expected through various initiatives that look to coordinate and integrate existing capacity as well as measure and evaluate the impact of new resources.	<ul style="list-style-type: none"> <li>✓ Improve Access to Family Health Care</li> <li>✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services</li> <li>✓ Increase the value of our health care system for the people we serve</li> </ul>
<b>Quality and Value</b>	The South West LHIN will continue to build a culture of continuous quality improvement by leveraging the South West LHIN Quality Improvement Enabling Framework and performance monitoring to improve health services.	<ul style="list-style-type: none"> <li>✓ Improve Access to Family Health Care</li> <li>✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services</li> <li>✓ Drive safety through evidence-based practice</li> <li>✓ Increase the value of our health care system for the people we serve</li> </ul>
<b>Safety</b>	The South West LHIN will enhance its focus on safety related initiatives.	<ul style="list-style-type: none"> <li>✓ Drive safety through evidence-based practice</li> </ul>
<b>Technology to Connect and</b>	Many advancements have been made and will continue to be made to strengthen the electronic exchange of	<ul style="list-style-type: none"> <li>✓ Improve Access to Family Health Care</li> </ul>

<b>Communicate</b>	patient/client/resident information, expand the use of technology to enhance “hands on” care, and implement decision support and navigation tools.	<ul style="list-style-type: none"> <li>✓ Improve Coordination and Transitions of Care for Those Most Dependent on Health Services</li> <li>✓ Drive safety through evidence-based practice</li> <li>Increase the value of our health care system for the people we serve</li> </ul>
<b>Transportation Best Practices</b>	Lack of affordable and accessible transportation present significant challenges for many people to access necessary health services. Efforts will be made to identify opportunities to leverage current affordable and accessible transportation resources.	<ul style="list-style-type: none"> <li>✓ Increase the value of our health care system for the people we serve</li> </ul>

## 2.2 Implementation of Initiatives

For each LHIN-level and sector-level initiative, our implementation planning efforts have projected the drivers, timelines, risks, accountability opportunities (e.g. service accountability agreements or memorandum of agreements), magnitude and duration of change, anticipated financial impact (e.g. potential to harvest cost savings, neutral, increase), anticipated lead/lag outcomes and the expected level of impact associated with each initiative. The results of this planning has assisted the LHIN to create a shared understanding of the expectations, processes and tools that are necessary to implement each initiative over the next three years.

*See Appendix A: Anticipated Initiative Progress for full listing of initiatives and magnitude of change, duration and percent completion for each.*

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

- Robust use of standardized project management tools, processes and technology (i.e. Project Charters, Eclipse, Expert Choice and Sharepoint)
- Attachment of Project Charters, where applicable, to funding agreements to specifically identify expectations
- Regular submission of project status reports that include performance indicators and measures, achievement of milestones, and identification of risks. Close-out Reports to be submitted at completion of the project
- Identification of “leads” to be aligned to a portfolio of IHSP initiatives to ensure coordination of interdependent initiatives/actions and resources within that portfolio while taking into account other operational responsibilities of team members

- Identification of team members to be aligned to each initiative from across the organization to ensure that portfolio and initiative planning, implementing, measuring, and communication functions can be met.

### Magnitude and Duration of Change of Initiatives within each Strategic Direction:

To assist with understanding the magnitude and duration of change related to each initiative, each initiative has been categorized by the following characteristics:

Change duration more than 2 years:

- Marathon – lower magnitude of change, change duration more than 2 years e.g. cultural change or competency development, quality improvement approach, medium sized systems change with limited business process redesign. Key features include change is a blueprint which is rolled out area by area with limited customization over longer timelines, continuous improvements by small steps
- Decathlon – higher magnitude of change, change duration more than 2 years e.g. cross organizational/sector transformation (services, programs, service delivery models, new structure, processes, systems, etc.). Key features include reaching for best practice over a longer period, complex and/or innovative change, mix of changes likely to have strong cultural/behavioural under-pinning, phased changes over multiple stages and years, challenge of moving from inertia to change or over-coming complacency

Change duration within 2 years:

- Sprint – lower magnitude of change, change duration within 2 years e.g. customer focused initiative, new service offering, change in a single function. Key features include relatively simple changes delivered at break-neck speed, time pressure, urgent performance improvement required, rapid response to funding opportunity
- Relay – higher magnitude of change, change duration within 2 years e.g. population or program integration, mergers or amalgamations, radical organizational restructuring, set up of new service delivery model. Key features include speed coupled with dramatic change, strong business imperative exists, scope prioritization (what to do first), full time resources to support implementation, high employee stress, job security issues

Within each Strategic Direction, approximately three quarters of the initiatives are considered to have higher magnitudes of change associated with them and require more than three years to implement. This is due to the transformative nature of these initiatives that have a mix of actions focused on cultural and behavioural changes and changes in business processes that are implemented at multiple health service provider sites. These changes are also often implemented in multiple stages, building upon the advancements of the last stage.

