To: Health Service Provider Board Chairs, CEOs/Executive Directors, and System Partners

From: Michael Barrett, CEO, South West LHIN

Re: Integration of the South West CCAC and South West LHIN

c: Lori Van Opstal, Board Chair, South West LHIN

Date: May 10th, 2017

The integration of the South West CCAC and South West LHIN will take place on Wednesday, May 24th, 2017. Staff from both the CCAC and LHIN are working hard to ensure the integration is seamless, and that there is no impact on the continuity of patient care as a result of the transition.

We have created an organizational structure to reflect the responsibilities of the new LHIN. This structure was recently completed and shared with all CCAC and LHIN staff. Based on a guiding principle of maintaining business continuity and leveraging the talent of our two organizations, leaders were assessed from both the South West LHIN and the South West CCAC to determine their suitability for the VP and Director-level positions. All remaining non-union positions were critically assessed and matched with existing CCAC and LHIN staff.

The transfer will not impact unionized employees. Position titles, employment contracts and collective agreements for unionized employees will continue as before.

The new LHIN's organizational structure has achieved savings of 8 per cent in administrative and management costs which has had an impact on our non-unionized staff team, with some of our staff departing prior to transition day. I have shared the names of the staff who will make up our new leadership below, and a complete organizational structure of our non-unionized staff is also available.

14 days until Transition Day

With our focus on continuity of patient care – few changes are required to transition patient care. On May 24th, it will be business as usual for the patients we serve. However, there is a tremendous amount of work going on as we finalize the steps necessary for transition. I have attached a Questions and Answers document that will help you better understand the transition including the transfer and timing, continuity of patient care, work underway in sub-regions, clinical leadership, and recruitment for the LHIN's groups that will support Patients First including for patient/family/caregiver partners.

Please do not hesitate to connect with me, or any CCAC and LHIN leaders if you have any questions or concerns. Thank you.

Michael Barrett

Vice President Portfolio	Position	Appointment
Donna Ladouceur VP, Home and Community Care	Home and Community Care Director, Acute Care	Kris Bannerman
	Home and Community Care Director, Access/Short Stay Children's and Placement	Anita Cole
	Home and Community Care Director, Complex/Direct Nursing	Jennifer Row
	Home and Community Care Director, Community	Daryl Nancekivell
Kelly Gillis VP, Strategy, System Design and Integration	Director Communications *Dual reporting relationship to the CEO and VP, Strategy System Design and Integration*	Ashley Jackson *(resigning June 16, 2017, recruitment beginning)*
	Director System, Design, Integration and Digital Health	Kristy McQueen
	Director Regional Programs	Sue McCutcheon
	Sub-Region Leads (5) Grey Bruce Huron Perth Oxford Elgin London/Middlesex	 Tolleen Parkin Shirley Koch Lynn Hinds Kelly Simpson Doug Bickford
Mark Brintnell VP, Quality, Performance and Accountability	Director Quality	Steven Carswell
	Director Performance Improvement	Nicole Robinson
	Director Provider Contracts and Allocation	Michelle McKellar
Maureen Bedek VP, Human Resources	Director Human Resources	*Recruitment underway*
	Director Organizational Development	Kim Timleck
Hilary Anderson VP, Corporate Services	Director Finance and Health Records	Ron Hoogkamp
	Director Information Technology and Facilities	Gordon McCague

May 24, 2017

QUESTIONS AND ANSWERS FOR ALL SOUTH WEST LHIN AND CCAC HEALTH SYSTEM PARTNERS

TRANSFER AND TIMING

1. What can I expect from the LHIN on May 24th ?

It will be business as usual for the patients we serve. The name of our combined organization will be the South West LHIN. Employees will continue to attend work at their current location, including those who currently work in hospital. All phone and fax numbers will remain the same. Patients will continue to receive high quality care from our staff.

All of the South West CCAC's employees and assets will be transferred to the South West LHIN effective May 24th, 2017. CCAC contracts with service providers will be transferred to the LHINs, meaning home care services will continue to be provided by current service providers.

