South West **LHIN**

South West

Local Health Integration Network

Annual Service Plan

2008/09

Ontario

Local Health Integration Network

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Section
A
Transmittal Letter from the Board Chair

May 30, 2008

To: The Honourable George Smitherman
Minister of Health and Long-Term Care

cc: Carrie Hayward, Director LHIN Liaison Branch

Subject: **South West LHIN –Annual Service Plan 2008/09**

In keeping with the South West LHIN's obligations under the Local Health System Integration Act 2006, the Memorandum of Understanding between the Ministry of Health and Long-Term Care and the LHIN, and the Ministry-LHIN Accountability Agreement to fulfill our commitment of accountability to the people of the South West LHIN and the ministry, I am pleased to submit the South West LHIN's Annual Service Plan.

The ASP provides an overview of the South West LHIN's plans for the next three years which build on achievements from 2007/08 and reflect the new responsibilities assumed by all LHINs on April 1, 2007. It includes implementation plans for the local integration priorities identified within the South West LHIN's Integrated Health Service Plan, as well as an overview of activities to support key provincial priorities as well as a management plan to identify and address the risks which our local health system may face in the future.

In partnership with the Ministry and our stakeholders within the South West LHIN, we look forward to continuing to facilitate system change that will improve the health of the population we serve in the South West of the Province of Ontario.

Sincerely,

Norm Gamble, Chair
Board of Directors

Section B Introduction

Background

The Annual Service Plan (ASP) is designed to integrate with LHIN and ministry accountability obligations throughout the fiscal cycle and along the planning continuum. It sets out the plan to meet the goals of the South West LHIN Integrated Health Service Plan (IHSP) and the Ministry-LHIN Accountability Agreement (MLAA).

The ASP also provides a summary of potential risks facing the South West LHIN in meeting the priorities and strategic directions of both the LHIN and the province, and how the LHIN intends to manage these risks in the future.

Alignment with the Ontario Vision for Health Care

The vision of the South West LHIN is consistent with the government's overall direction for health care:

"A health care system that helps people stay healthy, delivers good care to them when they get sick and will be there for their children and grandchildren."

The LHIN also identified strategic goals for integration to guide the development of its IHSP:

1. Develop "local health care services for local people" through the most appropriate service across our rural and urban settings.
2. Establish, through partnerships, a single system of providers that offers:
   - Equity in access to quality services;
   - Ease of movement through the continuum; and
   - Informed and responsible consumer choice.
3. Leverage existing strengths and create new ways of delivering health care that achieve optimal health outcomes and support health system sustainability.
4. Enhance the academic health care culture across the South West and strengthen leadership in education, rural health research and knowledge transfer to support service innovation.
5. Establish a coordinated and collaborative approach to health human resources through planning, recruitment, maximizing scope of practice, education and professional development.
6. Promote linkages with regional and provincial partnerships and networks to enhance service delivery.

Values & Principles

The following values and principles were developed to guide the selection of the integration priorities of the first IHSP:

- Consumer-focused
- Population-based
- Data-driven
- Outcome-oriented and measurable
- System sustainability
- Builds system capacity
- Leverages partnership activities or initiatives
- Achievable

These same principles continue to guide decision making related to health system changes within the South West LHIN

Overview of Current and Forthcoming Programs and Activities

The South West LHIN's first IHSP identified four overall themes:

- Strengthening and Improving Primary Health Care
- Preventing and Managing Chronic Illness
- Building Linkages across the Continuum: Seniors and Adults with Complex Needs
- Accessing the Right Services in the Right Place at the Right Time by the Right Provider

The IHSP also identified two enabling priorities: e-Health and Health Human Resources. In order to move forward, the South West LHIN has established nine Priority Action Teams (PATs) as well as a Health Human Resources Advisory Group and the e-Health Steering Committee to develop recommendations related to the priorities. In addition, the South West LHIN is forming a Southwestern Ontario Academic Liaison Group in partnership with the Erie St Clair LHIN and the academic leaders to strengthen linkages between healthcare providers and academic leaders. Last year, the LHIN established a Strategic Advisory Group (SAG), composed of providers and citizens from across the area, to provide advice and guidance in the development of the IHSP. The SAG continues to provide advice and guidance to the senior management team in the implementation of the IHSP.

The LHIN is also working closely with Area Provider Tables in the North (Grey, Bruce), Central (Huron, Perth), and South (Middlesex, Elgin, Oxford, and London) geographic areas of the LHIN to engage the providers in the process and provide an opportunity for dialogue between the LHIN and health service providers (HSPs). In keeping with its responsibilities outlined in the MLAA, the LHIN also works with the HSPs to address any issues that may arise in the system, and discuss any performance or fiscal pressures.

Small work groups are also being established in order to achieve the performance targets identified in the Ministry-LHIN Accountability Agreement.

Consistent with legislation, the South West LHIN is also in the process of establishing a Health Professionals Advisory Committee (HPAC).

Alignment with Ministry Strategic Directions

Consistent with its obligations under the Local Health System Integration Act (LHSIA), the South West LHIN developed the IHSP which is a three-year local strategic plan that will lay the foundation for LHIN activities and decision-making. With a focus on integration, the IHSP defines the priorities that will guide the LHIN and its partners to enhance local health care services and develop a health care system that is accountable, coordinated, effective, efficient and sustainable.

The implementation of the IHSP will also assist the ministry in achieving its strategic directions, as follows:

1. Renewed Community Engagement and Partnership

In developing and implementing its IHSP, the South West LHIN is very committed to the Ministry's strategic direction of renewed community engagement and partnership. There was extensive engagement during the development of the plan, and the LHIN continues to expand its network of individuals and health service providers who are involved in implementing the priorities. The South West LHIN also recognizes the extensive work that has been accomplished by the various HSPs working in partnership or through various networks, and continues to work collaboratively to build on these processes.