In addition, many of the initiatives span the entire South West LHIN geography which covers a very large area with over 150 health service providers. The LHIN has had great success implementing initiatives through a quality improvement approach that has necessitated the need to “plan, do, study, act” initially within a particular geography within the LHIN to trial and learn from the implementation approach.

### Implementation Risks

To assist with understanding the risk associated with implementing each initiative, the LHIN considered human resource availability and competency, availability of funding, leadership

champions, technological challenges, project management challenges, and resistance to change and level of commitment by health service providers. Over half of the initiatives have been identified to have high or medium risks associated with implementation. Multiple risks are often associated with each initiative which requires careful planning and staging to assist with mitigating the risks.

### **Anticipated Financial Impact**

To assist with understanding the anticipated financial impact of the initiatives, the LHIN considered whether the initiative would result in no cost savings (no potential to harvest savings); cost neutral, cost savings (potential to harvest savings); and cost increase (base funding likely required).

A number of the initiatives have been determined to require additional financial resources to achieve the outcomes intended by those initiatives. Implementation planning associated with these initiatives require a determination at the outset of where funds could potentially be harvested to achieve the results intended.

### **Program Grouping of Initiatives**

In order to easily communicate the status and interdependencies associated with the numerous initiatives, the LHIN has grouped initiatives into programs, where appropriate. The LHIN will enable easy access to information for each program and the related initiatives through project management, performance and communication tools that will be available on the South West LHIN website.

### **Anticipated Initiative Progress**

Many of the initiatives to be implemented in 2013 – 2014 are continuing from previous years due to the magnitude and duration of change and status of the initiative within its implementation life cycle. Given the magnitude and duration of change, implementation risks, anticipated financial and human resources required to implement, and projected performance impact described in section 2.3, the LHIN strategically determines the staging of activities within and across each program and initiative over the 3 year timeline of the IHSP. Please see Appendix A: Anticipated Initiative Progress for details associated with the expected status of completion for each initiative over the next three years.

## **2.3 Accountability and Performance Activities**

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

Performance measures have been aligned to each of the four strategic directions. For each initiative within a strategic direction, work has been undertaken to identify the Lead (1-2 years) and Lag (greater than 2 years) outcomes and their potential level of impact. This information has also been rolled up by program where appropriate. See [IHSP 2013-16](#) for more detail and [IHSP 2013-2016, Appendix D: Logic Models](#) for LHIN- and all sector-level logic models.

A preliminary assessment of the maximum potential level of impact on Lead outcomes within the first 2 years for each initiative within a program has uncovered the following:

	Anticipated Impact on One or More Lead Outcomes within 1-2 years for each Initiative within a Program											
Strategic Directions	Access to Family Health Care			Improve Coordination and Transitions			Drive Safety through Evidence-based Practice			Increase the Value of our Health Care System		
Program	High	Med	Low	High	Med	Low	High	Med	Low	High	Med	Low
Access to Care			✓	✓	✓					✓	✓	
Chronic Disease Prevention and Management	✓	✓	✓	✓	✓	✓						
Health Links	✓	✓	✓	✓	✓							
Mental Health and Addictions		✓		✓	✓	✓					✓	
Behavioural Supports Ontario				✓								
Clinical Services Planning					✓					✓		
Diagnostic Imaging										✓		
Emergency Services										✓		
Critical Care										✓	✓	
Palliative Care					✓							
Safety							✓					
Connecting and Empowering People	✓		✓		✓	✓					✓	✓
Quality and Value	✓											

A performance work plan has been developed to assist with prioritization of next steps in evaluation planning at the initiative level. The LHIN has developed an evaluation planning process that will help initiative leaders to:

1. identify key objectives for the initiatives

2. identify key performance indicators that align to the objectives and to system level measures
3. figure out ways to access data from routinely collected sources wherever possible
4. plan on-going monitoring, reporting and communication
5. plan improvement processes based on appropriate targets
6. In the near future, training will be provided to both internal and external teams involved in each initiative or program.

