

# NORTH EAST LOCAL HEALTH INTEGRATION NETWORK

## *Annual Service Plan 2008/09*



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## MEMORANDUM

**TO:** Assistant Deputy Minister

**FROM:** Mathilde Gravelle Bazinet, Chair

**DATE:** May 31<sup>st</sup>, 2008

**RE:** Northeast Local Health Integration Network – Annual Service Plan

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The North East LHIN is pleased to provide the Final 2008/09 Annual Service Plan (ASP) for the North East Local Health Integration Network as required by the Local Health System Integration Act, 2006 and as defined in the Ministry/LHIN Memorandum of Understanding and the Ministry/LHIN Accountability Agreement.

The Final 2008/09 ASP provides details regarding the implementation of the NE LHIN's Integrated Health Service Plan (IHSP) dated December 2006. The IHSP contains the strategic direction for health services for Northeastern Ontario for a three year period and provides details with respect to the action plan required in order to move forward with system integration.

The priorities for 2008/09 are described in the ASP focus on Alternate Level of Care, Information and Communication Technology (eHealth) as well as Wait Times. A critical issue facing the health care system in Northeastern at the moment is the growing number of ALC patients. Recent provincial statistics show that the hospitals in Northeastern Ontario have the highest percentage of ALC days in Ontario. As such, it is imperative that we implement strategies that will address this issue and free up needed acute care resources while providing patients with the right level of care.

The North East LHIN has established a variety of Round Tables and Task Forces to address the priorities outlined in our IHSP. These groups have been in place for a year and will be engaged to assist the NE LHIN with the implementation of the 2008/09 Annual Service Plan.

If you have any questions related to the NE LHIN Annual Service Plan please contact Mr. Rémy Beaudoin, CEO, at [remy.beaudoin@lhins.on.ca](mailto:remy.beaudoin@lhins.on.ca) or at 1-705-840-2872 ext. 214.

Sincerely,



Mathilde Gravelle Bazinet  
Board Chair

## **2. Introduction**

*This document meets the requirements of the Ministry/LHIN Accountability Agreement (MLAA) – whereby the North East LHIN is required to submit a Final Annual Service Plan depicting LHIN business plan for 2008/09..*

### **2.1. Purpose of the ASP**

*The NE LHIN Annual Service Plan (ASP) is a multi-year plan that identifies the top priorities and necessary resources to implement its Integrated Health Service Plan (IHSP). The ASP also outlines the plan to achieve the goals and objectives of the MLAA. The ASP includes the risks and challenges faced in the North East that impact the achievement of these goals and objectives.*

### **2.2. Our Vision / Mission**

*In early 2007, the NE LHIN Board held a retreat to develop the vision and mission of the NE LHIN.*

*The vision “Health and Wellness for All” was created with the goal that equitable healthcare should be delivered to all people within the NE LHIN region. In order to fulfill this Vision, the NE LHIN developed a mission statement, of creating a health care system in the North East that was “innovative, sustainable and accountable”. With this vision and mission in place, the NE LHIN set out to establish the necessary structures to assist in the implementation of the IHSP.*

### **2.3. NE LHIN Activities**

#### **2.3.1. Current Activities**

#### *HEALTH SYSTEM CEO ROUND TABLES*

*The CEO Round Tables were sanctioned by the NE LHIN Board of Directors in March 2007 in six of the seven planning areas. The main purpose of these tables, which has representation from each of the NE LHIN’s HSP sectors, is to implement the IHSP priorities and to provide system level advice. This includes the needs, efficiencies, effectiveness and allocation or reallocation as appropriate to the NE LHIN. The Round Tables will continue to be a key vehicle used by the NE LHIN to advance its priorities in the year ahead.*

#### *ANNUAL REQUEST FOR INFORMATION (RFI)*

*In keeping with a commitment to transparency, each of the Round Tables received a summary of funding “requests” within their respective planning area. Round Table members were asked to prioritize needs in their planning area, keeping in mind that they must assist the NE LHIN in the implementation of the IHSP priorities and meeting the goals and objectives of MLAA. Most importantly, the priorities were to align with the vision of the LHIN, “Health and Wellness for All”. To assist in prioritizing, the NE LHIN focused on three key areas for 2008/09; ALC, Wait Times and Information Communication Technology (ICT). The NE LHIN will go back to the Round Tables to gain further information on how to implement the government’s new agenda and mandate.*

### *NE LHIN PRIORITIES FOR 08/09*

**Each of the three priorities noted above require collaboration between sectors, within sectors and between LHINs. The NE LHIN commends individuals and organizations that have developed initiatives within these three priorities for their willingness to work together for the common good. Together, this collaborative approach allows for better health care service and care to the people of North East Ontario.**

### *ALTERNATE LEVEL OF CARE (ALC)*

**ALC is a significant pressure in the North East. The NE LHIN has the highest percentage of ALC days in the province. The ALC issue often hinders the achievement of other goals and targets such as wait times.**

**The NE LHIN held a regional ALC Summit in June 2007 and established four ALC Task Forces in the most affected communities to address this issue. The Task Forces developed short- and long-term strategies to relieve ALC pressures within the hospital system.**

**The greatest barrier to reducing ALC pressures is the lack of community support services in North East communities. The Task Forces recommended increased capacity within the community support sector to enable people to stay at home longer. An increase will allow care to be given to elderly individuals in a more appropriate place, closer to home and in a timely manner. Many of the strategies developed align with the Ministry's Aging at Home Strategy. By establishing and enhancing community support services throughout the North East, the NE LHIN will be able to maintain and reduce the ALC target of the MLAA. It will also relieve pressure within hospitals and allow them to focus on acute care. Allocating resources to the community sector is a smarter use of limited resources that will enable the NE LHIN to provide quality and appropriate care in the communities which will lead to a more sustainable health system. The NE LHIN will in turn be able to reduce wait times and help hospitals maintain a balanced budgetary position.**