2. Improve the health status of Ontarians

The basis of the South West LHIN's IHSP is to improve the health status of the population. In particular, the importance of health promotion and illness prevention, as well as access to primary care, are common themes throughout the plan. The LHIN's focus on strengthening and improving access to Primary Health Care is aligned to the provincial goal of ensuring access to family health care across Ontario.

3. Equitable Access

The South West LHIN recognizes the importance of accessing care across its broad geography, in particular the rural areas. The priorities address issues such as access to primary care, long term care, as well as right services, at the right time, in the right location, by the right provider including access to emergency services. Reducing wait times for key services is reflected through the integration priority for hips and knees, as well as the establishment of groups to address the performance targets related to key services such as cataract surgery and Magnetic Resonance Imaging (MRI) / Computerized Tomography (CT). The LHIN has also established an advisory group to address the issues related to health human resources.

4. Improve the quality of health outcomes

The South West LHIN has very clearly placed the consumer at the centre of its IHSP, and is focused on developing a system that supports consumers in accessing equitable, quality care and achieving their own optimal health outcomes.

5. Sustainability

The LHIN's strategic goals and values and principles outline how sustainability will be addressed.

The South West LHIN has worked with five other LHINs to develop a methodology for implementing the priorities of the IHSP which incorporates evidence-based decision-making, performance measures, transparency, and managing risks throughout the process.

Board to Board Engagement

The South West LHIN Board of Directors has embarked on an extensive engagement strategy with all Health Service Provider (HSP) Boards. The South West LHIN Board has made a commitment to work together with the HSP Boards with integrity, openness and respect. The first phase of this strategy involved meetings with HSP Boards across all sectors, where the Boards discussed, openness and transparency, board leadership, effective planning, a shared vision, proven accountability and a "no surprises" relationship to ensure true collaboration.

The South West LHIN Board believes that HSP Boards must be fully engaged if a transformation of the health care system is to be successful.

Summary

At this point, the LHIN continues to develop strategies to address the priorities of both the LHIN and the Ministry of Health and Long Term Care. These strategies will allow the South West LHIN to develop a decision-making framework which will guide future decisions around the allocation and reallocation of resources.

The South West LHIN will continue to work collaboratively with the HSPs, partners and citizens to develop a health care system that addresses local needs.

Section C

Environmental Scan of Opportunities and Risks

The data presented here was used in the identification of IHSP priorities. Additional data and information has been complied to support the work of our Priority Action Teams and is contained within the individual reports of those teams.

Our Population

- The South West LHIN is home to 910,386 people, representing 7.5% of the population of Ontario. Between 2001 and 2006, the population increased by an average of 1.3% each year, a somewhat slower rate than the overall provincial increase of 6.6%.[1]
- To better understand local needs and challenges, the South West LHIN recognizes three geographic areas: North (Grey and Bruce counties), Central (Huron and Perth), and South (London-Middlesex, Oxford, Elgin and part of Norfolk). The North is home to 16.8% of the South West LHIN population, with 14.7% in Central, and 68.5% in the South.[1] More than 30% of the population of the South West is rural, presenting unique challenges for health care delivery and access.
- The percentage of people living in rural areas is much higher (30%) than the provincial average. In the northern part of the South West LHIN, more than half the population is rural.
- The percentage of Aboriginal peoples is slightly lower (1.2%) than the provincial average (1.7%). There are five First Nations Reserves in the South West. Aboriginal communities face greater risk factors and higher prevalence rates for chronic disease, and a variety of challenges to accessing care.
- The South West LHIN has a much smaller proportion of immigrants (14.5%) and visible minorities (5.2%) than Ontario (26.8% and 19.1%, respectively).
- The "dependency ratio" – the ratio of combined child and elderly population to the working population – is higher (65.4%) than the provincial average (60.4%). The percentage of seniors is significantly higher (14.5%) than the provincial average (12.8%), especially in the North. The seniors' population is expected to grow by 31% by 2016.[2] The proportion of children aged 0 to 19 years is slightly higher (25.1%) than the provincial average (24.8%).
- The percentage of people who did not complete high school is higher (28.5%) compared to the provincial average (25.7%).
- The percentage of people living on low income is lower (12.0%) than the Ontario average (14.4%).
- Unemployment rates are slightly lower in the South West (5.8%) than in Ontario (6.1%).

Lifestyle Factors in the South West LHIN

- The South West has a higher proportion of people who are obese (18.1%) than the provincial average (15.1%). Obesity is a significant risk factor in many chronic diseases.[3]
- Residents of the South West LHIN report higher proportion of people who are heavy drinkers (22.0% versus 21.5%)
- People in the South West are slightly more physically active or moderately active (52.3%) than the provincial average (51.3%).[3]
- The percentage of daily smokers is the same as the provincial average (20.7%), but more people are exposed to second-hand smoke (8.3%, versus 7.3% provincial average).[3]
- 61.9% of the South West LHIN population rated their health as excellent or very good, compared with 60.8% of the provincial population.[3]
- 72.6% of the South West LHIN population rated their mental health as excellent or very good, compared with 72.8% of the provincial population.[3]
- The area has a greater proportion of people with an activity limitation (31.4%) than the provincial average (29.4%).[3]
- Compared to the provincial average (53.0%), less females aged 50-69 years in the South West received routine screening mammograms within the last two years (51.2%).[3]
- 72.9% of females aged 18-69 years in the South West have had a pap smear within the last three years, compared with 72.9% of the provincial population.[3]
- More South West LHIN residents (44.3%) received influenza immunization within the past year than Ontario residents (41.1%).[3]
- The South West LHIN has a lower proportion of people who had contact with medical doctors in the past 12 months (80.5%) than the provincial average (81.5%).[3]

Morbidity and Mortality in the South West LHIN

- When compared with other LHINs, the South West LHIN ranks:
  - 7th for the proportion of people living with arthritis/rheumatism (18.8% vs. 17.2% in Ontario)
  - 5th for the proportion of people living with high blood pressure (17.2% vs. 15.2%)
  - 7th for the proportion of people living with diabetes (5.2% vs. 4.8%)[3]
- Life expectancy in the South West (81.7 years for females and 76.7 for males) is slightly lower than the provincial average (82.1 years for females and 77.5 for males).[4]

In addition to the data presented above, the following key data provided the rationale for the four priorities identified in the IHSP.