Additionally, a gap analysis will be undertaken to analyze all IHSP 2013-2016 initiatives with an expected impact on the big dot indicators. This will allow us to gain understanding as to whether we need to modify/stop initiatives (timeline to action, target audience, scope or focus) in order to optimize the impact on one of the BIG DOTS within the next year:

### **LHIN Internal Quarterly Reporting Reviews**

Internally, the LHIN will implement quarterly reporting review meetings beginning in Q1 2013-14. These meetings will be regularly scheduled opportunities for internal teams to collaboratively discuss the status of key initiatives including their stage of implementation, achievement of milestones/deliverables, status of financial and human resources, lead and lag performance impact on strategic directions, implementation risks, communication opportunities and any required course corrections. These meetings will focus efforts to improve performance on the outcome indicators for which the LHIN is accountable to the Ministry and to facilitate progress on Integrated Health Service Plan goals. It is also intended to formalize and facilitate ongoing monitoring of the entire range of South West LHIN work, including project-based as well as ongoing base-funded initiatives. Key tools to help facilitate this work include: the Report on Performance, the Stocktake Report, SharePoint, and Eclipse.

### **Monitoring and Reporting at the LHIN Level**

#### **IHSP Dashboard 2013 - 2016**

The LHIN is also in the process of redeveloping our 'Report on Performance Dashboard' tool. The redeveloped tool will include all the performance indicators aligned to each Strategic Direction within the IHSP 2013-16. The IHSP Dashboard will launch May 1, 2013 and will be posted publicly on our website and updated every month.

#### **IHSP Scorecard 2013 - 2016**

An IHSP Scorecard is currently in development. The Scorecard will include key performance indicators that best align to our IHSP key objectives and will align to the big dot measures that have been identified in the plan. This information will be reported to the South West LHIN Board and will be made available publicly on our website, [www.southwestlhin.on.ca](http://www.southwestlhin.on.ca), and updated on a quarterly basis.

The following chart provides overview of the performance alignment.

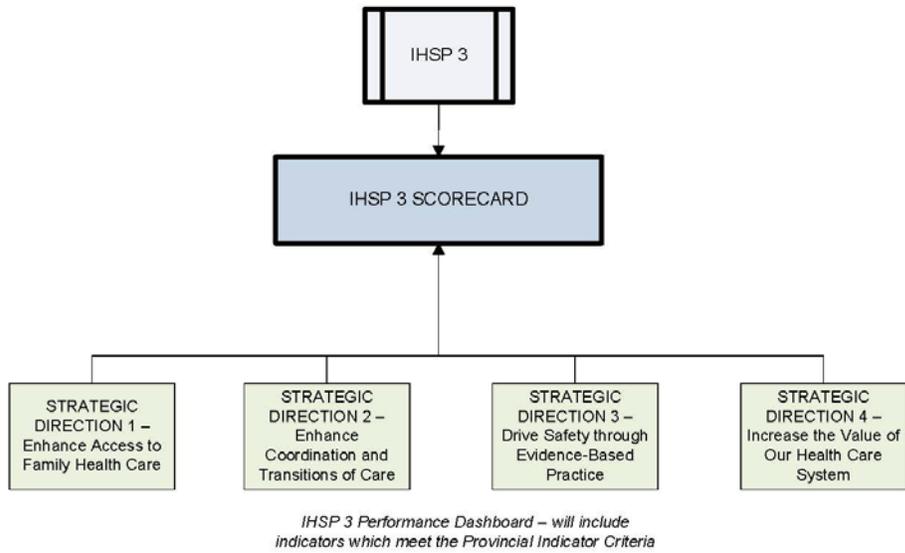
### The Strategy

Board Governance and Organizational Level  
(monthly or quarterly)

### IHSP 3 Internal Strategy Review Meetings & IHSP Performance Dashboards

Input Tools for Strategy Review and Communication of Outcomes:  
 1. New IHSP Performance Dashboard – aligned to strategic directions  
 2. Eclipse and SharePoint

Communication & Newsletter Updates



PROGRAMS & INITIATIVES ARE ALIGNED TO STRATEGIC DIRECTION OUTCOMES. NEXT STEPS – Plan evaluation for initiatives based on prioritization

## 2.4 Accountability and Financial Budget

As LHINs work with health service providers (HSP) to create a more integrated, sustainable, person-centered and results-driven local health care system, they must also manage a significant part of the mandate ensuring current fiscal resources are spent wisely on services and programs.