**Upon receipt and review of the ALC final report, title, the NE LHIN adopted an ALC Action Plan which commits the NE system to a reduction of ALC bed days by 25% each year over the next three years. This reduction will be accomplished through capacity enhancements in the community sector and the introduction of a process improvement framework. The NE LHIN is also currently undertaking a review of Longterm Care Homes to see if patients are being placed in the most appropriate setting. This review will be completed by August 2008.**

### *INFORMATION COMMUNICATION TECHNOLOGY (ICT)*

**One of the major challenges in the North East is the distance between communities and health service providers. Together, the NE and NW LHIN developed an ICT project. Phases 1 and 2 of the Northern Ontario ICT planning project are complete. These phases did an assessment of all resources in all sectors throughout the North. Phase 3 (completed in July 2007) culminated with a detailed tactical plan which is a guide to implementing a comprehensive Northern Ontario information and communication technology blueprint. The ICT project group has done a region-wide consultation with health service providers and consumers. The implementation of the ICT project in the North is critical. One common system will allow all health care agencies to be on a common platform and enable communication, sharing of resources, and support for smaller agencies, better patient care and efficiencies in the system.**

### *WAIT TIMES STRATEGY*

**Wait times in the North East are once again the highest in the province for hip and knee joint replacements, and hospitals are struggling to meet performance indicator targets in**

***other areas. The ALC pressures and recruitment issues are the biggest challenges facing hospitals as they try to achieve their targets. Three of the North East's main hospitals are undergoing major capital projects that are estimated to be completed in 2010/11.***

***The NE LHIN established a Wait Times Advisory Panel in 2007. The role of the Panel is to monitor performance and to advise the NE LHIN on the most effective use of resources to achieve wait time targets.***

***In early 2008, the Panel met to determine the distribution of volumes across the Northeast. The additional one time funding of \$11.2M received for the 2008/09 year will enable the NE LHIN to improve on wait times for Cataracts, CT's and MRI's. The Panel is looking at ways to improve Hip and Knee wait times by examining best practices developed by the Orthopedic Expert Panel and opportunities for sharing scarce resources.***

***The NE LHIN received \$70,000 in one-time funding to pilot an Operating Room Booking application. The hospitals involved will test this interface to ensure that the system allows for easier entry into operating room bookings and wait time systems. The interface will also provide better quality information. The first pilot is expected to be completed by the end of June, 2008 and if successful, will be rolled out to other facilities.***

## **2.4. Priorities in Development**

### **2.4.1. Health Human Resources (HR) and Chronic Disease Prevention and Management (CDPM)**

***The NE LHIN has developed project charters for Health Human Resources (HHR) and Chronic Disease Prevention & Management (CDPM).***

***These are two key areas of the North East health care environment related to an older population and a high incidence of chronic disease. There is a need to promote healthy living and prevention of illness and injury in order to improve the health status of the NE LHIN population. The region's struggle to recruit and retain health human resources is vital to our ability to deliver services. The North East has a shortage of health human resources. By working together with our Health Service Providers and the Academic Centres in the North, we will develop a strategy to recruit and retain these valuable resources. The NE LHIN will be rolling out its HHR and CDPM project in 2008/09***

### **2.4.2. Planning Summits**

***The NE LHIN completed the three summits identified in its Integrated Health Service Plan in 2007/08. The three summits focused on ALC, Addiction and Mental Health and Seniors (Aging at Home). A fourth summit focusing on Aboriginal Health took place in the first quarter of 2008/09. The information gathered from these summits provide a valuable data source that is currently being used to assist in the implementation of ALC strategies, guide the direction for the integration of addiction and mental health services in the North East, assist with the implementation of the Aging at Home Strategy, and finally to support the NE LHIN in its ongoing planning efforts with the Aboriginal, First Nation and Métis communities.***

### **2.4.3. Community Engagement and Planning Cycle**

***The NE LHIN will continue with its governance and stakeholder community engagement forums in the Fall of 2008. Health service provider board members and other invaluable stakeholders will once again have the opportunity to learn about the NE LHIN planning cycle and activities, the Ministry's strategic directions, the status of the implementation of the IHSP and the ways in which they can continue to contribute to the NE LHIN planning***

**cycle. The NE LHIN also hopes to gather information regarding concerns/needs in each of the planning areas from the perspective of a HSP Board member and a consumer.**

#### ***LOCAL HEALTH PLANNING ENTITIES***

***Aboriginal/First Nation/Métis health services and French language health services are two priorities of the NE LHIN IHSP that have seen, and will continue to see, robust action in 2008/09. Any strategy implemented within the NE LHIN must address how it will assist these two targeted populations. One of the goals in this approach is to identify the existing resources in the NE LHIN to enable the identification of health service gaps within these distinct populations..***

***The NE LHIN will establish interim planning groups for the Aboriginal/First Nation/Metis population until such time as the provincial Local Health Planning Entities are formed. The role of these planning groups will be further identified in 2008/09.***

### **3. Environmental Scan of Opportunities and Risks**

#### **3.1. Methods used in scanning**

##### **3.1.1. ALC Task Forces and Summit**

*The LHIN has been actively addressing ALC issues in the region through its four ALC Task Forces and the regional ALC summit held in June, 2007 in Sudbury (attendance of approximately 125 individuals). These two initiatives led to the development of the NE LHIN's ALC Action Plan adopted by the Board in December, 2007 and will also guide further activities to reduce ALC bed days in 2008/09. ALC remains a priority for the NE LHIN.*

##### **3.1.2. Health System CEO Round Tables**

*The NE LHIN established Health System CEO Round Tables (RTs) in six its seven planning as critical mechanisms for the overall success of the LHIN's process for community engagement, integrated health service planning, and broader health system transformation in the North East.*

##### **3.1.3. Information Communication Technology (ICT)**

*In conjunction with the North West LHIN, the third phase (tactical strategy development) of a comprehensive Northern Ontario information and communication technology (ICT) planning project that spans the health system was completed at the end of July 2007. Further activities have included region-wide consultations with health service providers and consumers, and the preparation and review of the final tactical plan. A joint NW/NE LHIN Project Management Office was established in October, 2007 and will continue to lead the activities relating to eHealth in the North in the coming year.*