Strengthening and Improving Primary Health Care

- As of 2004, there were 723 family physicians[5] in the South West LHIN, or 78 per 100,000 population. This is slightly below the provincial average of 84.
- There are numerous areas that are designated as medically under-serviced. These statistics demonstrate a need for 25, 21, and 28 more GP/FPs in the North, Central, and South areas respectively.[7]

- One important 'at risk' population that requires primary care services are residents with mental health and addiction conditions. The rate of mental health hospitalizations (adjusted for age) for South West LHIN residents (5.6) was significantly higher than the rate for Ontario (4.5), with a rate of 6.3 in the North and 7.8 in the Central areas. This represents 9.3% of mental health separations and 8.5% of the total mental health days for Ontario residents.
- In the South West LHIN there are currently 41 Family Health Groups, 12 Family Health Networks, 16 Family Health Teams, 26 Comprehensive Care Model physicians[8]; two Health Service Organizations, two Community Health Centres and three developing Community Health Centres, and seven MoHLTC-funded Nurse Practitioner Programs,[9] with the latest initiative being "Grow Your Own Nurse Practitioner."

Preventing and Managing Chronic Illness

- Almost 80% of Ontarians over the age of 45 have a chronic condition, and of those, about 70% suffer from two or more chronic conditions.[10]
- Given the above factors and the aging population, the needs of residents with chronic conditions are an important issue for the South West LHIN.

Building Linkages Across the Continuum – All Seniors, and Adults with Complex Needs

- The growth in the seniors' population will place a tremendous burden on the health care system over the next few decades with the increased prevalence of dementia and other diseases of aging. Dementia cases for the South West LHIN are expected to reach 16,912 by 2016, an increase of 24.6%.
- The South West LHIN currently provides 6,739 beds for residents in its 74 long term care homes. The occupancy rates for long-stay patients is 100% or close to 100% at all long term care homes, indicating that the facilities are all operating at or near capacity. The South West LHIN ranks 7th and exceeds the provincial average for the median time to placement to a long term care home for individuals residing in the community or in an acute care setting.

Accessing the Right Services in the Right Place at the Right Time by the Right Provider

- Consistent with other parts of the province, the urban areas of London-Middlesex are expected to see the majority of population growth in the coming years. Rural communities are expected to see moderate declines.
- Rural areas have proportionally higher percentages of families living below the poverty line and lower rates of people who have graduated from high school. While the London area as a whole rates better on many indicators, closer examination of individual neighbourhoods shows significant disparities in socio-economic status.

- Many areas experience a significant amount of tourist activity during the summer when the Stratford Festival and resort/beach community activities are under way. Agricultural communities often also have a seasonal influx of workers during harvest times. Therefore, health planning will need to take into consideration the significant variability in the demand for health services that are placed by these seasonal populations throughout the year.
- Health service providers tend to be concentrated in the South and Central areas, many of them in and around the City of London. The North area has the lowest density of service providers.

Data source: 2001 Census, Statistics Canada except where indicated by: [1] Population and Dwelling counts, 2006 Census, Statistics Canada; [2] Population Projections by Gender, Age and LHIN of Residence, 2006-2016, Health System Intelligence Project; [3] Canadian Community Health Survey, 2005; [4] Ontario Vital Statistics, Mortality Database; [5] Starfield, B. and Shi, L. (2002). "Policy Relevant Determinants of Health: An International Perspective." *Health Policy*, 60: 201-218; [6] Ontario Physician Human Resources Data Centre; [7] Underserviced Area Program List; [8] Comprehensive Care Model (CCM) – available to any family physician licensed to practice in Ontario, physicians agree to provide comprehensive care to their enrolled patients and are paid through a combination of fee-for-services plus monthly capitation rates, special premiums and incentives; [9] Nurse Practitioner Program (NP) – developed in 2002 to expand the role of nurse practitioners in clinical settings, particularly for small, rural and under serviced areas; [10] Canadian Community Health Survey, 2003.

Section D Detailed Plans to Implement IHSP Priorities for the Local Health System

Alignment of the Plan with IHSP Priorities

In 2006, the South West LHIN developed its first IHSP which identified the local integration priorities for the three-year period from April 1, 2007 to March 30, 2010. In developing the plan, the South West LHIN sought the input of health care providers and citizens of the South West through a workshop with over 400 health service providers and community partners, as well as 68 additional meetings which included focused events for health service providers and professionals as well as 31 community forums with nearly 2,000 members of the public.

The IHSP recognizes the unique characteristics of the South West, in terms of its aging population, rural and urban distribution, as well as the health status of the population. Four themes emerged as integration priorities:

- Strengthening and Improving Primary Health Care
- Preventing and Managing Chronic Illness
- Building Linkages across the Continuum: Seniors and Adults with Complex Needs
- Accessing the Right Services in the Right Place at the Right Time by the Right Provider

e-Health and Health Human Resources were identified as enabling priorities.