The *Local Health System Integration Act, 2006 (LHSIA)* provides for a Ministry-LHIN Performance Agreement (MLPA) that establishes the performance obligations associated with coordinating health care in local health systems and managing the health system at a local level effectively and efficiently. The standards, measures, and reporting requirements for this element are provincially mandated to the South West LHIN. These accountabilities, performance obligations and responsibilities are set in the MLPA. Obligations are articulated in the following areas:

1. Local health system management
2. Funding and allocations
3. Local health system performance
4. Integrated reporting

In order to align funding accountabilities and performance obligations within the health care system, LHINs enter into a Service Accountability Agreement (SAA) with each HSP. Currently, the South West LHIN currently manages 185 SAAs with our hospitals, community sector agencies, and long-term care homes. The SAA supports the relationship between the LHIN and HSP and provides authority for the LHIN to fund a HSP and stipulates accountability and performance obligations for planning, integration and delivery of programs and services. The SAAs have a strengthened performance improvement component that reflects both the individual service provision mandate of the provider and the provider's contributions to system improvements. The HSP is responsible for managing its performance obligations and the LHIN is responsible for working with the HSP to achieve those ends. The LHIN uses the SAA as an instrument to maintain clear lines of accountability and performance for individual HSPs, while ensuring system outcomes as described in section 2.3 are achieved. HSP quarterly reporting fulfills the monitoring function of ensuring wise use of resources and provides information on the progress of the performance improvement work of the LHIN in pursuit of the identified objectives and outcomes.

MLPA Base Funding	Opening Base 2013/14
Hospitals	1,507,621,190
Long Term Care Homes	300,351,624
Community Care Access Centre	186,462,942
Community Health Centres	16,947,309
Community Support Services	33,483,520
Assistive Living/Supportive Housing	16,879,095
Adult Brain Injuries	4,579,019
Community Mental Health	51,504,645
Addictions	10,194,238
<b>Total</b>	<b>2,128,023,582</b>

## 3.0 LHIN OPERATIONS

### 3.1 Operations Spending Plan

The South West LHIN Board has submitted an operational budget which is balanced for all out-years, even though costs continue to escalate. The submission of a balanced budget signals our Board's intention to remain fiscally responsible during these uncertain economic times. However, fiscal responsibility does come with risk in terms of our ability to achieve the system change which is desired by both our Board and the Minister of Health and Long-Term Care.

In developing the 2013/14 budget, the additional funding of the Diabetes Regional Coordination Centres of \$1,200,620 received from the Ministry was incorporated. The related expenses and resources have been rolled into operational costs.

Salary projections have been capped in the spirit of the Public Sector Compensation Restraint Act, 2012. It should be noted that performance merit increases could be provided in future years provided it is in compliance with the appropriate compensation legislation.

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

- French Language Services - \$106,000
- Aboriginal Planning - \$35,000

<b>Template B: LHIN Operations Spending Plan</b>				
<b>LHIN Operations Sub-Category (\$)</b>	<b>2012/13 Actual</b>	<b>2013/14 Allocation</b>	<b>2014/15 Planned Expenses</b>	<b>2015/16 Planned Expenses</b>
<b>Salaries and Wages</b>	2,826,085	3,494,287	3,494,287	3,494,287
<b>Employee Benefits</b>				
HOOPP	284,981	312,717	312,717	312,717
Other Benefits	347,708	469,076	469,076	469,076
<b>Total Employee Benefits</b>	<b>632,688</b>	<b>781,793</b>	<b>781,793</b>	<b>781,793</b>
<b>Transportation and Communication</b>				
Staff Travel	62,001	90,100	90,100	90,100
Governance Travel	23,324	25,000	25,000	25,000
Communications	-			
Other Benefits	-			
<b>Total Transportation and Communication</b>	<b>85,326</b>	<b>115,100</b>	<b>115,100</b>	<b>115,100</b>
<b>Services</b>				
Accommodation (Lease costs plus other Accom exp)	290,947	331,957	331,957	331,957
Advertising & Public Relations	1,025	40,000	40,000	40,000
Banking	508	600	600	600
Community Engagement	89,167	103,750	103,750	103,750
Consulting Fees	217,509	116,560	108,310	108,310
Equipment Rentals	71,949	51,838	51,838	51,838
Governance Per Diems	91,295	111,300	111,300	111,300
LSSO Shared Costs & LHINC	389,020	407,642	407,642	407,642
Other Meeting Expenses	19,325	30,000	30,000	30,000
Other Governance Costs	23,777	42,840	42,840	42,840
Printing & Translation	91,982	72,500	72,500	72,500
Staff Development	32,674	80,167	80,167	80,167
Recruitment	43,377	50,000	50,000	50,000
Other overhead expenses	12,732	11,805	11,805	11,805
DRCC Physician Leads	-	316,200	316,200	316,200
<b>Total Services</b>	<b>1,375,286</b>	<b>1,767,159</b>	<b>1,758,909</b>	<b>1,758,909</b>
<b>Supplies and Equipment</b>				
IT Equipment	-	30,000	30,000	30,000
Office Supplies & Purchased Equipment	26,050	49,000	49,000	49,000
<b>Total Supplies and Equipment</b>	<b>26,050</b>	<b>79,000</b>	<b>79,000</b>	<b>79,000</b>
<b>LHIN Operations: Total Planned Expense</b>	4,945,435	6,237,339	6,229,089	6,229,089
<b>Annual Funding Target</b>		6,237,339	6,229,089	6,229,089
<b>Variance</b>		-	-	-