##### **3.1.4. Wait Times Advisory Panel**

*As part of its December 2006 IHSP, the NE LHIN proposed the establishment of a North East Regional Wait Times Advisory Panel comprised of hospitals participating in the Wait Times Strategy. The role of the Panel, is to advise the NE LHIN on the most effective use of resources to implement the WTS within the region.*

##### **3.1.5. Governance/Stakeholder Forums**

*As part of its annual planning cycle, the NE LHIN identified the need to engage with health service provider governors throughout the region with the aim of setting strategic directions for the health system (which would then be considered as planning input by the previously noted CEO Round Tables). The first forum took place on June 15 and 16, 2007 in North Bay and was attended by the board chairpersons (or delegate) of nearly 100 HSPs. A second series of six(?) forums was held in the Fall of 2007 and additional forums are scheduled to occur in the Fall 2008.*

##### **3.1.6. Community Engagement / Communications**

*The NE LHIN has updated its Strategic Communications Strategy with the following five main objectives for 2008/09:*

- *Build awareness and understanding of the NE LHIN*
- *Manage expectations of the NE LHIN*
- *Facilitate implementation of the IHSP*
- *Equip Board and staff to deal with contingencies*
- *Create a culture of communication and collaboration*

*Key initiatives that form the basis of the Strategy include:*

- **An enhanced framework to share NE LHIN Stories through an electronic bulletin to health service providers and a bi-monthly newsletter**
  - **Creation of a North East Communications Network to share key messages, strategic plans and establish communications protocols on health issues across the NE LHIN.**
  - **Enhanced electronic communications, including the NE LHIN external and internal websites.**
  - **Evaluation and performance tracking of communication tools.**
  - **Development of NE LHIN Crisis Communications Plan.**
  - **Development of annual report.**
- **Roll out of new the New LHIN Visual Identity.**
- **Development of an annual health care awards program to showcase NE LHIN health care success stories.**

*The LHIN also worked to engage its stakeholders, including the public at large, by rotating NE LHIN board meetings throughout the region and meeting with a wide-range of local health groups in conjunction with the board meetings. The NE LHIN continued to provide presentations to networks, agencies and conferences (e.g. OMA, OHA, local senior's groups, local community organizations, etc.), on its current planning and related activities (particularly promoting the awareness of the NE LHIN business and planning cycle).*

### **3.2. Key Cost Drivers**

*The lack of community-based support services and resources (e.g. supportive housing) results in high hospital inpatient bed and associated cost pressures.*

*The ALC enhancements that were funded with one-time dollars in 2007/08 will be funded out of the NE LHIN's Priority Funding in 2008/09. These enhancements such as transitional beds and increased CCAC services are crucial to the success of the ALC Strategy and NE LHIN implementation of the provincial Aging at Home Strategy.*

*The costs for smaller hospitals and community-based providers to advance and maintain their information systems in order to become part of a regional electronic health record is beyond their resource capacity. Similarly, a number of broad eHealth infrastructure investments are required to roll out the EHR across the region. Without the necessary resources to implement an EHR, the direct service and back office efficiency gains will not be realized across the health system.*

*Mental health & addiction agencies and community support services will receive a 2.25% increase to base funding this year. The NE LHIN will work with the community sector to ensure a balanced budget either through internal efficiencies or integration opportunities.*

*The region is constantly facing difficulties in achieving its Wait Times targets due to ALC pressures, lack of medical specialists, and dated equipment and facilities.*

### **3.3. Assessment of local conditions/issues, regional concerns and needs**

#### **3.3.1. NE LHIN Population**

*The North East LHIN covers a large geographic area of approximately 400,000 square kilometres. With a 2006 population of approximately 560,000 persons, the overall population density in the NE LHIN is only 1.4 persons per square kilometre. When compared to the provincial population density of 13.4 persons per sq. km (Southern Ontario has a population density of approximately 100 persons per sq. km), it is not surprising that there are significant challenges to providing health care in the North East LHIN.*

*According to the 2006 census, the North East LHIN has*

- *a much higher proportion of Aboriginals than Ontario as a whole, 10% and 2% respectively*

- a significantly higher proportion of Francophones compared to Ontario, 23% and 4% respectively, and
- an older population than the province as a whole (16% of NE LHIN is aged 65 and over compared to 13% in Ontario).

**Additionally, the rate of population growth in the North East LHIN is nearly stagnant, whereas the provincial growth rate is more than 6%. And, while the unemployment rate in the North East LHIN is higher than the provincial rate, the participation rate (the percent of the population in the labour force) is lower. These geographic, demographic and socioeconomic realities are only some of the challenges to those providing health care in the North East LHIN.**

### **3.3.2 NE LHIN Population Health Status**

**The Canadian Community Health Survey (CCHS 3.1, 2005) reports that the North East LHIN has higher percentages of people whose health practices are known to compromise health status. These include:**

- daily smokers,
- adults who are current drinkers reporting heavy drinking, and
- adults who are obese or overweight.

**In addition, the CCHS indicates a lower rate of contact with a medical doctor in the previous 12 months in the North East LHIN. Not surprisingly, the CCHS also shows a higher prevalence of self-reported activity limitation and of chronic diseases in the North East LHIN, including:**

- arthritis/rheumatism,
- high blood pressure,
- diabetes, and
- heart disease.

**An analysis by MOHLTC-Health Analytics (previously the Health System Intelligence Project) of age-standardized mortality and hospitalization rates, as well as rates for potential years of life lost (PYLL<sup>1</sup>) by ICD-10 chapter, for the years 2002 to 2004 is also quite revealing. The analysis indicates that, in the North East LHIN:**

- PYLL are significantly higher than provincial rates
- the leading causes of mortality is circulatory disease followed by neoplasms (cancer)
- life expectancy at birth for males and females is significantly lower compared to Ontario (2001)
- higher hospitalization rates for all ICD-10 chapters in 2003/04 (with the exception of maternal conditions) relative to the province as a whole are evident.