Implementation Imperatives

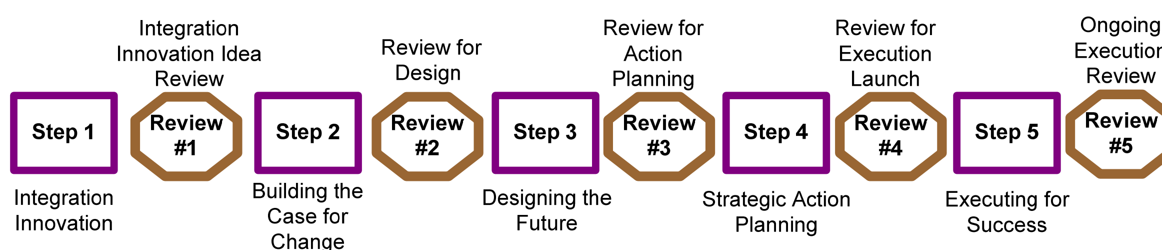
A number of implementation imperatives, reflecting key issues to be considered or addressed through the detailed planning and implementation related to all integration priorities, were also identified. The imperatives reflect strengths that can be built on or challenges that need to be overcome. The following items were identified as implementation imperatives:

- Transportation
- Promotion and prevention
- Mobilizing partnerships
- Evaluation, research, education and knowledge dissemination
- Standardization and best practice

Health System Integration Methodology to Implement the IHSP

The South West LHIN worked collaboratively with five other Local Health Integration Networks to develop a consistent methodology to implement their Integrated Health Service Plan. PricewaterhouseCoopers was hired to work with LHIN staff to develop the methodology. The Health System Integration Methodology outlines a five step process, as well as detailed review points and a toolkit of supporting resources. For projects that focus on smaller, less-complex improvement projects, there is a 3-Step/3-Review Quick Win process.

Population or Program Integration Process – 5-Step/5-Review



The five steps are:

Step 1: Integration Innovation: Step 1 is designed to generate innovative integration ideas that support health system transformation.

Step 2 Building the Case for Change: Step 2 is designed to build the case for change and make the high level recommendation for the future state. This step incorporates a comprehensive environmental scan, in-depth review of best practices, a high level financial analysis, as well as community engagement. Strategies are also presented for synthesizing the information to develop the high level recommendation(s).

Step 3 Designing the Future State: Step 3 is focused on the detailed design of the future state integrated service delivery model for the program or population under consideration. This step utilizes a Building Blocks Framework for an integrated service delivery model. The building blocks include:

- Cluster #1: Target Population & Guiding Statements
- Cluster #2: Scope of Services at both the system level and service level
- Cluster #3: Flow of Clients and Information through the System (access, approach to assessment, care coordination, information requirements and flow, linkages to and fit within the continuum)
- Cluster #4: Oversight of System Performance (joint accountability, performance management indicators, financial accountability)

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Step 4 Strategic Action Planning: This step requires the team to conduct a full strategic analysis of the demands of implementation prior to the development of a detailed tactical implementation project plan with identified interdependencies.

Step 5 Executing for Success: This step involves executing the detailed implementation project plan for the integration of services.

Priority Action Teams

In order to implement the Integrated Health Service Plan, the South West LHIN established nine Priority Action Teams (PATs) and one advisory group at the end of 2006/07. There are approximately 20 individuals participating on each group, with representation from providers, health care professionals, other stakeholders, and citizens. The LHIN is planning to launch a Health Services Blueprint project in the near future to address the Right Services in
the Right Place at the Right Time by the Right Provider priority. A list of the PATs that were established is provided below. The initial mandate for each PAT is also provided.

- **Primary Care** to support the evolution and development of a more connected system across primary health care, by focusing on primary care renewal models and through greater awareness and connection of independent and small group family physicians to other community primary health care services.

- **Primary Care – Mental Health and Addictions** with a focus on improving access to comprehensive primary health care with an emphasis on early intervention and wellness for people with mental health and addiction conditions.

- **Chronic Disease Prevention and Management PAT** to develop and implement a comprehensive chronic disease prevention and management program across the South West LHIN.

- **Chronic Disease Prevention and Management – Diabetes PAT** to implement a comprehensive chronic disease management program for individuals with diabetes, including those with mental health co-conditions, through a selected number of “pilot initiatives” across the South West LHIN.

- **Continuum of Care** to develop and implement an integrated continuum of care for seniors and adults with complex needs which will build a foundation for continuum design for other populations.

- **Access to Long Term Care Services** to develop a strategy and plan of action to ensure access to long term care services to meet the needs of the South West LHIN.

- **Rehabilitation** to focus on rehabilitation across the continuum.

- **Children and Youth** to improve the understanding of the availability of and access to health services for children and youth (pre-natal to 18 years old) to identify opportunities to enhance support provided to families through better information and coordination across care providers and partners. This action will also be supported through improved collaborative education and training opportunities for child health providers across sectors.

- **Hips and Knees** to develop and promote local solutions for Provincial Priorities and incorporate lessons learned from these initiatives to inform other South West LHIN access and integration activities. The work of the Hips & Knees Quality, Utilization & Access Steering Committee will be promoted to ensure an integrated approach to hip and knee total joint replacements across the LHIN. As well, this PAT will build on the work of the provincial Critical Care Strategy Group to build critical care capacity and improve accessibility, quality and efficiency of services.

A **Health Human Resources Advisory Group** has also been established to support implementation of all integration priorities with an improved understanding of health human resources issues across the South West LHIN.

An **e-Health Steering Committee** is in place to look at how e-Health can support an integrated health care system and enable the work of the health service providers to meet the needs of their patients and clients.

Current Status

Based on the Health System Integration Methodology, each of the Priority Action Teams initiated work on Step 2: Building the Case for Change. The LHIN has conducted environmental scans and best practice research to assist in the development of specific recommendations to improve the system. As of March 30th, 2008, the three Seniors and Adults with Complex needs PATS have completed their Step 2 Report, including high level recommendations for system change. The remaining PATS will submit their reports in the first part of 2008/09. This will enable the South West LHIN to review and consider all PAT recommendations in the context of provincial priorities, local needs and issues and MLAA performance metrics in order to confirm specific implementation projects that will be moving forward. These will be reflected in the 2009/10 Annual Service Plan

Collaboration at Heart of Aging at Home Process

On August 28, 2007, the Ontario government announced the Aging at Home strategy to help seniors live healthy, independent lives in their own homes. This three-year, $702-million initiative was led by Local Health Integration Networks across the province.

The South West LHIN will receive:

2008/09 $ 7,005,606
2009/10 $ 17,409,869
2010/11 $ 30,748,507 (base funding going forward)

The South West LHIN was thrilled with this announcement as it aligns significantly with our local priority for Seniors and Adults with Complex Needs and the work of our Priority Action Teams. An update on our Aging at Home process follows.