*Includes FLS and Aboriginal funding for all years & DRCC funding for 2013/14, 2014/15 & 2015/16*

### 3.2 Staffing Plan

The 2013/14 Staffing Plan includes the addition of 7 new FTEs as a result of the additional funding of the DRCC received from the Ministry and one previous FTE position has been eliminated. The LHIN Human Resources Strategic Goals for 2011-14 were developed in conjunction with the organization's mission, vision and value statements and will provide the opportunity to link human needs to business needs.

The purpose of the HR Strategy is to ensure that the organization has the human capacity and capability to support the organization's goals and objectives; provide effective recruitment, selection, retention and management of the performance of its people; create an appropriate work environment

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

<b>7.3 Template C: LHIN Staffing Plan (Full-Time Equivalents)</b>				
<b>Position Title</b>	<b>2012/13 Actual FTEs</b>	<b>2013/14 Forecast FTEs</b>	<b>2014/15 Forecast FTEs</b>	<b>2015/16 Forecast FTEs</b>
Administrative Assistant to Senior Director	2	2	2	2
Business Assistant	1	1	1	1
Business Receptionist	1	1	1	1
Chief Executive Officer	1	1	1	1
Communication & Web Specialist	1	1	1	1
Communication Specialist	2	2	2	2
Controller / Manager of Corporate Services	1	1	1	1
Corporate Services & HR Assistant	1	1	1	1
Decision Support Specialist	1	0	0	0
Director of Communication & CommEngagement	1	1	1	1
Executive Office Assistant	1	1	1	1
Executive Office Coordinator to CEO	1	1	1	1
Financial Analysts	3	4	4	4
Health Data Performance Analyst	1	3	3	3
Performance Improvement Lead	1	1	1	1
Program Assistant	2	3	3	3
Project Management Office Lead	1	0	0	0
Projects Lead (contract)	1	1	1	1
Senior Director	2	2	2	2
System Design & Integration Lead	3	4	4	4
System Design & Integration Specialist	3	4	4	4
Team Lead, Finance	1	1	1	1
Team Lead, Information Management	0	0	0	0
Team Lead, Performance Improvement	0	1	1	1
Team Lead, System Design & Integration	1	1	1	1
Aboriginal Lead (Initiative funding)	0	1	1	1
French Language Coordinator (Initiative funding)	1	1	1	1
<b>Total FTEs</b>	<b>34</b>	<b>40</b>	<b>40</b>	<b>40</b>

## 4.0 COMMUNICATIONS AND COMMUNITY ENGAGEMENT

### 4.1 Communications Plan Overview

#### Business Objectives

The business objectives of the South West LHIN are outlined in the four Performance Objectives of the South West LHIN Chief Executive Officer:

1. Health System is Effectively Managed & Transformed including advancement of:
  - strategic directions of the IHSP 2013-2016, integration opportunities
  - key focuses such as Access to Care and Mental Health and Addictions initiatives
  - specific initiative such as Health Links and Clinical Services Planning
  - eHealth strategies
  - Performance Management system
2. Communities within the South West LHIN are Informed and Engaged
3. Resources are Optimized including execution of service accountability agreements and effective use of resources to ensure high quality care and value for money.
4. Continuous Improvement in our Organization

#### Communications Objectives:

- Raise awareness of -
  - the South West LHIN's role in Ontario's transformation of the health care system
  - the caliber of work and credibility of the LHIN in leading and managing transformation of the health system in the South West
- Inform and update all stakeholders on the progress of initiatives
- Educate and build awareness among health service providers of –
  - the shared accountability of the South West LHIN and health service providers in transforming the health system
  - the IHSP and alignment with its initiatives within their plans
- Demonstrate the value of the South West LHIN to people in the South West – help them see themselves and the community in the work we do

#### Context:

Our goal is to ensure that all communications and engagement products/activities support the ministry's Action Plan for Health Care's priorities of keeping Ontario healthy, faster access to stronger family health care and ensuring Ontarians receive the right care at the right time, in the right place. Working with all stakeholder groups, we will inform, educate and support initiatives that will advance patient-centred care, which is a hallmark of the government's Health System Funding Reform. This will be achieved through extensive engagement with all health system partners, as true transformation will only be achieved with the support and collaboration of all who are involved in delivering care to Ontarians.