**In the North East, the Sudbury Regional Hospital is the only centre performing by-pass surgery under the Wait Times Strategy. The high prevalence of chronic heart conditions - as evidenced by the CCHS and MOHLTC reports and data - naturally places a burden on the health care system in the North East LHIN, in turn reducing the quality of life for those who suffer from the condition.**

**Finally, according to the Health Based Allocation Model (H-BAM), the North East LHIN has the highest LHIN volume of weighted cases per 10,000 persons for acute clinical programs. The North East LHIN ranked highest in neoplasm, endocrine nutrition & metabolic, eye & mastoid, circulatory, respiratory, digestive, skin & subcutaneous tissue, genitourinary, injury & poisoning and external causes categories.**

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<sup>1</sup> Potential Years of Life Lost (PYLL) rates are useful for quantifying the number of years of life "lost" from deaths that occur "prematurely" (i.e. before age 75)

## Health System Performance

*There are also a number of health system performance indicators that are measured in Ontario including ALC days, emergency department visits that could be managed elsewhere, ambulatory care sensitive conditions (ACSC) - conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital, and Wait Times for select procedures.*

1. *Alternate Level of Care (ALC) days measured as a proportion of total in-patient days for fiscal 2006/07 in the North East LHIN was reported as 20.6 days vs. 12.1 days for Ontario overall. Additionally, Average Length of Stay (ALOS) for ALC patients in NE was 23.9 vs. 16.9 days in Ontario. There are many causes for the ALC problem in the North East LHIN, least of which are the limited alternatives (e.g. supportive housing) available within the region.*
2. *The percentage of emergency department visits that could be managed elsewhere for fiscal 2006/07, was 9.8% vs. 6.8% for the province. The North East LHIN rate translates to an age-adjusted rate of 82.1 per 1,000 persons. There is no 2006/07 provincial rate currently available, however, the rates per 100 residents for 2004/05 for North East LHIN and Ontario were 77.5 and 27.0 respectively.*
3. *The ambulatory care sensitive conditions (ACSC) measure is an age-standardized rate per 100,000 population under age 75 years. The North East LHIN rate for fiscal 2006/07 was the second highest in the province at nearly 600 per 100,000 people, and nearly double the provincial rate.*
4. *Wait times in days for select procedures in North East LHIN compared to Ontario (fiscal 2007/08 are shown in the following table:*

<b>90<sup>th</sup> Percentile Wait Times for Access Indicators, North East LHIN and Ontario.</b>		
<b>Procedure</b>	<b>North East LHIN Wait Time in Days 90<sup>th</sup> percentile</b>	<b>Ontario Wait Time in Days 90<sup>th</sup> percentile</b>
Cardiac By-Pass Procedure	57	50
Cancer Surgery	57	65
Cataract Surgery	134	135
Hip Replacement	405	216
Knee Replacement	380	282
Diagnostic MRI Scan	94	113
Diagnostic CT Scan	37	55

Source. Health System Information Exchange (HSIE), MOHLTC, posted May 15, 2008. "May 15 2008 MLAA-PI Reported Data.xls." N.B. Values represent actual days for fiscal 2007/08; they do not indicate Ontario Benchmark, LHIN Base Lines or LHIN Targets.

### **3.4. Impact on IHSP and/or MLAA**

#### **3.4.1. Wait Times and Alternate Level of Care (ALC)**

*Hospitals in the North East are experiencing considerable back-ups in emergency and surgical cancellations due to high ALC days. The ability of hospitals to maintain a balanced budget or achieving wait time volumes will continue to be compromised (e.g. hip and knee replacements) if the ALC issue is not resolved.*

***Impact: MLAA*** → *May affect the NE LHIN's ability to reduce the 2006/07 ALC rate of 20.6% of acute inpatient days, and Hip and Knee target of approximately 405 and 380 days respectively for 2008/09. It also directly impacts the NE LHIN's ability to implement the NE LHIN's IHSP priorities (ALC, Wait Times).*

*In order to address ALC pressures, the North East CCAC has increased in-home services and two hospitals have added additional interim beds through one-time NE LHIN funding. Funding needs to be annualized in order keep the interim beds open until the benefits of Aging at Home initiatives can be realized in the community and fully implemented to sustain the required levels of service in the client's home. By reducing the number of ALC days, the NE LHIN will be able to achieve the wait time targets as set out in the MLAA. Reduction in ALC days will also allow the NE LHIN to implement priorities within our IHSP. By increasing supports in the community sector, the NE LHIN will be able to continue to implement/complement the Ministry's Aging at Home Strategy.*

#### **3.4.2. Hospital Sector**

*As submitted in the 2008-10 HAPS, many of the hospitals in the North East are forecasting deficits, especially in the 2009/10. Hospitals will be required to either develop improvement plans to gain further internal efficiencies, engage community partners to look at further opportunities or fully examine integration opportunities..*

*In keeping with the process improvement approach, the NE LHIN has asked each hospital to submit a plan on how they can reduce Emergency Department Visits that could have been seen elsewhere by September 2008.*

*The April 2008 funding announcement of \$704,400 for small hospitals did not fully address the needs of small hospitals. Many remain unable to deal with recent labour negotiated settlements and the recruitment and retention costs for physicians.*

*Impact: MLAA → This issue directly impacts the MLAA goal and objective of living within the current allocation and will also has an impact on the NE LHIN/Hospital Accountability Agreement.*

*Many hospitals in the North East have a working fund deficit. This deficit is over \$100M for the North East LHIN region, and is causing hospitals to borrow funding for their operations. This also limits their ability to replace equipment when required. Many smaller facilities are using their working fund surpluses to fund their operating deficit which will impact on their ability to maintain facilities and purchase equipment in future years. The NE LHIN was assigned these hospitals in April 2007, even though they where not meeting the performance indicator for the Current Ratio in the Hospital Accountability Agreement. The NE LHIN does not have the resources to retire this debt.*

*Impact: MLAA → This Issue may affect the MLAA goals and objectives of living within our current allocation and impacts the LHIN/Hospital Accountability Agreement. The NE LHIN will not be able to negotiate a balanced/positive Current Ratio.*