Aging at Home Priorities

Building on the work of the Priority Action Teams, the South West LHIN took a balanced approach to the Aging at Home Strategy in the first year. Our objective was to enhance the system to keep seniors healthy through traditional services combined with innovative practices by providing a comprehensive person-centred bundling of services that also address caregiver needs. In the first year of our Aging at Home strategy, we are enhancing services and supports for individuals currently at different points along the continuum of need, balancing a focus on wellness with a strategy that targets those most at risk of placement in a Long Term Care home or other institutional setting.

The three key priority directions for 2008/09 for the Aging at Home Strategy in the South West are:

- Promoting Wellness and Healthy Living
- Supporting and Caring for Caregivers
- Supporting Individuals at Risk of Hospitalization or Long Term Care Home Placement

Collaborative Planning and Engagement

The innovative nature of the Aging at Home process in the South West LHIN is that three geographic networks comprised of Health Service Providers and Community Partners self organized to work collaboratively to identify and prioritize the Aging at Home initiatives that they felt advanced supports for seniors in their community.

During the first week of November, the South West LHIN released a call for collaborative and innovative Health System Improvement Proposals (H-SIP) related to the Aging at Home strategy based on the environmental scan and high level direction set by the Seniors and Adults with Complex Needs Priority Action Teams. This allowed health service providers and community

partners an opportunity to determine and prioritize services that fit within that direction on a local, sub-LHIN, and LHIN wide basis.

In December, the South West LHIN continued the innovation discussion with health service providers, non-traditional and community partners to allow participants an opportunity to come together to "think outside of the box" and advance innovation discussions underway at that point in time. Three sessions were held with coalitions of health service providers and community partners. Half of the facilitated day was spent receiving feedback on the high level direction for seniors and adults with complex needs and the other half of the day involved dialogue related to innovation.

In early January, the H-SIP proposals were rated and ranked by the geographic networks, using standard decision criteria and the results were submitted to the South West LHIN. Based on the rating and ranking of the geographic tables, the Strategic Advisory Group (SAG), originally established to guide the creation of the Integrated Health Service Plan, reviewed the proposals from a LHIN-wide perspective and provided advice to the LHIN regarding the Aging at Home proposal to move forward to the next stage.

On January 30, 2008 the South West LHIN Board, having previously approved the Aging at Home process that included the rating and ranking of proposals by the geographic areas and Strategic Advisory Group, approved in principle the proposals moving forward to the next stage of negotiating the detailed service plans with lead organizations and their partners.

Aging at Home Investments in the South West LHIN

In 2008/09 the South West LHIN will invest $7 Million to support seniors to live independently. 82 collaborative proposals were created by health service providers from across the South West LHIN. 25 proposals were approved for funding for year 1 of the Aging at Home strategy.

Approximately $4.8 Million will be used to support seniors at risk of long term care home placement and hospitalization. These include programs such as:

Home at Last – A LHIN wide program that where assistance is provided to seniors to be safely transported and settled at home following a hospital stay.

Safe at Home – A LHIN wide program that enhances nursing and personal support to seniors identified at risk to support them to remain in their home.

Community Stroke Rehabilitation – A LHIN wide program that offers enhanced rehabilitation services following hospitalization to optimize the potential for further recovery following a stroke.

Supportive Housing Programs – 5 supportive housing programs will offer access to personal supports 24 hours a day, 7 days a week in through out the LHIN.

Adult Day Programs – 3 adult day programs will offer supports to seniors to maintain their health and relieve their caregivers in North and South locations in the LHIN.

Home Help – 2 home help programs will be expanded in the North and Central areas of the LHIN to assist seniors with their household tasks.

Approximately $1.2 will be invested in promoting wellness and healthy living across the LHIN. These programs include:

Wellness Programs – a falls prevention program, exercise and healthy living educational programs will be provided in the North and Central areas of the LHIN.

Immigrant and Francophone Wraparound – culturally sensitive and personalized assistance will be provided to the immigrant and francophone seniors population in London.

Approximately $1Million will be invested to support and care for caregivers and improve service infrastructure. This includes:

Caregiver Connects – this service will provide information and respite to people who are caregivers of seniors.

Infrastructure Improvements – 2 programs will enhance transportation coordination in the North and Central areas of the LHIN and another program is a provincial community services pilot for a rural long term care home in the Central area of the LHIN.

Aging at Home Process for Year 2 and Year 3

The South West LHIN will review all 82 of the aging at home proposals received in the first year to understand the service delivery directions identified by health service providers from local communities and LHIN wide. It is anticipated that the second and third year will include investments to advance the strategic service delivery directions identify through the aging at home proposals received in the first year in addition to the directions identified by the priority action teams.

Quick Wins

Partnerships for Health

In January 2007, the South West LHIN, in partnership with the South West Community Care Access Centre, announced the launch of Partnerships for Health – A Diabetes Prevention and Management Demonstration Project.

Quick Facts:

- 6% of Ontarians have diabetes
- Diabetes contributes to stroke, heart disease and amputation
- 50,000 new cases are diagnosed each year

The demonstration project will bring together primary care providers, the CCAC, the South West Local Health Integration Network (LHIN), local hospitals, diabetes education programs, diabetes specialists and the Thames Valley Family Practice Research Unit to develop, test and evaluate new approaches to care, including the use of information technology to support better access to information and care coordination.

The project will be carefully evaluated and if successful, will provide a model for other chronic diseases. Through this project, the South West LHIN will have a significant impact on how care is delivered within the South West and beyond.

Hips and Knees Priority Action Team

The development of an integrated model of care for hip and knee total joint replacements was identified as one of the LHIN's Quick Start opportunities within its Integrated Health Service Plan under the Accessing the Right Services, in the Right Place, at the Right Time, by the Right Provider priority area.

The Hips and Knees Priority Action Team (PAT), created in early 2007, has built on the work of the Hip and Knee Quality, Utilization and Access Steering Committee and has identified an integrated model of care for the South West LHIN and has completed detailed design and implementation planning for selected components of the model as identified by the PAT.