In the South West LHIN, establishing our first Health Link in Perth County will demonstrate clearly the advantages of putting patients at the centre of care. With the enthusiasm of the partners involved in

the Perth Health Link, we will reach out to physicians, nurse practitioners and other health care providers to encourage them work together to establish health links in their local area.

Our eHealth initiatives, specifically cSWO (connecting South Western Ontario) will significantly advance health system transformation by giving health care providers better quality patient information faster and easier than ever before.

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

#### **Audiences:**

- Health Service Providers, funded and non-funded
- Ministry of Health and Long-term Care
- Other provincial ministries
- Local government stakeholders
- Media
- Public (Taxpayers, patients/clients and caregivers/family members)

#### **Strategic Approach:**

- Position the LHIN as a valued key player within the transformation of Ontario's health system and as the lead in health system transformation in the South West.
- Develop and leverage opportunities to build the reputation and establish credibility of the South west LHIN.

#### **LHIN Key Messages:**

##### **Transformation –**

- The work of the LHINs supports the ministry's Action Plan for Health Care which aims to provide the right care, at the right time, in the right place to ensure better patient outcomes.
- Given the fiscal and demographic pressures, it is imperative that we transform Ontario's health care system so that it will meet the needs of current and future generations of Ontarians. The status quo is not sustainable. Growing and aging populations, increased incidents of chronic conditions and the current fiscal reality have created an urgent need for change.
- Transformation requires a collective call to action as changes will take place at the provider level, the regional (LHIN) level and at a systems level. All have an important role to play in helping to transform the health care system.
- Everyone has a role to play in the change. We are working with the health care community and Ontarians in our LHIN to transform the way health care is delivered, funded and accessed based on evidence, value-for-money and innovation.
- We are transforming our health care system to provide quality health care that meets the needs of Ontarians today and well into the future. We are changing from an old system designed to treat people once they are sick to a more coordinated, value-driven model that promotes wellness.

##### **Value –**

- Every corner of this vast province has different health care needs. Those needs are best met through local decision-making. By talking and listening to local health care providers and community residents, LHINs identify and bring to life local initiatives. Health care decisions

are focused on quality and with an understanding of the diverse and unique needs of each community.

- Because of LHINs, for the first time, the health care needs of local communities are being identified, coordinated and addressed as a truly integrated system. Local residents are receiving the right care at the right time in the right place, at the right cost.
- Because of LHINs, for the first time, providers in the local health care system are working together to improve access to quality care for Ontario residents. Hospitals and community partners are working together to reduce ER wait times and deliver greater access to care.
- Because of LHINs, for the first time, health service providers, such as hospitals, long-term care homes and community agencies, are being held accountable for the taxpayer dollars they are given. The LHINs have built a strong foundation of transparency, performance and accountability as these are fundamental expectations of what Ontarians want from their health care system. The LHINs strive to ensure that health care dollars are spent efficiently and effectively, yielding the best results possible.
- LHINs improve the way health services are planned and delivered at the local level across the province so that patients get the services they need. Through this careful planning, LHINs lead to a more efficient and accountable health system and provide better value for investment in health services. Patients benefit by having health service decisions affecting them made by people in their community, who understand the needs of the community. LHINs help ensure that patients have better access to coordinated and integrated health services, through coordinated planning and improved communication among providers.