## **4. Detailed Plans to Implement IHSP Priorities for the Local Health System**

### **4.1. Community Engagement**

#### **4.1.1. Guiding Principles**

*The NE LHIN is responsible to actively engage in open communication and broad, inclusive consultation. The following principles have been adopted by the NE LHIN as a means of ensuring a fair and equitable process in moving forward with community engagement activities:*

*As “guardian of the process”, the NE LHIN must:*

*Give a voice to all stakeholders, ensuring a comprehensive contribution from all health care sectors in the system;*

*Ensure extensive and meaningful consumer input in the planning and accountability process/cycle;*

*Build awareness and understanding of the NE LHIN;*

*Respects a geographic approach to planning.*

#### **4.1.2. Stakeholder Partnerships**

*Included in the NE LHIN’s community engagement strategy is the World Health Organization’s (WHO) framework found in the WHO document, “Towards Unity for Health”. This framework speaks to the importance “of developing strategies and conditions for unity in purpose and action by key partners/stakeholders in the health sector, in order to establish a sustainable, people-based health service in line with values of quality, equity, relevance and cost-effectiveness.”<sup>2</sup> The five key partners identified by WHO are: policy makers, health professions, academic institutions, communities and health managers. The overall goal of the NE LHIN is to include each of these sector partners in the community engagement process.*

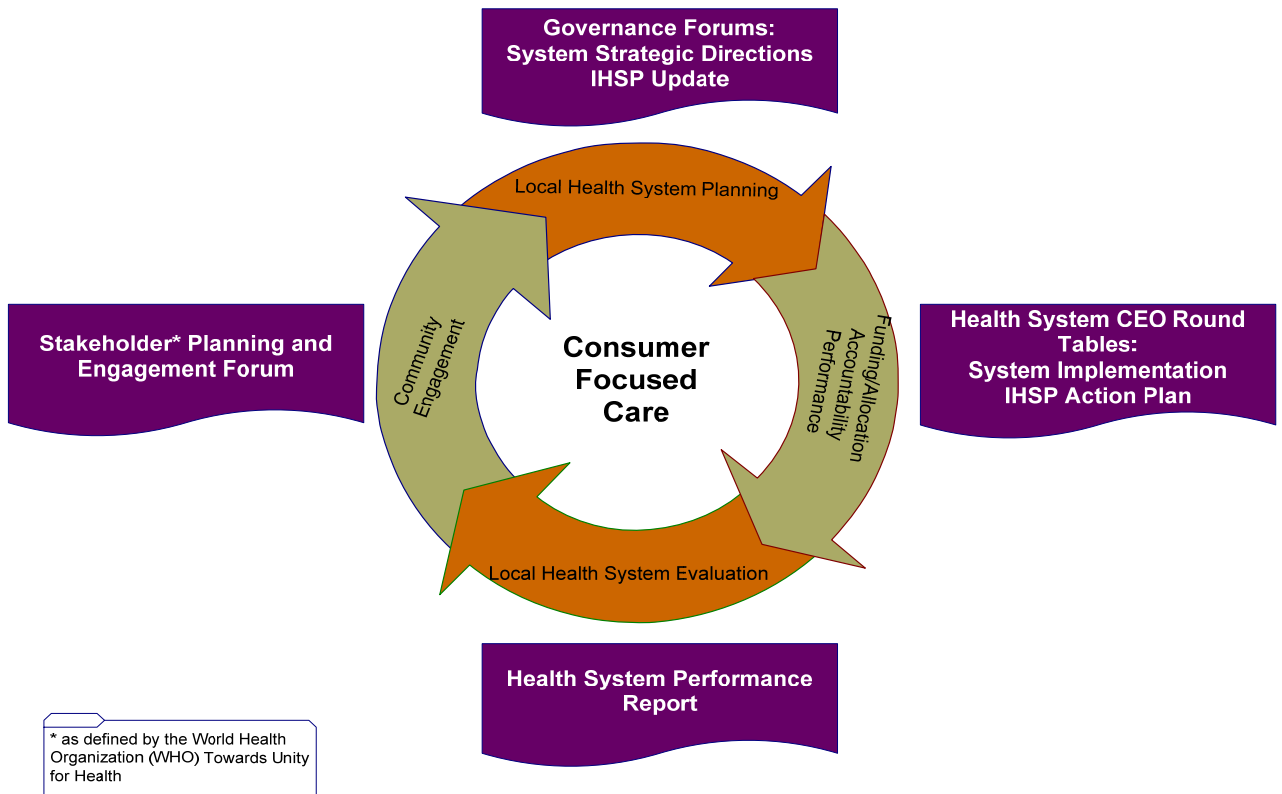
#### **4.1.3. Mobilizing the IHSP**

*Community engagement involves a wide range of techniques and activities that serve to target specific audiences or to address the complexity of certain issues. During the initial phase of community engagement, the NE LHIN focused its activities on consultations and information sessions with stakeholders and the general public to obtain information for the development of the IHSP. The second phase consisted of sharing with stakeholders, the key components of the collaborative community engagement and planning approach, along with the NE LHIN business planning cycle. Along with maintaining an approach to enhance stakeholder and public expression, community engagement activities for 2008/09 will focus on supporting the implementation and IHSP activities (see figure 1 below).*

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<sup>2</sup> Towards Unity for Health, Challenges and opportunities for partnership in health development, World Health Organization, Geneva, Switzerland, 2000.