The integrated model of care incorporates the following:

- Standardized Referral, Central Registry and Assessment and Education Centres to improve the overall flow of patients and ensure common information is obtained at referral and assessment;
- Enhancements to the role of Secondary Prevention and Post-Acute Care, addressing gaps in provision and access;
- A combination of best practices and lessons learned from other jurisdictions, modified to the specific needs of the South West LHIN and its providers and patients;
- Common clinical guidelines, indicators, education tools and care pathways that span across each of the steps along the continuum of care;
- Processes and systems that enhance the flow of communication between healthcare providers at each step along the continuum allowing for more integrated care and a more responsive system of care; and
- A performance management component that collects and evaluates data and outcomes in order to be more responsive to the needs of our patients.

It is expected that the new integrated model of care will decrease hip and knee total joint replacement surgery wait times in the South West LHIN to be equal to or lower than the provincial benchmark of 182 days. This new model could be used as a framework for future cross-LHIN surgical processes. The work of the Hips and Knees PAT will also serve to inform other South West LHIN access and integration activities.

The CEOs of the hip and knee surgical sites impacted by the new model of care and the South West CCAC Executive Director have conveyed their support in principle for the new integrated model of care and have agreed to meet along with their key financial and clinical leads to discuss implementation issues. These discussions commenced at the end of April. A final implementation plan with resourcing requirements and plans in place will be prepared following these discussions.

Local Health System Performance

Performance of the local health care system is an important component of system change, the South West LHIN's Integrated Health Service Plan (IHSP) and new accountability processes with our health service providers (HSPs). Performance measurement, reporting and quality improvement are fundamental to greater accountability, one of the guiding principles of system change. Integration, access, quality, and sustainability are the quadrants used to organize and focus efforts on performance management toward performance improvement.

Developing a Performance management Framework

In 2008/09, a South West LHIN Performance Management Framework (PMF) will be developed that will incorporate and align provincial directions, IHSP priorities and service accountability agreements to maximize benefits of system change efforts. The PMF will guide work on performance improvement initiatives, while assisting individual HSPs and networks in aligning local plans with system priorities and directions. Various initiatives are underway to build the different components of the overall framework. For example, the South West LHIN was able to support the Community Support Service agencies in developing a framework that will focus their efforts on shared goals and provide them with a tool to measure their progress on identified outcomes.

Establishment of Performance Indicators

A key component of system change is the establishment of performance indicators to measure performance improvement results. Work will continue to better align our shared contribution and accountability for performance indicators identified in the MLAA, IHSP implementation, service accountability agreements, and key priorities like Aging at Home, emergency department (ED) and alternate level of care (ALC). The PMF will help maintain consistency and alignment in the approach to performance management as part of the journey toward system improvement.

Meeting our Accountability Agreement Commitments

Each year, LHINs set specific performance targets on a number of indicators to measure system improvements and outcomes in support of local and provincial goals and priorities. The South West LHIN is committed to ongoing improvement in these wait time and non-wait time areas and as part of that commitment, will continue to work in partnership with our HSPs to identify individual and collective contributions and accountability in these priority areas. The following performance indicators have been included in the 2008/09 edition of the MLAA:

- wait times for cancer surgery
- cardiac by-pass
- cataract surgery
- hip & knee replacement surgery
- MRI scan
- CT scan
- readmission rates for acute myocardial infarction
- percentage of alternate level of care days
- rate of emergency visits for conditions that could be treated in alternative primary care settings
- hospitalization rate for ambulatory care sensitive conditions
- median wait time for long-term care home placement.

In the spirit of continuous performance improvement, the South West LHIN will work towards established provincial targets for each priority area.

Improving Access and Wait Times

The Ontario Wait Time Strategy (WTS) continues to be an important component of the overall service improvement plan for the South West LHIN. Beginning in 2008/09, the WTS is expanding to include Emergency Departments and selected general surgery procedures. The South West LHIN is committed to assisting in making the necessary improvements to lower wait times and enhance access to these key services. Specifically, the South West LHIN will be pursuing several opportunities, including:

- In response to our wait time performance, allocating an additional 3,474 MRI hours among the three centres delivering MRI service in the South West LHIN.
- Ensuring wait time allocations are used to maximize wait time results, recognize models of care that are patient-focussed and maintain the commitment to quality of care.
- Continuation of the MRI Task Team looking at ways to streamline access to service, maximize effective use of available hours and strengthening relationships with educational institutions related to training, recruitment and retention needs.
- Harnessing the additional capacity with the introduction of a new CT service at Alexandra Marine & General Hospital in Goderich.
- The focus on the implementation of the new model of care for hip & knee replacement service delivery to enhance the quality of care, improve outcomes and reduce wait times.
- Strengthening the relationship with the Southwestern Ontario Regional Cancer Services Alliance as the alliance works to promote prevention, enhance access and utilization and improve quality and outcomes.

Provincial initiatives (e-Health, Critical Care, EDs, ALC, Surgical Efficiency etc.) will be featured significantly in the performance improvement initiatives in 2008/09 and beyond. Although each initiative will have specific goals, outcomes and performance indicators, the underlying objective is to strengthen our system for the client. It will be the task of the South West LHIN and all the HSPs to work together to maximize the investments and efforts associated with these initiatives.

Priorities Fund

The LHIN Priorities Fund is an investment in Ontario's 14 LHINs that allows LHINs to address local priorities based on their Integrated Health Service Plans (IHSP) and health system improvement objectives. The Health-Based Allocation Model (HBAM) was used to determine allocations and the South West LHIN will receive $4,538,409 in 2008/09.

The South West LHIN and its providers and partners have been working to make necessary improvements in the health care system as part of system change. The Priorities Fund is a resource that assists in pursuing opportunities that will achieve efficiencies, promote sustainability, and respond to system capacity. Opportunities to reinforce partnerships, innovation and system thinking will remain the focus of the Priorities Fund.