#### South West LHIN Key Messages:

- The South West LHIN brings together health care partners from numerous sectors – hospitals, community care, community support services, community mental health and addictions, community health centres, long-term care and other partners – to develop innovative, collaborative solutions leading to more timely access to high quality services for the residents of Ontario and the South West LHIN. By supporting these important partnerships, we are ensuring that Ontarians have access to an effective and efficient health care system that delivers improved health care results and a better patient experience.
- The South West LHIN's focus is on meeting the needs of people in the South West through local decision-making and increased accountability to ensure delivery of the right health care at the right time in the right place.
- By talking and listening to local health care providers and community residents, and through careful strategic planning the South West LHIN identifies and funds local initiatives such as...
  - support for mental health and addictions services, i.e. 24/7 Mobile Crisis Response Teams
  - improvements in critical care, i.e. smaller referring hospitals can now have an immediate consult with an on-call critical care specialist at LHSC
  - improved wait-times for cancer surgery, diagnostic scans and emergency department visits
  - support for people suffering from dementia and their caregivers through the Behavioural Supports Ontario program
  - improved access to family health care through establishment of Health Links – bringing local health care providers together as a team to help family doctors connect more quickly with specialists, home care services and community supports
  - expanded Access to Care initiative providing assisted living, supportive housing and adult day programs and implementation of Home First

**Program Area Key Messages:**

The IHSP 2013-16 identifies 16 Program Areas, each with numerous initiatives, to guide the work in reaching our goals. Key messages have been developed for each of the 16 Program Areas.

Program Areas	Key Messages
<p><b>Access to Care</b></p>	<ul style="list-style-type: none"> <li>• The South West LHIN is committed to having seniors and adults with complex needs get care in the right place at the right time.</li> <li>• Implementing care to support frail individuals with complex needs at home is improved if they have access to intensive case management, flexible care plans in the home with CCAC services and/or access to assisted living and adult day programs and other community services and supports.</li> <li>• Consistent eligibility criteria and admission processes to Complex Continuing Care/Rehabilitation and Assisted Living/Supportive Housing/Adult Day Programs will be implemented across the South West LHIN over the next year. These admission processes will be facilitated by the South West CCAC Care Coordinator.</li> <li>• Community partners are working together with clients to ensure that clients have access to the services that are most appropriate to serve their needs.</li> <li>• Stakeholder engagement is ongoing, as decisions are being made about Continuing Complex Care/Rehabilitation bed placement and about standardizing fees and funding in adult day programs.</li> </ul>
<p><b>Behavioural Supports Ontario</b></p>	<ul style="list-style-type: none"> <li>• The Behavioural Support Ontario Project was created to enhance services for elderly Ontarians with complex and “responsive” behaviours wherever they live – at home, in long-term care, or elsewhere. Responsive behaviours are aggression, wandering, agitation, as well as others, and for many people are the trigger for a crisis visit to hospital and transfer to long-term care.</li> <li>• Across the province Local Health Integration Networks have together invested \$40 million to enhance services that will allow local health service providers to hire new staff – nurses, personal support workers and other health care providers – and train them in the specialized skills necessary to provide care for these patients with dignity and respect.</li> <li>• October-December 2012, 1079 staff participated in structured learning events in the South West. These events provided an opportunity for staff to enhance their skills and consider the ways in which new knowledge could be adapted and applied within their own practice environments.</li> </ul>
<p><b>Chronic Disease Prevention and Management</b></p>	<ul style="list-style-type: none"> <li>• CDPM initiatives are focused on a quality improvement approach with primary care and other system partners.</li> <li>• CDPM initiatives support the implementation of best practices in managing chronic disease and promote self-management.</li> </ul>
<p><b>Clinical Services</b></p>	<ul style="list-style-type: none"> <li>• Clinical Services Planning is in the early stages and will first define priority</li> </ul>

<p><b>Planning</b></p>	<p>clinical areas and populations that will be the focus of efforts to work towards improving the delivery of health care services.</p> <ul style="list-style-type: none"> <li>• Clinical Services Planning activities will proactively consider future service capacity requirements and spread of best practices undertaken in alignment with Health System Funding Reform implementation focusing initially on impact for hospital-based services.</li> <li>• Clinical Services Planning provides a platform to consider partnership and integration arrangements within/across sectors and across LHIN boundaries.</li> </ul>
<p><b>Connecting and Empowering People</b></p>	<ul style="list-style-type: none"> <li>• The development of a French Language Services toolkit will allow health service providers to better understand and communicate with the francophone population.</li> <li>• The focus on Aboriginal populations in health care deliver will increase the cultural competency of health service providers.</li> </ul>
<p><b>Critical Care</b></p>	<ul style="list-style-type: none"> <li>• The province-wide implementation of the Life or Limb – No Refusal Protocol, first implemented in the South West LHIN, will ensure the most critically ill or injured individuals get the care they need in a timely way.</li> <li>• Ongoing critical care initiatives build on the work of previous years to improve access and efficiencies in Critical Care.</li> </ul>
<p><b>Diagnostic Imaging</b></p>	<ul style="list-style-type: none"> <li>• The South West LHIN supports provincially driven diagnostic imaging appropriateness and related strategies.</li> </ul>
<p><b>Emergency Services</b></p>	<ul style="list-style-type: none"> <li>• In an ongoing effort to improve wait times and effectiveness in emergency care, South West LHIN health service providers will leverage the provincial pay for results program.</li> <li>• Patient flow and reduction of wait times in emergency departments will be achieved through the spread of ED best practices across the South West LHIN.</li> </ul>
<p><b>Health Links</b></p>	<ul style="list-style-type: none"> <li>• Health Links will foster collaboration by bringing together all health care providers in a community to better and more quickly coordinate local health care services for people who need them the most.</li> <li>• For patients, this new approach will mean that they get faster access to the right care and they will experience smoother transitions between health care providers. They will feel well cared for by a tightly-knit team of providers who are looking out for their well-being.</li> <li>• Helping those who need health care the most to get the right care the first time – like seniors and those with chronic conditions – also helps the system run more efficiently and provides better value for tax dollars.</li> </ul>
<p><b>Hospice Palliative Care</b></p>	<ul style="list-style-type: none"> <li>• The South West LHIN, in partnership with the South West Hospice Palliative Care Network, will implement an integrated cross continuum/cross sector palliative care program.</li> </ul>