**Figure 1 - NE LHIN Planning and Implementation Cycle**



#### 4.1.4. Engaging Aboriginal/First Nation/Metis People

***A key element of the 2008/09 ASP is the engagement with urban and rural Aboriginal/ First Nation/ Métis populations and the creation of a planning and communications system. The NE LHIN intends to consult and create relationships with Aboriginal/First Nation/Metis HSPs and where possible with, provincial Aboriginal health strategy project sites (AHWS, OADS, ACS, and Ontario HIV/AIDS Strategy), First Nation and Métis Leadership with a health portfolio and urban Aboriginal health governance representatives. A special engagement with Aboriginal/First Nation/Metis seniors took place to assist with the planning for the Aging at Home Strategy. Issue specific engagements will occur with key Aboriginal/First Nation/Métis health stakeholders as the NE LHIN develops its plans for each of the IHSP priorities: mental health and addictions and chronic disease management.***

***Methodology to determine health priorities and the articulation of planning and information exchange processes will be set. The NE LHIN needs to decide about communication standards and processes between Aboriginal HSP, First Nation and Métis Leaders, urban health planners and provincial, Aboriginal strategy project sites, LHIN CEO Round Tables and other LHIN sector initiatives. By the summer 2008, the MOHLTC will draft the regulation for the legislated Local Aboriginal Health Planning Entities (LAHPE). The LAHPE will eventually be the central advisory to the NE LHIN on Aboriginal health service provision. An Interim Aboriginal Health Planning Group is established and eventually will be adapted as the LAPHE.***

***Additionally, the NE LHIN hosted a regional Aboriginal Health Summit (May 14-15, 2008) for Aboriginal, First Nation and Métis HSPs and mainstream HSPs with large Aboriginal client bases. The purposes of the Summit were to open communications between the sectors, determine how to formalize the existing Interim Planning Group and use***

**technology to correct health information deficits for health planning. Approximately 120 people attended.**

**Throughout the 08/09 fiscal, as much as is possible, base-line data will be compiled, analyzed and made available about the Aboriginal/First Nation/Metis population across the NE LHIN region. The NE LHIN will propose available options to correct health information deficits for future Aboriginal/First Nation/Metis health service planning.**

#### **4.1.5. French Language Health Services**

**Engagement activities with Francophone stakeholders take place on an ongoing basis through the regular stream of NE LHIN community engagement activities. NE LHIN public information is published in a bilingual format; the NE LHIN website is maintained in French; governance and stakeholder forums were bilingual. At all public held events, the opportunity is provided for Francophone participation and input. The NE LHINs CEO Round Tables consult on a regular basis with the Francophone health partners within their planning area.**

**Parallel to the community engagement activity process, the ground work is being laid to move forward with a planning process that will serve to address the specific needs of our francophone population. An interim FLS Working Group, comprised of the Réseau francophone de santé du Nord and du Moyen-Nord, the Northern Office of francophone services and the NE LHIN was formed for this purpose. This group has met on five occasions since the fall to develop an interim collaboration plan outlining their roles and responsibilities as key planning partners. They have also identified three main objectives that will form the basis of guiding the planning activities of the French Language Services Planning Entity. These objectives are as follows:**

- Continuous improvement of quality, access, accessibility and integration of French language health services.**
- Community empowerment and continued community engagement in order to impact the overall health system and improve health status.**
- Accountability of health service providers to their community.**

**In the absence of direction from the Ministry of Health and Long-Term Care in establishing the FLS Planning Entity, the NE LHIN has decided to move forward in establishing an interim FLS Planning Entity. The interim Planning Entity will be building on the work completed to date by the FLS Working Group. The FLS Working Group was given the mandate to develop a project charter for the Entity, which the NE LHIN will be moving forward in establishing in the spring 2008.**

**A major achievement for the NE LHIN as it relates to FLS is the inclusion of a FLS equity index in the Hospital Service Accountability Agreement (H-SAA). This was done in collaboration with the Northern Office of French Language Health Services. Twenty-two of the 25 NE LHIN hospitals are identified or designated under the French Language Services Act and have in their H-SAA a FLS equity index. The response from the hospitals in completing the FLS Hospital Annual Planning Submission (HAPS) has been exceptional. We are proud to report that two of our hospitals, Notre Dame Hospital in Hearst and Smooth Rock Falls Hospital have attained the FLS equity index of "1". For hospitals that have not attained the FLS equity index of "1", the goal is to improve their 2007/08 reported index by 10% by March 31, 2010. The FLS equity index is used to measure the equity of access to and accessibility of hospital programs/services in French for the Francophone population.**

**The NE LHIN and the Réseau francophone de santé du Nord ended the year with a Francophone Summit – Healthy Francophones in our Communities...Achieving Health Together. The Summit focused on three main themes:**

- The management and prevention of chronic diseases**
- Health for Francophones and the importance of cultural competency**
- Citizen engagement and participation**

**Over 175 participants from across the North East attend the Summit, which was held in Timmins. The results from this Summit will assist the NE LHIN and the interim Planning Entity in moving forward in planning for the health care needs of the francophone population.**

#### **4.2. Multi-Year financial plan (sectors)**

**The North East LHIN Integrated Health Services Plan was published in December 2006. A number of priorities were identified in the Plan which were based on the provincial context and directions (at that time), the input and feedback received from community stakeholders and the results of a priority setting exercise held in November 2004 in Sudbury.**

**The IHSP priorities are:**

**Aboriginal, First Nations and Metis Nation Health Services  
Chronic Disease Prevention Management  
Coordinated Information and Communication Technology System and Information Management  
French Language Health Services  
Health Human Resource Needs  
Primary Care Reform  
Reduced Wait Times**

**In addition to these seven priorities, the IHSP Action Plan included a focus on issues of access to health services and a commitment to address the ALC issue in the North East, along with a focus on seniors services.**

**Based on the course of events over the NE LHIN's first full year of operation and the anticipated resource deployment over the next three years, the NE LHIN will build health care system capacity through:**

- **New resources to carry out the Ministry's strategies and indirectly the NE LHIN's IHSP**
- **Building on existing resources to integrate the health care system to achieve improved system performance (improved access, improved client experience and improved efficiencies and effectiveness).**

**Given that there will not be any significant "new money" which will directly help to achieve our IHSP, our challenge will be to leverage the Ministry's investments and some limited NE LHIN discretionary funding in order to advance our IHSP.**

**Therefore, the NE LHIN will continue to focus on its priorities in the IHSP which will be used as a guide to system level and integrative approaches aimed at pursuing options that will span and bind the services and sectors into a cohesive system. Three specific approaches to system level integration will be:**

- **Health service provider horizontal integration (functional) planning area per planning area (within sectors);**
- **Health service provider vertical integration hospital community per hospital community (across sectors);**
- **Health service program integration client condition per client condition.**