In 2007/08, the Priorities Fund was used to support 13 initiatives. The investments in initiatives such as electronic connectivity, vans to enhance transportation, and tools to strengthen the quality of care and improve patient safety, supports our collective commitment to system change.

In 2008/09, the Priorities Fund will advance ways to improve the provision of services, demonstrate progress towards performance targets and further develop key priorities within the South West LHIN. For example, alternate level of care (ALC) is a challenge that can only be addressed if the partners work together. The Priorities Fund will assist in ensuring the action plan on ALC will be successful.

Issues Impacting on the LHIN Annual Service Plan

Cross Boundary Patient Flow

The LHINs recognize that their boundaries do not necessarily reflect patient flow. With the creation of the LHINs and various new initiatives, there may be the misperception that individuals can only be served within their LHIN boundaries. This particular issue poses a risk because individuals may perceive that their access to services has been diminished. The South West LHIN will need to continually reinforce the message with its providers, residents, and fellow LHINs, that the LHIN boundaries are permeable, and individuals may continue to access care in the location of their choice.

Section E Financial Summary – Local Health System by Sector

Not required……

Section F Planning for LHIN Operations

Schedule F: LHIN Operations Spending Plan						
LHIN Operations Sub-Category ($)	**2006/07 Actuals**	**2007/08 Allocation**	**2008/09 Planned Expenses**	**2009/10 Planned Expenses**	**2010/11 Planned Expenses**	
Salaries and Wages	**1,038,074**	**1,968,518**	**2,724,944**	**2,704,772**	**2,894,106**	1
Employee Benefits						
HOOPP	73,062	295,279	408,742	405,716	434,116	2
Other Benefits	126,707	196,851	272,494	270,477	289,411	3
Total Employee Benefits	***199,769***	***492,130***	***681,236***	***676,193***	***723,526***	
Transportation and Communication						
Staff Travel	52,487	89,822	90,000	90,000	90,000	
Governance Travel	44,938	60,000	59,999	59,999	59,999	
Communications	49,897	75,000	73,500	74,970	76,469	
Other	67,162	404,411	248,377	115,655	25,740	
Total Transportation and Communication	***214,484***	***629,233***	***471,876***	***340,624***	***252,208***	
Services						
Accommodation	124,927	124,584	189,167	194,319	194,319	4
Advertising	173,726	10,000	12,000	12,240	12,485	
Banking	242	35	-	-	-	
Community Engagement	116,395	-	-	-	-	
Consulting Fees	794,080	160,000	187,734	200,875	214,936	
Equipment Rentals	3,459	13,000	18,460	18,460	18,460	5
Governance Per Diems	127,923	125,000	135,000	141,750	148,838	6
Insurance	-	16,183	18,492	19,417	20,387	7
LSSO Shared Costs	291,393	300,000	300,000	300,000	300,000	

Other Meeting Expenses	23,168	24,000	25,000	26,250	27,563	8
Other Governance Costs	13,354	65,000	27,800	28,356	28,923	
Printing & Translation	28,913	45,000	97,000	98,940	100,919	
Staff Development	8,892	25,000	48,000	48,000	15,000	
Total Services	***1,706,472***	***907,802***	***1,058,653***	***1,088,607***	***1,081,830***	
Supplies and Equipment						
IT Equipment	23,495	20,731	15,000	6,120	6,243	9
Office Supplies & Purchased Equipment	74,028	49,240	60,000	63,000	66,150	10
Total Supplies and Equipment	***97,523***	***69,971***	***75,000***	***69,120***	***72,393***	
Capital Expenditures	***71,564***	***15,000***	***20,000***	***-***	***-***	11
LHIN Operations: Total Planned Expense	**3,327,886**	**4,082,654**	**5,031,709**	**4,879,315**	**5,024,063**	
Annual Funding Target			**4,977,700**	**4,977,700**	**4,977,700**	
Variance			***(54,009)***	***98,385***	***(46,363)***	

Schedule F: LHIN Operations Spending Plan - Narrative

1. Salaries and Wages: Salary and wage line has been increased since draft submission to reflect the approved increase to the operations budget for fiscal 2008-09. Anticipated staffing changes, due to contract expiration as well as recruitment strategies, have been factored. An average of 7% has been included in out years for purposes of merit and COLA increases.
2. 15% of salaries and wages
3. 10% of salaries and wages
4. Additional lease costs have been allocated due to the expansion of the LHIN office and the 3100 sq. feet acquired for a total of 10,000 sq. feet. ORC
5. Inclusion of a third photocopier to support the increased floor space and business needs.
6. Increased budget to $135k per year based on 07/08 actuals; with future years increase based at 5%
7. Increased insurance by $1500 in 08/09 due to increase of office space, future years increase at 5%
8. Increased meeting expenses to $25k per year based on 07/08 actuals; future years increase at 5%
9. Increase to $15k for additional laptops to be replaced in 08/09
10. Increase to $60k/year based upon 07/08 actual of $55k; future years increase at 5%
11. Additional budget factored for purchase of sound/acoustic system for new Board room, projectors and miscellaneous equipment required

Note: Consulting dollars have increased from prior draft submission due to the evaluation of the LHIN's business needs and the large amount of project work that would be deemed as short term. Short term project work necessitates the flexibility to engage consultants as required and would not warrant the creation of full time permanent LHIN positions.

Section G

Management Plan to Deal with Risks

Alternate Level of Care (ALC)
The South West LHIN has been experiencing an increase in ALC days creating pressure on certain health service providers in their ability to provide the appropriate care. Between 2003/04 and 2006/07, the South West LHIN experienced a 35% increase in ALC days. 2007/08 Q3 was the highest quarter result for % ALC days since 2003/04. Although ALC is a challenge in all areas of the South West LHIN, hospitals in the south area of the LHIN are struggling to manage as a result of a large number of ALC patients who cannot be discharged to long term care homes or community care. Lack of acute bed capacity is forcing cancellation of elective surgeries, backing up emergency departments and compromising the ability of hospitals to respond to acute care needs.