2. How can I contact people at the LHIN and CCAC following transition? (Updated May 24, 2017)

All phone and fax numbers will remain the same. On transition day, the LHIN's website will include an updated directory that will reflect the new organizational structure. CCAC staff will have a new email address (firstname.lastname@lhins.on.ca). Current CCAC email addresses will also remain active with an automatic forward function to their new LHIN email address.

With respect to inquiries from LHIN-funded health service providers related to system design and integration, or quality, performance and accountability, unless advised otherwise, please continue to connect with the LHIN contact you have engaged with in the past. Any future changes to your point of contact for the LHIN will be communicated to you formally.

3. What can we tell the patients, clients and residents that we serve about the transition?

All phone numbers and addresses will remain the same. Anyone who is already a South West CCAC patient can continue to call their care team directly by using the VIP phone number provided by their care coordinator. If you cannot find your VIP phone number, dial 1-800-811-5146. You will get a live answer from 8 a.m. to 8 p.m., seven days a week. You can continue to reach the South West LHIN at 1-866-294-5446.

Our focus is on continuity of patient care. On transition day, patients will continue to receive care from familiar faces – from providers that know their stories, their preferences, and their needs.

CONTINUITY OF PATIENT CARE

4. How will patient care be affected by the transfer?

The transition is being planned to have no effect on patient care, this includes continuity of care coordination. The focus for this transition is on patient care continuity – resulting in very few changes and actions being required to transition patient care. For example, the CCAC's policies and procedures for patient care will be the same once the CCAC transitions to the LHIN.

5. What is the South West LHIN doing to make sure care for home care clients continues seamlessly while services are transitioned from the South West CCAC?

Frontline CCAC employees – including Care Coordinators and support staff – will become LHIN employees. These employees will continue to play a critical role in the delivery of home and community care in Ontario, and they will continue to do so in the future. Equally as critical to patients is the care they receive directly from home care providers, including nurses and personal support workers. Home care providers in the home and community care sector are employed by service providers contracted by the CCACs – St. Elizabeth or VON, for example. CCAC contracts with service providers will be transferred to the LHINs, meaning home care services will continue to be provided by current service providers. This will ensure that patients receiving care continue to receive it from providers who know their stories, their preferences, and their needs.

6. Are the LHINs ready to take on home care?

The South West LHIN and South West CCAC have a strong history of collaboration and will leverage the collective expertise throughout this integration to come together as one organization. The new LHIN team will be prepared for the transfer of home and community care staff and functions. The LHIN's new leaders are working diligently to build their capacity to successfully execute their enhanced role in the health care system.

7. We have heard that Care Coordinators will be assigned to other employers, e.g., family health teams, hospitals, or others. Following the transfer, will Care Coordinators continue to be employed by the LHINs?

Care Coordinators will continue to be employed by the LHIN following the proposed transfer. There is no plan to change the model of care coordination at this time.

8. Are there scenarios being considered now to shift some staff to becoming employees of primary care or hospitals after Day 1?

There are no such plans at the present time. The focus is on preparing for the proposed transfer of CCAC employees to the LHINs.

SUB-REGIONS

9. What is the vision for sub-regions?

LHINs have identified smaller geographies within their boundaries called sub-regions that will be the focal point for integrated, local planning and service management and delivery. Sub-regions have been in place informally in LHINs for many years and they are now being formalized. They will be the avenue for local improvement and innovation with the common objective of improving the patient, client and resident experience. The groups will also support local work to improve the health, wellness, patient experience, and value for money for residents in each sub-region.

Each sub-region has a strong history of planning together, sharing resources and training opportunities, and working on common issues. While a sub-region approach to health service planning and evaluation has been in place for several years, the South West LHIN formalized the

sub-region geographies to allow for more integrated planning at the local level and to support provincial priorities related to the Patients First: Action Plan for Health Care. To help achieve this vision, the LHIN established sub-region integration tables which will advise the LHIN on system-wide priorities and drive change locally.