**The NE LHIN recognizes that health system integration is as important as new funding to improve health system capacity to better answer to client needs. Therefore the NE LHIN will be adopting a clear Health System Integration Policy to enhance health care system capacity and align health across sectors based on the three approaches to integration noted above.**

*For 2008/09, the NE LHIN will be using the \$2.9 Priority Funding to address ALC pressures throughout the region. The funding will allow for the continuation of 32 transitional beds, enhanced CCAC services, independent assisted living supports for the elderly, supportive housing for the disabled and elderly, and a Regional Geriatric program.*

*The Aging at Home funding for 2008/09, will again address many of the NE LHIN ALC challenges by increasing support systems within the community sectors. As the Aging at Home Strategy continues over the next two years, more programs and services will be provided in the community with the goal of reducing ALC days.*

## **5. Planning for LHIN's Operations**

*In 2008/09 the NE LHIN was able to fill key positions within its organization and bring the staffing complement to 24. The LHIN was able to recruit a Corporate Communication Advisor, a Decision Support Consultant, a Financial Analyst and a Web. These four additional positions are key to the success of the NE LHIN.*

*The staff has been actively involved with the ALC Task Forces, Wait Time Advisory Panel and CEO Round Tables. These committees have provided the NE LHIN with indispensable knowledge into each planning area by identifying the services offered, needs and gaps in the system in addition to opportunities for further efficiencies. In the fall of 2008, the NE LHIN will be responsible for the negotiation of over 180 service accountability agreements with the community sectors. The NE LHIN will also be actively monitoring the newly signed Hospital Service Accountability Agreements. In order to accomplish these tasks extensive travel throughout the NE LHIN's large geographical area will be required by the NE LHIN staff and Board Directors.*

*The NE LHIN is committed to staff and Board development. The NE LHIN held a staff retreat in February 2008 and will be implementing the suggestions received during the retreat over the next year. An Effectiveness Review was completed in the spring of 2008 for all LHINs. The LHINs will assess the findings once the report is completed in the summer of 2008. Courses that further develop skill sets will also be offered throughout the year for all staff.*

*The Board held an annual retreat in January 2008 to develop their strategic direction for the year. The Management and staff of the NE LHIN developed an operational plan that identified key priorities for the year. Once the NE LHIN's allocation for its internal 2008 budget is known, the NE LHIN will complete as many operational plan projects as possible within the determined resources.*

*The priorities identified in the Operation Plan for 2008/09 are:*

- 1. Ministry of Health and Long-Term Care and NE LHIN Accountability Agreement**
  - a. MLAA Refresh*
  - b. Achieve Outcome Targets*
  - c. Budget Compliance - External and Internal*
  - d. Risk Management*
  - e. Annual Service Plan*
  - f. Annual Report*
  - g. IHSP Refresh*
  - h. eHealth Strategy Refresh*
- 2. North East LHIN Integrated Services Plan (IHSP) Priorities**
  - a. Equity and Access*
  - b. Alternate Level of Care*



## **6. Strategies to Manage Risks**

### **6.1. Risks associated with IHSP Priorities:**

#### **6.1.1. ALC Pressures across the North East Region:**

*In 2007/08, ALC represented an average of approximately 20.6% of total acute inpatient days of stay in North East General Hospitals.*

*By investing the Aging at Home funding and NE LHIN priority funding in the community sector, more seniors will be able to age at home, and more acute care beds will be available for acute care. The NE LHIN will not be able to implement all of the initiatives identified in the ALC Task Force Report in 2008/09, due to funding restraints. Any new initiatives must be funded within existing resources.*

*Implementation of these initiatives will improve end-of-life/palliative care in the region, decrease dependence on the acute care setting, promote patient self-managed care, support seniors to age at home, decrease wait times for mental health patients requiring case management, meet wait time targets, and reduce the reliance on Crisis 1-A policy.*

#### **6.1.2. Wait Times Strategy**

*ALC pressures are having a significant impact on wait times in the North East. This is due to a number of factors such as space limitations at current hospital sites, health human resource issues, and the lack of community supports. The increase in demand for MRI procedures is also causing longer wait times in the North East.*

*The NE LHIN established a Wait Times Advisory Panel to monitor Wait Times and identify strategies for improvement.*

#### **6.1.3. ICT**

*A major risk associated with the Integration of e-Health is that the health system partners must work collaboratively across the region to standardize the infrastructure, to set up common ICT support services, to minimize the number of applications, and to advocate for investments so that all service providers can have the electronic tools they need to manage patient/client information. Many of the projects do leverage existing investments, however, the ICT plan will take at least 3 years to implement and will require substantial funding and implementation resources.*

*E-Health solutions can be a key enabler of the transformation goals of providing high quality care while being equitable, sustainable, effective and efficient. The broad range of things that can be done with computer technology to support health care (eHealth) has the potential to integrate health services and sectors and to yield significant benefits to the overall system, individual organizations, staff and patients. The NE LHIN Priorities for Change as identified in the NE IHSP would be at considerable risk without e-Health as their base.*

### **6.2. Risks impacting North East LHIN Health System**

#### **6.2.1. Hospital Accountability Agreements:**

*Some hospitals are transitioning to newer facilities within the next year two years. Maintaining multi sites until the new facilities are built is causing budgetary deficits.*

***Smaller hospitals are facing difficulties balancing their budgets due to high labour settlement costs, recruitment and travel costs for physicians and nurses, and lab costs for satellite dialysis units.***

***Monthly monitoring of hospitals' financial positions has been established. Hospitals must complete a Community Engagement exercise that will examine Emergency Department visits that could have been seen elsewhere. The goal is for the hospital to submit a plan to the NE LHIN on how to reduce these visits by September 2008, by working with their community partners to explore more appropriate places of care.***

#### **6.2.2. Working Funds Deficits:**

***Hospital Accountability Agreements were assigned from the MOHLTC with hospitals that were not compliant with the Current Ratio performance indicator. Hospitals are using working funds to cover deficits in 2008/009 and 2009/10 which will impact their ability to replace equipment and to carry out renovations.***

***The NE LHIN does not have the resources to resolve this issue. Hospitals continually remind the NE LHIN that the MOHLTC made a commitment in 2003/04 to fund working fund deficits in the province.***