<p><b>Long-Term Care Home Redevelopment</b></p>	<ul style="list-style-type: none"> <li>• The South West LHIN will monitor the distribution/redistribution of long-term care home beds as older homes are redeveloped.</li> </ul>
<p><b>Mental Health &amp; Addictions</b></p>	<ul style="list-style-type: none"> <li>• The South West LHIN has implemented and continues to implement many of the recommendations outlined in the report “The Time is Now” – a study of mental health services capacity and gaps in the South West LHIN.</li> <li>• MH&amp;A initiatives in the South West LHIN are focused on reducing reliance on hospital-based care and enhancing capacity in the community.</li> </ul>
<p><b>Quality and Value</b></p>	<ul style="list-style-type: none"> <li>• Health service partners in the South West are committed to transforming the health system to better meet the needs of people in our region. We know this requires real change and, with change, an openness and dedication to instituting new approaches. The South West LHIN has instituted a Quality Improvement approach to ensure our initiatives more effectively fulfill the goals of improving health outcomes, improving patient experience and reducing costs.</li> <li>• Several QI initiatives are already under way, both organizational- and LHIN-led, setting the standard for transformation in the South West LHIN.</li> <li>• In alignment with our IHSP 2013-2016 goals including a focus on improving the patient experience, the South West LHIN Quality Advisory Group will drive the adoption and implementation of experience-based design across key initiatives already underway.</li> </ul>
<p><b>Safety</b></p>	<ul style="list-style-type: none"> <li>• The South West LHIN will enhance its focus on safety related initiatives, including: <ul style="list-style-type: none"> <li>○ A cross-sector infection prevention strategy</li> <li>○ Implementation of a falls prevention strategy</li> <li>○ Implementation of the South West Regional Wound care program</li> </ul> </li> </ul>
<p><b>Technology to Connect and Communicate</b></p>	<ul style="list-style-type: none"> <li>• eHealth Ontario, the LHINs and the HSPs are working together in the delivery of improved health care for the people of Ontario. cSWO is a critical component of our collective eHealth strategy and one that will ultimately enhance the value of Electronic Medical Records, improving the quality of care of our patients and saving the system valuable resources in the process.</li> <li>• In partnership with eHealth Ontario, LHINs and Health Service Providers across south west Ontario are working hard to leverage local, regional and provincial assets and connect existing technologies in a way that is both accountable and transparent to stakeholders across the system.</li> </ul>
<p><b>Transportation Best Practices</b></p>	<ul style="list-style-type: none"> <li>• The South West LHIN will identify opportunities to leverage current affordable and accessible transportation resources.</li> </ul>

### **Tactics:**

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

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

### **Evaluation:**

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

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

## **4.2 Community Engagement Plan Overview**

### **Community Engagement Objectives:**

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

### **Audiences/Tactics:**

- Health Service Providers
  - Quality Symposium
  - LHIN and Health Service Provider Advisory Groups and Committees

- Health service provider liaisons
- Health Service Board Governors
  - Bi-monthly board-to-board sessions
  - Quality Symposium
- Physicians
  - Primary Care Forum
  - OMA Session
- Public
  - Bi-monthly community sessions
  - Public meetings
  - Public engagement activities
- South West LHIN Board
  - Monthly Board Meetings