10. What will the LHIN's Sub-Region Leads be responsible for?

The South West LHIN's five Sub-Region Leads will lead the development and execution of system-wide and sub-region strategic, integration and improvement plans and initiatives across the South West LHIN, and within a specific LHIN sub-region. Each Sub-Region Lead will also coordinate and align with home and community care colleagues, as well as primary care and public health partners, providing leadership and direction in support of sub-region activities. Sub-Region Leads will report to the Vice President, Strategy, System Design and Integration, and will work closely with the Sub-Region Clinical Lead, a family physician who has been hired by the LHIN to work in each sub-region.

11. When will we know the outcome of recruitment for the LHIN's groups that will support Patients First (*Patient and Family Advisory Committee, the Health System Renewal Advisory Committee, and integration tables in each sub-region geography*)?

LHIN staff have begun the process of reviewing applicants against a common set of criteria to ensure the best mix of representation to achieve the goals among respective tables. Applicants will be advised in early June of the LHIN appointments to these groups. A system-wide communication will follow. Orientation will begin in late June, with the first meeting of members in early fall.

12. How the LHIN ensure those selected will truly represent their sector?

In each sub-region, senior staff members were nominated by their sector to represent their sector on the sub-region integration tables. We hope that each member appointed will have the confidence of their colleagues to ensure representation of their views and issues.

13. How will these tables ensure that different perspectives are honoured?

Once membership is established, members will engage in discussions regarding ways to work together to build trust and respect, be person and caregiver centred, be evidenced based and incorporate both local and regional views. Mechanisms will be put into place based on discussions to ensure that all perspectives are honoured.

14. How is communication going to work from these LHIN tables to existing system tables and the broader sector?

Initially, these groups will leverage local communication strategies that are effective. Over time, the groups will develop new and innovative communication strategies. Key messages will be shared in a timely, accurate, clear and objective manner.

15. What support will be available to sub-region integration tables for logistics and administrative support?

The Sub-Region Administrative Lead and Sub-Region Clinical Lead will provide leadership and support to the assigned integration table and other committees and groups in the sub-region as appropriate in order to effectively achieve their goals and objectives. Other local and regional resources will be available to support priorities as they are developed.

16. How will upstream efforts like prevention be reflected in the LHIN's priorities?

The *Patients First Act* supports stronger links between health services and population health and public health. Provincially there is work underway to define the parameters for engagement of LHINs and board of health to support local health planning and service delivery decision-making. The LHIN's integration tables will include representation from Public Health for each sub-region.

17. How will equity be addressed?

To provide coordinated and comprehensive care for patients, the LHINs now have a stronger role in creating more effective service integration and greater equity. The work and decisions of the sub-region integration tables will be grounded by the principle that it is equitable and aligned to what specific populations need. A key consideration during the selection process will be recruiting members that represent the diversity of the population within the South West LHIN area. Specific attention is being paid to ensure Indigenous and French Language services are appropriately represented at the sub-region integrations tables.

CLINICAL LEADERSHIP

18. What is the LHIN's vision for clinical leadership position within the organization?

The aim of this role will be to better connect and integrate primary care providers with other care providers with a goal of improving access, accountability, and performance. Local clinical leaders in the LHIN will include primary care physicians at the sub-region level and other specialty clinical leadership at the LHIN level (e.g. Emergency Department, Critical Care Network, Quality, Internal Medicine).

19. What is a Clinical Lead?

Clinical leads will be health care professionals that serve patients and also contribute some of their time to support the LHINs in local health care improvement activities. A Clinical Lead interacts with patients as part of their clinical duties and also interacts with health care planners and decision-makers within the LHIN. Their main function will be to engage other local clinicians, local patients and providers to ensure that the LHIN understands local needs and priorities, and to then support the LHIN in its efforts to improve services across the sub-region.