A number of key initiatives are aimed at reducing ALC patient days including Aging at Home, FLO Collaborative, process improvement programs, and community care changes including increasing personal support/homemaking service limits. The potential of several other local pilot programs are currently being explored, e.g. employment of Geriatric Emergency Management nurses, REACT Team in emergency department (immediate determination of home support required to avoid unnecessary admissions).

Hospital operations – Emergency Department Coverage
Appropriate levels of health human resources remains a critical component of a changing health care system. Specifically, several hospital EDs within the South West LHIN are facing pressures due to the lack of physician and nursing coverage. This issue is magnified during specific periods like summer months. The pressures are being experienced by all hospital ED types from small rural to larger community. Many of these EDs have been managing through the dedication of the local physicians but this is not a sustainable approach.

A number of initiatives are targeted to assist with the human resources challenges in emergency departments. The HealthForce Ontario (HFO) initiative has helped to close service gaps as has the use of Med-Emerg. Longer-term strategies through partnerships with the educational institutions will begin to address some of these concerns. It will be key for all levels within the health system to work together to address these issues.

Hospital Operations – Operating Budget Pressures
During Hospital Service Accountability Agreements negotiations several budget challenges were cited by the hospitals including the cost of non-urgent transportation (offloaded by municipalities),

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the ongoing cost of supporting e-Health infrastructure, and salary and overtime costs required to support high occupancy rates. Most hospitals have submitted balanced budget plans for 2008/09 and 2009/10, but budgets will need to be carefully managed as there is only a modest capacity to absorb unexpected cost fluctuations. Negative budget trends can be difficult to reverse during the course of the year if staffing adjustments are required. Year end shortfalls are funded from hospital working capital which can only be replaced by generating surplus amounts in future years.

Hospital Operations – Working Capital Deficits
At the third quarter of 2007/08 four hospitals projected working capital deficits that combine to total $158 million. Working capital deficits increase the borrowing costs of hospitals and some hospitals require cash advances on funding from the LHIN.

Working capital deficits can only be improved by generating operating surplus amounts, which can be challenging.

Health Human Resources
Many areas of the South West LHIN lack the necessary primary care health professionals. According to the Underserviced Area Program (UAP), as of June 2008, 25 communities (as defined by UAP) remain underserviced with 77 vacancies out of a designated compliment of 279 for family physicians.

Secondary, tertiary and community care providers are also experiencing challenges in recruiting and retaining qualified staff. Lower wages in the community health care sector create higher staff turnover rates which can be disruptive to operations and clients.

Continued development of Family Health Teams and three new Community Health Centres planned for the LHIN will help to close gaps in primary care. e-Health projects will support better utilization of existing health professionals through the use of integrated health care records and linking patient information across health service providers.

e-Health
The South West LHIN and our health service providers remain committed to the larger goal of increasing use of electronic health records. Each provider has a specific role in play in the electronic exchange of information within controlled privacy parameters. However, implementation of projects to advance the e-Health agenda must be accomplished through proper planning, availability of skilled change agents and a sustainable funding model.

The South West LHIN's e-Health Steering Committee remains focused on putting in place the necessary infrastructure and baseline requirements to create a state of readiness to take advantage of opportunities supported through the provincial e-Health plan.

Other service delivery issues

The overall capacity for neonatal intensive care (NICU) is adequate but additional capacity would provide a useful system buffer. Plans to expand the NICU unit at St. Thomas Elgin General Hospital, which has served to supplement the capacity of the London hospitals, were reduced to cope with budget pressures.

The Counties of Huron, Perth, Grey and Bruce do not have local access to inpatient child and adolescent mental health beds. Children aged 0-17 are currently being placed in adult units, or not being admitted to the most appropriate acute setting. A joint proposal to provide local access has by been developed and the LHIN will continue the effort to identify a funding source to support a new service.

Grey Bruce Health Services has adopted the intensivist led critical care model effective April 2007. This model was recommended in Ontario's Critical Care Steering Committee report (March 2005). While the intensivist model is the preferred approach from a performance perspective, it is more costly to operate and may be difficult to support in the long run ($1 million annual cost to GBHS when fully implemented).

Funding for community health care providers has not matched the inflation rate in recent years. The relative decline in funding has led to some service level erosion but has primarily created a wage gap that increases the turnover rate for staff in the community health care sector, which can impact service and does present operational challenges. The 2.25% 2008/09 funding increase to most community health care sector budgets will match inflation and provide for a stable year as measures to strengthen this sector are explored.

Section
H

Communications Plan

Rationale

The South West LHIN is committed to open and transparent communication with its stakeholders. The communications plan for the final Annual Service Plan (ASP) will reflect this commitment, while respecting the sensitivity of the information contained in the ASP and its potential impact on stakeholders.

Assumption

The contents of the draft ASP will remain confidential until the release of the final ASP-- as an appendix to the Ministry-LHIN Accountability Agreement-- after the provincial budget is released.

Objectives

The objectives of the communications plan are to:

i) appropriately inform health service providers and other health care partners about information in the ASP that directly impacts them;
ii) demonstrate to the community at large that the LHIN holds itself to the same high standards for accountability that it expects from providers;
iii) prepare South West LHIN staff to deal with questions and concerns that arise in their day-to-day interactions with stakeholders; and
iv) identify and assist corporate spokespersons in responding to potential media interest.

Strategy and Tactics

As a general principle, the LHIN will strive to ensure that those most directly involved in a strategy or potential change will have an opportunity to learn this information before other stakeholders are alerted, and directly from the LHIN rather than through a third party. This requires all tactics to be sequenced so that mass communications (e.g., website, newsletter) follow one-on-one or group-specific communications. Tactics to be employed to communicate the final ASP will include:

- *South West LHIN web site*: to provide an update on the process
- *Newsletter*: to raise awareness about and provide an update on the process
- *Stand-by media statement and key messages*: in the event that there is media interest in the information contained in the ASP
- *Speaking points and/or Q&A:* as a resource for South West LHIN staff and Board members