#### **6.2.3. Local Priorities**

***One population group in the NE LHIN that will not be addressed with the recent budget announcements is the disabled population. In the Northeast there is a need for supportative housing for disable people (including those with Acquired Brain Injury (ABI)). The NE LHIN had the opportunity this year to support supportative housing units for ABI and disabled people as the municipalities in partnership with FedNor and the Heritage Fund where able to provide capital dollars for construction.***

***Due to a lack of operating resources the NELHIN is not able to fund these vital initiatives in the North East.***

#### **6.2.4. North East LHIN Operations**

***Once the allocation for the NE Operations is known, the LHIN will develop a balanced budget that will ensure we have adequate resources to complete our goals and priorities for the year. The NE LHIN will implement the key strategic directions listed below within the allocated resources.***

##### **1. Community Engagement and Planning**

***Establish a health provider profile for each planning area and for each community (as data permits at this time)***

***Set the desired "Health and wellness for all" strategic directions by leveraging "Stakeholder Planning and Engagement Forum" structures***

***Support local community engagement (community coordination and process improvement projects) across the planning areas***

***Mobilize all stakeholders (WHO framework) in the local community engagement process***

***Focus on /Aboriginal/ First Nation/Métis and French speaking populations***

***Capitalize on health data and evidence to mobilize stakeholders***

***Refresh the NE LHIN Integrated Health Service Plan***

##### **2. Communications**

***Embed the NE LHIN mission and vision in all communications efforts***

***Develop a framework to share NE LHIN health care success stories with targeted audiences identified in the Towards Unity for Health model***

***Develop a North East Communication Network to share key messages, communications efforts, and to improve communication effectiveness***

**Provide communications support for Board and staff**  
**Develop/enhance the NE LHIN website and the NE LHIN intranet functionality**  
**Develop communication strategies for key areas of communications including, but not limited to: H-SAA/HAPS, ALC, Aging at Home, Crisis Communications, etc.**  
**Roll out the new visual identity for the North East LHIN**

**3. Funding and Accountability**

**Manage the cultural change (at the Ministry of Health and Long-Term Care and with Hospitals) in addressing hospital HAPS and H-SAA in the following areas:**

**Greater public transparency by developing user-friendly graphical presentations in achieving targets (financial and others)**

**Demonstrate continuous improvement methodologies in place with monthly monitoring and short and long-cycle correction plans**

**Demonstrate leadership in community engagement and planning**

**Develop Service Accountability Agreements (SAA) with other health care sectors under the LHIN jurisdiction**

**Develop a system to optimize resources within the NE LHIN and within the Health Service Providers allocation**

**4 Knowledge Sharing**

**Provide mechanisms to share best practices and innovative Northern solutions**

**Develop a Health Provider Profile Report for each planning area and the NE LHIN Health System Performance Report for the region and planning area (and by community as the data permits)**

**5. Systemic Approach to Change**

**Develop a decision-making framework to be used by the CEO Round Tables (and other structures as appropriate)**

**Develop outcome targets for each IHSP priority and supportive functions**

**Align the outcome targets:**

**5 key Stakeholders**

**LHIN supportive functions**

**Integrated Health Service Plan**

**Ministry/LHIN Accountability Agreement**

**Initiate development of a NE LHIN scorecard (balanced score card)**

**6. NE LHIN Organizational Structure**

**Develop a plan that will maintain capacity and allow for growth**

**Review job roles and responsibilities**

## **7. Communications Plan**

*The NE LHIN has developed a strategic communications plan, based over a three-year period, to support the activities of the NE LHIN. The five main objectives of the plan are to:*

*Build awareness and understanding of the NE LHIN;  
Manage expectations of the NE LHIN among stakeholders and the public-at-large;  
Facilitate and enhance the implementation of the IHSP;  
Equip LHIN Board and staff to deal with contingencies, including risk anticipation, prevention and management;  
Create ongoing culture of communication and collaboration on health care delivery issues amongst the NE LHIN, service providers and the public at large.*

*This section highlights the key elements of the NE LHIN's communication strategy as it pertains to the Annual Service Plan. It serves to highlight key messages and tactics to be employed in communicating with our various target audiences.*

### **BACKGROUND**

*The ASP helps to operationalize the Integrated Health Services Plan and inform the ministry's results-based planning process.*

*LHINs are required, through their ASPs, to provide the basis of support for any regional transformation objectives and associated funding realignments (if required). These plans for the local health system assist the public in better understanding how the LHIN plans to address the needs of their individual communities.*

*The ASP will become a public document as an appendix to the ministry-LHIN accountability agreement.*

### **TIMING**

*To be determined  
In line with MOHLTC activities*

### **OBJECTIVES**

*To demonstrate responsiveness to community needs and to communicate transformation activities and initiatives to stakeholders and the community.*

### **PRIMARY AUDIENCE**

*Broader health sector*

### **SECONDARY AUDIENCES**

*Local community and health care consumers*

### **Messaging**

*The ASP will assist the public in understanding how the NE LHIN is planning to address the health care needs of their communities.*

*The ASP is compiled based on discussions the NE LHIN has had with members of the public, providers and stakeholders and is therefore regarded as a reflection of the health care needs of the people of North East Ontario.*

**STRATEGY**

***For 2008/09, the identified health care priorities are ALC, Wait Times, ehealth, Chronic Disease Management, Mental Health and Addictions and improving access to Health Care. Consultation will take place with the ALC Task Forces, Wait Time Advisory Panel and the ICT Planning Group and the CEO Round Tables to prioritize the 2008/09 strategies and identify a plan to implement the Provincial Strategies within the allocated resources.***

**TACTICS**

**Coordinated, same day release for all LHINs (date to be determined)**

***ASP distributed to stakeholder groups via HSP e-bulletin, the NE LHIN newsletter, and posted to the NE LHIN website.***

***Hold ASP discussions at Stakeholder/Governance Forums and at Board of Director meetings.***

***The NE LHIN will inform the Board Chair/members, staff and planning partners in advance of the ASP rollout and will provide an executive summary of key highlights.***