Sub-region clinical leads will be part-time employees (likely 1 day per week) of the LHIN and assigned to each of the LHIN's sub-regions to lead clinical engagement and performance improvement activities. They will be 'clinical champions' whose main function will be to work with primary care and other provider groups to identify ways to improve performance and to work with the LHIN to reflect patient and provider priorities in LHIN activities and decision-making.

LHINs currently have part-time clinical leads for various functions, including primary care and other specialty clinical leadership. These have proven to be valuable to the South West LHIN and a similar model is envisioned for this strategy, where those part-time clinical leads would also be deployed for LHIN sub-region planning.

20. How will Clinical Leads help patients?

Clinical leads bring an important perspective into LHIN planning, service delivery and decision-making. They understand the barriers that make it hard for patients to access care or navigate the system, and will act as a champion for these patients to help them get the care they need (e.g. specialized care for patients with complex needs etc.).

Effective clinical leadership demands active engagement with clinicians, knowledge of clinical standards, experience of clinical change management and quality improvement, and understanding of population-based health care planning, as well as the ability to draw on leading practices to adapt and apply these skills to improve patient care.

21. What role does the LHIN see for nurse practitioners?

We appreciate the value and leadership nurse practitioners and allied health professionals bring to the system. Nurse practitioners provide comprehensive primary care in our region and interdisciplinary health professionals are integral to high quality, high value primary care. At present, regulated health professionals can be involved in influencing how care is delivered through working groups, engaging with local Primary Care Alliances as they develop, and also continue to participate in engagement sessions or forums that are available.

PATIENT/FAMILY/CAREGIVER PARTNERS

22. Why is the South West LHIN seeking patient, family and caregivers partners?

To provide coordinated and comprehensive care for patients, the LHINs now have a stronger role in creating more effective service integration and greater equity. The LHIN has long recognized that listening to patients and their families and their stories can lead to improvements within the healthcare system.

Following the passage in December 2016 of the *Patients First Act*, the LHIN is now creating new committees with a stronger patient/family/caregiver voice that can advise the LHIN on system-wide priorities and drive change locally. The groups include a Patient and Family Advisory Committee; the Health System Renewal Advisory Committee; and an integration table in each sub-region geography. These new groups create a formal partnership between patients and families and the LHIN.

23. What are the benefits of joining for patients, families and caregivers?

These groups will help shape what quality care looks like in the South West LHIN. Through this opportunity, partners will share their experiences and ideas on aspects of the healthcare system that would have an impact on their own experiences and outcomes. We want to hear what matters to these individuals.

Patient, family and caregiver partners will work with and learn from a group of peers from across the South West LHIN area. These groups are an opportunity to build listening and speaking skills as patients, families and caregivers share their own experiences and ideas. Partners will also get to learn a great deal about the healthcare system and different initiatives designed to improve care.

24. How will people be compensated?

Patient/Family/Caregiver partners will be supported so that they may be engaged and effective volunteers, including covering the costs of travel, meals, lodging and caregiver costs. The South West LHIN will continue to monitor and align to provincial direction and policy around reimbursement for patient, family and caregiver participation in committees.

25. What kind of support or training will be made available to those patient and caregiver partners? What about to those providers working alongside partners?

Partners will be supported in the following ways:

- Provided with background information and learning materials
- Offered support in using online communication tools
- Matched with a health service provider to help with logistic aspects of meetings to facilitate full participation in meetings.

26. How will the LHIN support people with disabilities to participate effectively?

We are committed to assisting all members so that they can participate successfully, and will do our best to accommodate a person's needs. The LHIN complies with *Ontario Disabilities Act* and all *Accessibility for Ontarians with Disabilities Act* requirements.

27. What about for those candidates that applied but were not recruited?

Applicants that submit an expression of interest to the LHIN will receive an email to confirm receipt of information. After reviewing applications, selected applicants will be invited for a meeting. A key consideration during the selection process will be recruiting members that represent the diversity of the population within the South West LHIN area. Applicants not successful for the current LHIN groups will receive a follow up communication from the LHIN and may be invited either to contribute to the LHIN's work in other ways or to provide input into health care decisions with local providers.